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Social Disengagement and Psychological Wellbeing of Aging Persons (60 Years and above) in Mezam Division of the Northwest Region of Cameroon

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Abstract

Purpose: This study investigated “Social Disengagement and the Psychological Well-being among Ageing Persons (60 years and above) in Mezam Division, Northwest Region of Cameroon. Care for the elderly in the past was the responsibility of the family and the entire community (care, respect and affection were reserved for them). Today, the elderly face social disengagement, coupled with financial insecurity. The majority of them do not benefit from any pension and for those lucky enough to have one, it is too paltry to allow them to live decently. Hence, this study investigated whether social disengagement affects the psychological well-being of ageing persons.

Materials and Methods: The concurrent-nested mixed method research design was used in conducting the study whereby both quantitative and qualitative paradigms were used. A sample of 350 ageing persons was chosen for this study using purposive and snowball sampling techniques. Data were analysed following a triangulation approach in methodology, analytical process and statistical packages. Descriptive and inferential statistical

techniques were used to analyse the data collected from the field. For descriptive statistics, measures of central tendencies such as the mean, measures of dispersion (standard deviation), frequency tables and percentages were used to answer research questions while linear regression analysis was conducted to verify the hypothesis at a 0.05 level of significance.

Findings: From the data analysed, it was revealed that social disengagement significantly influenced the psychological wellbeing of ageing persons and accounted for 11.1% of its variance $R^2 = .111$, $F(1,328) = 40.966$, $p < 0.01$.

Implications to Theory, Practice and Policy: Based on these findings, some recommendations were made as follows; family members, the entire community, civil organisations and welfare services should get more acquainted to the aging by creating channels of interaction with them, respecting them, providing social support to them as well as caring and showing affection to them.

Keywords: *Social Disengagement, Ageing Person, Psychological Wellbeing*

1.0 INTRODUCTION

Humans are social animals by nature. Our ability to live and grow is dependent on our ability to connect with others. However, as we become older, many of us find ourselves alone more frequently than we did when we were younger, making us subject to social disengagement and isolation, as well as health issues including cognitive decline, depression, and heart disease. Humans are primarily social animals and their life as individuals are founded on strong relationships with a close-knit social group. At all ages, high-quality social relationships are critical for our mental and physical health and psychological well-being. Social disengagement has negative effects on longevity, health, and happiness. Social disengagement elevates the risk of heart disease, stroke, diabetes, cognitive decline, dementia, depression, anxiety, and suicide among older people (Ryan & Willits, 2007). They also cut people's lives short and lower their quality of life. Life transitions and disruptive life events, which are more likely to afflict older individuals (such as retirement; loss of a spouse, partner, or friends; relocation of children or migration to join children; and disability or loss of mobility), put them at special risk (Utz, *et al.*, 2002).

Social disengagement and psychological well-being among the elderly are critical public health concerns that impact a large number of individuals worldwide, placing them at risk for dementia and other serious medical diseases (Page, Davies-Abbott & Jones, 2021). Because they are more likely to confront circumstances such as living alone, the death of family or friends, chronic disease, and hearing loss, older persons are more prone to experience loneliness and social isolation. Some people experience disengagement as a result of social isolation, whereas others experience disengagement without being socially isolated. Although it is difficult to quantify social isolation and disengagement, there's solid evidence that many persons aged 50 and over are socially disconnected in ways that jeopardize their health (Magson *et al.*, 2021).

Background to the Study

According to the United Nations population fund (UNFPA, 2022), social disengagement is increasingly becoming a global public health concern. Social disengagement is a growing phenomenon that is characterized by low levels of participation in social activities as well as the lack of social relationships (Cornwell & Waite, 2009). It can be further described as a limited or lack of social contact that an individual has with others to include situational factors that may cause them to feel uncomfortable or out of place. Social disengagement has been found to display atrophy, loss, or deterioration of internal bonding and can further be identified by aimlessness and apathy with regards to major life experiences, as well as the deterioration of external bonds (Brennan & Auslander, 1979).

Santini, Jose, Cornwell, Koyanagi, Nielsen, Hinrichsen and Koushede (2020) postulated that social disengagement can be described by infrequent contact with others as noted by situational aspects, such as the lack of involvement in groups, social events, or limited social interactions. According to Larrabee Sonderlund, Thilsing and Sondergaard (2019), social disengagement can make it difficult to do the things you normally would enjoy or to get through the day. Some effects of this disengagement can include loneliness, relationship problems, alcohol or drug problems, and trouble sleeping. Left unchecked, social disengagement can lead to or be associated with depression which may impinge on the psychological wellbeing of the individual. Such behaviours can also negatively affect those that care about the person (Quach & Burr, 2021).

Since social disengagement is more likely to be found among older adults (Schnittker 2007; Shaw, Eckstrand, Sharp, Blumenthal, Lerch, Greenstein & Rapoport, 2007; Van Baarsen, Snijders, Smit & Van Duijn, 2001). Van Tilburg (1998) posits that some ageing persons (60 years and above show signs of social disengagement while transitioning from active working life to retirement life or during other major life changes. For Shaw *et al.* (2007), some aged persons may have been avoiding other people and activities for a long time and have become uncomfortable being around other people more generally. Meanwhile, to Schnittker (2007) aged persons who have experienced traumatic events during their active lives — also sometimes tend to disconnect themselves from other people and activities during their ageing years (60 years and above).

Cornwell and Waite (2009) argue that individuals who are older tend to experience feelings of social disengagement which may tend to affect their affect their psychological wellbeing in a more negative manner. Social disengagement triggers a wide range of mental health problems. The negative impact of social disengagement on the mental health of ageing persons (60 years and above) has emerged as a central public health concern especially during the COVID-19 pandemic. The importance of social connectedness in maintaining mental well-being has been widely documented in research, while social disengagement has been found to be associated with a range of mental health problems (Boomsma, Willemsen, Dolan, Hawkley & Cacioppo, 2005; Brummett, Barefoot, Siegler, Clapp-Channing, Lytle, Bosworth & Mark, 2001; Cacioppo & Hawkley, 2003) Studies have linked psychological or mental health problems to a number of indicators of social disengagement, including social isolation and loneliness (Cacioppo, Hughes, Waite, Hawkley & Thisted, 2006), the lack of social engagement and participation (Carstensen, Isaacowitz & Charles, 1999), the absence of social support and network (Charlson, Pompei, Ales & MacKenzie, 1987), weak social group memberships (Christakis & Fowler, 2007) and lower involvement in social activities (Christakis & Fowler, 2007).

Social disengagement is the act of withdrawing from a relationship or from an unpleasant experience. Social disengagement is a situation where people withdrawal from previous activities or roles. Based on assumption that people turn inward from middle age on, Cumming and Henry (1961) posit that this primary mental process produces a normal and natural discontinuation of social roles and activities, and an increased preoccupation with self and a reduction in emotional involvement with others. WHO (2022) defines healthy aging as the process of developing and maintaining the functional ability that enables well-being among ageing persons from 60 years and above. An important aspect of functional ability is to build and nurture relationships, and equally contribute to society, which means to be involved in both individual- and society-level activities. Rosso, Taylor, Tabb, and Michael (2013) posit that social engagement, also called social participation or social involvement, forms the basis of social relationships or participation in a community, and provides a sense of belonging, social identity, and fulfillment. Several longitudinal studies (Czaja, 2017; Rozanova, Keating & Eales, 2012; Gardner, 2014) have shown that social disengagement is associated with a lower risk of heart disease, cancers and all-cause mortality especially among ageing persons (60 years and above).

One of the studies carried out in relation to disengagement was by Murray, (2013) that examined levels of social engagement and its link with psychological well-being and community attachment. A survey was used to assess participants' wider involvement in local activities and their feelings of well-being and community attachment. The sample was made up of 65 person aged 60 and above. Statistically significant associations were identified

between a person's feelings of loneliness and generic quality of life and their level of contact with relatives, neighbours, and friends, and their sense of community attachment.

Equally, Utomo et al. (2019) carried out a study that examined how levels of social engagement affected the psychological well-being of aged persons in rural Indonesia. The sample of 2,750 person aged 60 and above. Their three measures of social engagement were: participation in income-generating activities, in communal activities, and in care- work. While there were notable village-level differences in patterns of social engagement, the majority of the respondents were actively engaged in productive activities in their old age until they could no longer be so. The Findings revealed that the need for income security was a driver of the elderly's work participation. Equally, the notion of promoting active ageing, as typically understood in the Western and/or urban contexts, was of secondary importance to health care provision and managing old-age disability and psychological well-being in these ageing rural communities.

The Cumming and Henry's (1961) Disengagement Theory (DT) was used to explain the fact that all individuals tend to disengage or detach themselves from the larger society, that is, the social norms, their social roles, and the ways of behaving and doing and other persons of the society as they grow older. Cumming and Henry (1961) claims that this is a natural process and every individual undergoes this process in the course of their life. According to the theory, it is important for this process to take place for the maintenance of order in the society. The order would be maintained as when the older people would disengage, while the younger generations learn the skills to replace this generation. The theory goes further to explain that people tend to lose the social ties around them as their abilities to do things and engage with others will deteriorate over time, and they start expecting death and so the process of disengagement becomes necessary.

Cumming and Henry's (1961) theory explains the reason why ageing persons tend to disengage themselves from social engagements and community endeavours. The disengagement model suggests that it is natural for the elderly to disengage from society as they realise that they are ever nearer to death. However, withdrawing from their central societal roles—working, marriage, raising a family—means they drastically lose social life space and so suffer crisis and demoralization. Unfortunately, this social disengagement may tend to propel the ageing person into social disconnectedness which may end up being detrimental to the psychological well-being of the individual. Therefore, a balance ought to be struck at old age to encourage social engagement and discourage social disconnectedness so as to enhance physical and psychological well-being.

2.0 MATERIALS AND METHODS

Participants

The target population of the study was made up of 7,026 ageing persons residing in Mezam Divison of the North-West Region of Cameroon. The choice of this Division was based on convenience due to the present socio-political crisis in the two English-speaking Regions of the country. The accessible population was defined in terms of those elements in the target population within the reach of the researcher.

Table 1: Population and Sample of the Study

Sub-division	Target population of the elderly	Accessible population of the elderly	Sample
Bali	632	321	28
Bafut	577	234	28
Santa	834	119	28
Tubah	1245	421	28
Bamenda I	773	208	64
Bamenda II	1598	553	92
Bamenda III	1367	510	82
Total	7026	2366	350

Source: Mezam Division Delegation of Housing and Urban Development, Statistics, Researcher's Survey, 2022

Based on Table 1, the purposive and snowball sampling techniques were adopted in selecting a sample of 350 ageing persons. The purposive sampling technique was used to select ageing persons that constituted the target and accessible population respectively. Purposive sampling is a technique in which the researcher assumes that he/she can use his/her knowledge of the population to judge whether or not a particular sample will be representative of the study and this is done based on previous knowledge of a population and the specific purpose of the research. In this type of technique therefore, personal judgment is used to select a sample. This method was chosen because the researcher could only work with ageing persons within Mezam Division who would provide him with the information/ data he needed. The researcher used his personal judgment to purposefully select the ageing persons who would provide the appropriate data for the studies. This is because the goal of the study was to investigate their opinions on social disconnectedness in relation to their psychological well-being in Mezam Division.

Snowball sampling or chain-referral sampling as a non-probability sampling technique in which the existing subjects provide referrals to recruit samples required for a research study was also used. This sampling technique can go on and on, just like a snowball, increasing until the time a researcher has attained the sample size. Using the snowball sampling technique, the researcher demanded from ageing persons he could meet, to further recruit their colleagues and mates as research participants.

Procedure

The concurrent nested mixed method research design was used in conducting this study. To begin with, in order to collect quantitative data, the descriptive survey design, with the aid of a structured questionnaire made up of close ended items, was used to collect data from the participants of this study. In order to collect qualitative data, the phenomenological approach, with the aid of an Interview Guide made up of open-ended questions, was adopted to gather information that explains how the ageing experience a phenomenon and how they feel about it. The sample of this study was made up of 350 ageing persons conveniently sampled from Mezam division. From which 330 of them answered the questionnaire while 20 were interviewed. Data obtained was analyzed both descriptively and inferentially. Linear regression analysis was used to test the hypothesis while qualitative data was analyzed using thematic analysis

3.0 FINDINGS

Research Question: How does social disengagement influence the psychological well-being of ageing persons from 60 years and above) in Mezam Division of the North-West Region of Cameroon?

In an attempt to answer the research question, data from questionnaire were analyzed and presented in the form of frequencies, percentages, mean and standard deviation as follows:

Table 2: The Prevalence of Social Disengagement among the Ageing Persons in Mezam

Item indicators	Collapsed agreement	Collapsed disagreement	M	SD
My friends do not bother about my welfare	236(71.5%)	94(28.5%)	2.91	.86
My immediate family members hardly engage in social interaction with me	204(61.8%)	126(38.1%)	2.68	.94
My extended family members hardly engage in social interaction with me	192(58.1%)	138(41.8%)	2.56	.81
My place of worship does not bother about me	151(45.7%)	179(54.3%)	2.44	.87
My ethnic group association does not care about my welfare	197(59.7%)	133(40.3%)	2.73	.88
I find it difficult to partake in organised community activities	278(84.2%)	52(12.8%)	3.10	.77
My neighbours do not connect and engage socially with me	216(65.5%)	114(34.5%)	2.70	.83
The extent to which I use to socialize and connect with others has reduce over the years	292(88.5%)	38(11.5%)	3.21	.70
I Find it difficult making new friends or connecting to old ones	288(87.3%)	42(12.7%)	3.13	.68
Multiple response set average	228(69%)	103(31%)	2.82	.82

Source: Field work (2023)

Table 2 reveals that a majority of 236 (71.5%) respondents agreed that their friends do not bother about their welfare while 94 (28.5%) disagreed. Similarly, a majority of 204 (61.8%) agreed that their immediate family members hardly engage in social interaction with them while 126 (38.1%) disagreed. In like manner, 192 (58.1%) agreed that their extended family members hardly engage in social interaction with them while 138(41.8%) disagreed. A minority of 151 (45.7%) agreed that their place of worship does not bother about them while 179 (54.3%) disagreed. A majority of 197 (59.7%) respondents agreed that their ethnic group association does not care about their welfare 133 (40.3%) disagreed.

Equally, a wide majority of 278 (84.2%) agreed that they find it difficult to partake in organized community activities while a minority of 52 (12.8%) disagreed. The trend continued with a majority of 216 (65.5%) agreeing that their neighbours do not connect and engage socially with them while 114(34.5%) disagreed. Furthermore, an overwhelming majority of 292 (88.5%) agreed that the extent to which they used to socialize and connect with others has reduce over the years while 38 (11.5%) disagreed. Another majority of 288 (87.3%) agreed that they find it difficult making new friends or connecting to old ones while 42(12.7%).

Summarily, an average of 228 (69%) responses on social disengagement were positive while 103 (31%) were negative. The mean of social disengagement was 2.82. This is higher than the average mean of 2.5. Thus, it can be inferred that social disengagement among the ageing

persons in Mezam division was high. The standard deviation for social isolation was 0.82, meaning that the responses were similar.

Research hypothesis: Social disengagement has no significant influence the psychological well-being of ageing persons from 60 years and above) in Mezam Division of the North-West Region of Cameroon.

Linear regression analysis was conducted to verify the hypothesis at a 0.05 level of significance.

Table 3: Model Summary for Social Disengagement

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.333 ^a	.111	.108	3.51676

Table 3 shows that, a bivariate linear regression analysis was conducted to verify the strength of social disengagement on the psychological wellbeing of ageing persons from 60 years and above in Mezam Division of the Northwest Region of Cameroon. The coefficient of determination (R Square) was 0.111 indicating that 11.1 % of the variance in the psychological wellbeing of ageing persons in Mezam Division was accounted for by social disengagement.

Table 4: Coefficient of Influence for Social Disengagement

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	32.160	1.493		21.541	.000
	Social disengagement	-.371	.058	-.333	-6.400	.000

From Table 4, the regression equation predicted psychological wellbeing = 32.160 – 0.371 social disengagement. When social disengagement is zero, psychological wellbeing will be 21.541. According to the slope, for each additional unit change in social disengagement, psychological wellbeing will decrease by 0.371. The constant term is positive. This means that there are still some factors not included in the model that aggregately influenced psychological wellbeing of ageing persons in Mezam Division within the period of study. Increase in these factors will increase psychological wellbeing of ageing persons everything being equal. Considering the t- value of social disengagement, the result is significant at 0.05 level of significance. This explains that social disengagement is an important factor influencing psychological wellbeing of ageing persons in Mezam Division.

Table 5: F-Test Showing the Fitness of the Model to Test of Influence of Social Disengagement

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	506.646	1	506.646	40.966	.000 ^b
	Residual	4056.578	328	12.368		
	Total	4563.224	329			

Table 5 reveals that social disengagement significantly influences psychological wellbeing for the ageing persons in Mezam Division (F = 40.966, df=328, P=0.000). The P-value=0.000 which is less than 0.05 indicating a significant effect of social disengagement on psychological wellbeing. Thus, the null hypothesis is rejected and the alternative which states that social

disengagement has a significant influence on psychological wellbeing of ageing persons from 60 years and above in Mezam Division of the Northwest Region of Cameroon is upheld.

Table 6: The Extent of the Psychological Wellbeing of the Ageing Persons in Mezam

Item indicators	Collapsed agreement	Collapsed disagreement	M	SD
I feel very inferior in my community	160(48.5%)	170(51.5%)	2.49	.90
I feel so depressed as I am growing older	104(31.5%)	226(68.5%)	2.32	.87
I feel so frustrated in my old age	145(43.9%)	185(56.1%)	2.51	.86
I feel I am not in control of my life	97(29.4%)	233(70.6%)	2.10	.96
My life has no meaning for me and I feel very unhappy	233(70.6%)	97(29.4%)	2.80	.80
I find it difficult to deal with my problems	135(40.9%)	195(59.1%)	2.35	.91
I feel hopeless about my future	193(58.5%)	137(41.5%)	2.56	.87
I disregard myself because I see myself as a failure	217(65.8%)	113(34.2%)	2.80	.86
I feel that my life is unworthy and useless to my family and community at large	208(63%)	122(37%)	2.75	1.01
Multiple response set average	166(50.3%)	164(49.7%)	2.52	.89

Source: Field work (2023)

Table 6 reveals that 160 (48.5%) of the respondents agreed that they feel very inferior in their community while 170 (51.5%) disagreed. In like manner, a minority of 104 (31.5%) agreed that they feel so depressed as they are growing older and 226 (68.5%) disagreed. In like manner, 145 (43.9%) agreed that they feel so frustrated in their old age while 185 (56.1%) disagreed. The trend was maintained as a minority of 97 (29.4%) agreed that they feel they are not in control of my life and 233 (70.6%) disagreed. A wide majority agreed that their life has no meaning and they feel very unhappy while 97 (29.4%) disagreed. A minority of 135 (40.9%) agreed that they find it difficult to deal with my problems while 195 (59.1%) disagreed. A majority of 193 (58.5%) agreed that they feel hopeless about their future while 137 (41.5%) disagreed. In like manner, 217(65.8%) agreed that they disregard self because they think they have failed and 113 (34.2%) disagreed. Similarly, 208(63%) agreed that they feel that their life is unworthy and useless to my family and community at large while 122 (37%) disagreed.

Summarily, an average of 166 (50.3%) responses on psychological wellbeing were positive while 164 (49.7%) were negative. The mean of psychological wellbeing was 2.52. This is a little bit higher than the average mean of 2.5. Thus, it can be inferred that the psychological wellbeing of the ageing persons in Mezam division was just average. The standard deviation for social isolation was 0.89, meaning that the responses were similar.

Discussion of Findings

The quantitative results revealed that majority of 2054 (68.5%) responses on social disengagement were positive while 946 (31.5%). The mean of social disengagement was 2.82. This is higher than the average mean of 2.5. Thus, it can be inferred that social disengagement among the ageing persons in Mezam division was high. The standard deviation for social isolation was 0.82, meaning that the responses were similar. Inferentially, Social disengagement significantly influenced the psychological wellbeing of ageing persons in Mezam and accounted for 11.1% of its variance $R^2 = .111$, $F(1,328) = 40.966$, $p < 0.01$.

This finding is in line with and Wheeler (2002) who says that social engagement is the degree of participation and communication an individual has within a community. Social engagement is also known as social involvement or social participation. Rosso, Taylor, Tabb and Michael (2013) contend that the goal of social engagement is to form an emotional connection between the individual and the community. As the various researchers suggest, developing and sustaining social participation is a vital need for all ages, especially among ageing persons.

Social engagement is defined as a person's involvement in activities that provide interaction with others in the society or the community (Ang, 2018) and expresses interpersonal interactions outside the home (Goll, Charlesworth, Scior, Stott, 2015). It also captures active participation of individuals in small societies, such as engagement with friends or large societies like the interactions of the work environment (Kessler, Schwender & Bowen, 2009), and their satisfaction with these interactions (Levasseur, Desrosiers and Whiteneck, 2010). Meanwhile, according to Dahan-Oliel, Gelinias and Mazer (2008), social participation is defined as the activities and duties required to participate in social life outside the family environment, and in the society, community, and civil society environment.

Tomioka, Kurumatani and Hosoi (2015) maintain that formal social engagement takes place through social and religious organisations and involves social relationship with pre-designed groups, such as membership and participation in formal groups and associations. On the other hand, informal social participation means casual and occasional social communication such as meetings and contacting friends.

Minagawa and Saito (2015) argue that social participation does not take place without social relationship, and it involves actions whereby, an individual shares his or her resources with others. Depending on the resources shared, there are three types of social participation. Collective social participation is defined as activities shared among members of a group, where time is the main source of sharing, and its purpose is directly related to the group itself, like group travel (Chen, Lauderdale & Waite, 2016). Productive social participation involves provision of services, products, or specific benefits to others (Donnelly & Hinterlong, 2010). In this type of participation, specific skills and competencies are shared in addition to time, such as volunteering, paying for money, or caring for another person. Political social participation involves making decisions on social groups and allocating resources (Latham & Clarke, 2018). These decisions are services provided by individuals or groups such as political parties, in collective environment, where, in addition to time and special skills, other resources such as knowledge and social competence are also shared. Minagawa and Saito (2015) affirm that community social participation seems to be more important for the health of ageing persons among the three types of social participation.

Fougeyrollas, Noreau, Bergeron, Cloutier, Dion and St-Michel, (1998) contributed significantly to the development of knowledge related to the concept of social participation by developing the Conceptual Model of the Disability Development Process (DDP). In this model, participation is the result of the interaction between individual characteristics such as age, gender, disabilities, as well as personality disorders, and the environmental factors of the place of residence (Fougeyrollas et al., 1998). Participation is conceptualised through the concept of life habits referring to daily activities and social roles; it is valued by the individual coupled with the cultural and social environment. In this model, social roles are not in their usual sense and they are not limited to roles such as those of a mother, student or worker; rather, they involve participation in financial or civil responsibilities, interpersonal communication, social life, employment, education, and entertainment (Fougeyrollas et al., 1998).

Levasseur et al. (2010) propose four levels of social participation based on ageing studies. Initially, the person is in social contact with others, while he does not do anything special with them, such as the shopping time where an individual communicates with others to find the item they are looking for and pay for it. Secondly, Levasseur et al. (2010) assert that the individual collaborates with others to perform a specific activity and to achieve a common goal, which includes most recreational activities, such as team sports. Thirdly, the individual helps others during their activities, such as the time when an individual plays a role as a caretaker or volunteer, and participates. Finally, the individual is widely involved in societal and civil activities (Levasseur et al. 2010).

Sano and Kyougoku (2016) posit that social participation is a very valuable concept in old age since it is considered as one of the most important components of ageing persons' health, and a key component of many functional conceptual models in ageing persons. Several studies (for example, Hsu, 2007) indicate that diseases, mortality, and quality of life of ageing persons are related to their social participation. Population ageing is perceived as a major challenge for the countries that are seeking safety and welfare for their ever-increasing elderly population (UN, 2013). Social engagement or participation is viewed as one of the important and effective factors influencing the health and psychological well-being of ageing persons as well as an important issue of ageing people's rights (Saczynski, Pfeifer and Masaki, 2006). Ageing persons' social engagement is considered as one of the major areas of age-friendly cities (Yazawa, Inoue, Fujiwara, 2016), the central component of successful ageing (Utz, Carr, Nesse & Wortman, 2002), a component of social capital (Takeuchi, Aida, Kondo & Osaka, 2013), and one of the important components affecting the psychological well-being of ageing persons (He, Cui & Liang, 2017). Thus, paying attention to the concept of social participation among ageing persons is of particular importance, and its promotion is one of the key recommendations of the World Health Organisation (2022), in response to concerns about the ageing population.

The basis of Bronfenbrenner's (1994) ecological model resides in levels of environmental influences that put the individual at the innermost nested level and expand outward toward larger social systems of influence. The first level of influence involves microsystems. Microsystems include interpersonal interactions among family members, friends, teachers, and colleagues. The second level of influence, mesosystems, comprises the relationships and processes that take place between two or more microsystems such as interactions between home and work (Bronfenbrenner, 1994). The next level of influence, exosystems, is the larger social system that comprises two or more settings, including direct and indirect components (e.g., politics, economics, and culture). The final level, macrosystems, consists of overarching cultural and subcultural characteristics that influence all other levels, such as belief systems, knowledge, resources, and lifestyle factors. The macrosystem encompasses the broader cultural, social, and historical context in which the individual lives. It includes cultural norms, values, beliefs, and societal institutions. The macrosystem influences the development of the individual through its impact on the other systems within the ecological model. Another dimension of influence recognised by Bronfenbrenner (1979) is chronosystems. Chronosystems extend individual and environment factors to account for the passage of time in which an individual resides and changes or consistencies that occur over the life course, for example, employment and family structure changes. The chronosystem recognises that development occurs over time and includes historical and temporal dimensions. This system takes into account the influence of important life events, such as changes in family structure, socio-economic factors, or historical events, which can shape an individual's development.

Contributions of the Study to Knowledge, Educational Practice and Psychological Research

The findings from this study are outstanding because they provide greater insight into understanding social disengagement as an important agency, that influences the development of psychological well-being among ageing persons in Mezam Division in particular, Cameroon, Africa, and around the world in general. Provision of data and knowledge from the developing world (Mezam Division, North-West Region of Cameroon) that is complementary to universal knowledge about social disengagement and how it influences the psychological wellbeing of ageing from 60 years and above, thereby contributing to global databases on social disconnection.

4.0 CONCLUSIONS AND RECOMMENDATIONS

This study revealed that social disengagement significantly influenced the psychological wellbeing of ageing persons and accounted for 11.1% of its variance $R^2 = .111$, $F(1,328) = 40.966$, $p < 0.01$. It was found out too that this social disengagement phenomenon is two-fold; cause by people surrounding the age people and by the age people themselves. This being the case family members should share meals and activities with them, if not always, from time to time most especially. Equally members of the immediate household should endeavour to greet and talk with the elderly especially in the mornings. These steps mention above are very soothing to the elderly, making them feel loved, and appreciated by their immediate family on whom they count, first and foremost.

In terms of social disengagement, in as much as the findings showed it could put the elderly in a tight corner, the reasons for its existence point more at the elderly themselves rather than the social environment in which they live. In this vein therefore, it is recommended that the elderly should be educated on the psychological benefits of participating in community activities. When they do participate, the community will surely show them respect as repositories of wisdom and assure them of their usefulness by encouraging them to engage in traditional counselling. The elderly should be made to understand the therapeutic effects of keeping old friends and making new ones by letting them know that interactions and frank discussions relieve people of their worries and make them feel loved, thus bringing about mental health.

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