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# Exploring the journey towards successful ageing in the Philippines: a mixed method study

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EXPLORING THE JOURNEY TOWARDS SUCCESSFUL AGEING IN THE  
PHILIPPINES: A MIXED METHOD STUDY

Submitted by

NICAMIL K. SANCHEZ, RSW, MPM, Dip. Ger. (Malta)

A thesis submitted in total fulfilment of the requirements of the degree of  
Doctor of Philosophy

School of Allied Health  
Faculty of Health Sciences  
Australian Catholic University

01 October 2016

### **Declaration or signed Statement of Authorship and Sources**

*This thesis contains no material published elsewhere or extracted in whole or in part from a thesis by which I have qualified for or been awarded a degree or diploma.*

*No parts of this thesis have been submitted towards the award of any other degree or diploma in any other tertiary institution.*

*No other person's work has been used without due acknowledgement in the main text of the thesis.*

*All research procedures reported in the thesis received the approval of the relevant Ethics/Safety Committees (where required).*

Signed: Nicamil K. Sanchez

### **Statement of Contribution by Others to the Dissertation as a Whole**

I acknowledge the following contribution made by others to this dissertation:

- (1) Dr George Mnatzaganian, PhD, MPH, M. Med. Sc. Senior Lecturer, Australian Catholic University, provided inputs in analysing the statistical results.
- (2) Roy Ponce, PhD University of Melbourne, provided assistance in ensuring that the appropriate statistical functions that are used in this study are correct and in checking the result of the inferential statistics.
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- (5) Eris Jane Harrison, *Effective Editing*, provided professional copy editing, in accordance with the guidelines laid out in the university-endorsed national 'Guidelines for editing research theses' (E: [erisjane@bigpond.net.au](mailto:erisjane@bigpond.net.au)).

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## LIST OF ABBREVIATIONS

ADL	Activities of Daily Living
ANOVA	Analysis of variance
ASEAN	Association of Southeast Asian Nations
COSE	Coalition of Services for the Elderly
DOH	Department of Health
DSSI	Duke Social Support and Interaction
DSWD	Department of Social Welfare and Development
FSCAP	Federation of Senior Citizens in the Philippines
IADL	Independence in Activities of Daily Living
IFSW	International Federation of Social Workers
MIPAOP	Madrid International Plan on Action for Older Persons
MMSE	Mini-Mental State Examination
NASWI	National Association of Social Workers Incorporated
NGO	Non-governmental organisation
NSCB	National Statistical Coordination Board
NSO	National Statistics Office
OPO	Older Persons Organization
OSCA	Office of the Senior Citizens Affairs
PASWI	Philippine Association of Social Workers Incorporated
Php	Philippine peso
PNSO	Philippine National Statistics Office
PPAOP	Philippine Plan of Action for Older Persons
RA	Republic Act
SA	Successful Ageing
SCC	Senior Citizens Centre
SIS	Shanghai Implementation Strategy
SPSS	Statistical Package for the Social Sciences
UN	United Nations
UNDP	United Nations Development Program
UNPD	United Nations Population Division
US	United States
WHO	World Health Organization

**LIST OF STATISTICAL ABBREVIATIONS**

<i>Df</i>	Degrees of freedom
<i>N</i>	Number of respondents in the total sample
<i>n</i>	Number of respondents in each sample group
<i>ns</i>	Not significant
<i>p</i>	Probability
<i>SD</i>	Standard deviation
<i>Z=</i>	Effect size

## **Definitions of Key Concepts**

In this section the conceptual and operational definitions of key concepts used in the present study are provided.

### ***Successful Ageing (SA)***

Successful ageing is defined as being able to attain the three dimensions of successful ageing identified by Rowe and Kahn (1997): wellbeing, physical functioning, and social engagement.

### ***Attaining Successful Ageing***

Respondents who attain the minimum passing scores in each of the following scales measuring the three dimensions of successful ageing: World Health Organization (WHO)-five Subjective Wellbeing scale, Katz Independence in Activities of Daily Living (IADL) six-item scale, and Duke Social Support and Social Interaction (DSSI) 10-item scale.

### ***Not attaining Successful Ageing***

Respondents who have not attained the minimum passing scores in each of the three scales measuring the three dimensions of successful ageing: WHO-five Subjective Wellbeing scale, Katz IADL six-item scale, and DSSI 10-item scale.

### ***Wellbeing***

Wellbeing is defined as the psychological condition of older persons which includes happiness and contentment (Chiao, Weng, & Botticello, 2011; Conceição & Bandura, 2008; Steverink, Lindenberg, & Ormel, 1998). For this study, wellbeing is measured using the WHO-five (5) Subjective Wellbeing scale. The respondents need to attain scores of 52 and above and a score of two (2) in each of the five items to attain wellbeing.

### ***Physical functioning***

Physical functioning is defined as absence of disease and physical disability and independence in activities of daily living (Hsu, 2005). For this study, physical functioning is measured using the Katz IADL six-item scale. The Katz IADL scale six functional areas were bathing, dressing, toileting, transferring, continence, and feeding, answerable with yes (=1) or no (=0). The respondents need to attain a raw score of three or above to attain physical functioning.

***Social engagement***

Social engagement is defined as continuous social interaction and social bond with family and community (Hochschild, 1975b; Kahng, 2008; Knight & Ricciardelli, 2004; McCann Mortimer, Ward, & Winefield, 2008). For this study, social engagement is measured using the Duke Social Support and Interaction 10-item scale. The respondents need to attain a cut-off score of 10 or above to attain social engagement.

***Older persons***

For the purpose of this study, older persons were defined as those who are 65 years and above living in the Philippines.

***Rural respondents***

Rural respondents are older persons chosen to participate in this study who are living in selected rural municipalities in the Province of Camarines Norte, Philippines.

***Urban respondents***

Urban respondents are older persons chosen to participate in this study who are living in the urban Municipality of Pateros, Metro Manila, Philippines.

## Abstract

Currently, there are no universally accepted definitions, dimensions or scales for measuring successful ageing. Rowe and Kahn's (1977) three dimensions of successful ageing, namely, wellbeing, physical functioning, and social engagement, have been adopted by most studies in the literature to measure successful ageing. A review of the extant literature on successful ageing revealed that the majority of the studies on successful ageing have been conducted in developed western countries, despite the fact that the majority of older persons live in developing countries like the Philippines. Additionally, studies on successful ageing have been limited in their consideration of the sociocultural context in the experiences of successful ageing and the factors that may facilitate or hinder the process.

The purpose of this study was to explore the personal experiences of older Filipinos with successful ageing and the association between sociodemographic variables and successful ageing, using a mixed methods approach. To achieve this purpose, the study was divided into two parts: Study 1 explored the association between sociodemographic variables of age, gender, marital status, educational attainment, place of residence, living arrangement, household head and classification, home ownership, group membership, social pensions, level of participation in older person's organisations, income and successful ageing. Successful ageing was measured using Rowe and Kahn's three dimensions of successful ageing: wellbeing, physical functioning and social engagement. Data for Study 1 were collected from 200 respondents between the ages of 65 and 93 living in poor rural and urban communities in the Philippines, using a structured questionnaire. Study 2 explored older persons' personal experiences of successful ageing and the factors that either hindered or facilitated the process of successful ageing. Data for Study 2 were collected through in-depth interviews with 75 participants who were selected from Study 1.

Data in Study 1 were analysed using Chi square, t-test analysis, and analysis of variance (ANOVA) for exploring the association between sociodemographic variables and successful ageing. The findings of Study 1 revealed that 102 respondents (51%) did not attain successful ageing, while 98 respondents (49%) attained the three dimensions of successful ageing that were measured. The study also found that educational level, mode of income, living arrangement, perspectives on health, social participation, living above US\$1.25, and marital status were significantly associated with successful ageing. When the sociodemographic

variables were analysed against the three dimensions of successful ageing, significant associations were found between household classification and wellbeing and physical functioning; and group membership was significantly associated with social engagement. In exploring age as an effect modifier, an age-stratified analysis revealed that there was a significant association between income provisions, living arrangements, home ownership, and social participation in organisations and successful ageing among young-old to middle-old respondents (65 to 74 years old). Significant associations were also found between marital status and income provisions with successful ageing among old-old to oldest-old respondents (75 years and above).

Data in Study 2 were analysed using thematic analysis. In respect of successful ageing, the findings showed that the participants used various terms, such as: being happy, dignified, healthy, productive ageing, and being active. Further, the key themes that emerged in describing the factors that facilitated successful ageing included: community and family harmony, healthy lifestyle, spirituality, participation and social position, and assistance from government. Social isolation was most often referred to by the participants as a hindering factor in the attainment of successful ageing, followed by health problems and financial security.

It is hoped that the findings of this exploratory study will be useful in informing social welfare policies and programs for economically disadvantaged older persons in the Philippines. It will also be useful in contributing to the literature on successful ageing and in the development of research-led social work knowledge for practice with older persons in the Philippines.

### **Keywords**

Successful ageing, wellbeing, physical functioning, social engagement, gerontological social work, social welfare policy and programs, social support, social interaction, activities of daily living, social pensions, older Filipino persons, Philippines



## **Chapter 1: Successful Ageing as a Social Construct**

### **1.1 Introduction**

Increasing longevity in both developed and developing countries is mankind's success story (Leeson & Harper, 2007). Every country, rich or poor, industrial or developing, has an ageing population which is growing faster than other sectors of the global population (United Nations Population Fund, 2011). The United Nations Department of Economic and Social Affairs (2009) estimates that there were 700 million older persons in 2009 and this population will likely reach 2 billion by 2050, with the majority living in Asia and developing countries (Chan, Cheng, & Phillips, 2007). The Philippines is ranked as the twelfth most populous developing country in the world with more than 6.26 million older Filipino persons in 2012 (National Statistics Office, 2012a; United Nations Department of Economic and Social Affairs, 2012). Therefore, developing countries like the Philippines will need to prepare for the challenges, and also capitalise on the opportunities, brought about by the increasing numbers of older persons.

One of the main challenges in the Philippines is poverty, followed by communicable and non-communicable diseases, and limited government funding for health and welfare services for older Filipino persons. In addressing these challenges, the Philippines enacted policies as early as 1992 to guide the implementation of social welfare programs for older persons. While the Philippine Government has made great strides with the enactment of policies for older persons, there is still a lack of research that explores the ageing process of older Filipino persons in their unique sociocultural environment.

In exploring ageing, researchers and organisations have used various concepts like active ageing, healthy ageing, positive ageing, and successful ageing to guide their policy and program frameworks. For example, the World Health Organization (2002) adopted active ageing as a policy and program framework in advocating for optimisation of opportunities for health, security and participation of older persons. Some researchers have adopted the concept of "healthy ageing", which advocates for maintaining health and physical functioning of older persons (see Hogg, Lucchino, Wang, & Janicki, 2001; Onedera & Stickle, 2008; Peel, Bartlett, & McClure, 2004). Other researchers have adopted the concept of "positive ageing", which incorporates having a positive life attitude, active engagement in the community and

building up financial resources (see Chong, Ng, Woo, & Kwan, 2006; Phoenix & Sparkes, 2009).

Meanwhile, the concept of successful ageing has been used by governments in South Australia, the United States, Taiwan, and the United Kingdom as one of the bases for developing programs for older persons and also by researchers for longitudinal studies (see Andrews, Clark, & Luszcz, 2002; Bowling & Iliffe, 2006; Hsu, 2005). For example, the findings from empirical studies on successful ageing have been utilised in different countries like Australia, the United States and Canada to inform their social welfare policies and programs and in exploring the challenges and opportunities brought about by an ageing population (see American Association of Retired Persons, 2012; Andrews et al., 2002; Roos & Havens, 1991).

Analysing the challenges and opportunities experienced by older persons is important in conducting a study on successful ageing (Depp & Jeste, 2006). Successful ageing provides a multidimensional understanding of the ageing process in each country (Andrews et al., 2002; Baltes & Carstensen, 1996; Ryff, 1989). Studies on successful ageing have been largely conducted in developed countries like South Korea, Australia, the United Kingdom, Canada and New Zealand, where governments ensure universal access to an old age pension, medical insurance and welfare services (see Andrews et al., 2002; Bowling & Iliffe, 2006; Chung & Park, 2008; Collings, 2001; Holmes, 2006; Jeste, Depp, & Vahia, 2010; Tate, Lah, & Cuddy, 2003). Therefore, older persons from developing countries need to participate in the exploration of successful ageing from within their own sociocultural context as well as contributing to the international debate on successful ageing.

### **Successful Ageing as a Social Construct**

The concept of successful ageing was first coined in 1961 as a way to explore and understand good living in later years (Havighurst, 1963c; Steverink, Lindenberg, & Slaets, 2005). Havighurst (1963b) was the first author who conceptualised successful ageing as comprising three constructs: life satisfaction, happiness, and good mental state. In 1997, Rowe and Kahn (1997) identified three key dimensions of successful ageing: active social engagement, prevention of disease-related disability, and good mental wellbeing. Rowe and Kahn's dimensions of successful ageing are adopted in various studies to assess successful ageing through measuring psychological health, physical functioning, and social engagement of older persons (see Lamb & Myers, 1999; Seeman et al., 1995; Unger, McAvay, Bruce, Berkman, & Seeman, 1999). Although Rowe and Kahn's dimensions of successful ageing are

adopted in various studies, Depp and Jeste (2006) argue that there is no universally accepted definition of successful ageing.

The definition of successful ageing differs in each country because it is influenced by the sociocultural context of the community. Bowling and Dieppe (2005) have advocated the importance of exploring the sociocultural influences as well as biomedical and sociodemographic variables when studying successful ageing. According to Bevan and Jeeawody (1998), the sociocultural background of older persons can influence their perception and understanding of successful ageing. Therefore, the lay perspective of older persons is important in analysing the way sociocultural factors influence the construct of successful ageing.

### **Sociocultural Influences on Successful Ageing**

Sociocultural factors can influence how people age and how they experience successful ageing, and these can be distinct in each community and country (Depp & Jeste, 2006). Exploring successful ageing requires an analysis of these cultural influences as well as of the sociodemographic background of older persons (Depp & Jeste, 2006; Kendig, 2004; Yoon, 1996). The conceptualisations of successful ageing in different countries contribute to broadening theoretical frameworks of cross-cultural gerontology as well as to understanding how culture shapes different constructs of ageing (Torres, 1999).

For example, Korean and Taiwanese cultures emphasise the success of their children and grandchildren, and this influences their perspectives on successful ageing (Chung & Park, 2008; Hsu, 2007). In the Philippines, mutual support between older persons and their families is part of the culture and tradition (Carlos, 2009). For example, older Filipino persons are often carers of their grandchildren. According to Chung and Park (2008), the understanding of successful ageing is influenced by the sociocultural and economic condition of older persons. Therefore, exploring the sociocultural influences and social realities of each community is important in the study of successful ageing.

## **1.2 Statement of the Problem**

Population ageing is universal and will influence the society, demography, and economies of developed and developing countries (Harper, 2009; United Nations Department of Economic and Social Affairs, 2009a). In the Philippines, there is an unprecedented increase in the number of persons aged 60 and above. According to Harper and Leeson (2008), demographic changes can be seen as both a positive development and a challenge,

especially for developing countries. For example, the demographic changes have affected the family structure, and the diaspora of migrant Filipino workers may have contributed to an increase in the number of older Filipino persons classified as head of a household. Moreover, significant numbers of older Filipino persons remain in poverty, given the limited coverage of the old age pension and the threat of the double burden of disease (see Chapter 4, section 4.4 for a discussion of poverty and the double burden of disease in the Philippines). Given the lack of research on successful ageing with economically poor older persons, Depp and Jeste (2006) argue that a more inclusive study on successful ageing needs to include older persons living in developing countries. Therefore, older persons living in poor rural and urban communities need to be included in successful ageing research.

The existing definitions of successful ageing in the literature are dominated by the perspectives of older persons living in developed countries. A majority of older persons living in developing countries have been left behind in the international debate on successful ageing. Since most of the respondents in studies on successful ageing are from urban communities in developed countries (see Chung & Park, 2008; Li et al., 2006; Reichstadt, Depp, Palinkas, Folsom, & Jeste, 2007), there is a need to include older persons from poor rural communities. According to Kendig (2004), the current definition and understanding of successful ageing does not reflect the perspectives of older persons living in the East and developing countries. Therefore, the present study will contribute to addressing the lack of research on successful ageing in developing countries from the East.

### **Conceptualising Successful Ageing: The Great West and East Divide**

Studies on successful ageing are overwhelmingly based on Western perspectives. Western perspectives on successful ageing have mostly focused on maintenance of health, economic status, and independence with physical activities (Peel et al., 2004; Rowe & Kahn, 1997; Willcox, Willcox, Sokolovsky, & Sakihara, 2007). Older persons living in Western societies put a premium on individual accomplishments as a key factor in the attainment of successful ageing (Torres, 1999). Meanwhile, the perspectives of older persons from the Eastern cultures can provide a distinct understanding of successful ageing not found in Western studies. According to Yoon (1996), Asian cultures place utmost importance on family and relationships as contributing to the attainment of successful ageing. For example, in Japan, being a productive member of the family and society is an important dimension of successful ageing (Matsubayashi, Ishine, Wada, & Okumiya, 2006). In China and Korea, the

success of children and grandchildren and the ability to provide care for them are associated with the attainment of successful ageing (Chung & Park, 2008; Hsu, 2007).

To summarise the literature on the divide between West and East: older Japanese persons have cited belongingness as an important factor in successful ageing, while Americans give importance to independence (Jeste et al., 2010; Kendig, 2004). Cosco, Prina, Perales, Stephan, and Brayne (2013) argue that non-Western nations are underrepresented and that there is a cultural unrepresentativeness in the existing studies on successful ageing. Willcox et al. (2007) suggest that culturally relevant gerontology needs to focus on the role of culture and the socio-economic condition of older persons in their own countries. Therefore, exploring successful ageing among developing countries in the East adds richness to the concept of successful ageing as well as contributing to addressing the lack of research on older persons in the Philippines.

### **Successful Ageing in the Philippines**

There is a lack of research on older persons and on successful ageing in the Philippines, and these topics are important for the development of social welfare policy and programs. Exploring successful ageing requires a closer examination of the ageing process in each country (Cosco et al., 2013). Hogg et al. (2001) suggest that the study of successful ageing contributes to development or enhancement of aged care policy and programs. Such policy and programs for older persons need to be based on rigorous research which takes into account cultural and societal contexts (Bowling & Dieppe, 2005; Kendig, 2004; Torres, 1999). Jang, Choi, and Kim (2009) suggest that studying successful ageing contributes to developing effective interventions to optimise facilitating factors to address factors hindering its attainment.

As stated earlier, most of the participants in successful ageing research live in cities and developed countries with universal old age pensions and health services (see Bowling & Dieppe, 2005; Hsu, 2007; Jang et al., 2009; Li et al., 2006). The present study addresses the lack of research on older persons and also explores the understanding of the dimensions and factors of successful ageing in the Philippines.

### **Understanding Successful Ageing**

Understanding of the dimensions and associated factors that contribute to successful ageing is still evolving. To date, there is no universal consensus on the dimensions and associated factors of successful ageing (Bowling & Iliffe, 2006; Knight & Ricciardelli, 2003; Tate et al., 2003). Meanwhile, the most common dimension used in most studies on

successful ageing is that of Rowe and Kahn (see Bowling, 2007; Inui, 2003; Knight & Ricciardelli, 2004; Peel et al., 2004). Among these, Depp and Jeste (2006) identify Rowe and Kahn's three dimensions of successful ageing: physical functioning, wellbeing, and social engagement, which have been adopted by most quantitative studies on successful ageing. Reichstadt, Sengupta, Depp, Palinkas, and Jeste (2010) identify the psychological dimension of successful ageing as comprised of positive outlook on ageing, good relationship with family, and sense of purpose. In addition, Glatt, Chavichitsilp, Depp, Schork, and Jeste (2007) identify genes as part of the biological dimension which determines whether an individual will age successfully and live longer. Further, Hughes and Heycox (2010) identify the social dimension of successful ageing, which consists of social support and the interaction of older persons with their family and community. Each author identified different dimensions of successful ageing. There is a lack of consensus among researchers on the acceptable dimensions by which to assess the attainment of successful ageing.

Moreover, there are 33 identified factors associated with successful ageing, including socio-economic and demographic variables (Reichstadt et al., 2007). In most of the qualitative studies on successful ageing, older persons' engagement and interaction with their family and community and spirituality are important factors associated with successful ageing (Crowther, Parker, Achenbaum, Larimore, & Koenig, 2002; Jeste, 2005; Kendig, 2004). Li et al. (2006) also suggest the importance of exploring the facilitating or hindering factors associated with successful ageing.

Therefore, the purpose of this study is to explore the experiences of older Filipinos with successful ageing and the sociodemographic variables associated with successful ageing among older Filipinos living in poor rural and urban communities.

More specifically, the two key aims of the present study were:

1. to explore the associations of certain sociodemographic variables, namely, gender, marital status, educational attainment, place of residence (rural or urban), home ownership, modes of income provisions, living arrangements, household classification, social pensions, subjective perception of health, group membership, level of participation, and income level (living below or above US\$1.25 per day) with attainment of successful ageing
2. to explore the understanding of older Filipino persons about successful ageing and the factors that facilitate or hinder the attainment of successful ageing.

### **1.3 Importance of the Study**

This study may contribute to conceptualising and understanding the multidimensional aspect of successful ageing, based on the sociocultural context in the Philippines. This study will also serve as a platform to enable older persons living in poor communities and in developing countries to voice their perspective and understanding of successful ageing. Further, this study may enrich the understanding and definition of successful ageing by exploring the sociodemographic factors that facilitate or hinder the attainment of successful ageing in poor communities. Most importantly, this study may contribute to exploring the sociocultural influences on, and challenges to, the attainment of successful ageing among older Filipino persons living in poor rural and urban communities.

In exploring sociodemographic variables, this study may contribute by identifying key variables that may influence social welfare programs and policy for older Filipinos. The findings of this study may be utilised by the Philippine Government and non-governmental organisations to serve as a basis for developing evidenced-based social work knowledge for practice with older persons. According to Reichstadt et al. (2010), understanding what constitutes successful ageing may help to guide future definitions with the development of aged care policy and programs. Successful ageing has been adopted as a strategy and basis in developing aged care policies and programs for older persons (see American Association of Retired Persons, 2012; Andrews et al., 2002). Likewise, exploring successful ageing is a positive approach in ageing research that contributes to promoting the capacities and wellbeing of older persons in their life span (Kendig, 2004; Minkler & Fadem, 2002). Therefore, older Filipino persons may benefit from the findings of this study and better prepare themselves to age successfully.

This study may contribute to the enhancement of wellbeing, physical functioning, and social engagement of older Filipino persons. The findings of this study may also contribute to addressing the challenges of population ageing and in promoting opportunities to age successfully, regardless of the socio-economic status of older Filipino persons. Lastly, this study may contribute to the development of social work knowledge and practice with older persons in the Philippines (see Chapter 4 for discussion on the historical background of social work and welfare with older persons in the Philippines).

#### **Significance of the Study for Social Work**

Social work needs more research to guide the development of social work knowledge and practice with older persons (International Federation of Social Workers, 2009). More so,

social workers need to be at the forefront in ensuring that social welfare policy and programs for older persons are in place and that they reflect the diverse sociocultural background of each country (International Federation of Social Workers, 2009). Holmes (2006) concludes that successful ageing research contributes to promoting the wellbeing of older persons. The International Federation of Social Workers (IFSW) suggests that enhancement of the wellbeing of older persons requires evidenced-based social welfare policy and programs. The global definition of social work emphasises engaging people and structures in order to address their life challenges and enhance their wellbeing (International Federation of Social Workers, 2014c). Wellbeing is one of the key dimensions of successful ageing in this study, and enhancement of the wellbeing of older persons is part of the core mission of social work.

Social work's primary mission for older persons is to assist with their successful adjustment to their social environment through development and enhancement of evidence-based social work practice. Chan et al. (2007) suggest the importance of adequate planning and social services in promoting healthier, productive, and self-sufficient older members of the community. The Philippine Association of Social Workers Incorporated (PASWI) Code of Ethics (2009) states that government, private sector, and the public have joint responsibility for promoting the social wellbeing of people. In the Philippine context, social work practice is primarily responsible for helping individuals, families, sectoral groups and communities to improve their capacity to cope with the demands of their social environment.

The present study also contributes to the development of gerontological social work in the Philippines. Naito-Chan, Damron-Rodriguez, and Simmons (2005) suggest the importance of developing gerontological competence in each country in order to address the increasing demand for social workers with knowledge and experience working with older persons. According to DiNitto and McNeece (2008), ageing populations need social work direct practice, advocacy, administration, and policy skills. Lastly, the present study supports the IFSW research agenda by promoting a culture of research in order to inform the development of evidence-based social work knowledge and practice and influence social welfare policy and programs for older persons.

### **Personal Passion and Motivation**

*"Honour your father and mother that it may be well with you and you may live long on the earth"* – Holy Bible (Ephesians 6:2–3)

Honouring parents is the only commandment that promises long and abundant life for their children. This promise reinforces my belief in pursuing my passion for exploring and



promoting successful ageing that is attainable for every older person, regardless of his or her socio-economic status. The untimely death of my father, due to sudden deterioration of his health, influenced my attitude towards ageing. The passing of my father motivated me as a young social worker to work with older persons, considering that he had been an active member of the Federation of Senior Citizens Associations in the Philippines (FSCAP). Further, my mother is my role model of successful ageing, since she continued to volunteer in community activities after her retirement and remains my source of strength and support.

Importantly, I was also inspired by older Filipino persons I have met who, in spite of being impoverished, view themselves as being successful in old age. My first assignment as a new social work graduate was as a member of the technical committee for the Philippine Plan of Action for Older Persons (PPAOP), which opened my eyes to the need for research as a guide in national planning and social policy. I had been tasked to work on the development and enhancement of social welfare policy and programs for older Filipino persons at the Department of Social Welfare and Development (DSWD). At first, I was hesitant, since I lacked the necessary skills and training in working with older persons. It was also an awakening experience for me, since social welfare for older Filipino persons was not given priority compared to other sectors such as children, women, and the disabled. As a social worker, I am privileged to benefit from the wisdom and the richness of interaction with older persons. Now, promoting equal opportunity for older persons, whether rich or poor, to age successfully is my lifetime advocacy.

#### **1.4 Overview of the Study**

This dissertation consists of 10 chapters. A brief description of each chapter is provided below.

*Chapter 1* has introduced the concept of successful ageing as a social construct. The statement of the problems was discussed and analysed. Likewise, the importance of this study and its significance to social work were presented. Finally, the aims of the study and the researcher's personal motivation for undertaking this study were also presented.

*Chapter 2* reviews and critically analyses the gaps in the literature, based on published studies on successful ageing. The chapter analyses the literature on successful ageing from different countries. There are 13 sociodemographic variables associated with successful ageing that are critically analysed, based on published studies on successful ageing. Lastly,

the key dimensions of successful ageing in this study, namely, wellbeing, physical functioning and social engagement, are explicated.

*Chapter 3* critically reviews the life course perspective and selected theories that have informed the present study. The life course perspective provides an overarching theoretical perspective. Moreover, the selected theories, namely, disengagement theory, continuity theory, activity theory, generativity theory, and feminist theory are analysed, since they inform successful ageing and its key dimensions in this study. Lastly, social construction theory is also discussed, since it explains the importance of sociocultural influences on the study of successful ageing.

*Chapter 4* presents the historical overview of social welfare policy and programs for older persons in the Philippines. Likewise, it presents the general history and background of the Philippines. The demographic statistics, as well as the challenges and opportunities faced by older Filipino persons, are explicated. Moreover, the international commitments and the Philippine social welfare policy and programs for older persons are discussed. Lastly, the historical background of social work with older persons in the Philippines is explored through extensive review of literature.

*Chapter 5* presents the research design and methodology. The conceptual framework that guided the present study is presented. The scales used for measuring the three dimensions of successful ageing, namely, WHO Subjective Wellbeing scale, Katz Independence in Activities of Daily Living (IADL) scale and Duke Social Support and Interaction (DSSI) scale, are presented. Likewise, the independent or sociodemographic variables are presented. The overview of the sample community, as well as the personal experiences of the researcher in the data gathering, will also be presented. The exploratory mixed method design, sampling design, and sample for survey respondents are discussed and presented. This chapter also presents the process of utilising the SPSS version 22 in analysing the descriptive and inferential statistics, and explains how it utilises NVivo 10 as a tool in managing the qualitative data and in analysing the themes. Lastly, the scope and limitations of the present study are identified.

*Chapter 6* presents the results of the descriptive statistics of the research variables in the present study. The demographic profile of the survey respondents and its corresponding frequencies, means and standard deviation are presented. The results of the cross-tabulation between sociodemographic variables and the attainment of the key dimensions of successful

ageing are presented. Lastly, the results of the bivariate correlations between continuous independent and dependent variables are explained.

**Chapter 7** presents the descriptive and inferential results of exploring associations of independent variables (e.g., sociodemographic variables) with dependent variables (e.g., successful ageing and its three dimensions). *Chi* square, *t*-test analysis, and analysis of variance (ANOVA) are used to explore the associations of sociodemographic variables with the attainment of successful ageing and with its three dimensions. The results of the statistical analysis on the associations of the following sociodemographic variables with the attainment of successful ageing are analysed using *Chi* square: gender, age category, marital status, educational attainment, place of residence (e.g., rural or urban), income, living arrangement, home ownership, household classification, social pension, subjective perspective on health, group membership and living below or above US\$1.25 per day. Lastly, significant differences between sociodemographic categories with the attainment of each of the scales (i.e., WHO Subjective Wellbeing scale, Katz IADL scale and Duke DSSI scale) that corresponds with the three dimensions of successful ageing in this study were analysed using either *t*-test analysis or analysis of variance.

**Chapter 8** presents the findings of the thematic analysis of the qualitative data. The understanding and key dimensions of successful ageing, based on the perspectives of the respondents, are presented. The factors facilitating and hindering the attainment of successful ageing are explicated in this chapter.

**Chapter 9** discusses the integration of quantitative and qualitative data. The key findings, based on the quantitative and qualitative data, are presented along with the related literature. Lastly, there were 15 key findings which are analysed in this chapter.

**Chapter 10** discusses the implications and contribution of the study on successful ageing to social work. Moreover, this chapter explains the contribution of the findings of this study in the development of gerontological social work in the Philippines. The key recommendations for the enhancement and development of social welfare policy and programs for older persons in the Philippines are also identified and analysed. Lastly, areas for further study are identified.

## 1.5 Conclusion

Ageing of global populations is not only a reality in developed countries; it is also becoming a reality in developing countries like the Philippines. Older persons from

developing countries need to participate in the international debate on successful ageing, given that most of the studies are based in the West and developed countries. The distinct sociocultural influences and perspectives of older persons living in poor communities in the Philippines can contribute in broadening the understanding of successful ageing.

Successful ageing is a social construct that is significantly influenced by the sociocultural context of each country. Given that successful ageing is socially constructed, this study explores the sociocultural and life experiences of older persons which contribute to successful ageing. In exploring the journey towards successful ageing in the Philippines, the present study aims “to explore the understanding of successful ageing and the sociodemographic variables associated with successful ageing and with its dimensions among older persons living in poor communities in the Philippines.” Likewise, exploring the factors associated with successful ageing can contribute to the development of gerontological social work, as well as to the enhancement of social welfare policy and programs for older persons in the Philippines.

Chapter 2 critically analyses the key dimensions and sociodemographic variables associated with successful ageing, based on the extensive review of the literature.

## **Chapter 2: Dimensions and Sociodemographic Variables Associated with Successful Ageing**

### **2.1 Chapter Overview**

This chapter critically analyses the dimensions of successful ageing and sociodemographic variables associated with successful ageing, based on the review of literature. In searching for online literature, search engines like ProQuest., Science Direct, Cambridge Journals Online, Australasian Digital Thesis, EBSCOhost CINAHL Complete, Taylor & Francis Online, JSTOR Life Sciences Collection, and Oxford Journals were used extensively. The search was limited to peer-reviewed journals and theses which were published from 1995 to 2015.

This chapter discusses the most cited literature on successful ageing, mostly from developed countries, and analyses Rowe and Kahn's dimensions of successful ageing. This chapter also contributes in identifying the sociodemographic variables and the dimensions that will be adopted in this study. This chapter begins with the analysis of the prominent dimensions and scales used by the most cited literature on successful ageing. The succeeding section is a critical review of the Rowe and Kahn dimensions of successful ageing and identification of the scale that will be used in assessing each of the three dimensions. The last section is the critical analysis of the 13 sociodemographic variables that were used as predictor variables of successful ageing based on the extensive review of the literature. The sociodemographic variables were also critically analysed into sub-sections. Reviewing the existing dimensions is important in guiding research towards adopting suitable scales to address the first objective of this study, which is to explore the associations of sociodemographic variables with the attainment of successful ageing and its dimensions.

### **2.2 Dimensions of Successful Ageing**

Dimensions of successful ageing have similarities and variations across studies in various countries (Jeste et al., 2010). Most of the studies on successful ageing have adopted the dimensions of successful ageing developed by Rowe and Kahn in the United States. The Rowe and Kahn (1997) dimensions of successful ageing identified different scales to assess attainment of each of the three dimensions. Meanwhile, Jeste et al. (2013) integrated the lay model aside from the key dimensions in the study of successful ageing. The lay model of

successful ageing refers to the perspective of older persons on their personal understanding of successful ageing.

In most of the studies on successful ageing, the Rowe and Kahn (1997) dimensions were adopted by different researchers to assess the attainment of successful ageing in their countries. For example, Jorm et al. (1998) and Andrews et al. (2002) identify similar dimensions to Rowe and Kahn, such as physical functioning, wellbeing, and active engagement, in their study on successful ageing in Australia. In addition, Bowling and Iliffe (2006) identify comprehensive dimensions of successful ageing, namely, biomedical issues, social functioning, and psychological wellbeing, which is also in line with the Rowe and Kahn dimensions of successful ageing. Bowling and Iliffe (2006) suggest that analysing attainment of successful ageing using a multidimensional concept may predict quality of life. More so, the findings in the assessment of the multidimensional concept of successful ageing have been the basis for developing health programs for older persons living in the community from different countries like in Australia and Britain (see Andrews et al., 2002; Bowling & Iliffe, 2006; Jorm et al., 1998). Therefore, the study of successful ageing requires multidimensional assessment of the condition of older persons.

Each of the studies mentioned below has adopted similar dimensions but different scales to assess each of the dimensions, since there is no prescribed scale for assessing successful ageing. McCann Mortimer et al. (2008) suggest that successful ageing is comprised of multiple dimensions with different corresponding measures or scales. In adopting dimensions and corresponding scales, it is important to consider the commonly used dimensions of successful ageing and the relevance and validity of each scale and its applicability in each country (see Chapter 5, section 5.5 for the Scale to Assess the Dimensions of Successful Ageing). Table 1 below provides information on the most frequently cited literature on successful ageing as well as the dimensions and scales that were used in assessing the attainment of successful ageing.

Table 1

*Dimensions and corresponding scales used in assessing Successful Ageing (SA) based on review of literature*

<b>Authors/Study Location</b>	<b>Operational Definition</b>	<b>Dimensions</b>	<b>Scale</b>
(Rowe & Kahn, 1997)/ United States	SA is defined as low probability of disease, physical functional capacity, and active engagement with life	Physical  Social Engagement  Cognition/ Wellbeing	Genetic factors, Lifestyle, Functional status, Physical and Leisure activities  Personal relations, productive activities  Neuropsychological tests of language, nonverbal memory, verbal memory, conceptualisation, and visual spatial ability
(Jeste et al., 2013)/San Diego County, United States of America	No operational definition	Health  Psychological  Cognitive  Lay Perspective	Personal Health Questionnaire, which consists of the first two questions of the 9-item version  Optimism: Life Orientation Test  Resilience: 10-item Connor-Davidson Resilience Scale  12-item modified version of the Telephone Interview for Cognitive Status

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			Self-rated successful ageing, scaled from 1 (lowest) to 10 (highest)
(Andrews et al., 2002)/Adelaide, South Australia	Physical and cognitive criteria to distinguish successful from usual ageing	Physical	Activities of Daily Living (ADL) and instrumental ADL (IADL) (Fillenbaum, Hughes, Heyman, George, & Blazer, 1988)
			Gross mobility and physical performance scale (Nagi, 1976)
			The Adelaide Activities Profile provided measures on four scales: domestic chores, household maintenance, service to others, and social activities (Clark & Bond, 1995)
		Wellbeing	Reports on Depression measured using the CES-D (Radloff, 1977)
			Mini-Mental State Examination assessing orientation, registration, attention, calculation, and recall (Folstein, Folstein, & McHugh, 1975)
			Functional assessment, blood pressure was measured in a seated position

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(Jorm et al., 1998)/Canberra, Australia	SA is defined as living in the community without disability, with excellent or good self-rated health and a high score on a cognitive screening test	Health	Self-rated health. Participants were asked “Would you say your overall health nowadays is excellent, good, fair or poor?”
		Physical	Activities of Daily Living scale. Participants were asked questions about their Activities of Daily Living
		Wellbeing	Mini-Mental State Examination (MMSE) was used as a brief test of cognitive functioning
		Social Engagement	Eysenck Personality questionnaire scale (Eysenck, Eysenck, & Barrett, 1985)
(Bowling & Iliffe, 2006)/Britain	Biomedical model, Social functioning model, Psychological model, Lay mode	Health	General Health questionnaire (Goldberg & Williams, 1992)
		Physical	Activities of Daily Living (ADL) scale (Townsend & Abel-Smith, 1979)
		Cognitive	Self-efficacy scale (Schwarzer, 1993)
		Social Engagement	Optimism-pessimism scale (Scheier & Carver, 1985)

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	Social support scale/Perceived neighbourhood (Sherbourne & Stewart, 1991)
Lay model	Self-rating wellbeing and Quality of Life (7-point Likert scale)

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### 2.3 Rowe and Kahn's Dimensions of Successful Ageing

This section analyses each of the three dimensions of successful ageing proposed by Rowe and Kahn. Firstly, wellbeing has been adopted as a key dimension of successful ageing in seven studies (Andrews et al., 2002; Bowling & Iliffe, 2006; Chung & Park, 2008; Li et al., 2006; Reichstadt et al., 2007; Steverink et al., 1998; Torres, 1999). Secondly, physical functioning has been adopted in three studies (see Fone, Lundgren-Lindquist, Skogar, & Levander, 2003; Knight & Ricciardelli, 2003; Tate et al., 2003). Thirdly, social engagement has been adopted in four studies (Hsu, Tsai, Chang, & Luh, 2010; Knight & Ricciardelli, 2003; Reichstadt et al., 2010; Tate et al., 2003). The following section analyses Rowe and Kahn's dimensions of successful ageing and identifies corresponding scale for each dimension that was adopted in this study.

#### Successful Ageing and Wellbeing

The first dimension of successful ageing used in this study is wellbeing. Wellbeing refers to the psychological condition of older persons (Chiao et al., 2011; Jorm et al., 1998; Steverink et al., 1998). Wellbeing includes happiness and contentment as an important aspect of successful ageing (see Bowling & Dieppe, 2005; Conceição & Bandura, 2008). The study of successful ageing in British populations suggests that having optimal wellbeing is an essential dimension of successful ageing (Doyle, Mc Kee, & Sherriff, 2012). According to Torres (1999), the concept of subjective wellbeing is correlated with successful ageing through a variety of factors, including life expectancy, strategies of coping in later life, positive outlook and generativity. For this study, wellbeing is defined as the measures of current mental wellbeing within the previous two weeks (Psychiatric Center North Zealand, 2012).

Two studies on successful ageing have adopted the WHO Subjective Wellbeing scale to measure wellbeing of older persons and have found higher validity and reliability of the scale for community-dwelling older persons (see Chung & Park, 2008; Li et al., 2006). In the study by Chung and Park (2008) among a sample of 220 Korean men and women aged 65 and above who were receiving social welfare services, subjective wellbeing was found to be influenced by conjugal support and filial piety of adult children, which are key facilitating factors in the attainment of successful ageing. Moreover, in the cross-sectional survey study of Li et al. (2006) in Shanghai, China, among older persons aged 65 and above living in the community, wellbeing is correlated with life satisfaction and self-rated economic evaluation of respondents. Likewise, the study by Li et al. (2006) suggests that economic status and positive outlook were associated with wellbeing, which contributes to the attainment of successful ageing. The findings in most of the studies are limited in assessing the level of wellbeing in a population. Therefore, this study will explore the understanding of older Filipino persons on their personal wellbeing and assess their level of wellbeing using the WHO-five (5) Subjective Wellbeing scale.

### **Successful Ageing and Physical Functioning**

The second dimension of successful ageing in this study is physical functioning. Physical functioning as one of the dimensions of successful ageing was adopted in various studies on successful ageing in Taiwan, Korea, Japan, China and Canada to assess physical health and impairment (see Hsu, 2005; Jang et al., 2009; Kaneda, Lee, & Pollard, 2011; Li et al., 2006; Liang et al., 2003; Tate et al., 2003). In a longitudinal study by Hsu (2005) in Taiwan with 4,049 respondents aged 60 and above, physical functioning was defined as the absence of disease and physical disability along with normal cognitive functioning. In Hsu's study, older persons who were in the age group of 65–69 were less likely to have difficulties in physical functioning, while less educated people with low income were more likely to have difficulties in physical functioning. Moreover, the study by Hsu (2005) found that Taiwanese women had better physical functioning than their male counterparts. Physical functioning was defined as having no difficulty or impairment for more than three months. Likewise, the study by Jang et al. (2009) in Korea with 1,852 respondents found that educational level is associated with physical functioning of older persons. For this study, physical functioning is defined as freedom from disability along with independence in activities of daily living.

The study by Tate et al. (2003) in Manitoba, Canada, with 1,771 respondents, identified physical functioning as a key dimension of successful ageing, related to the ability

to function independently as well as to active engagement with life. Physical functioning is related to the ability of older persons to independently perform activities of daily living and is considered to be one of the key dimensions of successful ageing in most of the literature. Further, healthy physical functioning supports engagement in community activities, which is a key facilitating factor in the attainment of successful ageing (Peel et al., 2004). Bowling and Iliffe (2006) suggest that appropriate measures are important to evaluate the physical functioning of older persons and so to develop necessary interventions towards maintaining independence in old age.

Since most of the studies on successful ageing are limited to assessing physical functioning, it is important to explore the understanding of older persons about their physical functioning. Exploring physical functioning will contribute in analysing the factors that may influence activities of daily living of older persons which might affect their social engagement in the community. Therefore, this study will explore the understanding and level of physical functioning of selected older Filipino persons as a key dimension of successful ageing, using the Katz IADL scale.

### **Successful Ageing and Social Engagement**

The third dimension of successful ageing in the present study is social engagement. Social engagement is defined as continuous social interaction and social bonds with family and community (Hochschild, 1975b; Kahng, 2008; Knight & Ricciardelli, 2004; McCann Mortimer et al., 2008). In the American Changing Lives survey in 1994 with 2,562 participants in the USA, Kahng (2008) suggests that active formal and informal social engagement in community, as well as social support from family and friends, contributes to successful ageing. The informal social engagement is the casual gatherings and interaction with neighbours and family, while the formal social engagement is attending and participating in organisations in the Philippine context. In the qualitative study by McCann Mortimer et al. (2008) in Australia, social engagement is the desire of older persons to remain active, for example, enjoying time with their grandchildren. For this study, social engagement is defined as social interaction and mutual support between older Filipino persons and their family and community.

Social engagement includes maintenance of social interaction and support among older persons which contributes to the attainment of successful ageing (Hsu et al., 2010). The construct of social engagement in the Philippine context relates to the daily interaction of older persons with their family and community, including regular engagement with

neighbours as well as participation in religious activities. According to Carlos (2009), social engagement among older Filipino persons is about participating in sociocultural activities as well as attending celebrations. Likewise, social engagement includes mutual social support between older persons and their families. For example, older Filipino persons who have the financial capacity continue to provide voluntary financial support to their children and grandchildren. Older Filipino persons continue to receive financial support from their children, especially from those who are migrant workers and from those with a regular source of income.

Having a supportive and friendly environment contributes to social engagement for older persons. According to Hsu et al. (2010), having a safe and friendly environment or community contributes in promoting social engagement among older persons. Proximity to services like volunteering and work opportunities for older persons also encourages social engagement of older persons which, in turn, promotes successful ageing (Kaneda et al., 2011; Tate et al., 2003). Bukov, Maas, and Lampert (2002) suggest that having more social contacts contributes to healthier and more socially engaged older persons. Chiao et al. (2011) also suggest the importance of assessing the level of social engagement of older persons in social organisations such as religious or church groups, political groups, retirees' associations, or volunteer groups. Participation in religious activities and engagement with their fellow older persons in the community is central in the daily activities of older Filipino persons. Moreover, social engagement with fellow older persons and active involvement in community organisations may provide opportunities for poor older Filipino persons to access social support among their peers and from social welfare organisations. Therefore, this study will explore the level of social engagement of older Filipino persons, using the Duke Social Support and Social Interaction (DSSI) scale, as well as their understanding of social engagement as a key dimension of successful ageing.

#### **2.4 Sociodemographic Variables Associated with Successful Ageing**

The journey towards successful ageing is influenced by sociodemographic variables and social realities in each country. For example, being old, male and having a higher income are common factors associated with successful ageing in most studies (see Chung & Park, 2008; Hsu et al., 2010; Jang et al., 2009; Li et al., 2006; Momtaz, Ibrahim, Hamid, & Yahaya, 2011). The sociodemographic variables that will be analysed in this section were found to be associated with successful ageing, based on the review of the literature. The

sociodemographic variables are age, gender, marital status, educational attainment, place of residence, living arrangement, household head and classification, home ownership, group membership, social pensions, subjective perspective on health, level of participation in OPOs and income.

### **Successful Ageing: Age**

Age is the common predictor of successful ageing in most studies (see Andrews et al., 2002; Chung & Park, 2008; Depp & Jeste, 2006; Lamb & Myers, 1999; Li et al., 2006). In some studies, respondents who are 65 to 69 years old have a high prevalence of attaining successful ageing, but this decreases as they reach 75 years and above (see Hsu et al., 2010; Jang et al., 2009; Jorm et al., 1998; Lamb & Myers, 1999; Li et al., 2006). In the study by Jorm et al. (1998) in Australia with a sample size of 1,045 respondents aged 70 and above, prevalence of successful ageing declined sharply with age, especially among the oldest-old age group who are 80 years and above. The study of Jorm et al. (1998) was limited only to those who were 70 years and above. Therefore, it is important to include older persons who are in the age group between 60 and 69 in the study on successful ageing, since developing countries like the Philippines have lower life expectancy compared to other developed countries.

In a comparative study by Lamb and Myers (1999) in three Asian countries, Indonesia, Sri Lanka and Thailand, using WHO regional studies of Health and Social Aspects of Ageing, age of respondents was significantly associated with successful ageing. For example, Lamb and Myers (1999) found that older persons who were 60 to 65 or younger had a significant advantage in the attainment of successful ageing. The lower life expectancy in most developing countries may contribute to the non-attainment of successful ageing.

In a qualitative study, Jeste et al. (2013) and Reichstadt et al. (2007) argue that successful ageing is about having a positive outlook and is not merely a matter of age. Further, most qualitative studies on successful ageing have found that age is not associated with successful ageing as such, and there were no differences between young-old (65-69) and oldest-old (80 and above) based on their subjective self-assessment (see Hsu, 2005; Jeste et al., 2010; Knight & Ricciardelli, 2003; Montross et al., 2006). Likewise, some studies found that oldest-old or 80 years and above rated themselves with higher scores in the attainment of successful ageing (see Hsu, 2005; Montross et al., 2006). The findings from most qualitative studies on successful ageing identified that older persons who were oldest-old or 80 years and above have higher self-assessment, which is attributed to their positive outlook and successful

adaptation to life challenges. Having higher positive self-assessment on the attainment of successful ageing among the oldest-old in spite of the threat of physical disability and degenerative conditions challenges the perception in some studies that they are the most vulnerable among older persons. In the study by Jeste et al. (2013) utilising telephone interviews of older persons in San Diego County California, respondents who have older age (80 years old and above) have higher self-assessment despite their declining physical and cognitive functioning. Oldest-old may have higher self-assessment, compared with other older persons, because they have surpassed life expectancy and are still healthy.

Given that every individual has distinct experiences in their ageing process and physical condition related to their age, this study argues that age is more appropriately viewed as an effect modifier with the attainment of successful ageing. Since most of the studies on successful ageing have used age as a predictor variable, this study will explore age as an effect modifier in analysing the association of sociodemographic variables in the attainment of successful ageing and its key dimensions. In the Philippines, 60 years old is the official classification of older persons. Lastly, since females have higher life expectancy than males in the Philippines, it is important to explore in the present study whether female older Filipino persons have significantly higher chances, compared with male older Filipino persons, of the attainment of successful ageing.

### **Successful Ageing: Gender**

Most literature on successful ageing has found that male older persons met the criteria of successful ageing, such as being physically healthy and actively engaging in the community (see Andrews et al., 2002; Bowling & Iliffe, 2006; Li et al., 2006). In a quantitative study by Momtaz et al. (2011) in Malaysia, older persons who are female, aged 80 and above, and single are most at risk of low wellbeing and non-attainment of successful ageing. In a cross-sectional study by Li et al. (2006) in Shanghai, China, with a sample consisting of people aged 65 and above living in the community, male respondents were found to have significantly higher attainment of successful ageing compared to female respondents.

Likewise, the longitudinal study by Andrews et al. (2002) in Adelaide, Australia, with a sample size of 1,947 older persons aged 70 and above, found that gender or being male is associated with successful ageing. Moreover, female older persons who are aged 75 and above are less likely to attain successful ageing compared to males, since their age considerably affects their physical functioning (Jorm et al., 1998; Li et al., 2006). Meanwhile,

Depp and Jeste (2006) found that gender was not a predictor of successful ageing, based on meta-analysis of published quantitative studies. The qualitative study by Collings (2001) in Canada found that female respondents identified domestic issues or family relationships as an important factor in successful ageing, while male respondents recognised the importance of being economically productive. Therefore, each country needs to explore the associations of gender with the attainment of successful ageing. In the present study, exploring the associations between gender and successful ageing contributes to analysing the differences between male and female older Filipino persons with the attainment of successful ageing and its key dimensions.

### **Successful Ageing: Marital Status**

Marital status, that is, being married, has been significantly associated with the attainment of successful ageing in most studies (see Bowling & Iliffe, 2006; Li et al., 2006; Pruchno, Wilson-Genderson, Rose, & Cartwright, 2010). In a study by Bowling and Iliffe (2006) using the British cross-sectional population survey of 999 people aged 65 and above, married respondents were significantly associated with successful ageing compared to respondents who were single or widowed. In another quantitative study by Pruchno, Wilson-Genderson, Rose, and Cartwright (2010) with 5,688 respondents, aged 50–74, living in New Jersey, United States, found that those who are married have significantly higher chances of the attainment of successful ageing and wellbeing. Likewise, the study by Hsu (2005) in Taiwan found that widowed respondents were most likely to lose adequate social support, which hinders attainment of successful ageing. Therefore, exploring the association of marital status and successful ageing contributes in analysing the significant differences between married, separated, widowed, and single older persons with the attainment of successful ageing and its key dimensions among older Filipino persons in the present study.

### **Successful Ageing: Educational Attainment**

In most studies conducted in developed countries, educational status of older persons was found to be associated with successful ageing (see Andrews et al., 2002; Depp & Jeste, 2006; Jang et al., 2009; Jorm et al., 1998; Li et al., 2006). For example, the Australian longitudinal study by Andrews et al. (2002) in South Australia found that having higher education or being able to finish university was associated with successful ageing. Likewise, Jeste et al. (2013) found that older persons who were aged 55 to 90 with a college degree or who have studied in a university have a higher self-rating of successful ageing. Likewise, a modified Delphi study on successful ageing by Hsu et al. (2010) in Taiwan found that



respondents who have obtained a university degree have significantly higher chances of attaining successful ageing, compared to those with lower levels of education.

Given that educational attainment is strongly associated with successful ageing in most studies conducted in the developed countries, it is important to explore whether there is an association between educational attainment of older Filipino persons living in poor communities and successful ageing. Therefore, exploring the associations between educational attainment and successful ageing contributes to analysing the significant differences between various levels of education such as elementary, high school, vocational and university graduates with the attainment of successful ageing and its key dimensions among older Filipino persons in the present study.

### **Successful Ageing: Place of Residence**

Older persons in Taiwan living in urban areas were found to be unhealthy and more isolated, while those in rural areas lack assistance and support if they become frail (Hsu et al., 2010). Likewise, older persons living in rural areas were less likely to engage in physical activity; this is attributed to lack of transportation and environmental barriers (Goins, Williams, Carter, Spencer, & Solovieva, 2005). There is limited research on the influence of place of residence of older persons on successful ageing, since the majority of the research on successful ageing was conducted in urban communities in developed countries. In exploring successful ageing, it is important to analyse the differences between urban and rural respondents in the attainment of successful ageing and its dimensions.

Therefore, the present study will explore the experiences of successful ageing among older Filipino persons living in poor rural and urban communities. Lastly, exploring the associations between places of residence and successful ageing contributes to analysing the significant differences between older Filipino persons living in poor rural or urban communities in the attainment of successful ageing and its key dimensions in the present study.

### **Successful Ageing: Living Arrangement**

Living arrangements of older persons are influenced by household structures, migration and economic situation (Kendig, 2004). The study by Bongaarts and Zimmer (2002) found that living arrangements do not differ widely between urban and rural communities, since the average household size is almost the same. In a study by Knodel and Chayovan (2008) in Thailand, male older persons were less likely than women to live with a child. In addition, living with a spouse in Thailand contributes to financial security of older

persons (Knodel & Chayovan, 2008). Meanwhile, older persons living in a one generation household was negatively associated with successful ageing, while older persons living in multi-generational households or living with their extended family was found to be positively associated with successful ageing (Lamb & Myers, 1999; Versey, 2011). For this study, living arrangement is defined as an older person residing in their own house or living with an extended family.

In Asia, the majority of people are still living in an extended family or multi-generational household or near the residences of their older family members (Chan et al., 2007). A recent study by Teerawichitchainan, Pothisiri, and Long (2015) in three Asian countries found that co-residence with a child and their family significantly improves the emotional health of older persons in Thailand and Vietnam. For example, in Vietnam, living with a married son is more beneficial to the wellbeing of older persons than living with other children. In the Philippines, multi-generational households or extended families are very common, since older persons take care of their grandchildren whose parents work overseas. Therefore, exploring the association between living arrangements and successful ageing contributes to analysing the significant differences between older Filipino persons living with family, living with extended family, living with spouse, or living independently, with the attainment of successful ageing and its key dimensions in the present study.

### **Successful Ageing: Household Head/Classification**

In Asian countries, a male is considered as the head of the family in a patriarchal structure (Chan et al., 2007). The qualitative study by Holmes (2006) among selected older persons in New Zealand from different ethnic backgrounds, which includes First Nations people, first generation immigrants, and descendants of European settlers, most of the respondents were female and identified themselves as running the households as well as providing hands-on assistance to their family members. In the Philippines, there is an increasing number of households headed by an older person (see Chapter 4, section 4.5 for the discussion on the older person as household head).

The phenomenon of migration in Asia, most especially in developing countries like the Philippines, will continue and may contribute to the increasing number of households that will be headed by an older person. Therefore, household classification is an important variable to be considered in the study of successful ageing in the Philippines. Exploring the association of household classifications with successful ageing contributes to analysing the significant differences between older Filipino persons who are household heads and non-

household heads with the attainment of successful ageing and its key dimensions in the present study.

### **Successful Ageing: Home Ownership**

Having a house that they can call their own is one of the shared and ultimate dreams of every Filipino family. Wiles et al. (2009) suggest that home ownership contributes to a positive outlook and a sense of pride for older persons. In the study by Burr, Caro, and Moorhead (2002) based on survey data from the Boston area in the United States, the authors found that home ownership motivates people to participate in community, e.g., in church attendance and socio-civic activities. In this study, older persons who own a house in which they are currently residing are classified as home owners, while those who do not own a house or are renting are classified as not home owners.

Therefore, home ownership is worthy of exploration. Exploring the associations between home ownership and successful ageing will assist in analysing the significant differences between older Filipino persons who own or do not own a home with the attainment of successful ageing and its dimensions in the present study.

### **Successful Ageing: Group Membership**

Group membership provides an avenue for older persons to engage in productive activities which contribute to successful ageing (Hsu, 2007). Participation in community groups and organisations is an important factor in successful ageing (Cannuscio, Block, & Kawachi, 2003). According to Sanchez (2008), Older Persons Organizations (OPOs) are among the most active community groups in the Philippines (see Chapter 4, section 4.5 for the discussion on OPOs as an avenue of participation). Therefore, the present study explores the association between group membership and successful ageing. Exploring the associations between group membership and successful ageing contributes to analysing the significant differences between older Filipino persons who are members of two groups, members of more than three groups, and those who are members but not active in any group, with the attainment of successful ageing and its key dimensions in the present study.

### **Successful Ageing: Social Pensions**

Social pension is an important social safety net to address poverty and hunger in old age. In the Philippines, social pension for indigent older persons is the main social welfare program to address poverty and hunger among poor older persons. The study by Knodel and Chayovan (2008) in Thailand found that access to social pensions is influenced by gender and living arrangements. They identified that female older persons who are single are in dire need

of government financial assistance. According to Park (2009), there is an absence of comprehensive social security and a basic safety net, since only 9% to 30% of the older population receive non-contributory social pensions in the world.

Social pensions for indigent older persons in the Philippines provide monthly cash transfers amounting to US\$12 dollars per month. The study by Bender (2004) suggests that having social pension may increase subjective wellbeing in comparison to those who do not receive social pension. Social pension is a universal benefit in developed countries and is now receiving increased attention in developing countries. Non-contributory social pension is becoming an important social safety net program in developing countries like the Philippines. Since there is limited study examining the association of social pensions with successful ageing, it is important to explore whether there is an association between older Filipino persons receiving or not receiving social pension with the attainment of successful ageing and its key dimensions in the present study.

#### **Successful Ageing: Self-rating on Health**

Having a positive self-rating on health may contribute to successful ageing. The self-rating on health is the subjective assessment of an older person about his or her own personal health. In the study by Reichstadt et al. (2010), one of the emerging themes is positive outlook, which contributes with positive self-rating on health among older persons as well as with the attainment of successful ageing. Likewise, Cho (2011) found that there is a significant association between positive self-rating on health and physical functioning. Therefore, it is important to explore whether there is an association between positive or negative self-rating on health and the attainment of successful ageing and its key dimensions among older Filipino persons in the present study.

#### **Successful Ageing: Participation in an Older Persons Organization (OPO)**

The level of participation in an OPO may be associated with the attainment of successful ageing. In the study by McCann Mortimer et al. (2008) using focus group discussion with older persons in South Australia, the respondents suggested that group membership and networking affiliations need to be explored in the study of successful ageing. Meanwhile, the study by Pruchno et al. (2010), which utilised telephone interviews of 5,688 persons aged 50–74 living in New Jersey, United States, found that social support and health condition influenced the level of participation of older persons in organisations. In addition, Pruchno et al. (2010) found that the level of participation of older persons in the community is associated with successful ageing. In the Philippines, the Federation of Senior Citizens

Association of the Philippines (FSCAP) is the most active community-based OPO (see Chapter 4. section 4.5 for the discussion on OPOs). Therefore, it is important to explore in the present study whether group membership and level of participation are associated with the attainment of successful ageing and its key dimensions among older Filipino persons.

### **Successful Ageing: Mode of Income (Living Above or Below US\$1.25 per Day)**

Economic status of older persons significantly contributes to the dimensions of successful ageing, namely, wellbeing, physical functioning, and social engagement of older persons in developed countries like Korea, Taiwan, Australia, and the United States (see Bowling, 2007; Hsu, 2005; Jang et al., 2009; Jorm et al., 1998; Lamb & Myers, 1999; Li et al., 2006; Reichstadt et al., 2007). Holmes (2006) suggests that having adequate income is a key factor in the attainment of successful ageing. Likewise, Bender (2004) identified the association of adequate income with the overall wellbeing of older persons. In addition, the study by Jang et al. (2009), utilising a representative random sample of 1,825 persons aged 65 or older in Seoul, Korea, found that household and personal income were significantly associated with successful ageing. The international poverty line is US\$1.25 per day to measure whether a person is living above or below poverty (United Nations, 2013). Therefore, it is important to explore whether there is an association between older Filipino persons living above or below US\$1.25 per day with the attainment of successful ageing and its key dimensions in the present study.

## **2.5 Conclusion**

The present study adopted Rowe and Kahn's dimensions of successful ageing, given that these provide a multidimensional assessment on ageing and were adopted by most of the researchers on successful ageing. In choosing the appropriate scale, the present study identified three scales: WHO Subjective Wellbeing scale, Katz IADL, and the DSSI scale, given their validity and reliability and their use in most studies on successful ageing. Moreover, this chapter has critically analysed 13 sociodemographic variables in relation to successful ageing. Adopting appropriate dimensions and scales of successful ageing is important in addressing the first objective of this study. Likewise, this study will validate or challenge the findings of the existing research on successful ageing, which is mostly based in developed countries.

Most of the published literature on successful ageing has identified age, gender, educational attainment, and income as the most common variables associated with successful

ageing. There is limited study exploring the association of place of residence, living arrangement, household classification, group membership, social pensions, self-rating on health and level of participation with successful ageing. Exploring the association of sociodemographic variables with the attainment of successful ageing and its dimensions contributes to addressing the gaps of the literature. Given that most studies identified age as a predictor variable, this study will also explore age as an effect modifier, since every older person has a distinct situation and physical condition attributed to their age.

In Chapter 3, the relevant theories that inform successful ageing and its dimensions are discussed.

## **Chapter 3: Theories Informing Successful Ageing**

### **3.1 Chapter Overview**

Exploring successful ageing requires integrating and analysing multiple theories in order to better understand its concepts (Ryff, 1989). In addressing the two key aims of this study, there were six theories that were selected to inform the dimensions of successful ageing and guide the data analysis. These theories are continuity theory, disengagement theory, activity theory, generativity theory, feminist theory and social construction theory. Life course perspective was analysed to inform the ways life stages and experiences influence attainment of successful ageing.

This chapter begins with a presentation of the life course perspective which provides an overarching framework for exploring and understanding the sociocultural factors of successful ageing. The succeeding section discusses disengagement theory and activity theory, which links the importance of physical functioning and wellbeing with the attainment of successful ageing. Continuity theory and generativity theory stress the importance of social engagement in the attainment of successful ageing. Moreover, social construction theory was included in this chapter to explore the sociocultural influences in the understanding of successful ageing and the factors facilitating and hindering its attainment. Lastly, feminist theory was included, to emphasise the importance of analysing the differences and disadvantages attributed to gender with the attainment of successful ageing in this study.

### **3.2 Life Course Perspective as an Overarching Framework**

The life course perspective was first conceptualised by Thomas and Znaniecki in the mid-1920s to analyse the experiences of individuals from childhood, through adulthood and into old age. By the 21<sup>st</sup> century, the life course perspective was recognised as a central part of social and behavioural sciences (Elder Jr, 1994; Elder Jr, Johnson, & Crosnoe, 2003). Social gerontologists suggest that an individual's life experiences influence their subjective experience of ageing (Powell, Hendricks, Powell, & Hendricks, 2009). Life course perspective brings an understanding of the sociocultural factors which influence an individual's adaptation from childhood to old age (McInnis-Dittrich, 2005). There are distinct sociocultural factors in each country which may contribute to the attainment of successful ageing. For example, the Filipino family is the primary provider and carer for their older

members and contributes to their successful life course transition. In this study, sociocultural factors are defined as the situation and interaction of older persons in their environment and how that facilitates or hinders attainment of successful ageing (Schulz & Heckhausen, 1996).

The capacity of the older person to adapt in the different phases of life is influenced by the sociocultural environment (Herzog & Markus, 1999; Steverink et al., 1998). According to Villar (2012), exploration of successful ageing needs to consider the influence of the sociocultural setting by exploring the perspective of the older person on his or her life course experiences. In this research, in-depth interviews with selected participants were conducted to explore the sociocultural factors that contribute to successful ageing. Older Filipino persons living in poor communities may have different understandings of successful ageing, since their perspectives are influenced by their own personal life course experiences and challenges. For example, life course inequality and poverty from childhood to old age remain the key challenges for older Filipino persons. Since income determined the economic status of older Filipino persons, this study will explore the associations of income of respondents with successful ageing and its three dimensions.

In addition, selective optimisation is a key theme of life course perspective which informs successful ageing. According to Jang et al. (2009), selective optimisation is a process of adapting to changes. Selective optimisation is important for older persons in identifying new roles after retirement as well as optimising opportunities in undertaking new responsibilities which may contribute to successful ageing. Baltes and Baltes (1990) defined selective optimisation as a process whereby older persons identify new activities to compensate for physical decline and personal losses. For example, older Filipino persons might choose to engage in community organisations like OPO or religious groups after their retirement. The contribution of participating in post-retirement activities and optimising the available time for older Filipino persons may contribute to successful ageing. According to Andrews et al. (2002), older persons who successfully move into old age from midcourse will have better chances of experiencing successful ageing. Life course perspective suggests the importance of new roles and optimising opportunities despite the life challenges and degenerative conditions that older Filipino persons may experience. According to Komp and Johansson (2015), the progression of a human being into old age is influenced by the life course experiences of childbirth, adulthood, death and even migration. Overall, life course perspective emphasises the importance of the preparation of an individual to adapt to life's phases, which may influence their understanding and attainment of successful ageing.



Adopting the life course perspective provides a holistic understanding of successful ageing (Bowling, 2007). In this study, life course perspective may assist the researcher in exploring the contribution of life experiences of older Filipino persons to the attainment of successful ageing. Likewise, life course intervention may be adopted in social welfare policy and programs to address the challenges of population ageing and to promote opportunities for the attainment of successful ageing. Life course perspectives have also been adopted by international organisations like the World Health Organization (WHO) as a framework in developing programs on ageing. As an example, the World Health Organization (1999) identified the importance of a healthy lifestyle throughout the life course in promoting physical functioning and improvement of life expectancy. Further, the WHO Program on Ageing and Health noted that external factors throughout the life course, such as cardiac or respiratory function, are attributed to smoking and poor nutrition in childhood, which also contribute to osteoporosis among older persons (World Health Organization, 1999). Therefore, life course intervention may prevent disability and promote prolonged independence in activities of daily living for older persons, which may contribute to the attainment of successful ageing.

### **3.3 Disengagement Theory**

One of the oldest theories on ageing is disengagement theory, published in the early 1960s by Cumming and Henry (1961). According to Cumming and Henry (1961), disengagement theory is an inevitable natural process of social withdrawal from relationships and roles, due to the physical decline and retirement which is part of the normal ageing process. Disengagement of older persons from their family, professional and social spheres may affect their chances of attaining successful ageing (Havighurst, 1963a). Disengagement of older Filipino persons may be attributed to poverty and physical disabilities. Lack of social support from the family and limited social engagement may also have led to disengagement of older Filipino persons (see Chapter 4, section 4.4 for the discussion on the challenges of older Filipino persons).

According to Martin et al. (2015), disengagement theory suggests that disengagement from active life is a normal part of ageing successfully. Meanwhile, Hochschild (1975a) argues that disengagement theory suggests a negative perspective on ageing and needs to be empirically tested, considering the social realities of older persons in their own community. In addition, disengagement theory proposes that withdrawal of older persons from social roles

was viewed as a normal part of ageing and a sign of successful ageing (Havighurst, 1963a; Martin et al., 2015). In this study, disengagement theory suggests that older Filipino persons who are not members of any group may not have attained successful ageing. Since older Filipino persons are active in community activities (see Chapter 4, section 4.5 for the discussion on Older Persons Organizations), disengagement theory may not be applicable as a normal phenomenon in the Philippines.

Disengagement of older Filipino persons from their community may be attributed to their having a negative outlook on ageing and limited physical functioning as well as poverty in old age. The present study will also explore the hindering factors and variables which may contribute to the disengagement of older persons from their social or professional roles. For example, disengagement from community groups and social isolation experienced by older Filipino persons may be attributed to their socio-economic status. Inaccessible public transport and infrastructure may also contribute to the disengagement of older Filipino persons, especially those who are living in rural communities. Meanwhile, disengagement theory is criticised for suggesting that older persons may inevitably discontinue their social roles and contribute to their marginalisation (Hochschild, 1975a; Kimberly & Mutchler, 2014). The debate on disengagement theory contributes to the development of theories like continuity theory that provide alternative perspective on ageing (Havighurst, 1963a; Hochschild, 1975a; Kimberly & Mutchler, 2014).

### **3.4 Continuity Theory**

The conceptualisation of continuity theory is a response to disengagement theory. Continuity theory is about the importance of adapting to new social environments by continuing new roles after retirement as well as setting new goals in old age (Atchley, 1989). According to Atchley (1989), continuity theory is explained as internal and external continuity of personal and social engagement. Continuity theory also explains the importance of continuous engagement of older persons in community and social activities, which contributes to wellbeing and successful ageing (von Bonsdorff, Shultz, Leskinen, & Tansky, 2009). Moreover, continuity theory explains the importance of having a sense of purpose through helping others or learning new skills which promote social engagement and attainment of successful ageing (Nimrod & Kleiber, 2007; Nimrod & Rotem, 2012).

In this study, continuity theory indicates that older Filipino persons who adapt to their new environment and roles may have higher chances of ageing successfully. For example,

the present study will explore whether engagement in household activities and community groups may facilitate successful ageing among older Filipino persons. The present study will look at the association of sociodemographic variables like marital status with social engagement and successful ageing. Therefore, continuity theory informs us that older persons who have successfully adapted to their new roles may also be ageing successfully.

Meanwhile, continuity theory has been criticised because older persons may experience physical and mental decline which may prevent their continuous personal and social engagement. For example, widowed persons had higher levels of informal social participation (Utz, Carr, Nesse, & Wortman, 2002). Overall, disengagement and continuity theory complement each other by explaining the facilitating and hindering factors in the attainment and non-attainment of successful ageing, which will be explored in this study.

### **3.5 Activity Theory**

Activity theory was first developed by Havighurst in 1961, based on research in the United States exploring particular aspects of ageing, including retirement, social security, physical activity, and social engagement (Havighurst, 1963c). In this study, the researcher identified two key themes in the literature, social engagement and physical functioning, in relation to activity theory. Firstly, activity theory explains the importance of social engagement and of remaining active after retirement to age successfully. According to Willcox et al. (2007), activity theory supports the view that continuous social engagement is about maintaining or replacing roles or activities among older persons. Likewise, the level of social engagement of older persons in community groups significantly contributes to having a positive outlook, life satisfaction and wellbeing (Kinsella & Phillips, 2005). In the study by Cosco et al. (2013) which utilised in-depth semi-structured interviews of 20 retirees in a south-eastern city in the United States, the researchers used activity theory in identifying the importance of expanding physical and social engagement in the maintenance of the wellbeing of older persons. Since social engagement is one of the key dimensions of successful ageing in most studies, the understanding of older Filipino persons on social engagement was explored through in-depth interviews.

The second key concept of activity theory is physical functioning, which has been commonly identified as an important dimension of successful ageing. According to Stenner, McFarquhar, and Bowling (2011), activity theory explains the importance of maintaining physical functioning and activities for older persons in the attainment of successful ageing.

Likewise, activity theory explains that maintenance of physical functioning through prolonged independence in the daily activities of older persons is an important dimension of successful ageing (Havighurst, 1963c; Steverink et al., 2005). This study will explore the understanding of physical functioning and assess the level of independence in activities of daily living of older Filipino persons.

In addition, continuous physical functioning and social engagement may not be possible among older Filipino persons, especially for those who are oldest-old or 80 years and above and are suffering from communicable and non-communicable diseases. Bowling (2007) has criticised activity theory as being too narrow, since older persons have varying degrees of physical functioning and levels of social engagement. Likewise, Havighurst (1961) argued that it may be challenging for older persons to remain active, since they may eventually disengage and suffer physical limitations. According to Topaz, Troutman-Jordan, and MacKenzie (2014), opponents of activity theory suggest that physical activity can decrease without affecting the wellbeing of older persons. Activity theory in relation to successful ageing has formed the basis for a range of international research studies in developed countries like the United States and Australia (see Andrews et al., 2002; Topaz, Troutman-Jordan, & MacKenzie, 2014). However, activity theory has not been fully utilised as a source of studies in developing countries like the Philippines. Therefore, this study will look at activity theory in informing the attainment of successful ageing and physical functioning of older Filipino persons.

### **3.6 Generativity Theory**

Generativity theory originated from research conducted at Harvard University in the late 1970s which identified the importance of symbolic communication and interaction (Epstein, Runco, & Pritzker, 1999). The theory is about the transfer of resources, wisdom, and sociocultural traditions from one generation to the next (Hansson, Dekoekkoek, Neece, & Patterson, 1997; Reichstadt et al., 2010; Yoon, 1996). In this study, there were two key aspects of generativity theory that will be explored in relation to successful ageing, namely, support of older persons to their family, and mutual engagement between the younger and older generations.

The first key concept of the generativity theory in relation to successful ageing is the provision of support by older persons to their family. According to Villar (2012), generativity is the concern to nurture younger generations as well as to guide and ensure their wellbeing

and, ultimately, to leave a legacy. In the study by Yoon (1996) in Korea, generativity theory is viewed as the motivation to transfer money, property, and personal belongings as well as family tradition. In a qualitative study by Chong et al. (2006) in Hong Kong among 15 focus groups of middle-aged and older persons, it was discovered that participants are concerned about the welfare of their children and grandchildren, particularly their physical and mental health, education and financial situation. In addition, older persons who provide assistance or care for the younger generation turn out to have higher wellbeing (Hendricks & Hatch, 2009). The contribution of older Filipino persons to their family and society through taking care of their grandchildren and doing household chores as well as participating in community activities may contribute to the attainment of successful ageing. Therefore, the present study will explore whether being able to support their family and participate in OPOs contributes to successful ageing among older Filipino persons.

The second concept of generativity in relation to successful ageing is mutual engagement between older persons and the younger generation. According to Reichstadt et al. (2010), generativity is explained as mutual engagement of older persons with their family which contributes to the attainment of successful ageing and wellbeing. Mutual engagement is the mutual assistance between older persons and their family (McCann Mortimer et al., 2008; Pruchno et al., 2010). Generativity theory explains that mutual engagement between older persons and their families, as well as with their fellow older persons in the community, is an important factor that contributes to their wellbeing (Kendig, 2004; Langer & Tirrito, 2004; Vaillant, 2002).

An exploratory study by Lewis (2011) among 26 older persons aged 61–93 in Southwest Alaska found that indigenous understanding of successful ageing identified eldership, which emphasises that the roles of older persons in their community are linked with generativity. Eldership is the acknowledgement of the contribution and social status of older persons as the recognised leaders in the community, responsible for maintaining social harmony and for transferring sociocultural beliefs to the younger generations. The concept of generativity involves moving beyond the self-directed concerns of identity to a phase in which one is concerned with establishing and guiding the next generation (Epstein et al., 1999; Hansson et al., 1997; Ryff, 1989). According to Pruchno et al. (2010), future research needs to examine how generativity affects successful ageing, because the study has important implications for the fields of gerontology and human development.

In Asia, the caregiving role of older persons is part of the cultural belief or norms of

mutual reciprocity and obligations in family relationships (Kataoka-Yahiro, Ceria, & Yoder, 2003). In the Philippines, older persons continue to provide support to their family as well as engaging in community activities. Since generativity theory suggests the importance of relationships, this study will examine the associations between living arrangements and successful ageing and its dimensions. Generativity theory also explains how family relationships and support from the family contribute to the attainment of wellbeing and successful ageing. Generativity theory also emphasises the importance of wellbeing and social engagement among older persons in the attainment of successful ageing. Therefore, this study will explore the contribution of mutual engagement to the attainment of successful ageing as well as the understanding of older Filipino persons on social engagement.

### **3.7 Social Construction Theory**

Social construction theory was developed during the 1980s by Ian Hacking to examine how individuals constructed meaning through engagement with other individuals (Hacking, 1999). According to Elder-Vass (2012), social construction theory emphasises that reality is based on subjective understanding, constructed by the individual and influenced by his or her experiences and social environment. The social construction theory explains that social reality and life experiences contribute to interpreting and constructing the ageing process (Herzog & Markus, 1999; Stenner et al., 2011). While the ageing process is explained by different theories, social construction theory discusses how an individual constructs the meaning of being old.

The key theme of social construction that will be discussed in this section is how social realities influence the understanding of older persons of successful ageing. A qualitative study by Lewis (2011) in Bristol, United Kingdom among retirees identified the concept of eldership as attainment of a respected role in the community in association with successful ageing. The concept of successful ageing is attributed to the understanding of the older persons about ageing, which is influenced by the sociocultural realities in their community (Holmes, 2006; Tate et al., 2003; Torres, 1999).

In relation to research, Creswell (2009) suggests that social construction theory be used to explore the participants' subjective perspective on the meaning of their situation. Utilising social construction theory enables exploration of the narrative of the participants' understanding of their social realities and situation (Houston, 2001; Powell et al., 2009). According to Johnson and Onwuegbuzie (2004), mixed methods research contributes to the

social construction of a workable definition and in the exploration of the research topic. The same theory also suggests that mixed method research explores the narratives and the level of attainment of successful ageing in a sample population. Lastly, social construction theory promotes the importance of exploring the lay perspective of older persons on their understanding of successful ageing and its dimensions as well as the factors that facilitate and hinder its attainment.

### **3.8 Feminist Theory**

Most of the literature on successful ageing finds that females have significantly lower attainment of successful ageing (see Andrews et al., 2002; Bowling & Iliffe, 2006; Li et al., 2006). Feminist theory will explain the gender roles and disadvantages which affect and may hinder attainment of successful ageing. Feminist theory is rooted in the civic involvement of women in the 19th and early 20th centuries and was reenergised by social activism in the United States in the 1960s and in the 21st century. In social work, feminist theory is defined as a philosophical perspective which visualises and explains the various phenomena of women's oppression (Collins, 1986). According to Kemp and Brandwein (2010), there were five commitments shared by feminist social workers: to women's inclusion and empowerment, women's solidarity, the power and relevance of women's experiences, a rejection of binary, and an emphasis on praxis.

Gender roles may impact on the socio-economic conditions of older persons in later life (Allen & Walker, 2009). In the Philippines, female older persons in rural areas were considered most vulnerable to poverty and hunger because of the inaccessibility of their communities, given the poor road conditions. Likewise, older female persons have limited access to regular pension systems, since females in the Philippines were expected to stay at home and care for their children. The study of Knodel and Chayovan (2008) in Thailand identified gender disadvantages such as lower income of older female persons. Further, the study suggested the importance of prioritising older female persons in social welfare programs like non-contributory social pensions. In this study, feminist theory contributes to understanding the expected gendered roles of women in the ageing process, such as doing the household chores, as well as with the attainment of successful ageing. Feminist theory provides a set of understandings on the different experiences of male and female respondents on successful ageing. Therefore, this study will explore the perspective of female older Filipino persons on successful ageing and its dimensions.

According to Gringeri, Wahab, and Anderson-Nathe (2010), utilising feminist theory in social work research contributes to exploring the differences between female and male as well as promoting greater self-determination of women. Exploring successful ageing may contribute to understanding the gender differences in identifying the facilitating and hindering factors especially for female respondents. Moreover, Netting (2011) suggests that feminist gerontologists need to look at the different perspectives of older persons. Lastly, feminist theory may contribute to adding richness to the concept of successful ageing based on the perspective of female interview participants.

### **3.9 Conclusion**

Exploring successful ageing in this study is supported by a range of theories, such as continuity theory, disengagement theory, activity theory, generativity theory, social construction theory, feminist theory, and life course perspective. Understanding the ageing process requires a multidimensional assessment of theories (Kolb, 2004). In this study, life course perspective serves as the overarching framework which outlines how significant life stages or experiences contribute to successful ageing. Further, life course perspective suggests the importance of selecting new goals and activities which contribute to successful ageing. By looking at life course perspective, this study intends, through in-depth interviews, to develop new insights into the significant life experiences of older Filipino persons that contribute to successful ageing. Meanwhile, disengagement theory suggests that older persons who discontinue their social roles may still age successfully, but that may need to be explored in the Philippines. This study will argue that those who disengage with family and community activities are less likely to attain successful ageing. In promoting continuous engagement, continuity theory stresses the importance of internal and external continuity of roles which promote social engagement, wellbeing and attainment of successful ageing.

Activity theory informs us that older persons need to remain active by being independent in their activities of daily living and actively participating in community activities. Meanwhile, there are also other factors, like family relationships, and mutual support between generations, which are important in Asian culture and are explained by generativity theory. In addition, social construction theory is important in exploring sociocultural factors and influences on successful ageing. This study will validate or contradict the suggestion that female older persons in the Philippines have significantly lower attainment of successful ageing, as is found in existing literature. Moreover, it is important to



explore the feminist perspective on successful ageing. Likewise, feminist theory in social work may assist in the development of gender-based social welfare interventions to address the disadvantages experienced by Filipino older female persons.

The selected theories in this study show the importance of utilising mixed method in exploring the sociocultural factors that facilitate or hinder attainment of successful ageing in the Philippines. In an exploration of successful ageing, social realities and existing social welfare policy and programs in the Philippines need to be analysed to provide a background on the challenges and opportunities faced by older Filipino persons. In Chapter 4, the social realities and economic situation experienced by older Filipino persons will be discussed, to provide the reader with an overview of the social realities that may influence the understanding and attainment of successful ageing.

## **Chapter 4: Ageing in the Philippines: Social Welfare Policy and Programs for Older Persons**

### **4.1 Chapter Overview**

This chapter analyses the social realities of ageing in the Philippines which are critical in exploring successful ageing. This chapter analyses the distinct challenges and opportunities of older persons to enable the reader to have a better understanding of the social realities in the Philippines. This chapter will provide an overview of the socio-economic condition and realities that are important in addressing the aims of this study.

This chapter begins with an overview of the general history of the Philippines. The succeeding section presents the changing demographics of the Philippines and the opportunities and challenges created by the increasing number of its older persons. Moreover, this chapter analyses the international commitments to which the Philippines is signatory, as well as the key national social welfare policy and programs for older Filipino persons. The last section of this chapter presents the historical background of social work and social welfare programs for older Filipino persons, to provide the reader with the context of social work practice with older persons in the Philippines.

### **4.2 The Philippines and its History**

The Philippines, formerly a Spanish colony for more than three centuries, was named after King Philip II of Spain and was subsequently taken over by the United States in the early 20th century as its first colony. The Philippines is situated in Southeast Asia, with 7,107 islands comprising three main geographical areas: Luzon, Visayas, and Mindanao (United Nations Development Program, 2013). The country is located at the typhoon belt, visited by an average of 20 typhoons every year, and situated in the Pacific ring of fire, which makes it vulnerable to frequent earthquakes and volcanic eruptions (Asian Disaster Reduction Center, 2008). Natural disasters are one of the main causes of poverty through their effect on agricultural production, a main source of livelihood for older Filipino persons.

The Philippines has a land area of 30 million hectares, with 15.8 million hectares classified as forest lands, and is considered an agricultural country (Food and Agriculture Organization of the United Nations, 2014). The Philippines is also rich in culture, with more than 100 distinct dialects in different islands (McFarland, 2004). Filipino is the main

language, while English is the second language and is used as the medium of instruction in high school and tertiary education. Older Filipino persons have an important role in preserving and ensuring continuity of culture and tradition. Likewise, older Filipino persons are considered the custodians of culture, tradition, and language as well as local dialects in their community.

### **4.3 Population Ageing in Asia: A Reality in the Philippines**

Ageing of the population contributes to major societal, cultural, and economic changes in both developed and developing countries (United Nations Population Fund, 2011). Population ageing is a defining challenge for the 21st century and will have significant implications not only in Europe, but foremost in Asia (Harper, 2009; Lamb & Myers, 1999). Asia is undergoing a demographic transition, with older persons outnumbering the young, and this will have significant implications for the economy, society, and the family (Harper, 2009). Asia needs to adapt to fast societal change, because the increasing absolute number of older persons will influence social and family structures (Sidorenko, 2007). Kendig (2004) concludes that demographic changes in Asia vary in each country, whether developed or developing, and within ethnic subgroups.

The United Nations Population Division (2011) reports that there are more than 4.2 billion people living in the Asia-Pacific region, representing 61% of the world's population, and there are 420 million older persons who are aged 65 and above. Park (2009) suggests that rising life expectancies and falling fertility rates in Asia are contributing to its demographic transition. For example, China is facing the challenge of a rapid increase in the number of older persons, with over 167 million people aged 60 and above, representing 12.5% of its total population in 2010 (Wang, 2010).

Ageing of the population in the Philippines is becoming a reality. The Philippine Government and its society need to prepare for an unprecedented increase in the older population and for the challenges experienced by older persons that will need to be addressed. The Philippines was ranked as the 12th most populous country in the world in 2011 and ranked second in Southeast Asia next to Indonesia (United Nations Population Division, 2011).

The Philippines is on the demographic sweet spot, given its continuous economic development and steady increase in population. Countries with these characteristics benefit from the population growth which contributes to their economic development (Jackson,

Howe, Nakashima, & Capital, 2011). The Philippines is ranked third among migrant-sending countries, with an estimate of seven million Filipinos working overseas (United Nations Population Fund, 2011). The Philippines will remain one of the top migrant source countries, because developed nations will need skilled human resources (like nurses and social workers) to care for their ageing populations.

The continued increase in the numbers of older persons aged 60 and above in the Philippines is attributed to the steady growth of population. The age structure is generally younger in the Philippines, while there is a continuous significant increase in the number of its older persons. The 1.7% total population growth and 3.1% fertility rate contribute to the steady increase of the population, which has been estimated at 92.34 million (Philippine Statistics Authority, 2012a; United Nations Population Fund, 2011). In 2012, the total estimated population of older Filipino persons was 6.23 million, consisting of 55.8% females and 44.2% males (National Statistics Office, 2012b). Harper and Leeson (2008) conclude that the demographic situation in transitional countries can be attributed to the increasing level of migration and the proportion of older persons, given the falling fertility and mortality. The rapidly increasing number of older Filipino persons is attributed to a fertility rate which remains at 3% and a slight increase in life expectancy, especially for women, as well as the sheer numbers of Filipinos reaching 60 years.

### **Demographic Drivers in the Philippines**

The demographic drivers of ageing are the rising life expectancy and the declining fertility rate (Kinsella & Phillips, 2005). The Philippine National Statistics Office (2008) reported that the fertility rate is on the downtrend from 3.8% to 3.3%, while life expectancy increased from 66.11 to 67.61 for males and from 71.64 to 73.14 for females. The fertility rate in the Philippines is slowly decreasing, while life expectancy is significantly increasing (more in females than in males). Bloom, Canning, and Sevilla (2003) suggest that, if the fertility rate of a country goes down to 2.1%, it is below replacement level. This means that the ageing of the population in the Philippines is imminent, given the increasing percentage of older persons and decreasing population growth.

Health and social welfare intervention needs to promote active life expectancy as well as strengthening services to address the health conditions of older Filipino persons, especially the oldest-old (those who are 80 years old and above). In 2005, the Philippine Statistics Authority (PSA) reported that there were 734,100 older persons aged 80 years and above, and in 2020 the oldest-old will increase to more than one million (National Statistics Office,

2005). The oldest-old had the largest proportion of growth compared to other age categories, given the medical advancement (Kinsella & Phillips, 2005). In all countries, older women typically outnumber older men, and the difference is prominent among the oldest-old (Bloom et al., 2003). The oldest-old group is also the most vulnerable to health problems and disability (Christensen, Doblhammer, Rau, & Vaupel, 2009). Andrews et al. (2002) suggested the importance of exploring successful ageing among the oldest-old group, since they are the most vulnerable to disability and disease. According to Bowling and Iliffe (2006), there is a need to broaden the theoretical approaches of successful ageing that will be appropriate for the oldest-old. The oldest-old in different countries experience distinct challenges apart from vulnerability to disability and disease. In the Philippines, poverty in old age and limited access to medical and welfare services by the oldest-old aggravate their condition.

#### **4.4 Challenges Faced by Filipino Older Persons**

In analysing the demands of the social environment, HelpAge International (2010) suggests the importance of analysing the challenges and opportunities of older persons in their own communities. Poverty remains the main challenge for an older Filipino person. The Philippines Social Reform and Poverty Alleviation Program of 1997 identified older persons as one of the disadvantaged sectors needing to be prioritised in social welfare and health care policy and programs. Another challenge for older Filipino persons is the double burden of disease.

##### **Double Burden of Disease**

Developing countries face a double burden of disease, given the increasing incidence of non-communicable conditions, such as dementia, and communicable diseases which traditionally affect poor older persons (World Health Organization, 2009). Unpreparedness and inability of medical services in developing countries to respond to gerontological conditions are some of the main challenges in the 21st century (HelpAge International, 2010). In the Philippines, the five major causes of mortality have been heart ailment, cerebrovascular disease, cancer, pneumonia and tuberculosis (National Statistics Office, 2011). The causes of mortality in the Philippines are a combination of non-communicable and communicable diseases. Older Filipino persons are vulnerable to communicable diseases like tuberculosis, pneumonia and malaria, as well as to non-communicable diseases such as cancer and dementia, and this contributes to the increasing prevalence of disability (National Statistics

Office, 2011; World Health Organization, 2015). Leeson and Harper (2007) conclude that the number of older persons living with cancer or serious chronic respiratory diseases will continue to increase. The majority of Filipinos are still unaware of degenerative conditions like dementia, and there is still no national registry or program to address degenerative diseases. Christensen et al. (2009) suggest that medical and welfare services are important to address challenges of ageing populations. The lack of public awareness on degenerative conditions and research on older persons further aggravates the conditions of older Filipino persons, especially the poor.

### **Prevalence of Disability**

The increasing number of older Filipino persons with functional disability is alarming. There are an estimated 1.4 million Filipino persons with some form of disability, while the majority are suffering from physical disability attributed to non-communicable and communicable diseases (National Statistics Office, 2012a). Moreover, there are an estimated 329,000 older Filipino persons with some form of disability (National Statistics Office, 2005, 2013a). Low vision or partial blindness is the most common disability, followed by mental illness, mental retardation, and multiple impairments (National Statistics Office, 2013a). According to Christensen et al. (2009), the oldest-old are most at risk because of physical disability. The main challenge facing older Filipino persons is preventing functional disability well enough to enable them to fulfil their activities of daily living and participate in community activities. Lastly, older Filipino persons with disability are most vulnerable to experiencing poverty and hunger, since they do not receive direct welfare support from the government and they mostly rely on their family and neighbours for their daily and medical needs.

### **Poverty and Hunger**

Poverty and hunger have a significant effect on life expectancy as well as on the attainment of successful ageing in the Philippines. In analysing income level as a determinant of poverty, the World Bank (2014) has suggested that an individual needs to have an income of US\$1.25 per day to live above the poverty level. In a World Bank (2014) report, 21% of people in developing countries were living below US\$1.25 per day and were considered poor. In the Philippines, an individual needs 974 Philippine pesos (Php) to meet the monthly food requirement and Php1,403 to stay out of poverty, while a Filipino family of five requires a monthly income of Php7,017 to live above poverty (National Statistical Coordination Board, 2011). According to Castro (2009), if a household in the Philippines is classified as indigent,

then all members of the household are counted as indigent. A United Nations Population Fund (2011) report states that 23% of the total population of 94.9 million Filipinos, or 21.83 million Filipino people, are living below US\$1.25 per day or in poverty. Given the widespread poverty in the Philippines, Park (2009) argues that poverty among older persons is widespread, since large numbers of the lifetime poor will never benefit from pension systems.

Limited coverage by the social pension may contribute to the rising incidence of poverty and hunger among older Filipino persons. Poverty is the most substantial issue in the Philippines, given the average 32.9% incidence. In 2009, the number of poor older persons was estimated at 1,297,159 (Castro, 2009). In the Social Weather Stations (2014) survey, 55% of the families subjectively rated themselves as poor. Comparison of poverty incidence in rural and urban settings in the Philippines shows that the highest incidence of poverty among older persons was registered at 46.5% in a rural community, while the lowest rate was at 4.4% in an urban community (Castro, 2009).

Therefore, older Filipino persons living in rural areas are more at risk of experiencing extreme poverty and hunger, compared to their counterparts in urban communities. Given the widespread poverty in rural areas, families will have difficulties providing financial support to their older parents and relatives (HelpAge Korea, 2011). Older persons are living on the edge, with poor housing conditions situated along riversides, dumpsites, and railroad tracks which are disaster prone, and with no basic access to social services (Formilleza, 2010). In addressing the challenges faced by older Filipino persons, there is a need to recognise and expand the opportunities of older Filipino persons.

#### **4.5 Opportunities for Filipino Older Persons**

Older Filipino persons play a vital role, not only in their families, but also in the community. There is an increasing number of households in the Philippines headed by an older person. The majority of older Filipino persons also provide voluntary work in their family business or agricultural land. Moreover, older Filipino persons have been given an opportunity to participate in local governance and manage the Office of the Senior Citizens Affairs (OSCA). Lastly, Older Persons Organizations (OPO) form the largest and most active community-based volunteer group in the Philippines.

##### **Older Persons Organizations: Avenue for Participation**

An older person now heads OSCA, which is established in every municipality and city in the Philippines. The OSCA head is mandated by law to monitor the implementation of

privileges for older persons and to manage the day-to-day operations of the office (Balanon & Sanchez, 2009). OSCA is distinct, compared to other programs, because older Filipino persons are given responsibility for monitoring the implementation of provisions and privileges intended for them. OSCA also serves as an avenue for older persons to participate in local governance.

OPOs make up the largest and most active community-based volunteer group in the Philippines. The FSCAP is the largest and most active OPO in the Philippines. FSCAP is a community-based volunteer group exclusively for older Filipino persons that organises sociocultural activities for members as well as contributing to community development. The members of FSCAP are all volunteers, and FSCAP provides social support among members and initiates community development activities such as homecare programs. Membership of FSCAP is free and is open to all older Filipino persons. Another OPO group is comprised of retirees who are mostly retired teachers. The group provides support to their members through fellowship and social gatherings. The third largest OPO in the community is the council of elders of different religious sects. The council of elders in local Roman Catholic parishes in the Philippines is one of the most active OPOs that promote spiritual activities among members.

OPOs and community-based programs provide opportunities for older Filipino persons to participate and volunteer in their community. For example, Philippine legislation mandated local government units in the Philippines to establish a Senior Citizens Centre (SCC) in every city and municipality, to serve as venues for recreational, educational, health, and social programs for the full enjoyment and benefit of older persons ("Senior Citizens Act of the Philippines," 1995). There have been 540 SCCs established in the Philippines and they serve as offices for OPOs and OSCA as well as meeting places for older persons (Sanchez, 2010). According to Sanchez (2012), older Filipino persons are also actively participating in political exercises through the emergence of a Senior Citizens party as a political group that influences the Philippine political landscape. The strength in numbers of older persons is such a key factor that their political party has garnered the highest number of votes among party list organisations and even won three seats in the Philippine Congress in the 2010 elections.

### **Older Persons: As Household Head**

Having an older person acting as household head is a distinct feature of family structure and is an opportunity for older Filipino persons, since they are considered as an



important resource for their family. In 2005, there were 2.6 million Filipino households headed by older persons and the headship rate was at its highest at ages 60 to 64 years (National Statistics Office, 2005). A household head manages the day-to-day affairs of the household, such as budgeting, and acts as the guardian of grandchildren whose parents are working overseas. As the household head, the older person is the primary decision maker and has a great influence on the members of the household. More so, older Filipino persons are assuming the primary role of caring for the children of migrant workers, and some still provide financial support to their children and to their extended family. The Philippines is one of the top three migrant-sending countries, next to India and China, with an estimated diaspora of over seven million (United Nations Population Fund, 2011). Overall, the phenomenon of migration significantly influences the family structure, which contributes to the increasing number of older Filipino persons as household heads.

#### **Older Persons: As an Important Resource**

Older Filipino persons remain an important resource for the family and the community. In 2005, there were 2,600,990 older Filipino persons working without remuneration in family-operated farms and businesses (National Statistics Office, 2005c). In 2005, more than half of older Filipino persons, or 52.47%, were helping without pay in family-owned ventures, while 11.89% were still engaged in private enterprise (National Statistics Office, 2005). Older Filipino persons are contributing to their families as well as to the economy by voluntarily offering their time, knowledge, and skills. Therefore, expanding opportunity by promoting community volunteerism among older Filipino persons is important and may contribute to successful ageing.

#### **4.6 International Commitments and National Policy for Older Persons**

The Philippines was one of the first signatories of the Madrid International Plan of Action on Ageing (MIAPOP) as well as of the Shanghai Implementation Strategy (SIS), an international commitment that provides a blueprint for addressing the challenges of population ageing (United Nations, 2011). International commitments serve as a guide for countries in developing their policy and also in promoting international cooperation and collaboration to address the challenges of population ageing at the international and national level.

### **International Commitments to Older Persons**

The Macau Plan of Action for Older Persons (MPAOP) was the first regional strategy in Asia and the Pacific to identify key action areas of concern in addressing the challenges of population ageing as well as in promoting participation of older persons (ESCAP, 2003). SIS was followed by the ratification of the Madrid International Action Plan on Older Persons (MIAPOP), adopted in 2002 at the United Nations Second World Assembly on Ageing in Madrid, Spain. MIAPOP recommends policy direction which focuses on three key areas: ageing and development, health and wellbeing into old age, and enabling and supportive environments for ageing (United Nations, 2011). MIAPOP provides a blueprint for government to address the challenges and explore the opportunities of ageing in the 21st century (Sidorenko, 2007). MIAOP challenges each society and concerned professionals, such as social workers, to foster an environment that maximises opportunities for an older person's contribution to development (Ozanne, 1998). One of the priority areas in MIAPOP is social welfare and family, which places importance on providing support to families caring for older persons. MIAPOP provides a blueprint for strengthening the capacity of the government as well as for developing country-level social welfare policy and programs to address the challenges faced by older persons.

### **Social Welfare Policy and Programs for Older Filipino Persons**

The Philippines has made great strides in the enactment of national policies and development of programs for older persons. In the Philippine Constitution, the family has a duty to care for its members, while the government will implement comprehensive health and social services as well as a social security system. The first law in the Philippines for older persons was Republic Act No. 7432 ("Senior Citizens Act", 1992) which provided for the mandatory granting of a 20% discount on the purchase of medicines and other goods, and transportation for the exclusive use of poor older persons. Since there was no penalty clause in the law, there were numerous violations reported and many provisions were not followed, especially the mandatory discount for older Filipino persons.

After almost a decade, the law was amended to include stricter penalties for violators through Republic Act No. 9257 ("Expanded Senior Citizens Act ", 2010) which provides for comprehensive health care through the establishment of community-based health and rehabilitation programs. The Department of Health (DOH) was mandated to develop a national health program and to train health workers to specialise in geriatric care. The Department of Social Welfare and Development (DSWD) was directed to implement a social

welfare program. In 2010, the measure was amended by RA 9994 ("Expanded Senior Citizens Act ", 2009) to include a 50% discount on electricity and water bills for senior citizens as well as providing free medical and dental services in government hospitals. Social welfare policies for older Filipino persons are geared towards promoting welfare and participation of older persons in the community. For example, older Filipino persons are encouraged to participate in local governance through OSCA. Moreover, social welfare policy for older Filipino persons provides social protection through the social pension for indigent older persons, as well as burial assistance. According to Chan et al. (2007), effective and efficient implementation of social welfare programs often relies on mainstreaming policies at the local level. DSWD is mandated as the lead government agency to monitor the national implementation of policies and programs for older Filipino persons as well as to provide technical assistance to OSCA and OPOs. Lastly, DSWD is the largest employer of social workers in the Philippines and is mandated by law to be the lead government agency to provide services to older persons and their families.

#### **4.7 Social Work and Welfare in the Philippines**

Spanish and American colonial welfare initiatives have influenced social welfare and contemporary social work practice in the Philippines (Yu, 2006a). Social work and social welfare in the Philippines originate from the Catholic provision of alms to the poor and provision of shelter and education during and after World War II (Lee-Mendoza, 2002). The first social work agency in the Philippines, Hospicio de San Jose, was organised by a religious order that provides residential care programs for destitute and abandoned children and older persons. As early as 1965, RA 4373 ("An Act to Regulate The Practice of Social Work and the Operation of Social Work Agencies ", 1965) was enacted and defined social work as "concerned with organized social service activity aimed to facilitate and strengthen basic social relationships and the mutual adjustment between individuals and their social environment."

In the Philippines, the title of social worker is used to refer to those who have passed the board examinations, while "social work" is used to refer to the local professional community (Yu, 2006b). Republic Act No. 9433 ("Magna Carta for Public Social Workers ", 2006) enhances the definition of "social work as a profession that helps individuals, families, groups, and communities develop, improve, maintain or restore their capability for coping with the demands of their environment". The primary focus of social work in the Philippines

is on improving the economic condition of vulnerable individuals and groups as well as their wellbeing. The Philippine law also states that a social worker needs to have academic training and professional experience to enable individuals, groups, and communities to meet their needs and facilitate adjustment to a changing pattern of society. Therefore, social work knowledge and practice need continuous development to be responsive to the needs of a society showing changes such as the significant increase in older Filipino persons.

### **Social Work Knowledge and Practice with Older Filipino Persons**

Social work focuses on poverty alleviation, while social welfare programs focus on social cash transfer in the Philippines. Republic Act No. 9433 ("Magna Carta for Public Social Workers ", 2006) identifies two types of social work practice setting in the Philippines namely the primary and secondary setting. The primary setting refers to government agencies that are mandated to provide social welfare programs while the secondary setting refers to the practice of social work in a multidisciplinary setting such as in hospital, court, probation, law enforcement, labour, and school ("Magna Carta for Public Social Workers ", 2006).

Almanzor (1966) argues that Filipino social workers mostly focus on carrying out the service programs defined by agencies using social work method. Schatz, Jenkins, and Sheafor (1990) point out that generalist social work practice focuses on the client and the problem and links them with appropriate services to improve their wellbeing. According to Leichsenring (2004), social workers need to have the competence to act as advocates and gatekeepers of care planning for older persons with disability or dementia. Social work practice in the Philippines is limited, in the provision of assistance to individuals in crisis situations, to analysing whether an individual will be given one-time cash assistance or a discount on medical bills.

The majority of Filipino social work practitioners are generalist practitioners who are doing direct practice or working in local government, which is also responsible for organising and supervising OPOs. In the medical setting, social workers are primarily responsible for conducting socio-economic assessments for discounts on the medical bills of older persons. Generally, social work practice with older persons in the Philippines is concerned with assessing the financial needs of, and provision of cash transfers to, older persons. Meanwhile, non-governmental organisations like the HelpAge Coalition of Services for Elderly (COSE), focus on organising older persons to help themselves through different community programs. At present, there is still no multi-disciplinary practice addressing the problems of older

persons. Lastly, social work students and social work practitioners have not yet been provided with the necessary training in gerontology and geriatric social work.

The demand for social workers with basic gerontological competency will continue, given the increasing number of older persons (Rosen, Zlotnik, & Singer, 2003). There will be a continuous demand for social workers with knowledge and training in gerontological social work in developed as well as in developing countries like the Philippines. Population ageing in every country contributes to the increasing demand for social workers with knowledge and experience in working with older persons (Naito-Chan et al., 2005). Gerontological courses are not yet included in the regular curriculum of social work schools in the Philippines. The lack of research on older persons remains the main challenge in upgrading the knowledge and practice of Filipino social workers. Exploring the multidimensional aspect of ageing may guide the development of gerontological social work as well as enhancement of social welfare policy and programs in promoting equal access for older Filipino persons to age successfully.

### **Social Welfare Programs for Older Filipino Persons**

One of the key developments in social welfare in the Philippines is the institutionalisation of a social protection program through conditional cash transfer to poor families and social pensions for indigent older persons. DSWD reported that 1.23 million older Filipino persons were living in poverty (Department of Social Welfare and Development, 2011). Since there is no universal old age pension in the Philippines, the majority of older Filipino persons who have no formal employment and have not contributed to any government or private insurance do not receive any pension.

Social pension is envisioned to mitigate hunger and poverty incidence among older Filipino persons. A social pension for indigent senior citizens was the flagship program of the government to address hunger and poverty in old age. For 2015, the government has allocated Php5.962 billion to benefit some 939,609 indigent senior citizens aged 65 and above nationwide, including in the Autonomous Region in Muslim Mindanao (ARMM) (Department of Social Welfare and Development, 2014). Social pension is a form of safety net for vulnerable and poor older Filipino persons. HelpAge International (2009) suggests that conditional cash transfer, like the social pension, is an emerging and immediate intervention into extreme poverty. A study by Johnson and Williamson (2008) shows that a universal non-contributory old age pension significantly contributes to breaking the intergenerational poverty cycle, since older persons are sharing resources with their family members. DSWD as the main social welfare government agency is currently focused on

social pensions for indigent older Filipino persons as part of the social protection program. One of the variables that will be explored in this study is the association of social pensions with successful ageing and its dimensions.

### **Social Welfare Agency in the Philippines**

Social welfare agencies need to address the challenges of providing community and residential social welfare services to the increasing proportion of older persons in the Philippines. RA No. 4373 of 1992 ("An Act to Regulate the Practice of Social Work and the Operation of Social Work Agencies ") defined a social welfare agency as an organisation or corporation, whether a government or private organisation, that engages mainly in social welfare work. The definition of social welfare agency was enhanced through the enactment of RA No. 7432 ("Senior Citizens Act", 1992) which is concerned with social services that aim to assist in strengthening basic social relationships and adjustment of individuals to their social environment.

DSWD is the main government social welfare agency responsible for providing social welfare services to support older persons and their families to adjust to their social environment through community-based and residential-based services. DSWD manages residential centres for older persons, which provide temporary residential care services, occupational therapy, medical services, and integrated delivery of social welfare services to 446 abandoned and neglected older persons (Department of Social Welfare and Development, 2012). Residential centres are also known as old folk's homes and offer temporary shelter to abandoned older persons in the Philippines. Moreover, community-based services provide direct social welfare intervention to vulnerable older persons and organise OPOs as well as promote advocacy activities like the Elderly Filipino Week celebration towards creating an environment that supports successful ageing. Therefore, this study will contribute by promoting research-based social welfare policy and programs that will support the attainment of successful ageing, especially among older Filipino persons living in poor communities.

### **4.8 Conclusion**

The Philippines needs to prepare for the increase in the absolute number of older Filipino persons, while, at the same time, addressing poverty and the double burden of disease. Promoting healthy life expectancy and addressing poverty in old age remain the main challenges for the Philippines. Analysing the opportunities and challenges of older Filipino persons contributes to exploring the factors facilitating and hindering the attainment

of successful ageing. This study contributes to promoting research-based social welfare policy and programs to address the challenges and optimise the opportunities of older Filipino persons. The Philippines has made great strides in enacting social welfare policies and implementing innovative programs that promote social engagement and the wellbeing of older persons. As an example, the establishment of OSCA encourages older Filipino persons to participate in local governance, as does the establishment of Senior Citizens Centres. These social welfare policies and programs are important in promoting equal opportunities for older Filipino persons living in poor communities to age successfully. More so, the primary challenge for the Philippines is to promote life course intervention which will address the rising incidence of disability among older Filipino persons that may hinder the attainment of successful ageing.

The common aspiration of social welfare agencies in the Philippines is poverty alleviation and enhancement of the wellbeing of older persons. Agencies, whether government or private, are vital in the implementation of social welfare policy and programs as well as in supporting older persons to age successfully. Lastly, understanding the social realities and socio-economic condition of older persons is vital in exploring the journey towards successful ageing in each country. Addressing the key aims of this research requires analysing the data into two main studies. Study 1 is the quantitative analysis, to explore the associations of sociodemographic variables with successful ageing and its dimensions (see Chapter 7 for the findings of the quantitative data). Study 2 is the qualitative analysis, to explore the perspective of older Filipino persons about successful ageing and its dimensions as well as the factors that may facilitate or hinder its attainment (see Chapter 8 for the findings of the qualitative study). In Chapter 5, I will discuss the research design for this study, specifically, Study 1 and Study 2.

## Chapter 5: Research Methodology

### 5.1 Chapter Overview

This chapter presents the methodology of Study 1 (Quantitative method) and Study 2 (Qualitative method). This chapter discusses the mixed methods design which was adopted in exploring successful ageing. Likewise, this chapter presents the sampling design, scale for the three dimensions of successful ageing, and sociodemographic variables. Lastly, this chapter explains the step by step procedure in analysing the data for Study 1 and Study 2 and the scope and limitations of the present study.

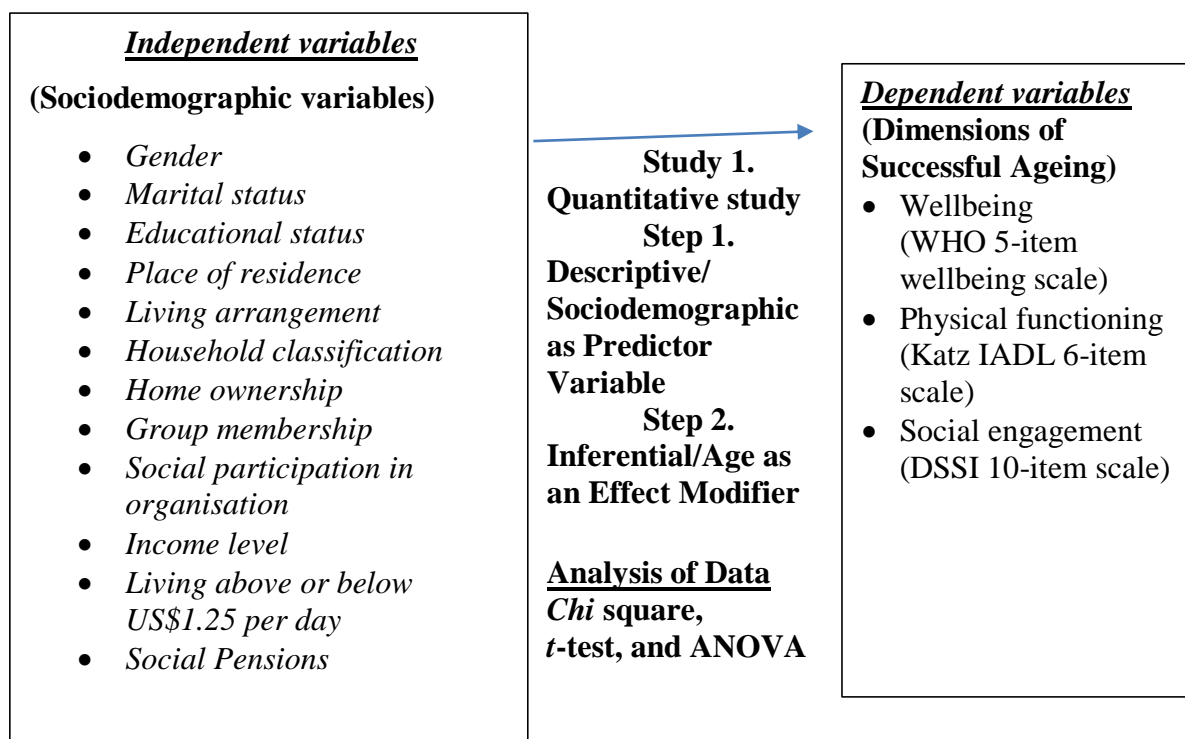
### 5.2 Methodology

Mixed method research has broadened the understanding of successful ageing and the interrelationship of the cluster of factors (Depp & Jeste, 2006; Inui, 2003). Baran (2010) suggests that mixed methodology provides a fuller understanding of research problems. Quantitative or qualitative approaches by themselves may not be adequate to fully understand the concept of successful ageing. The present study utilises mixed method design in exploring the understanding and sociodemographic variables associated with successful ageing in the Philippines. Mixed method research is a procedure that employs qualitative and quantitative methods and strategies within the same project to enrich the quality of findings (Sarantakos, 2013). Mixed method design is the collection and analysis of both quantitative and qualitative data (Creswell, Plano Clark, Gutmann, & Hanson, 2003). Rigorous qualitative and quantitative methods need to collect data simultaneously or sequentially to best address research problems (Creswell, 2013). Since the concept of successful ageing is dominated by Western perspectives and has not yet been explored in the Philippines, the researcher adopted mixed method in addressing the aims of this study. According to Baran (2010), exploratory research is valuable when little is known about the topic under study. Therefore, the present study utilises survey in Study 1 and in-depth interview in Study 2. Mixed method approach usually begins with a survey to generalise results to a population and then conducts open-ended interviews to explore the lay perspective of participants (Creswell et al., 2003).

Figure 1 presents the study design of Study 1. The first step is the descriptive analysis using cross-tabulation per total respondents and per age group category, while the second step is inferential analyses using *Chi* square, *t*-test, and ANOVA per total respondents and using



age as an effect modifier. The arrow at the centre on the figure indicates the direction of the relationship and statistical analyses performed in Study 1.



*Figure 1.* Exploring the Association between Independent and Dependent Variables (Study 1 design).

Figure 2 presents the study design for Study 2. The participants were asked about their perspective on successful ageing as well as their understanding of each of the three dimensions of successful ageing. Likewise, they were asked to identify the facilitating and hindering factors in the attainment of successful ageing. Thematic analyses were performed in identifying and analysing the responses gained from the in-depth interviews with the participants.

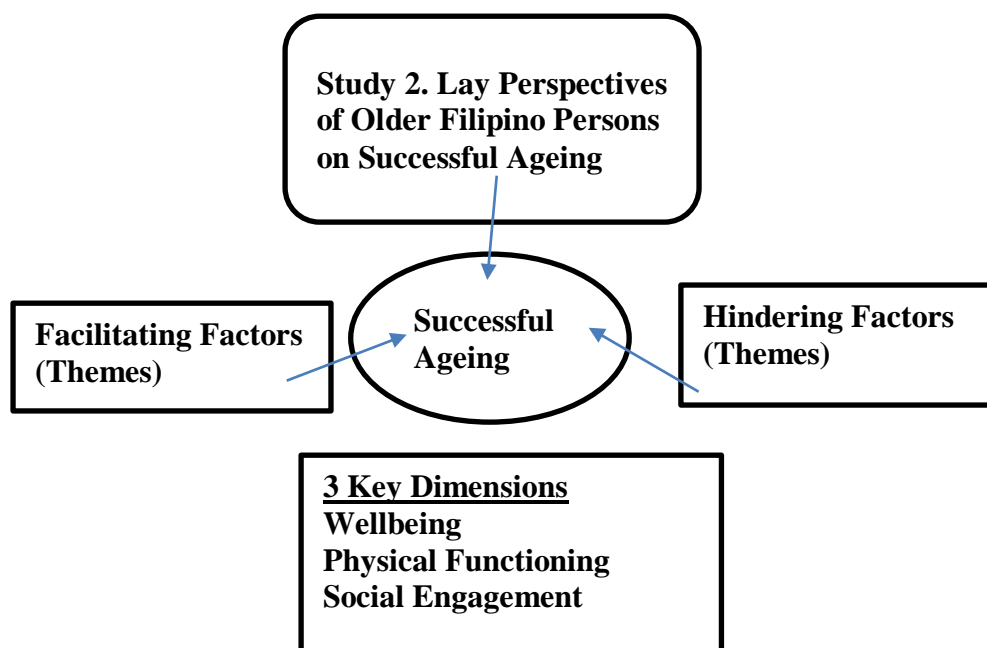


Figure 2. Exploring Lay Perspectives on Successful Ageing (Study 2 design).

The findings of Study 1 contributed by dividing the survey respondents into two groups, namely, those who attained successful ageing and those who did not attain the three dimensions of successful ageing; and this was the basis for identifying interview participants for Study 2. The purpose of Study 2 was to explore the perspective of interview participants on successful ageing, from those who attained and those who did not attain the three dimensions of successful ageing.

### 5.3 Method

The researcher collected both qualitative and quantitative data concurrently. For Study 1, the data collection started with a survey to explore the associations between sociodemographic variables and successful ageing and its three dimensions. For Study 2, participants were interviewed to explore their understanding of successful ageing and the facilitating and hindering factors in their attainment of successful ageing. The participants for the in-depth interview were chosen from among the survey respondents. Creswell and Clark (2007) suggest that the researcher needs to predetermine how mixed method design will be utilised, and the procedures in data collection, at the start of the research process. Mixed method design provides a methodological process of selecting participants for interview as well as examining the themes of findings from the qualitative and quantitative analysis

(Ivankova, 2014; Ivankova, Creswell, & Stick, 2006). In equally prioritising both methods, the findings of Study 1 (Quantitative method) are presented in Chapters 6 and 7, while the findings of Study 2 (Qualitative method) are presented in Chapter 8. In the integration of findings from both studies, the key findings are presented in Chapter 9.

### **Sampling**

The present study utilised both probability and non-probability sampling design in choosing the respondents. According to Johnson and Onwuegbuzie (2004), mixed method research consists of a combination of purposeful and probability sampling method. Probability sampling technique is mostly used in quantitative studies which involve selecting large numbers of sample respondents from a cluster population which aims to achieve representativeness (Tashakkori & Teddlie, 2003; Teddlie & Yu, 2007). Multi-stage cluster was utilised in choosing the sample urban and rural communities in the Philippines with high poverty incidence. According to Royse (2007), multi-stage cluster sampling design primarily selects individuals who are from the same group, such as civic organisations. From the sample community, the members of Older Persons Organizations (OPOs) or the Federation of Senior Citizens Affairs in the Philippines (FSCAP) were chosen as part of the sample group. The discussion on OPOs is presented in Chapter 4, section 4.5. Marlow (2010) suggests that cluster sampling involves getting the sample from larger groups with the same interest, which is often done in social work research. For example, FSCAP is organised in most of the rural and urban communities in the Philippines, and they have the list of older persons living in the sample community who are also their members. The survey respondents were chosen based on availability sampling among members of FSCAP in the sample rural and urban community for Study 1. Therefore, availability sampling was utilised in choosing the survey respondents, who are members of FSCAP, since there is no master list of older persons living in the sample community.

According to Jeste et al. (2010), older persons with lower educational levels or who live in poverty may be less likely to participate in research on successful ageing. Rubin and Babbie (2007) suggest that cluster sampling may be used if it is impractical to compile an exhaustive list of the target population. Most of the members of FSCAP are living in poverty and with lower educational levels, since there are no requirements for its membership unlike with other OPOs (i.e., the Retirees group required its members to have been part of a profession). Also, FSCAP officers voluntarily assisted the researcher by inviting their

members to voluntarily respond to the survey. Therefore, the survey respondents for Study 1 are members of FSCAP located in rural and urban communities with high levels of poverty.

For Study 1, the first step of cluster sampling was selecting a sample community to represent a rural and urban community with high poverty incidence and an active FSCAP. The second step consisted of selecting villages where there were organised FSCAPs willing to assist the researcher. The third step consisted of selecting FSCAP members in each village and requesting their voluntary participation in the survey. The FSCAP officers provided assistance by encouraging their members to participate.

For Study 2, non-probability sampling design utilising typical case sampling was used in choosing participants for the in-depth interviews. In typical case sampling, the researcher chooses participants who are not remarkable or ordinary (Creswell, 2013; Marlow, 2010; Miller & Salkind, 2002). The process of selecting interview participants started with dividing the survey respondents into two groups, those who attained and those who did not attain the three dimensions of successful ageing.

### **Research Paradigm**

Exploring successful ageing may be best advanced through utilising exploratory mixed methodology guided by post-positivism and constructivism as its research paradigm. Post-positivism is an improved version of positivism which maintains a dualistic view of knowledge in exploring multiple descriptions of events (Gale, 1993). Further, post-positivism has revived the uses and purpose of research that promotes objectivity as well as the importance of social realities (Ryan, 2006). Post-positivist research utilises both qualitative and quantitative methodologies as part of methodological procedure in exploring multiple descriptions as well as validity and reliability of data (Peile & Mccouat, 1997). Creswell (2013) argues that post-positivist research needs to be based on careful observation and objective measurement as well as studying the behaviour of individuals. In this study, post-positivism suggests the importance of objective reality in providing reliability and validity of data as well as exploring the social realities of older persons living in the community.

Another paradigm that informs the present study is constructivism. Constructivism asserts that social phenomena and their meanings are the interpretations of people about their interaction in their social environment (Bryman, 2012). According to Sarantakos (2013), constructionism focuses on the firm belief that reality is constructed, and meaning emerges out of people's interaction with the world. Further, Creswell and Clark (2007) suggest that constructivism is typically associated with qualitative approaches and that the lay perspective

of people informs the understanding of phenomena. Study 2 presents the perspective of the interview participants on successful ageing and its dimensions as well as the facilitating and hindering factors influenced by the sociocultural context and life course experiences. Overall, Study 1 presents the statistical findings, while Study 2 explores how older persons construct their understanding of successful ageing in the Philippines.

### **Study 1. Quantitative Study**

Study 1 utilised survey and scales in assessing attainment of the three dimensions of successful ageing in the present study. Survey is a systematic method for data gathering from sample individuals for the purpose of constructing quantitative descriptors of the attributes of a larger population (de Leeuw & Dillman, 2008). The scales that were adopted to assess each of the dimensions of successful ageing in this study are presented in Chapter 5, section 5.5. The present study utilised cross-sectional survey design in the data gathering for Study 1. Cross-sectional design is a survey design which entails the collection of data on more than one case at a single point in time, to examine the pattern of associations among variables (Bryman, 2012). Cross-sectional design was chosen because the data collection is limited to a single point in time, and it contributes to analysing the association of sociodemographic variables with the attainment of successful ageing and with its three dimensions. The researcher and support investigators used a structured survey questionnaire which includes the consent form, survey questionnaire, and the tally sheet (see Appendix B for the Survey Questionnaire and corresponding scales for the three dimensions of successful ageing). The consent form stated that participation in the survey was voluntary and confidential. Member of FSCAP who agreed to voluntarily participate in the survey were asked to affix their signature to the consent form (see Appendix C for the Consent form).

The survey questionnaire and supporting documents, such as the information letter and the consent form, were translated into Filipino and re-translated to English to ensure accuracy. The information letter includes a thorough explanation of the purpose of the study and the rights of the participants, including withdrawing from the study (see Appendix H for the Information Letter). The respondents signed two copies of the consent forms, one of which was given to them for their reference, together with the information letter. The tally sheet and computation for each of the scales are presented in the last page of the survey questionnaire in Appendix B.

### **Sample for Study 1**

The total sample size for Study 1 was 200 members of the OPOs or FSCAP representing a rural and an urban community. The sample size was considered to be a feasible target, considering the limited budget and time for the conduct of the research. The sample respondents were selected from both urban (Pateros) and rural (Province of Camarines Norte) communities in the Philippines. The inclusion age of survey respondents was 65 years and above, this being the mandatory retirement age in the Philippines. Moreover, the respondents needed to be members of an OPO or FSCAP and living in the community. Since the majority of Filipinos aged 65 and above are females living in rural communities (Philippine Statistics Authority, 2012b), the sample was divided per area of location and per gender distribution in ensuring accuracy of the sample size.

#### *Per Area of Location*

- a) 106 respondents from rural community (53%)
- b) 94 respondents from urban community (47%)

#### *Per Gender Distribution*

- a) 86 males (43 from each community) (43%)
- b) 114 females (57 from each community) (57%)

### **Study 2. Qualitative Study**

Study 2 utilised a semi-structured interview guide in exploring the perspectives of selected members of OPO and FSCAP on successful ageing and the factors that facilitate and hinder successful ageing. Semi-structured interviews assisted the researcher to obtain accurate information about the characteristics and description from selected respondents, so that research questions could be answered in a valid way (de Leeuw & Dillman, 2008). According to Luo and Widlemuth (2009), the semi-structured interview provides a list of general ideas and uniformity in gathering responses on the subject of the study. Also, semi-structured interviews are useful in exploring the opinions and perspective of respondents on the topic of the research (Creswell, 2006).

The interview questions were derived from the aims of the present study. In this study, the semi-structured interviews consisted of four open-ended questions. Based on the pilot test of the interview questionnaire, it would take 10 to 15 minutes per respondent to answer all the questions. The first question was, “Would you consider yourself ageing successfully and why do you say so?” This question explored the lay perspective of the interview participants on successful ageing. The second question is comprised of three sub-

questions to explore the three key dimensions of successful ageing: firstly, “Is independence on physical functioning or activity of daily living an important factor to be successful in old age and why?”; secondly, “Is wellbeing an important factor to be successful in old age and why?”; and thirdly, “Is social engagement an important factor to be successful in old age and why?” The third question was, “What are the important facilitating and hindering factors for you in the attainment of successful ageing and why?” The fourth question consisted of two questions: firstly, “In your own words, what is your understanding of successful ageing or complete the sentence, successful ageing is?”; and secondly, “How does your life experience influence your perspective on the attainment or non-attainment of successful ageing?” These questions were intended to explore the life experiences that have influenced their attainment or non-attainment of successful ageing. Follow-up and probing questions were used by the researcher to elicit more responses. The data gathering reached a point of data saturation and the researcher decided to discontinue after interviewing 75 participants.

### **Sample for Study 2**

A total of 75 participants were interviewed, comprising 45 females and 30 males. The interview participants were chosen because they were considered typical of those who attained and those who did not attain the three dimensions of successful ageing in this study. Of the sample interview participants, there were 45 who did not pass the three dimensions of successful ageing, while 30 passed the three dimensions of successful ageing.

After the survey, the researcher conducted the in-depth interview with those who were chosen as typical cases for Study 2. Non-probability sampling allows the researcher to intentionally select respondents based on criteria and those with typical characteristics (Marlow, 2010). In this study, the main criteria for choosing the interview participants for Study 2 were that they were living below US\$1.25 per day and were not an officer of an OPO. Creswell (2009) suggests that the results of survey data can be used to identify potential respondents. The participants for the interviews were typical cases from those who attained and did not attain the three dimensions of successful ageing in this study. Royse (2007) suggests that interviewing typical participants provides useful information for social workers in developing interventions for the most vulnerable. The interview participants were living in a rural and an urban community with high incidence of poverty.

During the data gathering, there were no respondents who refused to answer the survey questionnaire. The respondents voluntarily provided their consent to participate in the study. Of the 200 survey respondents in Study 1, there were 75 interview participants selected

for Study 2. The criteria for selecting the typical case sample for interview are the following: member of OPOs, not holding elected position in the community, and living below US\$1.25 per day. In the conduct of in-depth interviews, five participants declined to be interviewed for personal reasons, such as the need to attend to household chores or fetch their grandchildren from school.

The researchers requested permission from the interview participants for the conversation to be recorded for the purposes of the research. The interviews were digitally recorded and entered into the computer after each interview. The digital recording was transcribed by a research assistant. The interviews were conducted in Filipino and were translated into English by the researcher and research assistant. The English translations were re-translated into Filipino to ensure accuracy of the meaning of the content of the interview. In rural communities, there were participants who preferred to answer the interview questions in their local dialect. The research assistant from the rural community translated the interviews into Filipino, and then the researcher translated them into English, and they were re-translated into Filipino to ensure accuracy.

#### **5.4 Sample Community**

The selection of sample community in this study was influenced by a number of factors. Firstly, there was support from the Coalition of Services for the Elderly (COSE) in encouraging their community members to participate in this study. Secondly, COSE recommended the sample community because they had a community development worker assigned in the sample community who would assist in the data gathering. Thirdly, the sample community was considered as among the poorest and represents the condition of rural and urban communities in the Philippines, based on the recent official data of the Philippine Statistics Authority (2015). Fourthly, there is an organised OPO of FSCAP in the community who were willing to support the conduct of the data gathering. Therefore, the researcher chose Pateros in Metro Manila to represent the urban community and selected municipalities in the Province of Camarines Norte to represent the rural community.

##### **Urban: Pateros Metro, Manila**

The Municipality of Pateros, located in the 4th district of the National Capital Region or Metro Manila, contains 10 Barangay or suburbs (See Appendix E for Map of Pateros). Among urban communities, Pateros has the highest poverty incidence at 3.8% (National Statistics Office, 2012a). Pateros is the only municipality in Metro Manila, with the smallest



land area, and is among the poorest communities in Metro Manila (Gonzales, 2005). The Philippine Statistics Authority (2012a) recorded a total population of nearly 11.9 million people in Metro Manila. Of the 16 cities and lone municipality comprising the region, Pateros recorded the highest ratio of 111 households for every 100 occupied housing units, as well as the highest population density among urban communities in the Philippines (National Statistics Office, 2010). The total population of Pateros is 64,147 people and 7.02%, or 4,505, are older persons (National Statistics Office, 2010). About 30% of older persons aged 65 and above in the Municipality of Pateros have a disability (National Statistics Office, 2010). There are 2,804 households with an older member who has functional difficulty in self-care and walking, while 1,009 households have an older member who has difficulty remembering or concentrating (National Statistics Office, 2010).

#### **Rural: Province of Camarines Norte**

The Province of Camarines Norte is ranked 45th poorest out of 82 provinces, with poverty incidence at 32.4% and the majority of the people reliant on agriculture and fishing as main sources of livelihood (National Statistical Coordination Board, 2011). The Province of Camarines Norte is situated on the north-western coast of the Bicol Peninsula, which forms the south-eastern section of Luzon and is bounded on the north and east by the Pacific Ocean (Provincial Government of Camarines Norte, 2012). The area is located in the known typhoon belt and, of the 12 municipalities in the Province of Camarines Norte, the study selected four municipalities, namely, Daet, Jose Panganiban, Labo, and Paracale, all situated in far-flung communities (see Appendix F for the Map of Camarines Norte). The main source of livelihood in four municipalities is either farming or fishing, which is typical of a traditional rural community in the Philippines. The total population in the Province of Camarines Norte is 542,915, with an annual population growth rate of 1.44%, and it is home to 37,258 older persons (National Statistics Office, 2013b). The overall dependency ratio of 71 indicates that, for every 100 working-age people, there are about 64 young dependents and seven older dependents (National Statistics Office, 2013b). Further, there were 16,016 older persons possessing at least one type of functional difficulty. The most common is impaired vision, followed by walking, hearing, difficulty in remembering and communicating (National Statistics Office, 2013b). The Filipino families in the Province of Camarines Norte take care of older persons with disability. There were 2,205 Filipino households taking care of older persons with disability, being 23.45% of the total households with disability in the Province of Camarines Norte (National Statistics Office, 2013b). Lastly, there were 3,366 indigenous

peoples living in 21 tribal settlement areas in seven towns in the Province of Camarines Norte (Provincial Government of Camarines Norte, 2012).

### **Data Gathering: Field Work Experience**

The survey and interviews were conducted from the 3rd week of September until the last week of October 2012. Initially, the researcher had a meeting with the Director and community organisers of COSE and discussed with them the research project and the assistance required with the data gathering.

The meeting was followed by a presentation of the research methodology and project timeline to COSE staff and support research investigators. The meeting offered an opportunity to get suggestions on identifying the sample location and to encourage older persons to voluntarily participate in this study. The researcher would be the primary research investigator and would provide supervision to support research investigators. The researcher thoroughly explained the questionnaire and measures of each dimension of successful ageing used in this study to the support research investigators. Training sessions were provided to support research investigators on doing the interviews, including note taking, asking follow-up questions for probing, and computation of each scale that corresponds to the three dimensions of successful ageing in this study.

COSE and OPOs in the sample community assisted in coordinating with local government units for the courtesy visit of the researcher. The courtesy visit is an established norm in the Philippines, to inform the appropriate local government officials about the purpose of the research. Likewise, COSE and the OPOs assisted in informing the older persons and the appropriate local government units about the conduct of the data gathering in their respective communities. The researcher informed the local government officials and OPO officers and their members about the possible benefits of the study, such as enhancing social welfare policy and programs for older Filipino persons.

The officers of the OPOs were oriented by the researcher about the project and the details of the data gathering. The research project flyer was provided to the community organisers and was posted in conspicuous locations such as community bulletin boards (see Appendix G for the Project Flyer). The OPO officers went to the houses of older persons to personally give them the flyer and consent letter. The participants were requested to tick a box in the flyer if they were interested in voluntarily participating in the study and also to indicate their preferred date and time for the interview.

The OPO members who voluntarily expressed their willingness to participate in the research were provided with copies of the letter to participants, the consent form and the questionnaire. An OPO officer accompanied the researcher to the residences of the older persons who agreed to be part of the survey and interview. Narrow roads in urban communities and limited public transportation in rural areas required the researcher to hire local transport during the data gathering, which is an additional budget cost. In rural settings, a researcher needs more time for data gathering.

Data gathering in rural areas is costlier than in urban areas, given that the houses are far apart. One of the main challenges experienced was finding the addresses of the participants, since there are no updated house numbers in either urban or rural communities in the Philippines. Local support and contact provides the immediate links with older persons that are important in building trust and rapport in the shortest possible time. The researcher provided some incentives, such as snacks and transportation allowances, for local contacts and officers of the OPOs, as a small token of recognition for their voluntary assistance in the data gathering.

A courtesy call on local government officials is an unwritten protocol in the Philippines. Coordination with local government, as well as with an OPO or community organisation, is necessary to promote acceptance in the community before the start of data collection. A researcher needs to be accompanied on house visits by people who are known in the community to be able to get the support and trust of the respondents. Support research investigators were temporarily hired to assist in the conduct of data gathering and transcription of interviews. The research investigator for the Municipality of Pateros is Joan Bernardo, a former Instructor at the University of the Philippines College of Social Work and Community Development. In the rural community, Artem Dela Cruz is the research investigator for the Province of Camarines Norte and is also working as a community organiser for COSE. There was no conflict of interest for the two support research investigators, since they were not working directly with the OPOs in the sample community.

### **5.5 Research Measures**

The research measures to assess the attainment of successful ageing in this study were based on an extensive review of literature. Another consideration was the scales that were adopted in different studies to measure the attainment of successful ageing. For example,

the study by Li et al. (2006) adopted the MMSE scale, Katz IADL scale, and the life satisfaction index to assess attainment of successful ageing in Shanghai, China. In another study, Jang et al. (2009) adopted the MMSE, IADL, and the Philadelphia Geriatric Center Morale Scale to assess attainment of successful ageing in Seoul, South Korea. In addition, Lamb and Myers (1999) adopted the Katz IADL scale, Nagi scale of physical strength, and general wellbeing scale to assess the attainment of successful ageing in Sri Lanka, Indonesia, and Thailand. Notwithstanding differences and similarities, the WHO Subjective Wellbeing and Katz IADL scales were commonly used to measure the Rowe and Kahn dimensions of successful ageing. This study adopted the most commonly used and relevant scale, with higher reliability and validity, that was used by most studies on successful ageing.

### **Dependent Variables and Corresponding Scales**

The dependent variables in this study are the three dimensions of successful ageing, namely, wellbeing, physical functioning and social engagement. Table 2 presents the list of measures that were used for the dependent variables. Wellbeing was measured using the five-item WHO Subjective Wellbeing scale. An example item included, “I have felt cheerful and in good spirits”. Responses were measured on a 0-5 Likert ranging from 0= at no time to 5= all of the time.

Physical functioning was measured using the six-item Katz IADL scale which measured either dependence or independence in activities of daily living such as bathing, dressing, and toileting.

Social engagement was measured using the Duke Social Support and Social Interaction (DSSI) Scale. The DSSI scale consists of 10 questions measuring subjective social interaction. Responses to question 1 were measured on a three point Likert scale, responses to questions 2 to 4 were measured on an eight point Likert scale, and responses to questions 5 to 10 were measured on a three point Likert scale. These scales were adopted because of their proven reliability as demonstrated in the literature. The following section provides a detailed explanation and method of computation for each scale.

Table 2

*List of measures for dependent variables and their categories and scale*

<b>Dependent variables</b>	<b>Categories</b>	<b>Scale/Code in SPSS</b>
WHO Subjective Wellbeing Scale	<ol style="list-style-type: none"> <li>1. I have felt cheerful and in good spirits.</li> <li>2. I have felt calm and relaxed.</li> <li>3. I have felt active and vigorous.</li> <li>4. I woke up feeling fresh and rested.</li> <li>5. My daily life has been filled with things that interest me.</li> </ol>	<ol style="list-style-type: none"> <li>0- At no time</li> <li>1- Some of the time</li> <li>2- Less than half of the time</li> <li>3- More than half of the time</li> <li>4- Most of the time</li> <li>5- All of the time</li> </ol>
Katz Independence in Activities of Daily Living (IADL) scale	<ol style="list-style-type: none"> <li>1. Bathing</li> <li>2. Dressing</li> <li>3. Toileting</li> <li>4. Transferring</li> <li>5. Contenance</li> <li>6. Feeding</li> </ol>	<ol style="list-style-type: none"> <li>0 –Dependence WITH supervision, direction, personal assistance or total care</li> <li>1 –Independence NO supervision, direction or personal assistance</li> </ol>
Duke Social Support and Social Interaction (DSSI) scale Subjective Social Interaction Q1	<ol style="list-style-type: none"> <li>1. Other than members of your family how many persons in your local area do you feel you can depend on or feel very close to?</li> </ol>	<ol style="list-style-type: none"> <li>Q1</li> <li>1 – none</li> <li>2- 1–2 people</li> <li>3 – more than 2</li> </ol>

<p>Subjective Social Interaction Q2 to Q 4</p>	<p>2. How many times during the past week did you spend time with someone who does not live with you, that is, you went to see them or they came to visit you or you went out together?</p>	<p>people Q2 to Q4</p>
<p>Subjective Social Support Q.5 to 10</p>	<p>3. How many times did you talk to someone (friends, relatives or others) on the telephone in the past week (either they called you, or you called them)?</p> <p>4. About how often did you go to meetings of clubs, religious meetings, or other groups that you belong to in the past week?</p> <p>5. Does it seem that your family and friends (people who are important to you) understand you?</p> <p>6. Do you feel useful to your family and friends (people important to you)?</p> <p>7. Do you know what is going on with your family and friends?</p> <p>8. When you are talking with your family and friends, do you feel you are being listened to?</p> <p>9. Can you talk about your deepest problems with at least some of your family and friends?</p> <p>10. How satisfied are you with the kinds of relationships you have with your family and friends?</p>	<p>1- None 2- Once 3- Twice 4- Three times 5- Four times 6- Five times 7- Six times 8- Seven or more times Q5 to Q10 1- Hardly ever 2- Some of the time 3- Most of the time</p>

*Note.* Q = abbreviation of questions and each of the numbers is the equivalent scale in each of the categories. WHO = World Health Organization. IADL = Independence in Activities of Daily Living. DSSI = Duke Social Support and Social Interaction

**Wellbeing: WHO five-item Subjective Wellbeing Scale.**

The WHO five-item Subjective Wellbeing scale was developed by the Psychiatric Research Unit, Mental Health Centre, and Hollered, Denmark, and has been translated into major languages including Filipino. The organisation gave approval to use this scale for the purpose of this study (see Appendix I for the approval to use the WHO Wellbeing scale).

The WHO Subjective Wellbeing scale was first presented at the WHO regional meeting in Stockholm in 1998 and was validated in both clinical and psychometric strength (Psykiatrisk Center Nordsjælland, 2014; Tomba & Bech, 2012). The WHO five-item is a comprehensive scale, since it assesses the psychological wellbeing of individuals as well as aspects of depressive symptoms (Bech, Olsen, Kjoller, & Rasmussen, 2003). Moreover, the WHO five-item Subjective Wellbeing index is a useful instrument in identifying older persons with depression, registering good internal and external validity (Heun, Bonsignore, Barkow, & Jessen, 2001).

The WHO five-item Subjective Wellbeing scale was adopted in this study because of its high reliability and validity. The Cronbach's alpha coefficient of WHO five Subjective Wellbeing is at 0.89 and found to have sufficient reliability and validity for detecting current depressive episodes (Awata et al., 2007). In another study by Momtaz et al. (2011), the WHO Subjective Wellbeing scale was used to measure psychological health and it reported sufficient reliability and validity among older persons in Malaysia with a Cronbach's alpha of 0.84. In the present study, the Cronbach's alpha is 0.81, which registered a good reliability coefficient on the five-item WHO Subjective Wellbeing scale among the survey respondents.

Table 3 presents the computation and the cut-off scores for the WHO five-item Subjective Wellbeing scale and corresponding scales and code used in SPSS. Heun et al. (2001) conclude that the WHO five-item scale is useful in assessing and identifying older persons with depression. Therefore, the present study adopted the Filipino translation of the WHO five-item scale to measure the wellbeing of the respondents, which is one of the dimensions of successful ageing in the present study (see Appendix J for the approved Filipino translation of WHO Wellbeing scale).

Table 3

*Computation of World Health Organization (WHO)-Five (5) Subjective Wellbeing scale*

Computation	Scale/Code in SPSS	Cut-off scores
- Scores are summed up and multiplied by 4	0- At no time	- 52 and above
- Overall score of 100 (25x4)	1- Some of the time	scores attain the scale
- 0-6 point scale from 0 (= not present) to 5 (= constantly present)	2- Less than half of the time	- Respondent needs a score of 2 in each of the items.
	3- More than half of the time	
	4- Most of the time	
	5- All of the time	

**Physical functioning: Katz six-item IADL scale.**

The Katz Independence in Activities of Daily Living (IADL) six-item scale was developed in the 1960s and named after its author Sidney Katz; it is designed to measure the functional status of older persons in their performance of activities of daily living such as eating, dressing, transferring from bed to chair, and using the toilet (Katz, Ford, Moskowitz, Jackson, & Jaffe, 1963). The Katz IADL scale is a comprehensive tool for assessing the functional status of older persons living in the community in performing activities of daily living (Katz et al., 1963; Shelkey & Wallace, 1998; Wallace & Shelkey, 2007). Moreover, the Katz IADL scale has been used to measure the ability of older persons to fulfil their daily activities, which is a requirement in assessing their eligibility for home care assistance (Rowland, 1989). In the present study, the Katz IADL scale will explore the level of physical functioning of the respondents by assessing their independence in activities of daily living.

The term ‘activity of daily living’ refers to the basic tasks of everyday life, and the Katz IADL assesses the prevalence rates of difficulties in performing those tasks (Wiener, Hanley, Clark, & Van Nostrand, 1990). Loss of independence in activities of daily living refers to the inability to perform a function within the range considered to be normal for independent living (cited in Boult, Kane, Louis, Boult, & McCaffrey, 1994; Ensrud, Nevitt, Yunis, & Cauley, 1994).

In analysing the reliability and validity of the Katz IADL, the study of Liang et al. (2003) found that the Katz IADL 6-item scale registered a strong reliability with Cronbach’s alpha coefficients of 0.90. In another study, the Katz IADL was found to be useful to health



services planners, practitioners, and researchers with Cronbach's alpha coefficients above 0.70 (Spector, Katz, Murphy, & Fulton, 1987). In addition, the Katz IADL scale was used in a telephone interview of persons aged 55 years and above which reported a Cronbach's alpha coefficient of 0.90 (Ciesla, Shi, Stoskopf, & Samuels, 1993). The Katz IADL scale has been used in assessing functional status and functional capabilities of older persons in clinical and home environments (Shelkey & Wallace, 1998). In this study, the Cronbach's alpha is 0.72, which registered a good reliability coefficient on the six-item Katz IADL scale.

Table 4 below presents the computation and the cut-off scores for the Katz IADL scale and the corresponding code used in SPSS. The Katz IADL scale six functional areas were bathing, dressing, toileting, transferring, continence, and feeding answerable with yes (=1) or no (=0) (Ciesla et al., 1993). Each of the items in the Katz IADL scale registered high internal consistency, with coefficients ranging from 0.87 to 0.94 in the assessment of activity of daily living (Ciesla et al., 1993).

Table 4

*Computation of Katz Independence in Activities of Daily Living (IADL) scale*

<b>Computation</b>	<b>Scale/Code in SPSS</b>	<b>Cut-off scores</b>
- Score of 6 for all items indicates high independence and mobility;	- 1 point (Yes) – no supervision, direction or personal assistance	- Raw score of 3 or above attain the scale
- 4 as moderate impairment and 2 or less with severe functional impairment.	- 0 point (No) – with supervision, direction, personal assistance or total care	- Respondents with 2 or less score did not attain the scale

Overall, the Katz IADL scale is an appropriate instrument to assess the functional mobility of older persons as well as their ability to live independently (Katz et al., 1963). Therefore, the present study adopted the Katz IADL to measure the physical functioning of older Filipinos as one of the dimensions of successful ageing. The Oxford University Press license gave an approval to use the Katz IADL scale for the purpose of this study (see Appendix K for the approval of Oxford University Press).

**Social Engagement: 10-item Duke Social Support and Interaction scale.**

The abbreviated versions of the DSSI 11-item scale originated from the 35-item DSSI index and is the shorter version for assessing the level of social interaction and support of older persons living in the community (Koenig et al., 1993). Social interaction is measured by the frequency of attending OPO meetings and informal interaction (Chiao et al., 2011), while social support is measured in assistance of families, transfers of income and assets, social networks and volunteer activities (Börsch-Supan, Hank, & Jürges, 2005). In the present study, the DSSI scale will explore the level of social engagement of the respondents by assessing their level of social interaction and support.

The DSSI showed good reliability and construct validity with Cronbach's alpha coefficients of 0.80 for the 10-item DSSI (Powers, Goodger, & Byles, 2004). In another study, Goodger, Byles, Higganbotham, and Mishra (1999) reported that the DSSI has a Cronbach's alpha coefficient of 0.77 and also showed strong evidence for reliability and validity. Further, the DSSI scale registers a higher reliability and validity among community-dwelling older Australian with Cronbach's alpha coefficient of 0.80 (Lee et al., 2005). In this study, the Cronbach's alpha is 0.80, which registered a good reliability coefficient on the 10-item DSSI scale.

Table 5 presents the computation and the cut-off scores for the DSSI 10-item scale and the corresponding code used in SPSS. The DSSI scale is calculated as the sum of scale for items 1 to 10, with subjective social interaction based on four-item, while the six-item is part of the subjective social support index (Goodger et al., 1999). Moreover, there is strong evidence for the reliability and validity of the Duke Social Support Index and, in particular, for aged care research and health promotion strategies (Goodger et al., 1999). Therefore, the present study adopted the DSSI 10-item scale to measure the social engagement of older Filipino persons as one of the dimensions of successful ageing. The Duke Department of Psychiatry gave approval to use the scale for the purpose of this study (see Appendix L for the approval of Duke University).

Table 5

*Computation of Duke Social Support and Interaction (DSSI) scale*

<b>Computation</b>	<b>Scale</b>	<b>Cut-off scores</b>
Subjective social interaction (4 items)		
Q. 1 to 4		
- The minimum score in each item is 1 and the highest score is 3 points in each item	- 0–4 points (Low Social Interaction)	- Overall cut-off scores are 10 and above in the DSSI 10-item  - Respondents need to attain moderate to high social interaction and moderate to more social support
- The lowest score is 3 and the highest score is 12	- 5–8 points (Moderate Social Interaction)	
- Score 1 (none)	- 9–12 points (High Social Interaction)	
- Score 2 (1–2 people)		
- Score 3 (more than 2 people)		
Subjective social support (6-item)		
Q. 5 to 9		
- The minimum score in each item is 1 and the highest score is 3 points in each item	- 0–4 points (Less Social Support)	
- The lowest score is 6 and the highest score is 18	- 5–11 (Moderate Social support)	
- Score 1 (Hardly ever)	- 12–18 (More Social Support)	
- Score 2 (Some of the time)		
- Score 3 (Most of the time)		
Q 10.		
- Score 1 (Very dissatisfied)		
- Score 2 (Somewhat dissatisfied)		
- Score 3 (Satisfied)		

*Note.* Q = abbreviation of questions and each of the numbers is the equivalent scale in each of the categories. DSSI = Duke Social Support and Social Interaction

### Categorising Independent Variables

There were 13 independent sociodemographic variables: gender, marital status, educational attainment, place of residence, mode of income provision, living arrangement, home ownership, household classification, receiving or not receiving social pension, subjective perspective of health, group membership, social participation in organisations, and living above or below US\$1.25 per day. The discussion on sociodemographic variables is presented in Chapter 2, section 2.4.

Table 6 identifies the independent variables and corresponding categories as well as the code that was given to each category using the SPSS software version 22. For example, gender is categorised into male or female. Marital status is categorised into four: married, single or never been married, separated, and widowed. Married respondents are those who are living with their partner with a civil or church wedding. Single respondents have never been married. Separated respondents are those who have separated from their partner. Divorced was not included as a category because it is still not yet recognised in the Philippines. In addition, educational attainment is divided into eight categories. For example, elementary schooling requires an individual to finished six years of elementary study, while high school is another four years of study after elementary. Moreover, “college graduate” requires an individual to finish a four-year course in a college or university.

Table 6

*List of independent variables used and their categories*

<b>Independent variables</b>	<b>No. of Categories</b>	<b>Code in SPSS</b>	<b>Categories</b>
Gender	2	1	Female
		2	Male
Marital status	4	1	Single or never been married
		2	Married
		3	Separated
		4	Widowed
Household head	2	1	Household head
		2	Not a Household head

Educational Attainment	8	1	Elementary undergraduate
		2	Elementary graduate
		3	High school undergraduate
		4	High school graduate
		5	Vocational graduate
		6	University undergraduate
		7	University graduate
		8	Postgraduate graduate
Mode of income provision	3	1	With regular income
		2	Without income
		3	With seasonal income.
Estimated daily income	2	1	Living below US\$1.25 or Php55.91 per day
		2	Living above US\$1.25 or Php55.91 per day
Social pensions	2	1	Receiving social pension
		2	Not receiving social pension
Place of residence	2	1	Rural
		2	Urban
Living arrangements	5	1	Living alone
		2	Living with relatives
		3	Living with family
		4	Living with husband or wife
		5	Living with non-relatives
Home ownership	2	1	Own a house

		2	Does not own a house
Personal health	2	1	Considered themselves healthy
		2	Considered themselves unhealthy
Member of the Community group	2	1	No membership
		2	Member of any community group
Group membership	4	1	None
		2	OPOs
		3	Others
		4	Religious & OPOs

*Note.* No. = total number of categories in each independent variable. OPO = Older Persons Organisation. Php = Philippines pesos and the exchange rate is computed at US\$1 dollar to Php44.73 as at Dec. 2014.

### 5.6 Pilot Study

The pilot study which was conducted approximately one week before data gathering included 10 older Filipino persons who were members of an OPO in the Municipality of Pateros, Metro Manila. According to van Teijlingen and Hundley (2002), it is important to report in detail the actual improvements made to the survey questionnaires and study design on the basis of findings from the pilot studies pre-testing the reliability of research instruments. Bryman (2012) suggests that pilot testing of the research instrument provides a greater sense of confidence to make the necessary adjustments to the survey questionnaire and in-depth interview questions and for the interviews.

A structured interview was conducted to pilot test the survey questionnaire for Study 1. The results led to the following changes in the survey questionnaire. Firstly, the pilot study found that separating the four-item Duke Abbreviated Subjective Social Interaction Scale with the five-item Social Support Scale reported a low Cronbach's alpha. There is a difference between the Cronbach's alpha of the original scale using the original 10-item DSSI scale and the four-item DSSI Abbreviated scale. The original scale resulted in a higher

Cronbach's alpha of 0.80 while the four-item DSSI Abbreviated Cronbach's alpha is at 0.60. The researcher decided to use the 10-item DSSI scale.

In the interview questions of the qualitative study for Study 2, the researcher decided to change the wording of the questions to be able to illicit more responses from the interview participants. The first question was changed to "Would you consider yourself ageing successfully and why do you say so?" and the last interview question was enhanced to "In your own words, what is your understanding of successful ageing or complete the sentence, successful ageing is...?" which drew greater responses from the participants of the interviews.

### **5.7 Data Analysis**

The results of the survey were entered into SPSS version 22 for statistical analysis. The results of each of the scales were analysed as reference in dividing the survey respondents into two groups, namely, those who attained the three dimensions of successful ageing, and those who did not attain the three dimensions of successful ageing. Thematic analysis was used in analysing qualitative data, while inferential statistical analyses were used in exploring associations of sociodemographic variables with the attainment of the three dimensions of successful ageing. According to Creswell (2009), a researcher may quantify the qualitative data which involves creating codes and themes qualitatively that assist in comparing quantitative with qualitative findings. Moreover, domain analysis was used in integrating both qualitative and quantitative data (See Chapter 9 for the Domain analysis). According to Sotirios and Sarantakos (2013), domain analysis is used in mixed method whereby it involves quantification of the data and integrating statistical methods in discussion of the findings.

#### **Quantitative Data Analysis**

The choice of statistical tests depends on the research questions, the research plan, and the nature of the data the researcher wishes to analyse (Kinnear & Gray, 2006). The present study utilised descriptive and inferential statistical analysis in exploring the association between sociodemographic variables and successful ageing and its three dimensions per total respondents and per age group. Before the statistical test, the data entries and cleaning were conducted in the Australian Catholic University Canberra campus Postgraduate room using SPSS version 22.

**Data Screening.** Data screening was done before the analysis was undertaken. Possible code cleaning was utilised in checking whether the appropriate category and scales of each variable were entered correctly into SPSS. Possible code cleaning can be

accomplished through using computer programs in checking errors or examining the distribution of responses (Rubin & Babbie, 2007). A structured questionnaire was used, and the respondents were required to respond to all the survey questions; hence, there were no missing data.

**Accuracy of data file.** The categories of both dependent and independent variables were assigned with numeric value. According to Royse (2007), coding involves assigning value that will be easy for the researcher to remember. After inputting the code and its corresponding value to SPSS, frequencies distribution was analysed to check for possible data entry error. Frequency distribution provides a listing of numeric values that correspond to one variable to check whether the data were entered correctly (Royse, 2007). In addition, each of the items of the dependent variables was reviewed to ensure that it was within the scale range. Table 7 presents the frequency distribution of sample respondents per gender.

Table 7

*Frequency distribution per Gender of N:200 respondents*

<b>Value</b>	<b>Frequency(f)</b>	<b>Percentage(%)</b>	<b>Cumulative Percentage (%)</b>
Male	86	43	43
Female	114	57	100

*Note.* N = 200 survey respondents.

**Normality Test.** The mean, median, and mode were used to assess the central tendency and the range, and standard deviation (SD) was used for describing the variability of the scores. Prior to conduct of the statistical analyses, the assumption of normality was evaluated and determined to be satisfied, as the two group distributions were associated with skew and kurtosis less than [2.0] and [9.0] (Schmider, Ziegler, Danay, Beyer, & Bühner, 2010). In evaluating the significant differences between categories, ANOVA LSD post-hoc tests were performed (Hayter, 1986).

The results of skewness and kurtosis of each of the three dimensions of successful ageing are presented in Chapter 6. Normality assumptions were analysed through parametric statistical analysis in this study. The results of normality distribution provide an underlying assumption of statistical procedures such as *t*-tests and analysis of variance (Razali & Wah, 2011).



This study explored the associations of independent and dependent variables using *Chi* square with the overall attainment of successful ageing. Meanwhile, *t*-tests or analysis of variance were used in exploring the association of sociodemographic variables with the three dimensions of successful ageing. SPSS was utilised in performing normality tests. Lastly, SPSS assisted in analysing the means, correlations, test of normality, *Chi* square, analysis of variance, and independent sample *t*-test using age as an effect modifier.

**Age as an Effect Modifier**

In the analysis of age as an effect modifier, the respondents were divided into two age groups. Group 1 consists of those who are young-old to middle-old (65 to 74 years old), while Group 2 consists of those who are old-old to oldest-old (75 years old and above). Table 8 presents the outcome and independent variables. Exploring the association with sociodemographic variables with the three dimensions of successful ageing using age as an effect modifier will provide an in-depth statistical analysis.

Table 8

*Outcome and Independent Variables using Age as an Effect Modifier*

<b>Independent Variables and No. of Categories</b>	<b>Age as an Effect Modifier</b>	<b>Outcome Variables</b>
- Gender (2)	- 65–74 years old	- Successful Ageing
- Marital status (4)	(Young-old to	(Dichotomous- Yes or No)
- Household head (2)	Middle-old)	
- Educational level (8)	- 127 respondents	- Wellbeing (WHO
- Mode of Income (3)	(63.5%)	Subjective Wellbeing scale-
- Estimated daily income (2)	- 75 years old and	continuous variable)
- Living arrangements (5)	above (Old-old	- Physical functioning (Katz
- Home ownership (2)	to Oldest-old)	IADL scale-continuous
- Personal health (2)	- 63 respondents	variable)
- Members of community	(36.5%)	
group (2)		- Social Engagement
- Group membership (4)		(DSSI scale-continuos
		variable)

*Note.* WHO = World Health Organization. IADL = Independence in Activities of Daily Living. DSSI = Duke Social Support and Social Interaction.

### **Steps in Exploring the Associations of Dependent and Independent Variables**

The following steps were undertaken in performing age-stratified analyses in exploring the association of sociodemographic variables with three continuous scales for the dimensions of successful ageing.

**Step 1:** The demographic profiles of the survey respondents were analysed using frequency tables: the frequency of the number of respondents who attained and those who did not attain the three dimension of successful ageing using cross-tabulation.

**Step 2:** The skewness and kurtosis were explored on each of the dimensions to test the normality and identify appropriate statistical tests. It was followed by exploring the association of independent variables with the overall attainment of successful ageing. Since the scale of successful ageing is nominal, represented by one (1) for those who attained and zero (0) for those who did not attain the three dimensions of successful ageing, *Chi square* tests were used to explore the associations and test of proportions between independent variables with successful ageing in this study. In addition, bivariate correlations were used to explore the associations of actual age and actual income with the attainment of the three dimensions of successful ageing, classified as continuous variables.

**Step 3:** The test of significance was analysed using *t*-test and analysis of variance in exploring the associations of independent variables with the three dimensions of successful ageing. Since the scale of each dimension of successful ageing is interval, the test of significance was utilised for two categories (i.e. male and female), while analysis of variance (ANOVA) was utilised for more than two categories. In addition, an ANOVA Post-hoc Test was performed in exploring the significant differences among categories. Post-hoc analyses revealed the significant differences between group variance among the respondents (Braun & Clarke, 2006).

**Step 4:** Age as an effect modifier was analysed in exploring the association of sociodemographic variables with the attainment of the three dimensions of successful ageing. The cases in the SPSS were divided into two groups. Age group category 1 is comprised of 65-year-old to 74-year-old respondents, while Group 2 is comprised of 75-year-old respondents. Then, *Chi-square*, *t*-test and ANOVA were performed to analyse the association of independent and dependent variables using age as effect modifier.

### **Qualitative Data Analysis**

One of the widely used qualitative analytic methods is thematic analysis, which explores themes in relation to different epistemological and ontological positions (Braun &

Clarke, 2006). According to Bazeley (2013), thematic analysis is best used to describe an integrating, relational statement derived from the data and presented as an alternative to coding. Johnson, Onwuegbuzie, and Turner (2007) suggest that exploratory thematic analysis includes displaying qualitative data through graphs or charts. Moreover, thematic analysis is a method which recognises the emerging themes and categories based on the transcript of interviews (Aronson, 1994; Fereday & Muir-Cochrane, 2008). Lastly, Fossey, Harvey, McDermott, and Davidson (2002) suggest that thematic analysis enables systematic description of themes and categories which are derived from the data itself.

The present study utilised thematic analysis in exploring and describing the themes, sub-themes, and nodes of successful ageing using NVivo 10 software. The researcher created nodes from the transcripts that informed the themes through the use of NVivo 10 software. According to Sotirios and Sarantakos (2013), thematic analysis employs an inductive approach, whereby the researchers identify the emerging themes from the data and assist in identifying recurrent themes.

In the integrations of analysis of Study 1 and Study 2, the present study utilised the comparisons of concepts among sub-groups of respondents. For example, comparison of the understanding of male and female respondents on successful ageing is explored in Chapter 8. According to Bazeley (2013), comparisons of a concept or category are usually represented by a code from the perspective of two or more groups, and it could be within or across cases that differ in some regard. Therefore, the present study analyses themes by looking at the differences and similarities in the perspectives of respondents who belong to a different category (e.g., rural and urban), as is presented in Chapter 8.

### **Steps in the Thematic Analysis**

The following steps were undertaken by the researcher in exploring the themes.

**Step 1:** The data gathered from the open-ended questions were reviewed and analysed. In open-ended questions, respondents are asked to provide description on the topic of the questions (Dillman, Smyth, & Christian, 2009). For example, the researcher has used the coding comparison function of NVivo to analyse the key themes based on the perspectives of male and female respondents. The researcher was immersed in the data in order to provide critical analyses on the differences and comparisons of the themes that were explored. Immersion with data includes listening to audio recordings of interviews, reading transcripts, and transcribing the transcripts (Miles & Huberman, 1994; Ritchie & Spencer, 2002).

*Step 2:* The data were entered and managed using NVivo 10 software. According to Welsh (2002), NVivo searching tools allow researchers to interrogate the data at a particular level that provides rigour to the analysis process by validating the researcher's own impression of the data. Moreover, NVivo ensures the thoroughness and reliability of a higher degree of study through providing a set of functions in analysing the qualitative data (O'Neill, 2013). In exploring the themes, the following steps were undertaken by the researcher, using NVivo version 10.

The researcher created an NVivo project for this study. The researcher placed the transcripts of the interviews, audio recordings, and photo documentation on the conduct of data gathering into separate folders under the internal sources. The reference materials, such as journal articles in Portable Document Format (PDF), were placed in a separate folder which is also under internal sources. The NVivo N captured functions that were utilised to transfer related literature from webpage documents to PDF format were included in the reference folder. The project documents, such as the ethics approval, were also included in a separate folder under the internal sources. The researcher performed NVivo auto coding, which disaggregates the responses to each of the questions. The researcher also performed word frequency to explore the most commonly used words in the transcripts. The most common words were analysed using word search query in exploring the statement for the emerging nodes. The nodes were identified to inform the themes and sub-themes of each interview question. The researcher performed NVivo compound coding query, which is a combination of text search query and coding comparison, to explore the themes. Coding was used to group the important statements to support the list of the themes and sub-themes. Likewise, the researcher performed word search to assist in the review of literature to support the findings. The researcher assigned memos in each of the themes to link them with the literature on successful ageing. The researcher performed the word cloud function to discover the most commonly used words in the transcripts. The word cloud provides an overview on the emerging nodes and themes. Lastly, cluster analysis was performed to explore the themes and sub-themes of each category (e.g., male or female).

*Step 3:* The researcher included a graph in each of the questions to easily identify the main theme and sub-themes that can be found in Chapter 8. There are four graphs that present the findings, based on the thematic analyses. The first graph represents the understanding of successful ageing, together with its sub-themes. The second graph represents the themes and sub-themes of wellbeing, physical functioning, and social

engagement. The third graph represents the themes and sub-themes of facilitating and hindering factors. Lastly, the fourth graph represents the themes and sub-themes on the contribution of life experiences to successful ageing.

*Step 4:* The researcher identified sentences or phrases that corresponded to each theme and sub-theme. The themes and sub-themes were supported by selected statements from the respondents. The statements were selected from among the statements coded in each of the sub-themes that best corresponded to the themes that were explored.

### **5.8 Scope and Limitations of the Study**

The scope and limitations of the study are now described. Firstly, it may not capture the most vulnerable older persons who are isolated or suffering from health problems and disabilities, because the respondents were limited to members of OPOs in the community. The findings of this study do not represent the views of older persons who are not members of OPO. Secondly, the cut-off age for respondents was 65 years and above, since it is the retirement age in the Philippines. Older Filipino persons who are 60 to 64 years old were not included in the present study, although they are considered older persons, based on the official policy in the Philippines. Thirdly, older persons who are members of FSCAP but not actively participating and who are unhealthy and disabled were not included among the respondents. Another limitation is that the members of OPOs in the sample communities have lower educational attainment, compared to older persons living in well-off communities. Fourthly, this study does not intend to disprove or prove a specific theory, since successful ageing is comprised of interrelated theories. This study is limited to exploring the association of sociodemographic variables and the significant differences of categories in each variable. Fifthly, this study does not include the data about elder abuse and neglect, since they are not included as respondents in the literature on successful ageing; although, since 1998, elder abuse has been recognised as a problem that occurs in many countries and will continuously worsen, given the extent and causes of elder mistreatment (Badrinath & Ramaiah, 1998; Pillemer, Burnes, Riffin, & Lachs, 2016). Research on elder abuse in different countries and societies is important in order to address its consequences for the wellbeing and health of older persons (Lachs & Pillemer, 2004). Meanwhile, there is still no official available data and epidemiological research on elder abuse in the Philippines, which was the reason that it was not included in this study. Lastly, this study will not prove or disprove hypotheses.

In this study, a respondent needed to attain the cut-off scores in all three dimensions of successful ageing represented by three scales: WHO five-item Subjective Wellbeing scale, Katz IADL six-item scale, and DSSI 10-item scale. Meanwhile, the attainment of the cut-off scores on the three scales does not categorically state that the respondents are ageing successfully. The WHO five-item Subjective Wellbeing scale is more applicable to older persons living in communities and it provides an indication of older persons at risk of depression, but it does not detect older persons with depression or dementia. The WHO Wellbeing five-item cannot replace the rigidity of the Mini-Mental State Examination which is used in some studies on successful ageing. The Katz IADL assesses the functional capacity of older persons but is limited in assessing the health condition. Therefore, the DSSI 10-item scale was adopted.

Study 1 (Quantitative study) minimises possible bias by providing objectivity in assessing attainment of successful ageing. Meanwhile, Study 2 explores the perspective of sample respondents which cannot be generalised, given the small sample size, but which provides an indication of the attainment of successful ageing among the sample respondents. In the conduct of the survey and the interviews, there were no complaints received from the participants of any violation of research ethics. Therefore, no ethical issues arose during data collection.

### **Ethical Considerations**

Social work researchers need to use readily comprehensible language that is fully understood by the sample respondents (Butler, 2002). The researcher translated and re-translated the survey questionnaire into Filipino and pilot tested the interview questions. Enhancements were made to the interview questions to ensure that they could be easily understood. Importantly, a research study needs to place utmost importance on human diversity issues, to preserve impartiality against older persons throughout the research process (Marlow, 2010). The researcher placed the utmost importance on ensuring that the ethics in conducting research were strictly followed.

***Ethics Approval.*** The Australian Catholic University Human Research Ethics Committee approved the *Project Title: Journey towards Successful Ageing: The Philippine Experience* with Register Number 2012 19N for the period of 18/04/2012 – 30/06/2013. The ethics approval was extended until 31 December 2014 to allow me to access the results of the survey and interview. The approval of the extension to access the results of the quantitative

and qualitative data was necessary for validating the initial findings and performing further analysis.

***Recruitment of Respondents.*** COSE staff and OPO members distributed the project flyer to the members of OPOs in the community to inform them about the research project. Upon getting the initial agreement of the older persons, they gave them an information letter explaining the details of the research project. The primary and support investigators read the Filipino translation of the information letter and consent form to ensure that older interviewees fully understood the letter. The participants were requested to sign the consent form before the start of the interview.

### **Privacy, Anonymity, and Confidentiality**

Each respondent was given a numeric and pseudonym to ensure confidentiality of the data. The survey documents and interview transcripts were kept in a locked cabinet in the Postgraduate room in ACU Canberra campus, and only the researcher had access to it. The consent and information letters were translated into Filipino and re-translated into English. The information letter to the participants emphasises that the survey is strictly voluntary. The respondents were requested to sign the consent form before the start of the interview, and a copy of the consent form was given to them for their reference. Lastly, the information sheet explaining the nature and the purpose of the study was explained to the respondents and a copy was given to them.

***Risk to prospective respondents.*** This study was classified as minimum risk. The researcher ensured that the respondents were aware of the purpose of the study, the confidentiality of the information, and their right to withdraw at any time from the study. The respondents were also informed about the contact details of COSE and the researcher if they needed further clarification or decided to withdraw from this study.

***Feedback to respondents.*** A synopsis of the results of the study will be given to COSE, OPOs, and to the Municipality of Pateros and to the Province of Camarines Norte for feedback and reporting.

## **5.9 Conclusion**

The multidimensional scales on successful ageing, namely, WHO Wellbeing, Katz IADL, and DSSI scales provide a system of identifying older Filipino persons who are most at risk and are less likely to attain successful ageing in this study. The survey respondents needed to attain the cut-off scores in each of the three scales in order to be categorised as

attaining successful ageing, while those who did not attain the required scores in each of the scales were categorised as less likely to attain successful ageing. In Study 1, cross-tabulation, *Chi square*, *t-test*, and analysis of variance (ANOVA) were used in exploring the associations of sociodemographic variables with successful ageing and its three dimensions utilising Predictive Analytical Software (PASW) or SPSS version 22. In Study 2, NVivo version 10 assisted in the data management and in performing thematic analysis on the qualitative data. Overall, the PASW assisted in performing statistical analyses in Study 1, while NVivo is used as a tool in analysing the qualitative data in Study 2.

Sharing the challenges encountered by the researcher can provide pointers for successive researchers who will undertake data gathering in the Philippines. Collaboration is important in research, most especially in data gathering at the community level, since it is important to work with local people as well as to recognise the contribution of local organisations. Lastly, conversation with older Filipino persons is a privilege and an enriching journey for the researcher because their life stories provide insights into how they successfully adapted to their challenges as well as offering their unique perspectives on successful ageing.

In Chapters 6 and 7, I present the quantitative findings that explore the associations of dependent and independent variables as well as the statistically significant differences among categories, while Chapter 8 presents the thematic analysis based on the qualitative interviews.



## Chapter 6: Descriptive Statistics of Sample Respondents

### 6.1 Chapter Overview

This chapter is divided into five sections. In the first section, the sociodemographic characteristics of the respondents are presented. The second section provides a description of the dependent variables, which consist of the three dimensions of successful ageing and its corresponding scales, namely, World Health Organization (WHO) five-item scale for wellbeing, Katz Independence in Activities of Daily Living (IADL) six-item scale for physical functioning, and Duke Social Support and Social Interaction (DSSI) 10-item scale for social engagement, which were presented in Chapter 5, section 5.5. The third section presents the results of Pearson's correlation coefficients between the three dimensions of successful ageing and continuous variables, for example, age and income. The fourth section is the description of the characteristics of study participants by age category. The final section presents the findings of the cross-tabulation per total respondents and by age category.

### 6.2 Sample

The total sample for analysis was 200 survey respondents. Table 9 presents the sociodemographic characteristics of the survey respondents in this study. The majority of the survey respondents were females at 57% ( $n = 114$ ), and 43% ( $n = 86$ ) were males. The respondents' ages ranged between 65 and 93 years old ( $M = 72.93$  years old,  $SD = 6.11$  years). The mean estimated daily income was Php65.71 ( $SD = 119.34$ ) while the median was Php27. The majority of the survey respondents were living below Php55 per day, while 35.5% had no income. In this study, the majority of the survey respondents were living in poverty or below Php27 per day.

In stratifying the survey respondents based on their age category, 63.5% ( $n = 127$ ) were 65 to 74 years old (young-old to middle-old) and 36.5% ( $n = 73$ ) were 75 years old and above (old-old to oldest-old). Most respondents (52.5%,  $n = 105$ ) were married, while 40% ( $n = 80$ ) were widowed, 4.5% ( $n = 9$ ) were single, and 3% ( $n = 6$ ) were separated. In determining the household head, 52% ( $n = 104$ ) of the respondents considered themselves to be household head, while 48% ( $n = 96$ ) did not.

In terms of educational level, almost half of the survey respondents (40%,  $n = 80$ ) were elementary graduates who finished the basic six years of elementary education; 26% ( $n = 52$ ) were elementary undergraduates who did not finish the required six years of elementary education; 10% ( $n = 20$ ) were high school undergraduates who did not finish the four years of

education; 15% ( $n = 28$ ) were high school graduates who finished the required four years of junior high school; 1.5% ( $n = 3$ ) were vocational graduates who finished vocational courses of two years after high school; 8.5% ( $n = 17$ ) were university undergraduates who did not finish the required four years of a college degree; and 2% ( $n = 4$ ) were postgraduates. Sixty-six percent of the respondents had attended elementary education. With regard to mode of income of respondents, the majority, 51.5% ( $n = 103$ ), did not receive any income or financial support, 28% ( $n = 56$ ) received seasonal income, and 20.5% ( $n = 41$ ) received regular income or financial support. Contributory public and private pensions in the Philippines provided regular income to the respondents, while those with seasonal income were primarily dependent on financial support from their families.

Analysis of the level of income shows that 60% ( $n = 120$ ) of survey respondents earned or received below US\$1.25 per day, while 40% ( $n = 80$ ) earned or received an income above that figure. In terms of living arrangements, the majority (60%,  $n = 120$ ) lived with their family, 16.5% ( $n = 33$ ) lived with their husband or wife, 11% ( $n = 22$ ) lived alone, and 12.5% ( $n = 25$ ) lived with their relatives. In terms of home ownership, the majority of the respondents (79.5%,  $n = 159$ ) owned their house, while 20.5% ( $n = 41$ ) did not own the house or were renting in their current residence. Fifty-three percent ( $n = 106$ ) of the respondents were rural residents, while 47% ( $n = 94$ ) were urban residents.

With regard to perceptions about their personal health, the majority of the survey respondents (69.5%,  $n = 139$ ) rated themselves as being healthy, while 30.5% ( $n = 62$ ) rated themselves as being unhealthy. Ninety-five percent of the respondents ( $n = 190$ ) classified themselves as actively participating in OPO activities, while 5% ( $n = 10$ ) were members but not active in OPO activities. In classifying their group membership, a majority of the survey respondents (67.5%,  $n = 135$ ) were members of an OPO, while 24.5% ( $n = 49$ ) were members of an OPO and religious organisation in their community, 5% ( $n = 10$ ) were members but not actively participating, and 3% ( $n = 6$ ) were members of more than three groups.

Table 9

*Sociodemographic Characteristics of the Sample Respondents*

<b>Variables</b>	<b>Category</b>	<b>Number (n)</b>	<b>Percent (%)</b>
Gender	Female	114	57
	Male	86	43
Marital status	Single	9	4.5
	Married	105	52.5
	Separated	6	3
	Widowed	80	40
Household classification	Household head	104	52
	Not a household head	96	48
Educational Attainment	Elementary undergraduate	52	26
	Elementary graduate	80	40
	High school undergraduate	20	10
	High school graduate	28	14
	Vocational graduate	3	1.5
	University undergraduate	8	4
	University graduate	5	2.5
	Postgraduate graduate	4	2
Income classification	With regular income	41	20.5
	Without income	103	51.5
	With seasonal income	56	28
Earning below or above US\$1.25 per day	Below US\$1.25 per day or Php55.91 per day	120	60
	Above US\$1.25 per day	80	40

or Php55.91 per day

Social Pensions	Receiving Social Pension	17	8.5
	Not receiving Social Pension	183	91.5
Place of residence	Rural	106	53
	Urban	94	47
Living arrangement	Living alone	22	11
	Living with relatives	25	12.5
	Living with family	120	60
	Living with husband or wife	33	16.5
Home ownership	Yes	159	79.5
	No	41	20.5
Personal health	Considered themselves healthy	139	69.5
	Considered themselves unhealthy	61	30.5
Social Participation in Community group	Contributing in any activities	88	44
	Attending meeting	38	19
	Officer of the OPO	34	17
	Not Active Member of OPO	34	17
	Member of any committee	6	3
Group Membership	Not active	10	5
	OPO group only	135	67.5
	More than 3 groups	6	3
	Religious & OPO	49	24.5

*Note.* Php = Philippines pesos. The exchange rate is computed at US\$1 dollar to Php44.73 as at Oct. 2014. OPO = Older Persons Organization.

### 6.3 Descriptive Data for Dependent Variables

Table 10 below presents the mean, the standard deviation, and the percentage of survey respondents who attained and who did not attain the cut-off scores for the three dimensions of successful ageing in this study. In the WHO five-item wellbeing scale, 53% of respondents attained the required scores for wellbeing, while 47% did not attain the required scores. The mean level of wellbeing among respondents was 58.01 ( $SD = 19.94$ ). On the Katz IADL scale, 99% of respondents attained the required scores for physical functioning, while 1% did not attain the cut-off scores. The mean level of physical functioning was 5.82 ( $SD = 0.63$ ). In the DSSI scale, 93% of respondents attained the required scores for social engagement, while 7% did not attain the cut-off scores. The mean level of social engagement was 22.66 ( $SD = 4.43$ ).

Table 10

*Mean and Standard Deviation of the Three Dimensions of Successful Ageing*

Variables	Mean ( <i>SD</i> )	Range	Attained the cut-off scores ( <i>n</i> ) %	Did not attain the cut-off scores ( <i>n</i> ) %
WHO Wellbeing (Wellbeing)	58.01 (19.94)	0–100	(106)53	(94)47
Katz IADL (Physical functioning)	5.63 (.63)	0–6	(198)99	(2)1
Duke DSSI (Social engagement)	22.66 (4.43)	0–30	(186)93	(14)7

*Note.*  $N = 200$ . WHO = World Health Organization. IADL = Independence in Activities of Daily Living. DSSI = Duke Social Support and Social Interaction. The cut-off score for wellbeing is 52 points. The cut-off score for Katz IADL is 2 points. The cut-off score for DSSI is 15 points.

Table 11 presents the means and standard deviation of the WHO five-item Subjective Wellbeing scale. The majority of the survey respondents, 71.5% ( $M = 3.06$ ,  $SD = 1.35$ ), reported being active and vigorous, and 66% ( $M = 3.00$ ,  $SD = 1.40$ ) were interested in their daily lives. Moreover, 56.5% of respondents reported being cheerful and in good spirits ( $M = 2.78$ ,  $SD = 1.27$ ) and that they woke up feeling refreshed ( $M = 2.77$ ,  $SD = 1.33$ ).

Table 11

*Mean and Standard Deviation of WHO Five-item subjective Wellbeing scale*

<b>Variables</b>	<b>Mean (SD)</b>	<b>Range</b>	<b>% who attain all/most/more than half of the time</b>	<b>% who attain no/some/less than half of the time</b>
1. I have felt cheerful and in good spirits	2.78 (1.27)	0–5	56.5	43.5
2. I have felt calm and relaxed	2.76 (1.26)	0–5	55.5	44.5
3. I have felt active and vigorous	3.06 (1.35)	0–5	71.5	28.5
4. I woke up feeling fresh and rested	2.77 (1.33)	0–5	56.5	43.5
5. My daily life has been filled with things that interest me	3.00 (1.40)	0–5	66	34

*Note.*  $N = 200$ . The total score in five items will be multiplied by 4% = Percent. Cut-off score for wellbeing is 52 points. The participant will be automatically classified as having poor wellbeing if he or she answers 0 to 1 to any of the five items.

Table 12 presents the means and standard deviation of the Katz IADL six-item scale. There were 5.5% ( $M = 95$ ,  $SD = .23$ ) of survey respondents who reported needing help or complete assistance with dressing, followed by 4% ( $M = 96$ ,  $SD = .20$ ) who reported needing assistance with bathing more than one part of the body or in getting in or out of the tub or shower. The data show that a majority of the respondents were independent in their activities of daily living and do not have a problem with physical functioning.

Table 12

*Means and Standard Deviation of Katz IADL six-item scale*

<b>Variables</b>	<b>Mean (SD)</b>	<b>Range</b>	<b>Percent who are Independent</b>	<b>Percent who are Dependent</b>
1. Bathing	0.96 (20)	0–1	96	4
2. Dressing	0.95 (.23)	0–1	94.5	5.5
3. Toileting	0.98 (.14)	0–1	98	2
4. Transferring	0.98 (.14)	0–1	98	2
5. Continence	0.98 (.14)	0–1	97	3
6. Feeding	0.97 (.17)	0–1	99	1

*Note.*  $N = 200$ . The cut-off score is 2 points. The participant will be automatically classified as dependent if he or she answers 0 to any of the six items.

Table 13 presents the mean and standard deviation of the Duke DSSI 10-item scale. Questions 1 to 4 represent social interaction, and questions 5 to 10 represent the social support aspect of the DSSI scale. The majority of the survey respondents, 77% ( $M = 2.68$ ,  $SD = .67$ ), reported that they knew people they depended on in times of problems or need.

The highest mean among other items indicates that having a person beside them on whom they depended was important for the respondents. In addition, 64.5% ( $M = 2.59$ ,  $SD = 0.60$ ) reported that they had good relationships with their family and friends, and 63.05% ( $M = 2.52$ ,  $SD = 0.69$ ) felt useful to their family and friends. There were 61.5% ( $M = 2.48$ ,  $SD = 0.73$ ) of respondents satisfied with their relationships with family and relatives. Moreover, 42% ( $M = 1.47$ ,  $SD = 0.60$ ) of the respondents reported that they were attending more than three meetings a week held at the Senior Citizens Centre (SCC) or at the Office of the Senior Citizens Affairs (OSCA). Talking to someone three or seven times per week was mentioned by 57% ( $M = 1.82$ ,  $SD = 0.82$ ) of the respondents. Moreover, 53% ( $M = 2.40$ ,  $SD = 0.72$ ) of the respondents reported being listened to by their family and friends. Meanwhile, the majority of respondents were mostly left behind in discussions with their family, since 54% ( $M = 2.29$ ,  $SD = 0.75$ ) of the respondents hardly knew what was going on with their family.

In addition, the majority of the respondents, 63% ( $M = 2.21$ ,  $SD = 0.72$ ), hardly ever talked about their deepest problems to their family or friends. Overall, the majority of the survey respondents viewed family and friends as a source of social support and interaction, but they rarely confided their deepest dilemmas to them.

Table 13

*Means and Standard Deviation of DSSI 10-item scale*

<b>Variables</b>	<b>Mean (SD)</b>	<b>Range</b>	<b>Percent who identify more than 2 people</b>	<b>Percent who identify 1–2 people or none</b>
Q.1 Persons aside from your family that you can depend on	2.68 (0.67)	0–3	77	23
<b>Q.2-4</b>	<b>Mean (SD)</b>	<b>Range</b>	<b>Percent who identify three to seven times or more</b>	<b>Percent who identify once to twice or none</b>
2. Spend time with someone rather than family	2.13 (0.85)	0–3	41	59
3. Talk to someone (friends, relatives or others)	1.82 (0.82)	0–3	57	43
4. Go to meetings of clubs, religious meetings, or other groups	1.47 (0.60)	0–3	42	58
<b>Q.5-10</b>	<b>Mean (SD)</b>	<b>Range</b>	<b>Percent who identify most of the time</b>	<b>Percent who identify hardly ever and some of the time</b>



5. People who are important to you, understand you	2.59 (0.60)	0–3	64.5	35.5
6. Useful to your family and friends	2.52 (0.69)	0–3	63.5	36.5
7. Know what's going on with your family and friends	2.29 (0.75)	0–3	46	54
8. Being listened to by family and friends	2.40 (0.72)	0–3	53	47
9. Talk about your deepest problems with family or friends	2.21 (0.72)	0–3	37	63
10. Satisfied with relationships	2.48 (0.73)	0–3	61.5	38.5

*Note.* SD = Standard Deviation. Q = Question. Q1 to Q2 are composed of social interaction with different scales, while Q5 to Q10 are composed of social support. The DSSI 10-item scale is composed of social interaction and support scales. Raw score of 2 is the cut-off score.

#### 6.4 Correlation of Continuous Variables

Table 14 presents the results of the Pearson Correlation Coefficient for the continuous variables. In the exploration of association of actual age of the survey respondents with the three dimensions of successful ageing using Pearson's Correlation Coefficient, a significant negative correlation was found between age and wellbeing,  $r = -0.24$  and social engagement  $r = -0.20$ ,  $p < .001$ . The significant negative correlation between age and wellbeing and social engagement suggests that, when the respondents' age increases, there is a significant decrease in their level of wellbeing and social engagement.

In exploring association of actual daily income with the three dimensions of successful ageing, there was a significant positive correlation between daily income and wellbeing,  $r = 0.29$  and social engagement  $r = 0.30$ ,  $p < .001$ . This positive correlation suggests that an increase in actual daily income is associated with improved wellbeing and social engagement. However, no significant association was found between actual daily income and level of physical functioning.

Table 14

*Pearson's correlation coefficients between Dimensions of Successful Ageing with Age and Income*

Variable	Wellbeing	Physical Func- tioning	Social Engage- ment	Age	Income
WHO Wellbeing scale (Wellbeing)	1				
Katz IADL scale (Physical functioning)	0.20	1			
DSSI scale (Social engagement)	0.50	0.14	1		
Actual age	-0.24	-0.02	-0.20	1	
Actual estimated income per day	0.29	0.10	0.30	-0.21	1

*Note.* WHO = World Health Organization. IADL = Independence in Activities of Daily Living. DSSI = Duke Social Support and Social Interaction.

### 6.5 Stratified by Age Group

In the exploration of age as an effect modifier, the survey respondents were divided into two age group categories. The first age group category is the young-old to middle-old respondents 65 to 74 years old, making up 63.5% ( $n = 127$ ) of the total respondents, with a mean age of 69.1. The second age group category is the old-old to oldest-old, making up 36.5% ( $n = 73$ ) of the total respondents, with a mean age of 79.6. Given the 10-year difference in the mean age of the two age groups and the distinct experiences and conditions attributed to age among older persons, a stratified analysis may be appropriate.

Stratifying the respondents into two age groups may contribute to exploring age as an effect modifier rather than as a predictor in the study of successful ageing. Therefore, we expect that the findings may differ by age strata, which indicates a stratified analysis to further explore the association of sociodemographic variables with the three dimensions of successful ageing by age group category in this study.

Table 15 presents the characteristics of the survey respondents by age group category. The majority of the respondents were female and married, with ages ranging from 65 to 74. Among the young-old to middle-old, the majority classified themselves as household head and elementary undergraduate and graduate. Among old-old to oldest-old respondents, 61.6% had no income, and 82.2% lived below US\$1.25 per day. The majority from both age groups lived in a rural area with their family and owned their house. Lastly, the majority of the officers in OPOs were young-old to middle-old respondents, while participating in OPO activities was the lowest priority among old-old to oldest-old respondents.

Table 15

*Characteristics of Study Participants by Age Group*

<b>Variables/ Categories</b>	<b>Young-old to Middle-old (65–74 years) <i>n</i>(%)</b>	<b>Old-old to Oldest-old (75 years and over <i>n</i>(%)</b>	<b>All Ages <i>n</i>(%)</b>
<b>Total Respondents</b>	127(63.5)	73(36.5)	N:200(100)
<b>Gender</b>			
Female	80(63)	34(46.6)	114(57)
Male	47(37)	39(53.4)	86(43)
<b>Marital Status</b>			
Single	6(4.7)	3(4.1)	38(4.5)
Married	75(59.1)	30(41.1)	105(52.5)
Separated	5(3.9)	1(1.4)	6(3)
Widowed	41(32.3)	39(53.4)	80(40)
<b>Household Classification</b>			
Household head	72(56.7)	34(46.6)	106(53)
Not a household head	55(43.4)	39(53.4)	94(47)

<b>Educational Attainment</b>			
Elementary undergraduate	25(19.7)	27(37)	52(26)
Elementary graduate	55(43.3)	25(34.2)	80(40)
High school undergraduate	9(7.1)	11(15.1)	20(10)
High school graduate	21(16.5)	7(9.6)	28(14)
Vocational graduate	3(2.4)	0	3(1.5)
University undergraduate	6(4.7)	2(2.7)	8(4)
University graduate	5(3.9)	0	5(2.5)
Postgraduate graduate	3(2.4)	1(1.4)	4(2)
<b>Income classification</b>			
With regular income	29(22.8)	12(16.4)	41(20.5)
Without income	58(45.7)	45(61.6)	103(51.5)
With seasonal income	40(31.5)	16(21.9)	56(28)
<b>Earning below or above US\$1.25 per day</b>			
Below US\$1.25 per day or Php55.91 per day	77(60.6)	60(82.2)	137(68.5)
Above US\$1.25 per day or Php55.91 per day	50(39.4)	13(17.8)	63(31.5)
<b>Place of Residence</b>			
Rural	69(54.3)	37(50.7)	106(53)
Urban	58(45.7)	36(49.3)	94(47)
<b>Living Arrangement</b>			
Living alone	15(11.8)	7(9.6)	22(11)
Living with relatives	16(12.6)	9(12.3)	25(12.5)

Living with family	73(57.5)	47(64.4)	120(60)
Living with husband or wife	23(18.1)	10(13.7)	33(16.5)
<b>Home ownership</b>			
Owns a House	102(80.3)	57(78.1)	159(79.5)
Does not own a House	25(19.7)	16(21.9)	41(20.5)
<b>Personal health</b>			
Considered themselves healthy	84(66.1)	55(75.3)	139(69.5)
Considered themselves unhealthy	43(33.9)	18(24.7)	61(30.5)
<b>Social Participation in OPO</b>			
Contributing in any activities	50(39.4)	38(52.1)	88(44)
Attending meeting	22(17.3)	16(21.9)	38(19)
Officer of the OPO	28(22)	6(8.2)	34(17)
Not Active Member of OPO	22(17.3)	12(16.4)	34(17)
Member of any committee	5(3.9)	1(1.4)	6(3)
<b>Group Membership</b>			
Not Active	4(3.1)	6(8.2)	10(5)
OPO group only	82(64.6)	53(72.6)	135(67.5)
More than 3 groups	4(3.1)	2(2.7)	6(3)
Religious & OPO	37(29.1)	12(16.4)	49(24.5)

*Note.*  $N = 200$  respondents. OPO = Older Persons Organization.

### 6.6 Cross-tabulation per Total Respondents and by Age Group Category with Successful Ageing

Table 16 below presents the cross-tabulation per total survey respondents and per stratified age group category with the attainment and non-attainment of successful ageing. Of the total  $N = 200$  respondents, the majority were females (57%,  $n = 114$ ), married (52.5%,  $n =$

105), elementary graduate (40%,  $n = 80$ ), residing in rural areas (53%,  $n = 106$ ), with no income (52.5%,  $n = 103$ ), living with family (60%,  $n = 120$ ), home owners (79.5%,  $n = 159$ ), household heads (52%,  $n = 104$ ), not in receipt of non-contributory social pensions from the Philippine Government (91.5%,  $n = 183$ ), considered themselves healthy (69.5%,  $n = 139$ ), were members of one OPO (67.5%,  $n = 135$ ), were contributing in activities of an OPO (44%,  $n = 88$ ), and were living below US\$1.25 per day (68.5%,  $n = 137$ ).

In the attainment of successful ageing per total survey respondents, 104 (52%) out of the total 200 respondents attained the three dimensions of successful ageing. The succeeding sections after Table 16 analyse each of the sociodemographic variables with the dimensions of successful ageing per total survey respondents and per age group category, young-old to middle-old (65 to 74 years old) and old-old to oldest-old (75 years old and above).

Table 16

*Descriptive Statistics of Sociodemographic variables by the Attainment and Non-Attainment of Successful Ageing (SA): Stratified by Age Group*

VARIABLE	N (%)	Total Respondents		Age Groups/Stratified Group			
		Attain SA $n$ (%)	Did not Attain SA $n$ (%)	Young-old to Middle-old		Old-old to Oldest-old	
		Attain SA $n$ (%)	Did not Attain SA $n$ (%)	Attain SA $n$ (%)	Did not Attain SA $n$ (%)	Attain SA $n$ (%)	Did not Attain SA $n$ (%)
<b>Gender</b>							
Female	114 (57)	56 (49.1)	58 (50.9)	44 (55)	36 (45)	12 (35.3)	22 (64.7)
Male	86 (43)	48 (55.8)	38 (44.2)	32 (68.1)	15 (31.9)	16 (41)	23 (59)

<b>Marital status</b>							
Married	105	68	37	51	24	17	13
	(52.5)	(64.8)	(32)	(68)	(47.1)	(56.7)	(43.3)
Widowed	80	29	51	20	21	9	30
	(40)	(36.3)	(63.7)	(48.8)	(51.2)	(23.1)	(76.9)
Never married	9	3	6	2	4	1	2
	(4.5)	(33.3)	(66.7)	(33.3)	(66.7)	(33.3)	(66.7)
Separated	6	4	2	3	2	1	0
	(3)	(66.7)	(33.3)	(60)	(40)	(100)	
<b>Educational Attainment</b>							
Elementary under- graduate	52	20	32	15	10	5	22
	(26)	(38.5)	(61.5)	(60)	(40)	(18.5)	(81.5)
Elementary graduate	80	37	43	26	29	11	14
	(40)	(46.8)	(53.8)	(47.3)	(52.7)	(44)	(56)
High school undergraduate	20	11	9	6	3	5	6
	(10)	(55)	(45)	(66.7)	(33.3)	(45.5)	(54.5)
High school graduate	28	19	9	15	6	4	3
	(14)	(67.9)	(32.1)	(71.4)	(28.6)	(57.1)	(42.9)
Vocational graduate	3	2	1	2	1	0	0
	(1.5)	(66.7)	(33.3)	(66.7)	(33.3)		
University under- graduate	8	6	2	4	2	2	0
	(4)	(75)	(25)	(66.7)	(33.3)	(100)	

University graduate	5 (2.5)	5 (100)	0	5 (100)	0	0	0
Postgraduate	4 (2)	4 (100)	0	3 (100)	0	1 (100)	0
<b>Place of Residence</b>							
Rural	106 (53)	51 (48.1)	55 (51.9)	38 (55.1)	31 (44.9)	13 (35.1)	24 (64.9)
Urban	94 (47)	53 (56.4)	41 (43.6)	38 (65.5)	20 (34.5)	15 (41.7)	21 (58.3)
<b>Income Provision</b>							
Without Income	103 (51.5)	42 (40.8)	61 (59.2)	29 (50)	29 (50)	1 3(28.9)	32 (71.1)
With seasonal Income	56 (28)	28 (50)	28 (50)	23 (57.5)	17 (42.5)	5 (31.1)	11 (68.8)
With regular Income	41 (20.5)	34 (82.9)	7 (17.1)	24 (82.8)	5 (17.2)	10 (83.3)	2 (16.7)
<b>Living Arrangement</b>							
Living with family	120 (60)	68 (56.7)	52 (43.3)	49 (67.1)	24 (32.9)	19 (40.4)	28 (59.6)
Living with husband/ wife	33 (16.5)	20 (60.6)	13 (39.4)	15 (65.2)	8 (34.8)	5 (50)	5 (50)
Living with relatives	25 (12.5)	7 (28)	18 (72)	5 (31.3)	11 (68.8)	2 (22.2)	7 (77.8)



Living alone	22 (11)	9 (40.9)	13 (59.1)	7 (46.7)	8 (53.3)	2 (28.6)	5 (71.4)
<b>Home ownership</b>							
Owens a house	159 (79.5)	88 (55.3)	71 (44.7)	67 (65.7)	35 (34.3)	21 (36.8)	36 (63.2)
Does not own a house	41 (20.5)	16 (39)	25 (61)	9 (36)	16 (64)	7 (43.8)	9 (56.3)
<b>Household Classification</b>							
Household Head	106 (53)	62 (58.5)	44 (41.5)	47 (65.3)	2 5(34.7)	15 (44.1)	19 (55.9)
Not a Household Head	94 (47)	42 (44.7)	52 (55.3)	29 (52.7)	26 (47.3)	13 (33.7)	26 (66.7)
<b>Social Pensions</b>							
With Social Pensions	17 (8.5)	7 (41.2)	10 (58.8)	1 (50)	1 (50)	6 (40)	9 (60)
Without Social Pensions	183 (91.5)	97 (53)	86 (47)	75 (60)	50 (40)	22 (37.9)	36 (62.1)
<b>Subjective Perspective on Health</b>							
Considered themselves healthy	139 (69.5)	79 (56.8)	60 (43.2)	55 (65.5)	29 (34.5)	24 (43.6)	31 (56.4)
Considered	61	25	36	21	22	4	14

themselves	(30.5)	(41)	(59)	(48.4)	(51.2)	(22.2)	(77.8)
unhealthy							

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**Group Membership**

OPO group	135	67	68	46	36	21	32
Only	(67.5)	(49.6)	(50.4)	(56.1)	(43.9)	(39.6)	(60.4)
Religious &	49	30	19	24	13	6	6
OPO	(24.5)	(61.2)	(38.8)	(64.9)	(35.1)	(50)	(50)
Not active	10	3	7	2	2	1	5
	(5)	(30)	(70)	(50)	(50)	(16.7)	(83.3)
More than 3	6	4	2	4	0	0	2
groups	(3)	(66.7)	(33.3)	(100)			(100)

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**Social Participation in Organisations**

Contributing	88	49	39	32	18	17	21
in any	(44)	(55.7)	(44.3)	(64)	(36)	(44.7)	(55.3)
activities							
Attending	38	18	20	12	10	6	10
meeting	(19)	(47.4)	(52.6)	(54.5)	(45.5)	(37.5)	(62.5)
Officer of the	34	26	8	24	4	2	4
OPO	(17)	(76.5)	(23.5)	(85.7)	(14.3)	(33.3)	(66.7)
Not active	34	7	27	5	17	2	10
Member of	(17)	(20.6)	(79.4)	(22.7)	(77.3)	(16.7)	(83.3)
OPO							
Member of	6	4	2	3	2	1	0
committee	(3)	(66.7)	(33.3)	(60)	(40)	(100)	

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<b>Income level</b>							
Living above	63	43	20	35	15	8	5
US\$1.25	(31.5)	(68.3)	(31.7)	(70)	(30)	(61.5)	(38.5)
Living below	137	61	76	41	36	20	40
US\$1.25	(68.5)	(44.5)	(55.5)	(53.2)	(46.8)	(33.3)	(66.7)

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*Note.*  $N = 200$ . OPO = Older Persons Organization. The exchange rate is computed at US\$1 dollar to Php44.73 as at Dec. 2014.

### **Gender**

The majority, 57% ( $n = 114$ ) of the total survey respondents, were females, and among them, 49.1% ( $n = 56$ ) were successful in attaining the three dimensions of successful ageing, namely, wellbeing, physical functioning and social engagement, while 50.9% ( $n = 58$ ) were not. Among the 43 ( $n = 86$ ) male respondents, 55.8% ( $n = 48$ ) were successful in attaining the three dimensions of successful ageing, while 44.2% ( $n = 38$ ) were not. An age-stratified analysis revealed that the majority of male (68.1%) and female (55%) respondents attained the three dimensions of successful ageing among young-old to middle-old respondents. However, the majority of male (59%) and female (64.7%) old-old to oldest-old respondents did not attain the three dimensions of successful ageing. The findings suggest that gender may not be associated with successful ageing and its three dimensions.

### **Marital Status**

The majority, 52.5% ( $n = 105$ ) of the total survey respondents, were married, and among them, 64.8% ( $n = 68$ ) were successful in attaining the three dimensions of successful ageing, namely, wellbeing, physical functioning, and social engagement, while 35.2% ( $n = 37$ ) were not. The second largest group of respondents were widowed, 40% ( $n = 80$ ), and among them, 36.3% ( $n = 29$ ) were successful in attaining the three dimensions of successful ageing, while 63.7% ( $n = 51$ ) were not. The third largest group of respondents were single, 4.5% ( $n = 9$ ), and among them, 33.3% ( $n = 3$ ) were successful in attaining the three dimensions of successful ageing, while 66.7% ( $n = 6$ ) were not. The smallest group of respondents were separated, 3% ( $n = 6$ ), and among them, 66.7% ( $n = 4$ ) were successful in attaining the three dimensions of successful ageing, while 33.7% ( $n = 2$ ) were not.

An age-stratified analysis revealed that the majority of married (68%) and separated (60%) respondents attained the three dimensions of successful ageing, while a majority of those widowed (51.2%) or never married (66.7%) did not attain the three dimensions of successful ageing among young-old to middle-old respondents. Among old-old to oldest-old respondents, the majority of married (56.7%) respondents attained the three dimensions of successful ageing, while the majority of respondents who were widowed or never married did not attain the three dimensions of successful ageing. The findings suggest that marital status may be associated with successful ageing and its three dimensions.

### **Educational Attainment**

The largest group, 40% ( $n = 80$ ) of the total survey respondents, were elementary school graduates, and among them, 46.3% ( $n = 37$ ) were successful in attaining the three dimensions of successful ageing, while 53.8% ( $n = 43$ ) were not. The second largest group of respondents were elementary undergraduates, 26% ( $n = 52$ ), and among them, 38.5% ( $n = 20$ ) were successful in attaining the three dimensions of successful ageing, while 61.5% ( $n = 32$ ) were not. The third largest group of respondents were high school graduates, 14% ( $n = 28$ ), and among them, 67.9% ( $n = 19$ ) were successful in attaining the three dimensions of successful ageing, while 32.1% ( $n = 9$ ) were not. The fourth largest group were university undergraduates and graduates, 8.5% ( $n = 17$ ), and among them, 88.24% ( $n = 15$ ) were successful in attaining the three dimensions of successful ageing, while 11.76% ( $n = 2$ ) were not. The smallest group of respondents were vocational graduates, 1.5% ( $n = 3$ ), and among them, 66.7% ( $n = 2$ ) were successful in attaining the three dimensions of successful ageing, while 33.3% ( $n = 1$ ) were not.

An age-stratified analysis revealed that the majority of the high school undergraduates and graduates (66.7%) and university graduates (100%) attained the three dimensions of successful ageing, while the small majority of elementary graduates (52.7%) did not attain the three dimensions of successful ageing among young-old to middle-old respondents. Among old-old to oldest-old respondents, a majority of high school graduates (57.1%) and vocational graduates (100%) attained the three dimensions of successful ageing, while a majority of respondents who were elementary graduates (56%) and undergraduates (81.5%) did not attain the three dimensions of successful ageing. The findings suggest that the educational attainment of the respondents may be associated with successful ageing, since the majority of the respondents who had finished high school attained the three dimensions of successful

ageing. Likewise, the majority of young-old to middle-old respondents who were high school graduates to college graduates attained the three dimensions of successful ageing.

### **Place of Residence**

The majority, 53% ( $n = 106$ ) of the total survey respondents, are living in a rural community, and among them, 48.1% ( $n = 51$ ) were successful in attaining the three dimensions of successful ageing, namely, wellbeing, physical functioning and social engagement, while 51.9% ( $n = 55$ ) were not. Among the 47% ( $n = 94$ ) of respondents living in an urban community, 56.4% ( $n = 53$ ) were successful in attaining the three dimensions of successful ageing, while 43.6% ( $n = 41$ ) were not.

An age-stratified analysis revealed that the majority of respondents living in a rural (55.1%) and in an urban (65.5%) community attained the three dimensions of successful ageing among young-old to middle-old respondents. Meanwhile, the majority of old-old to oldest-old respondents in a rural (64.9%) and in an urban (58.3%) community did not attain the three dimensions of successful ageing. The findings suggest that place of residence may be associated with successful ageing and its three dimensions, since a majority of the respondents living in an urban community attained the three dimensions of successful ageing. Similarly, a majority of young-old to middle-old respondents from rural and urban areas attained the three dimensions of successful ageing, while the majority of old-old to oldest-old respondents did not attain the three dimensions of successful ageing.

### **Modes of Income Provision**

The majority, 51.5% ( $n = 103$ ) of the total survey respondents, did not have an income, and among them, 40.8% ( $n = 42$ ) were successful in attaining the three dimensions of successful ageing, while 69.2% ( $n = 61$ ) were not. The second largest group of respondents were those with seasonal income, 28% ( $n = 56$ ) of the total respondents, and among them, 50% ( $n = 28$ ) were successful in attaining the three dimensions of successful ageing, while 50% ( $n = 28$ ) were not. The third group of respondents were those with regular income, 20.5% ( $n = 41$ ) of the total respondents, and among them, 82.9% ( $n = 34$ ) were successful in attaining the three dimensions of successful ageing, while 17.1% ( $n = 7$ ) were not.

An age-stratified analysis revealed that the majority of survey respondents with regular income (82.2%) and with seasonal income (57.5%) attained the three dimensions of successful ageing among young-old to middle-old respondents. However, only those with regular income (83.3%) attained the three dimensions of successful ageing among old-old to oldest-old respondents. The findings suggest that mode of income provision may be

associated with successful ageing and its three dimensions, since a majority of respondents receiving regular income attained the three dimensions of successful ageing regardless of age group category.

### **Living Arrangement**

The majority, 60% ( $n = 120$ ) of the total survey respondents, were living with their families, and among them, 56.7% ( $n = 68$ ) were successful in attaining the three dimensions of successful ageing, while 43.3% ( $n = 52$ ) were not. The second largest group of respondents were living with husband or wife, 16.5% ( $n = 33$ ) and, among them, 60.6% ( $n = 20$ ) were successful in attaining the three dimensions of successful ageing, while 39.4% ( $n = 13$ ) were not. The third largest group of respondents were living with relatives, 12.5% ( $n = 25$ ) and, among them, 7% ( $n = 28$ ) were successful in attaining the three dimensions of successful ageing, while 72% ( $n = 18$ ) were not. The smallest group of respondents were living alone, 11% ( $n = 22$ ) and, among them, 40.9% ( $n = 9$ ) were successful in attaining the three dimensions of successful ageing, while 59.1% ( $n = 13$ ) were not.

An age-stratified analysis revealed that the majority of young-old and middle-old respondents living with family (67.1%) and living with husband (65.2%) attained the three dimensions of successful ageing, while the majority of respondents living with relatives (68.8%) did not attain the three dimensions of successful ageing. The findings suggest that the living arrangements of the respondents may be associated with successful ageing and its three dimensions, since those who were living with their families or living with husband or wife had higher attainment of successful ageing and its three dimensions compared to other respondents.

### **Home Ownership**

The majority, 79.5% ( $n = 159$ ) of the total survey respondents, were home owners, and among them, 55.3% ( $n = 88$ ) were successful in attaining the three dimensions of successful ageing, while 44.7% ( $n = 71$ ) were not. Among respondents who were not homeowners, 20.5% ( $n = 41$ ), 39% ( $n = 16$ ) were successful in attaining the three dimensions of successful ageing, while 61% ( $n = 25$ ) were not.

An age-stratified analysis revealed that a majority of respondents who own a house (65.7%) attained the three dimensions, while the majority of those who did not own a house (64.5%) did not attain the three dimensions of successful ageing among young-old to middle-old respondents. A majority of old-old to oldest-old respondents who own a house (63.2%) and do not own a house (56.3%) did not attain the three dimensions of successful ageing. The

findings suggest that home ownership may be associated with successful ageing and its three dimensions, since a majority of young-old to middle-old respondents who own their house attained the three dimensions of successful ageing, while home ownership may not be associated with successful ageing among old-old to oldest-old respondents.

### **Household Classification**

The majority, 53% ( $n = 106$ ) of the total survey respondents, were household heads, and among them, 58.5% ( $n = 62$ ) were successful in attaining the three dimensions of successful ageing, while 41.5% ( $n = 44$ ) were not. Among respondents who were not household head, 47% ( $n = 94$ ), 44.7% ( $n = 42$ ) were successful in attaining the three dimensions of successful ageing, while 55.3% ( $n = 52$ ) were not.

An age-stratified analysis revealed that the majority of respondents who were household head (65.3%) and not a household head (52.7%) attained the three dimensions of successful ageing among young-old to middle-old respondents. Meanwhile, a majority of old-old to oldest-old respondents who were household head (55.9%) and not a household heads (66.7%) did not attain the three dimensions of successful ageing. The findings suggest that household classification may be associated with successful ageing and its three dimensions, since a majority of the household heads attained the three dimensions of successful ageing. Likewise, a majority of young-old to middle-old respondents who were household heads attained the three dimensions of successful ageing.

### **Social Pensions**

The majority, 91.5% ( $n = 183$ ) of the total survey respondents, were not receiving social pensions, and among them, 53% ( $n = 97$ ) were successful in attaining the three dimensions of successful ageing, while 47% ( $n = 86$ ) were not. Among respondents who were receiving social pensions, 8.5% ( $n = 17$ ), 41.2% ( $n = 7$ ) were successful in attaining the three dimensions of successful ageing, while 58.8% ( $n = 10$ ) were not.

An age-stratified analysis revealed that a majority of old-old to oldest-old respondents who received social pensions (60%) and did not receive social pensions (62.1%) did not attain the three dimensions of successful ageing. The findings suggest that social pensions may not be associated with successful ageing, since a majority of the respondents who received social pensions did not attain the three dimensions of successful ageing. Likewise, a majority of the old-old to oldest-old respondents who received social pensions did not attain the three dimensions of successful ageing.

### **Subjective Perspective on Health**

The majority, 69.5% ( $n = 139$ ) of the total survey respondents, considered themselves healthy, and among them, 56.8% ( $n = 79$ ) were successful in attaining the three dimensions of successful ageing, while 43.2% ( $n = 60$ ) were not. The next group of respondents were those who considered themselves unhealthy, 30.5% ( $n = 61$ ), and among them, 41% ( $n = 25$ ) were successful in attaining the three dimensions of successful ageing, while 59% ( $n = 36$ ) were not.

An age-stratified analysis revealed that a majority of the respondents who considered themselves healthy (65.5%) attained the three dimensions of successful ageing, while a majority of those who considered themselves unhealthy (51.2%) did not attain the three dimensions of successful ageing among young-old to middle-old respondents. Meanwhile, a majority of old-old to oldest-old respondents who considered themselves healthy (56.4%) and considered themselves unhealthy (77.8%) did not attain the three dimensions of successful ageing. The findings suggest that subjective perspective on health may be associated with successful ageing, since the majority of the young-old to middle-old respondents who considered themselves healthy attained the three dimensions of successful ageing.

### **Group Membership**

The majority, 67.5% ( $n = 135$ ) of the total survey respondents, were members of OPOs, and among them, 49.6% ( $n = 67$ ) were successful in attaining the three dimensions of successful ageing, while 50.4% ( $n = 68$ ) were not. The second largest group of respondents were members of both religious groups and OPOs, 24.5% ( $n = 49$ ), and among them, 61.2% ( $n = 30$ ) were successful in attaining the three dimensions of successful ageing, while 38.8% ( $n = 19$ ) were not. The third largest group of respondents were not active members of OPOs, 5% ( $n = 10$ ), and among them, 30% ( $n = 3$ ) were successful in attaining the three dimensions of successful ageing, while 70% ( $n = 7$ ) were not. The smallest group of respondents were those members of three or more groups, 3% ( $n = 6$ ), and among them, 66.7% ( $n = 4$ ) were successful in attaining the three dimensions of successful ageing, while 33.3% ( $n = 2$ ) were not.

An age-stratified analysis revealed that the majority of young-old and middle-old respondents who were members of religious groups and OPOs, 64.9%, and with more than three group memberships, 100%, attained the three dimensions of successful ageing. Among old-old to oldest-old respondents, there were equal chances for respondents who were members of religious groups and OPOs to attain the three dimensions of successful ageing,



while the majority of other classifications did not attain the three dimensions of successful ageing. The findings suggest that group membership may be associated with successful ageing and its three dimensions, since a majority of those who were members of two or more groups attained the three dimensions of successful ageing. Likewise, a majority of young-old to middle-old respondents who were members of two or three groups attained the three dimensions of successful ageing.

### **Social Participation in Organisation**

The largest group, 44% ( $n = 88$ ) of the total respondents, were contributing in any activities of Older Persons Organizations (OPO) and, among them, 55.7% ( $n = 49$ ) were successful in attaining the three dimensions of successful ageing, namely, wellbeing, physical functioning, and social engagement, while 44.3% ( $n = 39$ ) were not. The second largest group of respondents were attending meetings, 19% ( $n = 38$ ), and among them, 47.4% ( $n = 18$ ) were successful in attaining the three dimensions of successful ageing, while 52.6% ( $n = 20$ ) were not. The third group of respondents were officers of an OPO, 17% ( $n = 34$ ), and among them, 76.5% ( $n = 26$ ) were successful in attaining the three dimensions of successful ageing, while 23.5% ( $n = 8$ ) were not. The fourth group of respondents were not active OPO members, 17% ( $n = 34$ ), and among them, 20.59% ( $n = 3$ ) were successful in attaining the three dimensions of successful ageing, while 79.41% ( $n = 17$ ) were not. The smallest group of respondents were members of OPO committees, 3% ( $n = 6$ ), and among them, 66.7% ( $n = 4$ ) were successful in attaining the three dimensions of successful ageing, while 33.3% ( $n = 2$ ) were not.

An age-stratified analysis revealed that the majority of young-old and middle-old respondents who were contributing in any activities (64%) and officers of the OPO attained the three dimensions of successful ageing. Among old-old to oldest-old respondents, the majority of respondents, regardless of their level of social participation in organisations, did not attain the three dimensions of successful ageing. The findings suggest that social participation in organisations may not be associated with successful ageing and its three dimensions, since only the majority of the officers of OPOs in both age group categories attained the three dimensions of successful ageing.

### **Living Below or Above US\$1.25 a Day**

The majority, 68.5% ( $n = 137$ ) of the total survey respondents, were living below US\$1.25 per day, and 44.5% ( $n = 61$ ) of these were successful in attaining the three dimensions of successful ageing, namely, wellbeing, physical functioning, and social

engagement, while 55.5% ( $n = 76$ ) were not. Among respondents living above US\$1.25 per day, 31.5% ( $n = 63$ ), 68.3% ( $n = 43$ ) were successful in attaining the three dimensions of successful ageing, while 31.7% ( $n = 20$ ) were not.

An age-stratified analysis revealed that the majority of the respondents who were living above US\$1.25 per day (70%) and living below US\$1.25 per day (53.2%) attained the three dimensions of successful ageing among young-old to middle-old respondents. Meanwhile, the majority of old-old to oldest-old respondents who were living above US\$1.25 per day (61.5%) attained the three dimensions of successful ageing, while the majority of respondents living below US\$1.25 per day (66.7%) did not attain the three dimensions of successful ageing.

The findings suggest that income level may be associated with successful ageing, since the majority of respondents who were living above US\$1.25 per day attained the three dimensions of successful ageing. Likewise, the majority of respondents who were living above and below US\$1.25 per day attained the three dimensions of successful ageing, while a majority of respondents living below US\$1.25 per day did not attain the three dimensions of successful ageing in both age group categories.

## 6.7 Conclusion

Among the respondents, the majority considered themselves to be household heads and were actively participating in an Older Persons Organization (OPO). There is a positive correlation between daily income and wellbeing as well as social engagement. Meanwhile, there is a negative correlation with age, which means that, when an older person ages, their income also goes down. Exploring wellbeing using the WHO Subjective Wellbeing scale shows that the majority of the survey respondents have higher scores on being active, vigorous, and having a positive outlook. Exploring physical functioning using the Katz IADL scale shows that the majority of the survey respondents had lower scores in dressing self and bathing. Exploring social engagement using the Duke DSSI scale shows that the majority of the survey respondents were not used to talking about their deepest problems with family or friends, and they chose to spend time with their family rather than others.

The cross-tabulation revealed that there may be significant association with marital status, educational attainment, place of residence, modes of income provisions, living arrangements, home ownership, household classifications, subjective perspective on health, group membership, and living below and above US\$1.25 per day with the attainment of the

three dimensions of successful ageing. Meanwhile, gender and social pensions may not be associated with successful ageing.

An age-stratified analysis using cross-tabulation also revealed that the majority of young-old to middle-old respondents (65 to 74 years old) who were married, were high school graduates, lived in rural areas, had regular income, lived with family, owned a home, were household heads, considered themselves healthy, were officers of an OPO and were living above US\$1.25 per day attained the three dimensions of successful ageing. Meanwhile, the majority of old-old to oldest-old (75 years and above) respondents who were from urban and rural communities, living with family, household heads and not household heads, receiving or not receiving social pensions, and living above or below US\$1.25 per day did not attain the three dimensions of successful ageing. Therefore, exploring significant association of sociodemographic variables with successful ageing per total respondents, and per age group category, namely, young-old to middle-old (65-74 years old) and old-old to oldest-old (75 years and above) may provide an in-depth statistical analysis on this study

In Chapter 7, I present the results of the inferential statistics as used to explore the associations of independent variables between dependent variables using *Chi* square, *t*-test, and analysis of variance per total respondents and per age group category.

## **Chapter 7: Association between Demographic Variables and Successful Ageing (Study 1)**

### **7.1 Chapter Overview**

This chapter will address the first objective of this study, which is to explore the association of sociodemographic variables with the attainment of successful ageing and its three dimensions, namely, wellbeing, physical functioning, and social engagement. The following independent variables presented in Chapter 2, section 2.4 were explored: gender, marital status, educational attainment, residence, income provisions, living arrangement, home ownership, household classification, social pensions, subjective perspective of health, group membership, social participation, and income level (living above or below US\$1.25 per day).

In this chapter, the first section presents the findings on the association of sociodemographic variables per two age-group category, namely, young-old to middle-old (64 to 74 years old), old-old to oldest-old (75 years and above), and per total respondents with successful ageing using *Chi* square. The succeeding section presents the findings of the stratified analyses and per total respondents on the association of sociodemographic variables with the attainment of the three dimensions of successful ageing using *t*-test or analysis of variances (ANOVA). ANOVA analyses the statistically significant differences between means of three or more categories, while *t*-test analyses the significant differences within two nominal categories. Lastly, ANOVA post-hoc tests were used in analysing significant difference between categories in the attainment of the three dimensions of successful ageing in this study.

### **7.2 Association of Sociodemographic Variables by Age Group and Per Total Respondents with Successful Ageing**

Table 17 presents the association of sociodemographic variables with the two dichotomous variables, attainment and non-attainment of successful ageing, using *Chi* square. The analyses were divided into three groups: young-old to middle-old, old-old to oldest-old, and per total respondents.

The preliminary findings per total respondents below suggest that successful ageing is associated with marital status, educational attainment, income provision, living arrangements, subjective perspective on health, social participation, and income level. For young-old to

middle-old respondents, there is an association between successful ageing and income provisions, living arrangements, home ownership, and social participation in OPOs. For old-old to oldest-old respondents, there is an association between successful ageing and marital status, educational attainment, income provisions, living arrangements, household classification, subjective perspective on health, social participation in OPOs and living below or above US\$1.25 per day. The following section presents the *p*-value on the association of sociodemographic variables with the three dimensions of successful ageing per total respondents and per stratified analysis.

Table 17

*P-value of Sociodemographic variables by Age Category and per Total Respondents with two dichotomous variables using Chi square Test of Independence*

<b>Variables</b>	<b>Young-old to Middle-old (65–74 years old)</b>	<b>Old-old to Oldest-old (75 years and over)</b>	<b>Total Respondents n(%)</b>
	<b><i>P</i>-value</b>	<b><i>P</i>-value</b>	<b><i>P</i>-value</b>
Gender	.15	.62	.35
Marital status	.12	.02*	.01***
Educational Attainment	.06	.05	.03*
Place of Residence	.23	.57	.24
Income Provision	.01**	.01**	.01***
Living Arrangements	.04*	.57	.03*
Home ownership	.01**	.62	.06
Household Classification	.15	.35	.05*
Social Pensions	.78	.88	.35
Subjective Perspective on Health	.07	.11	.04*
Group Membership	.29	.37	.22
Social Participation in Organisation	.01***	.26	.01***

Income level (Living below or above US\$1.25 dollar per day)	.06	.58	.01**
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Note. \* $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ . Dichotomous variables = attainment or non-attainment of the three dimensions of successful ageing.

### 7.3 Gender and Successful Ageing

The *Chi* square Test of Independence revealed that there was no association of gender with the attainment of successful ageing at  $X^2(1) = .88, p = .35$  per total survey respondents. To further explore the association of gender with the attainment of three continuous scales that represent the dimensions of successful ageing, an independent sample *t*-test was performed in Table 18 below. In the attainment of wellbeing, there were no differences between male ( $M = 59.23, SD = 20.61$ ) and female respondents ( $M = 57.09, SD = 19.46$ ),  $t(20) = -.75, p = .453$ . In the attainment of physical functioning, there were no differences between male ( $M = 5.77, SD = .88$ ) and female respondents ( $M = 5.86, SD = .35$ ),  $t(20) = 1.02, p = .308$ . In the attainment of social engagement, there were no differences between male ( $M = 22.41, SD = 4.74$ ) and female respondents ( $M = 22.85, SD = 4.20$ ),  $t(20) = .70, p = .485$ .

Table 18

*P-value of Gender per scale for each Dimension of Successful Ageing (SA) using Independent Samples t-test*

Dimensions of SA (Scale)	F	Sig.	T	df	M(SD)	
					Male	Female
Wellbeing (WHO Wellbeing)	.24	.45	-.75	20	59.23(20.61)	57.09(19.46)
Physical Functioning (Katz IADL)	4.49	.31	1.02	20	5.77(.88)	5.86(.35)
Social Engagement (DSSI)	1.04	.49	.70	20	22.41(4.74)	22.85 (4.20)

Table 19 presents the findings of a stratified analysis using independent sample *t*-test by gender with the three dimensions of successful ageing. There is no association of gender with the three dimensions of successful ageing among young-old to middle-old and old-old to oldest-old respondents.

Table 19

*P-value of Gender on Successful Ageing (SA) Dimensions by Stratified Age Category using Independent Samples t-test*

Age Category	Df	Sig. Dimensions of SA (Scale)		
		Wellbeing (WHO Wellbeing)	Physical Functioning (Katz IADL)	Social Engagement (DSSI)
65–74 years old (Young-old to Middle-old)	13	.21	.09	.13
75 years old and above (Old-old to Oldest-old)	70	.70	.14	.14

Overall, gender is not associated with the attainment of the three dimensions of successful ageing. However, male respondents had higher scores in wellbeing, while female respondents had higher scores in physical functioning and social engagement, although the difference is not significant. Therefore, there is an equal chance for male and female older Filipino persons to attain successful ageing and its three dimensions among age categories.

#### 7.4 Marital Status and Successful Ageing

The *Chi* square revealed that there is an association between marital status and successful ageing,  $X^2(3) = 16.58, p < .05$  per total survey respondents. To further explore the association of marital status with the attainment of the three continuous scales that represent the dimensions of successful ageing, analysis of variance (ANOVA) tests were performed, as shown in Table 20. In the attainment of wellbeing, there were significant differences between marital status of respondents,  $F(3, 20) = 5.55, p < .005, \eta^2 = .078$ .

Meanwhile, there were no significant differences between the marital status of respondents and physical functioning,  $F(3, 20) = .19, p = .907, \eta^2 = .003$ , and with social engagement,  $F(3, 20) = 1.45, p = .230, \eta^2 = .022$ . To further explore the significant

differences with marital status of respondents with wellbeing, ANOVA LSD post-hoc tests were performed, as shown in Table 20.

Table 20

*P-value of Marital Status for each Dimension of Successful Ageing (SA) using ANOVA*

<b>Dimensions of SA (Scale)</b>	<b>Sum of</b>		<b>Mean</b>			
	<b>Squares</b>	<b>df1(df2)</b>	<b>Square</b>	<b>F</b>	<b>Sig.</b>	<b><math>\eta^2</math></b>
Wellbeing (WHO Wellbeing)	62.22	3(20)	21.41	5.55	.01**	078
Physical Functioning (Katz IADL)	.22	3(20)	.08	.19	.91	003
Social Engagement (DSSI)	85.05	3(20)	19.53	1.45	.23	022

*Note.* \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ . WHO = World Health Organization. IADL = Independence in Activities of Daily Living. DSSI = Duke Social Support and Social Interaction.

As seen in Table 21, married respondents have significantly higher scores compared to widowed  $p < .01$  and single  $p < .05$  in the attainment of wellbeing. In addition, married respondents also registered the highest scores in social engagement and physical functioning compared to other respondents.

Table 21

*P-value of Gender per scale for each Dimension of Successful Ageing (SA) using Independent Samples t-test*

<b>Dimension of SA (Scale)</b>	<b>Marital status</b>	<b>Mean</b>			
		<b>Difference (I-J)</b>	<b>Std. Error</b>	<b>Sig.</b>	
Wellbeing (WHO Wellbeing)	Married	Single or never married	15.96	6.70	.02*
		Widowed	10.57	2.86	.01***

*Note.* \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ . WHO = World Health Organization.



Table 22 below presents the association of marital status by age category with the three dimensions of successful ageing using ANOVA. In the attainment of wellbeing, there is an association with marital status and wellbeing at  $p < .05$  among young-old and middle-old respondents, while the marital status of old-old to oldest-old respondents was not associated with the three dimensions of successful ageing.

Table 22

*P-value of Marital Status on Successful Ageing (SA) Dimensions by Stratified Age Category using ANOVA*

Age Category	(df1,df2)	Sig. Dimensions of SA (Scale)		
		Wellbeing (WHO Wellbeing)	Physical Functioning (Katz IADL)	Social Engagement (DSSI)
65–74 years old (Young-old to Middle-old)	(3, 13)	.04*	.66	.87
75 years old and above (Old-old to Oldest-old)	(3, 13)	.13	.88	.57

*Note.* \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ . WHO = World Health Organization. IADL = Independence in Activities of Daily Living. DSSI = Duke Social Support and Social Interaction.

Overall, married respondents have significantly higher chances of the attainment of successful ageing and wellbeing. Marital status is associated with wellbeing of young-old to middle-old respondents, while marital status among old-old to oldest-old respondents was not associated with successful ageing.

### 7.5 Educational Attainment and Successful Ageing

The *Chi* square revealed that there is an association between educational attainment and successful ageing,  $X^2(3) = 18.03$ ,  $p < .05$  per total survey respondents. To further explore the association of educational attainment with the attainment of the three continuous scales that represent the dimensions of successful ageing, analysis of variance (ANOVA) tests were

performed, as shown in Table 23 below. In the attainment of wellbeing, there were significant differences with educational attainment of respondents,  $F(7, 20) = 4.99, p < .001, \eta^2 = .15$ . In the attainment of physical functioning, there was no significant difference in educational attainment of respondents,  $F(7, 20) = 1.07, p = .387, \eta^2 = .04$ . In the attainment of social engagement, there were significant differences with educational attainment of respondents,  $F(7, 20) = 6.23, p < .001, \eta^2 = .19$ .

Table 23

*P-value of Educational Attainment for each Dimension of Successful Ageing (SA) using ANOVA*

<b>Dimensions of SA (Scale)</b>	<b>Sum of Squares</b>	<b>df1(df2)</b>	<b>Mean</b>			
			<b>Square</b>	<b>F</b>	<b>Sig.</b>	<b><math>\eta^2</math></b>
Wellbeing (WHO Wellbeing)	12.22	7(20)	17.32	4.99	.01***	.15
Physical Functioning (Katz IADL)	2.98	7(20)	.43	1.07	.39	.04
Social Engagement (DSSI)	72.09	7(20)	10.44	6.23	.01***	.19

*Note.* \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ . WHO = World Health Organization. IADL = Independence in Activities of Daily Living. DSSI = Duke Social Support and Social Interaction.

To further explore the significant differences with educational attainment of respondents with wellbeing and social engagement, ANOVA LSD post-hoc tests were performed, as shown in Table 24. Elementary undergraduates and graduates have significantly lower scores with the attainment of wellbeing compared to high school graduates, university undergraduates, university graduates at  $p < .05$ , and postgraduates at  $p < .01$ . In addition, elementary graduates have lower scores compared with university undergraduates, university graduates, and postgraduates at  $p < .05$  with the attainment of wellbeing. High school undergraduates have significantly lower scores compared to university graduates and postgraduates at  $p < .05$ , and high school graduates have significantly lower scores compared to postgraduates at  $p < .05$  with the attainment of wellbeing.

In the attainment of social engagement, elementary undergraduates have significantly lower scores compared with elementary graduates  $p < .05$ , high school undergraduates  $p < .01$ , high school graduates  $p < .01$ , vocational graduates  $p < .05$ , university undergraduates  $p < .05$ , university graduates  $p < .05$ , and postgraduates  $p < .05$ . Moreover, elementary graduates have lower scores compared to high school graduates, vocational graduates, university undergraduates, university graduates and postgraduates at  $p < .05$ .

Table 24

*P-value of Educational Attainment for Wellbeing and Social Engagement scale using ANOVA LSD post-hoc test*

<b>Dimensions of SA (Scale)</b>		<b>Educational Attainment</b>	<b>Mean Difference (I-J) Std Error Sig.</b>		
Well being (WHO Well being)	Elementary undergraduate	High school graduate	-13.68	4.38	.01**
		University undergraduate	-15.95	7.09	.03*
	Elementary graduate	University graduate	-28.55	8.75	.01***
		Postgraduate	-34.33	9.69	.01***
		High school graduate	-11.98	4.10	.01**
		University undergraduate	-14.25	6.92	.04*
		University graduate	-26.92	8.61	.01**
		Postgraduate	-32.62	9.57	.01***
	High school undergraduate	University graduate	-19.20	9.34	.04*
		Postgraduate	-24.90	10.3	.02*
High school graduate	Postgraduate	-20.64	9.98	.04*	
Social Engagement (DSSI)	Elementary undergraduate	Elementary graduate	-1.45	.73	.05*
		High school undergraduate	-4.09	1.07	.01***
		High school graduate	-3.66	.96	.01***
		Vocational graduate	-6.11	2.42	.02*

	University undergraduate	-5.19	1.55	.01***
Elementary graduate	University graduate	-6.24	1.91	.01***
	Postgraduate	-7.19	2.11	.01***
	High school undergraduate	-2.64	1.01	.01**
	High school graduate	-2.20	.99	.02*
	Vocational graduate	-4.65	2.40	.05*
	University undergraduate	-3.74	1.51	.01**
	University graduate	-4.79	1.88	.01**
	Postgraduate	-5.74	2.09	.01**

*Note.* \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ . WHO = World Health Organization. DSSI = Duke Social Support and Social Interaction. Elementary undergraduate = did not finish the six years of elementary education. Elementary graduate = finished the six years of elementary education. High school undergraduate = did not finish the post-elementary four years of education. High school graduate = finished the post-elementary four years of education. Vocational = finished a two-year post-high school vocational diploma. University undergraduate = did not finish the four years of post-university education. University graduate = finished the four years of university education. Postgraduate = finished the two-year postgraduate degree.

Table 25 presents the association of educational attainment by age category with the three dimensions of successful ageing using ANOVA tests. There is an association of educational attainment with wellbeing at  $p < .05$  and with social engagement at  $p < .01$ . Among old-old to oldest-old respondents, there was association with educational attainment and with physical functioning at  $p < .01$ .

Table 25

*P-value of Educational Attainment on Successful Ageing (SA) Dimensions by Age Stratified Analysis using ANOVA*

Age Category	df1(df2)	Sig. Dimensions of SA (Scale)		
		Wellbeing (WHO Wellbeing)	Physical Functioning (IADL)	Social Engagement (DSSI)
65–74 years old (Young-old to Middle-old)	(7,130)	.01**	.80	.01***
75 years old and above (Old-old to Oldest-old)	(7, 70)	.42	.01***	.34

Note. \* $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ . WHO = World Health Organization. IADL = Independence in Activities of Daily Living. DSSI = Duke Social Support and Social Interaction.

Overall, educational attainment is associated with successful ageing as well as with wellbeing and social engagement. Elementary undergraduates and graduates have significantly lower scores in the attainment of wellbeing and social engagement compared to those who have reached high school. Among young-old to middle-old respondents, wellbeing is associated with educational attainment. Meanwhile, physical functioning is associated with educational attainment among old-old to oldest-old respondents.

### 7.6 Place of Residence and Successful Ageing

The *Chi* square revealed that there is no association between place of residence and the attainment of successful ageing  $X^2(1) = .88, p = .24$  per total survey respondents. To further explore the association of place of residence with the attainment of the three continuous scales that represent the dimensions of successful ageing, an independent sample *t*-test was performed, as shown in Table 26. In the attainment of wellbeing, there were significant differences between rural ( $M = 53.77, SD = 15.71$ ) and urban respondents ( $M = 62.79, SD = 22.99$ ),  $t(200) = -3.27, p < .05$ . In the attainment of physical functioning, there

were no significant differences between rural ( $M = 5.73$ ,  $SD = .82$ ) and urban respondents ( $M = 5.93$ ,  $SD = .26$ ),  $t(200) = -2.25$ ,  $p = .260$ . In the attainment of social engagement, there were significant differences between rural ( $M = 21.40$ ,  $SD = 4.01$ ) and urban respondents ( $M = 24.09$ ,  $SD = 4.48$ ),  $t(200) = -4.49$ ,  $p < .001$ .

Table 26

*P-value of Place of Residence per scale for each Dimension of Successful Ageing (SA) using Independent Samples t-test*

Dimensions of SA (Scale)	<i>F</i>	<i>Sig.</i>	<i>T</i>	<i>Df</i>	<i>M(SD)</i>	
					Rural	Urban
Wellbeing (WHO Wellbeing)	20.40	.05*	3.27	200	53.77(15.71)	62.79(22.99)
Physical Functioning (Katz IADL)	16.84	.26	2.25	200	5.73(.82)	5.93(.26)
Social Engagement (DSSI)	.65	.01***	4.48	200	21.40(4.01)	24.09(4.48)

*Note.* \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ . WHO = World Health Organization. IADL = Independence in Activities of Daily Living. DSSI = Duke Social Support and Social Interaction.

Table 27 presents the findings of a stratified analysis using independent sample *t*-test between respondents living in rural and urban areas. There is an association between place of residence of respondents with wellbeing at  $p < .05$  and social engagement  $p < .05$  among young-old and middle-old respondents. Meanwhile, place of residence is not associated with the attainment of the three dimensions of successful ageing among old-old to oldest-old respondents.

Table 27

*P-value of Place of Residence on Successful Ageing (SA) Dimensions by Stratified Age Category using Independent Samples t-test*

Age Category	df	Sig. Dimensions of SA (Scale)		
		Wellbeing (WHO Wellbeing)	Physical Functioning (Katz IADL)	Social Engagement (DSSI)
65–74 years old (Young-old to Middle-old)	130	.01**	.09	.01**
75 years old and above (Old-old to Oldest-old)	70	.07	.09	.30

*Note.* \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ . WHO = World Health Organization. IADL = Independence in Activities of Daily Living. DSSI = Duke Social Support and Social Interaction.

Overall, place of residence is not significantly associated with the attainment of successful ageing. However, the *t*-test revealed that urban respondents have significantly higher scores, compared to rural respondents, in the attainment of wellbeing and social engagement. Among young-old and middle-old respondents, place of residence is associated with wellbeing and social engagement. Meanwhile, there is no association between place of residence of old-old to oldest-old respondents and the three dimensions of successful ageing.

### 7.7 Modes of Income Provision and Successful Ageing

The *Chi* square revealed that there is an association between mode of income with successful ageing  $X^2(2) = 20.99, p < .001$  per total survey respondents. To further explore the significant differences with mode of income provision for respondents with the attainment of the three continuous scales that represent the dimensions of successful ageing, analysis of variance (ANOVA) tests were performed, as shown in Table 28. In the attainment of wellbeing, there were significant differences with mode of income of respondents,  $F(2, 20) = 28.54, p < .001, \eta^2 = .23$ . In the attainment of physical functioning, there was a significant difference in mode of income of the respondents,  $F(2, 20) = 1.40, p = .248, \eta^2 = .01$ . In the attainment of social engagement, there was a significant difference in mode of income of the

respondents,  $F(2, 20) = 14.59, p < .001, \eta^2 = .12$ . To further explore the significant differences in mode of income with wellbeing and social engagement, ANOVA LSD post-hoc tests were performed, as shown in Table 28.

Table 28

*P-value of Mode of Income for each Dimension of Successful Ageing (SA) using ANOVA*

Dimensions of SA (Scale)	Sum of		Mean		$\eta^2$	
	Squares	df1(df2)	Square	F	Sig.	
Wellbeing (WHO Wellbeing)	17.31	2(20)	88.16	28.54	.01***	.23
Physical Functioning (Katz IADL)	1.12	2(20)	.56	1.40	.25	.01
Social Engagement (DSSI)	50.88	2(20)	25.44	14.59	.01***	.12

*Note.* \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ . WHO = World Health Organization. IADL = Independence in Activities of Daily Living. DSSI = Duke Social Support and Social Interaction.

As seen in Table 29, respondents with regular income have significantly higher scores in the attainment of wellbeing and social engagement compared to those without income and with seasonal income at  $p < .01$ .

Table 29

*P-value of Mode of Income for Wellbeing and Social Engagement scale using ANOVA  
LSD Post-hoc test*

Dimensions of SA (Scale)	Mode of Income		Mean Difference (I-J)	Std. Error	Sig.
	Wellbeing (WHO Wellbeing)	With regular income	Without income	24.25	3.26



		With seasonal income	20.96	3.63	.01**
Social Engagement (DSSI)	With regular income	Without income	3.83	.77	.01**
		With seasonal income	4.10	.86	.01**

Note. \* $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ . WHO = World Health Organization. DSSI = Duke Social Support and Social Interaction.

Table 30 presents the association of mode of income by age category with the three dimensions of successful ageing using ANOVA tests. There is an association of mode of income with wellbeing at  $p < .01$  and with social engagement at  $p < .01$  among young-old to middle-old respondents. Among old-old to oldest-old respondents, there is an association between mode of income and wellbeing at  $p < .01$  and with social engagement  $p < .01$ .

Table 30

*P-value of Mode of Income on Successful Ageing (SA) Dimensions by Age Stratified Analysis using ANOVA*

Age Category	df1(df2)	Sig. Dimensions of SA (Scale)		
		Wellbeing (WHO Wellbeing)	Physical Functioning (Katz IADL)	Social Engagement (DSSI)
65–74 years old (Young-old to Middle-old)	(2,130)	.01**	.35	.01**
75 years old and above (Old-old to Oldest-old)	(2, 70)	.01**	.69	.01**

Note. \* $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ . WHO = World Health Organization. IADL = Independence in Activities of Daily Living. DSSI = Duke Social Support and Social Interaction.

Overall, mode of income is significantly associated with the attainment of successful ageing as well as with wellbeing and social engagement. Respondents with regular income have significantly higher scores in the attainment of wellbeing and social engagement, compared to those who are receiving seasonal income or are without income. There is an association between mode of income and wellbeing and social engagement among young-old to middle-old as well as among old-old to oldest-old respondents.

### 7.8 Living Arrangements and Successful Ageing

The *Chi* square revealed that there is an association between living arrangements and successful ageing  $X^2(3) = 8.88, p < .05$  per total survey respondents. To further explore the association of living arrangements with the attainment of the three continuous scales that represent the dimensions of successful ageing, analysis of variance (ANOVA) tests were performed, as shown in Table 31.

In the attainment of wellbeing, there was a significant difference in the types of living arrangements of respondents,  $F(3, 20) = 3.84, p < .05, \eta^2 = .05$ . In the attainment of physical functioning, there were no significant differences with the type of living arrangements of respondents,  $F(3, 20) = .50, p = .68, \eta^2 = .01$ . In the attainment of social engagement, there were no significant differences with the type of living arrangements of respondents,  $F(3, 20) = 4.61, p < .05, \eta^2 = .06$ . To further explore the significant difference among the type of living arrangements and wellbeing and social engagement, ANOVA LSD post-hoc tests were performed, as shown in Table 31.

Table 31

*P-value of Living Arrangements for each Dimension of Successful Ageing (SA) using ANOVA*

Dimensions of SA (Scale)	Sum of Squares	df1(df2)	Mean Square	F	Sig.	$\eta^2$
Wellbeing (WHO Wellbeing)	43.68	3(20)	14.23	3.84	.01*	.05
Physical Functioning (Katz IADL)	.61	3(20)	.20	.50	.69	.01
Social Engagement (DSSI)	25.03	3(20)	86.01	4.61	.23	.06

*Note.* \* $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ . WHO = World Health Organization. IADL = Independence in Activities of Daily Living. DSSI = Duke Social Support and Social Interaction.

As is shown in Table 32, respondents who are living with family or spouse have significantly higher scores in wellbeing compared to those who are living with relatives at  $p < .05$ . Respondents who are living with family or spouse have significantly higher scores in social engagement compared to those living alone and with relatives at  $p < .05$ .

Table 32

*P-value of Living Arrangements for Wellbeing and Social Engagement scale using ANOVA  
LSD Post-hoc test*

Dimensions of SA (Scale)	Living Arrangement		Mean		
			Difference (I-J)	Std. Error	Sig.
Wellbeing (WHO Wellbeing)	Living with spouse	Living with relatives	15.63	5.18	.01**
	Living with family	Living alone	-3.40	1.00	.01**
Social Engagement (DSSI)	Living with spouse	Living with relatives	-2.38	1.19	.05*
	Living with family	Living with relatives	-1.92	.95	.04*

*Note.* \* $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ . SA = Successful Ageing. WHO = World Health Organization. DSSI = Duke Social Support and Social Interaction.

Table 33 presents the association of living arrangements by age category with the three dimensions of successful ageing using ANOVA tests. There is an association of mode of living arrangements with wellbeing at  $p < .05$  among young-old to middle-old respondents.

Among old-old to oldest-old respondents, there is an association between living arrangements and social engagement at  $p < .001$ .

Table 33

*P-value of Living Arrangements on Successful Ageing (SA) Dimensions by Age Stratified Analysis using ANOVA*

Age Category	<i>df1(df2)</i>	Sig. Dimensions of SA (Scale)		
		Wellbeing (WHO Wellbeing)	Physical Functioning (Katz IADL)	Social Engagement (DSSI)
65–74 years old (Young-old to Middle-old)	(2,130)	.01**	.63	.19
75 years old and above (Old-old to Oldest-old)	(2, 70)	.11	.90	.01***

*Note.* \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ . WHO = World Health Organization. IADL = Independence in Activities of Daily Living. DSSI = Duke Social Support and Social Interaction.

Overall, living arrangements are significantly associated with the attainment of successful ageing as well as with wellbeing and social engagement. Respondents living with husbands or wives as well as partners have significantly higher scores in wellbeing, while respondents living with family and living with husbands or wives as well as partners have significantly higher scores in social engagement. There is an association between living arrangements and wellbeing among young-old to middle-old respondents, while social engagement is associated with living arrangements among old-old to oldest-old respondents.

### 7.9 Home Ownership and Successful Ageing

The *Chi* square revealed that there were no associations between home ownership and successful ageing  $X^2(1) = 3.48$ ,  $p = .06$  per total survey respondents. To further explore the associations of home ownership with the attainment of the three continuous scales that represent the dimensions of successful ageing, an independent sample *t*-test was performed, as shown in Table 34.

The *t*-test revealed that there was no significant difference between respondents who own a home and those who do not with the attainment of wellbeing at  $t(20) = 1.67, p = .10$ , physical functioning  $t(20) = -1.22, p = .22$ , and social engagement  $t(20) = -.91, p = .91$ .

Table 34

*P-value of Home Ownership per scale for each Dimension of Successful Ageing (SA) using Independent Samples t-test*

Dimensions of SA (Scale)	<i>F</i>	<i>Sig.</i>	<i>t</i>	<i>df</i>	<b>M(SD)</b>	
					<b>Owens a House</b>	<b>Does Not Own a House</b>
Wellbeing (WHO Wellbeing)	.69	.09	.67	20	59.20(20.60)	53.39(16.57)
Physical Functioning (Katz IADL)	.19	.23	-1.22	20	5.79(.69)	5.93(.26)
Social Engagement (DSSI)	.01	.91	.91	20	4.43(.35)	4.44(.69)

*Note.* \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ . WHO = World Health Organization. IADL = Independence in Activities of Daily Living. DSSI = Duke Social Support and Social Interaction.

Table 35 presents the findings of a stratified analysis using independent sample *t*-test between respondents who own a home and those who do not. There is an association between home ownership and wellbeing at  $p < .05$  among young-old and middle-old respondents. Likewise, home ownership is associated with social engagement among old-old to oldest-old respondents.

Table 35

*P-value of Home Ownership on Successful Ageing (SA) Dimensions by Stratified Age Category using Independent Samples t-test*

Age Category	df	Sig. Dimensions of SA (Scale)		
		Wellbeing (WHO Wellbeing)	Physical Functioning (Katz IADL)	Social Engagement (DSSI)
65–74 years old (Young-old to Middle-old)	130	.01**	.63	.19
75 years old and above (Old-old to Oldest-old)	70	.10	.45	.01**

*Note.* \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ . WHO = World Health Organization. IADL = Independence in Activities of Daily Living. DSSI = Duke Social Support and Social Interaction.

Overall, home ownership is not associated with successful ageing and its dimensions. Respondents who own a house have higher scores with wellbeing, while respondents who do not own a house have slightly higher scores with physical functioning and social engagement, although the difference was not significant. Moreover, age-stratified analysis revealed that home ownership is associated with wellbeing among young-old to middle-old respondents and is also associated with social engagement among old-old to oldest-old respondents.

### 7.10 Household Classification and Successful Ageing

The *Chi* square revealed that there were no associations between successful ageing and household classifications  $\chi^2(1) = 3.81, p = .05$  per total survey respondents. To further explore the associations of household classification with the attainment of the three continuous scales that represent the dimensions of successful ageing, an independent sample *t*-test was performed, as shown in Table 36. In the attainment of wellbeing, there was a significant difference between household heads ( $M = 61.13, SD = 19.91$ ) and non-household heads ( $M = 54.48, SD = 19.47$ ),  $t(20) = 2.38, p < .05$ . In the attainment of physical functioning, there was a significant difference between household heads ( $M = 5.92, SD = .28$ ) and non-household heads ( $M = 5.71, SD = .86$ ),  $t(20) = -2.20, p < .05$ . In the attainment of

social engagement, there was no significant difference between household heads ( $M = 23.15$ ,  $SD = 4.46$ ) and non-household heads ( $M = 22.11$ ,  $SD = 4.36$ ),  $t(20) = 1.67$ ,  $p = .10$ .

Table 36

*P-value of Household Classification for each Dimension of Successful Ageing (SA) using Independent Samples t-test*

Dimensions of SA (Scale)	F	Sig.	T	df	M(SD)	
					Household head	Non-household head
WHO Wellbeing scale (Wellbeing)	.11	.02*	.38	20	61.13(19.91)	54.48(19.47)
Katz IADL scale (Physical Functioning)	17.25	.02*	.28	20	5.92(.28)	5.71(.86)
Duke DSSI scale (Social Engagement)	.01	.10	.67	20	23.15(4.46)	22.11(4.36)

*Note.* \* $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ . WHO = World Health Organization. IADL = Independence in Activities of Daily Living. DSSI = Duke Social Support and Social Interaction.

Table 37 presents the findings of a stratified analysis using independent sample  $t$ -test between respondents who are household head and non-household head. There is an association between household classifications and wellbeing at  $p < .05$  among young-old to middle-old respondents. Meanwhile, household classification is associated with physical functioning of old-old to oldest-old respondents at  $p < .05$ .

Table 37

*P-value of Household Classification on Successful Ageing (SA) Dimensions by Stratified Age Category using Independent Samples t-test*

Age Category	Df	Sig. Dimensions of SA (Scale)		
		Wellbeing (WHO Wellbeing)	Physical Functioning (Katz IADL)	Social Engagement (DSSI)
65–74 years old (Young-old to Middle-old)	130	.04*	.12	.24
75 years old and above (Old-old to Oldest-old)	70	.42	.04*	.82

Note. \* $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ . WHO = World Health Organization. IADL = Independence in Activities of Daily Living. DSSI = Duke Social Support and Social Interaction.

Overall, there was no association between household classification and successful ageing. Meanwhile, household classification is associated with wellbeing and physical functioning of the respondents. Among young-old to middle-old respondents, household classification is associated with wellbeing. Likewise, household classification is associated with physical functioning among old-old to oldest-old respondents.

### 7.11 Social Pensions and Successful Ageing

The *Chi* square revealed that there were no associations between social pension and successful ageing  $X^2(1) = .872, p = .35$  per total survey respondents. To further explore the associations of social pension with the attainment of the three continuous scales that represent the dimensions of successful ageing, an independent sample *t*-test was performed, as shown in Table 38. In the attainment of wellbeing, the *t*-test revealed that there was no significant difference between respondents with social pensions ( $M = 56.12, SD = 11.76$ ) and those without social pensions ( $M = 58.19, SD = 20.54$ ),  $t(20) = -.41, p = .68$ . In the attainment of physical functioning, there was no significant difference between respondents with social pensions ( $M = 5.88, SD = .33$ ) and without social pensions ( $M = 5.81, SD = .65$ ),  $t(20) = .42, p = .67$ .



In the attainment of social engagement, there was no significant difference between respondents with social pensions ( $M = 20.94$ ,  $SD = 4.23$ ) and without social pensions ( $M = 22.82$ ,  $SD = 4.43$ ),  $t(20) = -1.68$ ,  $p = .10$ .

Table 38

*P-value of Social Pensions per scale for each Dimension of Successful Ageing (SA) using Independent Samples t-test*

Dimensions of SA (Scale)	F	Sig.	T	df	M(SD)	
					With Social Pension	Without Social Pension
Wellbeing (WHO Wellbeing scale)	6.29	.68	.41	20	56.12(11.76)	58.19(20.54)
Physical Functioning (Katz IADL)	.66	.67	.42	20	5.88(.33)	5.81(.65)
Social Engagement (DSSI)	.02	.10	1.68	20	20.94(4.23)	22.82(4.43)

Note. \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ . WHO = World Health Organization.

IADL = Independence in Activities of Daily Living. DSSI = Duke Social Support and Social Interaction.

Table 39 presents the findings of a stratified analysis using independent sample  $t$ -test between respondents who are receiving social pensions and those without social pensions. There is no significant association between social pensions and the three dimensions of successful ageing among young-old to middle-old respondents and with old-old to oldest-old respondents.

Table 39

*P-value of Social Pensions on Successful Ageing (SA) Dimensions by Stratified Age Category using Independent Samples t-test*

Age Category	df	Sig. Dimensions of SA (Scale)		
		Wellbeing (WHO Wellbeing)	Physical Functioning (Katz IADL)	Social Engagement (DSSI)
65–74 years old (Young-old to Middle-old)	130	.61	.74	.46
75 years old and above (Old-old to Oldest-old)	70	.42	.53	.44

Note. \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ . WHO = World Health Organization. IADL = Independence in Activities of Daily Living. DSSI = Duke Social Support and Social Interaction.

Overall, there is no association between social pensions and the attainment of successful ageing and its three dimensions.

### 7.12 Subjective Perspective on Health and Successful Ageing

The *Chi* square revealed that there were associations between respondents' subjective perspectives on their personal health and successful ageing  $X^2(1) = 4.27, p < .05$ , shown in Table 40. In the attainment of wellbeing, the *t*-test revealed that there was a significant difference between respondents who considered themselves healthy ( $M = 60.70, SD = 20.24$ ) and those who did not consider themselves healthy ( $M = 51.89, SD = 17.93$ ),  $t(20) = 2.93, p < .05$ . In the attainment of physical functioning, there was a significant difference between those who considered themselves healthy ( $M = 5.91, SD = .28$ ) and those who did not consider themselves healthy ( $M = 5.61, SD = 1.04$ ),  $t(20) = 3.24, p < .05$ . In the attainment of social engagement, there was a significant difference between respondents who considered themselves healthy ( $M = 23.29, SD = 4.21$ ) and those who did not consider themselves healthy ( $M = 21.21, SD = 4.62$ )  $t(20) = 3.12, p < .05$ .

Table 40

*P-value of Subjective Perspective on Health per scale for each Dimension of Successful Ageing (SA) using Independent Samples t-test*

Dimensions of SA (Scale)	F	Sig.	t	df	M(SD)	
					Considered themselves Healthy	Considered themselves Unhealthy
Wellbeing (WHO Wellbeing)	.74	.05*	.93	20	60.70(20.24)	51.89(17.93)
Physical Functioning (Katz IADL)	31.49	.05*	.24	20	5.91(.28)	5.61(1.04)
Social Engagement (DSSI)	.18	.05*	.12	20	23.29 (4.21)	21.21(4.62)

*Note.* \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ . M = Mean. SD = Standard Deviation. WHO = World Health Organization. IADL = Independence in Activities of Daily Living. DSSI = Duke Social Support and Social Interaction.

Table 41 presents the findings of a stratified analysis using independent sample *t*-test between respondents who considered themselves healthy and did not consider themselves healthy. There is an association of subjective perspective on health with wellbeing, physical functioning and social engagement at  $p < .05$  among young-old and middle-old respondents. Meanwhile, subjective perspective on health is not associated with the dimensions of successful ageing.

Table 41

*P-value of Subjective Perspective on Health on Successful Ageing (SA) Dimensions by Stratified Age Category using Independent Samples t-test*

Age Category	Df	Sig. Dimensions of SA (Scale)		
		Wellbeing (WHO Wellbeing)	Physical Functioning (Katz IADL)	Social Engagement (DSSI)
65–74 years old (Young-old to Middle-old)	130	.01**	.01**	.02*

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75 years old and above	70	.05	.08	.07
(Old-old to Oldest-old)				

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*Note.* \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ . WHO = World Health Organization. IADL = Independence in Activities of Daily Living. DSSI = Duke Social Support and Social Interaction.

Overall, respondents' subjective perspective on their personal health was associated with successful ageing as well as with wellbeing, physical functioning, and social engagement among young-old to middle-old respondents. Respondents who considered themselves healthy had significantly higher scores in the three dimensions of successful ageing compared to those who considered themselves unhealthy. Meanwhile, there is no association between subjective perspective on health and the dimensions of successful ageing among old-old to oldest-old respondents.

### 7.13 Group Membership and Successful Ageing

The *Chi*-square revealed that there were no associations between group membership and successful ageing at  $X^2(3) = 3.29, p = .35$  per total survey respondents. To further explore the associations of group membership with the attainment of three continuous scales that represent the dimensions of successful ageing, analysis of variance (ANOVA) tests were performed, as shown in Table 42.

In the attainment of wellbeing, there were no significant differences with group membership of respondents,  $F(3, 20) = 1.25, p = .29, \eta^2 = .02$ . In the attainment of physical functioning, there were no significant differences with group membership of respondents,  $F(3, 20) = .26, p = .85, \eta^2 = .01$ . In the attainment of social engagement, there were significant differences with group membership of respondents,  $F(3, 20) = 3.19, p < .05, \eta^2 = .05$ . To further explore the difference of group membership of respondents with social engagement, ANOVA Fisher's LSD post-hoc tests were performed, as shown in Table 42.

Table 42

*P-value of Group Membership for each Dimension of Successful Ageing (SA) using ANOVA*

<b>Dimensions of SA (Scale)</b>	<b>Sum of Squares</b>	<b>df1(df2)</b>	<b>Mean Square</b>	<b>F</b>	<b>Sig.</b>	<b><math>\eta^2</math></b>
Wellbeing (WHO Wellbeing)	14.99	3(20)	99.67	.25	.29	.02
Physical Functioning (Katz IADL)	.32	3(20)	.11	.26	.85	.01
Social Engagement (DSSI)	18.39	3(20)	60.80	.19	.03*	.05

*Note.* \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ . WHO = World Health Organization. IADL = Independence in Activities of Daily Living. DSSI = Duke Social Support and Social Interaction.

As seen in Table 43, respondents who are members of more than three organisations have significantly higher scores compared to respondents who are not active and who are members of one OPO organisation at  $p < .05$ .

Table 43

*P-value of Group Membership for Social Engagement scale using ANOVA LSD Post-hoc test*

<b>Dimension of SA (Scale)</b>	<b>Group Membership</b>		<b>Mean Difference (I-J)</b>	<b>Std. Error</b>	<b>Sig.</b>
Social Engagement (DSSI)	More than 3	Not active	6.07	2.25	.01**
		OPO	4.32	1.82	.02*

*Note.* \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ . SA = Successful Ageing. OPO = Older Persons Organisation. DSSI = Duke Social Support and Interaction.

Table 44 below presents the association of group membership by age category with the three dimensions of successful ageing using ANOVA tests. There is no association of group membership with the successful ageing dimensions among young-old to middle-old respondents as well as with old-old to oldest-old respondents.

Table 44

*P-value of Group Membership on Successful Ageing (SA) Dimensions by Age Stratified Analysis using ANOVA*

Age Category	df1(df2)	Sig. Dimensions of SA (Scale)		
		Wellbeing (WHO Wellbeing)	Physical Functioning (Katz IADL)	Social Engagement (DSSI)
65–74 years old (Young-old to Middle-old)	2(130)	.43	.87	.20
75 years old and above (Old-old to Oldest-old)	2(70)	.36	.74	.12

*Note.* \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ . WHO = World Health Organization. IADL = Independence in Activities of Daily Living. DSSI = Duke Social Support and Social Interaction.

Overall, group membership is not associated with successful ageing as well as with wellbeing and physical functioning. However, respondents who are members of three or more groups have significantly higher scores in the attainment of social engagement. Respondents who are members of both religious groups and OPOs have higher wellbeing, but it is not significant. Lastly, the stratified analyses support the finding that group membership is not associated with the three dimensions of successful ageing.

#### **7.14 Social Participation in Older Persons Organizations and Successful Ageing**

The *Chi*-square Test of Independence revealed that there were associations between social participation in Older Persons Organizations (OPO) and successful ageing at  $X^2(5) = 23.42$ ,  $p < .01$  per total survey respondents. To further explore the associations of social participation with the attainment of the three continuous scales that represent the dimensions of successful ageing, an analysis of variance (ANOVA) test was performed, as shown in Table 45. In the attainment of wellbeing, there was a significant difference in the level of

social participation of respondents in OPO,  $F(5, 20) = 7.27, p < .01, \eta^2 = .16$ . In the attainment of physical functioning, there was a significant difference in the level of social participation of respondents in OPO,  $F(5, 20) = 3.87, p < .05, \eta^2 = .09$ . In the attainment of social engagement, there was a significant difference in the level of social participation of respondents in OPO,  $F(5, 20) = 5.86, p < .01, \eta^2 = .13$ . To further explore the differences of the level of social participation of respondents in OPO with the three dimensions of successful ageing, ANOVA LSD post-hoc tests were performed, as shown in Table 45.

Table 45

*P-value of Social Participation for each Dimension of Successful Ageing (SA) using ANOVA*

<b>Dimensions of SA (Scale)</b>	<b>Sum of Squares</b>	<b>df1(df2)</b>	<b>Mean Square</b>	<b>F</b>	<b>Sig.</b>	<b><math>\eta^2</math></b>
Wellbeing (WHO Wellbeing)	12.92	5(20)	24.78	.27	.01**	.16
Physical Functioning (Katz IADL)	7.22	5(20)	1.44	.87	.05*	.09
Social Engagement (DSSI)	51.27	5(20)	10.65	.86	.01**	.13

*Note.* \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ . WHO = World Health Organization. IADL = Independence in Activities of Daily Living. DSSI = Duke Social Support and Social Interaction.

As seen in Table 46, respondents who were officers and committee members had significantly higher scores in the attainment of wellbeing compared to those who were members and not active in OPO at  $p < .05$  and  $p < .01$  respectively. In addition, respondents who attended meetings had significantly higher scores in wellbeing compared with respondents who were just members of organisation at  $p < .05$ . In social engagement, respondents who were officers and committee members had significantly higher scores compared to those who were not active, just members of an organisation, and attending meetings at  $p < .05$ .

Table 46

*P-value of Social Participation for Wellbeing, Physical Functioning and Social Engagement scale using ANOVA LSD Post-hoc test*

<b>Dimensions of SA (Scale)</b>	<b>Social Participation</b>	<b>Mean</b>				
		<b>Difference (I-J)</b>	<b>Std. Error</b>	<b>Sig.</b>		
Wellbeing (WHO Wellbeing)	Not active	Attending meeting	9.84	4.83	.04*	
	Member of OPO	Contributing in any activities	16.80	4.27	.01**	
		Member of any committee	22.45	8.46	.01*	
		Officer of the organisation	Not active Member of OPO	16.72	6.67	.01*
			Member of the organisation	27.45	4.94	.01**
			Attending meeting	17.61	4.37	.01**
Contributing in any activities	10.65		3.74	.02*		
Physical Functioning (Katz IADL)	Not active	Attending meeting	.43	.15	.01*	
	Member of OPO	Contributing in any activities	.59	.14	.01**	
		Officer of the organisation	.61	.16	.01**	
Social Engagement (DSSI)	Member of any committee	Not active Member of OPO	5.77	2.16	.01*	
		Member of the organisation	4.63	1.91	.02*	
		Attending meeting	5.09	1.84	.01*	
		Contributing in any activities	3.58	1.80	.04*	



Officer of the organisation	Not Active Member of OPO	5.04	2.16	.01*
	Member of the organisation	4.63	1.91	.02*
	Attending meeting	5.09	1.84	.01*
	Contributing in any activities	3.58	1.77	.04*

*Note.* \* $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ . SA = Successful Ageing. OPO = Older Persons Organization. WHO = World Health Organization. IADL = Independence in Activities of Daily Living. DSSI = Duke Social Support and Social Interaction.

Table 47 presents the association of living arrangements by age category with the three dimensions of successful ageing using ANOVA. There is an association of social participation with wellbeing at  $p < .01$ , physical functioning at  $p < .05$ , and social engagement at  $p < .01$  among young-old to middle-old respondents. Meanwhile, there is no association between social participation and the dimensions of successful ageing among old-old to oldest-old respondents.

Table 47

*P-value of Social Participation on Successful Ageing (SA) Dimensions by Age Stratified Analysis using ANOVA*

Age Category	df1(df2)	Sig. Dimensions of SA (Scale)		
		Wellbeing (WHO Wellbeing)	Physical Functioning (Katz IADL)	Social Engagement (DSSI)
65–74 years old (Young-old to Middle-old)	4(130)	.01**	.03*	.01**
75 years old and above (Old-old to Oldest-old)	4(70)	.47	.15	.67

*Note.* \* $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ . WHO = World Health Organization. IADL = Independence in Activities of Daily Living. DSSI = Duke Social Support and Social Interaction.

Overall, social participation in an OPO is significantly associated with successful ageing as well as with wellbeing, physical functioning, and social engagement among young-old to middle-old respondents. Respondents who were officers and members of any committee had higher chances of attaining successful ageing and its three dimensions. Meanwhile, social participation among old-old to oldest-old respondents is not associated with the dimensions of successful ageing. Therefore, active participation of older persons in OPOs requires them not only to be members but also to participate in activities and also take responsibilities in leading the OPO.

**7.15 Living Below or Above US\$1.25 a Day and Successful Ageing**

The *Chi* square revealed that there were associations between living above US\$1.25 per day and successful ageing  $X^2(1) = 9.74, p < .05$  per total survey respondents. To further explore the associations of living above or below US\$1.25 per day with the attainment of the three continuous scales that represent the dimensions of successful ageing, an independent sample *t*-test was performed, as shown in Table 48. In the attainment of wellbeing, there was a significant difference between respondents living above US\$1.25 per day ( $M = 66.33, SD = 22.19$ ) and living below US\$1.25 per day ( $M = 54.18, SD = 17.61$ ),  $t(20) = -4.17, p < .01$ . In the attainment of physical functioning, there was no significant difference between respondents living above US\$1.25 per day ( $M = 5.92, SD = .27$ ) and living below US\$1.25 per day ( $M = 5.77, SD = .74$ )  $t(20) = -1.53, p = .13$ . In the attainment of social engagement, there was a significant difference between respondents living above US\$1.25 per day ( $M = 24.59, SD = 4.09$ ) and living below US\$1.25 per day ( $M = 21.77, SD = 4.32$ ),  $t(20) = -4.35, p < .05$ .

Table 48

*P-value of Living Above or below US\$1.25 for each Dimension of Successful Ageing (SA) using Independent Samples t- test*

Dimensions of SA (Scale)	F	Sig.	t	Df	M(SD)	
					Living above US\$1.25 per day	Living below US\$1.25 per day
Wellbeing (WHO Wellbeing)	.30	.01**	4.17	20	66.33(22.19)	54.18(17.61)
Physical Functioning (Katz IADL)	.12	.13	1.53	20	5.92(.27)	5.77(.74)

Social Engagement	19	.05*	4.35	20	24.59(4.09)	21.77(4.32)
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(DSSI)

Note. \* $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ . WHO = World Health Organization. IADL = Independence in Activities of Daily Living. DSSI = Duke Social Support and Social Interaction.

Table 49 presents the findings of a stratified analysis using independent sample *t*-test between respondents living above US\$1.25 per day and living below US\$1.25 per day. There is an association of living above or below US\$1.25 per day with wellbeing at  $p < .05$  and social engagement at  $p < .01$  among young-old and middle-old respondents. Likewise, there is an association between living above or below US\$1.25 per day with wellbeing and social engagement both at  $p < .05$ .

Table 49

*P-value of Independent Samples t-test on Successful Ageing (SA) Dimensions by Income level per Age Category*

Age Category	df	Sig. Dimensions of SA (Scale)		
		Wellbeing (WHO Wellbeing)	Physical Functioning (Katz IADL)	Social Engagement (DSSI)
65–74 years old (Young-old to Middle-old)	130	.02*	.25	.01**
75 years old and above (Old-old to Oldest-old)	70	.05*	.25	.05*

Note. \* $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ . WHO = World Health Organization. IADL = Independence in Activities of Daily Living. DSSI = Duke Social Support and Social Interaction.

Overall, financial status of survey respondents is significantly associated with successful ageing and with wellbeing and social engagement. Respondents who are living above US\$1.25 per day have significantly higher scores in the attainment of wellbeing and social engagement. Likewise, the age-stratified analyses confirmed that income level is

associated with wellbeing and social engagement among young-old to middle-old as well as with old-old to oldest-old respondents.

### **7.16 Conclusion**

There are equal chances for male and female respondents to age successfully regardless of age category, which may be attributed to different factors, such as the increasing social engagement of older, female Filipino persons in the community and their longer life expectancy. The campaign for women's empowerment and the awareness of feminist perspective in the Philippines may contribute to providing equal opportunities for female older Filipino persons to attain successful ageing and its three dimensions. Meanwhile, marital status is associated with successful ageing and with wellbeing, especially among young-old to middle-old respondents. This study finds that married respondents have significantly higher chances of the attainment of successful ageing, which may be attributed to the close family ties and the importance of having a partner among older Filipino persons. Respondents who attained high school level had significantly higher scores in wellbeing and social engagement compared to other respondents, which is attributed to the access to information on healthy lifestyle and medical services for those who are highly educated. This study finds that those who have finished high school have higher levels of physical functioning and are participating in community activities after retirement. Meanwhile, respondents from urban communities have significantly higher scores in wellbeing and social engagement compared to rural respondents among young-old to middle-old as well as with old-old to oldest-old respondents, which is attributed to the inaccessibility of government services as well as inaccessible public transport and infrastructure.

This study suggests that receiving pension or financial support from family contributes to the attainment of successful ageing as well as to the wellbeing and social engagement of the survey respondents. The financial support to older persons is attributed to generativity theory, which is the mutual support between older persons and younger working members of the family. Moreover, generativity theory explains the importance of mutual support as well as the importance of older persons' contributing to their family and community, which may contribute to the positive outlook of older persons. Likewise, survey respondents living above US\$1.25 per day have significantly higher scores in wellbeing and social engagement, compared to respondents living below US\$1.25 per day, regardless of age category. Living above poverty among older Filipino persons is an important factor that may contribute to

successful ageing. This study also finds that social pensions do not contribute to the attainment of successful ageing and its dimensions, since social pensioners only receive less than \$12 dollar a month.

Living arrangement is significantly associated with wellbeing. Respondents living with their family or spouse have significantly higher wellbeing and social engagement, compared to those living with their relatives or living alone. This study suggests that living with family or spouse provides social support and engagement. It may also contribute to the positive outlook among survey respondents. Moreover, living with family or spouse is important with old-old to oldest-old respondents, since they may mostly spend their time with their family, given their physical limitations. House ownership is important in encouraging social engagement of older Filipino persons. This study suggests that survey respondents living in their own house have significantly higher scores in wellbeing among young-old to middle-old and with social engagement among old-old to oldest-old. More so, home ownership among respondents significantly contributes to the wellbeing of young-old to middle-old respondents, which may be attributed to the sense of pride of being able to own a house. Moreover, home ownership significantly contributes to social engagement of old-old to oldest-old, which is one of their life accomplishments.

In the Philippines, living in an extended family may contribute to wellbeing and be an avenue for social engagement for older Filipino persons. Moreover, this study finds that participation in OPO activities as well as in community activities significantly contributes to the wellbeing and social engagement of young-old to middle-old respondents. However, there is a sudden decline in community participation among survey respondents when they reach the age of 75. Group membership significantly contributes to the social engagement of respondents. Membership of an OPO provides an avenue for older persons to perform new activities after retirement. Moreover, having positive self-rating on health is associated with successful ageing and its dimensions, especially for young-old to middle-old respondents. This study suggests that positive subjective outlook of survey respondents on their personal health is an important factor in the attainment of the dimensions of successful ageing.

Lastly, exploring the associations of sociodemographic variables with successful ageing contributes by identifying the hindering and facilitating factors and developing indicators for older persons in the Philippines. In Chapter 8, I explore the understanding of successful ageing and its three dimensions, as well as the factors hindering and facilitating the attainment of successful ageing, based on the lay perspective of the respondents.

## Chapter 8: Qualitative Study Results (Study 2)

### 8.1 Chapter Overview

This chapter will address the second objective of this study: to explore the lay perspective of older Filipino persons on successful ageing and its dimensions and identify the facilitating and hindering factors. By exploring the lay perspective of older Filipino persons living in poor communities, this chapter will address the gaps in the literature specifically on the importance of including the voices of older persons living in developing countries in studies on successful ageing, and in particular, the sociocultural influences on successful ageing and its dimensions.

This chapter is divided into four key sections. The first section analyses the emerging themes of successful ageing. The second section explores and analyses the perspective of interview participants on each of the dimensions of successful ageing, namely, wellbeing, physical functioning and social engagement. The third section identifies and analyses the facilitating and hindering factors in the attainment of successful ageing. Lastly, the chapter discusses the contribution of the life experiences of interview participants to successful ageing.

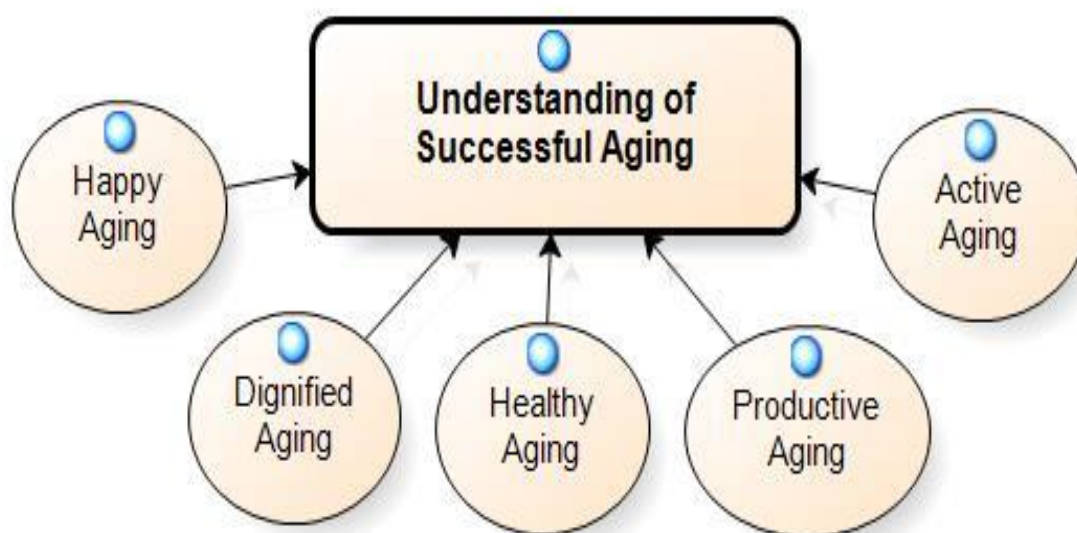
The lay perspectives of the interview participants on successful ageing were explored through the research questions below.

- *In your own words, what is your understanding of successful ageing?*
- *Would you consider yourself ageing successfully, and why do you say so?*
  - a. *How does independence in activity of daily living contribute to successful ageing?*
  - b. *How does social interaction with your (family, friends, and neighbors) contribute to successful ageing?*
  - c. *How does wellbeing contribute to successful ageing?*
- *What do you think are the factors that facilitate and hinder attainment of successful ageing and why?*

### 8.2 Understanding Successful Ageing

When the interview participants in this study were asked to put into their own words their understanding of successful ageing, five key themes emerged. Figure 3 below identifies

the key themes that emerged from the lay perspectives of the interview participants, which are: happy ageing, dignified ageing, healthy ageing, productive ageing, and active ageing. In defining successful ageing, female participants placed importance on being happy, dignified and active, all of which are influenced by having good relationships with their family and engagement with their fellow older persons in the community. Meanwhile, male participants placed importance on being productive and healthy, since they would want to continuously provide for the needs of their families and perform their activities of daily living. Among the themes of successful ageing, happy ageing was mentioned by the majority of interview participants.

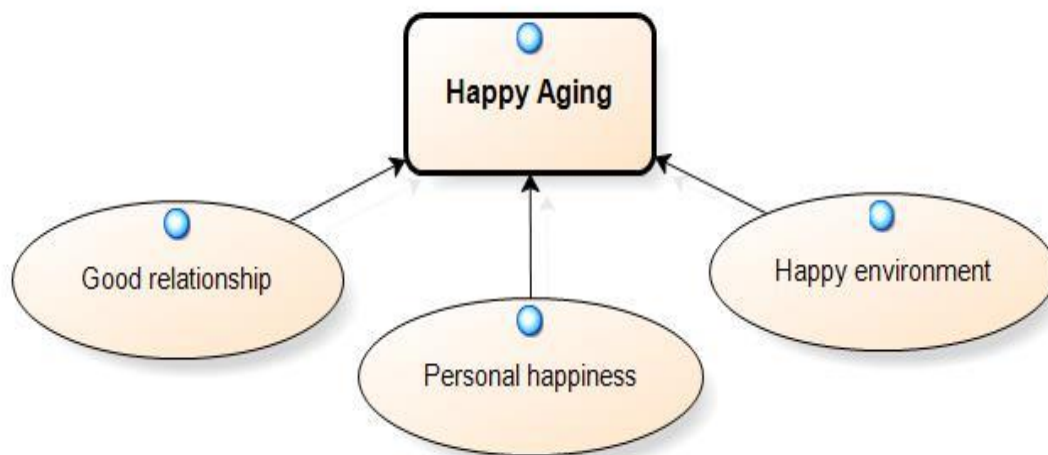


*Figure 3.* Understanding of Successful Ageing in Five Key Themes.

### **Theme 1: Happy Ageing**

Happy ageing was mentioned by 54 of the total of 75 interview participants as part of their understanding of successful ageing and was explained in three sub-themes. Interview participants who are female, widowed, homeowners, household heads, living with relatives, middle-old, and members of three or more OPOs placed importance on being happy as their main understanding of successful ageing. The findings suggest that the majority of interview participants understand successful ageing as being happy in life in spite of the challenges experienced by older Filipino persons, such as poverty, physical decline and communicable and non-communicable diseases (see Chapter 4, section 4.4 for challenges of older persons).

Happiness as an important theme of successful ageing is distinct among older Filipino persons. Figure 4 below identifies the themes of happy ageing, namely, having good relationships, personal happiness, and a happy environment.



*Figure 4.* Theme 1: Happy Ageing with Three Categories.

The first sub-theme of happy ageing is having a good relationship with the family. Among the interview participants, those who are married identified happiness as a main theme of successful ageing. Interview participants who are married relate successful ageing to happiness.

What I can say is that, I am happy being with my family, and that my relationship with my children is fine. Your relationship with other people will come in first and foremost. We are all happy about in the community since we have a dance session here in the auditorium and there are those who get gifts. (69-year-old Female)

Having a good relationship with family, especially with their children as well as with their neighbours and fellow older persons in the community, contributes to happy ageing for the majority of interview participants. Moreover, having a good relationship with the family is more important for oldest-old (80 years old and above) female participants, as it provides a source of assurance that they will be taken care of by their family. Middle-old (70–74 years old) interview participants identified happy ageing as feeling happy everyday, which contributes to successful ageing.

Happiness is influenced by socialisation activities such as dancing, which provides an avenue for social engagement among interview participants. Likewise, social engagement



with other older persons contributes to the personal happiness of the interview participants.

Living in a happy environment as explained by a 68-year-old female participant:

Our organisation is great, it's good, and enjoying, that is all. It's just fine, in regards to family, a happy family, and happy environment, it's just like that. It as I stated, we are happy. (68-year-old Female)

A happy environment is having a community that provides opportunities for social engagement to older persons. In the Filipino context, the family is the basic unit of the community and the source of protection and care for its members. Therefore, having a happy family contributes to a happy environment, which is important in providing opportunities for older persons to be successful in old age.

For older Filipino persons, having their own house or personal property is an accomplishment which contributes to their happiness. Likewise, living arrangements provide a source of belonging that offers daily interaction between older persons and their families. In addition, one female participant mentioned the importance of having good relationships with in-laws, which contributed to her happiness. In the Filipino culture, affiliation through marriage is an important source of interaction and support for older persons. In rural areas in the Philippines, older persons with disability are being taken care of by their children, mostly with the assistance of their daughters-in-law. Lastly, joining three or more organisations contributes to being happy, since it provides an avenue for social engagement which influences their perspective on being successful in old age.

## Theme 2: Dignified Ageing

Dignified ageing was mentioned by 53 out of the total of 75 interview participants as part of their understanding of successful ageing and was classified into three sub-themes. Figure 5 identifies the sub-themes of dignified ageing, namely, helping others, being self-reliant, and fulfilling social roles.

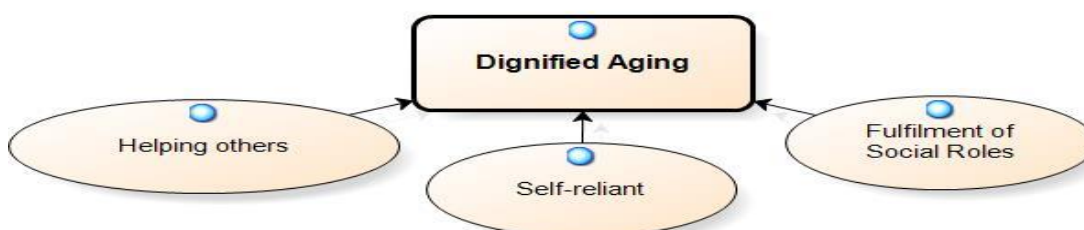


Figure 5. Theme 2: Dignified Ageing with Three Categories.

Helping others, the first sub-theme of dignified ageing, is achieved by helping the poor, according to a statement below from an 82-year-old female participant who still manages to help others although she considers herself poor. The concept of being able to help others who are more in need provides a sense of dignity for most of the interview participants.

I'm out helping other people, at times people would come here asking for help some for rice, sugar, and other stuff even though we are poor we can still manage to give them help. It doesn't bother my husband, as long as we have something to give. The point is, I found fulfilment, I helped myself at the same time, when my parents were still alive, I was the one taking care of them and when they died, the grief I felt changed when I helped other older persons. One who is helpful and helps others. A successful older person helps those who are poor. (82-year-old Female)

In addition, interview participants who were homeowners placed more importance on being dignified as their main understanding of successful ageing than participants who are not homeowners. A 66-year-old female participant who was a homeowner mentioned that being strong and healthy is important to be able to help others. For example, visiting sick older persons in the community contributed to her dignity as an older person, according to a female participant. The concept of dignified ageing is related to the concept of being with or helping their fellow older persons who are suffering or in need of assistance. Being with others or the concept of "kapwa tao" is an important value in the Philippines.

What I know is that we are successful because we help each other. Successful older person must be humble to them, you must be sociable, and when there are some problems you must give them an advice so the problem should be solved. (66-year-old Female)

Interview participants from urban communities placed more importance on self-reliance than participants from rural areas. Being self-reliant is explained as living independently without fully depending on the financial support from family, according to a 76-year-old female participant living in an urban area. Among older Filipino persons living in urban areas, being self-reliant is important to preserve their dignity, which may be attributed to the high cost of living in urban communities and lack of support from family.

Successful, for first of all, even though I'm alone, I still manage to live decently, even though my children have their own families, I still manage to fend for myself without depending on them. Even though I'm like this I really try hard to provide for myself, I don't rely and depend on my family, for I can still manage unlike other parents who are still strong yet they depend on their children already. (76-year-old Female)

Female participants placed importance on the fulfilment of social roles. Fulfilling social roles is understood as being able to continuously guide or support their children as well

as their grandchildren. Most of the female participants placed importance on fulfilling their responsibilities to their family, such as taking care of their grandchildren and doing the household chores. However, male participants placed importance on fulfilling their roles in their organisations. Interview participants living with their family and living alone placed importance on being dignified as the main theme of successful ageing. Having higher educational attainment may contribute to the dignity of older Filipino persons as well as to their living arrangements. Interview participants living alone highlight the importance of having a sense of dignity in old age, which may be attributed to their capacity to be independent, for example, providing for their daily needs without support from their immediate family.

I can say that I am, for I am still capable of doing my tasks for my fellow older persons. It's to care for them, relate with them, and if they need my help, it is that I should help them. (73-year-old Female)

Interview participants who considered themselves healthy placed importance on dignity as a key theme of successful ageing. Positive self-rating on health among interview participants contributes to dignified ageing, which may suggest the connection between positive outlook and successful ageing among older Filipino persons.

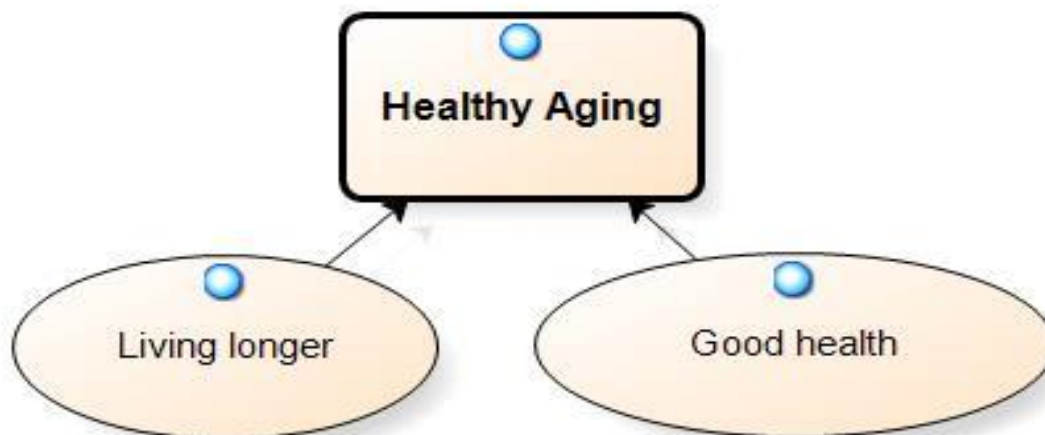
The success of a person depends on himself, and if you don't take care of yourself, you won't be a successful older person. That's why I reached my age in this life, because I take care of myself so that I will be a successful older person because the older person here are, like when it comes to work of our older persons, they can still do it, even when they reach, like "Tata Roman", even though he became old, he can still work, that's the only difference with our older persons and the older persons below, my grandfather, even though he is weak, he still works, that is why we can say our older persons is different than those in the city. (71-year-old Male)

Interview participants who were not household heads placed importance on being dignified as the main theme of successful ageing. In the Filipino culture, the recognition of an older person as a household head with authority in managing the household contributes to their sense of dignity.

### **Theme 3: Healthy Ageing**

Healthy ageing was mentioned by 45 out of a total of 75 interview participants as part of their understanding of successful ageing and was explained in two sub-themes. Among the participants, females placed importance on having good health which is having a healthy lifestyle. Meanwhile, male participants placed importance on living longer, which may be attributed to their lower life expectancy compared to female participants. Figure 6 below

identifies the sub-themes of healthy ageing, namely, living longer and good health.



*Figure 6.* Theme 3: Healthy Ageing with Two Categories.

The first sub-theme of healthy ageing is having good health. Female participants placed importance on having good health compared to male participants, and this is attributed to their religious and spiritual beliefs:

Of course yes, of course I would still like to experience life like that, especially when you're strong, when you don't get sick. In God's grace we can get by every day, I just hope that no one should get sick. (73-year-old Female)

Another factor that may contribute to healthy ageing is joining Older Persons Organization (OPO) activities for both male and female older Filipino persons. Having healthy ageing encourages older Filipino persons living in the community to continuously participate in OPO activities, which may also contribute to their positive self-rating on health and active life expectancy. The researcher has observed that the majority of the members of OPOs appear to be healthy and can still perform their activities of daily living, while those who are unhealthy or have difficulties in activities of daily living have chosen to remain at home and discontinue their membership with the OPO and community activities.

The second sub-theme of healthy ageing is living longer. Male participants, as compared to female participants, placed more importance on living longer. According to the following statement from a 73-year-old male participant, he was able to live longer when he decided to stop his vices such as smoking and drinking alcohol. In the Philippines, female life expectancy is four years higher than that of the male, which may explain why male older persons are now recognising the importance of healthy lifestyle to improve their life expectancy:

Yes, for I was able to reach this age, in-fact I am thankful for this organisation that helps me by giving advice like that I should engage in exercise, that I shouldn't smoke, which, even before I don't smoke, that is how I can say that the advice of my friends are good. First of all, I was able to reach the age of 73, given that at this time the average mortality age for male is 50 to 60. (73-year-old Male)

In addition, interview participants who were married understood successful ageing as being healthy. Married participants put emphasis on being healthy, which may be influenced by their partner as well as by fulfilling their personal obligations to care for their partner, which is attributed to cultural norms expected from married individuals. Meanwhile, interview participants who were widowed placed importance on having good health, since they needed to continuously engage and interact with their fellow older Filipino persons by joining OPOs or community organisations. Likewise, being independent in activities of daily living contributes to a positive outlook by the interview participants. Moreover, interview participants who were widowed identified healthy ageing as the main theme of successful ageing, which is attributed to their fear of incurring a disability and having no one to care for them.

Interview participants with income placed importance on being healthy as the main theme of successful ageing. However, interview participants who were not receiving an income placed importance on living longer as their understanding of successful ageing. In the Philippine context, income is important in order to remain healthy, and the government passed a law in 2014 to provide universal health care for older Filipino persons who are not receiving any income or pension and those whose health care costs are not covered by their employed children.

Yes, of course, successful, because at this age I am still healthy, my family can still rely on me. It's to have good relationship with others, don't do anything bad to them, that is what I always pray for, that even though I'm poor, as long as I don't get sick, as long as I have good health I'm happy. (80-year-old Female)

Interview participants who considered themselves healthy placed importance on being healthy as the main theme of successful ageing. There is a connection between having a positive outlook on personal health and the attainment of successful ageing. Likewise, home owners and those living with a spouse placed importance on being healthy as the main theme of successful ageing. Meanwhile, participants living with their children put emphasis on living longer to be successful in old age. This means that participants who own their house

and live with their children have a positive perspective on their personal health. Moreover, they identify being healthy as an important theme of successful ageing.

We should follow the rules, for example, they are telling you what you should do, and you do. You should do that, for example, they were advised to do this for their health, for them to become healthy, for example, with us, this they tell us to do, if we don't follow how we can become successful. (68-year-old Female)

Young-old interview participants (65–69 years old) placed importance on being healthy so that they could continue to provide for the needs of their family. Interview participants who were old-old and oldest-old (75-year-old and above) placed equal importance on being healthy and living longer. Most of the oldest-old participants identified being able to live longer than their cohort or friends as contributing to successful ageing. Living longer, as well as being healthy, contributes to the positive outlook of older Filipino persons, which may explain that those who surpass the life expectancy in the Philippines have more opportunities for being healthy.

Yes, of course, successful, because at this age I am still healthy, my family can still rely on me. That is all that I can say, I am healthy, dependable, and I was able to reach my dream. (66-year-old Male)

In addition, interview participants who were members of OPOs and religious organisations placed importance on being healthy as the main theme of successful ageing. Participants who were members of two or more organisation placed importance on being healthy:

I am healthy of course yes; of course I would still like to experience life like that, especially when you're strong, when you don't get sick. In God's grace we can get by every day, I just hope that no one will get sick. A successful older person is someone who doesn't have many problems, for it's hard for a person to have lots of problems, enemies, and other stuff, right? You should just be a peaceful citizen. (74-year-old Female)

#### **Theme 4: Productive Ageing**

Productive ageing was mentioned by 27 interview participants as part of their understanding of successful ageing and was classified into two sub-themes. Figure 7 below identifies the sub-themes of productive ageing, namely, being an asset to the community and the family and having a livelihood. Being an asset was further explained by the participants as being useful to their family and the community. Interview participants from rural areas identified planting rice or vegetables as the source of their livelihood, while participants from the urban community identified selling as part of their livelihood. In the Philippines, small

community stores are mostly owned and managed by older persons and provide additional income to support their daily needs and also contribute to helping other members of their family.

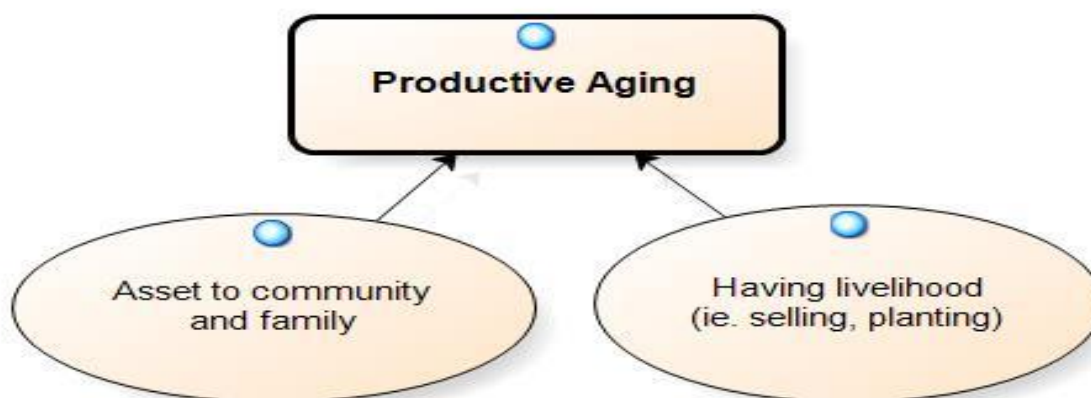


Figure 7. Theme 4: Productive Ageing with Two Categories.

Male participants placed importance on being an asset to the community by continuously working and engaging in livelihood activities. The findings suggest that male older Filipino persons are more active in the community, while females need more encouragement to participate in productive activities. The first sub-theme of productive ageing is being an asset to community and to the family. A 71-year-old male participant mentioned the importance of participating in productive activities as a way for them to realise that they are an asset to their family and their society:

When I was a part of the National Awarding in the Philippines, the people I'm with helped me, for most importantly, I give value to my personality and relationship with them. A successful older person should not only be helpful to older persons but also to others and family. (71-year-old Male)

The second sub-theme of productive ageing is having a livelihood comprised of subsistence farming and selling products. In spite of their age, older Filipino persons placed importance on having a livelihood, such as selling and planting, to be able to contribute to the basic needs of their family.

The meaning of work is being able to sell or plant. What I see with myself is that I'm healthy, and in my livelihood, I'm still strong every day I can still sell things. Sometimes I still go to the mountains to plant. (92-year-old Male)

Most of the interview participants living in urban areas placed importance on being productive by being an asset and role model to the family and the community. Interview participants from the rural community placed equal importance on being an asset to the community through having a livelihood, since most of them were not receiving social pensions and had limited access to formal financial institutions. This finding suggests that older persons living in rural areas have more opportunities to continue their livelihood, which is based on agriculture such as planting rice and vegetables. Having a livelihood is an important concept for older Filipino persons in rural areas, since they are more vulnerable to hunger and extreme poverty and they have limited access to social welfare services, given their remote location.

Oldest-old interview participants placed equal importance on having a livelihood and being an asset to the community. This indicates that, despite not receiving a pension, people like these are still helping the family, neighbours and fellow older persons. This finding suggests that those who reach 80 years old and above have more financial means to provide help to their fellow older persons and to the community, which contradicts the literature findings that oldest-old are the most vulnerable among older persons.

I'm successful for I have helped a lot already, maybe, my relationship with other people here, they never fail to help me likewise I never fail to help them too. That is my secret, even though I don't go out, I can't attend meetings, if there is a new older person member and would ask for advice, I orient them. (92-year-old Female)

Pension recipients placed importance on being productive to supplement their daily needs. Interview participants usually spent their pension to pay for their daily needs, and some shared it with their family and grandchildren. Moreover, receiving non-contributory social pensions, according to an older person, contributes to the attainment of successful ageing and financial security in old age. Given the limited coverage of social pension in the Philippines, the most vulnerable older persons and those living in rural areas may not benefit from this program.

Successful has pension. Has money, whatever you would like to buy, you can buy it right? For example, for your needs, you have something to use, from your own pension. (82-year-old Male)

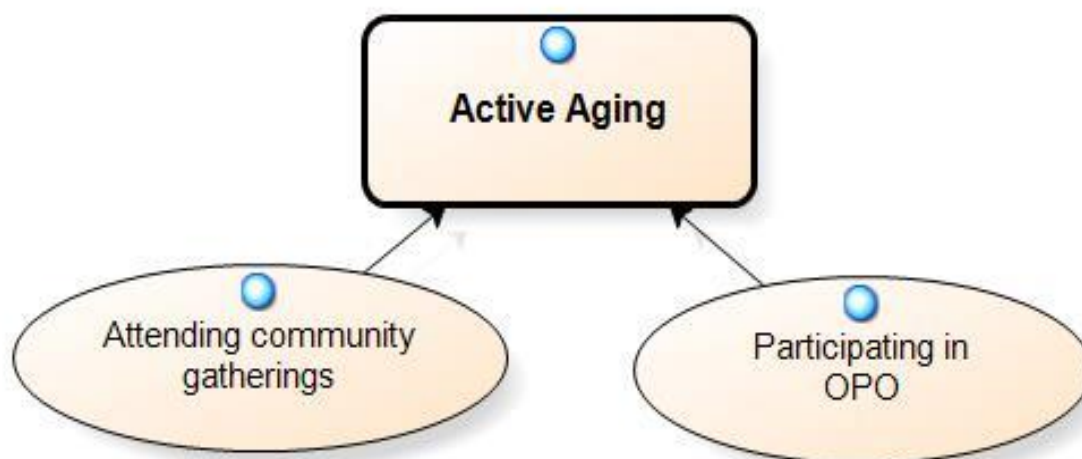
Interview participants who were officers of OPOs placed importance on being productive as the main theme of successful ageing, which suggests that they had higher economic and social status. Likewise, interview participants who were married and widowed placed importance on having a livelihood that provided enough to support their family.



Meanwhile, interview participants who were separated placed equal importance on being an asset to the community and having a livelihood, since joining productive community activities is a source of emotional and financial support. Overall, most of the interview participants who gave high regard to being productive also identified the need to be active, to be able to continue earning their livelihood and continue being an asset to the family and the community.

### **Theme 5: Active Ageing**

Active ageing was mentioned by 25 interview participants as part of their understanding of successful ageing and was explained in two sub-themes. Figure 8 identifies the sub-themes of active ageing, namely, participating in OPO activities and attending community gatherings. Being active in family and community gatherings and activities broadened the understanding of successful ageing, which places importance not only on physical functioning but also on social engagement.



*Figure 8.* Theme 5: Active Ageing with Two Categories.

Both male and female participants placed importance on attending community gatherings as a contributing factor in successful ageing. Among older Filipino persons, being able to attend family and community gatherings emerged as one of the key themes of active ageing:

Yes, I am a successful older person, because I can still attend events such as assemblies and meetings. For example, we have a meeting, it is my task to go around and inform them that we have a meeting and its details, at this age of mine that is what I do to help. I can say that I am successful because if they call for us in the barangay, we go, we listen to everything our president tells us. (73-year-old Male)

The second sub-theme is attending OPO activities. Participating in OPO activities is an avenue for older Filipino persons to contribute to their community in spite of their old age. Young-old (65–69 years old) and middle-old (70–74 years old) interview participants placed importance on participating in OPO activities, while old-old (75–79 years old) and oldest-old (80 and above years old) preferred attending family and community gatherings. The findings of this study suggest that, when an older Filipino person reaches the age of 75, their participation in OPO activities may suddenly decline:

Successful for I always attend meetings and I do well in the OPO, that is why I'm successful and I also don't absent much. What I can advise them is that they should go to meetings if they have one is always present in meetings. (83-year-old Female)

Interview participants who were oldest-old placed importance on being active despite their age, which means that they still desired to be independent in their activities of daily living, notwithstanding deterioration in their health condition, according to this statement by an 81-year-old male participant:

I can say that I am successful because if they call for us in the barangay, we go, we listen to everything our president tells us. For I always attend, I have never been absent (81-year-old Male)

In addition, interview participants living below US\$1.25 placed importance on being active as the main theme of successful ageing. In spite of the fact that the majority of participants were living in poverty, they were continuously attending and participating in OPO activities. The findings suggest that the economic status of older Filipino persons does not prevent them from becoming active in community activities and attaining successful ageing.

Yes, for even though I don't receive anything, I still attend meetings whenever we have them. I can say that I am successful because we are actively participating in our barangay. (74-year-old Male)

In addition, interview participants who were members of OPOs placed importance on being active as the main theme of successful ageing. This finding suggests that older Filipino persons who are members of an OPO are also active in the community:

A successful older person is an active member in the Older Persons Organization. It as I stated, we are happy. It's that, we should just help each other, in all things so that we may be happy, we are happy. (68-year-old Male)

Overall, most of the interview participants who were oldest-old, living in rural areas, elementary graduates, living below US\$1.25, members of OPOs, and considered themselves healthy placed importance on being active as their understanding of successful ageing.

### 8.3 Understanding the Dimensions of Successful Ageing

This section will explore the understanding of the interview participants of the three dimensions of successful ageing in this study, namely, physical functioning, social engagement, and wellbeing. The sub-theme of each dimension is also elucidated. Physical functioning is the most common dimension, mentioned by the majority of the participants.

#### Successful Ageing Dimension 1: Physical Functioning

Physical functioning, mentioned by 60 interview participants, was comprised of five sub-themes. Figure 9 identifies the sub-themes of physical functioning, namely, household chores, child care, planting and selling, voluntary work, and physical exercise. This study suggests that the understanding of older Filipino persons about physical functioning is broad and includes taking care of children as part of their daily activities.

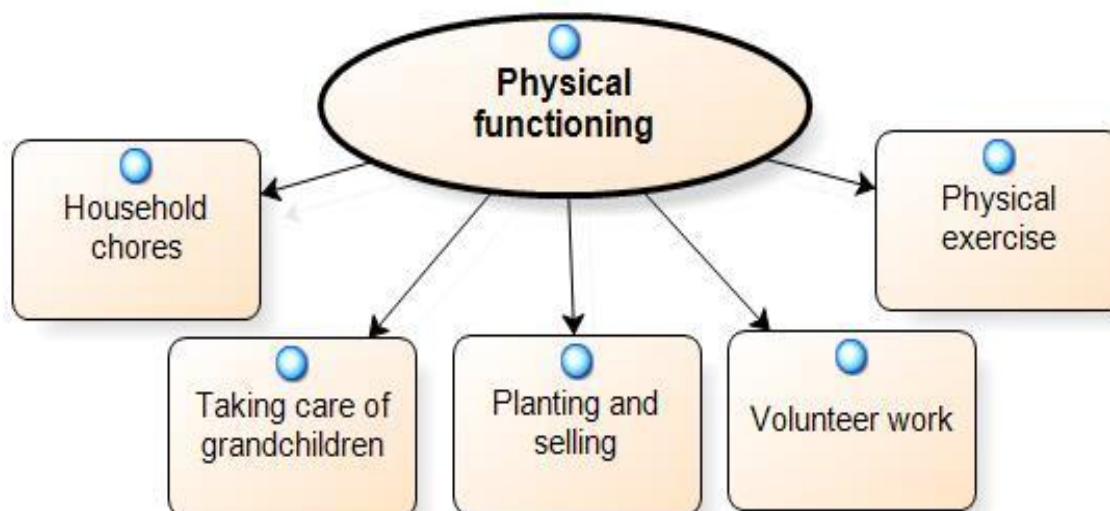


Figure 9. Successful Ageing Dimension 1: Physical Functioning with Five Categories.

Interview participants from rural areas placed more importance on physical functioning, such as physical exercise, than those in urban areas. This may be attributed to the limited public space in urban communities. Likewise, participants who owned a house,

who lived with children, and who considered themselves healthy placed importance on physical functioning. The findings suggest that participants with a positive outlook and with assets, for example, home owners, placed importance on physical functioning.

The first sub-theme of physical functioning is doing household chores like cleaning the house as part of the daily activities of most participants. This was also viewed as a form of exercise. Interview participants viewed household chores as part of their obligation and contribution to their family. For the majority of the interview participants, performing household chores contributed to maintaining good health:

Sometimes I do the laundry, I wash, I'll just say it anyway, panties and briefs of my grandchildren, besides that, I don't do anything else. I help with regards to the needs of my family, I help them in the household chores and in taking care of my grandchildren. I do chores at home to strengthen my body, and I jog. (69-year-old Female)

As part of household chores, a 68-year-old male participant mentioned that he is still doing the necessary repairs in their house. Older Filipino persons contribute their skills to their family and communities, like retired teachers who tutor their grandchildren and volunteer in the government's basic literacy program.

I still do repairs and things in the house like our cabinet so that we don't need to pay anyone for it and maybe it also helps us because we don't need to pay someone to do it anymore, it also serves as my exercise. (68-year-old Male)

The second sub-theme of physical functioning is taking care of grandchildren. The majority of interview participants who were home owners, without income, married, and young-old continuously care for their grandchildren. This study suggests that the majority of older Filipino persons are willing to take care of their grandchildren, regardless of their socio-economic status. Both male and female participants gave equal importance to caring for their grandchildren. This contradicts the general perception in the Philippines that only females are taking care of the grandchildren. These caring roles provide enjoyment, as articulated by this 70-year-old female participant:

I stay in the house, to clean and take care of my grandchildren and yes, in taking care of the grandchildren, in calling their attention. (70-year-old Female)

The third sub-theme of physical functioning is selling or planting. Interview participants from rural areas placed importance on planting as part of physical functioning, because the primary means of livelihood in rural communities in the Philippines is

agriculture-based. In spite of age, older Filipino persons from rural areas continue to do subsistence farming to support their daily needs and those of their family:

Well of course when you harvest and sell the crops, you have something to give your family, that's all. (89-year-old Male)

Both male and female participants placed equal importance on planting and selling their products to support their daily subsistence. As part of livelihood activities, they continue to sell products and manage neighbourhood stores, as expressed by a 72-year-old female participant:

What I see with myself is that I'm healthy, and in my livelihood, I'm still strong every day I can still sell things. I sell "kakanin" to earn money. I still have my store, with it I can still help, it's because I am still doing some work like selling. (72-year-old Female)

Moreover, gardening or planting together provides opportunity to socialise and keep people healthy, according to the statement below from an 84-year-old male participant from a rural area. The findings suggest that a community garden provides livelihood for older Filipino persons as well as an avenue for socialising:

I strive hard in planting so that I should have a healthy body. What I really do most of the time are the tasks here in the tribe, like planting, and tilling the soil for that the only source of our livelihood because there is nothing else we are capable of, our lives become successful because of the food we get here. (84-year-old Male)

The fourth sub-theme of physical functioning is volunteer work, such as checking the blood pressure of fellow older persons and organising community activities. Female participants from urban areas who were home owners and with a positive self-rated health score placed importance on volunteering activities as part of their daily activities:

I work a little, my daily rounds among their homes, most of the time I'm ask to check their blood pressure even those who are not yet older person, and sometimes they do give for repairs and maintenance of my blood pressure because it belongs to me, in our family itself we help each other. (82-year-old Male)

The fifth sub-theme of physical functioning consists of exercise like mind exercises, jogging, dancing, and walking. Female participants placed more importance on physical exercise than male participants. The findings of this study suggest that female participants considered household chores as a form of physical exercise. Likewise, interview participants from rural areas placed importance on daily physical exercises which contribute to the attainment of successful ageing:

I just engage in exercise; I'll walk to the mountain to help my body get in shape. Regarding my health, I exercise every day, I dance, I jog, and what do we call that, exercises. What I do is that I walk around every day. I play billiards as an exercise. (74-year-old Male)

One example of mind exercises is constantly reading or doing puzzles as a means of enhancing memory. Solving puzzles is an important exercise for older Filipino persons; it may prevent degeneration of their memory and help them to remain mentally healthy:

I get the newspaper every day, as someone provides it for me I drink coffee afterwards my children leave then I'll start answering the crossword puzzle. It's easy for me to finish the puzzle and I will finish it by an hour. Yes, my memory. It is really sharp and I don't want it to dull, I don't want to lose my memory's sharpness. (92-year-old Female)

### Successful Ageing Dimension 2: Social Engagement

Social engagement, mentioned by 53 interview participants, was comprised of two sub-themes. Figure 10 identifies the sub-themes of social engagement, namely, social interaction and social support. Females placed more emphasis on social engagement such as community activities. Both female and male participants viewed social engagement as a form of social support and interaction.

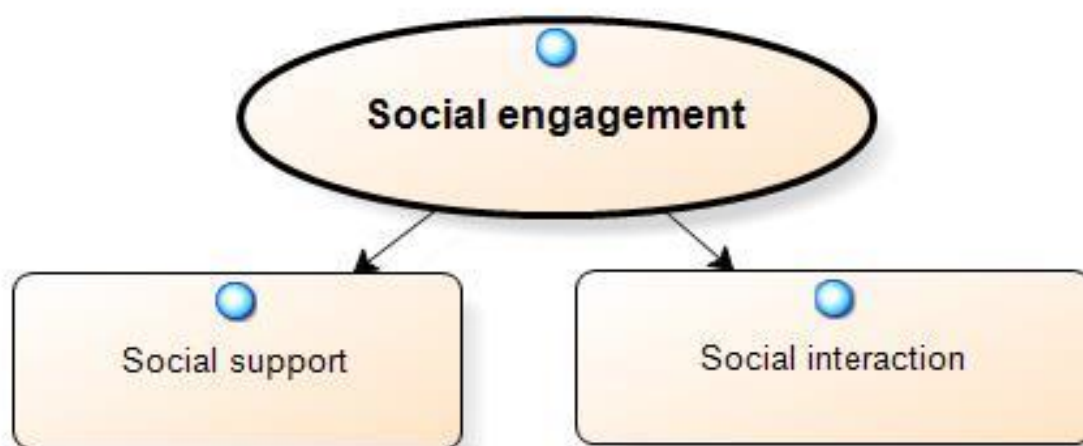


Figure 10. Successful Ageing Dimension 2: Social Engagement with Two Categories.

The first sub-theme of social engagement is social support. Social support is giving advice to their fellow older persons on properly relating to others. Female participants viewed social support as camaraderie among older Filipino persons. Both male and female participants identified helping each other as a form of social support. Likewise, interview participants who were married, from rural communities, and head of the family placed

importance on helping their fellow older persons as part of their social engagement. This study suggests that social interaction of an older person with his or her family and the community through attending gatherings is an important aspect of social engagement:

With age of mine all I do is if there is someone who asks for advice I help them out, as much as my mind can, I help them properly. If there are some problem, we're giving them advice on what to do and we are doing what's good. (92-year-old Female)

Social support is also explained as lending money and visiting sick older persons. Interview participants who were married and were heads of the family lent money to their fellow older persons and family members as a form of social support. This study suggests that older Filipino persons who have the financial capacity provide support to their family as well as to their fellow older persons. In addition, interview participants who had a positive outlook were usually volunteering to visit the sick older people in their community and providing social support to their fellow older persons. Another cultural influence in the Philippines is the concept of “damayan”, which is defined as being able to help others who are in need or visiting sick older persons:

I'll give them help when they are in need, for the tuition of their children, and so that is a big thing for them, your indulgence will return back as you help them, as long as they return what is borrowed or else I might not lend them anymore. (71-year-old Male)

Healthy partners usually cared for their frail partner and also for their grandchildren. Older Filipino persons who are usually married and healthy take care of their frail partners in their own house as part of Filipino culture. Meanwhile, interview participants who were widowed usually associated with and looked after each other. The findings suggest that participants who were widowed were more socially engaged in OPOs, and most of their close associates were also widowed older persons.

In our family, my husband is already 70 years old so I'm the one who looks after him and my grandchildren, like in the case of my grandchild it is I who takes care of him. Like for example, there is a problem of course for us that we who don't have life partners will help each other. (69-year-old Female)

The second sub-theme of social engagement is social interaction. Social interaction is explained as joining an OPO, which contributes to having good relationships. The majority of the female participants placed importance on interaction as compared with male participants. One aspect of interaction among female participants is giving advice to their fellow older persons and to their family.

Yes, because if you do have problems with your family, the tendency is that you would be easily irritated thus it should reflect on how you interact with other people and joining OPO helps us a lot to interact and support each other. (73-year-old Male)

Married and widowed participants identified joining OPO activities as the main aspect of social interaction, and this included exchanging stories of current experiences. OPO activities among older Filipino persons are the main source of social engagement. In addition, female participants identified participation in religious activities as a form of social engagement. Most of the female participants from both rural and urban communities identified engagement in a religious organisation as a contributing factor to attaining successful ageing. Moreover, group membership of older persons contributes to the level of their engagement in community activities. For example, retired teachers were joining multiple community organisations that include OPOs, retirees, and religious organisations:

We exchange stories, we talk with each other about the recent happenings in our lives. Yes, for everything we do, is in line with how you interact with them. For me, maybe it's when I do something good towards them, how I relate with them. My interaction and relation with them is good. (74-year-old Female)

### Successful Ageing Dimension 3: Wellbeing

Wellbeing, as mentioned by 36 interview participants, was comprised of three sub-themes. Figure 11 below identifies the sub-themes of wellbeing, namely, positive outlook, good health, and taking care of self. Female participants placed more importance on wellbeing than male participants. Likewise, interview participants from rural areas and living with children placed importance on wellbeing as a key dimension of successful ageing. This study suggests that sociodemographic variables like gender and place of residence contribute to the wellbeing of older Filipino persons.

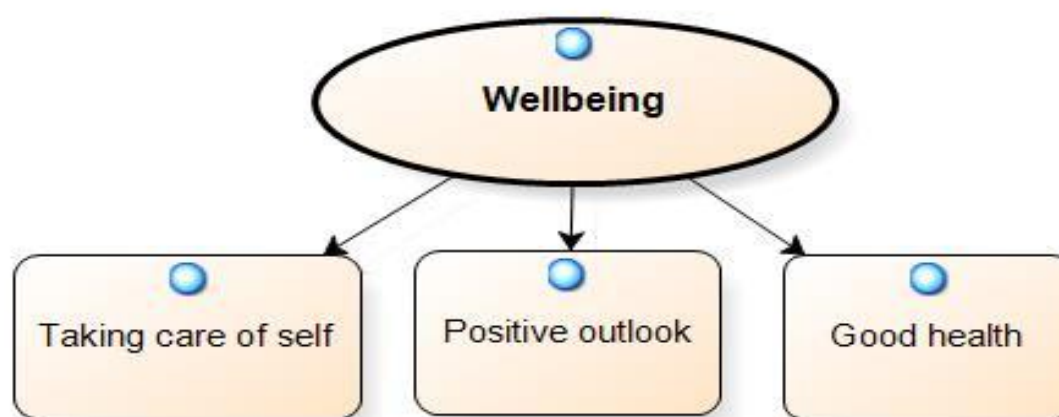


Figure 11. Successful Ageing Dimension 3: Wellbeing with Three Categories.



Taking care of self is good hygiene which includes proper care of their body. Females placed more importance on good hygiene than male participants. In addition, having clean and neat surroundings contributes to good hygiene. Most of the female participants identified cleanliness of surroundings as an important factor in their wellbeing:

That maybe is what makes me different, I really don't like, as far as myself is concerned, to be dirty. That is why my children call a very snob mother in the whole world for I don't like dirt. (92-year-old Female)

According to a 75-year-old male participant, examples of taking care of oneself are having regular medical consultations and taking vitamins. Most of the old-old (75–79 years old) and oldest-old (80 years old and above) participants identified having access to medical consultations as one of the contributing factors to their wellbeing. Likewise, interview participants who were married, coming from rural areas, and aged 70–74 years old identified taking vitamins as a contributory factor to wellbeing. This study found that older persons who surpass life expectancy in the Philippines attributed their healthy condition to their regular medical consultations:

In relation to health, if you feel anything bad, even at the slightest hint, you should visit the health centre and they give us medicine. (75-year-old Male)

Moreover, interview participants received support from their families to purchase medicines or vitamins as well as for their regular medical check-ups. Financial support from family is important to enable older Filipino persons to have their regular medical check-ups. Having no vices is another example of taking care of oneself. Interview participants from urban areas identified that having no vices contributed to their wellbeing and physical functioning:

Because, is it really my wish, that my fellow older persons should take care of their lives that they won't waste it on vices that won't do good to the health, because if an elder, involves himself with vices like, smoking, that may shorten their lives that is why it is better not to smoke, to take care of themselves. (78-year-old Male)

The second sub-theme of wellbeing is positive outlook. Positive outlook is having a sense of optimism, which is explained as not dwelling on problems in old age, as this is considered one of main difficulties in the attainment of successful ageing. Most female participants and young-old participants identified positive outlook as an important aspect of

wellbeing. Likewise, a majority of interview participants who were widowed identified having a positive outlook as contributing to their wellbeing:

What is needed is that you don't think of anything bad, you should always think of good things, nothing bad should happen to you. I take care of them, teach them, but now I don't mind them anymore, I let them be, and it's difficult to have problems in life. (79-year-old Male)

Another example of positive outlook is having a sense of fulfilment, which is explained as being contented with the status of a person's family. Sense of contentment is an emerging concept that contributes to wellbeing:

The point is, I found fulfilment, I helped myself at the same time, before I was given chances, when my parents were still alive, I was the one taking care of them and when they died, the grief I felt changed when I helped other older persons. (82-year-old Female)

The third sub-theme of wellbeing is good health. Having good health is explained as being healthy and fit, which is the feeling of being strong with no illnesses. Among interview participants, those who were married, oldest-old and from rural areas placed importance on having a healthy lifestyle:

Yes, for if you are not healthy you won't be able to work, you won't earn, that is why it's really important for you to be healthy and fit and eat healthy food. (65-year-old Female)

Overall, most of the interview participants who identified wellbeing as an important dimension of successful ageing were female, young-old and oldest-old, from rural communities, married and widowed, living with children, and homeowners.

#### **8.4 Factors Facilitating and Hindering Successful Ageing**

In exploring the factors influencing the attainment of successful ageing, the themes were divided into two, namely, facilitating and hindering factors. There were 60 interview participants who mentioned examples of facilitating factors, which were divided into five themes: community and family harmony, spirituality, participation and social position in OPO, and assistance from government. Meanwhile, there were 29 interview participants who mentioned hindering factors, consisting of social isolation, negative outlook, health problems, financial insecurity, and physical disabilities.

### Factors Facilitating Successful Ageing

There were five facilitating factors contributing to the attainment of successful ageing, namely, community and family harmony, healthy lifestyle, spirituality, participation and social position in OPO, and assistance from government. Figure 12 presents the facilitating factors in the attainment of successful ageing.

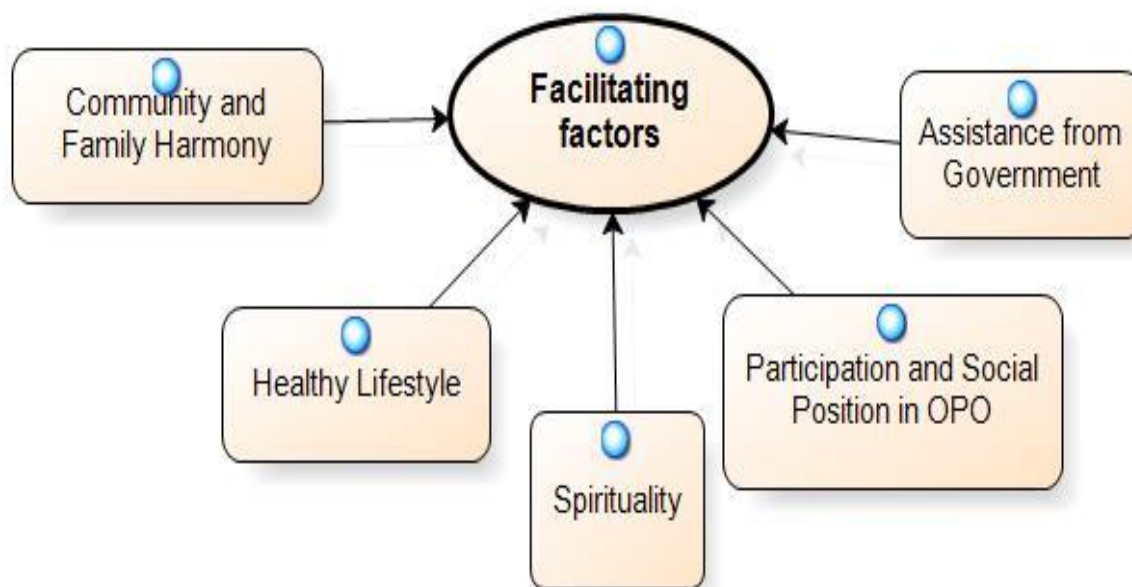


Figure 12. Facilitating Factors with the Attainment of Successful Ageing.

The first facilitating factor is community and family harmony, which was mentioned by 69 interview participants. Community and family harmony is explained as togetherness and engagement with fellow older persons. Promoting community harmony is an important aspect of social work practice with groups and community, since it advances unity among older persons and between generations:

What I tell them is that we should be united, we should have one mindset it shouldn't be divided. A successful older person is we are together always. Like, our bonding is always. If we are in harmony we don't have a problem, as long as we are together in our community. (72-year-old Female)

In addition, togetherness means supporting fellow older persons in facing their problems, which contributes to successful ageing, according to a 69-year-old male:

We help each other, whatever the problem is, we face it together. A successful older person is happy, especially if we are together, we could meet, a successful older person, I can't think about it anymore. (69-year-old Male)

Togetherness is an emerging concept for older persons, since they help each other in facing similar health challenges, such as dementia and communicable diseases. Having community harmony and togetherness facilitates the attainment of successful ageing among the interview participants. In addition, the OPO serves as an avenue for gatherings as well as in promoting togetherness and positive engagement, according to the statement below from a 73-year-old male participant:

I get to interact with my colleagues and our gathering here in the organisation, helps in our relationship with our higher-ups; you're a member so you should follow. They should learn how to relate with others, love their fellow person, so that they too should be loved. (73-year-old Male)

Family harmony is also understood as an aspect of peer support. Peer support means support from family expressed through financial assistance by children to supplement the daily needs of older persons:

My children still look after me, I still have a child who lives with me, they have a store, and look after me, offer me food, my other children are in Laguna, one in Sta. Rosa, the other in Binan. It helps, at times my son could give me money saying, "Ma here is some money", and for that I'm thankful to God. (80-year-old Female)

In addition, according to a 67-year-old female participant, in spite of her children being poor and having their own families, they still continued to provide her with financial assistance. The findings suggest that, in spite of poverty, older persons are still being provided with financial support by their children, even if they are also impoverished:

They have their own families already, though they still provide for me, what I mean with what I said is that I don't want to be a burden to my children. I thank my children and grandchildren for they never fail to provide for me but I need not to be burden for they have their own obligations in their family so I try to show them that I can fend for myself and not rely on them. My family they are also poor, but at times they give me, sometimes they don't but there's nothing I can do, they are also poor. (67-year-old Female)

Another aspect of peer support is assistance from friends and neighbours through companionship. In the Philippines, support from neighbours is an important aspect of peer support:

Friends? Sometimes we do things together, we go to different places, we go out, and my companions are my friends. If we are in need, they provide help, for example we want something, they give us help, my friends and neighbours and they help me, for example, I have pains in my body they give the medicine I need. (65-year-old Male)

Success of family members, like raising good children, contributes to family harmony. A 92-year-old female participant mentioned that her children were a source of pride, and this contributes to ageing successfully because it is rooted in the values in the Philippines that the success of a family member is also the success of the whole family:

My child is an engineer, you know what, even we are wondering how I reached this age, also my relation with them, I can't say, what is happening with me, maybe this is a gift from God, that I may be strong and that I may be able to give advices to those who need it. (92-year-old Female)

Most of the interview participants placed importance on the educational attainment of their children and grandchildren, which also contributed to their feeling of being successful in old age. Education and the success of grandchildren contribute to overcoming poverty:

I wish that my grandchildren would have a good job, that they may be able to finish their studies for our dream for them since they were little. High school only, oh, my children are undergraduates, college level, but they were not able to graduate, that is why I wish that at least my grandchildren should do, that they won't be forever poor, that they should have jobs, that is our dream for them. (68-year-old Male)

In the statement below, a 70-year-old female participant mentioned that it is part of her life's purpose to ensure education for her children and grandchildren because she and her husband had been deprived of going to school during their childhood:

I have sent my children to school. Yes, it's important like my life has a purpose for example before you arrive I have taken a bath and went to church and do some sewing for the uniform of my grandchildren and I am not wasting my time. (70-year-old Female)

The second facilitating factor is having a healthy lifestyle, as mentioned by 39 interview participants. A healthy lifestyle is eating healthy food such as vegetables and fruits, which also contributes to long life. Having a healthy lifestyle is also attributed to regular physical exercise like walking, jogging, and shadow boxing, according to a 93-year-old male:

I shadow boxed while running, and this too stretches the muscles in my knee. A successful older person as I mentioned, takes care of his life, does "pagistera" and stretches muscles so it won't exceed. (93-year-old Male)

Stopping vices like smoking and drinking alcohol contributes to having a healthy lifestyle, based on the statement below from a 68-year-old male participant. Putting an end to vices was perceived by interview participants as contributing to the attainment of successful ageing as well as to being healthy:

A successful older person takes care of life, you refrain from drinking liquor because you're old, don't, don't drink, and don't smoke. (68-year-old Male)

The third facilitating factor is spirituality, as mentioned by 25 interview participants. Spirituality is explained as participating in religious activities and having a personal relationship with God or a higher being. A 71-year-old female participant mentioned in the statement below that, although she does not actively participate in religious activities, her personal relationship with God is strong, and she considers this to be important in overcoming problems in old age:

There shouldn't be any problem in life, even if there is you should not be bothered by it, just relax, pray and ask help from God, he won't let you down. Even though you don't go to mass often, never forget God everyday even though I am like this who doesn't go to church often, I pray the novena every day. (71-year-old Female)

According to a statement from a 66-year-old male participant, his parents influenced his religious and spiritual beliefs, which contribute to overcoming hardship in life. In the Philippines, older persons identify their religious beliefs as an important factor overcoming challenges during their life course:

For me, I owe every day of my life to God, and everything that I receive comes from him. My hardships really helped us a lot, due to our poverty I helped my parents work, included there also is my obedience especially given the fact that they are religious. (66-year-old Male)

Spirituality was also explained as participating in religious activities, such as joining religious activities for married couples for peace and harmony in their relationship, which also contributes to successful ageing:

I attend religious events you should participate in them. When a meeting is held, and activities done I attend. It's like that sir, they should interact with us, with others, in the community. Another thing sir is that you have faith in God, you go to church, peace of mind because my husband and I go to church every week. (65-year-old Female)

According to a 66-year-old female, spirituality contributes to having long life and being healthy. Having long life and being healthy were attributed to spirituality and religious participation by most of the respondents.

Yes, for, with the grace of God, He gave me a long life for me to be able to be a member of this organisation. In God's grace, I don't get inflicted with sickness that I can't shoulder. What I can say to my fellow older persons is that they should never forget about God, for He is the one who give us strength. That is why all the success we have in life, we owe to Him who gave it that is why I'm thank God so much. My

past, it helped me as God gave the strength to face and solve all my problems and He gave me strength to fill in the lack within our family. (66-year-old Female)

Spirituality also contributes to overcoming challenges and plays a direct part in the attainment of successful ageing:

The reason why I become successful is because of the one up there that is why I rely and hope that despite the hardships or sicknesses I'll still be successful because of the one above. Before, I still don't know a thing for I wasn't enlightened but now that I serve the Lord, I share the word with them so that everything I learn should be imparted to them to be successful. (68-year-old Female)

For an 84-year-old male participant, praying contributed to attainment of successful ageing:

Yes, for I never forget God. The lord God supports me and at times I go to the doctor. We pray to God that we may be successful in our lives. (84-year-old Male)

The fourth facilitating factor is participation and social position in OPOs, as mentioned by 22 interview participants. Participation and social position in OPOs was explained as the source of enjoyment and belongingness for participants based on the statement below from a 71-year-old male participant:

I can say that I am a successful older person for we are united. Our organisation does not have, whatever the president needs we are there for it. As so it happens, the reason why I was able to say that I am successful is that, we are peaceful and united here at Masalong. (71-year-old Male)

The fifth facilitating factor is assistance from government, which was mentioned by 16 interview participants. Assistance from government is explained as receiving social pensions and DSWD assistance. Assistance from DSWD is provided through organising by the OPO, based on this statement from a 74-year-old male participant:

It's because the assistants here from Department of Social Welfare and Development (DSWD) are able to help me with my problems, especially without meeting place, good thing a candidate for the position of mayor donated for it. If the seniors have an event, DSWD is called for we have social gatherings, at times picnic that is how we do things as older persons. It's that we here help each other out, we have, as it arrives, as we know it, if an older person dies, we contribute money besides what DSWD is giving. For me, older persons are successful for first, we help each other, second, whatever assistance the government gives. (74-year-old Male)

The social pension contributes to the daily basic needs of older persons and they were very appreciative of the pension they received from the government:

Successful older person has pension that is it, for example, for your needs. You have something to use, from your own pension. On what I want, on food, on things it's a good thing that I have social pension even though I'm like this. (78-year-old Female)

Provision of training to older persons is another form of assistance from the government that contributes to lifelong learning. Lifelong learning is continuous learning in old age through attendance in seminars and study groups.

In addition, a 65-year-old female participant mentioned the importance of non-governmental organisations which provide continuous learning opportunities for older persons in the community. Non-governmental organisations in the Philippines make an important contribution to organising older persons living in poor communities, contributing to the attainment of successful ageing.

There are so many, here in older person organisation like COSE they are helping us like for example when I went there in their office they have trained me to get blood pressure. (65-year-old Male)

### Factors Hindering Successful Ageing

There were five themes identified as hindering factors in the attainment of successful ageing. Figure 13 below identifies the five themes of hindering factors: social isolation, negative outlook, health problems, financial insecurity, and physical limitation.

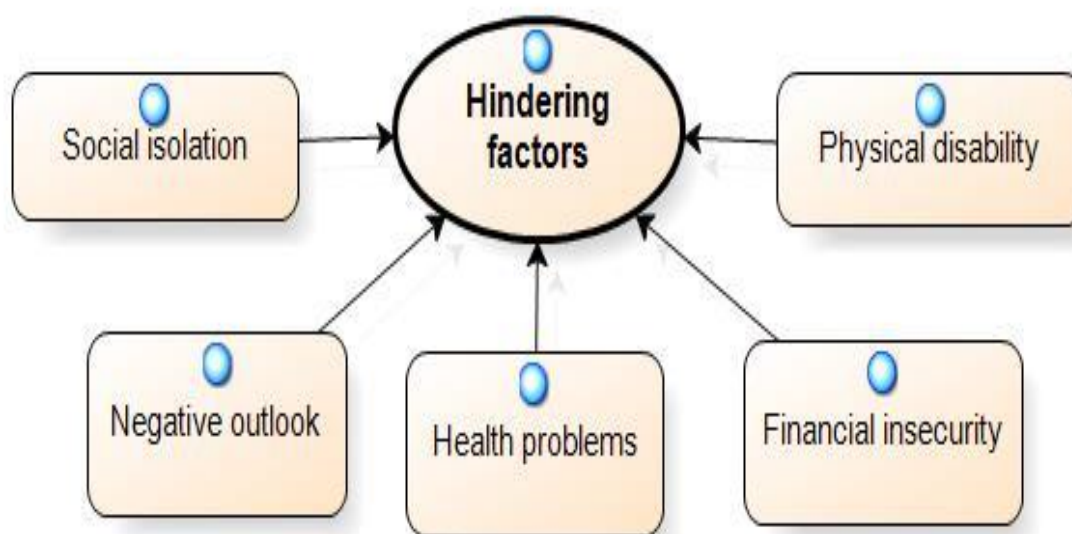


Figure 13. Successful Ageing: Hindering Factors.



The first hindering factor is social isolation, which was mentioned by 12 interview participants. Social isolation is explained as idleness, not receiving any support from family, not participating in community activities and living separately from family members. Social isolation is understood as the personal decision not to participate in social and community activities. In addition, social isolation is described as not receiving any government assistance. Social isolation is further clarified as idleness that is attributed to sickness or lack of opportunity. Social isolation may also contribute to sickness and depression among older persons:

I don't do anything nowadays sir. For it's just, it's just, it's always problems that I think of now, since I got sick. (79-year-old Male)

Moreover, living separately from immediate family members contributes to social isolation, which hinders attainment of successful ageing. Lastly, social isolation is not receiving support or love from the family or feeling unwanted, which contributes to further social isolation and non-attainment of successful ageing among older Filipino persons:

Yes of course, for if your wife and family do not love you it's like you are not successful in life. (66-year-old Male)

The second hindering factor is having a negative outlook, as mentioned by eight interview participants. A negative outlook is described as having an unhealthy relationship, having a sick family member, being retired or retrenched from work, or carrying an emotional burden. Carrying a burden contributes to the negative outlook which hinders the attainment of successful ageing.

A negative outlook is influenced by having unhealthy relationships with either the husband or wife or any family member. Moreover, having a family member with terminal illness contributes to negative outlook:

I know my hardships, all my trials, my husband was ill with cancer, so I sold things in order for us to eat. (70-year-old Female)

The tragedy of retirement was also mentioned as contributing to negative outlook that hinders attainment of successful ageing:

I think that the tragedy of retirement is that the demand is arrested or cut-off and the deterioration of the mind and the body sets in the moment when the demand is arrested and social services people or older persons should say what can you do can you sing or can you be active in community there asking little things that should indicate that there is a demand. (81-year-old Male)

Overall, having a negative outlook is attributed to the failure of the participants to adjust and accept their new conditions and unaccustomed social environment, and this is also attributed to external factors beyond their control.

The third hindering factor is having health problems, as mentioned by eight interview participants. Health problems include having high blood pressure and sickness. Health problems involving high blood pressure, for example, hinder the attainment of successful ageing.

The fourth hindering factor is financial insecurity, which was mentioned by eight interview participants. Financial insecurity is explained as a lack of pension and having no regular income, and this may make older persons fully dependent on their family for financial support for their daily basic needs. Likewise, financial insecurity is not receiving old age pension. A 70-year-old female participant mentioned that love and care from the children is more important than financial security in old age:

Even though I don't have financial security I can still survive the day and I feel loved by my children and grandchildren and I know I am loved by my family it's a good feeling. (70-year-old Female)

Moreover, experiencing a disaster also contributes to financial insecurity in old age due to loss of livelihood:

It helps because we don't have any other source of livelihood, also I'm grateful that it wasn't damaged/consumed by the fire, if that was burned, we're done for. Nothing more for us, I'm even teary eyed. (73-year-old Female)

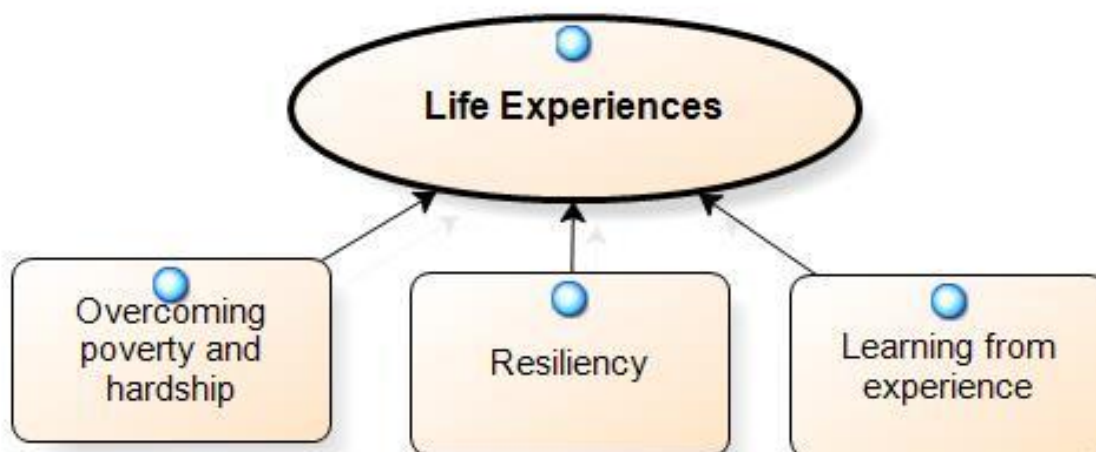
The fifth hindering factor is physical limitation, as mentioned by five interview participants. Physical limitations are explained as having limited mobility and physical inactivity. Physical limitation and limited mobility are attributed, for example, to frequent pains in their joints:

Regarding my body, I can see that I am somewhat healthy, I don't have problems in my health except for the frequent pains in my joints. (80-year-old Female)

### **8.5 Life Experiences that Influence Attainment of Successful Ageing**

Exploring the key life experiences of participants provides an understanding of the challenges they have faced and overcome, contributing to their perspective of their own journey towards successful ageing. The 26 interview participants who mentioned that their life experiences contributed to the attainment of successful ageing identified three main

themes. Figure 14 illustrates the sub-themes of life experiences: resiliency, learning from experience, and overcoming poverty and hardship.



*Figure 14.* Life Experiences that Contribute to the Attainment of Successful Ageing.

The first sub-theme of life experiences is overcoming poverty and hardship, based on the statement below from a 92-year-old female participant. The participants identified their key success stories in life as being able to overcome poverty and hardship, which provided them with important lessons as well as contributing to their attainment of successful ageing.

I was strong and capable before, that I never let to falter, because we were just poor back then, really poor, that is why I strived hard so that my children won't experience the same. (92-year-old Female)

A 69-year-old female participant living in a rural community mentioned that, in spite of poverty and hardship, people view themselves as successful because they have unity and are helping each other in their communities. The findings suggest that even older persons who have no income or are living in poverty can still be successful in old age, which they attribute to having a sense of dignity, interpreted as being able to help others who are more in need.

Those who live here, the tribe here is different, here even if we have none, we're still successful, if we go through hardships it's just fine. They're the same, what's different is the objective of the things that we do, the things we do here in the tribe, like the things we do here and the things they do there are different, the work and livelihood are different here compared to theirs below. (69-year-old Female)

A 67-year-old male participant mentioned that he would not like his children to experience the hardship he had been through. Older persons want to improve the economic condition of their children and to instil in their family the importance of hard work and determination; and they want their life experiences to serve as an inspiration for others:

It's that I grew up in poverty, I grew up in the province, I already got to realise that when I grow old I won't let my children experience what I felt, that is why I never obliged them to do anything, I don't even ask them to carry things around that is why even though they are old they still love me. (67-year-old Male)

The second sub-theme of life experiences is resilience, which is described as being able to strive and survive in spite of hardship and to succeed in life. The majority of older persons who identified overcoming hardship and poverty as part of their life experiences identified resiliency, which may contribute to their positive outlook and understanding of successful ageing.

The third sub-theme is learning from experience. It is the ability to learn from hardships. The lessons learned by participants were being shared with their children and grandchildren. Older Filipino persons were also influential in guiding and moulding the character, not only of their children, but also of their grandchildren.

For me, when I was still young, when I was little, I'm already mature, I'm the one who teaches them what to do, that they should take care of themselves, I teach them so that we should be harmonious in the family. (79-year-old Male)

## 8.6 Conclusion

Based on the findings of Study 2, successful ageing in the Philippines is not based on personal achievements or socio-economic status but on the personal choice of older persons to be happy, dignified, healthy, productive, and active. Happy and dignified ageing were the two concepts mentioned by most participants, followed by healthy ageing, productive ageing, and active ageing. Happy ageing is associated with relationships with the family, community, and fellow elders, while dignified ageing is associated with having a sense of purpose. Healthy ageing is associated with living longer, having a positive perspective on personal health, and being healthy. Productive ageing, on the other hand, is associated with being able to continue working and providing for the needs of family. Active ageing is related to attending meetings and social gatherings. One important finding of this study is the gender perspective which influences understanding of successful ageing.

In the Philippine sociocultural context, males are expected to continuously provide for the needs of their families, while females are expected to complete the household chores and

ensure family harmony, which is attributed to the gender-roles expectations among older Filipino persons. The perspective of the interview participants on successful ageing and its three dimensions was also influenced by sociocultural factors which explain how older Filipino persons construct their own realities and interpret their interaction with the community. An example is the Filipino concept of “kapwa tao” and “damayan” which is being with others and helping those who are in need among older persons in the community. In addition, Older Persons Organizations provide an important avenue in promoting social engagement that supports continuous interaction and encourages participation of older persons and adaptation to the new roles and responsibilities of older persons which contribute to successful ageing. Lastly, wellbeing among interview participants is influenced by family and community harmony as well as by access to medical and social welfare services for older Filipino persons.

By presenting the experiences of older Filipino persons, this study adds richness to the concept of successful ageing, which is mostly based on Western studies that present the perspective of medical professionals and social scientists (see Depp, Vahia, & Jeste, 2010; Kendig, 2004). These sociocultural influences broaden our understanding of the three dimensions of successful ageing in the Philippines. Firstly, social engagement is explained as social interaction and social support, which are important to enable older Filipinos to age successfully. Secondly, wellbeing is understood as having a positive outlook, good health, and good hygiene. Thirdly, physical functioning is understood as independence in performing daily activities as well as completing household chores.

The facilitating and hindering factors that were identified contribute to understanding the social realities and sociocultural influences in the attainment and non-attainment of successful ageing in poor communities in the Philippines. The five hindering factors, namely, social isolation, negative outlook, health problems, financial insecurity, and physical limitation, will serve as a guide in the development of social welfare and health programs for older Filipino persons. The hindering factors are associated with lower wellbeing as well as its influence on the level of physical functioning and social engagement of the participants. Meanwhile, the facilitating factors, namely, community and family harmony, healthy lifestyle, spirituality, participation and social position in OPOs, and assistance from government, may serve as a framework or may be adopted in the enhancement or development of social welfare programs.

This study provides the narratives on the journey of older Filipino persons towards successful ageing, based on the sociocultural condition of a developing country like the Philippines. Lastly, the life experiences of older Filipino persons influence how older persons understand the concept of successful ageing and how they cope with, or adjust to, the social realities experienced by older Filipino persons. In Chapter 9, I explore the key findings from Study 1 (quantitative data, generated from survey findings) and Study 2 (qualitative data, generated from face to face interviews) in order to present an in-depth analysis of the journey of older Filipino persons towards the attainment of successful ageing.

## **Chapter 9: Analysis of Quantitative and Qualitative Data**

### **9.1 Chapter Overview**

This chapter presents the key findings of Study 1, presented in Chapters 6 and 7, and Study 2, presented in Chapter 8, to explore the experiences of older Filipinos with successful ageing and the sociodemographic variables associated with successful ageing among older Filipinos living in poor rural and urban communities. Integrating the key findings from Study 1 and Study 2, this chapter provides a richer analysis of successful ageing and in addressing the purpose of this study as presented in Chapter 1, section 1.2. Additionally, this chapter provides an analysis of the themes of successful ageing in relation to the sociodemographic variables associated with successful ageing. Lastly, integrating the quantitative and qualitative findings provides an in-depth analysis of the journey of successful ageing among older persons living in poor communities in the Philippines.

### **9.2 Successful Ageing in the Philippines**

This study found that successful ageing is comprised of multidimensional concepts of ageing. Successful ageing in the Philippines is described by the participants within five themes, namely, being happy, dignified, healthy, productive, and active, as was discussed in Chapter 8, section 8.2. A single, universally accepted definition of successful ageing may not be possible, since each country has its own unique sociocultural background. Happiness in old age was mentioned by the majority of the interview participants, and this is attributed to family and community harmony and not based on socio-economic status. The majority of the interview participants who are living below US\$1.25 per day mentioned happiness, while most of the survey respondents who have attained the three dimensions of successful ageing have also mentioned being happy as an important theme of successful ageing. This study suggests that the concept of happiness among older Filipino persons is related to positive outlook, which is attributed to having a good relationship with their family and neighbors as well as being able to perform their activities of daily living. In spite of the small difference between the number of survey respondents who attained (52%) and did not attained (48%) the three dimensions of successful ageing, the majority of the interview participants mentioned being happy in old age as the most important theme of successful ageing. Therefore,

attainment and understanding of successful ageing may be based on the perspective of older persons and not prescribed by experts or professionals.

### **9.3 Factors Associated with Successful Ageing in the Philippines**

Understanding of the three dimensions of successful ageing and the factors that facilitate and hinder the attainment of successful ageing, as presented in Chapter 8, section 8.4, has provided a deeper understanding of the concept of successful ageing in a developing country like the Philippines. For example, physical functioning was found to be associated with subjective perspective on health and social participation among young-old to middle-old (65 to 74 years old) respondents, which means that positive outlook and extent of participation in an OPO may prolong independence in activities of daily living of older Filipino persons. Moreover, physical functioning was found to be associated with educational attainment and household classification among old-old to oldest-old (75 years old and above) respondents, which means that being a high school graduate and being a household head prolongs independence in activities of daily living. Meanwhile, physical functioning among interview participants is explained as being able to fulfil their daily activities, such as performing household chores and being able to participate in an OPO which also contributes to their positive outlook. Overall, being independent in activities of daily living contributes to a positive outlook, healthy lifestyle, productivity, and social engagement of older persons, which are important factors in successful ageing.

The second dimension that was explored is social engagement, which refers to the interaction of older persons with their family and community as well as the mutual support between younger and older generations. Social engagement was found to be associated with educational attainment, place of residence, modes of income, subjective perspective on health, social participation and living below or above US\$1.25 per day among young-old to middle-old respondents. Among old-old to oldest-old respondents, social engagement is associated with modes of income, living arrangements, home ownership, and living below or above US\$1.25 per day. Social engagement of older Filipino persons is influenced by their economic status, place of residence and living arrangements. Overall, the level of social interaction with their fellow older persons and the extent of social support they provide and receive form part of the social engagement of older Filipino persons.



The third dimension of successful ageing that was explored is wellbeing, which was defined in this study as having a positive outlook on life, influenced by having good health and a healthy lifestyle. Wellbeing was found to be associated with marital status, educational attainment, place of residence, home ownership, household classification, social participation and living below or above US\$1.25 per day among young-old to middle-old respondents. Among old-old to oldest-old respondents, wellbeing was associated with modes of income provision and living below or above US\$1.25 per day. Meanwhile, wellbeing for interview respondents was influenced by being able to remain healthy and having a positive outlook. Overall, wellbeing for older persons is influenced by different factors, such as physical health, positive outlook, and support of the family and community.

Social isolation was the hindering factor to the attainment of successful ageing most often referred to by the participants, followed by health problems and financial security. This study found that economic or social status is not the primary hindering factor in the attainment of successful ageing in the Philippines. The five facilitating factors in the attainment of successful ageing that were identified by the participants are: community and family harmony, healthy lifestyle, spirituality, participation and social position in OPOs, and assistance from the government. Among the facilitating factors, family and community harmony and spirituality were the most commonly cited factors. Family and community harmony is explained as having good relationships with family and neighbours. Spirituality is explained as an important support mechanism in having a positive outlook in life and being resilient in facing and overcoming challenges in old age as well as in living a healthy and longer life. Lastly, some participants mentioned the importance of assistance from the government, such as social pensions, and from the OPO, such as community activities, in the attainment of successful ageing.

#### **9.4 Gender Perspectives on Successful Ageing**

Gender was found to be not associated with successful ageing and its three dimensions, regardless of age group category. This finding supports the findings of Depp and Jeste (2006) that gender is not associated with successful ageing. Meanwhile, the majority of female participants placed importance on being happy, which is attributed to having a good relationship with their partner and extended family, as well as living in a supportive community that recognises their contribution to their family and community. Among the respondents, females are becoming more active in OPOs and religious groups which, for

them, contribute to successful ageing. Moreover, most of the female older persons identify the success of their children and grandchildren as an important factor that contributes to their perspective on successful ageing. However, most of the male participants placed importance on being productive by participating in community activities and providing for the needs of their families.

The majority of male older Filipino persons also occupy positions in OPOs, and they still want to fulfil the gender role expectations, such as being the primary provider for their family in spite of their old age; this reflects the patriarchal family system in the Philippines. According to Willcox et al. (2007), occupational and financial problems are frequently mentioned by male older persons, while difficulties with relationships and family problems are frequently mentioned by women older persons, in a study in a northern Okinawan village in Japan. Difficulties in relationship, such as having miscommunication with their children and in-laws, were also found in this study, and these hinder the attainment of successful ageing. While gender is not associated with successful ageing among respondents, male and female older Filipino persons have different perspective on successful ageing.

### **9.5 Marriage and Successful Ageing**

Marital status was found to be associated with successful ageing and wellbeing in this study. The majority of the respondents are married, while the majority of old-old to oldest-old respondents are widowed. Married respondents obtained significantly higher scores in wellbeing than other respondents. Being married, for older Filipino persons, provides the sense of protection and the assurance that their partner will take care of them and will provide for their daily needs. Married interview participants placed importance on being healthy and productive in order to fulfil their responsibilities as husband or wife, such as doing household chores, taking care of their grandchildren, and providing for the financial needs of their family. This study supports the existing findings that married older persons are more likely to age successfully (see Andrews et al., 2002; Jang et al., 2009).

Interview participants who are widowed and single or have never been married placed importance on being happy by joining an OPO. According to Carlos (2009), older Filipino persons who are single and widowed are vulnerable and are more disadvantaged, since they are mostly dependent on relatives and neighbours for support. Older Filipino persons who are single and widowed are more susceptible to social isolation and lower wellbeing, which hinder the attainment of successful ageing. Therefore, this study suggests that older persons

who are single and widowed may be provided with services to promote their wellbeing and encourage their social engagement.

### **9.6 Educational Attainment and Successful Ageing**

Educational attainment, for example, completing high school, was found to be associated with successful ageing as well as with wellbeing and social engagement. Respondents who had finished high school had significantly higher scores in wellbeing and social engagement, compared to those who only attended elementary school. Older persons who had attended high school and university had significantly higher scores in wellbeing and social engagement and were actively participating in community. According to Jorm et al. (1998), higher educational attainment significantly contributes to ageing successfully among older Australians living in the community. Among the respondents, educational attainment in older rural residents is lower than that of their urban counterparts, which suggests that the majority of older persons in rural areas are more vulnerable and may experience poverty during their lifetime.

The majority of interview participants were elementary graduates, and they placed importance on being active through participating in OPOs in order to access social support from their fellow older persons and government services. Respondents who were college undergraduates and degree holders had a higher economic and social status, which contributes to the attainment of successful ageing. Higher education is associated with successful ageing in the most cited literature on ageing (see Bowling & Iliffe, 2006; Depp & Jeste, 2006). In the Philippines, education is an important life achievement, and it defines the social status of an older person. This study suggests that lifelong learning and adult education may promote the attainment of successful ageing among poor older Filipino persons.

### **9.7 Rural Respondents are More Disadvantaged**

Among young-old to middle-old respondents, older persons living in urban areas were found to have higher wellbeing and social engagement than those who lived in rural areas. In rural communities, five out of 10 participants did not attain the three dimensions of successful ageing, and the majority of them placed importance on being active. Older persons from rural communities have limited access to social welfare and health services, given their far-flung location, and the limited public transportation aggravates their condition. Kendig (2004)

suggests that older persons living in rural communities need an enabling and supportive environment to enable them to participate and interact.

This study found that promoting the use of public spaces and having an active OPO in rural communities promotes social engagement and wellbeing. Meanwhile, older Filipino persons from the urban community placed importance on being productive by being an asset and a role model for their family and community. For them, being productive is being able to have an opportunity to work, given the high cost of living in urban areas. According to Andrews et al. (2002), older persons living in an urban community are more susceptible to pollution, and the lack of space affects their mobility.

There are limited public spaces in urban areas that older Filipino persons can utilise, and their activities were confined to the SCC, which has a limited space and is not suited for exercise and group activities. Moreover, the proximity of hospital and social welfare offices in urban communities and the availability of public transport are identified as facilitating factors in the attainment of successful ageing. Reichstadt et al. (2007) suggest that the main challenge is to contribute to research by identifying the characteristics of a community which promote successful ageing. Lastly, place of residence is important for older Filipino persons, since it is an important source of social engagement, and moving to another place may affect their wellbeing and physical functioning.

### **9.8 Financial Support and Successful Ageing**

This study found that regular provision of financial support to older persons contributes to financial security in old age, which is an important factor in successful ageing. According to Reichstadt et al. (2007), income security in old age provides better health care and greater ability to maintain previous activities or pursue new ones. Financial security in old age contributes to social engagement and pursuing new activities among older Filipino persons. This study supports the findings that having adequate income for older persons is an important factor in the attainment of successful ageing (see Holmes, 2006; Zacher, 2015).

Interview participants without income placed importance on being healthy, since they have the lowest scores in physical functioning. Likewise, they are concerned about getting sick, given the high cost of medicines and medical treatment and the lack of public health insurance in the Philippines. Moreover, older Filipino persons without income are fully dependent on their families, neighbors, and fellow elders for their daily needs. Respondents with no income and with seasonal income have significantly lower scores in wellbeing and

social engagement and are less likely to be successful in old age, regardless of age group category. Therefore, government's social protection and social welfare programs may prioritise older Filipino persons without pensions and financial support from family.

### **9.9 Living with Spouse/Family and Successful Ageing**

This study found that living with a spouse or with family members was associated with successful ageing and wellbeing. Respondents living alone may need to support themselves, and the community and OPO may be utilised to provide social support and protection. Interview participants living with relatives placed importance on being happy, which is attributed to their daily interaction with their family members. Among old-old to oldest-old respondents, living arrangements are associated with social engagement, which suggests the importance among older persons of living with their family.

According to Bowling and Iliffe (2006), older persons living in three-generation households or with grandchildren have better psychological wellbeing and more social support than those living in single-generation households. The extended family structure in the Philippines contributes to strengthening the social engagement of older persons with their family and strengthens generativity or mutual support between generations.

### **9.10 Positive Self-Rating on Health and Successful Ageing**

Positive self-rating on health was found to be associated with successful ageing and its three dimensions. Subjective perspective on personal health contributes to successful ageing among young-old to middle-old respondents. Old-old to oldest-old respondents have a higher positive self-rating on their health, even if they are more vulnerable to physical decline and diseases, and this may be attributed to their mental resiliency or to overcoming difficulties throughout their life course. This study supports the findings of Chan et al. (2007), which suggest that having a positive outlook contributes to the subjective perspective of an older person of being successful in old age. Among respondents, a positive self-rating on health was associated with higher wellbeing, physical functioning and social engagement.

This study also found that the majority of the respondents who had a positive self-rating on health were also active members of OPOs, which promote social engagement among older Filipino persons. According to Bongaarts and Zimmer (2002), the positive outlook of older persons influences the attainment of successful ageing as well as their positive self-rating on health. Regular visits to a medical doctor and health clinic, as well as having a

healthy lifestyle, contributed to the positive self-rating on health among interview participants. Likewise, interview participants with a positive self-rating on health were engaging in OPOs and volunteering in community activities. Therefore, older Filipino persons with a negative self-rating on health may need social work intervention to change their perspective through community-based programs that will promote social engagement and active participation of older persons.

### **9.11 Home Ownership Contributes to Wellbeing and Social Engagement**

Having a house of their own is an important life achievement among older Filipino persons. According to Montross et al. (2006), living independently in one's own house is a key factor for successful ageing. This study found that home ownership contributes to the social engagement of older Filipino persons with community organisations and also provides a sense of dignity, because their children can opt to live with them. The majority of the participants who were interviewed who were house owners placed importance on being happy, and they had significantly higher scores in wellbeing. Housing for older persons is viewed as more than mere shelter, possessing psychological and social significance (Bevan & Jeeawody, 1998). OPOs usually hold meetings in the houses of those members who own their houses. Therefore, home ownership among older Filipino persons contributes to wellbeing and social engagement.

### **9.12 Household Classification Contributes to Wellbeing and Physical Functioning**

This study found that the majority of the household heads were mostly male respondents, living in an urban community and having completed high school. In the Philippines, the household head manages the day-to-day household needs, such as budgeting and supervision of the household members. This study also found that managing households and having a sense of authority in the household contributes to the wellbeing and physical functioning of the participants. Older persons who are household heads supervise and care for the children of migrant Filipino workers. In the European Union, 22% of the household heads or the main breadwinners of the family were 65 years old and above (Avramov & Maskova, 2003). Therefore, this study suggests further study in analysing the characteristics and contribution of older Filipino persons who are household heads, because there is an increasing number of older person who consider themselves as a household head, and this

may affect the family structure and intergenerational relationship, which has not been considered in this study.

### **9.13 Living above US\$1.25 per Day and Successful Ageing**

This study found that seven out of 10 respondents were living below US\$1.25 per day. Income level was found to be associated with successful ageing among the survey respondents. For example, income level is associated with wellbeing and social engagement of respondents, regardless of age group category. However, income level was not associated with physical functioning, which means that independence in activities of daily living was attributed to a healthy lifestyle and positive outlook. Though the majority of respondents in this study were living below poverty, they were continuously attending and participating in OPO activities which may contribute to their happiness, and they still desired to contribute to their families and community.

In spite of the wide gap between respondents living above and below US\$1.25, economic status was not important in maintaining physical functioning. For interview participants, being happy and productive was important in ageing successfully, and they identified the support of their fellow older persons and participation in OPOs as assisting them in accessing services. Therefore, this study suggests that older persons living in poverty or below US\$1.25 a day may be prioritised in social protection programs such as social pensions and government cash transfer programs, and that community support for promoting social engagement may be developed through OPOs.

### **9.14 Social Pensions and Successful Ageing**

Social pensions for indigent older Filipino persons were not associated with successful ageing and its dimensions, regardless of age group category. Respondents who were not receiving social pensions were mostly young-old to middle-old, elementary graduates, and living in rural areas. Meanwhile, respondents who were receiving social pensions comprised 8.5% of the total respondents and were mostly female, old-old, widowed, and did not complete elementary school. The amount of social pensions is Php17 per day, which is below the Php55.91 that is needed to live above poverty level.

This study found that social pensions were not associated with wellbeing, physical functioning and social engagement among respondents. Likewise, recipients of social pensions had a lower subjective perspective on their personal health and a negative outlook in

life, since they had been considered as the most vulnerable among their age group category. Interview participants who were receiving social pensions revealed that the non-contributory pensions from the government supplemented their daily needs in buying food and medicines, and they were also sharing with their families and grandchildren. This study suggests that social pensions for indigent older persons may need to be increased to contribute to the attainment of successful ageing and its dimensions.

### **9.15 Officers and Committee Members Age Successfully**

Older Filipino persons needed to join various groups and to accept responsibilities as officers or committee members to have significant advantage in the attainment of successful ageing and its three dimensions. Respondents who were committee members of community organisations were more socially engaged and were actively volunteering in community activities. This study supports the finding that internal and external continuity of social roles contributes to successful ageing, as explained by continuity theory (Atchley, 1989). Meanwhile, respondents who were not active in community organisations had significantly lower scores in wellbeing, physical functioning, and social engagement than other respondents. According to McCann Mortimer et al. (2008), the level of participation of older persons in community organisations significantly contributes to the attainment of successful ageing.

Older Persons Organizations (OPO) are now becoming major sectoral organisations in the Philippines as well as in other countries, some of the examples being the American Association of Retired Person in the United States, Council on the Ageing and National Seniors in Australia, and the Federation of Older Persons Affairs in the Philippines. Meanwhile, respondents who disengaged with community organisations were most likely not to attain successful ageing, which contradicts the disengagement theory of Cumming and Henry (1961). Therefore, the establishment of an OPO in every community may provide opportunities and support for older persons to be successful in old age.

### **9.16 Membership of Two or More Community Organisations Contributes to Social Engagement**

Respondents who are members of three or more groups had significantly higher scores in social engagement than other respondents, because most of them were officers or had responsibilities in their organisations. According to Hoffman (2003), engagement in social



groups contributes to the attainment of successful ageing. Similarly, the majority of the interview participants who were members of OPOs and religious organisations placed importance on being healthy and cited their religious beliefs as contributing to their health. Group membership is considered to be networking affiliations and spiritual connections with others (International Federation of Social Workers, 2014a). This study suggests that group membership may contribute to providing social support among older persons and in creating avenues for social interaction in the community, which is important in providing equal opportunities for poor older Filipino persons to be successful in old age.

### **9.17 Conclusion**

Successful ageing in the Philippines is a multidimensional concept, influenced by life course experiences and sociocultural realities in the Philippines. For example, “*bayanihan*” among older persons means providing assistance and support to fellow older persons without remuneration. Happiness provides a different perspective on the way older Filipino persons view success in old age, which is influenced by family and community harmony. Successful ageing among poor older Filipino persons is not about personal success but is a shared journey among older persons and with their families and communities. Likewise, successful ageing is related to the dignity and worth of older persons.

Dignity and worth of a person is an important principle in the social work profession (International Federation of Social Workers, 2012). There is a growing sociocultural movement for older persons to organise themselves to advocate for their needs as well as participating in community and social development. The OPOs provide an important avenue for poor older Filipino persons to promote wellbeing, prolong physical functioning and foster social support and social engagement in the community. Creating a supportive family and community is important in providing equal opportunities for poor older Filipino persons to age successfully.

Social isolation and having a negative outlook are the main hindrance in attaining successful ageing, not socio-economic status, based on the qualitative findings of this study. Supporting family carers of older persons in preserving family and community harmony is important in the attainment of successful ageing. The majority of the rural interview participants were happier and more active in participating in community activities, which may be attributed to the living arrangements in the Philippines.

Living in an extended family promotes generativity or sharing of each other's resources to meet the daily needs of the members of the family. Members of an extended family provide daily interaction for older persons, which may prevent social isolation. Lastly, a positive outlook on personal health may be achieved through promoting access to medical and welfare services and participation in OPOs, which contribute to successful ageing and its three dimensions.

In Chapter 10, I will analyse the contribution of this study to social work knowledge and practice with older persons, as well as in the enhancement of social welfare policy and programs in the Philippines, and suggest areas for further research.

## **Chapter 10: Implications for Social Work and Social Welfare Policies and Programs**

### **10.1 Chapter Overview**

Exploring successful ageing among older persons living in poor rural and urban communities will have implications for social work and for social welfare policies and programs. The findings of Study 1, presented in Chapter 8, provide a basis for a multidimensional assessment of the condition of older Filipinos and may contribute to the enhancement of social welfare policies and the identification of beneficiaries of social welfare programs. The findings of Study 2, presented in Chapters 8 and 9, may contribute to the understanding of the sociocultural influences affecting the attainment of successful ageing in the Philippines and may contribute to developments in social work with older persons.

This chapter discusses the implications of this study for social work knowledge and practice as well as for the enhancement of social welfare policies and programs for older persons in the Philippines. The first section presents the implications of the three dimensions of successful ageing for social work. The second section discusses the contribution of this study to social work knowledge and practice, specifically in the development of gerontological social work in the Philippines. The third section will highlight the contribution of this study to social welfare policy and programs for older persons in the Philippines. The fourth section analyses the implications of this study for current social realities in the area of community, family and older persons in the Philippines. Lastly, this chapter identifies the topics that may need further research.

### **10.2 Social Work and Dimensions of Successful Ageing**

Social work knowledge about older persons in the Philippines is still in the developing stage, while social work practice remains generalist in approach (see Chapter 4, section 4.7, Social Work Knowledge and Practice in the Philippines). According to Berkman (2011), social workers need to interact with other disciplines in developing social welfare policy and interdisciplinary geriatric assessment to address the complex needs of older persons. In addressing the complex needs of older Filipino persons (see Chapter 4, section 4.4, Challenges Faced by Filipino Older Persons), a social worker may need to work with other disciplines, together with older persons and their families and communities, in promoting successful ageing in poor communities. According to Kolb (2004), social workers need to

understand the diversity of the experiences of every older person by knowing theoretical perspectives on ageing. One of the missions of social work is to promote the enhancement of wellbeing and engagement of older persons with social structures in addressing life course challenges (International Federation of Social Workers, 2014a). At the 2014 World Social Work and Social Development conference in Melbourne, Australia, the members of the International Federation of Social Workers (2014c) agreed on the definition of social work, which is “a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people.” This study supports the definition of social work because it explores the factors which facilitate and hinder the attainment of successful ageing among older Filipino persons. Lastly, understanding the dimensions of successful ageing, namely, wellbeing, physical functioning, and social engagement, contributes to social work knowledge and practice.

### **Social Work: Enhancement of Wellbeing**

Enhancement of the wellbeing of every individual is one of the purposes of the social work profession (Bender, 2004; Helliwell & Putnam, 2004; Pinguart & Sorensen, 2000). This study found that 47% ( $n = 94$ ) of the 200 survey respondents did not attain the required scores for the World Health Organisation (WHO) Subjective Wellbeing scale. The sociodemographic variables that were associated with wellbeing among survey respondents were the following: marital status, educational attainment, place of residence, mode of income, living arrangements, home ownership, household classification, subjective perspective on health, social participation and income level. The interview participants described their wellbeing as being able to take care of self, having a positive outlook, and experiencing good health. Moreover, this study found that wellbeing is related to good health and positive outlook, which contribute to happy ageing, which is an important theme of successful ageing. In the longitudinal study of 3,032 Americans by Schafer and Ferraro (2012), proactive protection through alleviating the adverse effects of childhood misfortune (e.g., abuse, financial strain) influences the wellbeing of older persons and has long-term benefits for successful ageing. This study found that wellbeing and the attainment of successful ageing were influenced by the life experiences of the interview participants.

Social construction theory informs us about the ways interview participants' lived experience is influenced by their interaction with their family and community, which also contributes to their wellbeing. Social construction theory explains that reality is based on the ways in which the individual constructs his or her own understanding of the ageing process,

and this is influenced by the social environment (Herzog & Markus, 1999; Stenner et al., 2011). For example, this study found that respondents with a positive subjective perspective on their health were significantly associated with wellbeing and successful ageing. Moreover, social participation and group membership contributed to the wellbeing of respondents, which may be attributed to their positive experiences in joining community organisations and volunteering for activities. Social realities contributed to the ways older Filipino persons constructed their understanding of successful ageing, which was influenced by their interaction with their family and community.

This study found that the life experiences of participants, namely, resiliency, learning from experience, and overcoming poverty and hardship, were identified by the interview participants as facilitating factors in the attainment of successful ageing. According to Jeste et al. (2013), overcoming challenges throughout the life course may contribute to increased resiliency in older persons, which contributes to the attainment of successful ageing. This study supports the findings by Bowling and Dieppe (2005) that wellbeing includes happiness, which is an important aspect of successful ageing. For example, this study found that happiness was the most important theme of successful ageing among interview participants. Respondents with higher wellbeing identified happy ageing as the main theme of successful ageing. This study suggests that wellbeing equates to happiness, which is an important theme of successful ageing.

Likewise, this study found that survey respondents who were living with their family and engaging in social activities had higher levels of wellbeing than those who were not actively engaging in community volunteering activities. Older persons who engage in volunteering activities have higher levels of wellbeing (Crowther et al., 2002; Kendig, 2004). In the longitudinal study in Singapore on the effect of volunteering, social interaction and engagement of older persons, volunteering activities were found to contribute significantly to their wellbeing (Schwingel, Niti, Tang, & Ng, 2009). The International Federation of Social Workers (2014b) recommends volunteering as influencing the sense of purpose in life and contributing to the psychological wellbeing of older persons. This study suggests that social work may need to encourage older persons' participation in community volunteering and productive activities. Therefore, Filipino social workers may need to take the lead in advocating a positive outlook, proper hygiene, productive activities and healthy ageing, all of which contribute to the wellbeing of older Filipino persons.

**Social Work: Prolonging Physical Functioning**

Social workers may need to work with other professionals and with the community in prolonging the physical functioning of individuals, especially older persons, by protecting them from preventable diseases and disabilities (International Federation of Social Workers, 2009). This study found that 99% of the respondents attained the required scores in the Katz IADL scale. Study 1 found that physical functioning is associated with subjective perspective on health and social participation of the survey respondents. In addition, physical functioning is associated with educational attainment and household classification among oldest-old respondents (75 years old and above).

In Study 2, the participants described physical functioning as being able to perform household chores, caring for their grandchildren, planting and selling, doing voluntary work, and performing physical exercise. This study found that physical functioning contributes to being active, which is an important theme of successful ageing. Activity theory informs us that maintenance of physical functioning is important in the attainment of successful ageing (Stenner et al., 2011). In this study, physical functioning, or independence in activities of daily living among interview participants, was an important component of being active, as was participating in community activities, which influenced people's perspective on successful ageing. Physical functioning of the participants in this study contributed to being productive or having the capacity to continue working or volunteering, which is an important theme of successful ageing. Older persons may choose to remain active or to disengage from the community. Choosing to remain active requires older persons to be independent in their activities of daily living, in order to actively engage in the community. Importantly, support of family and community is important in prolonging physical functioning as well as in the attainment of successful ageing in the Philippines.

In the Philippines, 1.4 million persons are suffering from disability, and the majority are suffering from physical disability attributed to non-communicable and communicable diseases (National Statistics Office, 2012a). According to Collings (2001), home-based programs contribute to reducing the progression of functional decline among older persons in the community. Social workers may integrate the promotion of healthy lifestyles into their interventions in order to improve active life expectancy and to address the increasing number of older persons suffering from functional decline (Australian Association of Social Workers, 2014; International Federation of Social Workers, 2014a). Social work may need to develop appropriate interventions through collaboration with other professionals, government, and

community to promote the prolonging of physical functioning as well as to provide support for family carers. For example, a homecare program is appropriate in Asian countries, and it contributes to prolonging physical functioning as well as in supporting family carers (HelpAge Korea, 2011). Homecare has been adopted and implemented to assist family carers to care for their disabled older persons and to prevent functional decline in selected communities in the Philippines (Department of Social Welfare and Development, 2013; HelpAge Korea, 2011). Moreover, this study found that healthy lifestyle, including doing regular physical exercises and eating healthily, was identified as a facilitating factor in the attainment of successful ageing and in prolonging physical functioning for older persons. Promoting a healthy lifestyle throughout the life course contributes to physical functioning and the attainment of successful ageing (Li et al., 2006; Onedera & Stickle, 2008). Therefore, Filipino social work may contribute to prolonging the physical functioning of older persons by working with other disciplines and integrating healthy lifestyles into its interventions.

### **Social Work: Promoting Social Engagement**

This study suggests that strengthening the OPOs, such as the Federation of Senior Citizens Associations of the Philippines (FSCAP), in every community may contribute to social engagement among older persons in the community and to their attainment of successful ageing. This study found that 97% of the respondents attained the required scores with the Duke DSSI scale, while 3% did not. Study 1 found that social engagement is associated with educational attainment, place of residence, mode of income, subjective perspective on health, group membership, social participation, and income level of survey respondents. Meanwhile, Study 2 found that social engagement is recognised in two themes, namely, social interaction and social support. According to Reichstadt et al. (2007), social engagement contributes to addressing challenges at both the personal and social level. This study also found that OPOs serve as an avenue for older Filipino persons living in the community to engage with, and seek support from, fellow older persons. Likewise, OPOs provide assistance for their members to access social welfare services and health services by linking them with various government and non-governmental organisations. Therefore, social work may capitalise on existing strong family support and community organisations in promoting the social engagement of poor older Filipino persons and their attainment of successful ageing.

Social engagement is the mutual support between older and younger generations among participants. In the Philippines, social engagement is a two-way process, since older

persons are still providing support to their children and grandchildren, while other older persons are receiving support from their families. This study found that helping their family and fellow older persons was identified as an important factor in the attainment of successful ageing. Being dignified is an important theme in understanding of successful ageing. Generativity theory explains the importance for older persons of being able to provide assistance to younger generations through the provision of care and support, transfer of culture and knowledge, and financial assistance (Villar, 2012; Yoon, 1996). This study confirmed the importance of the success of their grandchildren and that having a good life for the children and their family contributes to their understanding about successful ageing. Lastly, social engagement with their family and fellow older Filipino persons is an important dimension of successful ageing in this study, and that is understood as harmonious relationships within the family and age-friendly communities.

Promoting age-friendly communities contributes to the social engagement of older persons (Keating, Eales, & Phillips, 2013). The World Health Organization advocated for “Age-Friendly cities” which promote social engagement of different generations and active participation of older persons. Social work has an important role to play in promoting ageing in place through creating avenues for social engagement, such as volunteering opportunities for older persons (Scharlach, Graham, & Lehning, 2012). According to Barusch (2013), social workers can bring a long tradition of community organising and community development to promoting age-friendly communities. Filipino social workers may adapt the concept of age-friendly communities in promoting the social engagement of older persons and successful ageing. This study also found that respondents who were living above US\$1.25 per day were associated with social engagement and the attainment of successful ageing. The level of income is associated with social engagement, since older Filipino persons need to pay for their own transportation expenses.

Filipino social workers may integrate volunteering opportunities into their practice in order to promote the social engagement of older persons apart from sociocultural activities that will render a higher contribution to the community. For example, older Filipino persons may volunteer as community educators, tourist guides, health workers, and volunteer community peace keepers. By promoting social engagement, social work may address the social isolation of older Filipino persons, which was mentioned by the largest number of participants as the number one hindering factor in the attainment of successful ageing. According to Lubben, Gironde, Sabbath, Kong, and Johnson (2015), social work possesses



the unique expertise in reducing the risk of social isolation and strengthening social ties. Therefore, this study suggests that social work may promote social engagement in poor communities in order to provide equal opportunities for older persons living in poor communities to age successfully.

### **10.3 Successful Ageing: Implications for Social Work Knowledge and Practice**

Successful ageing is a multidimensional construct which is influenced by sociocultural factors in the Philippines. The different theories presented in Chapter 3 have implications for social work knowledge and practice with older Filipinos. Social work is both interdisciplinary and transdisciplinary and draws on a wide array of scientific theories and research (International Federation of Social Workers, 2016b). Therefore, social work as a science needs to build on knowledge and practice grounded in evidence-based research.

This section discusses the implications of this study for social work knowledge and practice, taking into consideration the Philippine sociocultural context. Addressing complex problems experienced by older persons may require social workers to work in multi-disciplinary teams (Ranney, Goodman, Tan, & Glezakos, 2006; Rowan, Faul, Birkenmaier, & Damron-Rodriguez, 2011). Social work knowledge and practice in the Philippines need to be responsive in addressing the hindering factors as well as in expounding the facilitating factors towards the attainment of successful ageing (see Chapter 8, section 8.4 for the facilitating and hindering factors). For example, this study found that spirituality is identified as a facilitating factor in the attainment of successful ageing and may be included in the development of geriatric social work in the Philippines. Social work practitioners view spirituality as an integral part of social work education and practice, as it is considered part of the fundamental aspect of being human and having a sense of purpose (Barker & Floersch, 2010; Benson, Furman, Canda, Moss, & Danbolt, 2015; Furman, Benson, Grimwood, & Canda, 2004).

This study found that respondents from rural communities were more disadvantaged in the attainment of wellbeing and social engagement, and a majority are living below US\$1.25 per day or without income. Rural social work needs development, given the different dynamics of rural life as well as the limited research on rural social work (Agbim & Ozanne, 2007; International Federation of Social Workers, 2009). The International Federation of Social Workers (2009) suggests the need for enhancing social work rural practice through research on older persons. According to Evans (2009), social workers who work with ageing people need to be aware of rural–urban differences and focus on clients’

social support systems. Integrating rural social work practice in the Philippines may contribute to promoting the attainment of successful ageing in the poor rural communities in the Philippines.

Another key contribution of this study is the provision of initial input to the development of gerontological social work in the Philippines. Gerontological social work contributes by promoting meaningful roles and relationships towards the enhancement of the physical and psychological wellbeing of older persons (Ray et al., 2015; Richards et al., 2014). For example, building the capacity of Filipino social workers in case management with older persons may contribute to addressing decreasing wellbeing among respondents in this study. Social workers need to assert their leadership position in case management, especially in the field of gerontological social work (Scharlach, Damron-Rodriguez, Robinson, & Feldman, 2000). Case management with older persons needs further development in the Philippines, since the current practice in most hospitals, for example, is limited to assessing economic classification and providing a discount for the older person's hospital bills. The current social work assessment in the Philippines is limited to classifying the indigent among older persons, and there is still no existing comprehensive screening tool to objectively assess the condition of older persons living in the community. Social work practitioners may adopt the scales, namely, Katz Independence in Activity of Daily Living scale, Duke Social Support and Interaction scale, and WHO Subjective Wellbeing scale, that were found to have strong validity and reliability in this study (see Chapter 5, section 5.5, Research Measures, for the Cronbach alpha of each of the scales). By utilising the successful scales that were used in this study, Filipino social workers may be guided in developing interventions grounded in evidence-based analysis. According to Berkman (2011), the growth of an older population contributes to the demand for better trained geriatric social workers, which will require enhancement of the existing social work curriculum at both the Bachelors and Masters levels. Therefore, educational institutions and social work educators may need to take the lead in developing geriatric social work in the Philippines.

Social work knowledge and practice with older Filipino persons may need to consider the emerging multi-disciplinary team approach to promote the multidimensional concept of successful ageing found in this study. Working with multi-disciplinary teams is an emerging model of social work intervention in the Philippines. According to Greenfield, Morton, Birkenmaier, and Rowan (2013), social work professionals must seize the opportunity to work together on developing and improving biopsychosocial health care for older persons. Joining

multi-disciplinary organisations such as the Philippine Society of Gerontology and Geriatrics (2016), composed of doctors and allied health professionals, may provide an avenue for collaborative action by different disciplines in advocating for successful ageing. Likewise, the National Association of Social Workers Incorporated (NASWI), as the national organisation of social work educators in the Philippines, may advocate to its members the importance of research on older persons and the development of a geriatric social work curriculum. Lastly, the Philippine Association of Social Workers Incorporated (PASWI), as the national organisation of social workers in the Philippines, may take the lead in developing geriatric social work practice. Therefore, integrating gerontological social work into current social work knowledge and practice still remains an important challenge for social work in the Philippines.

#### **10.4 Successful Ageing: Contribution to Social Welfare Policy and Programs**

The International Federation of Social Workers (2016a) policy statements suggest that social workers are in a unique position to develop, implement, and advocate for policies, programs, and research on older persons which promote the wellbeing of all older persons, regardless of socio-economic status. Social welfare policy and program makers may consider adopting the facilitating factors of successful ageing identified in this study, such as promoting healthy lifestyles and community harmony, strengthening social support, encouraging spiritual activities, and advocating for life course preparation, in their programs for older Filipino persons. Social welfare policies and programs are important in addressing life challenges which may inadvertently affect the attainment of successful ageing (Komp & Johansson, 2015). Likewise, social welfare program makers may prioritise addressing the hindering factors such as social isolation, negative outlook, health problems, financial insecurity and physical disabilities. Social welfare policy and programs might also focus on expounding the facilitating factors in the attainment of successful ageing. For example, the Singaporean Government invested US\$3 billion dollars in promoting opportunities for every older Singaporean to age successfully, through implementing responsive social welfare policy and programs (Singapore Government, 2014).

Social workers have a critical role in advocating for research-based social welfare policy and programs to address the challenges of older persons in their own country (International Federation of Social Workers, 2009; United Nations, 2011). The International Federation of Social Workers (2009) principles on older persons state that social workers

should be in the forefront of ensuring that ageing-related policies and programs are in place and in promoting research that reflects and is responsive to the wide diversity of older persons.

### **Creating Equal Opportunities for Poor Older Filipino Persons to Age Successfully**

A society of all ages envisions providing older persons with the opportunity to continue to contribute to society and remove whatever excludes or discriminates against them ( Bowling & Dieppe, 2005; Ozanne, 1998; United Nations Economic Commission for Europe, 2012). According to the International Federation of Ageing (2010), poverty in old age is characterised by homelessness, malnutrition, unattended chronic diseases, lack of access to safe drinking water and sanitation, unaffordable medicines and treatments, and income insecurity. Poverty in old age and hunger incidence among older persons are the most pressing challenges in the Philippines (see Chapter 4, section 4.4, Challenges Faced by Filipino Older Persons). These challenges experienced by older Filipino persons are also the challenges experienced by the majority of older persons living in underdeveloped and developing countries. According to Hogg et al. (2001), the study of successful ageing contributes to the development or enhancement of the social welfare policy and programs of each country to provide social protection and opportunities for participation for poor older persons. For example, this study found that group membership and social participation of the respondents contributed to their social engagement. Moreover, this study found that having lower levels of education was associated with lower wellbeing and with non-attainment of successful ageing. Therefore, responsive social welfare policy and programs are important in creating equal opportunities for rich and poor older Filipino persons to age successfully.

### **Life Course Intervention in Promoting Successful Ageing**

Older Filipino persons may need to recognise the importance of life course preparation towards the attainment of successful ageing. For example, Study 1 found that subjective perspective on health, income level, educational attainment, and income provision were associated with successful ageing. Promoting life course intervention through encouraging participation of an individual in formal employment, ensuring access to education, and promoting healthy lifestyles from childhood to adulthood may have long-term benefits for successful ageing. In Study 2, having a healthy lifestyle was one of the key themes that facilitated attainment of successful ageing. Respondents attributed their healthy lifestyle to doing regular exercise, eating healthily, and maintaining personal hygiene, which they have continued from their younger years up to old age. The low life expectancy and rising cases of

disability among older Filipino persons are some of the main challenges that may be addressed through promoting a healthy lifestyle throughout the life course. Social welfare and health programs for older persons may integrate life course intervention into improving active healthy life expectancy.

Research on successful ageing supports the IFSW research agenda that upholds the WHO life course perspective on older persons. Adopting a life course perspective promotes the wellbeing, physical functioning, and social engagement of older persons (Glatt et al., 2007; Jorm et al., 1998; Peel et al., 2004). Moreover, a life course perspective advocates the importance of healthy lifestyles in addressing the challenges of older persons (Fredriksen-Goldsen, Kim, Shiu, Goldsen, & Emler, 2014). Communicable and non-communicable diseases still remain the main challenge experienced by older Filipino persons throughout their life course, apart from poverty. According to Chan et al. (2007), early life experiences influence the attainment of successful ageing, because most of the illnesses attributed to age originate in earlier years or result from lifestyle. Therefore, social welfare policy and programs may need to espouse life course interventions in promoting successful ageing among older Filipino persons.

### **Successful Ageing: Contribution to Gender Sensitive Social Welfare Intervention**

The role of Filipino social work educators is important in taking the lead in the development of gerontological social work. Netting (2011) suggests that social work educators need to explore feminist gerontology and ways it can be incorporated into a social work curriculum. This study found that the majority of the female survey respondents were living below US\$1.25 per day, which suggests that female older persons are more vulnerable. This was especially true for those who were living in rural areas. Moreover, this study found that female interview participants identified the importance of completing household chores, caring for their grandchildren, and having good relationships as important aspect of successful ageing. The fulfilment of gendered roles among female participants influenced their understanding of successful ageing. Integrating feminist gerontology into the development of gerontological social work in the Philippines may contribute to understanding the different perspectives of female and male older persons on their journey towards successful ageing. Therefore, feminist gerontology may contribute to the advancement of social work knowledge and practice with female older Filipino persons.

Feminist theory informs us that female older persons place importance on fulfilling expected gender roles. For example, this study contributes in understanding the different

perspectives of male and female older interview participants on successful ageing. Feminist theory in social work analyses the different perspectives between males and females and places emphasis on promoting the self-determination of women (Gringeri et al., 2010). According to Netting (2011), feminist gerontology may contribute to adding richness to the concept of ageing. For example, this study contributes by analysing the factors that facilitate or hinder attainment of successful ageing among female older persons (see Chapter 9, section 9.4 for the gender perspective of male and female older persons on successful ageing). According to Chan et al. (2007), the sociocultural differences attributed to gender and ethnicity significantly affect social welfare policy and programs. Andrews et al. (2002) suggest the importance of social policy in increasing public awareness to address values that perpetuate gender inequities. Feminist gerontology could inform the development of social work knowledge and practice with older persons, and the enhancement of comprehensive social welfare for older persons in the Philippines.

### **Comprehensive Social Welfare for Poor Older Filipino Persons**

Social work can make a distinctive contribution in addressing the multidimensional needs of older persons, especially those who are most vulnerable (Ray et al., 2015). This study found that health problems, financial insecurity, and physical limitations hinder the attainment of successful ageing, and they are attributed to the disadvantages experienced by older persons living in poor communities. Financial insecurity and health problems are attributed to the lack of universal social pensions and limited access to social welfare and health services in poor communities in the Philippines. One of the features of the social welfare policies and programs in the Philippines is the implementation of social pensions for selected indigent older persons, which is intended to address the rising incidence of poverty and hunger.

Social workers may advocate for the improvement of social welfare policy and programs for poor older Filipino persons. For example, social workers may advocate to DSWD to increase the amount of social pension to US\$1.25 per day. Likewise, DSWD may enhance its social welfare programs to strengthen family and community to provide social protection to poor older Filipino persons. This study found that social pensions provided by DSWD do not significantly contribute to the attainment of successful ageing in the Philippines, since the pension only provides US\$12 per month. In the Philippines, the coverage of government and private pension systems or contributory pensions among older persons is very low, because of the large informal sector and the high poverty incidence

(Mesa-Lago, Viajar, & Castillo, 2011). HelpAge International (2012) estimates that 21% of older persons in developing countries are living below US\$1.25 per day, or living in poverty. Older persons living in poverty have limited access to health care, electricity, safe water and pensions (Help Age International, 2011; United Nations, 2012). This study found that respondents who were living below US\$1.25 per day were from rural communities and dependent on their families or neighbours for their daily subsistence. Poor older Filipino persons are living on the edge, in poor housing conditions, and in disaster-prone communities, and the majority have minimal participation in decision making (Castro, 2009; HelpAge International, 2012).

According to Help Age International (2011), a universal social pension or means-tested old age pension can be adopted to address poverty in developing countries. This study on successful ageing may be utilised in the development of a means test to identify the beneficiaries of social welfare program for poor older Filipino persons. Moreover, this study supports the International Federation of Social Workers (2009) recommendations that social welfare policy and programs need to shift focus onto eradication of poverty, especially among older persons. Therefore, research on successful ageing may guide the development of comprehensive social welfare and health programs in the Philippines that may serve as a reference point for other developing countries.

### **10.5 Successful Ageing: Implications for Older Persons, Family, and Community**

Social work is mandated to help older persons to successfully interact with, and adjust to, their social environment and personal circumstances through the support of their family and community (International Federation of Social Workers, 2016b). This section analyses the implications of this study for the social environment of older persons, their family and community, as well as for their fellow older persons.

#### **Successful Ageing: Implications for the Filipino Community**

In the Philippines, community support is important in promoting the participation of older persons in community organisations. This study found that community-based programs were important in enabling and supporting the community to support poor older Filipino persons to age successfully. For example, the establishment of OSCA and the SCC in every municipality and city in the Philippines provides avenues for social engagement, which contribute to the wellbeing and physical functioning and so to the attainment of successful ageing. Another noteworthy program that may be adopted in the Philippines is the

implementation of age-friendly communities. According to Keating et al. (2013), being age friendly promotes diversity in communities and among older persons. Therefore, community support is important in addressing poverty and hunger, since the community is the primary source of support and welfare of the family and older persons.

### **Successful Ageing: Implications for Filipino Families**

Supporting the families of older persons is important for the attainment of successful ageing. This study found that older persons living with family members was associated with successful ageing. Older persons living in an extended family is common in the Philippines. The Philippine Constitution mandated the family as the primary unit of society that will protect and care for its member. The Filipino family remains the primary carer of frail and disabled older persons and provider of financial support for older persons, because there is no universal health coverage and old age pension in the Philippines. The contribution of the Filipino family to older persons is attributed to the theory of generativity, which is also called “utang na loob” or repayment of the depth of gratitude to older persons by the members of their family. Generativity theory explains that caring for older persons encompasses a sense of obligation for the Filipino family. Generativity is a two-way process in the Philippines, since older Filipino persons are still providing support and assistance to their children or relatives, as well as to their fellow older persons and neighbours, and are not only recipients of support from their families. For example, this study found that being dignified by helping others was an important dimension of successful ageing. Lastly, the Filipino family remains the primary provider of protection, care and security for older persons.

### **Successful Ageing: Implications for Older Filipino Persons**

Older Filipino persons may need to take the lead in advocating for opportunities to assist them in the attainment of successful ageing. This study found that the attainment of successful ageing was not based solely on socio-economic status, but also on having a positive attitude towards ageing and the support of family and community. Spirituality among older Filipino persons contributes to their perspective on successful ageing. The Council on Social Work Education (2015) identifies the importance of promoting social workers' understanding of the diverse expressions of religion and spirituality among clients and their communities, in order to develop a holistic view of the person in the environment. This study suggests that spirituality and religious activities of older Filipino persons are a distinct sociocultural influence that contributes to the understanding and attainment of successful ageing.



Older Filipino persons may need to realise the importance of preparing for their retirement in order to address financial insecurity and physical decline. Older Filipino persons may need to take the lead in the implementation of community-based program like the homecare program for disabled older persons. Homecare programs were developed to promote people-centred and socially responsible caring for older persons and have been found to be effective in Asian countries (HelpAge Korea, 2011). Homecare programs provide support to the families caring for their disabled and sick older persons by organising the homecare community and providing them with training in caregiving. Lastly, social workers need to advocate for older persons to be at the centre in the development of social welfare programs (International Federation of Social Workers, 2009).

### **10.6 Future Research**

The International Federation of Social Workers (2016b) suggests the importance of a holistic approach to social work, although priorities may vary from one country to the next and from time to time, depending on sociocultural, political and economic conditions. Continuing evidenced-based social work research is important in addressing the gaps identified by this study and to provide holistic social work interventions responsive to the unique situation of a community.

Social workers have the unique capacity to generate research that can bridge disciplinary silos and provide a holistic approach in addressing the problem (Lubben et al., 2015). For a social worker, the main challenge in research on older persons in the Philippines is the recognition of the importance of collaborative, interdisciplinary research to address the challenges and to promote the opportunities for poor older Filipinos to age successfully. In recognising the importance of multi-disciplinary and longitudinal research on successful ageing, this study recommends pursuing the following research topics.

#### **Oldest-old or Centenarian research**

Given the increasing number of oldest-old and centenarians in the Philippines (see Chapter 4, section 4.3, for the statistics on the ageing population in the Philippines), it is important to explore the conditions of oldest-old Filipinos. According to Jeste et al (2013), resiliency of the oldest-old (80 years old and above) is the key facilitating factor, while depression is the main hindering factor, in the attainment of successful ageing. Exploring the conditions of the oldest-old Filipinos may contribute to developing specialised social welfare interventions, to promote the attainment of successful ageing among this group in spite of

their declining health and physical functioning. Lastly, further study may be needed for older persons who have disengaged from their community because of physical and mental health conditions, since they have not been included in this study.

### **Promoting Active Healthy Life Expectancy and Addressing Elder Abuse**

Research on the ways to promote active healthy life expectancy is important given the lower life expectancy in the Philippines, which has not been improving for years now (see Chapter 4, section 4.3, for the discussion on life expectancy). Life expectancy in the Philippines is lower than in other Association of Southeast Asian Nations (ASEAN) countries like Vietnam, Indonesia, Thailand, Malaysia, and Singapore. According to the World Health Organization (2014), healthy life expectancy is an estimate of the equivalent years that a person can expect to live in full health, based on the current mortality rate in his or her country. The growing prominence of promoting disability-free and healthy life expectancy of older persons has heightened interest in the study of successful ageing (see Andrews et al., 2002; Bowling & Iliffe, 2006; Martinson & Berridge, 2015). Since one of the key dimensions of successful ageing is physical functioning, this study suggests the importance of research in exploring the factors that contribute to or hinder active healthy life expectancy among older Filipino persons, taking into consideration the findings of this study.

Since frail and dependent older persons are most at risk of abuse, Pillemer et al. (2016) suggest the urgent need for evidenced-based research on the prevention of elder abuse. It is also important to prioritise research on elder abuse, to assess who are at risk and who are victims of abuse. Therefore, the Philippine government and nongovernmental organisations, as well as the community, need to institutionalise social welfare policy and interventions to address and prevent abuse of older Filipinos.

### **Longitudinal Study on Older Filipino Persons**

This study provides baseline data for a longitudinal study on older persons in the Philippines. A longitudinal study on older persons would explore the contribution of health and social welfare programs and analyse the multidimensional aspects of ageing in different timelines (see Andrews et al., 2002; Bowling & Iliffe, 2006; Breeze, 2007; Lee et al., 2005). According to Jeste et al. (2013), longitudinal study contributes by analysing the life course challenges of older persons as well as in identifying pathways to successful ageing. Studies on successful ageing serve as the basis for baseline indicators in most of the longitudinal studies on older persons, for example, the one in Australia (Andrews et al., 2002). This study suggests the importance of developing a longitudinal study for older Filipino persons to

analyse the life course challenges as well as evaluate the impact of social welfare policy and programs.

### **Promoting the Facilitating Factors and Addressing the Hindering Factors**

Further research is needed to analyse the factors associated with successful ageing. For example, this study found that spirituality and participation in religious activities contribute to the attainment of successful ageing. Further research on this topic is important in developing countries like the Philippines, where the majority of older persons actively participate in religious activities.

Likewise, further research may be needed to analyse how social welfare programs can better address the hindering factors that were identified in this study. For example, social isolation and negative outlook may be addressed through promoting volunteering activities for older persons in every community. In addition, health problems and physical disability may be addressed through promoting a healthy lifestyle throughout the life course. According to Bowling (2007), promoting successful ageing requires life course intervention. Therefore, attainment of successful ageing may require life course preparation and intervention that will rely on family support, which was found in this study to be important.

Financial insecurity in old age may be addressed by promoting a universal social pension in the Philippines that will provide US\$1.25 per day to indigent older persons. There may be a need to explore increasing coverage of social pensions for indigent older Filipino persons to include those who are 60 years old and above. Further research on the hindering factors, as well as the facilitating, is needed to inform social work interventions and social welfare policy and programs for older Filipino persons. For example, further study may be needed to explore the contribution of household classification in promoting attainment of successful ageing, given the increasing number of older Filipino persons who identified themselves as household head and homeowners. Further research may also be needed in integrating literacy and lifelong education into community-based programs, since educational attainment was found in this study to be associated with the attainment of successful ageing. Lastly, social work research may need to explore the condition of older Filipino persons who are living alone or living with their relatives, because this study found that they are most vulnerable in the attainment of successful ageing.

### 10.7 Conclusion

Social work aims to promote equal opportunities for older persons, whether rich or poor, to be successful in old age. Social workers are the primary professionals responsible for acting as gatekeepers in linking older persons to community support and government social welfare programs to promote their wellbeing, physical functioning, and social engagement towards the attainment of successful ageing (International Federation of Social Workers, 2009; Lymbery, 2006; National Association of Social Workers, 2010). Likewise, social workers may capitalise on OPOs in providing social support and protection for vulnerable older Filipino persons. The Filipino social worker can provide leadership in the multi-disciplinary team by addressing the hindering factors to the attainment of successful ageing, outlined in this study. Social workers may need to work with professionals in other disciplines, such as doctors, nurses, therapists, and community health workers in promoting the attainment of successful ageing, especially for poor older persons. According to Bowling (2007), there is no single professional discipline that can offer the silver bullet to provide a straightforward solution to guarantee the attainment of successful ageing. Since the majority of poor older persons are living in developing countries like the Philippines, it will be a challenge for social workers to address the complex needs of older persons, especially given the limited financial resources.

The study of successful ageing may serve as a reference for social workers from developing or developed countries in addressing the multidimensional needs of older persons in their community. Midgley (1990) suggests the need for reciprocal exchanges of practice and expertise among social workers in the developed and developing countries. For example, the scales that were used in exploring successful ageing in this study may inform the development of a means test questionnaire that will identify the most vulnerable older Filipino persons to be prioritised in social welfare programs. This study may also contribute by laying the groundwork for the development of gerontological social work in the Philippines that may be replicated in other developing countries, especially among the ASEAN member countries.

The IFSW identifies the importance of sharing research and best practices in ageing among its member organisations. The IFSW advocates making the issue of the ageing population a priority among social work organisations and encourages social workers to provide leadership in the development and enhancement of social welfare policy and programs for older persons in their own countries (International Federation of Social Workers,

2015). Social work knowledge and practice may need to consider and understand distinct sociocultural backgrounds and current realities in their community to be able to promote the attainment of successful ageing among vulnerable older persons. In the Philippines, community and family remain the primary institutions that promote and support older persons in their journey towards successful ageing. Therefore, social workers and older persons may need to take the lead in promoting older person-friendly communities that promote opportunities for every older Filipino person to be successful in old age.

Critical investment in social work research with older persons is important, since they are the most vulnerable and under-researched group in the Philippines. The Philippines has made great strides in the enactment of social welfare policy and the development of programs for older persons, but research is lagging behind. The existing policies for older Filipino persons were not informed by rigorous research, because there are limited studies on older persons in the Philippines (see Chapter 4, section 4.6, Social Welfare Policy and Programs for Older Filipino Persons). Research on successful ageing may contribute to the development of gerontological social work as well as providing a multidimensional analysis of the condition of older persons. Educational institutions may need to consider integrating gerontological social work curriculum into their academic programs.

Finally, this study suggests the importance of building the capacity of social work practitioners to work with older Filipino persons. Social work is mandated to promote a just society that provides opportunities for older persons, regardless of socio-economic status, to be successful in old age. Therefore, the journey towards successful ageing is a privileged experience that is attainable for every older person, regardless of their age, race, economic status, and gender.

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**APPENDIX- A: List of Publication and Conference presentations related to this thesis  
Published Works by the Author Incorporated into the Dissertation**

Sanchez, N. K. (2008). The Filipino Senior Citizen: At A Glance. *Winter Newsletter 2008: ISA Research Committee on the Sociology of Aging International Sociological Association*. Retrieved from [http://www.rc11-sociology-of-aging.org/system/files/2008\\_2%20RC11%20Winter%202008%20Newsletter.pdf](http://www.rc11-sociology-of-aging.org/system/files/2008_2%20RC11%20Winter%202008%20Newsletter.pdf)

Sanchez, N. K. (2010). Filipino Senior Citizens Centre: Narrative and Statistical Report, *Proceedings of the International Federation on Ageing conference, Melbourne convention centre 8-10 May 2010*. Melbourne, Australia.

**Portions of the dissertation have been presented at the following international conferences:**

Sanchez, N. K. (2013). Do Sociodemographic Variables Hinder the Attainment of Successful Ageing: Not in the Philippines, *Proceedings of the 42nd Annual Conference British Society of Gerontology 11-13 September 2013*, University of Oxford United Kingdom

Sanchez, N. K. (2014). The State of Wellbeing of Community-dwelling older persons in the Philippines using the WHO (5) wellbeing scale, *Proceedings of the World Social Work and Social Development conference 9-12 July 2014*, Melbourne, Australia



**APPENDIX- B: Successful Ageing Questionnaire with Filipino translation**

**SUCCESSFUL AGING QUESTIONNAIRE (With Filipino translation)**

(MATAGUMPAY NA NAKAKATANDA : KATANUNGAN)

I volunteer to answer the questions (Kusang-loob ko na sagutin ang mga katanungan)

This questionnaire is intended for community older persons who voluntarily agreed to participate in the 'successful aging' survey that will assess their wellbeing, independence of activity of daily living, and social participation and support. This is strictly confidential, and it abides with the university's ethical guidelines, and will be administered by the primary investigator. *(Ang katanungan na ito ay laan para sa mga nakatatanda na naninirahan sa komunidad at kusang-loob na sumang-ayon na lumahok sa survey tungkol sa kanilang kabutihan pangsarili, aktibidad sa pang-araw-araw na pamumuhay, pakikipag-ugnayan at paglahok sa komunidad at suporta mula sa pamilya. Ito ay kompidensiyal, at sumusunod sa wastong alituntunin ng unibersidad, at ang pagkolekta ng impormasyon ay pangugunahan ng pangunahing tagapagsiyasat)*

**I. SOCIODEMOGRAPHIC BACKGROUND (Please tick)**

Name (Pangalan): \_\_\_\_\_ (Optional) Age(Edad): \_\_\_\_\_

Sex (Kasarian) : Male (Lalaki)  Female (Babae)

<b>Marital Status (Kasal Katayuan)</b>	<input type="checkbox"/> Single or Never Married (Walang Asawa)	<input type="checkbox"/> Married (May Asawa)	<input type="checkbox"/> Separated (Hiwalay)	<input type="checkbox"/> Widowed (Byudo o Byuda)	<b>Residence:</b> Rural (Probinsya) <input type="checkbox"/> Urban (Syudad) <input type="checkbox"/>	
<b>Educational Attainment (Edukasyong Nakamtan)</b>	<input type="checkbox"/> Elem. Graduate (Nagtapo sa Elementary)	<input type="checkbox"/> 1 <sup>st</sup> to 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> to 6 <sup>th</sup>	<input type="checkbox"/> High School graduate (Nagtapos sa Mataas na Paaralan) <input type="checkbox"/> High School Undergraduate (Hindi nakapagtapos sa Mataas na Paaralan)	<input type="checkbox"/> Vocational (Bokasyonal)	<input type="checkbox"/> University undergraduate (Nakapag-aral sa unibersidad) <input type="checkbox"/> University graduate (Nakapagtapos sa unibersidad)	<input type="checkbox"/> Postgraduate (Master or PhD) (Nakapagtapos ng postgraduate) <input type="checkbox"/> Not stated (Hindi ko alam)
<b>Income (Kita)</b>	<input type="checkbox"/> With regular income (Mayroong regular na kita)  Please tick: Social Pension <input type="checkbox"/> Business (e.g. real state) <input type="checkbox"/> Others: _____	<input type="checkbox"/> Without income (Walang regular na kita)  If none, are you receiving monthly support from family Yes <input type="checkbox"/> No <input type="checkbox"/> If No: Where do you get support? _____	<input type="checkbox"/> With Seasonal Income (May panahon na may kita)  Please tick: Farming <input type="checkbox"/> Selling <input type="checkbox"/> Others: _____	Kindly give an estimate (Tanya ng iyong kita) <b>How much per month?</b> (Isang buwan) P _____  <b>How much per day?</b> Isang Araw) P _____		
<b>Living Arrangement (Katayuan sa Pamilya)</b>	<input type="checkbox"/> Head of the Family (Punong-tagapagsuporta o subaybay sa myembro ng pamilya)	<input type="checkbox"/> Not the Head of the Family (Hindi Punong-tagapagsuporta o subaybay sa myembro ng pamilya)	Living alone (naninirahan mag-isa) <input type="checkbox"/> Living with relatives (i.e cousins, siblings) (naninirahan kasama ng karnag-anak) <input type="checkbox"/> Living with family (i.e children) (naninirahan kasama ng anak) <input type="checkbox"/> Living with husband or wife (naninirahan kasama ng asawa) <input type="checkbox"/> Living with non-relatives (friends, neighbours) (naninirahan kasama ng kapit-bahay kaibigan) <input type="checkbox"/>  Do you own the house (Pag-aari mo ba ang tinitirhan mo)? Yes (OO) <input type="checkbox"/> No (HINDI) <input type="checkbox"/> If No, who owns it? _____			

Successful Ageing Survey-Questionnaire

II. SUCCESSFUL AGING CRITERIA

Criteria 1. WHO Five Index of Subjective Wellbeing (WHO, 1998)							
	Over the last two weeks (Sa nakalipas na dalawang Lingo)	All of the time (Nangyari sa lahat ng panahon)	Most of the time (Parating Nangyari)	More than half of the time (Madalas Nangyari)	Less than half of the time (Minsan Nangyari)	Some of the time (Madalang nangyari)	At no time (Hindi Nangyari)
1	<b>I have felt cheerful and in good Spirits</b> (Ako'y nakaramdam ng saya at sigla)	5	4	3	2	1	0
2	<b>I have felt calm and Relaxed</b> (Ako'y nakaramdam ng kapayapaan at katiwasayan)	5	4	3	2	1	0
3	<b>I have felt active and vigorous</b> (Ako'y naging aktibo at masigasig)	5	4	3	2	1	0
4	<b>I woke up feeling fresh and rested</b> (Nagising ako ng sariwa at mahimbing ang tulog)	5	4	3	2	1	0
5	<b>My daily life has been filled with things that interest me</b> (Napupuno ang mga araw ko ng mga bagay na aking kinagigiliwan)	5	4	3	2	1	0
Total:							
Percent:							

Criteria 2. Katz Index of Independence in Activities of Daily Living Activities (Katz et al., 1970)		
Points (1 or 0)	Independence (1 Point)	Dependence (0 Points)
	NO supervision, direction or personal assistance (Walang tulong o kaagapay)	WITH supervision, direction, personal assistance or total care (Mayroong tulong at may kaagapay)
<b>BATHING (Paliligo)</b> Points: _____	(1 POINT) Bathes self completely or needs help in bathing only a single part of the body such as the back, genital area or disabled extremity (Kayang maligo mag-isa munit kakailanganin ang tulong sa paglinis ng isang bahagi ng katawan)	(0 POINTS) Need help with bathing more than one part of the body, getting in or out of the tub or shower. Requires total bathing (Kailangan ng tulong sa buong sa paliligo)
<b>DRESSING (Pagbibihis)</b> Points: _____	(1 POINT) Get clothes from closets and drawers and puts on clothes and outer garments complete with fasteners. May have help tying shoes. (Kayang bihisan ang sarili at itali ang sintas ng sapatos)	(0 POINTS) Needs help with dressing self or needs to be completely dressed. (Kailangan ng tulong sa pagdadamit)
<b>TOILETING (Pagamit ng palikuran)</b> Points: _____	(1 POINT) Goes to toilet, gets on and off, arranges clothes, cleans genital area without help. (Kayang pumunta sa palikuran na hindi kakailanganin ang tulong)	(0 POINTS) Needs help transferring to the toilet, cleaning self or uses bedpan or commode. (Kailangan ng tulong sa paggamit ng palikuran)

Successful Ageing Survey-Questionnaire

<p><b>TRANSFERRING (Paglilipat ng ibang pwesto )</b></p> <p>Points: _____</p>	<p>(1 POINT) Moves in and out of bed or chair unassisted. Mechanical transfer aids are acceptable (Kayang lumipat mula sa kama at sa upuan na walang tulong)</p>	<p>(0 POINTS)Needs help in moving from bed to chair or requires a complete transfer. (Kailangan ng tulong sa paglipat mula sa kam at upuan)</p>
<p><b>CONTINENCE (Kaayusan sa pag-ihl at pagdumi)</b></p> <p>Points: _____</p>	<p>(1 POINT) Exercises complete self control over urination and defecation. (Kayang kontrolin ang pag-ihl at pagdumi)</p>	<p>(0 POINTS) Is partially or totally incontinent of bowel or bladder (Hindi kayang kontrolin ang pag-ihl at pagdumi)</p>
<p><b>FEEDING (Pagpapakain)</b></p> <p>Points: _____</p>	<p>(1 POINT) Gets food from plate into mouth without help. Preparation of food may be done by another person. (Kayang kumain mag-isa)</p>	<p>(0 POINTS) Needs partial or total help with feeding or requires parenteral feeding. (Kailangan ng tulong sa pagkain)</p>
<p>Total:</p>		

**Criteria 3. Chapin Social Participation Scale (Chapin, 1939; Mayo, 1951)**

Are you a member of a community club, group or organization? Yes  No  If yes, Senior Citizen Organizations  Religious  etc. \_\_\_\_\_ Others: \_\_\_\_\_ . Please encircle the number that you think is appropriate with you?

<p><b>Member of club, groups and etc.</b> (Kasapi ng grupo o samahan)</p>	<p><b>Attending meeting</b> (Dumadalo kaba sa mga pagpupulong)</p>	<p><b>Contributing/ participating in any activities</b> (Nakikibahagi kaba sa mga aktibidad)</p>	<p><b>Member of any committee</b> (Kasapi ka ba ng ano mang komite)</p>	<p><b>Officer of the organization, club or group</b> (May katungkulan sa inyong grupo o samahan)</p>
<p>1</p>	<p>2</p>	<p>3</p>	<p>4</p>	<p>5</p>

Successful Ageing Survey-Questionnaire

Criteria 4. Duke Abbreviated Subjective Social Interaction								
Other than members of your family how many persons in your local area do you feel you can depend on or feel very close to? (Hindi kabilang ang iyong pamilya, ilang tao sa iyong komunidad na maari mong hingan ng tulong o kapalagayan mo ng loob?)	None	1-2 people	More than 2 people					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
How many times during the past week did you spend time with someone who does not live with you, that is, you went to see them or they came to visit you or you went out together? (Sa nakaraang lingo, nakisalamuha kaba sa taong hindi mo kasama sa iyong bahay, dinalaw mo ba sila, dinalaw kaba nila o umalis ka na kasama mo sila)	None	Once	Twice	Three Times	Four Times	Five Times	Six Times	Seven or More times
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How many times did you talk to someone (friends, relatives or others) on the telephone in the past week (either they called you, or you called them)? (Nung nakaraang lingo, ilang bases kang nakapag-usap sa iyong kapwa (Kaibigan, kamag-anaka) sa telepono. (Tinawagan mo sila o tinawagan ka nila)	None	Once	Twice	Three Times	Four Times	Five Times	Six Times	Seven or More times
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About how often did you go to meetings of clubs, religious meetings, or other groups that you belong to in the past week? (Nung mga nakaraang lingo, ilang beses ka umaatend ng mga meeting ng iyong asosasyon, relihiyon at sa ibang grupo)	None	Once	Twice	Three Times	Four Times	Five Times	Six Times	Seven or More times
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criteria	Results		(Pass)			(Fail)		
1. Wellbeing	Pass or Fail		Row score 13 or below and respondents answered 0 to 1 in the five items answered			Row score 14 and above		
2. Independence of Activity of Daily Living	Pass or Fail		Row score of 2 and below			Row score of 3 and above		
3. Social Participation	Pass or Fail		Row score 1 and below			Row score of 2 and above		
4. Social Interaction	Pass or Fail		Low Social Interaction - 0-4			High Social Interaction- 9-12 Moderate Social Interaction- 5-8		

Successful Ageing Survey-Questionnaire

**III. In-depth Interview**

Do you consider yourself aging successfully and why do you say so? *(Kinukonsidera mo ba ang iyong sarili bilang matagumpay na nakatatanda, at bakit mo ito nasabi?)*

Is independence on activity of daily living, and social interaction with your (i.e. family, friends, neighbours), and well-being, and social participation in organizations (i.e. community, religious) are important factors to be successful and why? *(Ang pag-ganap sa aktibidad pang araw-araw, kabutihang pang-sarili, pakikipag-ugnayan at paglahok sa komunidad at suporta mula sa pamilya ay mahalagang kadahilanan upang maging matagumpay sa pagtanda at bakit mo ito nasabi?)*

What are the factors important to you to become age successfully and why? *(Ano ang mga bagay na sa tingin mo ay importanteng kadahilanan upang maging matagumpay na nakatatanda at bakit?)*

In your own words, what is your understanding of successful ageing? *(Sa iyong pananaw, ano ang iyong pagkakaunawa ng matagumpay na nakatatanda?)* Is your life experiences influence your own perspective on successful ageing and how it influences you to feel that you age successfully and does not age successfully? *(Ang iyong karanasan ba sa buhay ay nakaimpluwensya sa iyong pananaw sa pagiging matagumpay na nakatatanda? At papaano ito nakaimpluwensya sa iyong pananaw na kayo ay naging matagumpay sa pagtanda at hindi naging matagumpay sa pagtanda?)*

**Contributory Variable 1. (DSSI Subjective Social Support)**

<i>Does it seem that your family and friends (people who are important to you) understand you? (Sa palagay mo ba naiintindihan ka ng iyong pamilya at kaibigan?)</i>	Hardly ever <input type="checkbox"/>	Some of the time <input type="checkbox"/>	Most of the time <input type="checkbox"/>
<i>Do you feel useful to your family and friends (people important to you)? (Sa palagay mo ba ikaw ay may pakinabang sa iyong pamilya at kaibigan?)</i>	Hardly ever <input type="checkbox"/>	Some of the time <input type="checkbox"/>	Most of the time <input type="checkbox"/>
<i>Do you know what is going on with your family and friends? (Alam mo ba ang nangyayari sa iyong pamilya)</i>	Hardly ever <input type="checkbox"/>	Some of the time <input type="checkbox"/>	Most of the time <input type="checkbox"/>
<i>When you are talking with your family and friends, do you feel you are being listened to? (Kung ikaw ay nakikipag-usap sa iyong pamilya at kaibigan, nararamdaman mo ba na ikaw ay pinakikinggan?)</i>	Hardly ever <input type="checkbox"/>	Some of the time <input type="checkbox"/>	Most of the time <input type="checkbox"/>
<i>Can you talk about your deepest problems with at least some of your family and friends? (Maari mo bang makausap ang isa sa iyong pamilyaot kaibigan tungkol sa iyong pinakamabigat na problema?)</i>	Hardly ever <input type="checkbox"/>	Some of the time <input type="checkbox"/>	Most of the time <input type="checkbox"/>
<i>How satisfied are you with the kinds of relationships you have with your family and friends? (Gaano ka kakumentosa iyong relasyon sa iyong pamilya at kaibigan?)</i>	Very dissatisfied <input type="checkbox"/>	Somewhat dissatisfied <input type="checkbox"/>	Satisfied <input type="checkbox"/>

**Contributory Variable 2. Subjective perspective on personal health**

Do you consider yourself to be healthy? *(Kinukonsidera mo ba ang iyong sarili bilang malusog?)*  
 Yes (OO)  No (Hindi)

Interviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Successful Ageing Survey-Questionnaire

**Code Response**

**Social Interaction sub-scale**

**Q. 1**

**Scale**

- 1 None
- 2 1-2 people
- 3 More than 2 people

**Q. 2, 3 & 4**

Code	Re-code Item 2	Re-code Response Items 3 & 4	
0	1	1	None
1	2	1	Once
2	2	2	Twice
3	3	2	Three times
4	3	2	Four times
5	3	2	Five times
6	3	3	Six times
7	3	3	Seven or more times

**SCALE**

- High Social Interaction - 9-12
- Moderate Social Interaction - 5-8
- Low Social Interaction - 0-4

**Satisfaction with social support sub-scale**

**Q. 5, 6, 7, 8, 9 & 10**

**Code Response**

**Scale**

- 1 Hardly ever
- 2 Some of the time
- 3 Most of the time

**Q.11**

**Code Response**

**Scale**

- 1 Very dissatisfied
- 2 Somewhat dissatisfied
- 3 Satisfied

**SCALE**

- More Social Support - 15-21
- Moderate Social Support - 8-14
- Less Social Support - 0-7

**Appendix C- Consent Form with Filipino Translation**



**CONSENT FORM**  
*Copy for Researcher*

TITLE OF PROJECT: Journey towards Successful Ageing  
 (You may use a brief and informative title)

(NAME OF) PRINCIPAL INVESTIGATOR (or SUPERVISOR): Dr. Parveen Kalliath

(NAME OF) STUDENT RESEARCHER (if applicable): Nicamil K. Sanchez

I ..... (the participant) have read (or, where appropriate, have had read to me) and understood the information provided in the Letter to Participants. Any questions I have asked have been answered to my satisfaction. I agree to allot 40 minutes of my time for the survey-questionnaire and in-depth interview that will be audio taped, realising that I can withdraw my consent at any time without adverse consequences. I agree that research data collected for the study may be published or may be provided to other researchers in a form that does not identify me in any way.

NAME OF PARTICIPANT: .....

SIGNATURE ..... DATE

.....

SIGNATURE OF PRINCIPAL INVESTIGATOR (or SUPERVISOR): .....

DATE:.....

SIGNATURE OF STUDENT RESEARCHER (if applicable):

DATE:.....



PARENT/GUARDIAN CONSENT FORM

**Copy for Participant to Keep**

TITLE OF PROJECT: Journey towards Successful Ageing  
 (You may use a brief and informative title)

(NAME OF) PRINCIPAL INVESTIGATOR (or SUPERVISOR): Dr. Parveen Kalliath

(NAME OF) STUDENT RESEARCHER (if applicable): Nicamil K. Sanchez

I ..... (the participant) have read (or, where appropriate, have had read to me) and understood the information provided in the Letter to Participants. Any questions I have asked have been answered to my satisfaction. I agree to allot 40 minutes of my time for the survey-questionnaire and in-depth interview that will be audio taped, realising that I can withdraw my consent at any time without adverse consequences. I agree that research data collected for the study may be published or may be provided to other researchers in a form that does not identify me in any way.

NAME OF PARENT/GUARDIAN: .....

SIGNATURE

.....

DATE:

NAME OF CHILD .....

SIGNATURE OF PRINCIPAL INVESTIGATOR (or SUPERVISOR): .....

DATE: .....

SIGNATURE OF STUDENT RESEARCHER (if applicable):

DATE: .....






---

**PAHINTULOT**

*Kopya para sa Tagapagsiyasat*

TITULO NG PROYEKTO: Journey Towards Successful Ageing  
(You may use a brief and informative title)

PUNONG-GURO o TAGAPAGSIYASAT : Dr. Parveen Kalliath

MAG-AARAL o MANANALIKSIK: Nicamil K. Sanchez

Ako ..... (ang kalahok) nabasa (o, kung saan naaangkop, ay binasa sa akin) at nauunawaan ang impormasyon na ibinigay sa sulat sa mga kalahok. Anumang mga katanungan na ay boluntaryo kung sasagutin. Sumasang-ayon ako na mag-ukol ng 40 minuto ng aking oras para sa survey at interbiyu na irekord, lubos kung alam na maaari kong bawiin ang aking pahintulot sa anumang oras nang walang masamang kahihinatnan. Sumasang-ayon ako na ang nakolekta data o impormasyon para sa pag-aaral ay maaaring mai-publish o maaaring ibigay sa iba pang mga mananaliksik na hindi makikilala ang aking katauhan sa anumang paraan.

PANGALAN NG KALAHOK: .....

LAGDA: ..... DATE .....

LAGDA NG PUNONG-GURO (or

SUPERVISOR):.....DATE:.....

LAGDA NG MAG-AARAL O MANANALIKSIK (if applicable): DATE:.....

---

**PAHINTULOT**

*Kopya para sa Kalahok*

TITULO NG PROYEKTO: Journey towards Successful Ageing  
(You may use a brief and informative title)

PUNONG-GURO o TAGAPAGSIYASAT : Dr. Parveen Kalliath

MAG-AARAL o MANANALIKSIK: Nicamil K. Sanchez

Ako ..... (ang kalahok) nabasa (o, kung saan naaangkop, ay binasa sa akin) at nauunawaan ang impormasyon na ibinigay sa sulat sa mga kalahok. Anumang mga katanungan na ay boluntaryo kung sasagutin. Sumasang-ayon ako na ang nakolekta data o impormasyon para sa pag-aaral ay maaaring mai-publish o maaaring ibigay sa iba pang mga mananaliksik na hindi makikilala ang aking katauhan sa anumang paraan.

PANGALAN NG KALAHOK: .....

LAGDA: ..... DATE .....

LAGDA NG PUNONG-GURO (or SUPERVISOR):.....

DATE:.....

LAGDA NG MAG-AARAL O MANANALIKSIK (if applicable):

---

**Appendix- D: Letter of Support from COSE**  
**Coalition of Services of the Elderly, Inc. COSE**

March 17,2012

Ms Gabrielle Ryan  
Research Research Services Officer  
School of Social Work Australian  
Catholic University Canberra  
Campus Canberra  
AUSTRALIA

Dear Ms Ryan,

The Coalition of Services of the Elderly, Inc. (COSE) is a non-government organisation that for the past 22 years has been working with poor older people to establish community-based programs. In the course of our commitment, we have come into contact with Mr. Nicamil Sanchez who has often been a resource person in our workshops. It is gratifying to hear that he will soon be doing a doctoral dissertation on "Successful Ageing" in a Philippine context. While we are not in a position to offer substantial financial support, we would be most willing to offer our library, the possibility of visiting areas where there are organized groups of older persons, getting to know them and interacting with them. In addition, we can also offer support of our staff for this important undertaking. It would accrue to the benefit of the organization and the older people themselves to have such a study conducted in our midst.

Warm regards from the Philippines.

Sincerely,



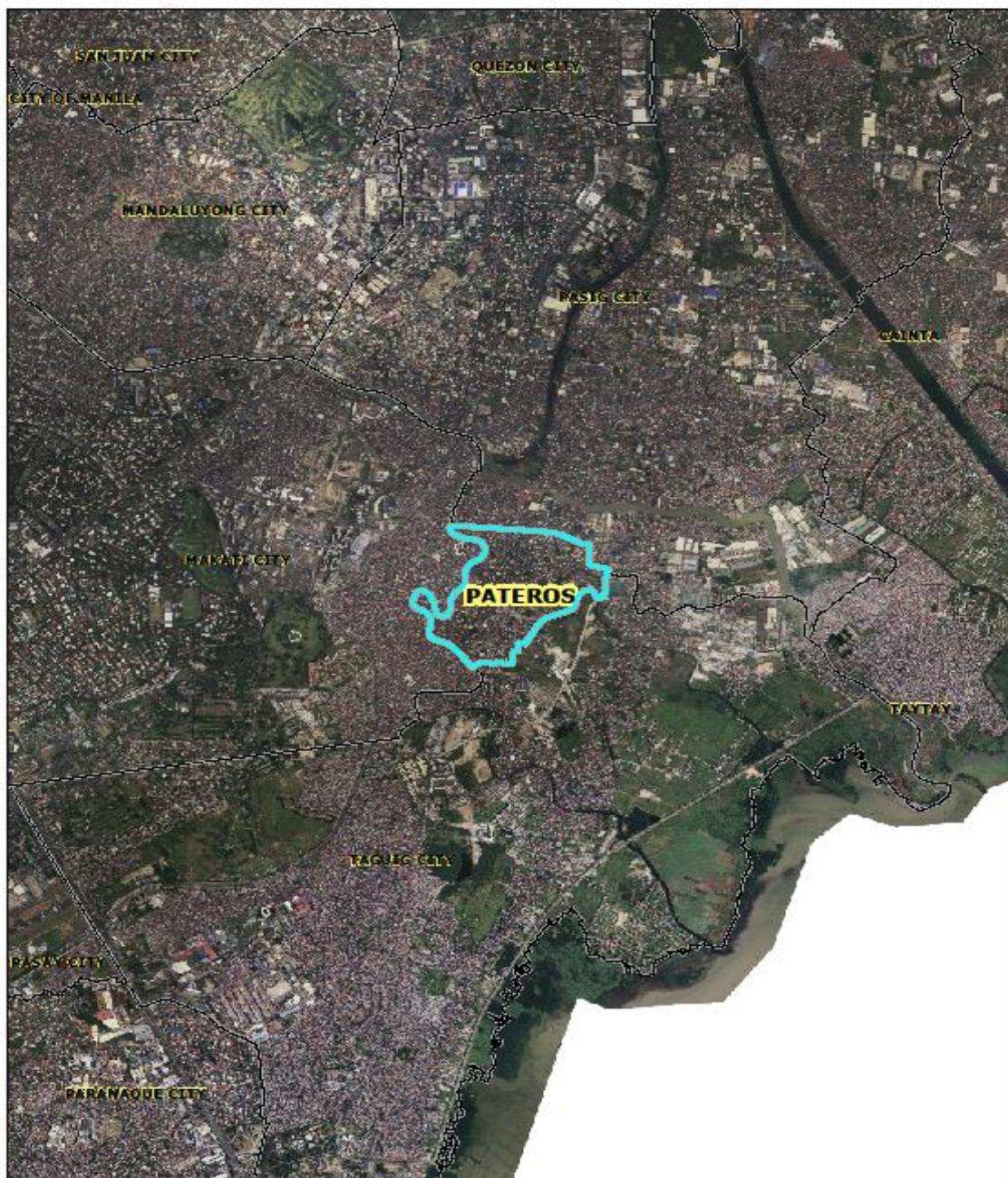
**FRANSISKUS KUPANG**  
Executive Director

Mezzanine Floor, Mariwas Bldg., 717 Aurora Blvd, Quezon city, PHILIPPINES  
Telephone: (632) 725-6567; Telefax (632) 722-0418  
Email: [cose@cosephil.org](mailto:cose@cosephil.org); Website: [www.cosephil.org](http://www.cosephil.org)

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**Bldg., Quezon City, PHILIPPINES**

**Appendix E- Map of Pateros, Metro Manila**





Appendix G- Successful Ageing Project Flyer



**ALL WE WANT IS TO AGE SUCCESSFULLY !**  
(Lahat tayo ay gustong maging matagumpay na nakatatanda!)

*I am a PhD candidate in Social Work studying in Australian Catholic University (ACU), and my research is about Successful Ageing in the Philippines. As a social work practitioner, I am privileged that I have been involved in policy and program development for older persons.*



*(Ako po ay kasalukuyang nag-aaral ng PhD in Social Work sa Australian Catholic University, ang aking pinag-aaralan ay tungkol sa pagiging matagumpay na nakatatanda. Bilang isang mangagawang panlipunanan, isang karangalan ko po na nakapaglingkod at naging kasama ng mga nakakatanda sa pagsusulong ng polisiya at program para sa kanilang kapakanan)*

*Thank you (Dagbang salamt po sa aking mga lolo at lola)*  
  
Nicamil K. Sanchez  
nksanc001@myacu.edu.au  
Mobile: 09217338080

**Do you want to be part of the study on successful ageing? (Gusto mo bang malging kabahagi ng pag-aaral sa nga matatagumpay na nakatatanda?)**

I would like to invite you to participate in a study to explore successful ageing in the Philippines. The information that you will share will be useful in the improvement of social welfare policy and programs for the older persons. (Nais ko po kayong imbitahan na makibahagi sa pag-aaral ukol sa matagumpay na nakakatanda sa Pilipinas. Ang impormasyon na inyong ibabahagi ay makakatulong sa pagpapabuti ng mga programa pasa sa mga nakakatanda.

If you are **65 years old** and above and would like to **volunteer** about **40 minutes** of your time by answering the survey-questionnaire and participate in an interview, please **tick the box**. (Kung ikaw ay may edad na 65 na taong gulang at pataas, nais mag-boluntaryo ng 40 minuto upang saguting ang kwestyunaryo at magpa-interbyu lagyan ng tsek ang kahon at isulat ang iyong pangalan, tira-  han, at kailan ka maaring makapayayam)

(Write your name, address and date/time available)

**Appendix H- Information Letter for Participants with Filipino Translation**

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**INFORMATION LETTER TO PARTICIPANTS**TITLE OF PROJECT: **Journey towards Successful Ageing**PRINCIPAL INVESTIGATOR (or SUPERVISOR): **Dr. Parveen Kalliath**STUDENT RESEARCHER : **Nicamil K. Sanchez**PROGRAMME IN WHICH ENROLLED: **PhD in Social Work****Dear Participant,**

We would like to invite you to participate in the study entitled: *Journey Towards Successful Ageing: The Philippines Experience* that will explore the factors and the perspective of older person living in the community about successful ageing. By volunteering to this study, your views and opinions will be the basis in understanding the real meaning of successful ageing based on your local context and the findings of this study intends to improve the social welfare policy and services to the older persons.

As part of the research, we will be gathering data through survey-interview and in-depth interview with older persons who are 65 years old and above. The survey-questionnaire will take you approximately 15 minutes to complete, and you will be requested to answer questions related to your wellbeing, activity of daily living, and social interaction. The in-depth interview will take approximately 25 minutes. We would like to request you to allot **40 minutes** of your time in answering both the survey-questionnaire and the interview.

The student researcher will visit you at the address you have provided in the flyer and will conduct the interview at a date and time suitable to you. The survey-interview will be conducted first to gather information about your sociodemographic background and to test the criteria of successful ageing. The survey-interview will be conducted through the assistance of social workers from the Coalition of Services for the Elderly (COSE) who will be trained and supervised by the student researcher. The results of the survey will be used to identify participants for the in-depth interview. If you qualify for the in-depth interview, you will be asked about your personal experiences of successful ageing. The information gathered from you will be kept confidential and your name and demographic data will be replaced with pseudonyms and distinct code. We will seek your consent first before we audio-tape the interview and your responses will be organised based on categories and not on

individual responses. All information gathered from you will be safeguarded in a secure location and via a computer password which only the student researcher will have access to.

Please note that participation in the survey and the interview is voluntary, and if you feel uneasy in answering any of the questions, you are free to refuse and withdraw your consent at any time without stating any reasons. Your withdrawal from participation will not influence any services you have been receiving or entitled to receive from any private or government organisation and neither will it affect your standing in the community. Should you experience any distress while participating in this research, you will be eligible to receive counseling services from the social workers working in the City or Municipal Social Welfare Development Office.

All participants will be able to access the results of the study from COSE and the findings will be explained in layman's term. Additional copies of the results will also be sent to the Department of Social Welfare and Development and Office of the Senior Citizens Affairs for their reference. Please feel free to ask any questions either of me or my local contact at the following address and phone numbers:

**Ed Gerlock (Local contact)- Coalition of the Services for the Elderly**  
**Tel. No** +0272330339, +027220418 and +027256567  
**Email:** edgerlock@yahoo.com.ph

**Mr. Nicamil K. Sanchez (Student Researcher)- Australian Catholic University**  
PhD candidate  
Tel. No. 44-6932303 (Philippines)/ 09217218080 (Mobile-Philippines)  
+6102-62091100 Loc. 1130(Australia PGA office)  
Email: nksanc001@myacu.edu.au Post: PO Box 256 Dickson ACT 2602

This study has been approved by the Australian Catholic University- Human Research Ethics Committee and it complied with the standards indicated in the National Statement on Ethical Conduct in Human Research of the Australian Research Council. If you have any queries or concerns about this study which I have not responded in a satisfactory manner, kindly write the *Chair of the Human Research Ethics Committee at the Australian Catholic University North Sydney Campus PO Box 968 NORTH SYDNEY NSW 2059* or call telephone number 02 9739 2105 or by fax 02 9739 2870. Any concern or complaints will be treated in confidence and fully investigated and the participant will be informed of the outcome in due course. If you agree to participate in this project, kindly sign both copies of the attached consent form and keep one copy and give the other copy to the researcher.

Thank you.

**Dr. Parveen Kalliath**  
School of Social Work  
Canberra campus  
(Supervisor)

**Nicamil K. Sanchez**  
PhD candidate  
School of Social Work  
(Student Researcher)





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## IMPORMASYON/SULAT PARA SA KALAHOK

### TITULO NG PROYEKTO : PAGLALAKBAY PATUNGO SA MATAGUMPAY NA PAGTANDA

PUNONG-GURO o TAGAPAGSIYASAT : **Dr. Parveen Kalliath**

MAG-AARAL o MANANALIKSIK: **Nicamil K. Sanchez**

PROGRAMANG PINAG-AARALAN : **PhD in Social Work**

#### MAHAL NA KALAHOK,

Nais po naming imbitahan kayo upang lumahok sa aming pag-aaral na may titulo na *“Paglalakbay Patungo sa Matagumpay na Pagtanda: Ang Karanasan sa Pilipinas”* upang malaman ang mga kadahilanan at ang pananaw ng mga nakakatanda na may edad 65 taong gulang at pataas na naninirahan sa komunidad. Ang kusang pakikibahagi ninyo ng inyong opinyon at karanasan ay magiging batayan sa pag-unawa sa tunay na kahulugan ng matagumpay na pagtanda batay sa lokal na konteksto at upang makapagbigay suhestyon upang mapabuti ang panlipunang patakaran at serbisyong panlipunan para sa mga nakatatanda.

Bilang bahagi ng pananaliksik, kami po ay kakalap ng impormasyon sa pamamagitan ng survey-interview at in-depth interview sa mga nakakatanda na may edad na 65 taong gulang at pataas. Ang survey-interview ay maaring tumagal na humigit-kumulang 15 minuto upang makumpleto at masagot ang mga katanungan na may kaugnayan sa iyong kagalingan pagsarili, aktibidad ng pang-araw-araw na pamumuhay, at sosyal na pakikipag-ugnayan. Ang in-depth na interbyu ay tamagal ng humigit-kumulang 25 minuto. Gusto naming upang humiling sa iyo upang mamahagi ng 40 minuto ng iyong oras sa pagsagot ng parehong survey-palatanungan at interbyu.

Ang pangunahing mananaliksik ay bibisita sa address na inyong isinulat sa flyer at magsasagawa ng pakikipanayam sa petsa at oras na angkop sa iyo. Ang survey-interbyu ay unang isasagawa upang lumikom ng impormasyon tungkol sa sociodemographic background at upang subukan ang mga pamantayan ng pagiging matagumpay na nakakatandaon. Ang survey-interbyu ay isasagawa sa tulong ng mga mangagawang panlipunan mula sa COSE at sila ay sasanayin ng pangunahing mananaliksik na may karanasan sa pagtatrabaho kasama ang mga nakakatanda at sa pagkuha ng impormasyon na gagamitin sa pananaliksik. Ang resulta ng survey ay gagawing batayan upang upang makilala ang mga kalahok para sa in-depth interview. Ang impormasyon na natipon mula sa iyo ay pinananatiling kumpidensyal at ang iyong pangalan at demographic data ay papalitan ng mga pseudonyms at natatanging code. Ang record o transcript ng pag-uusap ay ilalagay sa isang secure na lokasyon at sa computer na may password na ang mag-aaral lamang ang makakakita at makakaalam. Para sa mga in-depth interview, kami ay hihingi ng iyong pag-apruba muna bago namin audio-tape o i-rekord ang pag-uusap at iyong mga tugon ay aayusin batay sa mga kategorya at hindi sa indibidwal na sagot.

Mangyaring tandaan na ang paglahok sa survey at interbyu ay kusang-loob at kung sa palagay mo ay magdulot ito ng pagkabalisa sa pagsagot sa mga katanungan, ikaw ay libre upang tanggihan at bawiin ang inyong pahintulot sa anumang oras ng walang anumang kadahilanan. Hindi maiimpluwensyahan ang iyong pagtigil sa paglahok sa pag-aaral sa mga serbisyo na iyong tinatangap o karapat-dapat na matanggap mula sa anumang pribado o pamahalaan organisasyon at hindi ito makakaapekto sa iyong kalagayan sa komunidad. Kung makakaranas ng anumang pagkabalisa habang lumalahok sa pananaliksik na ito, ikaw ay karapat-dapat na makatanggap ng pagpapayo mula sa Social Worker na nagtatrabaho sa City or Municipal Social Welfare Development Office.

Lahat ng mga kalahok ay magagawang malaman ang resulta ng pag-aaral mula sa COSE at ito ay ipapaliwanag ng lubusan upang lalo ninyong maiintindihan. Ang karagdagang kopya ng resulta ng pag-aaral ay ipinadala sa Department of Social Welfare at Development at Office of the Senior Affairs para sa kanilang batayan sa paggawa ng programa at polisiya. Mangyaring huwag mag-atubiling magtanong sa akin o sa aking mga local na kasama ng lugar tirahan at sa numero ng telepono:

Ginoong Ed Gerlock (Lokal na kasama) - COSE

Tel. Walang +0272330339, ng +027220418 at +027256567

Email: edgerlock@yahoo.com.ph

Ginoong Nicamil K. Sanchez (Pangunahing Mananaliksik) - ACU PhD candidate

Tel. No. 44-6932303 (Pilipinas) / 09217218080 (Mobile-Pilipinas)

+6102-62091100 Loc. 1130 (Australia PGA opisina)

Email: nksanc001@myacu.edu.au

Post: PO Box 256 Dickson ACT 2602

Ang pag-aaral na ito ay inaprubahan ng ACU- Human Research Ethics Committee at ito tumutugon sa pamantayan ng National Statement on Ethical Conduct in Human Research. Para sa anumang mga katanungan o reklamo na sa tingin mo ang aming tugon ay hindi katanggap-tanggap sa eye, simulate pop kayo as ACU- Human Research Committee PO 968 North Sydney NSW 2059 o tumawag sa numero ng telepono +6102 9739 2105 o sa pamamagitan ng fax +6102 9739 2870. Kung sumasang-ayon ka na lumahok sa proyektong ito, pumirma po sa nakalakip na sipi na nagbibigay ng pahintulot, isang kopya ay para sa inyo at ang pangalawang kopya ay para po mananaliksik. Nais po naming magpasalamat sa inyong boluntaryong paglahok sa aming pag-aaral at sa pagbibigay ng inyong panahon sa pagsagot sa aming mga katanungan.

Maraming salamat.

Lubos na gumagalang,

**Dr. Parveen Kalliath**  
School of Social Work  
Canberra campus

**Nicamil K. Sanchez**  
PhD candidate  
School of Social Work

## Appendix I- Approval for the WHO-Five wellbeing scale

VS: Request to use the WHO Five Well-being index Filipino translation for my research Page 1 of 2

### **VS: Request to use the WHO Five Well-being index Filipino translation for my research**

Susan Søndergaard [Susan.Soendergaard@regionh.dk]

**Sent:** Monday, 11 July 2011 6:43 PM

**To:** Nicamil Sanchez

Dear Nicamil Sanchez,

Thanks for your mail re use of the Filipino version of the WHO-Five. The questionnaire is in the public domain and may freely be used for research purposes such as the one you outline in your request.

Good luck with your project - we will look forward to receiving your publication(s) in due course.

Susan Søndergaard

Susan Søndergaard  
Language Consultant, MA  
Psychiatric Research Unit  
Mental Health Centre North Zealand  
DK-3400 Hillerød, Denmark

---

**Fra:** Per Bech

**Sendt:** 11. juli 2011 08:55

**Til:** Susan Søndergaard

**Emne:** VS: Request to use the WHO Five Well-being index Filipino translation for my research

Kære SUSan

Gider du svare for os ?

Lone

Prof. Per Bech

**per.bech@regionh.dk**

Psychiatric Research Unit

Mental Health Centre North Zealand.

Dyrehavevej 48, DK 3400-Hillerød

Tel.: +45 48 29 32 53 Fax: +45 48 26 38 77

---

**Fra:** Nicamil Sanchez [nksanc001@myacu.edu.au]

**Sendt:** 11. juli 2011 08:02

<https://sn2prd0102.outlook.com/owa/?ac=Item&t=IPM.Note&id=RgAAAACyPzSAN...> 11/4/2011

Appendix J – Filipino translation WHO-Five wellbeing scale

**Psychiatric Research Unit**

Clinimetrics Centre in Mental Health

**WHO-5 Talaan ng Kalidad ng Buhay**

(1998 na Bersyon) - *Salin sa Filipino 2009*

Sa bawat pahayag, pumili ng numero na pinakamalapit sa iyong naramdaman noong nakalipas na dalawang linggo. Punahin na ang mas mataas na numero ay indikasyon nang mas mataas na kalidad ng buhay o mas mabuting kalagayan.

**Halimbawa:** Kung ika'y nakaramdam ng kasiyahan at kasiglaan nang higit sa kalahati ng oras sa nakaraang dalawang linggo, markahan ang kahon na may numerong 3 sa may kanang gilid.

	Sa nakalipas na dalawang linggo	Nangyari sa lahat ng pamahon	Parating nangyari	Madalas nangyari	Minsan nangyari	Madalang nangyari	Hindi nangyari
1	Ako'y nakaramdam ng saya at sigla	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
2	Ako'y nakaramdam ng kapayapaan at katiwasayan	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
3	Ako'y naging aktibo at masigasig	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
4	Nagising ako nang sariwa at mahimbing ang tulog	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
5	Napupuno ang bawat araw ko ng mga bagay na aking kinagigiliwan	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

**Pagpupuntos:**

Ang puntos ay nabibilang sa pamamagitan ng pagsasama ng lahat ng nasagutang numero. Ang puntos ay maaaring mula 0 hanggang 25, ang 0 ay nangangahulugang posibleng malalang kalidad ng buhay at ang 25 ay nangangahulugang nang pinaka-magandang kalidad ng buhay.

Upang makamit ang porsyento ng puntos na mula sa 0 hanggang 100, ang puntos ay multiplikahin ng 4. Ang porsyento ng puntos na 0 ay ang pinaka malalang posibleng kalagayan, habang ang puntos na 100 ay nagpapahiwatig ng posibleng pinaka mabuting kalidad ng buhay.

**Interpretasyon**

Iminamungkahi na ibigay ang Major Depression (ICD-10) Inventory (MDI) kapag ang puntos ay mababa sa 13 o kung ang pasyente ay sumagot ng 0 hanggang 1 sa kahit na alin sa limang pahayag.

Ang puntos na mababa sa 13 ay nagpapahayag ng di maayos na kalidad ng buhay at ito ay isang indikasyon para sa pagsusuri ng depresyon sa ilalim ng ICD-10. Maaaring hanapin ang MDI mula sa website ng WHO: [www.who-5.org](http://www.who-5.org)

**Pagsabaybay ng pagbabago:**

Upang mapagmasdan ang mga posibleng pagbabago sa kalidad ng buhay, ginagamit ang porsyento puntos.

Karapatang sipi ©Psychiatric Research Unit, Clinimetrics Centre for Mental Health, Frederiksberg General Hospital, DK-3400 Hillerød

## Appendix K – Approval for the Katz IADL Six-item scale

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Page 1 of 3

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Nov 03, 2011

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Title of your work	Successful Aging in the Philippines
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11/4/2011

**Appendix L – Approval for the DSSI 10-item scale**

RT: Duke Department of Psychiatry - Contact Us

Page 1 of 1

**RE: Duke Department of Psychiatry - Contact Us**

Rachel Bloch [rachel.bloch@duke.edu]

Sent: Tuesday, 16 August 2011 11:07 PM

To: Nicamil Sanchez

Attachments: DSS10.DOC (44 KB)

Dear Nicamil,

You have been granted permission to use this scale, per Dr. Harold Koenig of Duke University. A document with the scale is attached to this email

Regards,  
Rachel

Rachel Bloch  
Communication Specialist  
Department of Psychiatry and Behavioral Sciences  
Duke University Medical Center (DUMC 3850)  
o 919.681.4427 f 919.681.5469 e rachel.bloch@duke.edu

psychinfo@mc.duke.edu

Toppsychinfo@mc.duke.edu

08/04/2011 06:14 PM

cc  
Subject: Duke Department of Psychiatry - Contact Us

Your name  
Nicamil Sanchez

Email  
nksanc001@ryacw.edu.au

Comments  
May I request for permission to use the Duke subjective social support 10 item abbreviated scale for my study on successful ageing in poor communities in the Philippines.

Thank you.

Very truly yours,

Nicamil K. Sanchez

Submitted by: Anonymous  
IP address: 192.168.225.3  
User agent: Mozilla/5.0 (Macintosh; Intel Mac OS X 10\_6\_8; AppleWebKit/534.50 (KHTML, like Gecko) Version/3.1 Safari/534.50

## Appendix M – Approval of the ACU University Research Committee



### Human Research Ethics Committee Committee Approval Form

**Principal Supervisor: Prof Peter Camilleri**

**Co-Supervisor: Dr Parveen Kalliath**

**Student Researcher: Nicamil K Sanchez**

**Ethics approval has been granted for the following project:**

Journey Towards Successful Ageing: The Philippine Experience

**for the period: 18/04/2012 – 30/06/2013**

**Human Research Ethics Committee (HREC) Register Number: 2012 19N**

**Special Condition/s of Approval**

*Prior to commencement of your research*, the following permissions are required to be submitted to the ACU HREC:


The following **standard** conditions as stipulated in the *National Statement on Ethical Conduct in Research Involving Humans (2007)* apply:

- (i) that Principal Investigators / Supervisors provide, on the form supplied by the Human Research Ethics Committee, annual reports on matters such as:
  - security of records
  - compliance with approved consent procedures and documentation
  - compliance with special conditions, and
- (ii) that researchers report to the HREC immediately any matter that might affect the ethical acceptability of the protocol, such as:
  - proposed changes to the protocol
  - unforeseen circumstances or events
  - adverse effects on participants

The HREC will conduct an audit each year of all projects deemed to be of more than low risk. There will also be random audits of a sample of projects considered to be of negligible risk and low risk on all campuses each year.

Within one month of the conclusion of the project, researchers are required to complete a *Final Report Form* and submit it to the local Research Services Officer.

If the project continues for more than one year, researchers are required to complete an *Annual Progress Report Form* and submit it to the local Research Services Officer within one month of the anniversary date of the ethics approval.

Signed:  Date: 18/04/2012  
(Research Services Officer, Melbourne Campus)