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The correlations of resilience of the geriatric population in Botswana: A cross sectional study

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Background

According to Botswana's Current statistics for 2021, people aged 60 and above would make up 8.9% of the population. As people age, they face a plethora of challenges; mental, legal, social, health, economic, environmental, and political, in addition to ageism and marginalization. Therefore, they need resilience to deal with these challenges that emanate from the aging process, the development of care needs, and the depletion of resources. However, in Africa, there is anecdotal evidence that some older people cannot cope with their lives, let alone carer responsibilities caused by HIV related death and other risk factors. For older people to flourish, they need resilience to achieve, endure, develop and sustain their health and well-being in the face of adversity. The degree of success and impact on their resilience is undocumented. The research will therefore determine the correlates with resilience and establish ways to curb the risk factors.

Objectives

The study aimed to establish levels of resilience in older people. Factors that predict resilience were also determined.

Method

Snowball technique was used to collect data on resilience, well-being, and determinants of health in the geriatric population of Botswana. Four districts were conveniently selected, and probability proportionate to size was used to select participants in each of the districts. Data was collected on weighted key predictors (i.e., socio-demographics, protective and risk factors) associated with the resilience of older people (N=678, Mean age=71.1, and SD=9.0). Chi-squared Automatic Interaction Detection (CHAID) analysis was used to predict the strengths of the relationships among resilience and all the predictor variables because the assumptions of parametric tests were not met

Results

Most of the participants in the current study had high level of resilience (60%), followed by moderate resilience (31%), and low level of resilience (7.7%). Both protective (e.g., personal and social environments) and risk factors (e.g., social dysfunction) had a significant influence on the level of resilience of older people. The five main predictor variables that achieved meaningful significance were connected to the model including depression, quality of life, social impairment, level of education, and whether participants paid for services or accessed free services ($p< 0.01$). Unweighted key predictors showed meaningful significance in high self-esteem ($p < .001$), security, and self-efficacy ($p < .05$). Participants experiencing depression symptoms and having low self-esteem had the lowest level of resilience. Older people with no depression symptoms but had low quality of life reported high instances of social impairment. Those with no depression symptoms but moderated to a high quality of life had low level of resilience due to paying for services ($\chi2 = 7.4$, $p < .02$). The weighted CHAID Model raised attention as the overall percentage of correct classification was 95.7%.

Conclusion

Older people with low level of resilience fail to cope with day-to-day challanges. Stakeholders, (decission makers, care givers, family members) should be able to build and maintain resilience as a protective factor. Knowledge about the prevalence of low level of resilience and predictors of resilience of older people may contribute stakeholders to devise effective interventions.