Correlates of End of Life Planning Across Life Span in Nairobi County, Kenya

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Abstract

End of life planning is an important process towards quality of dying for all, yet it remains skewed towards the terminally ill. Prior planning and preparation for one's own death has been shown to improve psychological well-being towards end of life. The continued conceptualization of end of life planning in terms of palliative care leaves out a large percentage of the general population which compromises the quality of dying. This study examined demographic factors and death attitudes as correlates of end of life planning in the general population in Nairobi, Kenya. The study adopted the correlational research design and targeted young adults, middle-aged adults, and seniors with a sample of 310 participants selected using multistage and stratified sampling techniques. Data was collected using the Death Attitude Profile-Revised and End of Life Pertinent Issues Questionnaire and analyzed using univariate analysis and Pearson correlation. The study found significant demographic differences in end of life planning in terms of age, religion, income levels and marital status. The findings further indicated significant correlation among various death attitudes and end of life planning domains. The results of this study imply that mental health practitioners need to address negative death attitudes in order to enhance end of life planning in the general population.

Keywords: End of Life Planning, death attitudes, palliative care, quality dying.

Introduction and Background

In most cultures globally, death remains a taboo subject with many people being able to discuss the death of others but not their own death. The anxiety of death could impact in the decisions that individuals make concerning end of life. A study by Solomon, Greenberg and Pyszczynki (2015) posits that human behavior is motivated by fear and denial of death. Solomon et al. (2015) conceptualized death as a psychological threat resulting from the human urge for self-preservation in the face of realization of the reality of mortality. Kesebir and Pyszczynki (2012) argue that awareness of death generates death anxiety which influences diverse human behavior ranging from religion, human sexuality, legal decision making and psychopathology. Studies

indicate that death anxiety could influence one's cultural values and self-esteem. Such values include belief in life after death, religion, national identity, and human superiority over animals (Hayes, Schimel, Arndt & Faucher, 2010). Hayes et al., (2010) found that these values create a sense that individuals are part of a system that will exist beyond their own death. Kesebir and Pyszczynki (2012) reported that death anxiety boosts self-esteem and propels individuals to live up to the standards proposed by their world view.

Death anxiety has the potential to influence the overall attitude towards death and by extension the major decisions that one needs to make concerning their end of life. According to Saraiya Bodnar-Deren, and Leventhal (2008), end of life planning is vital for individual's psychological well-being as it provides tools to control their financial and health care decisions at a point in time when they can fully participate in decision making. Saraiya et al. (2008) conceptualize end of life planning in four domains namely: completing a living will, appointing an individual with durable power of attorney for health care, having a document for distribution of assets, and specifying preferences for type and place of care. There is growing consensus among scholars that end of life planning is necessary for quality death (Burles, Peternelj, & Holtslander, 2016). For instance, Burles et al. (2016) view a good death in terms of comfort, control and closure for the dying person. The findings indicate that quality dying is enhanced by pain reduction, comfort provision, and facilitation of death acceptance for the dying person due to prior planning. Smith, Goy, Harvath, & Ganzini , (2011) argue that quality dying involves awareness and acceptance of one's past life, and impending death followed by end of life planning. Winzelberg, Hanson and Tulsky (2005) emphasized the importance of end of life planning as an important component of well-being. Winzelberg et al. (2005) view end of life planning as patients' autonomy which ensures that patients receive care consistent with their preferences.

Despite clear conceptualization of end of life planning and its benefits, implementation is still skewed towards palliative care (Grant *et al.*, 2011; African Palliative Care Association, 2018; Rhee et al., 2017). The continued conceptualization of end of life planning in the context of terminal illness is limiting as it promotes death as a taboo subject among the general population. In Kenya, the Ministry of Health encourages the involvement of the family in provision of palliative care to dying patients (Ministry of Health, 2013). The National sessional paper number 2 of 2009 recommends the strengthening of the extended family unit as a way of

providing care for middle and late adults. The need to involve the family in palliative care is an indicator of the need to diversify end of life planning to non-clinical populations. This paper addressed this limitation by examining end of life planning in the general population.

This study defined end of life planning as a multidimensional phenomenon combining estate planning, spiritual preparedness, personal communication and funeral planning. Spirituality has been defined to include, purpose and connection to a higher power or something greater than self (Scott, Thiel & Dahlin, 2008;Ekedahl & Wengstorm, 2008). Spirituality is a broad term but in the perspective of this study, it was used to refer to the intrinsic aspect of humanity that involves seeking meaning, purpose and relationship with nature or supernatural being. Spiritual preparedness, the extent to which a dying individual experiences meaning in life and peace with nature or higher being, is a concern for dying persons.

The most common dimension of self-disclosure among the dying persons is making known to selected family members the details of confidential investments, introduction of other family members who may not have been acquainted to the mainstream family, disclosure of financial records and updating the next of kin details among others. Ko and Berkman (2010) conducted a study on filial piety among Koreans and found that dying parents usually communicate their wishes to their children expecting them to be respected even after death. A similar study by Mei, Sixmith, Sinclair and Hurst (2016) concluded that family interaction and communication on end of life care is essential as it improves the spirituality of the dying person. A study in Thailand by Kongsuwan, Chaipetch and Matchim (2012) found that communication between the dying person and the family is an opportunity to achieve a peaceful death.

Funeral planning enables individuals make decisions concerning their final resting place and the processes involved. For quality dying, it is important for individuals to participate in deciding the mode of disposal of their remains, the content of their eulogy and the expenditure associated with the entire process. Estate planning is also relevant as it enables individuals to participate in the distribution of their property and debts. This enhances the psychological wellbeing of the dying person and promotes peaceful coexistence of their loved ones after death.

Despite the significance of end of life planning in the mental wellness of dying persons, research in this area remains scarce. There is still limited knowledge on the factors that influence end of life planning. This study explored this gap by examining correlates of end of life planning in the general population in Nairobi County, Kenya.

Methodology

The study was carried out in Nairobi County, Kenya's capital city. The study adopted the correlational research design targeting adults aged at least 20 years of age across various religions. The religions targeted ranged from Protestants, Roman Catholics, Muslims, Hindus, traditionalists, and atheists. Probability and nonprobability sampling techniques were used in selecting a sample of 310 participants. Multistage sampling technique was used to enlist participants for the study. In the first stage, 30% of the sub counties in Nairobi were randomly selected, giving a total of 5 sub counties. In the next stage, the sample was stratified into religions as follows: Protestants, Catholics, Muslims, Hindu, traditionalists, and atheists. Atheism is not a religion, but was sampled for the purposes of comparison. The sample size of each religion was determined proportionately. Participants from religious denominations were accessed from places of worship, whereas atheists were purposively selected from the Atheists Association of Kenya social media accounts. The sample size of 310 participants comprised of 110 Protestants, 80 Catholics, 50 Muslims, 30 Hindus, 30 Traditionalists and 10 Atheists.

End of life planning was assessed using the End of Life Pertinent Issues Questionnaire in terms of four domains: spiritual planning, estate planning, and funeral planning and personal disclosure. Scoring was done by computing means on each of these domains. The mean score ranged from 1 to 5 with 1 indicating the lowest level of end of life planning while 5 indicated the highest level of end of life planning. Death anxiety was assessed using the Death Attitude Profile Revised (DAP-R). The DAP-R, a 32-item, 7-point Likert scale questionnaire developed by Wong and Recker in 1994, was used in measuring death anxiety. The DAP-R measures death attitude on five subscales, namely: fear of death, death avoidance, approach acceptance, escape acceptance, and neutral acceptance. The scale approaches death attitudes from the point of positive emotions (death acceptance) and negative emotions (fear of death and death avoidance). According to Wong and Recker,(1994) death attitudes include neutral acceptance of death where death is accepted rationally as a stage of life; approach acceptance –where death is accepted as a

reward to move to a better place and escape acceptance where death is accepted as a way of running away from suffering life. Other dimensions of death attitudes include fear of death where death is viewed in terms of negative thoughts and feelings as a way of confronting death anxiety and death avoidance which involves resisting from talking about death as a way of reducing death anxiety.

Results

Descriptive Analysis of Death attitudes and End of Life Planning

The study sought to measure death attitudes and end of life planning. The findings of the measures are presented in Table 1 and Table 2 below.

Table 1: Death Attitudes

	N	Minimum	Maximum	Mean	Std. Deviation
Fear of Death	310	1.00	7.00	4.3604	1.46719
Death Avoidance	310	1.00	7.00	4.2774	1.62495
Neutral Acceptance	310	1.00	7.00	4.6394	1.56006
Approach Acceptance	310	1.00	7.00	4.1629	1.80505
Escape Acceptance	310	1.00	7.00	4.5735	1.55001

The highest mean on death attitudes was recorded on neutral acceptance, (mean=4.64; standard deviation=1.56) followed by escape acceptance (mean= 4.57; standard deviation=1.55) while fear of death (mean=4.36; standard deviation=1.47) came next. Death avoidance (mean= 4.28; standard deviation=1.62) and approach acceptance (mean=4.16; standard deviation=1.81) were the least respectively. The results indicate that the mean score of all the death attitudes was high since all the scores were above 3.5 which was the median score of each domain.

Table 2: End of Life Planning

	N	Minimum	Maximum	Mean	Std. Deviation
Spiritual Planning	310	1.00	5.00	3.4419	1.19568
Estate Planning	310	1.00	5.00	2.5459	.97189
Funeral Planning	310	1.00	5.00	1.7482	.60402
Personal Disclosure	310	1.00	5.00	2.4968	.79337

The highest mean on end of life pertinent issues was recorded by spiritual planning, (mean=3.44; standard deviation=1.19), followed by estate planning (mean= 2.55; standard deviation=0.97), personal disclosure (mean= 2.49; standard deviation=0.79) with the least being funeral planning (mean=1.75; standard deviation=0.60). The results indicate that the majority of participants were well prepared for death as far as the spiritual domain is concerned since the mean sore was above average. However, the study found end of life planning in terms of estate planning, funeral planning and personal disclosure poor among the participants since the scores were below average.

Demographic Differences in End of Life Planning in Nairobi County, Kenya

The study examined various demographic factors their role in end of life planning. Demographic differences were analyzed and conclusions on their influence on end of life planning were drawn.

Age of Participants and End of life Planning

The scores on end of life panning of young adults, middle adults and late adults were computed and presented in figure 1 below.

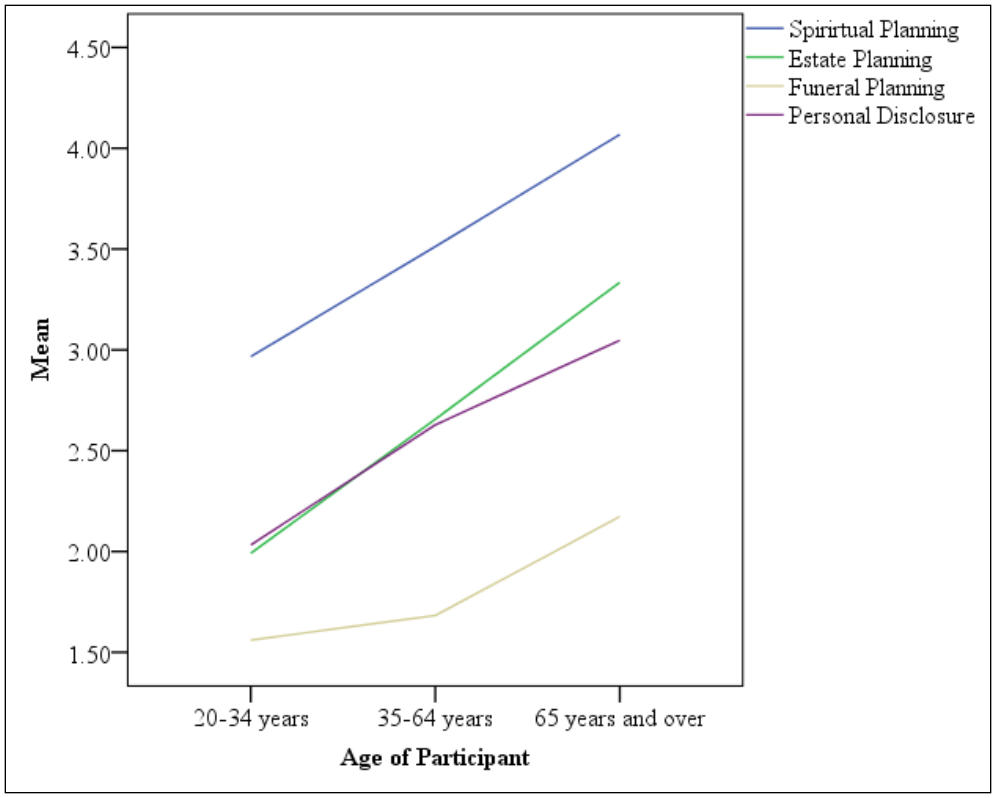

Figure 1: Age Differences in End of Life Planning

The findings showed positive relationship between age of the participants and end of life pertinent issues. Spiritual planning was lowest among the young adults (mean= 2.97) followed by middle adults (mean= 3.51) with the highest being recorded by late adults (mean= 4.07). Estate planning was lowest among the young adults (mean= 1.99) followed by middle adults (mean= 2.66) with the highest being recorded by late adults (mean= 3.34). Funeral planning was lowest among the young adults (mean= 1.57) followed by middle adults (mean= 1.68) with the highest being recorded by late adults (mean= 2.17). Personal disclosure was lowest among the young adults (mean= 2.03) followed by middle adults (mean= 2.63) with the highest being recorded by late adults (mean= 3.05). The findings indicated that older participants were more prepared for death as compared to the younger ones. Participants from all age groups showed higher death preparedness on the spiritual domain with all scores being above average. The least death preparedness recorded by participants of all age groups was funeral planning with all scores being below average. This would mean that planning for own funeral elicited the highest anxiety among participants across all age groups. Planning for own funeral would make death appear more imminent as compared to the other dimensions of end of life planning. Analysis of

Variance was further conducted to test age differences in end of life planning and the results are presented in Table 3.

Table 3: Age differences in end of life planning

Age ANOVA

		Sum Squares	df	Mean Square	F	Sig.
Spiritual Planning	Between Groups	55.713	2	27.856	22.152	.000
	Within Groups	386.048	307	1.257		
Estate Planning	Between Groups	79.263	2	39.632	57.364	.000
	Within Groups	210.720	305	.691		
Funeral Planning	Between Groups	18.030	2	9.015	29.241	.000
	Within Groups	94.341	306	.308		
Personal Disclosure	Between Groups	48.402	2	24.201	50.964	.000
	Within Groups	144.835	305	.475		

The results in Table 3 indicate that there were significant mean differences among young adults, middle adults and late adults on all the domains of end of life planning. Spiritual planning (F (2, 307) = 22.15; P= 0.00), Estate planning (F (2,307) = 57.36; P = 0.00), Funeral planning (F (2, 306) = 29.24; P= 0.00) and Personal disclosure (F (2,305) = 50.96; P= 0.00). Since p is less than 0.05 for all death attitude domains we adopt the alternative hypothesis which states that there are significant mean differences in end of life pertinent issues according to the age of participants.

Religion and End of Life Planning

End of life planning was analyzed in relation to religious affiliation and the results are shown in figure 2 below.

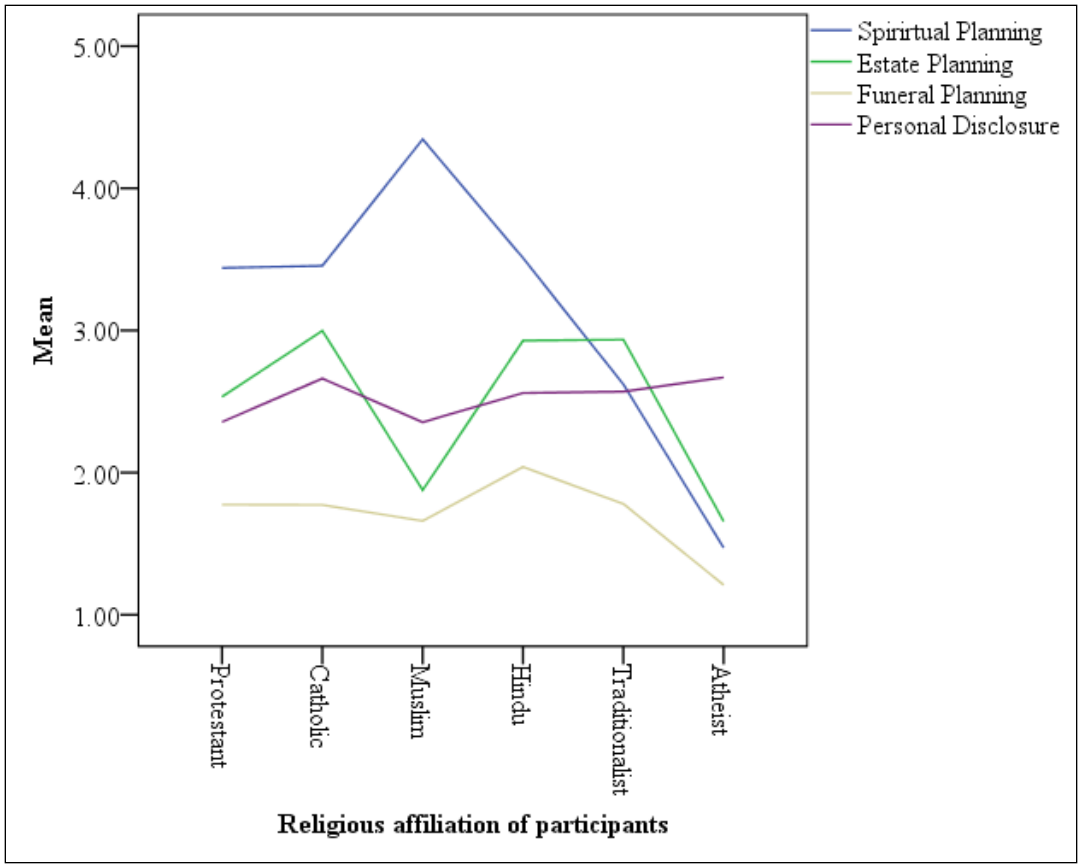

Figure 2: Religious Affiliation Differences in End of Life Planning

The study found that spiritual planning was highest among Muslims (mean= 4.35) followed by Hindu (mean= 3.51), Catholics (mean= 3.46), Protestants (mean= 3.44), Traditionalists (mean= 2.62) with the lowest spiritual planning being recorded among the Atheists (mean= 1.47). Estate planning was highest among Catholics (mean= 3.00) followed by Traditionalists (mean= 2.94), Hindu (mean= 2.93), Protestants (mean= 2.53), Muslims (mean= 1.88) with the lowest estate planning being recorded among Atheists (mean= 1.66). Funeral planning was highest among the Hindu (mean= 2.04) followed by Traditionalists (mean= 1.78), Protestants and Catholics (mean= 1.77) Muslims (mean= 1.68) with the lowest funeral planning being recorded among Atheists (mean=1.21). Personal disclosure was highest among Atheists (mean= 2.67) followed by Catholics (mean= 2.66), Traditionalist (mean=2.57), Hindu (mean= 2.56) with the lowest being recorded by Protestants and Muslims (mean= 2.36). The findings show that participants with religious affiliation recorded higher end of life planning compared to the Atheists. This would mean that belief in a supernatural power minimized the severity of anxiety of death. Analysis of

Variance was further conducted to test religious affiliation differences in end of life planning and the results are presented in Table 4.

Table 4:

Religious affiliation ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
Spiritual Planning	Between Groups	134.721	5	26.944	26.678	.000
	Within Groups	307.040	304	1.010		
Estate Planning	Between Groups	63.654	5	12.731	16.987	.000
	Within Groups	226.330	302	.749		
Funeral Planning	Between Groups	8.981	5	1.796	5.264	.000
	Within Groups	103.390	303	.341		
Personal Disclosure	Between Groups	5.643	5	1.129	1.817	.109
	Within Groups	187.594	302	.621		

The results in Table 4 indicate that there were significant mean differences among young Protestants, Catholics, Muslims, Hindus, Traditionalists and Atheists on all the domains of end of life planning. Spiritual planning (F (5, 304) = 26.68; P= 0.00), Estate planning (F (3,302) = 16.99; P = 0.00) and Funeral planning (F (3, 303) = 5.26; P= 0.00). Since p is less than 0.05 for end of life planning domains we adopt the alternative hypothesis which states that there are significant mean differences in end of life pertinent issues in terms of to religious affiliation of participants.

Income level and End of Life Planning

The study sought to examine income level differences in end of life planning. The results are shown in Figure 3 below.

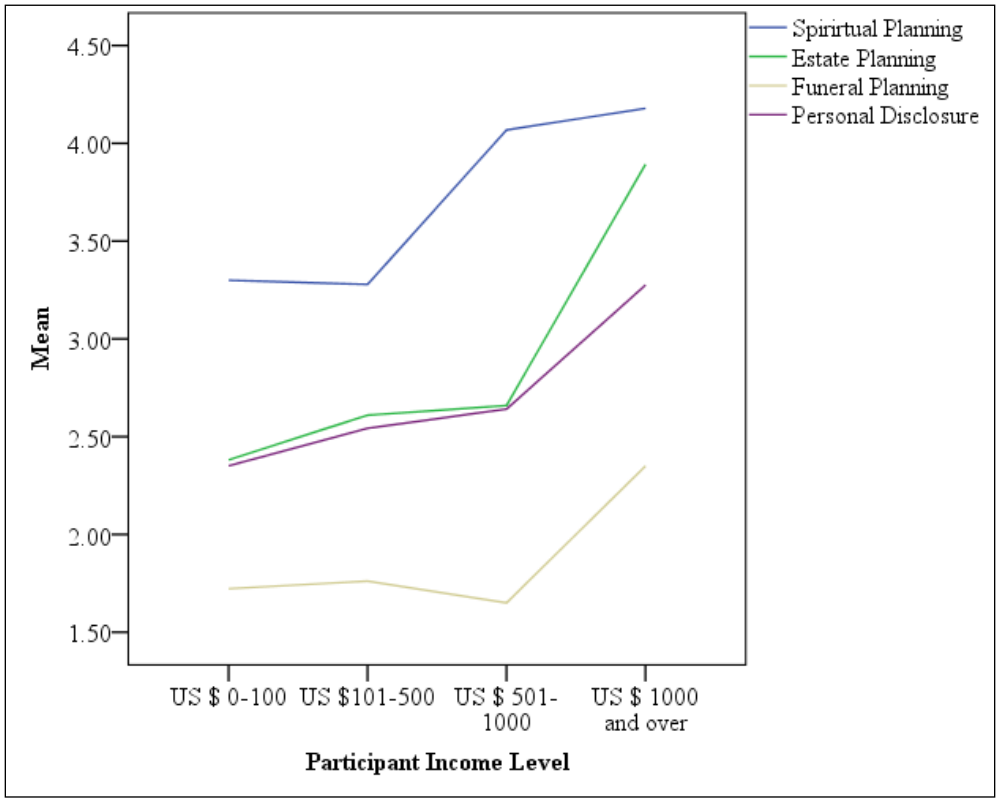

Figure 3: Income Level Differences in End of Life Planning

The results showed that spiritual planning was highest among participants earning over 1000 US dollars a month (mean= 4.18) followed by those earning between 501 and 1000 US dollars (mean= 4.08), those earning below 100 US dollars (mean= 3.30) with those earning between 101 and 500 US dollars being the lowest (mean= 3.28). Estate planning was highest among those earning over 1000 US dollars (mean= 3.89) followed by those earning between 501 and 1000 US dollars (mean = 2.66), those earning between 101 and 500 US dollars (mean=2.61) with the lowest being recorded by Protestants (mean= 2.38). Funeral planning was highest among those earning above 1000 US dollars (mean= 2.35) followed by those earning between 101 and 500 US dollars (mean= 1.76), those earning below 100 US dollars (mean= 1.72) with those who earn between 501 and 1000 US dollars recording the lowest (mean=1.65). Personal disclosure was highest among those earning over 1000 US dollars (mean= 3.28) followed by those earning

between 501 and 1000 US dollars (mean= 2.64), those earning between 101 and 500 US dollars (mean= 2.54) with the lowest being recorded by participants earning below 100 US dollars (mean= 2.35). The findings indicate that participants with higher income scored higher in end of life planning on all domains indicating that income level can influence end of life planning. Analysis of Variance was further conducted to test income differences in end of life planning and the results are presented in Table 5.

Table 5:

Income ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
Spiritual Planning	Between Groups	28.992	3	9.664	7.164	.000
	Within Groups	412.769	306	1.349		
Estate Planning	Between Groups	19.660	3	6.553	7.370	.000
	Within Groups	270.323	304	.889		
Funeral Planning	Between Groups	3.216	3	1.072	2.995	.031
	Within Groups	109.155	305	.358		
Personal Disclosure	Between Groups	8.908	3	2.969	4.897	.002
	Within Groups	184.329	304	.606		

The results indicate that there were significant mean differences among participants earning below $100, between $101 to $500, $501 to $ 1000 and above $1000 monthly on all the domains of end of life planning. Spiritual planning (F (3, 306) = 7.164; P= 0.00), Estate planning (F (2,304) = 7.37; P = 0.00), Funeral planning (F (3, 305) = 3.0; P= 0.031) and Personal

disclosure (F (3,304) = 4.90; P= 0.002). Since p is less than 0.05 for all end of life planning domains we adopt the alternative hypothesis which states that there are significant mean differences in end of life pertinent issues according to the income levels of participants.

Marital Status and End of Life Planning

Marital status differences in end of life planning were analyzed. The results are presented in Figure 4 below.

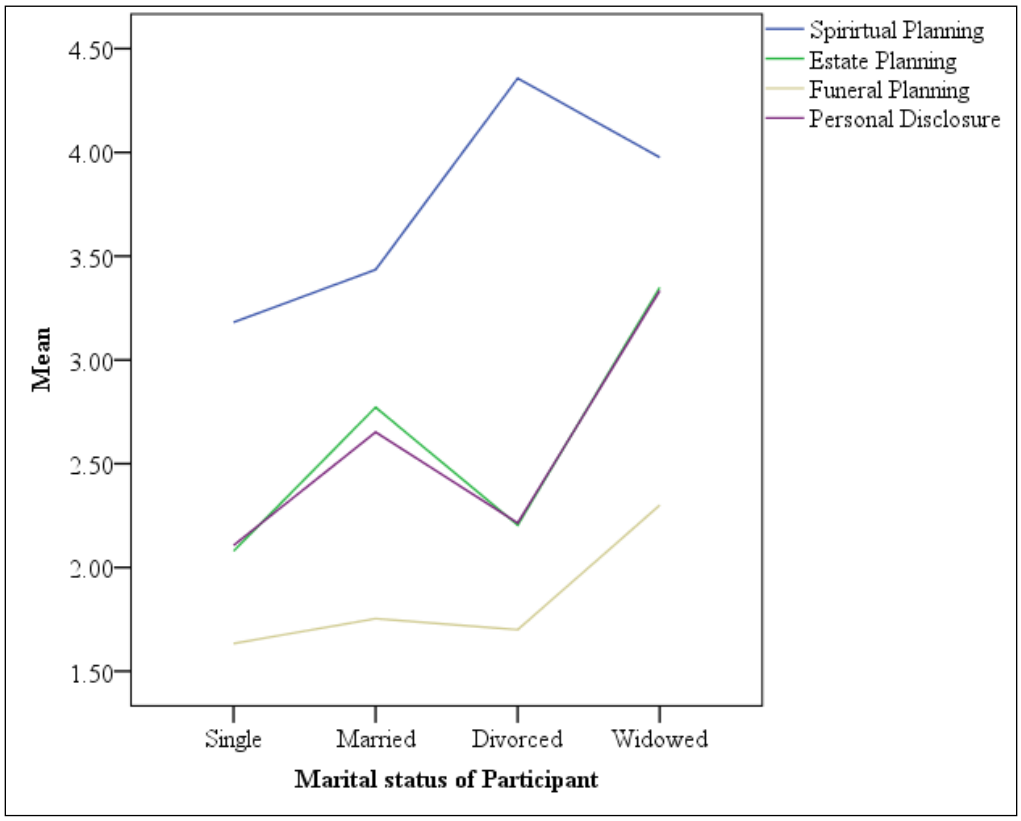

Figure 4: Marital Status Differences in End of Life Planning

The findings showed that spiritual planning was lowest among the participants who were single (mean=3.18) followed by the married (mean= 3.44), the widowed (mean=3.98) with the highest being the divorced (mean= 4.36). Estate planning was highest among the widowed (mean= 3.35) followed by the married (mean=2.77), then divorced (mean= 2.20) with the lowest being the single (mean= 2.08). Funeral planning was highest among the widowed participants (mean= 3.33) followed by the married (mean=2.65), then the divorced (mean= 2.21) with the lowest being the single (mean= 2.11). The findings indicate that end of life planning was highest among

the widowed participants and lowest among the single. The fact that widowed participants had experienced the death of a close significant other would mean that they were more aware of the experience of death which could create a buffer towards their own death hence improving their end of planning process. Analysis of Variance was further conducted to test marital status differences in end of life planning and the results are presented in Table 6.

Table 6

Marital status ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
Spiritual Planning	Between Groups	24.853	3	8.284	6.081	.000
	Within Groups	416.908	306	1.362		
Estate Planning	Between Groups	44.793	3	14.931	18.512	.000
	Within Groups	245.190	304	.807		
Funeral Planning	Between Groups	6.949	3	2.316	6.702	.000
	Within Groups	105.422	305	.346		
Personal Disclosure	Between Groups	33.170	3	11.057	20.999	.000
	Within Groups	160.067	304	.527		

The results in Table 6 indicate that there were significant mean differences among single, married, widowed and divorced participants on all the domains of end of life planning. Spiritual planning (F (3, 306) = 6.08; P= 0.00), Estate planning (F (3,304) = 18.51; P = 0.00), Funeral planning (F (3, 305) = 6.702; P= 0.00) and Personal disclosure (F (3,304) = 21; P= 0.00). Since p is less than 0.05 for all ends of life planning domains we adopt the alternative hypothesis which

states that there are significant mean differences in end of life pertinent issues in terms of marital status of participants.

Gender of Participants and End of Life Planning

The study sought to examine the gender differences in end of life planning. The findings are shown in figure 5 below.

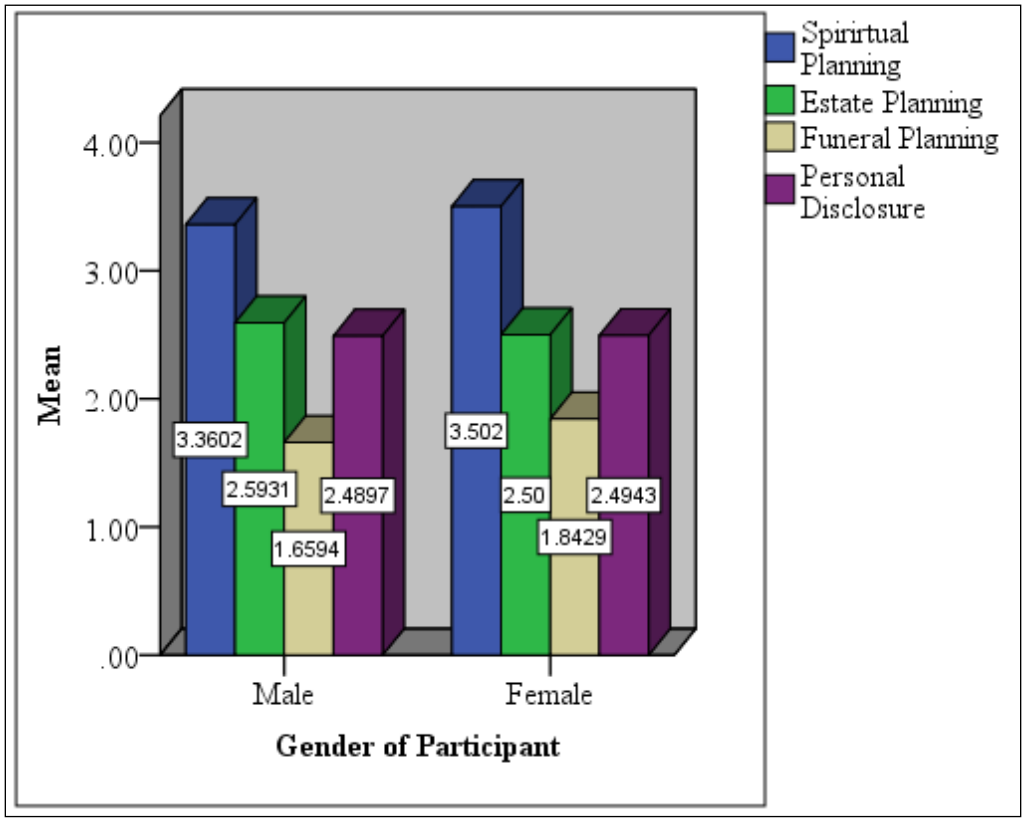

Figure 5: Gender Differences in End of Life Planning

The study found no significant gender differences in end of life pertinent issues. Spiritual planning was slightly higher among females (mean= 3.50) compared to male (mean= 3.36) participants. Estate planning was slightly higher among the male (mean= 2.59) compared to the female (mean= 2.50) participants. Funeral planning was higher among the female (mean= 1.84) compared to the male (mean= 1.66) participants. Personal disclosure recorded the same score in both male and female participants (mean= 2.49). These findings indicate that there was no significant gender difference in end of life planning. Analysis of Variance was further conducted to test gender differences in end of life planning and the results are presented in Table 7.

Table 7:

Gender Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means				
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference
Spiritual Planning	Equal variances assumed	1.828	.177	-1.031	308	.303	-.14056	.13629
	Equal variances not assumed			-1.027	293.986	.305	-.14056	.13686
Estate Planning	Equal variances assumed	.138	.710	.736	306	.462	.08188	.11124
	Equal variances not assumed			.735	295.611	.463	.08188	.11140
Funeral Planning	Equal variances assumed	1.892	.170	-2.741	307	.006	-.18702	.06823
	Equal variances not assumed			-2.703	276.372	.007	-.18702	.06920
Personal Disclosure	Equal variances assumed	.284	.594	-.080	306	.936	-.00730	.09088
	Equal variances not assumed			-.080	288.115	.937	-.00730	.09150

The results in Table 7 indicate that there was significant mean differences in end of life pertinent issues on funeral planning domain for male (M= 1.66; SD= 0.55) and female (M= 1.84; SD= 0.65) participants: (t (307) = -2.74; p= 0.006). Female participants reported higher funeral planning compared to the male participants. The study found no significant mean differences in end of life pertinent issues domains spiritual planning, estate planning and personal disclosure in terms of gender of participants. Since p value was greater than 0.05 for all the end of life

pertinent issues domains except funeral planning, we conclude that there were no significant mean differences in end of life planning except for funeral planning in terms of gender of participants.

Correlation between Death Attitudes and End of Life Planning.

The study sought to examine the relationship between death attitudes and end of life planning. The correlation analysis results are shown in table 3 below.

Table 8: Correlation between Death Attitudes and End of Life Planning

	Spiritual Planning	Estate Planning	Funeral Planning	Personal Disclosure
Fear of Death	-.323 .000	-.222 .000	-.104 .067	-.116 .043
Death Avoidance	-.490 .000	-.175 .002	-.164 .004	-.092 .106
Neutral Acceptance	-.537 .000	.479 .000	.079 .166	.554 .000
Approach Acceptance	-.053 .354	.473 .000	.216 .000	.339 .000
Escape Acceptance	-.069	.279	.132	.371

	.225	.000	.020	.000
	310	308	309	308

Table 8 shows correlation of death attitudes and end of life pertinent issues. The study found a weak negative and statistically significant relationship between fear of death, spiritual planning (r= -0.323) and estate planning (r=- 0.222). The relationship between fear of death, personal disclosure and funeral planning were insignificant. This would mean that an increase in the fear of death would lead to a corresponding decrease in spiritual planning and estate planning. A weak negative and statistically significant relationship was found between avoidance of death, spiritual planning (r= -0.490), estate planning (r= - 0.175) and funeral planning (r= -0.164). This would mean that death avoidance can negatively influence end of life planning in terms of spiritual planning, estate planning and funeral planning except personal disclosure. The A moderate, negative and statistically significant relationship was found between neutral acceptance and spiritual planning (r =-0.537) with estate planning and personal disclosure showing moderate, positive and statistically significant relationship(r= 0.479 and 0.554 respectively. The findings indicate that an increase in neutral acceptance of death would lead to a decrease in spiritual planning but an increase in estate planning and personal disclosure. A weak, positive and statistically significant relationship was established between approach acceptance and estate planning (r= 0.473), funeral planning (r= 0.216) and personal disclosure (r= 0.554). This would mean that an increase in approach acceptance would lead to an increase in all the domains of end of life planning except spiritual planning. A weak, positive and statistically significant relationship was found between escape acceptance and estate planning (r= 0.279), funeral planning (r= 0.132) and personal disclosure (r= 0.371).This would mean that an increase in escape acceptance of death can lead to an increase in all the domains of end of life planning

except spiritual planning. The findings showed that negative death attitudes could negatively influence end of life planning while positive death attitudes could positively influence end of life planning except for neutral acceptance which had negative correlation with spiritual planning.

Discussion

Various studies have been conducted on demographic variables and end of life with conflicting findings. Some scholars are of the view that there exists a linear relationship between death attitude and age implying that there is less fear of death among young people as compared to older adults (Gesser, Wong & Reker, 1988; Neimeyer & Van Brunt, 1995; Galt & Hayslip, 1998; Kastenbaum, 2001; Straub &Roberts, 2001). These studies report that majority of young people rarely think about personal death. On the other hand, as one grows older, the reality of mortality becomes clearer and this elicits various reactions from the individual. The current study replicated these findings with a linear relationship between age and end of life planning. The younger participants exhibited lower end of life planning as compared to their older counterparts. Contrary to these findings, other studies have found a curvilinear relationship between death attitude and age. Middle aged adults have been found to record the highest levels of fear of death (Depaola, Griffin, Young & Neimeyer, 2003; Kastenbaum, 2001). In the validation study of the Death Attitude Profile, Gesser, Wong & Reker (1988) found that fear of death was highest among middle aged adults and lowest among the young adults and elderly. The rise in fear of death during middle adulthood could be as a result of the onset of decline years combined with anxiety emanating from unfulfilled life goals. ,of It would also imply that the more a person advances in age, the more likely they are to have fulfilled their major life goals hence higher acceptance of own death.

Religious beliefs surrounding death may influence the different attitudes that people hold towards their own death. Several studies have been conducted to test the relationship between death attitudes and religion with varying results. Ellis, Wahab and Ratnasingan (2013) found that Muslims expressed relatively greater fear towards death than members of other religions. This is because Islamic teachings portray God as more strict and punitive than other religions. A study

carried out in North Carolina, Dobbs, Emmet, Harmath and Dodemon (2012) found that religiosity was associated with advanced care communication with doctors. These findings imply that religiosity can facilitate positive attitude towards death.

Gender difference is another aspect that has been tested by various studies on death attitudes globally. A study conducted in Pakistan using Death Anxiety Scale found significant gender difference in death anxiety (Saeed & Bokharey, 2016). The study used a sample of 111 retirees, most of who fell in the middle adulthood. Women scored higher on death anxiety measure compared to men. In Jordan, a study that used tested death anxiety among nurses using the Death Attitude Profile- Revised found significant gender differences in the fear of death subscale where women scored higher than men (Hashees, Shalabia, Sohier & Abdulla, 2013). Similar results have been replicated in a study conducted on Greek nurses. According to Kariaki, Tatiana, Konstantino & Eleni (2011), a statistically significant association between death attitudes and nurses' gender and experience was established. It is evident that the findings of this study were contrary to the findings of other global studies in terms of gender differences in end of life planning.

Studies linking income to death attitudes have been conducted in different parts of the world. The findings of Ustuner, Sarac and Yasar (2010) indicated significant correlation between income and the level of death anxiety. The study found that individuals with higher income had higher death anxiety compared to individuals with lower income. Likewise, a study conducted in India by Manju, Binoy Passyavula and Reddy (2016) found a significant correlation between the monthly income of participants and death anxiety.

According to Vail and Juhl (2015), death awareness has a beneficial side. They argue that death awareness motivates people to prioritize prosocial values, build loving relationships, and establish peaceful and charitable communities. It is a common practice in Kenya for family members to seek peace with dying members. This is an indication that death awareness may alter family interaction patterns by creating more cohesion and flexibility. A study by Tongeren, Green, Davis, Worthington and Reid (2013) found association between death awareness and forgiveness in close relationships. The study concluded that death awareness evokes more forgiveness in committed relationships. This agrees with Chopik (2017) who asserted that higher levels of social support were associated with lower levels of death anxiety.

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