AN ASSESSMENT OF PREDICTORS OF DEPRESSION AMONG THE ELDERLY RESIDENTS IN OLD PEOPLE'S HOMES IN NAIROBI COUNTY, KENYA

ANNE WANJIRU MBUTHIA
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DECLARATION

I declare that this thesis describes my original work and that it has not been presented in any other institution or university for academic purposes.

Name: Anne Wanjiru Mbuthia

_____ __26/06/2024_____

Student Signature Date

This research was carried out under our supervision and is submitted with our approval as university supervisors.

Supervisor name: Dr. David Kabera Muthondeki

_____ __26/06/2024_____

University supervisor signature Date

Supervisor name: Dr. Joseph Theuri

_____ __26/06/2024_____

University supervisor signature Date

Africa Nazarene University

Nairobi, Kenya

DEDICATION

This study is dedicated to my maternal grandmother, Salome, who opened my eyes to the challenges of the geriatric population.

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ABSTRACT

Depression is a public health challenge particularly in developing nations. Senior citizens or the elderly above the age of 60 years have a much higher risk of mental health challenges like depression due to various life circumstances such as chronic illnesses and loneliness. Consequently, the research focused on elucidating depression among the elderly and investigating the psychosocial factors that act as predicators of depression among the elderly living in old people's homes in Nairobi County. Research goals were assessing the effect of family break-up as a predictor of depression among the elderly, effects of cultural values as predictors of depression among the elderly, effect of socio-demographic variables as a predictor of depression among the elderly and effect of socio factors as a predicator of depression among the elderly in old people's care homes in Nairobi County, Kenya. The research was anchored in two theories: the Social Production Theory (Lindernberg (1989) and Hierarchical Compensatory Theory by Antonucci (1986). The study targeted 177 individuals aged above 60 years and are residents in old people's homes. Cross sectional descriptive research technique was used where 7 old people's homes was used. Interviews and self-administered questionnaire were adopted in data gathering from respondents selected through a simple random sampling process. Once data was collected, it was analyzed using the Statistical Package for Social Sciences (SPSS) version 22. To present the information, tables were utilized. Findings from descriptive statistics and regression analysis revealed a significant relationship between family break-up and depression among the sample. Descriptive statistics indicated that a substantial proportion of respondents have personally experienced family break-ups (88.9%), and that their family members have also experienced break-ups (88.9%). The regression coefficient of 0.846 showed a positive and significant ($p=0.000$) relationship between family break-up and depression. The standardized coefficients show cultural values having a positive and significant effect on depression (Beta = 0.304, $p = 0.013$), suggesting that individuals who adhere strongly to traditional cultural values may be at a higher risk of experiencing depressive symptoms. The standardized coefficient for socio factors was found to be positive but non-significant (Beta = 0.166, $p = 0.322$), indicating that the influence of socio factors on depression may not be as pronounced as other variables in the model. As per research outcomes it was recommended that it is crucial to develop comprehensive support programs that address family break-up and improve communication within families, and efforts should be made to enhance social support networks within elderly homes. Future research should explore the longitudinal effects of family break-up, cultural values, and socio factors on depression among the elderly.

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OPERATIONAL DEFINITION OF TERMS

Aging: For the purposes of this study, this refers to the period of human life usually measured in years that shows the process of becoming older.

Geriatrics: This is used to describe a medical specialty dealing with senior adults' care and their health needs.

Old age: In this study, the term denotes individuals above the chronological age of 65 years.

Old people's homes: An institution providing accommodation and care for elderly people.

Psychosocial Factors: Depicts elements linked to individuals' psychological development. This is in relation to the social surroundings. In this study setting, the predictors include family breakup, cultural values, socio demographic and social factors.

ABBREVIATIONS/ACRONYMS

GDS - 4	Geriatric Depression Scale
MDD	Major Depressive Disorder
NACOSTI	National Commission for Science, Technology, and Innovation
SPSS	Statistical Packages for Social Sciences
SES	Social Economic Status
UNFPA	United Nations Population Fund
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Introduction

This chapter provides a concise overview of the research topic, as well as the guiding framework that was used for the study. It also provides some background information about depression difficulties connected with old age, both globally and locally. Further, the chapter comprises statement of the problem, purpose of the research, objectives of the study, the research questions, significance of the study, and scope of the investigation. Also included are the study's limitations and delimitations, assumptions of the study, the theoretical foundation, as well as the conceptual framework.

This study involved working with elderly people living in old people's homes, and looking into their experiences related to depression and its associated predicators. Generally, the research aimed to elucidate depression among the elderly and investigate the psychosocial factors that act as predicators of depression among the elderly living in old people's homes in Nairobi County, Kenya.

1.2 Background of the Study

An ageing population is seen as a vital development in the twenty-first century, changing economies and cultures throughout the globe (UNFPA & Help Age International, 2012). According to the United Nations, old age is denoted as individuals aged above 60 years. With global population forecast to expand from 7.7 to 9.7 billion by year 2050, the population of elderly people is anticipated to expand twice from 703 million in 2019 to 1.5 billion in 2050, translating to a 12% yearly growth. Similarly, the population of people over the age of 50 years is expected to reach 2 billion by the same time period. Changes in demography are predicted to result in more health issues linked with the elderly. According to Werfalli et al. (2016), there were 64.5 million persons aged 55 years and above in year

2015. This figure is predicted to climb to 103 million by year 2030 and 205 million by year 2050, reflecting a 3.6% annual growth rate.

According to Mittal (2018), the population of elderly persons in America is expanding at a considerable rate, due to better and improved healthcare in addition to reduced birth rates. As a result of this situation, depression affects nearly 6 million Americans aged above 65 years. By the year 2060, the population of elderly citizens is anticipated to double as this demographic shift is posed to continue. This will lead to issues such as family break-up, mostly as a result of elements like divorces, separation, estrangement, or the death of a partner. These predictors considerably influence the elderly citizens' mental health.

A number of past researches depicts that elderly persons who undergo family break-up are more prone to suffer from depression in comparison to those with stable household models. Due to the ever expanding number of elderly people residing in care homes, comprehending the psychosocial factors that lead to depression is of paramount importance in order to formulate effective coping mechanisms (Mittal, 2018).

In the United Kingdom, Kydd and Fleming (2020) highlighted that the situation regarding the elderly population is similar to that of America. Presently, there are nearly 12 million citizens aged 65 years and above. In this regard, cultural values are vital in shaping attitudes and notions towards the issue of mental health and help-seeking behavior among the elderly populace. Past studies and surveys suggest that cultural variables, for instance stigma and beliefs concerning aging and mental health wellness affects the prevalence and depression management. As an illustration, some cultures may perceive depression as a sign of vulnerability or weakness or a normal aspect associated with aging. According to Kydd and Fleming (2020) this leads to issues such as underreporting and undertreatment.

As such, having insights concerning these cultural elements is crucial for offering culturally and sensitive attention to elderly people in care homes.

In regards to China, Chen et al. (2019) observed that presently, the population is undergoing a rapidly evolving shift in its demographic composition. The aging population is increasing fast with the number of elderly persons aged over 60 years posed to hit the 487 million mark by the year 2050. Variables linked to socio-demographic elements, for instance, education, income, and living arrangements influence the elderly citizens' mental health. To illustrate this phenomenon, elderly people with higher education levels and disposable income may possess improved healthcare access and social support networks. This will go a long way in minimizing their depression risk. On the contrary, individuals living on their own or in abject poverty have higher probability of undergoing depression (Chen et al. 2019).

The population of ageing citizens in South Africa, is similarly expanding. According to Bloom and Luca (2019), this is estimated to be around 5.4 million people who are aged 60 years and above. The South African nation faces both unique and similar challenges in regards to the ageing population. This entails increased poverty levels and social inequality, which negatively impact the elderly peoples' mental health. According to figures from prior research, elderly persons living in dire poverty are prone to suffer from depression. This is in comparison to elderly individuals with higher disposable incomes.

At the same time, access to healthcare and social support frameworks can differ. This is dependent on geographic location and socio-economic status, impacting further rates of depression among the ageing population. The effective handling of these socio-economic elements would be beneficial in fostering overall mental health and wellness of elderly persons living in care homes.

The situation in Kenya is not different. As such, Muchemi et al. (2017) noted that the elderly population is expanding considerably. According to research, there is an estimated 2.7 million citizens aged 65 years and above. Elements linked to psychosocial variables, for instance, family break-up, cultural values, socio-demographic variables, and socio-economic factors all influence depression among the elderly people. As a demonstration, cultural values in Kenya greatly respect senior elders. However, changing and evolving societal norms alongside urbanization presently impact traditional family models and elderly support systems.

In similar manner, access to mental health services in Kenya is limited, more so in rural areas. This affects the diagnosis and treatment of depression among the elderly populace considerably. Having in-depth insight regarding these interactions is essential for establishing effective and practical interventions to aid elderly peoples' mental health in care homes in Nairobi County and beyond (Osborn et al., 2020).

Depression is a huge public health problem that affects persons in all age brackets, communities, and nations. It accounts for the biggest source of disability globally, and the global burden of depression is increasing. The incidence of depression varies greatly both within and across nations in the developing and developed worlds, representing the significance of such variables as economic and demographic elements. Similarly, other variables include environmental element in depression development and prevalence.

As indicated by the World Health Organization (WHO), depression is expected to overtake heart disease as the largest contributor to disability. At the same time, it is the second leading reason to the global burden of disease by 2020, particularly among the elderly. Expanding income, academic and wealth disparities at both national and international settings have made socioeconomic status (SES) a critical determinant of depression, particularly in emerging economies, as reported by WHO (Thapar et al., 2012).

The predicted rise in the ageing population adds to public health concerns regarding depression. According to a WHO (2012) research, depression would be the second most frequent ailment impacting the elderly in developing nations such as Kenya by 2020. There is hence a need to control the risk that comes with depression by studying the reasons and thus coming up with ideas on how to lessen the impact.

The nature and triggers of depression among the elderly differ from one country to another because of the differences in the socio-economic status and environmental conditions that one faces in life. Depression challenges not only affect the elderly but also affect the young as documented by Ndetei (2010) in a study that asserts that the youth have become victims of depression as evidenced by the increased cases of suicide of persons below the age of 30.

Further, the Ndetei (2010) report indicated that the lifetime widespread of chronic depressive disorder to be at 16.7% (14.8% in men and 19.1% in women), with this trend having increased by 0.2% annually for the prior decade. Among the elderly persons in Kenya, Ndetei et al. (2014) documented that 14% of the 52 to 59 year-olds and 19% of the 60 to 70 year-old persons in Kenya undergo one form or another of depressive disorders. The study identified causes of the depressive disorders as ranging from a lack of adequate social support, family break-up, and health-related issues.

An arrangement made in regard to meeting the special needs of elderly persons by tailoring their unique needs through provision of services ranging from nursing, long-term care and nursing homes tailor-made service that is aimed at the fulfillment of the special needs and requirements of senior citizens is referred to as elderly homecare. According to Capuno et al. (2014), due to a great diversity of senior care available throughout the country, as well as the wide range of cultural viewpoints on old residents, the types of services available cannot be reduced to a single model of care delivery.

For this reason, many nations in Africa and Asia do not employ government-sponsored senior care very often, preferring instead to rely on traditional ways of care provided by younger generations of family members. In a similar study, Mbaya (2009) highlighted that, many of the older generations, especially in developing countries, face challenges in financing their medical needs after retiring from formal employment. If this situation was addressed during their productive years, it would offer them a medical cover even in elderly adulthood, thereby leaving them less exposed. Coupled with increased social and government failures in developing countries to develop appropriate programs to look after elderly persons' requirements, they find themselves depressed out of a lack of the much needed support that they would have expected from government or society (Pouw et al., 2020).

The COVID pandemic brought along its own unique challenges for the elderly population as they have since been disproportionately impacted due to their underlying chronic conditions, compromised immune systems, which therefore means they are more severely affected by disease, while death has been more common (Meng et al., 2020). The global recommendations for this population therefore include social isolation and staying indoors for long periods of time to reduce the impact of the disease.

Connected with dire conditions both in socioeconomic and environmental contexts, it is anticipated that the vast majority of aged African citizens will face critical disorder in neuropsychiatry. This becomes the opportune chance to bolster services in both mind and psychiatric health of the elderly. This is in addition to being ready for any unforeseen impediments related to the pandemic (Gyasi, 2020). Research conducted in the past depicts that elderly people living in homes for the aged are more prone to develop depression due to psychosocial variables.

However, there is a gap in knowledge to be filled in the literature regarding the specific factors that contribute to this susceptibility in this population. By comprehending these elements, it will be essential in formulating effective interventions to enhance both mental and psychiatric health of the elderly in such settings. In this regard, current research intends to fill this gap by investigating the psychosocial factors that make elderly people vulnerable to depression in old peoples' homes (Gyasi, 2020). This therefore calls upon pointing out current depression predictors in elderly people especially in Kenya, more so the psychosocial factors so that early planning can be made and remedial measures are undertaken to manage the challenge by various stakeholders.

1.3 Statement of the Problem

It can be argued that there is a correlation between improvements in quality of living and general increase in life expectancy. As such, population of elderly citizens is expected to expand proportionally to global population increase. The common mental health challenge among the elderly, according to various kinds of literature, is depression that ranges from slightly above 2% to as high as 50% depending on the country, in both the developed and developing worlds (Goncalves, 2015; Gulia & Kumar, 2018).

In Kenya, a report by the Kenya National Commission on Human Rights (2011) indicated that the rate of citizens undergoing disorders in mental wellness was similar to that of the global rate of almost 20% with the elderly being the most vulnerable. Depressive disorders are the most frequent kind of mental disease that affects elderly persons (Osborn et al., 2020). These conditions are also the most prevalent source of emotional distress in later life, and they possess a considerable detrimental influence on overall life quality of older persons who are affected by them.

Despite the magnitude of depression cases among the elderly in Kenya, it appears like limited research has been done to try and establish the causes of depression. In as far

as the researcher is concerned, the studies that have come close to the same include Osborn et al. (2020) that sought to link sociality and depression, Muchemi et al. (2017) who sought to investigate the core monetary and psychosocial shifts faced by Kenyan retirees and also Mugambi and Githonga (2015) who investigated the adolescent's awareness of psychosocial risks that arise from depression.

It is important to realize, however, that the state of depression being witnessed among the aged in Kenya can be as a result of different outcomes occurring before and during the aging period and which need to be addressed. Few research studies appear to have been done on the geriatric population in Kenya in regard to their mental health. Further, to the best of this researcher's knowledge, there have been no prior studies that have sought to evaluate depression predictors among the institutionalized elderly in Nairobi. As such, the current research intends to evaluate psychosocial factors as predictors of depression of the elderly in old people's homes in County of Nairobi, Kenya.

1.4 Purpose of the Study

The research purpose was to evaluate psychosocial factors as predictors of depression among elderly people in homes for the elderly, specifically in Nairobi County, Kenya.

1.4.2 Objectives of the Study

The research was based on the undermentioned specific objectives:

i. To determine the effects of family break-up as a predictor of depression among the elderly in the elderly care homes in Nairobi County, Kenya.
ii. To examine cultural values as predictors of depression among the elderly in elderly care homes in Nairobi County, Kenya.
iii. To evaluate socio-demographic variables as predictors of depression among the elderly in elderly care homes in Nairobi County, Kenya.

iv. To examine socio factors as predicators of depression among the elderly in elderly care homes in Nairobi County, Kenya.

1.5 Research Questions

In order to achieve the purpose of this study, the following research questions were presented, also aimed at guiding the investigation, and providing a structured approach through the process.

i. How does family break-up predict depression among the elderly in elderly care homes in Nairobi County?
ii. How do cultural values predict depression among the elderly in elderly care homes in Nairobi County?
iii. To what extent do socio-demographic variables predict depression among the elderly in elderly care homes in Nairobi County?
iv. What is the contribution of social support system in predicting depression among the elderly in elderly care homes in Nairobi County?

1.6 Significance of the study

This study is of importance to the policymakers in Kenya as it contributes an understanding useful in the developing of appropriate social protection policies that are helpful to the elderly during their later years in regard to their mental well-being. The appreciation of the possible predictors of depression among the elderly might be of importance to Labour Ministry and Social Protection in Kenya to formulate policies that would help mitigate the triggers of depression.

The study through its recommendations has the potential to help government agencies to come up with appropriate intervention measures targeting the social assistance

programs, social security, and health insurance programs which help the elderly during their retirement period.

To the medical practitioners, the study offers valuable insights towards improving their diagnostic practices, specifically relating to mental health conditions, and to depression among the elderly in particular. The psychologist dealing with the state of mental health, the study is of importance to them in understanding the triggers of depression among the elderly, and out of the same, they would be better placed to formulate appropriate intervention steps in addressing the same.

The study also adds to the growing literature on possible predictors of depression that afflict the elderly, especially in the developing countries, since most of the studies that have been carried out to understand the causes of depressive behavior among the elderly have been from the point of view of developed countries.

1.7 Scope of the Study

This research focused on the psychological and social elements as predictors of depression among elderly persons living in homes for the old in Nairobi County, Kenya. Conventional family and community models and their effectiveness in availing assistance and care for elderly citizens is becoming more and more under scrutiny. Presently, there is a growing pattern where concerned households place them in homes for the aged. A good number of these institutions are found in Nairobi County which has a diverse cosmopolitan population. The unit of analysis comprised of the 7 homes for the elderly in the County of Nairobi while observation unit was the resident elderly persons in the respective institutions.

1.8 Delimitation of the Study

This researcher concentrated on obtaining related literature sources from online sources journals, articles, books, and any sources that could answer the questions to the

study. As such, there would be consideration of a literature review on psychosocial factors as predictors of depression of the elderly in old people homes. The researcher concentrated on elderly people in the 7 registered homes in Nairobi because previous researchers have tended to concentrate with those elderly persons living in rural homes. The study was limited to privately-owned, excluding public homes for any investigation.

The aim of this delimitation was to allow for focus on the unique factors, challenges, and outcomes associated with the operations and living in a privately-owned facility for aged, which may differ significantly from those ran as public facilities. In addition to this, the research was geographically restricted to the Nairobi County, which is an urban, capital city, so as to control the different socio-demographic elements associated with the study population. These limits were set in order to maintain a practicable scope and provide a more focused analysis of the targeted individuals.

There were other delimitations considered in this study. In regard to the time frame, the research took into account data gathered between 2015 and 2023, thereby limiting the analysis to this particular time duration. At the same time, other health conditions of the elderly were not considered in the study; only focusing on the specific physical health conditions as factors contributing to depression. Further, the research focused solely on the psychosocial factors aspect. Similarly, although cultural influences are observed to be possible contributors to depression, this present research did not delve deeply into cultural factors because of time and resource constraints.

1.9 Limitations of the Study

Statistical testing was hampered because of a relatively small size of sample. However, the scholar adopted cross sectional descriptive research design which is an appropriate statistical method for a small sample size. The study's concentration on old people's homes in Nairobi County resulted in its findings being generalizable and

transferable to comparable institutions outside of Nairobi, which suggests that future research should broaden its scope in order to authenticate the findings more thoroughly.

The study also looked at only four well-established causes of depression, namely, family break-up, social values, social-demographic elements and elderly's social support. In addition, some of the older people who were being targeted for the study were unwilling to engage fully in the research because they believed the information would disclose everything regarding their prior lives. This was overcome by seeking help from the administrators of the respective homes. The researcher also made clear to the responders the discreetness and anonymity of the tool used to gather data. This was to ensure respondents participated fully in the research.

1.10 Assumptions of the Study

This denotes the underlying ideas that a scholar believes or acknowledges, but which are hard to corroborate or prove in any meaningful manner (Hissong, Lape, & Bailey, 2014). The survey was predicated on the assumption that the respondents would be willing to provide honest and accurate information and facts about themselves and their experiences. The elderly people in the selected homes were assumed to understand the variables investigated and were willing to share the information truthfully. The research assumed that the elderly citizens living the old peoples' homes share identical characteristics and experiences relevant to the study.

The research also assumed that the tools used for gathering data related to psychosocial factors and depression among the elderly were valid and correctly captured the intended constructs. Despite the fact that research focused on a specific population in Nairobi County, it assumed that the outcomes can be generalized to other similar settings with caution. The study assumed ethical guidelines concerning the treatment of human subjects were adhered to consistently throughout the research

1.11 Theoretical Framework

This research study was anchored on two concepts, Lindernberg's Social Production Function (1989) and Antonucci's Hierarchical Compensatory Theory (1986).

1.11.1 Social Production Function Theory

It has been argued that people are rational, as posited by the Social Production Function Theory, which was developed by Lindernberg (1989). According to the theory, people work towards a certain goal, which in the majority of cases is the development of psychological or emotional well-being. It is believed that a person's psychological scope wellness is impacted by his or her level of physical and social well-being. For a person to be happy, he or she ought to possess their physio-social needs addressed.

Personal well-being includes both physical and social demands. Physical wellness is produced via achievement of instrumental goals such as comfort and stimulation; social well-being is produced through the achievement of essential aims such as love, behavioral acceptance, and social class; and both rely on achievement of basic aims. Therefore, a shortage or a limited quantity of resources might impair people's capacity to create well-being, which can result in the development of depressive symptoms.

The theory of Social Production Function offers a vital model for comprehending psychosocial factors that act as depression predictors among elderly persons particularly in care homes. This theory asserts that social elements, specifically family relationships, cultural values, and socio-economic variables impact wellness of individuals' as well as outcomes in mental health. In the current study settings on depression among the elderly in Nairobi County, Kenya, this concept depicts that these variables act as core research components. In this regard, family break-up denotes the aspect of social relationships, cultural values depicting the cultural scope, socio-demographic elements: age, gender,

education, and, living arrangements, and socio-economic factors for instance income and healthcare access (Lindernberg, 1989).

A sociological perspective on depressed systems shows that theory of social production function gives beneficial conceptual explanation manner in which socio-demographic disparities occur in depressed systems (Carr, 2004). The act of getting married and starting a family with a partner is a valuable combination that may lead to the accomplishment of entire core aims, which are consequently crucial for attaining overall wellness in one's personal life. Men, according to Waite (1995), are more benefited by marriage than women because marriage has a protective effect on one's health, but this effect is greater in men than in women, according to Waite (1995).

However, even though both women and men, it is believed, benefit from the marriage institution because it provides a stronger sense of social connectedness, from sources other than family, men may appear to experience other benefits as it is primarily women who observe social networks of a household, and so receive a greater amount of both emotional, vital support, such as family chores, from their wives. Thus, it follows that a loss of a wife deprives a man of comfort, stimulation, and affection and this will likely result in depressive conditions. The theory, therefore, forms an important anchorage to the current study since it provides an explanation as to why a lack of social support might trigger depression in older people.

1.11.2 Hierarchical Compensatory Model

Separately, Antonucci (1986) who proposed the hierarchical compensatory model, which implies that individuals seek social support from others based on a set of ordered preferences rather than the specific forms of help that they need. When it comes to selecting the sort of care, the hierarchical compensatory model presupposes that there is a preference order. Informal care given by relatives, especially husband and children is the first choice,

followed by friends and neighbors as the second and third choices respectively. The provision of formal care functions as a compensating measure when this alternative is not accessible or informal caregivers are unable to bear the stress that could be associated with caregiving to the elderly persons (Cantor & Brennan, 2000).

This model of Hierarchical Compensatory Model (HCM) is relevant as it provides a structure which is essential so as to comprehend how various elements combine to influence depression in elderly persons living in care homes. The concept depicts that psychosocial factors function at various influence levels. As such, their influence can be compensatory. In these research settings, the HCM concept opines that variables such as family break-up, cultural values, socio-demographic variables, and socio-economic factors may interact in intricate ways to influence depression among elderly persons. As such, enhanced cultural values that stress on support from family may compensate for the detrimental effects of break-ups within a family may have on mental wellness. Similarly, socio-economic variables like healthcare access and social support may compensate for the impact of extreme socio-demographic variables (Cantor & Brennan, 2000).

The replacement of persons from lower hierarchies in a compensating way would occur after the previously selected sources of support were no longer available or inadequate. Those who have no or few children may experience less social interactions as a result of this than those who have a high number of children do. Parents, particularly when their children are young, have a tendency to form social bonds with other parents via their children's peers. According to Klaus and Schnettler (2016), social bonds formed during that era of the parents' life cycle may last for years and are likely to be advantageous in old age. In order to discourage guardians from being isolated socially as they age, relationships with friends, family, and neighbors may give chances for social contact and interaction.

In a similar vein, when disposable money increases, it gets simpler for senior individuals to participate socially in both events and activities, as well as get involved in formations and non-governmental organizations. Elderly persons with better wages may have more possibilities for social engagement both inside and beyond the family environment (Ellwardt et al. 2014). Unlike the social production function theory, the hierarchical compensatory model rightfully acknowledges that social support is not an event such as the loss of a close member but rather a process that needs to be built as someone gets older.

1.12 Conceptual Framework

The conceptual framework depicts how both independent and dependent variables affect each other. The independent variables in this study are: family break-up, cultural values, social-demographic, social factors, while the dependent variable is depression among the elderly. The study considered intervening factors such as living conditions at the home, spiritual inclination and support mechanism and personality traits.

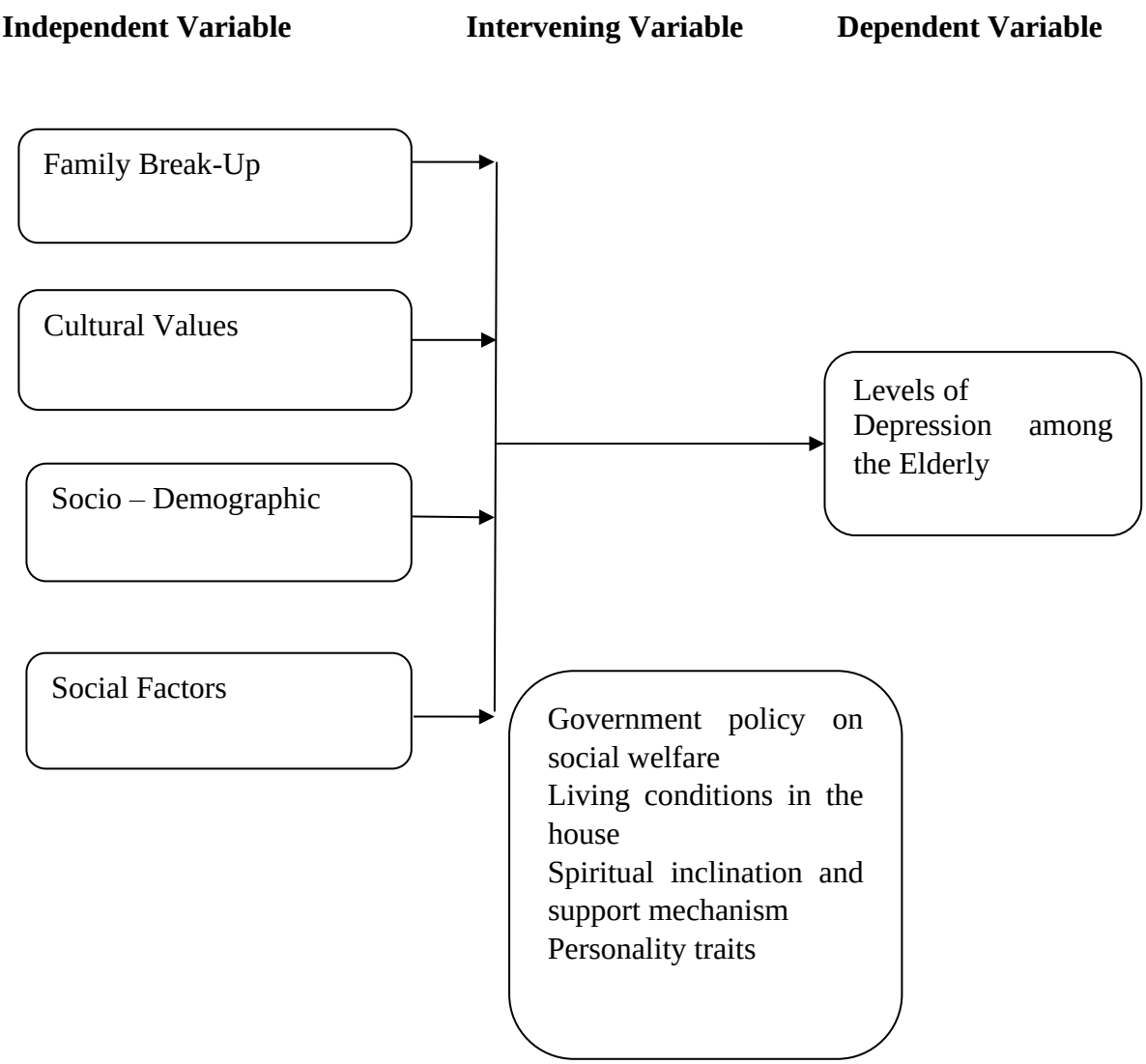

Figure 2.1: Conceptual Framework
Source: Researcher (2024)

Creating a conceptual framework gives a clear picture of the areas in which important linkages are likely to occur and which may be used in combination with the objectives of your research (Cargan, 2007). The conceptual framework in the diagrammatic representation described above involves exploring the relationship between family break up, cultural values, social factors and socio demographic factors as influencing depression among aged population in old people's homes in Nairobi County.

Family break up refers to separation or divorce of parents or their children going through the same, having significant influence on aged people' mental wellness. Cultural

values like benefits of family, social support and individualism can affect how people cope with their elder years and their mental health. Social factors like socioeconomic status, health care access and social help networks can also influence the likelihood of depression. Socio demographics factors like age, gender, education level, religion are also variables that were looked into to assess their effects on depression among the elderly.

1.13 Summary

This chapter has provided a detailed basis for the study by introducing the research topic, detailing its historical and contextual background, and explaining the problem it addresses. The chapter clearly outlines the purpose of the study, its objectives, and key research questions, highlighting the significance and probable contributions of the research. It also outlines the scope, delimitations, and limitations, while discussing the assumptions underlying the research and presenting both the theoretical and conceptual frameworks that guided the study.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter sets the stage for the research. It offers a clear and elaborate introduction to the study, establishing the foundation for the research. It encompasses literature related to factors investigated as determinants of the depression challenges associated with old age. The literature discussed incorporates the global, regional and local angles. The specific areas covered in the chapter include research work relating to the effect of family break-up, cultural values, social-demographic variables, social support as predictors of depression among elderly persons in Nairobi County, Kenya. Finally, the chapter ends with a summary and a research gap.

2.2 Review of Literature

In order to effectively prevent and treat depression, it is vital to understand the scope of the relationship between risk elements and depression development in future. Individuals' quality of life is negatively affected by depression, and their appraisal of other chronic conditions that impact their lives is negatively affected by depression as well. Different factors might trigger depression, both among the youth and old persons. In this section, the factors to be considered as predictors of depression among the elderly include, family break-ups, cultural values, socio-demographic variables, and social support.

2.2.1 Family Break-Up as Predictor of Depression

A Uebelacker et al. (2013) research titled "Modifiers of Life Stress in Predicting Depression in the United Kingdom's Women's Health Initiative" was done towards achieving further understanding of depression amongst the elderly. The research focused on older women in the U.K. The longitudinal research technique was employed, with the sample size at 500 elderly women receiving in home care. The findings demonstrated that

persistent abuse, both verbal and physical, low income, and chronic physical pain were considerable depression predictors among old women.

Other research outcomes showed that support from social settings and physical work were helpful in mitigating depressive symptoms. Further, the study illustrated that support from social networks, and physical work are beneficial in minimizing risks of depression in older populations. However, a knowledge gap exists in gaining insight how these elements influence depression in elderly persons in care homes in Nairobi County, Kenya. Extra surveys are paramount to explore these predictors in the Kenyan setting and establish targeted interventions to enhance elder peoples' mental health in care homes.

The role of some care-giving specialists has also been explored in some studies. McEwan and Sapolsky (2008) conducted a survey on behavioral health specialists' role in mitigating depression among elderly citizens using a sample size of 200 senior citizens in Sweden. The research used the census survey technique so as to include all individuals in 5 selected homes, while the survey stressed on the teaching skills benefits focused at getting needed family support. This was indicated to be important in decreasing depression disorder.

The outcomes demonstrated positive influence of physical exercise on depression levels among older people. From the findings, it was recommended that including physical activity in the care plans could minimize sadness and anxiety in elderly persons. However, a gap in knowledge exists concerning the specific tactics and interventions that behavioral health experts can utilize to promote support from family and enhance physical activity among the elderly in care homes in Nairobi County, Kenya. In this regard, additional study is required so as to explore these aspects and formulate sound interventions to enhance old peoples' mental health and wellness.

Depression in elderly people may be reduced by their marital quality, according to a Margelisch et al. (2017) investigation on 374 elderly people in Italy which tested the stability, contentment, and well-being of old marriages. They were selected through the purposive sampling technique, while the research methodology utilized was descriptive research. The findings showed that those who were happily married had better health and well-being than those who were not. The results also suggested that the gender of an old person influenced the extent to which marital quality affects the state of depression among women who were found to be affected most by the state of marital quality than men. However, the findings have not been determined as applicable in the Kenyan setting as the survey was carried out in a developed country where living conditions are superior.

The importance of marital quality to the overall well-being of husbands and wives may change during a person's life course as their growth and role evolves. One's marital happiness has a direct effect on the emotional state and hence the amount of depression of his or her spouse, according to Carr et al. (2014). As Karney and Bradbury (1995) demonstrate in their Vulnerability – Stress – Adaptation model, happily married people have greater health and well-being than unhappily married people at both periods in their marriage, and this has been linked to the protective aspect of high-quality marriages. In an unpleasant marriage, high levels of stress may indicate unfulfilled emotional or other needs, which may lead to depression.

A Borges et al. (2013) study discussed socio-demographic influence variables on depression status in elderly citizens in Brazil while exploring related determinants of depressive symptoms. The study used descriptive research design and selected 100 participants through stratified sampling method. Inequality in living and health circumstances were shown to be the origin of depression, which was then exacerbated by a person's poor educational attainment and worse financial situation as they aged. A research

gap exists in that the study was done in another continent thus the findings are not generalizable in Kenyan setting.

According to Litwin (2009), being a member of a social group has a protective impact against depression, indicating the significance of social networks in maintaining good health. This explains why being in an aged care facility may help reduce stress and despair amongst the elderly persons. Being active in social groups as a preventive measure for depressive symptoms cannot be assumed; rather, it is possible that not experiencing these symptoms makes it easier to be active in social groups. Thus, being active in groups would be a sign of not having depression, thus seniors who do not engage socially may be more likely to have depression, which would keep them from engaging in group activities (Antonucci et al., 2011).

For all of life's stages, parents and children are a vital pillar of stability and support since family members' lives are intertwined and contribute to one another's future generations (Antonucci et al., 2011). The existence of both good and bad occurrences in children's lives reverberates in mental wellness status of aged parents because they naturally acquire empathy sentiments for their mature children's lives. As a result, the social relationship that has been formed between the members of this network means that any member who is experiencing family difficulties will likely have an impact on the other members of their family.

Instability in a family's structure, such as separation or divorce, has a detrimental impact on the mental status of parents because of their empathy for their children's situation and their sense of responsibility for their children's life choices, even as they grow older. Depression can also develop as a result of parents' expectations for the ideal life path for their children not being met by their children (Grundy et al., 2017). When a child does not live up to the expectations of their parents, the parents feel anxious and a sense of failure

on their part (Pillemer et al., 2012). One of the things parents fear most for their children is a divorce since it is seen as a departure from the norm and, as a result, as a sign that their children are falling behind in their social development. Failure to keep the marriage status through divorce or separation may cause parents to feel shame and guilt as well as ambivalent feelings of conflict and solidarity – especially if they hold the traditional family values that support the institution of marriage remaining in place; which may cause mental stress for the parents (Kalmijn & De Graaf, 2012).

Stressful and traumatic situations for children, such as exposure to alcohol or drug use, sickness; and financial challenges, may lead to the mental instability of their parents, as evidenced by Milkie et al. (2008), who employed longitudinal sectional research design. They sampled 300 elderly people through purposive sampling method and expressed no correlation between divorce of adult children and depressive symptoms in a sample of American families, whereas a study by Kalmijn and De Graaf (2012) in the Netherlands illustrated divorced children's marital breakup was connected to enhanced depressive signs in their parents, and that this effect was greater for parents with a history of mental illness than for parents without a history of mental illness.

In the El-Gilany et al. (2018) study, evaluating the effect of an old person's place of residence on depression in Egypt, found that depression was statistically substantially greater among urban inhabitants than rural people. Several researchers have come to the same result in the past, and they relate this to the fact that individuals in rural areas often retain solid social interactions. Increased social solidarity in rural locations is a possible countermeasure to depression, particularly in the elderly. This is due to a shared experience, customs, goals, and traditions that serve as the foundation for unity (Okwumabua et al., 1997; Sengupta & Benjamin, 2015). Another possible reason for the discrepancy is that older people in rural regions are prone to stay with extended sibling members with whom

they have close personal bonds. According to Abdo et al. (2011), depression was shown to exist more in women than in men, and to be more evident as a person grows older.

Another group of people who are prone to depression are those who provide care to others. Depression may be exacerbated by social isolation and the shame associated with caring for an intellectually handicapped person or a breakdown in close connections, according to Mbugua (2011). Unemployment is linked with enhanced depression risk, and this link is exacerbated by a lack of public resources at the community level. As Magana et al. (2019) have shown, married caregivers are more prone to undergo depression compared to single or divorced ones, and this is thought to be due to the widespread belief that intellectual disability is associated with shame in African cultures, which raises the risk of depression for married caregivers. Women caregivers are more impacted by these situations since, in the vast majority of instances, they are answerable in regards to emotional well-being of their spouses and children.

In an Osborn et al. (2020) study that investigated the difference in depression and anxiety symptoms along the demographic continuum, it was discovered that older adolescents in Kenyan high schools experience enhanced depression and anxiety signs, including decreased social support than teenagers. As previously found by Antonucci et al. (2011), females reported greater levels of depressive symptoms compared to males, while members of minority tribes indicated higher levels of anxiety compared to major tribes' members. Even while age proved to be a predictor of both anxiety and depression symptoms, there was a negative link between depression and social support, according to the findings.

2.2.2 Cultural Values as Predictor of Depression

Loneliness is pointed out as one of the most significant elements causing depression in the elderly (Cacioppo et al., 2019). It is worth noting that loneliness is not a result of

one's particular experiences or personality; rather, it is a result of the culture that prevails in a community at a given time. Across many European nations, loneliness has been highlighted as a persistent societal problem that has a severe effect on the physical and mental wellness of people who experience it. Loneliness is associated with inadequate physical and mental wellness in those who experience it (Lykes & Kemmelmeier, 2014).

Despite the fact that loneliness may affect people of all ages, Wilson et al. (2017) assert that older persons who reported high levels of loneliness tended to degrade intellectually more quickly than those who reported lower levels of loneliness. Additionally, loneliness has been shown to increase dementia risk later in life, with Alzheimer's condition being twice more frequent among lonely older persons than in the general population. In addition, loneliness has been connected to suicide instances across all age groups, a circumstance that is a consequence of the start of depression, according to research (Oyserman & Lee, 2018).

The social culture has a direct impact on how a person interacts with close family members as well as with the rest of the community. In recognition of this circumstance, Markus and Kitayama (1991) developed the Self-Theory, Construal's which points out that the American culture tends to emphasize independence and the pursuit of one's own interests, but Asian cultures prefer to conceive of themselves as interdependent. According to the idea, an individual is seen to be an actor distinct from others, with distinctive characteristics and preferences that endure across contexts; a stance that will inspire their own behaviors and personal decisions (Markus & Kitayama, 1991).

People who believe in interdependent self-construal, on the other hand, contend that they are related to others and that their experiences and behaviors are frequently molded by the social backdrop, and as a result, hold the view that they should fit into the dominant way of living in society. The elderly, according to Oyserman and Lee (2018), benefit from

collectivistic societies because they are perceived to have supported the family during their active period and will therefore require support during their sunset period. As a result of the society's support, fewer cases of depression among the elderly are observed in such societies.

According to Hofstede (2012), as individualistic and collectivist cultures vary in terms of degrees of relational mobility, more traditional families and communities that make interpersonal interactions more stable are found to be more stable than other types of families and communities. Thus, in these civilizations, there is a constant need for people to select and sustain interpersonal interactions on a consistent basis.

A growing number of people around the world are practicing religion or spirituality in general, according to Bonelli et al. (2018), who cite a World Gallup Poll conducted in 2016 that measured sample populations from 143 states and expressed that 92% of citizens in 32 emerging nations and 54% of persons in developed economies indicated that spirituality was an integral component of their day to day lives. It has been suggested by Kasen et al. (2011) that religion can be used to cope with stressors in one's life and also curtail the chance that stressors will occur initially if one's spiritual values and practices are integrated into one's daily activities to a significant extent.

The ways in which we treat people, our lifestyle choices, and health habits are all factors in the development of stress and, therefore, depression. Because any cultural practice that has the ability to influence these life practices will have an impact on the level of stress, and because religious engagement has been connected to greater altruism, gratitude, acceptance and marital fulfillment than non-religious involvement, it would seem reasonable to suggest reduced life stressors (Tsuang & Simpson, 2018).

In the present global order, web technology is utilized widely as an instrument for communication, education, and entertainment purposes. Because older adults frequently

experience mobility and activity limitations, Cotten et al. (2014) asserts that the role of online use in facilitating one on one communication to handle social and spatial enclaves may be beneficial to aged adults than for younger populations, despite the fact that mature people frequently deal with limitations in movement. Similarly, internet may be utilized in enhancing elderly peoples' mental wellness since it can be used to bridge isolation in social settings, diminished social interaction, and a lack of emotional support among those who are senior.

Additionally, Cotten and colleagues (2012) discover that using the Internet has a positive influence on increasing social support, social connectivity, and increased pleasure with the contacts made via the Internet. This is due to the fact that online utilization by senior citizens enable them keep in tandem socially, exchange social support, and knowledge acquisition to aid them in making choices. This, in the end contributes to their overall well-being.

Scholars have been interested to demonstrate correlation between marital status and health behavior in elderly people. During their research, Fajemilehin and Odebiy (2011) discovered that although everyone claimed a link and affiliation with the wealthy during old age, the poor were publicly shunned, exposing them to unfavorable economic consequences. This finding contrasts with a separate conclusion reached by Fajemilehin (2019), who observed that in traditional Nigerian society, the elderly were not subjected to poverty, neglect, or isolation, deprivation, or malnutrition, as a result of strong ties in descent and kinship that strengthened solidarity in groups and impactful for the elderly population.

In the case of the elderly, the stability of their family contracts allows for the likelihood of a reciprocal connection developing between them and their relatives. Furthermore, the findings found that women received greater social support throughout old

age from their children and grandchildren, which helped them live longer lives (Fajemilehin 2019). On the other hand, males welcomed peer ties as a source of support, which was attributed to shorter lives.

In recent years, the marital status of an older person and its influence on mental wellness have drawn the attention of health practitioners and academics who have attempted to determine if marital status has an impact on health behavior patterns in the elderly. Netuveli and Blane (2018) discovered that the nature of a person's relationship with their partner and marriage setting, whether monogamous or polygamous, had an impact on their health behaviors, including utilization of health institutions, taking medications as advised, taking meals on schedule, and living well, all of which contributed to enhanced life quality in advanced age. These outcomes were identical to those of Mascitelli et al. (2019), who discovered marital setting, was connected with both outcomes in health and survival in old age, and risk factors for an individual's health status differed depending on the association with social networks (Mascitelli et al., 2019).

2.2.3 Socio-Demographics Variables as a Predictor of Depression

Aspects of an individual's socio-demographic profile such as gender, age, academic attainment level, accessible social support investments, sufficiency care, and the presence of chronic illnesses are believed to influence the degree of mental wellness of the elderly. Pursuing their research goal of determining existence of risk elements for depression in Indonesian older citizens residing in nursing homes, Pramesona and Taneepanichskul (2018) undertook a cross-sectional survey on the subject. According to the findings of the research, elderly people who have children or children-in-law who care for them while they are ill are at a lesser risk of developing depression than other senior people without similar connections.

Even though social support may not be able to completely alleviate depressive symptoms in the elderly, according to the earlier conclusion by Tsai and Tsai (2011), it may be a source of hope for them as they struggle to overcome their difficulties and lessen the sense of hopelessness they are experiencing. Elderly people whose wives had finished their vocational or university education were found to be less likely to suffer from depression throughout their lives, in respect to a survey that centered on the correlation between education and mental wellness in the elderly. Men from households with a degree of family wealth below the national average also had increased risks of developing depression throughout the course of their lives (Webber et al., 2011).

In relation to recent research, the state of health of an aged person is a significant socio-demographic feature that has an impact on an individual's psychological well-being. According to Tanaka et al. (2011), females undergoing depression possess a greater degree of depressive signs, with no regard to the presence of chronic diseases. Female smokers were shown to be more likely than male smokers to experience depression, according to outcomes of research. Another survey by Breslau et al. (2018) indicated that depression scores among non-male smokers were statistically substantially higher than depression scores among male smokers, which is consistent with this conclusion.

In a similar, Luppino et al. (2010) have repeatedly showed a robust connection between alcohol dependency and depression, with the effects being seen to be more pronounced among women than males. This conclusion, however, varies with a study conducted by Fajemilehin and Odebiy (2011), which indicated that elderly people without children more vulnerable to risk of feeling depression compared to who had children at the time of their death. It has also been shown that the necessity of being physically active via exercise has an impact on the depressed mood of an aged person. According to Tanaka et

al. (2011), older people who engaged in regular physical activity were found to have less depressed symptoms over time.

Various medical disorders cause stress in one's daily life, and ailments such as diabetes, heart disease, hypertension, and eyesight impairment all contribute to stress and, therefore, depression. Patients' desire to live is reduced when they are sick because illness increases the burden on close family members, causes discord, and drains financial resources. When the available resources are insufficient to handle the situation, according to Gautam et al. (2011), the victims' desire to live is reduced, a condition that is the result of depressive mental health. Consequently, depression may act as a mediator between physical obstacles and a medical condition that an aged person is dealing with.

Older people are exposed to a variety of risks that might contribute to depression increase. Li et al. (2011) in their quest to learn more about depression risk elements in the Chinese populace, discovered that weak physical wellness and functional deterioration are both positively and substantially connected with depression in older persons. As a consequence of the loss in physical health of the elderly, Alexopoulos (2020) hypothesized that they would suffer from depression as a result of the dread of death and financial load that would come as a result of their condition.

Furthermore, depression was linked with expanding quantity of chronic illnesses. Depressive symptoms were therefore experienced by the elderly due to their perception of becoming old, which was exacerbated by the frequency of chronic conditions. Pegged on research outcomes performed by Li et al. (2011), consuming alcohol was shown to lower the likelihood of exposure to depression among rural older individuals. There is a possibility that this is due to the effects of relaxation and mood modification.

Inadequate or excessive sleep reveals to be connected with increased degrees of depression in older people. Xie et al. (2020) showed that limited sleep time was connected

to higher degrees of depressive signs, which is relatable to findings of Wen et al. (2019), who discovered aged people who sleep for a longer period of time during nighttime have decreased risk of forming depressive signs than those who sleep for a shorter time duration during daytime. An intricate interaction exists between sleep and depressed symptoms on several levels.

Sleep aids in the relaxation of the body, and according to Manber and Chambers (2019), the risk of depressive symptoms in the elderly group with sleep disorders is statistically higher than the risk in the group of the elderly who do not have sleep disorders. Sleep aids in the relaxation of the body, therefore, depression may induce and worsen sleep abnormalities in the elderly, and as Ichimori et al. (2015) discovered, depression is regarded to be the most significant risk factor for sleep disorders in the elderly.

2.2.4 Social Support as a Predictor of Depression

The social support dimension manifests itself in a variety of ways and is represented by indicators such as the size of one's social model, marital status, emotional support, and incidences of association with social network members, as well as the social support quality, instrumental support, and the ability to assist others. The fact that it has a multi-dimensional character has allowed different researchers to illustrate its influence on depression from the views of many cultural backgrounds. When Budge et al. (2019) investigated depression across the gender spectrum in England, they used correlation research approach to carry out research. They obtained a sample of 100 respondents through random sampling method. The study discovered that the higher the frequency with which elderly people engaged with others in their social networks, the less depressed symptoms they would experience.

However, outcomes of the research may not be applicable in Kenya as the cultural context is different. According to a study by Blazer et al. (2019), the culture of a people has

influence on the strength and quality of social support. Certain cultures in Western Europe have demonstrated that support from friends on psychological distress among the elderly is stronger than the effect of support from adult children and other relatives. As Tsai et al. (2020) reported, family support is important in Chinese culture because conventional Chinese attitude of caring for elderly people requires that young family members maintain both their material and mental well-being by helping to care for their parents and grandparents when they are sick or elderly.

In recent decades, as a result of urbanization and the adoption of a Western way of life, a large number of young people have chosen to live apart from their parents. While attempting to identify kinds of social functions that can help to mitigate depression in the elderly, SeungHee and Kim (2014) point out that the westernization of Korean culture has resulted in an expanded volume of elderly people living alone as well as the number of empty nest families. Talking on the phone with youngsters was proven to give older persons emotional support and a sense of compassion in the context of the current situation.

The usage of letters and phone conversations was shown to be critical in preserving mental wellness in future. However, one on one contact with close friends was found to possess negative effect on the mental health of the aged. This was a substantial variation in the effects of female and male friends on women's mental health. This conclusion was in support of past findings that female friendships were much more defensive against a decrease in mental condition in older people than male friendships (Douglas, 2020). According to research, women are more likely than males to seek and receive emotional support from friends, which may aid in the establishment of romantic associations and prevent them from acquiring depressed signs.

While it has been determined that the type and extent of social interactions, whether formal or informal, can influence the state of one's mental health, Dovie (2019) discovered

that formal social interactions were not significantly associated with depression in either men or women who were raised in the Norwegian culture. The Asian culture, in comparison to western culture, tends to be more family-oriented, and as a result, older persons from this background tend to engage in less formal social activities than older adults from western cultures.

According to Margaret (2018), informal social activities, rather than formal social activities, may have a bigger influence on depression in this demographic than formal social activities. Furthermore, the findings found that participation in social activities, particularly with friends, was associated with a lower risk of making attempts at suicide at some point in one's life. This is due to the fact that good actions and emotions are shared within informal friendship situations, which helps to lessen the stress and entertainment caused by bad behaviors.

2.3 Summary and Gaps in Research

Literature brings forth the challenge of depression from varying contextual settings, and approaches it from a different conceptual angle. The causes of depression to the elderly have also been investigated from different societal, cultural, religious, economic and political setting by different scholars (Menashe-Oren & Stecklov, 2018; Rabie & Klopper, 2019). The conclusion from the studies is that the level of depression among the elderly is a function of how we treat others, lifestyle practices and health behaviors, and that these factors differ from one country to the other.

In Western Europe and America, the literature indicates that the cause of depression is due to the soft aspects of life such as persistent verbal and physical abuse and low income. On the other hand, Schroder-Butterfill and Fithry (2017) claim that the major reason for depression among the elderly African persons is poverty, neglect or isolation, deprivation or malnutrition and desertion by family members. This means that triggers of depression

among the elderly vary from one country to another. In Kenya however, studies that have sought to determine the individual and joint effects of family break-up, cultural, socio-demographic factors and social support on depression among the elderly would appear to be lacking as far as the researcher is concerned. This current research study sought to narrow this gap.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

The emphasis of this chapter is on the actions and processes that the researcher took in order to complete the research project. This was intended to persuade the reader that the study is feasible and that the researcher was capable of carrying out the research. This research focused on elucidating depression among the elderly and investigated the psychosocial factors that act as predicators of depression among the elderly living in old people's homes in Nairobi County. The chapter discusses the study design, the target population, sampling and selection of the respondents; data collection processes, data processing procedures, that were adapted during the study, and concludes with ethical issues for research participants.

3.2 Research Design

The research adopted a descriptive research methodology that allowed the researcher to investigate current circumstances, trends, and the respondents' present position. It was possible to describe each construct using the descriptive study design, and it was possible to establish and association between the independent and dependent variables. This approach comprised the study of gathered data from a population or a representative subset at one precise moment in time (referred to as the cross-sectional survey (Mackenzie & Knipe, 2006).

Due to the fact that the targeted respondents are people with a variety of demographic features and who live in a variety of situations in nursing homes for the elderly, a cross-sectional descriptive research design was suited. This was because it was concerned with univariate variables that sought to determine when, how and extent to which psychosocial factors contribute to the depressive states among the elderly. The

choice of descriptive research design ensured that the researcher would not be able to manipulate the data, but rather present them as they are. The dependent variable to the study was depressive condition while the independent variables studied consisted of family break-up, cultural values, social-demographic variables, and social support.

3.3 Research Site

The site of study targeted for the research was Nairobi County, which also hosts the capital city. This was selected due to a high population growth over the years and coupled by a diverse spectrum of the Kenyan population in different economic status and increased individualism and changing mindsets or cultural practices toward the elderly in the society. The city is home to persons living in both the slums and well-endowed neighborhoods which have homes for the elderly that cater for the needs of these groups of persons.

With the high population living within and spread across the county, that is coupled with many informal settlements and increased life expectancy in Kenya, the number of elderly persons living in the homes for the elderly has continued to increase (KNBS, 2019). The same trend is expected to be witnessed in the coming years. A map of the research site is represented in Appendix D.

3.4 Target Population

The target population covered in this study was elderly persons living in various old peoples' homes within Nairobi County. There were a total of 7 registered homes for the elderly based in Nairobi County as at the time of the study. The details are provided in Appendix E. As of 30th June 2022, the total number of elderly persons living in these homes was 317, with 18 administrators and 12 nursing officers. This is represented in Table 3.1.

Table 3.1: Target Population

Category of population	Population
Elderly Persons	317
Administrators	18
Nursing Officers	12
TOTAL	347

Source: Respective registered Homes HR Department (2023)

3.5 Study Sample

The study respondents were all elderly residents aged sixty years and above, both male and female residing in the various facilities from January to April 2023. In their study, Singh and Masuku (2014) highly advocate that data should be collected from a sample rather than from the complete population since it is more practicable and less expensive. Participation in the study was on voluntary basis, while the respondents was randomly selected. The danger, on the other hand, is that the sample may not sufficiently represent the behaviors, features, symptoms, or views of the general population, even though the findings provide a useful indication of the situation regarding the subject of depression amongst the elderly in Kenya.

3.5.1 Procedure for Sampling

The methods of stratified sampling and simple random sampling were used in the selection of respondents for the research. The stratified sampling was seen in the subpopulations of the elderly, the administrators and the nursing officers where simple random sampling was used to select the specific respondents to the study. This was done by putting all the names of the participants in a basket and picking the required number of names per site, and included both male and female subjects.

3.5.2 Sample Size Determination

Researcher used the formula developed by Slovin (1960) to determine the number of responding companies.

The calculation is shown in the workings below.

$n=N/ (1+Ne^2) (1+Ne^2)$

Where;

n is the number of participants in the study

N is the total population, which includes the targeted population from each of the three cadres.

Error tolerance is represented by the letter e. The research used a 95 percent confidence level, which resulted in a margin of error of 0.05 percent.

The sample size is determined in the following manner;

$n=317 / (1+317*0.05^2)$

n=317/1.7925

n=177

Hence the total sum of 347 from the three strata established the size of the sample. In obtaining sample size, researcher proportionately determined the number of targeted respondents from each segment with an objective of deducing a total number of 347 responders.

Table 3.2: Sampling Frame

Category of Population	Population	Sample Size	Percent of total population
Elderly Persons	317	162	92
Administrators	18	9	5
Nursing Officers	12	6	3
Total	347	177	100

Source: Researcher (2023)

3.6 Data Gathering Procedure

Based on the research of Rovai et al. (2013), the kind of data that was gathered determined the best approach to be used in the data collection process. During the course of this project, only primary sources were designed to gather data. Following receipt of a

recommendation letter from the Department of Counseling Psychology, the researcher continued to obtain a research authorization from the National Commission for Science, Technology, and Innovation (NACOSTI) for the proposed study. After this, a covering letter that requested permission to collect data was sent to the administrators of the participating institutions that house elderly persons. It was necessary to obtain these approvals before embarking on any engagements with the potential respondents and also to allow for prior arrangements on the process with the administration staff.

3.6.1 Data Gathering Instruments

Questionnaire was the primary tool for gathering data, and it was used to gather the majority of the primary data. Defining questionnaires as measuring tools that ask respondents to answer a series of questions or reply to a series of assertions, Schwab (2005) describes them as follows: A questionnaire, in the words of Kothari (2004), is a format comprising set of questions written or typed in a certain sequence on a form or group of forms. The questions were divided into two categories: open-ended and closed-ended.

Close-ended questionnaires were used to create statistics in quantitative research because the questionnaires follow a predetermined framework, and because majority of them may be scanned directly into a computer for simplicity of analysis and the production of significant figures. Despite the fact that some researchers may quantify the responses at the analysis stage, open-ended questionnaires are still employed in qualitative research, and thus do not have checkboxes, but rather a blank section for the respondent to type in an answer instead of a box to click.

In the closed-ended questions, the responses were weighted according to a Likert scale ranging from 4 (No response) to 1 (Yes) on the variable under examination. In the questionnaire, the questions were divided into three sections: Section A which covered the institutions and respondent demographics, while Section B evaluated the psychosocial

factors that predict depression in the elderly, and Section C that evaluated the state of depression that can be explained by the psychosocial factors using the Geriatric Depression Scale-4 (GDS-4).

3.6.2 Pilot Testing of Research Instrument

According to Cooper and Schindler (2014), a pilot test is carried out in order to uncover flaws in the design and instrumentation, as well as to give proxy data for the selection of probability samples for the study. The pre-testing of the questionnaire, which was similar to the questionnaires that were used during the real data collection, was the approach that was followed. In this research, the questionnaire was piloted on a total of fifteen participants, nine of whom were elderly persons and six of whom were administrators and nursing officers respectively from the Nyumba ya Wazee, which is a home facility that houses the elderly.

Those who took part in the pilot study were not required to take part in the real investigation thereafter. After the pre-test was conducted and outcome reviewed, the questionnaire would be modified in order to address any concerns that may occur as a result of the process, with the ultimate goal of boosting the understandability of the questions included in the questionnaire. This would then improve on the quality of expected responses from the respondents in the actual study.

3.6.3 Instrument Reliability

According to Gokhale and Srivastava (2017), the reliability of a questionnaire is defined as the stability, repeatability, or internal consistency of the questionnaire. As posited by Kombo and Tromp (2010), reliability is achieved when a subject is administered the same instrument twice and receives the same score on the second administration as on the first administration of the instrument. As stated by Cooper and Schindler (2014), the size of a sample that should be utilized for reliability testing varies based on the amount of

time, cost, and practicality available, but the same would typically be 5- 10% of the primary survey population.

The reliability of the research instrument was evaluated in this study utilizing a Cronbach's Alpha value higher than or equal to 0.7. Every item in the research study was accepted since the Cronbach's Alpha value was found to be greater than or equal to 0.7 because it was considered to have been measured consistently.

3.6.4 Instrument Validity

According to McMillan and Schumacher (2014), validity is the degree of comparability between the clarification of facts and the phenomena of the world. The validity of a test refers to how effectively it measures what it is intended to measure. The complete experimental idea is considered, as is the determination of whether the outcomes achieved satisfy all of the criteria set out in the study methodology. The validity of the questionnaire oversees the credibility of the questions in the questionnaire to guarantee that they are posed in accordance with the study's goal.

The ease with which the respondents responded to the research questions was used to assess face validity. The pilot study helped to ascertain the appropriateness and relevance of the questionnaire to the study. Consultation with subject experts like the supervisors also helped in checking for validity of the questionnaire.

3.7 Data Analysis

Once the data was collected, the questionnaires were cleaned with the aim of identifying those that showed consistency and completeness in answering by each respondent. In order to determine the significance of similarities and differences between responses, descriptive statistics such as mean and standard deviations were used for examination. The Statistical Package for Social Sciences (SPSS) V.26 was utilized as the primary software for analysis in order to attain the desired results. Tables was used to

present the information obtained in the findings. For the purpose of ascertaining the strength of the association between psychophysiological variables and depression in the elderly, regression and correlation analyses was performed. The regression equation assumed the following form:

Depression State = f (x_1, x_2, x_3, x_4, x_5);

More specifically, the regression was of the form;

$Y = \beta o + \beta_1 x_1 + \beta x_2 + \beta_3 x_3 + \varepsilon$

Where

Y= Depression State

β_o= Constant

x_1= Family break-up

x_2 = Cultural Values

x_3= Socio factors

ε= Error Term

There was a 5% threshold of significance applied to the data throughout the analysis. The F-test was used to determine the significance of the coefficients. If the F-value is greater than 0.05, the variable is considered insignificant; otherwise, the variable is considered significant and is considered to have an impact on the depression state of the elderly in nursing home facilities.

The researcher utilized the coefficient of determination (R2) to assess how much variation in Y can be explained by the independent variable (family break-up, cultural values, socio demographic variables and socio factors) in order to establish the overall degree to which the dependent (predictors of depression among the elderly) and independent variables are connected.

3.8 Ethical Considerations

The researcher explicitly explained to the respondents the goal and objective of the study, while also ensuring that all of the information to be obtained would be treated with the highest confidentiality and used only for academic purposes, according to the study. The surveys were only sent to those responders who expressed interest in participating by seeking consent and they were assured of confidentiality and anonymity of the data collection tool as well as personal information provided.

Throughout the data collection process, formal processes and lines of communication were used, which included receiving authority to conduct the research from Africa Nazarene University and the National Commission for Science, Technology, and Innovation (NACOSTI). The surveys were sent to those individuals who expressed an interest in participating and gave their consent.

The study complied with standards set out for data acquisition and handling of respondents at the homes for the elderly. The research adhered to the principles of impartiality, integrity, and honesty throughout the course of its investigation.

CHAPTER FOUR

DATA ANALYSIS AND PRESENTATION OF FINDINGS

4.1 Introduction

This chapter entails presentation and interpretation of the findings obtained through analysis of the data collected in the field. The main objective of the study was to evaluate psychosocial factors as predictors of depression of the elderly in old people homes in Nairobi City County, Kenya. The results are presented in frequency distributions, percentages, means and standard deviations. In addition, regression analysis was conducted to establish the association and statistical relationship between psychophysiological factors and depression among the elderly.

4.2 Rate of Response

The study sample size encompassed 177 individuals sampled from the old people homes in Nairobi City County. From the 177 distributed questionnaires, 126 correctly filled questionnaires were collected. This represents 71.1% questionnaire response rate for the study, implying an attrition rate of 28.9%. While a response rate of 71% may seem lower than desired, it still represents a substantial portion of the sample and provides valuable insights into the psychosocial factors associated with depression among the elderly in old people homes in Nairobi County, Kenya. This breakdown is shown in Table 4.1.

Table 4.1: Response Rate

Sample	**Responded**	**Response Rate**
177	126	71.1%

4.3 Institution Information

The study aimed to get insights into old peoples' homes information regarding the nature of the institution, the number of senior citizens in the institution and the location of

the home serving as a study site. This information was regarded relevant for enhancing further the general understanding of the concepts and dimensions of the study.

4.3.1 Institution Type

The study sought to establish a categorization of the old people's homes in regard to type: either government, non-government or a church institution. Understanding the distribution of these institutions based on their sponsorship is important for researchers, policymakers, and practitioners alike because it may allow for identification of specific factors under each that may be relevant to the findings. It helps in recognizing the diversity within the old people homes sector, enables the identification of potential variations in the quality and nature of care provided, and informs the development of targeted interventions and policies that cater to the specific needs and resources of different types of institutions.

Table 4.2: Institution Type

Institution Category	Frequency	Percent
Non-governmental	98	77.8
Church	28	22.2
Total	126	100.0

From the findings given in Table 4.2, it is indicated that the majority of the respondents fell under the non-governmental category, with a frequency of 98 elderly persons, representing approximately 77.8% of the sample. On the other hand, the respondents from church-sponsored institutions accounted for 22.2% of the sample. The predominance of non-governmental institutions suggests a diverse range of organizations, such as privately owned or community-based establishments, that are focused on providing care and support for the elderly.

4.3.2 Location

The study aimed to establish the distribution of the old people's homes in the county based on their locations. Understanding the location of institutions is crucial for several

reasons. It helps in identifying the areas with a higher concentration of elderly individuals in need of care, allowing policymakers and stakeholders to allocate resources and services effectively. Moreover, it also highlights the potential disparities pertaining to the access to care and support services for the elderly population based on geographical location and socio-economic factors.

Table 4.3: Location

Location category	Frequency	Percent
Informal settlement	112	88.9
Suburbs	14	11.1
Total	126	100.0

The findings shown in Table 4.3 indicate that the institutions are primarily located in informal settlements, with a sample frequency of 112 individuals, accounting for approximately 88.9% of the total sample. In contrast, only 14 individuals, representing approximately 11.1% of the sample, were from institutions that are located in the suburb areas of the county. The predominance of old peoples' homes in informal settlements suggests that a significant portion of the elderly population in need of care and support resides in these areas.

Informal settlements are characterized by challenging living conditions, including inadequate housing, limited access to basic services such as water, electricity, or even medical and other healthcare amenities, and higher levels of poverty. The presence of a smaller number of institutions located in suburbs indicates that elderly individuals in relatively more affluent or well-developed areas also require and access institutional care.

4.3.4 Residents

The study aimed to establish the total number of the elderly persons in each of the homes surveyed. Understanding the distribution of resident numbers in the old people's homes is crucial for assessing the capacity and potential impact of these institutions. It helps

researchers and service providers to gauge the size and scale of the care facilities available, and accessible to the elderly population. The respondents were thus asked to indicate how many of them are in the institution.

Table 4.4: Residents

Resident category	Frequency	Percent
10-20	42	33.3
21-30	14	11.1
More than 40	70	55.6
Total	126	100.0

The findings given in Table 4.4 indicate that the number of residents in the old people's homes varied significantly. Among the surveyed institutions, 33.3% of the respondents indicated that their institution comprised 10-20 individuals. Additionally, 11.1% of the respondents indicated that their home comprised 21-30 individuals. A majority of the respondents (55.6%) according to the findings indicated that their elderly home had a population of more than 40 senior citizens. The higher number of homes with a resident population of more than 40 individuals indicates the presence of larger-scale facilities that can accommodate a greater number of elderly residents.

4.4 Socio-Demographic Information

Socio-demographic information of respondents, including age, gender, education level, and socioeconomic status, is important in the study as it provides a contextual understanding of the sample and allows for the interpretation of findings. It helps identify patterns, associations, and disparities related to depression among the elderly in old people's homes. Additionally, socio-demographic information contributes to the generalizability of the study's findings and informs targeted interventions and policies that cater to specific demographic groups. The findings related to some specific socio-demographic factors explored in the study are detailed in subsequent sections.

4.4.1 Gender of Respondents

The study sought to determine the gender distribution of elders housed in different elderly homes in Nairobi City County. The gender distribution in the study has implications for understanding the experiences and needs of elderly individuals in relation to depression based on, or differentiated by gender.

Table 4.5: Gender of Respondents

Gender	Frequency	Percent
Male	70	55.6
Female	56	44.4
Total	126	100.0

These findings in Table 4.5 of the study reveal that among the respondents, 55.6% were identified as male, while 44.4% were female. The findings imply that there is slightly higher representation of males in old people's homes in Nairobi County, Kenya, which highlights the importance of considering gender-specific factors when addressing depression and providing mental health support to the elderly population in these settings.

4.4.2 Age of Respondents

The study sought to establish the age distribution of the respondents. Understanding the age distribution of the residents is crucial for developing targeted interventions and providing appropriate care and support. Different age groups may have varying physical, psychological, and social needs, as well as different risk factors and experiences related to depression.

Table 4.6: Age of Respondents

Age group	Frequency	Percent
60-65 years	14	11.1
66-70 years	56	44.4
71-80 years	42	33.3
More than 80 years	14	11.1
Total	126	100.0

The findings presented in Table 4.6 indicate that among the respondents, 11.1% of the sample was in the age group of 60-65 years. A majority of the participants, 44.4%, fell into the age group of 66-70 years, 33.3% were in the age group of 71-80 years, and 11.1% were above 80 years old. The implications of these findings suggest that the majority of the residents in old people's homes in Nairobi County are in the age group of 66-70 years. Additionally, the presence of individuals in the other age groups emphasizes the importance of considering the diversity within the elderly population and tailoring interventions and support services accordingly.

4.4.3 Previous Employment

The study also aimed to gain insights into the previous employment categories of the elderly individuals residing in old people's homes in Nairobi County, Kenya, and participating in the study. This information is valuable for understanding the specific challenges, stressors, and lifestyle factors that may have influenced the psycho-physiological factors and depression prevalence among these individuals. The findings are as presented in Table 4.7.

Table 4.7: Previous Employment

Previous Employment Categories	Frequency	Percent
Business owner	42	33.3
Farmer	84	66.7
Total	126	100.0

The findings given in Table 4.7 indicate that among the respondents, 33.3% were business owners while 66.7% were farmers. Having high proportion of individuals as farmers reflects the occupational background and lifestyle of the elderly population. The lack of formal employment previously might be among the reasons why old people are faced with stress and depression related factors, and which may be associated with the absence of a regular income as is the case with formal employment.

4.4.4 Years in the Institution

The respondents were asked to indicate the length of period they have stayed in the respective institutions. This demographic information highlights the importance of considering the experiences, adjustment, and potential challenges associated with long-term institutional living for the elderly population. It underscores the need for interventions and support services that cater to the unique needs and well-being of individuals who have spent extended periods in these settings.

Table 4.8: Years in the Institution

Years	Frequency	Percent
1-5	57	45.2
6-10	43	34.1
11-15	26	20.7
15-20	-	-
Total	126	100.0

The findings presented in Table 4.8 indicate that among the respondents, 45.2% of the respondents had stayed in the elderly people's homes for 1-5 years, 34.1% for 6-10 years, 20.7% of the sample had been at the homes for 11-15 years while none of the respondents had lived in the institution for more than 15 years. The implication of these findings is that a majority of the elderly persons had stayed for less than five years and that they do not live in the homes for more than fifteen years.

4.4.5 Dependents of the Respondents

Another factor that the study aimed to establish is the number of dependents that the respondent elderly in the homes surveyed have. This informs the development of strategies that promote social connectedness, provide appropriate assistance, and enhances the overall quality of life for the elderly residents in these homes. Table 4.9 provides a breakdown by way of range of numbers of dependents.

Table 4.9: Dependents

Dependents	Frequency	Percent
None	98	77.8
1-5	28	22.2
Total	126	100.0

The breakdown shown in Table 4.9 indicate that approximately 77.8% of the respondents had no dependents, while 22.2% the respondents had 1-5 dependents. The findings imply that a majority of the elderly who do not have dependents may have had, or received fewer caregiving responsibilities and obligations compared to those with dependents. This information has implications for the level of support and assistance required by the residents, as those without dependents may have different needs and priorities.

4.4.6 Academic Level Status

The study sought to determine the level of education held by the elderly in the homes under study. The distribution across different academic levels highlights the educational backgrounds of the respondents.

Table 4.10: Academic Level Status

Academic level category	Frequency	Percent
Secondary level	42	55.6
Tertiary/College level	42	33.3
Primary level	42	11.1
Total	126	100.0

From the findings presented in Table 4.10, it is noted that approximately 55.6% of the respondents had attained an academic level of secondary education, while approximately 33.3% had a tertiary/college level of education. Additionally, approximately 11.1% had an academic level of primary education. The findings imply that a substantial number of respondents have attained a basic level of formal education. This educational

attainment can influence various aspects of mental health, including knowledge, cognitive abilities, and access to resources that promote well-being.

4.4.7 Marital Status of Respondents

Understanding the marital status of the respondents helps in tailoring interventions, providing appropriate support, and addressing the specific needs and challenges associated with different relationship statuses. It informs the development of strategies to promote social support, enhance coping mechanisms, and improve the overall well-being of the elderly residents in these homes.

Table 4.11: Marital Status

Marital status	Frequency	Percent
Divorced	28	22.2
Separated	28	22.2
Widow/Widower	70	55.6
Total	126	100.0

The findings shown in Table 4.11 indicate that among the respondents, approximately 22.2% of them were divorced, similarly another 22.2% were separated, and 55.6% were widowed, both widows or widowers. These findings imply that a considerable proportion of the respondents have experienced the end of a marriage or a significant relationship. This finding may indicate potential emotional distress, adjustment challenges, and the need for support and interventions that address the impact of divorce or separation on mental health and well-being.

4.4.8 Respondents Receiving Pension

The study further sought to establish whether the respondents were receiving any form of pension payments. Understanding the pension status of the respondents is essential for tailoring interventions, providing appropriate support, and addressing the specific financial needs and challenges of the elderly residents. It informs strategies to enhance

financial literacy, promote access to pension schemes, and identify potential gaps in financial support for the elderly population.

Table 4.12: Receiving Pension

Receiving Pension	Frequency	Percent
Yes	34	27
No	92	73
Total	126	100.0

These findings in Table 4.12 indicate that among the respondents, 27% receive a pension, while approximately 73% do not receive any pension. The findings imply that a majority of the respondents may rely on other sources of income or support for their financial needs. This finding underscores the potential financial challenges and limitations faced by the elderly population in old people homes, which can have implications for their overall well-being and mental health.

4.5 Descriptive Statistics

The findings from the descriptive statistics on the variable about family breakups indicate the distribution of responses among the respondents for each statement. The scale used for the responses included "Yes," "No," "Not sure," and "No response." The mean value of the statements indicates the skewness of the responses in regard to the scale measurements. Closer to one indicates yes while two indicates no. The standard deviation shows the magnitude of variations in the responses. The low standard deviation shows minimal variation in the responses.

4.5.1 Family breakup as a Predictor of Depression

The first objective was to analyze family break-up as a predictor of depression among the elderly living in care homes for the elderly in Nairobi County, Kenya. The respondents were required to indicate their level of agreement with each statement in the questionnaire by selecting the appropriate response between: “Yes, No, Not Sure and No

Response". The outcome observed through the descriptive statistics, including mean and standard deviation, are provided for each statement in Table 4.13.

Table 4.13: Family Break Up

Statement	N	Yes (%)	No (%)	Not sure (%)	No Response (%)	Mean	Std. Deviation
I have personally experienced family break up	126	88.9	11.1	0	0	1.1111	.31552
My family member has experienced a family break up	126	88.9	11.1	0	0	1.1111	.31552
I do not speak to any member of the family due to family conflict.	126	77.8	22.2	0	0	1.2222	.41740
I have communication challenges with my family	126	66.7	33.3	0	0	1.3333	.47329
I no longer receive emotional support from any family member	126	66.7	11.1	22.2	0	1.5556	.83480
The loss of my earlier social status is disturbing	126	55.6	33.3	11.1	0	1.6667	.94657

The findings in Table 4.13 recorded varied outcomes in regard to family breakups as a predictor of depression of the elderly among old people. According to the findings, the vast majority of the respondents (88.9%) indicated that they have personally experienced a family breakup, while a minority represented by (11.1%) stated that they have not (M=1.111, SD=0.3155). Similarly, a majority (88.9%) of the respondents reported that their family members have experienced a family breakup, while only (11.1%) indicated otherwise (M=1.111, SD=0.3155).

Furthermore, the findings indicate that the majority (77.8%) of the respondents do not speak to any member of their family due to family conflict, while a ~~partly~~paltry (22.2%) reported having communication challenges within their family (M=1.222, SD=0.4174). In terms of emotional support, more than half (66.7%) of the respondents stated that they no

longer receive emotional support from any family member, whereas only (11.1%) reported receiving support, and slightly less than a quarter (22.2%) were unsure (M=1.556, SD=0.8348). Further, the findings also indicate that slightly more than half (55.6%) of the respondents find the loss of their earlier social status disturbing, while slightly more than a quarter (33.3%) do not, and ~~partly~~paltry (11.1%) were unsure (M=1.667, SD=0.9466).

This outcome suggests that family break-ups are a prevalent predictor of depression among the aged persons living in the Old People's Homes in Nairobi. One participant explained that:

> Seeing my family fall apart has been the hardest thing I've ever experienced. We used to be so happy together and expected that they will stand by me during this period of my life, but now there's so much tension and resentment. I can't help but blame myself for driving them away because of alcoholism. The guilt weighs heavily on me, and I can't shake off this feeling of sadness and despair. Being in this nursing home only amplifies those emotions, reminding me of what I've lost.

The loss of a spouse also came out as a dominant factor that led to some of the elderly people being taken to a nursing home because the children could not agree on who would take care of them. One participant explained that:

> I never thought I'd end up in a place like this. When my spouse passed away, my children couldn't agree on what to do with me. Some wanted me to live with them, others thought it was best for me to be in a nursing home. The arguments tore us apart, and now I'm left here, feeling abandoned and worthless. It's like I'm a burden they wanted to get rid of.

These findings imply that a significant proportion of the respondents have personally experienced or have had a family member experience a family breakup. The

high prevalence of personal and familial experiences of family breakups, along with communication challenges and reduced emotional support, underscores the need for targeted interventions to address and alleviate the negative consequences of these issues.

4.5.2 Cultural Values as Factors

The second objective of the study was to analyze cultural values as a predictor of depression among the elderly living in elderly care homes in Nairobi County, Kenya. The respondents were required to indicate their level of agreement with each statement in the questionnaire by selecting the appropriate response between: "Yes, No, Not Sure and No Response". After analysis, various descriptive statistics, including mean and standard deviation, are provided for each statement in Table 4.14.

Table 4.14: Cultural Values as Factors

Statements	N	Yes (%)	No (%)	Not sure (%)	No Response (%)	Mean	Std. Deviation
I live in an old people home voluntarily.	126	0	100	0	0	2.0000	.00000
I believe my decisions and ideas matter in the family.	126	66.7	22.2	11.1	0	1.4444	.68767
It is 'un-African' to live in an old people's home.	126	55.6	33.3	11.1	0	1.5556	.68767
My family should take care of me in old age.	126	44.4	44.4	11.1	0	1.6667	.66933
The loss of intergenerational connection is disturbing me	126	55.6	44.4	0	0	1.4444	.49889
The changes in the traditional family structures disturbs me	126	55.6	44.4	0	0	1.5556	.49889

The findings presented in Table 4.14 from the descriptive statistics on the cultural values as factors variable indicate that all 100% of the respondents agreed that they live in

an old people home voluntarily (M=2.00, SD=0.000). In terms of believing that their decisions and ideas matter in the family, more than half (66.7%) of the respondents agreed, while slightly less than a quarter (22.2%) disagreed and ~~partly~~paltry (11.1%) were unsure (M=1.444, SD=0.6877). Regarding the perception of it being 'un-African' to live in an old people's home, slightly more than half (55.6%) of the respondents agreed, whereas only (33.3%) disagreed and ~~partly~~paltry (11.1%) were unsure (M=1.556, SD=0.6877).

When it comes to the expectation that their family should take care of them in old age, less than half 44.4% of the respondents agreed, while another similar number (44.4%) disagreed, and ~~partly~~paltry (11.1%) were unsure (M=1.667, SD=0.6693). Furthermore, slightly more than half (55.6%) of the respondents agreed that the loss of intergenerational connection is disturbing, while slightly less than half (44.4%) disagreed (M=1.444, SD=0.4989). Similarly, (55.6%) of the respondents found the changes in traditional family structures disturbing, whereas less than half (44.4%) disagreed (M=1.556, SD=0.4989).

> On being asked whether they stayed with their parents, one respondent answered that:
>
> Yes, exactly. Our grandparents lived with us until they passed away. It's part of our tradition to honor and respect the wisdom of the elderly by keeping them close to us. I do not understand this generation at all, but what do I do.

The same line of thoughts was shared by another interviewee who highlighted that:

> In our culture, it's considered disrespectful to send our elders to nursing homes or assisted living facilities. We believe it's our duty to take care of them in their old age, just as they took care of us when we were young.

The respondents noted that it's disrespectful for children to send their parents to nursing homes or assisted living facilities because it is there duty to take care of them in

their old age, just as they expect to be taken care of in their old age. The mere fact that I am here today is wrong. Further, another interviewee expounded that during their youth period, it was a taboo for them to fail to take good care of the aged parents, explaining that:

> I couldn't imagine sending my parents to a nursing home because it will be against our cultural values and invite a curse. We believe in maintaining strong family bonds and supporting each other through all stages of life.

These findings imply that cultural values have significantly manifested among the old people living in old people's homes in Nairobi City County. While all respondents chose to live in the old people home voluntarily, there are varying beliefs and attitudes regarding cultural values and family responsibilities. Some respondents believe their decisions and ideas matter in the family, while others may hold a different perspective. Additionally, a significant portion of the respondents expresses concern about the impact of changing family structures and the loss of intergenerational connections.

4.5.3 Social Factors

The third objective of the study was to analyze various social factors serving as predictors of depression among the elderly living in elderly care homes in Nairobi County, Kenya. The respondents were required to indicate their level of agreement with each statement in the questionnaire by selecting the appropriate response between: "Yes, No, Not Sure and No Response". The resultant descriptive statistics from analysis, including mean and standard deviation, are provided for each statement presented in the relevant questionnaire in Table 4.15.

Table 4.15: Social Factors

Statements	N	Yes (%)	No (%)	Not sure (%)	No Response (%)	Mean	Std. Deviation
I am member of a social network?	126	66.7	22.2	11.1	0	1.5556	.95963
I participate in recreational activities with others?	126	44.4	33.3	11.1	11.1	1.8889	.99778
My family members visit at least once a month.	126	33.3	44.4	11.1	11.1	2.0000	.94657
I receive telephone calls from my family once per week.	126	55.6	22.2	11.1	11.1	1.7778	1.03452
My living standards has not changed in my old age	126	55.6	22.2	11.1	11.1	1.7778	1.03452
I have no caregiving responsibilities	126	55.6	22.2	11.1	11.1	1.7778	1.03452

According to the findings presented in Table 4.15, a majority (66.7%) of the respondents indicated that they are members of a social network, while slightly less than a quarter (22.2%) stated otherwise, and a ~~partly~~paltry (11.1%) were unsure (M=1.556, SD=0.9596). Regarding recreational activities, less than half (44.4%) of the respondents reported participating in such activities with others, while (33.3%) did not, and a lesser number, (11.1%) were unsure (M=1.889, SD=0.9978). Additionally, (11.1%) of the respondents did not provide a response.

In terms of family involvement, the findings reveal that less than half (33.3%) of the respondents reported their family members visiting at least once a month, while less than half (44.4%) did not, and ~~partly~~paltry (11.1%) were unsure (M=2.000, SD=0.9466). Similarly, more than half (55.6%) of the respondents stated that they receive telephone calls

from their family members once per week, while minority (22.2%) did not, and small number of (11.1%) were unsure (M=1.778, SD=1.0345).

Furthermore, more than half (55.6%) of the respondents reported that their living standards have not changed in their old age, while another (22.2%) indicated otherwise, and a minority (11.1%) were unsure (M=1.778, SD=1.0345). Additionally, more than half (55.6%) of the respondents stated that they have no caregiving responsibilities, while less than a quarter (22.2%) of them reported having such responsibilities, and only (11.1%) were unsure (M=1.778, SD=1.0345).

The findings show that socio factors, such as communication challenges and lack of emotional support, specifically from family or social networks may contribute to the development or exacerbation of depressive symptoms among the elderly. A case in point is where one respondent explained having noted the extent at that his declining health status is affecting him:

> Health problems have taken away so much from me. I used to be independent, able to do whatever I wanted without a second thought. But now, every day is a struggle. Chronic pain, mobility issues, you name it. It's like my body is betraying me, and it's hard to stay positive when you're constantly in pain.

Generally, the findings suggest that there is a need to further enhance and strengthen the social support systems for the elderly residents in old people’s homes. Promoting active participation in social networks and recreational activities can foster social connections and reduce feelings of isolation. Improving family involvement and communication, as well as ensuring consistent contact through visits and telephone calls, can provide valuable emotional support and a sense of belonging. Additionally, efforts to address the varied living standards and caregiving responsibilities can contribute to the overall well-being and

quality of life of the elderly individuals. Collaborative initiatives involving the old people's homes, families, and relevant support networks can work together to create a supportive and inclusive environment for the elderly residents.

4.5.4 Geriatric Depression Scale

The respondents were required to indicate their level of agreement with each statement in the questionnaire by selecting the appropriate response between "Yes, No, Not Sure and No Response". Descriptive statistics, including mean and standard deviation, are provided for each statement in Table 4.16 below.

Table 4.16: Geriatric Depression Scale

Statement	N	Yes	No	Not sure	No Response	Mean	Std. Deviation
Are you basically satisfied with your life?	126	55.6	22.2	0	22.2	1.8889	1.20148
Do you feel that your life is empty?	126	55.6	11.1	11.1	22.2	2.0000	1.25220
Are you afraid that something bad is going to happen to you?	126	55.6	22.2	11.1	11.1	1.7778	1.03452
Do you feel happy most of the time?	126	33.3	44.4	22.2	0	1.8889	.73997
I rarely get bored	126	11.1	66.6	11.1	11.1	2.2222	.78881
I prefer going out than staying indoors	126	44.4	44.4	11.1	0	1.6667	.66933

The findings shown in Table 4.16 relating to the Geriatric Depression Scale shed light on the emotional well-being and satisfaction levels of the elderly residents living in old people homes and included in the study. According to the data, more than half (55.6%) of the respondents reported being basically satisfied with their lives, while slightly less than a quarter (22.2%) did not feel satisfied, and a similar number (22.2%) did not provide a

response. The mean score recorded for this statement as asked in the scale was 1.8889, with a standard deviation of 1.20148.

In terms of feelings of emptiness, more than half 55.6% of the respondents reported not feeling that their lives are empty, while minority (11.1%) felt empty, and similar number (11.1%) were unsure. The mean score for this statement was 2.0000, with a standard deviation of 1.25220. When asked about the fear of something bad happening to them, more than half (55.6%) of the respondents expressed fear, while less than a quarter (22.2%) did not feel afraid, and minority (11.1%) were unsure. The mean score for this statement was 1.7778, with a standard deviation of 1.03452.

With respect to happiness, less than half (33.3%) of the respondents reported feeling happy most of the time, while slightly less than half 44.4% did not feel happy, and minority (22.2%) were unsure. The mean score for this statement was 1.8889, with a standard deviation of 0.73997. Regarding boredom, only 11.1% of the respondents indicated that they rarely experienced boredom, while the majority (66.6%) frequently experienced boredom, and ~~partly~~paltry 11.1% were unsure. The mean score for this statement was 2.2222, with a standard deviation of 0.78881.

Lastly, when it came to preferences for going out versus staying indoors, close to half (44.4%) of the respondents preferred going out, while similar number (44.4%) preferred staying indoors, and minority (11.1%) were unsure. The mean score for this statement was 1.6667, with a standard deviation of 0.66933.

The implication drawn from the findings is that the presence of certain depressive symptoms, such as feelings of emptiness and fear, highlights the need for targeted interventions and support to address these emotional challenges faced be elderly persons living in old people's homes. The high prevalence of boredom and mixed preferences for

going out versus staying indoors may suggest the importance of providing engaging activities and opportunities for social interaction within the old people homes.

4.6 Regression Analysis

The regression analysis aimed to explore the relationship presenting between psycho-physiological factors and depression among the elderly residing in old people's homes in Nairobi County, Kenya. The statistical package for social sciences (SPSS V 26.0) was used. The model summary of the regression is presented in Table 4.17.

4.6.1 Model Summary

Table 4.17: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.755[a]	.570	.559	.63722

a. Predictors: (Constant), Socio factors, Family break up, Cultural Values

The model summary indicates that the predictors included in the analysis (socio factors, family break up, and cultural values) collectively explain 57% of the variance in depression scores. The multiple correlation coefficient (R) for the model is 0.755, suggesting a moderately strong relationship between the predictors and depression among the elderly. These findings suggest that the selected psycho-physiological factors have a significant association with depression among the elderly living in old people homes, highlighting the importance of considering these factors in understanding and addressing depressive symptoms in this population.

4.6.2 Analysis of Variance (ANOVA)

The analysis of variance (ANOVA) shows the suitability of regression data in the model. The results are presented in Table 4.18.

Table 4.18: Results of the Analysis of Variance (ANOVA)

Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	65.573	3	21.858	53.829	.000[b]
Residual	49.538	122	.406		
Total	115.111	125			

a. Dependent Variable: Depression state

b. Predictors: (Constant), Socio factors, Family break up, Cultural Values

The statistics computed for the analysis of variance in Table 4.18 show a significance level of 0.000 which implies that the regression data in relation to the predictor variables is good of fit for the model predicting the psycho-physiological factors as predicting factors of depression of the elderly living in old people's homes in Nairobi County, Kenya.

4.6.3 Regression Coefficients

The regression coefficients provide information about the relationship between the predictors: family break up, cultural values, socio factors and the dependent variable; depression state.

Table 4.19: Regression Coefficients

	Unstandardized Coefficients		Standardized Coefficients		
Model	B	Std. Error	Beta	t	Sig.
(Constant)	.846	.175		4.831	.000
Family break up	.846	.103	.880	8.220	.000
Cultural Values	.308	.123	.304	2.507	.013
Socio factors	.154	.155	.166	.993	.322

a. Dependent Variable: Depression state

Based on the given findings, the significant regression model can be represented as:

Depression state = 0.846 + 0.846(Family break up) + 0.308(Cultural Values).

The constant term in the model has a coefficient of 0.846, indicating the expected depression state score when all predictors are zero. This coefficient is statistically significant (p = 0.001), suggesting that there is a significant baseline level of depression among the elderly in old people homes. The coefficient for family break up is 0.846, indicating that for every one unit increase in the score for family break up, the depression state score is expected to increase by 0.846 units. This coefficient is statistically significant (p =0.001), suggesting a strong positive relationship between family break up and depression.

The coefficient for cultural values is 0.308, suggesting that for every one unit increase in the score for cultural values, the depression state score is expected to increase by 0.308 units. This coefficient is statistically significant (p = 0.013), indicating a moderate positive relationship between cultural values and depression. The coefficient for socio factors is 0.154, indicating that for every one unit increase in the score for negative socio factors, the depression state score is expected to increase by 0.154 units. However, this coefficient is not statistically significant (p = .322), suggesting that socio factors may not have a significant impact on depression in this model.

Generally, these findings imply that family break up and cultural values are important predictors of depression among the elderly in old people's homes, while the impact of socio factors may be less significant.

CHAPTER FIVE

DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter entails the summary and discussion of the findings according to the variables incorporated in the study. The purpose of the study was to evaluate psychosocial factors as predictors of depression in the elderly living in old people's homes in Nairobi County, Kenya. The chapter provides a discussion of the findings, a summary of key findings, conclusion, and recommendations. In addition, conclusions are also presented systematically drawing the contents from the summary of the findings. The chapter also provides recommendations for policy and theory, limitations and suggestions for future studies as guided by the outcome of the study.

5.2 Discussions

5.2.1 Effects of Family Break-Up as Predictors of Depression

The findings from the descriptive statistics and regression analysis reveal a significant relationship between family break-up and depression among the elderly in old people homes in Nairobi County, Kenya. As suggested by the descriptive statistics results, a significant number of the respondents had experienced family break-up before (88.9%).

Furthermore, the regression analysis demonstrates that family break-up is a strong predictor of depression among the elderly. The regression coefficient of 0.846 indicates a positive and significant ($p=0.000$) relationship between family break-up and depression. This means that as the occurrence of family break-ups increases, the likelihood of experiencing higher levels of depression also increases significantly.

These findings are in tandem with a Margelisch et al. (2017) investigation which established that those who were happily married had better health and general well-being than those who were not. Family break-ups can have a profound impact on the mental well-

being of the elderly, leading to feelings of loss, loneliness, and emotional distress. Carr et al. (2014) add that in the process of developing appropriate interventions to addressing depression among the aged, it is important to investigate their background and in the case of a family break-up, the family challenge be addressed first as way of solving the depression challenge.

5.2.2 Effect of Cultural Values as Predictors of Depression

The findings from the descriptive statistics on the effect of cultural values as predictors of depression among the elderly in old people's homes in Nairobi County, Kenya, indicate important insights into the relationship between cultural values and depression. The findings reveal that a significant proportion of respondents hold certain cultural beliefs and values that are associated with their state of depression. Specifically, 55.6% of the elderly persons that participated in the research attribute their state of depression to having being taken to the Homes of the elderly. They consider this act as an un-African practice because they expected their children to take care of them during their old age. This finding suggests that cultural norms and expectations play a role in shaping their perception of their living situation and potentially influence their mental well-being.

Moreover, the regression analysis provides additional insights into the relationship between cultural values and depression. The standardized coefficients show that cultural values have a positive and significant effect on depression (Beta = 0.304, p = 0.013), suggesting that individuals who adhere more strongly to traditional cultural values, and expectations, may be at a higher risk of experiencing depressive symptoms. This finding underscores the importance of considering cultural values, beliefs and practices in understanding and addressing mental health issues in this population. Cultural values, norms, and beliefs shape individuals' understanding of mental health, help-seeking behaviors, and social support systems.

The findings concur with Lykes and Kemmelmeier (2014) study that found that cultural values can serve as a significant and positive predictor of depression, indicating that certain cultural beliefs, norms, and expectations can contribute to the development and exacerbation of depressive symptoms among the elderly. Bonelli et al. (2018) also established that cultural values emphasizing self-reliance, achievement, and the suppression of negative emotions can lead to higher levels of depression, as individuals may experience pressure to meet societal expectations, experience social isolation, and internalize negative feelings.

The findings that show the aspect of cultural factors as a significant determinant of depression in some parts of the world support the Self-Construal Theory developed by Markus and Kitayama (1991). This theory proposes that the Asian and African cultures conceive themselves as interdependent and older persons naturally will expect their children to take care of them because that is the tradition.

5.2.3 Effect of Socio Factors as a Predicator of Depression

The effect of socio factors as predictors of depression among the elderly in old people's homes in Nairobi County, Kenya, was also examined in the study. The descriptive statistics showed that the percentage of respondents who reported having no caregiving responsibilities was 55.6%, while the percentage of those who reported receiving telephone calls from their family once per week was 55.6%. These figures suggest that socio factors alone may not be strong predictors of depression in this context. The regression analysis further supports this observation.

The standardized coefficient for socio factors was found to be positive but non-significant (Beta = 0.166, p = 0.322), indicating that the influence of socio factors on depression may not be as pronounced as other variables in the model. While not statistically significant, the positive coefficient suggests that certain socio factors, such as

communication challenges and lack of emotional support, may contribute to the development or exacerbation of depressive symptoms among the elderly.

The findings differ with Pramesona and Taneepanichskul (2018) that elderly people who have children or children-in-law who care for them while they are ill are at a lesser risk of developing depression than other senior people. Even though social support may not be able to completely alleviate depressive symptoms in the elderly, according to the earlier conclusion by Tsai and Tsai (2011), it may be a source of hope for them as they struggle to overcome their difficulties and lessen the sense of hopelessness they are experiencing.

Elderly people whose wives had finished their vocational or university education were found to be less likely to suffer from depression throughout their lives, according to a study that looked at the relationship between education and mental health in the elderly. Men from households with a degree of family wealth below the national average also had increased risks of developing depression throughout the course of their lives (Webber, Huxley & Harris, 2011).

5.3 Summary

5.3.1 Family break-up as a Predictor of Depression

The first objective was to analyze family break-up as a predictor of depression among the elderly in elderly care homes in Nairobi County, Kenya. The findings recorded varied outcomes in regard to family breakups as a predictor of depression of the elderly among old people. According to the findings, vast majority of the respondents (88.9%) indicated that they have personally experienced a family breakup, while a minority represented by (11.1%) stated that they have not (M=1.111, SD=0.3155). Similarly, a high majority (88.9%) of the respondents reported that their family members have experienced a family breakup, while only (11.1%) indicated otherwise (M=1.111, SD=0.3155).

Furthermore, the findings indicate that a good majority (77.8%) of the respondents do not speak to any member of their family due to family conflict, while a partlypaltry (22.2%) reported having communication challenges within their family (M=1.222, SD=0.4174). In terms of emotional support, more than half (66.7%) of the respondents stated that they no longer receive emotional support from any family member, whereas only (11.1%) reported receiving support, and slightly less than a quarter (22.2%) were unsure (M=1.556, SD=0.8348). The findings also indicate that slightly more than half (55.6%) of the respondents find the loss of their earlier social status disturbing, while slightly more than a quarter (33.3%) do not, and partlypaltry (11.1%) were unsure (M=1.667, SD=0.9466).

5.3.2 Cultural Values as a Predictor of Depression Elderly Care Homes

The second objective was to analyze cultural values as a predictor of depression among the elderly in elderly care homes in Nairobi County, Kenya. The findings from the descriptive statistics on the cultural values as factors variable indicate that all 100% of the respondents agreed that they live in an old people home voluntarily (M=2.00, SD=0.000). In terms of believing that their decisions and ideas matter in the family, more than half (66.7%) of the respondents agreed, while slightly less than a quarter (22.2%) disagreed and partlypaltry (11.1%) were unsure (M=1.444, SD=0.6877).

Regarding the perception of it being 'un-African' to live in an old people's home, slightly more than half (55.6%) of the respondents agreed, whereas only (33.3%) disagreed and partlypaltry (11.1%) were unsure (M=1.556, SD=0.6877). When it comes to the expectation that their family should take care of them in old age, less than half 44.4% of the respondents agreed, while another similar number (44.4%) disagreed, and partlypaltry (11.1%) were unsure (M=1.667, SD=0.6693). Furthermore, slightly more than half (55.6%) of the respondents agreed that the loss of intergenerational connection is disturbing, while slightly less than half (44.4%) disagreed (M=1.444, SD=0.4989). Similarly, (55.6%) of the

respondents found the changes in traditional family structures disturbing, whereas less than half (44.4%) disagreed (M=1.556, SD=0.4989).

5.3.3 Social Factors as a Predictor of Depression

The third objective was to analyze social factors as a predictor of depression among the elderly in elderly care homes in Nairobi County, Kenya. Descriptive statistics, including mean and standard deviation were used to analyze the data. According to the findings, a majority (66.7%) of the respondents indicated that they are members of a social network, while slightly less than a quarter (22.2%) stated otherwise, and a ~~partly~~paltry (11.1%) were unsure (M=1.556, SD=0.9596). Regarding recreational activities, less than half (44.4%) of the respondents reported participating in such activities with others, while minority (33.3%) did not, and (11.1%) were unsure (M=1.889, SD=0.9978). Additionally, (11.1%) of the respondents did not provide a response.

In terms of family involvement, the findings reveal that less than half (33.3%) of the respondents reported their family members visiting at least once a month, while less than half (44.4%) did not, and ~~partly~~paltry (11.1%) were unsure (M=2.000, SD=0.9466). Similarly, more than half (55.6%) of the respondents stated that they receive telephone calls from their family members once per week, while minority (22.2%) did not, and small number of (11.1%) were unsure (M=1.778, SD=1.0345). Furthermore, more than half (55.6%) of the respondents reported that their living standards have not changed in their old age, while (22.2%) indicated otherwise, and a minority (11.1%) being unsure (M=1.778, SD=1.0345).

Additionally, more than half (55.6%) of the respondents stated that they have no caregiving responsibilities, while less than a quarter (22.2%) reported having such responsibilities, and only (11.1%) were unsure (M=1.778, SD=1.0345). The findings show

that socio factors, such as communication challenges and lack of emotional support, may contribute to the development or exacerbation of depressive symptoms among the elderly.

5.3.4 Geriatric Depression Scale

The findings related to the Geriatric Depression Scale shed light on the emotional well-being and satisfaction levels of the elderly residents in old people homes. According to the data, more than half (55.6%) of the respondents reported being basically satisfied with their lives, while slightly less than a quarter (22.2%) did not feel satisfied, and a similar number (22.2%) did not provide a response. The mean score for this statement was 1.8889, with a standard deviation of 1.20148.

In terms of feelings of emptiness, more than half, 55.6% of the respondents reported not feeling that their lives are empty, while (11.1%) felt empty, and a similar number (11.1%) being unsure. The mean score for this statement was 2.0000, with a standard deviation of 1.25220. When asked about the fear of something bad happening to them, more than half (55.6%) of the respondents expressed fear, while less than a quarter (22.2%) did not feel afraid, and minority (11.1%) were unsure. The mean score for this statement was 1.7778, with a standard deviation of 1.03452.

Concerning happiness, less than half (33.3%) of the respondents reported feeling happy most of the time, while slightly less than half 44.4% did not feel happy, and minority (22.2%) were unsure. The mean score for this statement was 1.8889, with a standard deviation of 0.73997. Regarding boredom, only 11.1% of the respondents rarely experienced boredom, while majority (66.6%) frequently experienced boredom, and ~~partly~~paltry 11.1% were unsure. The mean score for this statement was 2.2222, with a standard deviation of 0.78881. Lastly, when it came to preferences for going out versus staying indoors, close to half (44.4%) of the respondents preferred going out, while similar

number (44.4%) preferred staying indoors, and minority (11.1%) were unsure. The mean score for this statement was 1.6667, with a standard deviation of 0.66933.

The implication drawn from the findings is that the presence of certain depressive symptoms, such as feelings of emptiness and fear, highlights the need for targeted interventions and support to address these emotional challenges. The high prevalence of boredom and mixed preferences for going out versus staying indoors may suggest the importance of providing engaging activities and opportunities for social interaction within the old people homes.

5.4 Conclusion

The study examined the factors associated with depression among the elderly in elderly people's homes within Nairobi County, Kenya. The findings from the descriptive statistics highlighted the prevalence of family break-up, cultural values, and socio factors that may contribute to depressive symptoms in this population. The study highlighted the importance of addressing family dynamics and providing support to mitigate the adverse effects of family break-up on the mental well-being of the elderly in old people homes. Interventions that focus on strengthening familial relationships and providing emotional support may be effective in reducing the risk of depression in this vulnerable group.

The regression analysis revealed that family break-up and cultural values were significant predictors of depression, while socio factors showed a non-significant association. These findings emphasize the need for interventions and support systems that address the emotional and social well-being of the elderly. Promoting healthy family relationships, fostering cultural sensitivity, and providing adequate social support are essential in preventing and managing depression among the elderly in elderly homes. Enhancing social interactions, communication, and access to emotional support can have a positive impact on the mental health outcomes of this vulnerable population. It is crucial

for policymakers, healthcare providers, and caregivers to prioritize the mental well-being of the elderly and develop targeted interventions that address the identified risk factors.

5.4 Recommendations

Based on the findings of the study, several recommendations and policy implications can be made to support the mental health and well-being of the elderly in elderly people's homes. Future research should try to broaden the scope of valid depression causes in aged people, as well as to conduct a larger study with more variables and a broader scope., even though on a similar demographic population.

5.4.1 Break-up as a predictor of depression

It is crucial to develop comprehensive support programs that address family break-up and improve communication within families. Family therapy and conflict resolution programs can be implemented to strengthen family bonds and reduce the negative impact of family break-up on the mental health of the elderly. By fostering healthy relationships and resolving conflicts, these programs can contribute to a more supportive and nurturing family environment.

5.4.2 Cultural values as predictors of depression

Promoting cultural sensitivity is essential in the care provided in elderly homes. Staff members should receive cultural sensitivity training to understand and respect the cultural values and traditions of the elderly residents. Creating an inclusive environment that values diverse cultural backgrounds can help mitigate any stigmatization associated with living in elderly homes. By incorporating cultural beliefs and practices into the care provided, the well-being of the elderly can be enhanced, and they can feel a sense of belonging and cultural affirmation.

5.4.3 Socio-Demographic Variables as a Predictor of Depression

Efforts should be made to enhance social support networks within elderly homes. Establishing and facilitating social support groups or clubs can provide opportunities for the elderly to connect with others who share similar interests and experiences.

5.4.4 Socio factors as a Predictor of Depression

Promoting social engagement and recreational activities can help combat feelings of isolation and loneliness, which are known risk factors for depression among the elderly. Additionally, encouraging regular family visits and facilitating communication between the elderly and their family members can strengthen social connections and contribute to improved mental well-being.

5.5 Suggestions for Further Research

Several suggestions for further research can be proposed to deepen our understanding of depression among the elderly in elderly people's care homes and inform future interventions. Firstly, future research could explore the longitudinal effects of family break-up, cultural values, and socio factors on depression among the elderly. Longitudinal studies would provide valuable insights into the temporal relationship between these variables and depression, helping to identify potential causal pathways and better understand the long-term impact of these factors on mental health outcomes.

Secondly, qualitative research methods, such as in-depth interviews or focus groups, could be employed to gain a deeper understanding of the experiences, perceptions, and subjective interpretations of the elderly regarding family break-up, cultural values, and socio factors. This would allow for a more nuanced exploration of how these factors influence their mental well-being and the specific mechanisms through which they operate.

Lastly, investigations could also delve into the role of other psychosocial factors, such as social support, coping mechanisms, and self-esteem, in the context of depression

among the elderly. Examining how these factors interact with family break-up, cultural values, and socio factors would provide a more comprehensive understanding of the complex interplay of various psychosocial determinants of depression in elderly populations.

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APPENDICES

Appendix A: Introductory Letter

AFRICA NAZARENE UNIVERSITY

12th June, 2023

RE: TO WHOM IT MAY CONCERN

Mbuthia Ann Wanjiru (**16J03DMCP004**) is a bonafide student at Africa Nazarene University, in the School of Humanities and Social Sciences, Counseling Psychology Department. She has finished her course work and has defended her thesis proposal entitled: - ***"Psychosocial Factors as Predictors of Depression of the Elderly in the Old People's Homes in Nairobi County, Kenya"***.

Any assistance accorded to her to facilitate data collection and finish her thesis is highly welcomed.

Dr. Simon Obwatho
Ag. DVC, Academic Affairs

Appendix B: Questionnaire

PSYCHOSOCIAL FACTORS AS PREDICATORS OF DEPRESSION AMONG THE ELDERLY IN OLD PEOPLES HOMES

Dear respondent,

I am a student at Africa Nazarene University studying counselling psychology and I am carrying out a study to ascertain the effects of family break up, cultural factors and social factors as predicators of depression among the elderly in old people's homes.

You are kindly requested to complete the questionnaire below to participate in the study. Please read each statement and tick the answer which indicates how much the statement applies to you. All information will be treated with confidentiality. Do not indicate your name on the questionnaire.

Thank you.

SECTION ONE: INSTITUTIONS INFORMATION

1. Type of Institution: Private [ ] Non-Governmental [ ] Government [ ] Church [ ]

2. Location of the institution Informal settlement [ ] Suburbs [ ]

3. No. or residents 10-20 [ ] 20-30 [ ] 30-40 [ ] 40+ [ ]

SECTION TWO: SOCIO –DEMOGRAPHICS

4. Gender: M [ ] F [ ]

5. Age(years): 60-65 [ ] 66-70 [ ] 71-80 [ ] 81+ [ ]

6. Previous Employment type: Full time employee [ ] Business Owner [ ] Farmer [ ]

7. Number of years living in the institution(years): 1-5 [ ] 6-10 [ ] 11-15 [ ] 15-20 [ ]

8. Defendants: None [ ] 1-5 [ ] 5-10 [ ]

9. Academic Level: Primary [ ] Secondary [ ] Tertiary/college [ ] University [ ]

10. Marital Status: Married [ ] Divorced [ ] Separated [ ] Widow/Widower [ ] Single [ ]

11. Receiving Pension: Yes [ ] No [ ]

	SECTION THREE **Family break up (Please use the following scale to indicate your answer to the following questions)**	**Yes** **1**	**No** **2**	**Not Sure** **3**	**No Response** **4**
a)	I have personally experienced family break up?	1	2	3	4
b)	My family member has experienced a family break up?	1	2	3	4
c)	I do not speak to any member of the family due to family conflict?	1	2	3	4
d)	I have communication challenges with my family?	1	2	3	4
	SECTION FOUR **Cultural Values as Factors (Please use the following scale to indicate your answer to the following questions)**	**Yes** **1**	**No** **2**	**Not Sure** **3**	**No Response** **4**
a)	I live in an old people home voluntarily.	1	2	3	4
b)	I believe my decisions and ideas matter in the family.	1	2	3	4
c)	It is 'un-African' to live in an old people's home.	1	2	3	4
d)	My family should take care of me in old age.	1	2	3	4
4	**SECTION FIVE** **Social Factors(Please use the following scale to indicate your answer to the following questions)**	**Yes** **1**	**No** **2**	**Not Sure** **3**	**No Response** **4**
a)	I am member of a social network?	1	2	3	4
b)	I participate in recreational activities with others?	1	2	3	4
c)	My family members visit at least once a month.	1	2	3	4
d)	I receive telephone calls from my family once per week.	1	2	3	4

4	**SECTION SIX** **Geriatric Depression Scale(Please use the following scale to indicate your answer to the following questions)**	**Yes** **1**	**No** **2**	**Not Sure** **3**	**No Response** **4**
a)	Are you basically satisfied with your life?	1	2	3	4
b)	Do you feel that your life is empty?	1	2	3	4
c)	Are you afraid that something bad is going to happen to you?	1	2	3	4
d)	Do you feel happy most of the time?	1	2	3	4

5. What is your general opinion on old people's homes: ……....

.....

.....

Appendix C: Research Permit-NACOSTI

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: 420744

Date of Issue: 02/July/2023

RESEARCH LICENSE

This is to Certify that Ms.. Anne Wanjiru Mbuthia of Africa Nazarene University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Nairobi on the topic: "Psychosocial Factors as Predictors of Depression of the Elderly in the Old People's Homes in Nairobi County, Kenya" for the period ending : 02/July/2024.

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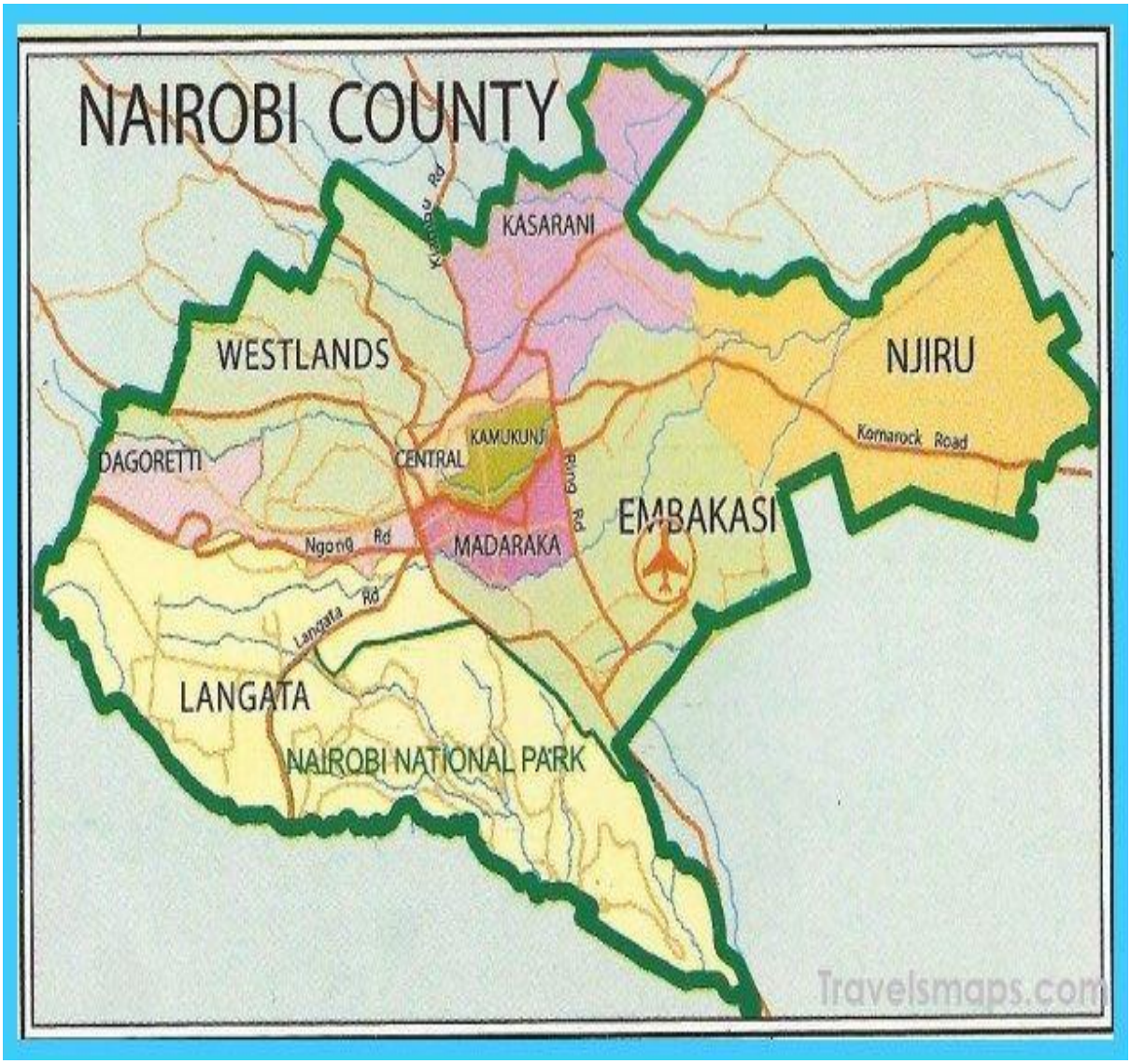
Appendix D: Map of Nairobi County



Appendix E: List of Homes for the Elderly

S/No.	Name of the Home for the elderly	Elderly persons at 30th December 2022
1	Nyumba ya Wazee, Kasarani	72
2	Kariobangi Cheshire Home for the Elderly	46
3	Thogoto Home for the Aged	53
4	Fairseat Retirement Home	50
5	Harrison House Retirement Home	25
6	AKINIITA Foundation	15
7	EILEEN Moffat	20