Proposal for a Paper Presentation

Correlates of Well-Being among Selected Older Adults in an Elderly Development Program

Godfrey Josef Torres[1], Nephtaly Joel Botor[2], Helga Vergara[3], Teri-Marie Laude[4], Katrina Marie Jolejole[5], Renato Torres[6]

[1] Department of Human and Family Development Studies, College of Human Ecology, University of the Philippines – Los Baños, Assistant Professor, Philippines
Email address: grtorres2@up.edu.ph

[2] Department of Human and Family Development Studies, College of Human Ecology, University of the Philippines – Los Baños, Instructor, Philippines
Email address: nbbotor@up.edu.ph

[3] Department of Human and Family Development Studies, College of Human Ecology, University of the Philippines – Los Baños, Assistant Professor, Philippines
Email address: hpvergara@up.edu.ph

[4] Department of Human and Family Development Studies, College of Human Ecology, University of the Philippines – Los Baños, Assistant Professor, Philippines
Email address: tplaude3@up.edu.ph

[5] Department of Human and Family Development Studies, College of Human Ecology, University of the Philippines – Los Baños, Instructor, Philippines
Email address: kbjolejole@up.edu.ph

[6] Department of Human and Family Development Studies, College of Human Ecology, University of the Philippines – Los Baños, Senior Lecturer, Philippines
Email address: renatovtorres@gmail.com

Abstract:

1. Introduction

Older adults, due to exposure to life-changing events such as death of a spouse, declining health, and other ailments, are vulnerable to socio-emotional strain, although data about its prevalence are scant especially in developing countries (United Nations, 2011). The Department of Social Welfare and Development and the Department of Health (DSWD & DOH, 2007) presented in a conference in Japan a report on the status of the elderly in the Philippines. In this report, they described different dimensions of the elderly's life such as social, health and economic status. An insightful outcome from this report was the desired active implementation of the existing Republic Act 9257, also known as the Expanded Senior Citizens' Act of 2003, to promote elderly quality of life and mental health alongside other prevailing services such as illness management, general health care and healthy lifestyle advocacy among others. However, not all of the needs of the older adults are still being met. Thus, in September 2011, the College

of Human Ecology at the University of the Philippines – Los Banos launched the UPLB Elderly Development Program which aims to provide an avenue to address some biosocial, cognitive and psychosocioemotional developmental concerns of the functional older population in the local community. This program is also a tool used by the college to study and conduct researches about the elderly, in hopes to be able to affect policy-making and improve the overall well-being of the senior citizens in the whole country.

The Present Study

This study aimed to contribute to the knowledge base and enlighten the future development of a holistic and integrative biopsychosocial programs for the Filipino elderly. Specifically, it asked:

1. What is the perceived level of well-being of the selected elderly participants?
2. How do well-being and its dimensions correlate with protective factors such as social support, self-esteem, perceived general health status and meaning in life and with risk factor such as depression?
3. What are the perceived needs, ways of coping and sources of support among older adults?
4. What are older persons' definitions and sources of happiness?

2. Theoretical framework/literature review

The UPLB Elderly Development Program

In September 03, 2011, the CHE launched the first of its kind UPLB EDP initially instituted as a community service of the university to interested elderlies of UPLB and the nearby communities. Eventually, it evolved into a holistic, multi-disciplinary and inter-disciplinary extension, research and instruction initiative of the college arched on the principles and framework of Human Ecology, Human Development and Active Ageing. UPLB EDP is the university's contribution to the Philippine Social Development Plan towards the goal of better quality of life for the senior members of the community.

Different strategies and methods were planned, designed and implemented in order to meet the goals and objectives of the program. Following is a description of the interventions done in relation to this study on the dimension of well-being of older persons participating in the UPLB EDP.

Program Strategy: Establish the UPLB Senior Day Care Program that will provide the biopsychosocial needs of the functional elderlies of UPLB and nearby communities.

Objective: Conduct monthly day care activities and services for older persons to be held temporarily in the multipurpose hall of CHE

Activities and Services:

1. Biosocial- Health seminars, Health & Nutrition screening (Blood Sugar, Cholesterol, BP, Weight & Height, Bone Screening, Muscle Mass Test., ECG, Nerve Aging Test, Disease Prevention (Adult Immunizations), Medical Consultations, Physical Fitness (Tai-chi,

Yoga, Line Dancing), Alternative Medicine (Acupuncture, Herbal Medicine, Massage Therapy) Arts and Crafts, Free Nutritious meals

2. Cognitive- Dementia screening test, Neurobics (cognitive stimulation), Memory Games, Continuing Education (Non-medical topics), Livelihood seminars and training
3. Psychosocial- Guidance & Counseling, Recreational Games ("Balik Larong Pinoy") , Fellowship Parties, Childhood Friends Reunion, Field trips, Personal Childhood Life Sharing ("Balik Tanaw"), "Bucket List", Intergenerational Learning, Lifestyle modification, Music Therapy (Group singing and serenades), Meditation Therapy, Spiritual Care, Laughter Yoga, Social Networking, Legal Advice, Community Volunteerism

The EDP was developed as UPLB's contribution to the government's social amelioration program for older persons anchored on the principles of active ageing, human development and human ecology. WHO (2002) defines *"active ageing as the process of optimizing opportunities for health, participation and security in order to enhance the quality of life as people age."* The determinants of active ageing are personal, behavioral, economic, social, physical environment, health and social services which are greatly influenced by gender and culture. The United Nations Principles for Older Persons (1991) calls on governments to aim for independence, participation, care, self-fulfillment and dignity in their programs and services for the elderly. The Human Development approach focuses on improving *the biosocial, cognitive and psychosocial capabilities* of the individual across different life stages such as the elderly. The program was designed using the Human Ecological framework where older persons are part of the ecosystem interacting with the external environment. On the other hand, *Gerontology is defined as the study of the biological, psychological and social aspects of ageing* (Metchnikoff, 1903). The EDP's ultimate goals are to delay the early onset of disability, to increase life expectancy and to improve the quality of life of the Filipino elderly.

3. Methods/analysis

Research Design

This cross-sectional study employed *descriptive-associative* method in making sense of older adults' well-being.

Participants

Forty-one older adults, 31 of them females, whose age ranged between 50 and 83 years old (Mage=68.27 years old), were the respondents to this study. They were regular participants to the Elderly Development Program, an extension program by the Department of Human and Family Development Studies of the College of Human Ecology, University of the Philippines Los Baños.

Instruments

The present study used adapted research scales. Well-being dimensions were measured using a modified *Personal Well-being Index* (International Wellbeing Group, 2006) covering domains of quality of life: standard of living, personal health, life achievement, personal relationships,

personal safety, community connectedness, future security, and spirituality/religion. Depressive tendency was measured using the 15-item *Geriatric Depression Scale* (Greenberg, 2012, 2007). Presence of meaning in life was measured using the 10-item Meaning in Life Questionnaire (Steger, Frazier, Oishi, & Kaler, 2006), which provides scores for presence of and search for meaning.

Data Collection Procedure

The participants were asked to respond to a questionnaire administered individually. Student volunteers enrolled in a human and family development studies bachelor's degree program assisted them. The students were oriented on how to use the questionnaire.

Data Analysis Procedure

Quantitative data derived from the scales in the questionnaire were analyzed using SPSS (statistical software). Descriptive statistics (mean, median, standard deviation) were used to estimate central tendency and dispersion of data. Pearson-Product Moment Correlation was used to describe the magnitude and direction of relationship. Since the samples were not randomly selected, the correlation coefficients were used as descriptive. On the other hand, textual data gathered through open-ended items were tallied using simple word count and ranked from most mentioned to least mentioned by the participants. In certain cases, strings of statements written by participants were quoted to enlighten the results.

4. Results and Discussion

Levels of Well-being

Table 1. Levels of Well-being

Dimensions of Well-being	Frequency			Md
	Low (0-2)	Average (3-7)	High (8-10)	
Standard of living	1	10	30	8
Health	0	17	24	8
Life achievement	1	12	28	8
Personal relationships	1	8	32	8
Feeling of safety	1	12	28	8
Feeling of community	1	10	30	8
Future security	0	10	31	8
Spirituality or religion	1	4	36	9

Looking at the individual dimensions of well-being, it can be gleaned that the median score in all of the aspects is 8, except for spirituality which has a score of 9. The median scores for each dimension fall under the category of high level of satisfaction. Similarly, looking at the frequency distribution, majority of the elderly had responses, which fall under either average or high. Of these dimensions, spirituality ranked as the one with the highest number of participants

who reported high satisfaction (36 of 41), while last in rank was health, with only 24 of 41 participants reporting high satisfaction.

Well-being, Depression, and Meaning in Life

Table 2. Descriptive Statistics on Study Variables

Variables	Mean	SD
Depressive symptoms	2.85	2.51
Well-being	64.46	10.73
Presence of Meaning	29.80	4.95
Search for Meaning	22.68	8.57

Table 3. Relationship between Dimensions of Well-being, Depression, and Presence of Meaning in Life

Dimensions of Well-being	Depressive Symptoms	Presence of Meaning
Feeling of safety	-.481	.390
Standard of living	-.479	.342
Future security	-.466	.455
Personal relationships	-.411	.399
Life achievement	-.363	.306
Health	-.320	.396
Feeling of community	-.313	.360
Spirituality or religion	-.156	.276

Perceived Needs, Coping and Source of Support

Interested to see what their perceived needs could be, the study asked elderly participants to identify specific kinds of support that they presently need. They were also asked to share what they do when they are experiencing stress due to unmet needs and from whom or from where they get support.

Needs. Simple word frequency showed that their topmost need is *medical* support. Specifically, a couple of participants indicated discomforts brought about by health conditions such as arthritic needs and hypertension and their need to sustain medication and dietary regimen for such. One on the other hand expressed need for free medicines due to financial constraints.
Likewise, several participants indicated need for social support from family, friends and even support groups. One of the participants noted that the Elderly Development Program they are a part of "helps [them] to be more responsive to all problems [they] encounter. Another noted that other people's sense of humor help "cheer [them] up when lonely or depressed." Other people also serve as their spiritual supporter, which is third in rank compared to other needs, through prayers such as when one receive spiritual comfort from "community through word sharing circle [and] community prayer."

Table 4. Support Needed

Needs	f	%
medical (medicine, physical check-up, dietary regimen)	13	
social (family, friends, support group)	10	
spiritual (prayers)	7	
Financial	5	
psychological (emotional, introspection, against loneliness or depression)	4	
no support needed	4	

Coping. On the other hand, when asked what they do when they feel stressed due to difficult circumstances or unmet needs, majority of the elderly participants indicated *praying* and *relaxation* as their primary ways of coping. Conversations with friends, exercising, reading and playing were also identified.

Table 5. Coping

Coping	f	%
pray, meditate, contemplate	16	
rest, relax, sleep	15	
visit/talk with friends	6	
exercise (Zumba)	5	
read (books, emails)	5	
play (scrabble, bingo, cards, computer, with grandchildren)	4	
listen to music	3	
malling	2	

Sources of Support. Among most of the elderly participants, family was the chief source of support. It was followed by their friends and their children. Interestingly, community helpers such as doctors and priests also serve as their source of support particularly in areas of health and spirituality, respectively.

Table 5. Sources of Support

Sources	f	%
family (loved ones, relatives)	25	
Friends	17	
Children	12	
Doctors	4	
Spouse	4	
church (group, priest)	3	

Definitions and Sources of Happiness

Defining Happiness. With the intention of figuring out elderly participants' construal of happiness, the participants were asked to describe a happy old person. Healthy and full of life

appeared to be the main descriptor of a happy elderly for the participants. Likewise, for them, a happy elderly is fulfilled and satisfied and content with whatever he or she has. Having a healthy social life was also among the frequently mentioned description, specifically having family and friends to talk to and belong to. Other responses are wearing a smile, being ready to help and still make oneself useful in the community, having a healthy mind and being stress-free.

Table 6. Characteristics of a Happy Elderly

Sources	f	%
healthy and full of life	11	
fulfilled and satisfied	10	
with friends	8	
with family	7	
prayerful and spiritual	5	
wears a smile	4	
ready help and contribute	4	
mentally-fit and stress-free	3	
active and involved	3	
acceptance, openness and peace	3	
financially secured	2	
balanced life	1	
still useful	1	
meaningful life	1	
accomplishment	1	

Sources of Happiness. In the survey, elderly participants were asked to share what their sources of happiness are. Results revealed that family is the topmost source of happiness for them. This was followed by friends, God/church, children and grandchildren, in respectively. Notably, looking at the response, it can be gleaned that relationships serve as a primary source of happiness for the elderly. Similarity between their sources of happiness and their sources of support can also be observed, such that apparently those people with whom they feel happy about were also the same people whom they mostly get their support from.

Table 7. Sources of Happiness

Sources	f	%
family	17	
friends	14	
God, church	9	
grandchildren	6	
children	6	
relatives	3	
spouse	3	
accomplishment/success	3	
peaceful and happy events/situations	2	
helping (e.g., children, marginalized)	2	
health	1	
party	1	

music	1
traveling	1

5. Conclusions and contributions to theory and practice

By and large, this study among participants in the UPLB Elderly Development Program revealed interesting information about the status and potential influences on older persons' psychosocial wellness and their general well-being. Specifically, it was able to establish that:

1. Most elderly participants reported high satisfaction in different areas of well-being with spirituality as the area most of them were highly satisfied and health as the area where least of them were highly satisfied.
2. Well-being dimensions negatively correlated with depression and positively correlated with presence of meaning.
3. Medical support is reported as a primary need followed by social and spiritual support.
4. Prayer and relaxation are major ways of coping.
5. Being healthy and being satisfied are perceived descriptors of a happy elderly.
6. Family and friends are both sources of support and happiness.

Keywords: elderly development, biopsychosocial well-being, health, aging

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Biographical sketch of each presenter

Presenter 1:

i. Torres, Godfrey Josef
ii. Assistant Professor, Department of Human and Family Development Studies, College of Human Ecology, University of the Philippines – Los Baños, Philippines
iii. Short biography: A graduate of BS Biology Major in Cell and Molecular Biology from the University of the Philippines – Los Banos (UPLB), Philippines and then finished his medical degree at the University of the Philippines – Manila College of Medicine last 2014. Currently, an assistant professor at the Department of Human and Family Development Studies in the College of Human Ecology at UPLB.

iv. Contact information (address, email address, homepage)

Email: grtorres2@up.edu.ph

Website: N/A

Address: 10210 Sapphire St., Umali Subd., Los Banos, Laguna, Philippines

Presenter 2:

i. Botor, Nephtaly Joel
ii. Instructor, Department of Human and Family Development Studies, College of Human Ecology, University of the Philippines – Los Baños, Philippines
iii. Short biography: Nephtaly Joel Botor is a licensed values education teacher, guidance facilitator and faculty member at the Department of Human and Family Development Studies, University of the Philippines Los Baños. He engages in research and extension work relevant to community and ecological counseling, disaster resilience, mental health and psychosocial support (MHPSS), gender and sexuality, and adolescent development.
iv. Contact information (address, email address, homepage)

Email: nbbotor@up.edu.ph

Website: N/A

Address: Los Banos, Laguna, Philippines

Presenter 3:

i. Jolejole, Katrina Marie
ii. Instructor, Department of Human and Family Development Studies, College of Human Ecology, University of the Philippines – Los Baños, Philippines
iii. Short biography: A graudate of BS Human Ecology from the University of the Philippines – Los Banos, she has been a member of the faculty of the Department of Human and Family Development Studies in the College of Human Ecology from her alma mater. She is also a coordinator for the UPLB Elderly Development Program.
iv. Contact information (address, email address, homepage)

Email: kbjolejole@up.edu.ph

Website: N/A

Address: Los Banos, Laguna, Philippines