

# Functional Ability, Participation in Activities and Life Satisfaction of the Older People

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## Abstract

This study determined whether the functional ability and participations in activities affect the life satisfaction of the older people. Data were gathered from the 780 older people through survey interview, Instrumental Activities of Daily Living Scale and Life Satisfaction Index for the Third Age Scale.

The functional ability, participation in physical activities and activities with formal support networks are statistically significant predictors of life satisfaction among the older people. These variables, when combined explain a statistically significant portion (23.7%) of the variance in their life satisfaction. The older people who have better health status enjoy their lives more than those who have poor health conditions. After reaching the age of sixty, the older people are still capable of working and be active participants in the labor sector. The results have theoretical implications on the activity theory of aging since high levels of participation in the activities mean high levels of life satisfaction.

**Keywords:** Social support networks, Activity theory, Life satisfaction, Activities of the older people, Functional ability

## 1. Introduction

The study of aging is a development that could be attributed to the significant increase in the older populations of many societies (Holowaty, 2007). More and more individuals are arriving at the threshold of the third age – the period of life that begins when the responsibilities for the care of others has ended and ends with decrepitude, debility and death (Laslett, 1996). Understanding the meaning of aging that is experienced in the third age of life, the influences that bring about a more positive internal sense of what is happening, and an acceptance of the inevitable aging process are areas of research that can benefit all adults (Barrett and Murk, 2006).

According to Cruz (2007), the aging of the world's population has assumed significance in recent years particularly in countries that have gone farthest in the demographic transition. The unprecedented high level and tempo of aging observed in many countries have spelled tremendous implications on the bigger socio-cultural and economic milieu, particularly in the area of health care and health financing, which explain the amount of research attention that this demographic phenomenon is receiving today.

While coping with a rapidly increasing population, a sluggish fertility decline, a steadily improving life expectancy and a highly mobile workforce, the Philippines has to face yet another demographic issue - a predictably growing number of older persons (Ogena, 2006). Cruz (2007) emphasized that the level and rate of aging in the Philippines is low and slow in comparison with that of other countries which have experienced more dramatic demographic transitions like Germany and Japan where almost a fourth of their population belong to the older age groups. While aging prevalence in the Philippines may be relatively low, this is expected to assume prominence in the future with the number reaching a double-digit mark in 2020 under the assumption of a moderate fertility and mortality decline. This future scenario is likewise suggested by the fast rate of growth of the older population sector, which already exceeds that of the general population, making it the fastest growing sector in the country's population today (Cruz, 2005; Cruz, 2007).

Life satisfaction is probably the most often-used indicator of effective adaptation to aging. If older people are satisfied with their present and past lives, they are seen as having adapted to aging (Atchley, 1994). Belsky (1984)

had stressed that life satisfaction varies greatly from person to person as there are many factors that impinge on the well-being of the individuals. Among these factors are the physical decline in old age and poor health, the economic anxiety, the social isolation and the other personal problems brought about by the society.

Functional ability among the older people is an important concern in gerontological research. The physical capacity of the older people is seen as essential in carrying out different day to day activities, from performing personal and physical activities to participating in activities with the different social support networks. The physical functioning of older people and their participation in different activities can be among the determinants of the quality of their life. Consequently, it is necessary that the functional ability of the older people will be given thorough consideration.

The emphasis on satisfaction with life among older people has been superseded in recent decades by a focus on quality of life in health and health care. The emergence of health-related quality of life as a dominant theme in gerontological research largely reflects broad trends. One important trend on health-related quality of life among the older people is information on health outcomes. This is required by all levels and sectors of the health and social services as a means of assessing and comparing the effectiveness and efficiency of new and existing interventions and health technologies (Bond and Corner, 2004). This implies that functional health among the older people is not only a necessary determinant of life satisfaction but also forms a basis in designing appropriate and responsive health and social policies.

This paper examined the functional ability of the older people in General Santos City, Southern Mindanao, Philippines, vis-a-vis their participation in different categories of activities, and their levels of life satisfaction. The findings from this study may be essential to have a better understanding of what aging is and what older people are capable of doing to develop sound and responsive social policies, assure adequate health care services, projects and programs that would help in elevating the life satisfaction and well-being of the older people.

## **2. Theoretical Background**

This study was anchored on the activity theory of aging, which was developed by the symbolic interactionists. According to Macionis (2007), the activity theory of aging is an approach that draws heavily on the symbolic interaction paradigm.

Functional ability is necessary for the older people to engage in the different categories of activities. The activity theory (Atchley, 1994) of aging holds that unless constrained by poor health or disability, older people have the same psychological and social needs that middle-aged persons do. It is theorized that decreases in social interaction that occur with age are the result of a withdrawal of society from aging people and that most older people do not want this withdrawal. Therefore, according to this theory, older people who are aging optimally stay active and resist shrinkage in their social world. They maintain activities of middle-age as long as possible and then find substitutes for work. Bereaved people are expected to look for new friends and loved one to replace those who have died. Substitution does not have to be literal. Retirees can find non-job roles that meet many of the same needs that jobs did, and widows can find alternative sources of intimacy even if they cannot find new husbands.

Activity theory is the idea that a high level of activity enhances personal satisfaction in old age. Since various activities help build social identity, disengagement reduces satisfaction and meaning in older people's lives. What seniors need, in short is not to be pushed out of roles, but to be provided with a wide range of productive or recreational activities. The importance of such options increases when one realizes that on average, seniors now have ten hours more leisure time a week than twenty years ago (Robinson, Werner, & Godbey, 1997; Macionis, 2007).

The participation and involvement of the older people in the different activities give them the opportunity to interact with other people. The activities are provided by the different sectors to include the formal support networks such as the church, the local government unit, and the civil society organizations; and the informal support networks such as their family, relatives, friends and neighbors.

## **3. Methodology**

### *3.1 Sources of Data*

The primary sources of data for this study were the 780 older people, whose ages range from 60 years old and above and who are residing in General Santos City, Southern Mindanao, Philippines. The mean age of the respondents in this study is 68.54 and the median age is 68. The majority of the respondents were female with a frequency of 450 or 57.69 percent of the respondents; while 330 or 42.31 percent of the respondents were male. Of the respondents, 485 or 62.18 percent were married; 265 or 33.97 percent were either widow or widower; and

30 or 3.85 percent were single. The mean years of educational attainment of the respondents is generally found to lie between six (6) and seven (7) years of schooling (6.76 years). The respondents have either finished their elementary education or have reached the first year in secondary.

This study followed the two-stage sampling procedure in the selection of respondents. The first stage was the selection of the zone from each of the twenty-six (26) *barangays* (smallest political unit in the Philippines) which compose General Santos City. The zone was chosen randomly. After the zone was chosen, the second stage was the identification of a reference house or building which was the starting point in the selection of households where there were older people residing. If there were less than 30 older people residing in the selected zone, another zone was randomly chosen and the older people respondents thereof were added to the respondents from the first zone to complete the number of respondents.

There were thirty (30) older people taken from each of the twenty-six (26) *barangays* of General Santos City, producing 780 respondents. The household was the unit of enumeration and the older people, whose ages range from 60 and above and were residing in the household, was the unit of analysis. In cases where there were two or more older people who reside in one household, all of them were interviewed. The number of respondents (780 older people) is deemed a sufficient sample to represent General Santos City since all the 26 *barangays* comprising the City were represented in the study.

### 3.2 Measures

#### 3.2.1 Functional Ability

The Lawton Instrumental Activities of Daily Living (IADL) Scale (Lawton & Brody, 1969) was adapted to measure the functional ability of the older people. The IADL is an appropriate instrument to assess independent living skills. The Lawton IADL Scale inter-rater reliability was established at 0.85. In order to fit with the requirements and the cultural setting of the present study, the IADL Scale was modified. The reliability of the modified IADL Scale was established at 0.83, which means that the modified instrument is reliable for use in measuring the functional ability of the older people.

The modified scale included the following categories: *ability to use a phone, shopping, food preparation, housekeeping, laundry, mode of transportation, responsibility for own medications, ability to handle finances, and self-care or personal hygiene*. If the respondent can perform independently in a specific category, a score of 1 is given, otherwise, a respondent is given a score of 0. The highest possible functional ability score of a respondent is 9 and the lowest is 0. A respondent is considered as having a disability if there is difficulty performing any of the nine IADL activities (Cruz, 2007). For analytic purposes, the mean functional ability scores of the respondents were verbally interpreted using the following scale: 0 = *Maximum Assistance Required*; 1 – 4 = *Moderate Assistance Required*; 5 – 8 = *Minimal Assistance Required*; and 9 = *Independent in Completing the Activities*.

#### 3.2.2 Participation in Activities

The researcher-made survey interview schedule was administered to the respondents to measure their levels of participation in the various activities. The participation of the respondents in *personal activities* was measured in terms of their involvement in watching television, listening to the radio, and reading. The level of participation in *physical activities* was measured in terms of involvement in walking, dancing, jogging, playing, and working-out. The *activities with informal support networks* included activities with family and relatives and activities with friends and neighbors. The activities with family and relatives include: conversation with family members, children, grandchildren and relatives; visiting children, grandchildren or sick family members and relatives; and attending movies with family members and relatives. The activities with friends and neighbors include: visiting, informal conversation, eating and drinking, playing, taking snacks and coffee, and attending movies with friends and neighbors. The *activities with the formal support networks* include church and religious activities and community and organizational activities. Church and religious activities include attendance in church worship, mass, prayer meetings, fellowships, meetings and home visitation with the church members. Community and organizational activities include participation in electoral activities, attendance in the regular and special meetings and activities of the organizations, participation in the activities and meetings of the *barangay*, and community work or service.

The scale on the levels of participation of the respondents in the various activities ranges from 1=Never to 5=Always. For analytic purpose, the mean scores of the respondents on their levels of participation in the various activities were interpreted using the following scale: 1.00-1.80=Very Low; 1.81-2.60=Low; 2.61-3.40=Moderate; 3.41-4.20=High; and, 4.21-5.00=Very High.

### 3.2.3 Life Satisfaction

The Life Satisfaction Index for the Third Age (LSITA) Scale developed by Barrett and Murk (2006) was adapted in this study to measure the life satisfaction of the older people in General Santos City. In relation to other existing measures, the LSITA Scale was used to measure the life satisfaction of the older people in this study because it was developed as an updated scale based on the framework that Neugarten, Havighurst, & Tobin (1961) used to design the Life Satisfaction Index-Form A (LSI-A). Permission to use the scale was sought through an electronic mail. The LSITA consists of five factors derived from the 35 items which were assessed for their contribution to the reliability and validity of the scale. Twenty of the items were restated items from Neugarten, Havighurst, & Tobin's (1961) original Life Satisfaction Index. Fifteen additional items were developed to be consistent with the theoretical foundations of the original scale. An expert panel reviewed all items for issues of construct validity. The LSITA Scale development process achieved an excellent reliability with a Cronbach  $\alpha=0.93$ . At this level of reliability, LSITA can be used in individual assessments as well as group research. The LSITA Scale was operationalized in this study by administering it to a group of older people who were not included as respondents of the study before the Scale was used. After the administration of the LSITA Scale, the reliability coefficient was established. The LSITA Scale had achieved a reliability with a Cronbach  $\alpha=0.86$ .

The five factors of life satisfaction measured by LSITA Scale were those identified by Neugarten, Havighurst, & Tobin (1961). The first is *zest versus apathy*, which relates to an enthusiasm of response to life in general and was not related to any specific type of activity, such as social or intellectual engagements. The second is *resolution and fortitude*, which measures the respondents' active acceptance of personal responsibility for their lives rather than passively accepting or condoning what has happened to them. Third, *congruence of goals* measures the relative difference between desired and achieved goals, which cause one to be satisfied or dissatisfied with life. The fourth is *self-concept*, which is based on one's present emotional, physical and intellectual factors. The final factor, *mood tone*, relates to optimism and happiness and other positive affective responses.

The LSITA scale ranges from 1=*Strongly Disagree* to 6=*Strongly Agree*. For analytic purpose, the mean ratings for each of the five factors of life satisfaction were verbally interpreted using the following scale: 1.00 – 1.83=*Highly Dissatisfied*; 1.84 – 2.66=*Dissatisfied*; 2.67 – 3.49=*Somewhat Dissatisfied*; 3.50 – 4.32=*Somewhat Satisfied*; 4.33 – 5.15=*Satisfied*; and, 5.16 – 6.00=*Highly Satisfied*.

### 3.3 Statistical Analysis

Descriptive statistics consisting of frequency distributions, percentage and means were used to analyze the functional ability of the respondents, their levels of participation in various activities and their levels of life satisfaction. The disability prevalence rate was determined by dividing the number of respondents with one or more difficulty in the IADL activities with the total number of respondents.

Bivariate analysis through Pearson correlation was used to determine the relationships between the participation in activities and the life satisfaction of the older people. The Multiple Regression Analysis was employed to determine whether the functional ability and the different categories of activities which were statistically significant predictors of life satisfaction among the older people. Statistical significance was set at  $p<0.05$  for the bivariate and the multivariate statistical analyses.

## 4. Results and Discussions

The data in Table 1 show the distribution of respondents in terms of their functional ability score in the nine activities of the Instrumental Activities of Daily Living (IADL) Scale. Most of the respondents are independent in completing the activities safely with a frequency of 573 or 73.46 percent of the total respondents; 145 respondents or 18.59 percent of the total respondents require minimal assistance in order to perform the activities; 38 respondents or 4.87 percent require moderate assistance in order to perform the activities; and 24 respondents or 3.08 percent require maximum assistance to perform the activities. The mean functional ability score of the respondents is 7.83. The results revealed that 207 respondents or 26.64 percent have experienced difficulty in one or more IADL activities.

Table 2 shows the disability prevalence rates among the respondents across sex and age. The disability prevalence rates is higher among the female at 28.67 percent or 129 respondents, while there were 78 or 23.68 percent male respondents who have experienced difficulty in one or more IADL activities. There is no significant difference in the disability prevalence rates between male and female respondents, and the statistical analysis also revealed that there is no significant relationship between the disability prevalence rates of the

respondents and their sex.

The disability prevalence rates increases with age. As the respondents grow older, the prevalence of disability or experience of difficulty in one of the IADL activities also rises. There were 41 or 15.02 percent of the respondents who belong to the age range between 60-64 who experienced disability; 50 or 22.03 percent of the respondents belonging to the age range between 65-69 have experienced difficulty; and 38 or 23.17 percent of the respondents who belong to the age range between 70-74 have experienced difficulty in the IADL activities. It is noteworthy that more than half of the respondents (42 or 57.53%) who belong to the age range from 75-79 have disability, and a high percentage (83.72%) of the respondents whose ages range from 80 and above have experienced difficulty in one or more IADL activities. There is a significant positive relationship between the disability prevalence rates of the respondents and their age. The increasing pattern of disability prevalence rates of the older people in relation to their age can be attributed to the fact that as individuals age, physical decline is also expected to occur.

Considering the results of this study, most of the older people have the capacity to perform the Instrumental Activities of Daily Living (IADL). The mean functional ability score of 7.83 tended to be higher, which meant that most of the respondents were independent in completing the daily activities. This result can be attributed to the fact that the mean age of the respondents in this study is 68.54 and that prior to such age, they are still capable of performing the daily activities. But given such result on functional ability, the prevalence rate of functional disability among the older people cannot be ignored. Life expectancy among the females is higher compared to the males. The results of this study revealed that though the difference in the disability prevalence rates between sexes does not significantly differ, in terms of the frequency, there were more female than male older people who have experienced difficulty in one or more instrumental activities of daily living. There is a significant positive relationship between functional ability of the older people and their age which means that as individuals age, physical decline and disability will also be anticipated. These results imply that as more and more Filipinos are aging, it can be expected that more older Filipinos would also spend their lives with disabilities and on an idle state. Cruz (2007) emphasized that a considerable proportion of the older people's remaining life is lived in inactive state with significantly gender disparity.

The results of this study conform to the findings of the four-country survey sponsored by the World Health Organization (Costello, 2002), which provides a number of indicators that the health status of the older Filipinos is at least as good as, and may well be better, than that found in many of the other countries of the Asia Pacific region. The findings of the survey specifically revealed that more than nine out of ten Filipino respondents obtain a perfect score on a ten-point Activities of Daily Living (ADL) index. Areas covered include the ability to eat by one's self, to get dressed, to go to the toilet, and the like. Average scores on the ADL index are higher for the Philippine respondents than in any of the three other countries (Fiji, Korea, Malaysia) included in the study.

The data in Table 3 show the levels of participation of the respondents in the various activities. As depicted in Table 3, the respondents have *moderate* levels of participations or involvement in personal activities with a mean of 3.06, and activities with formal support networks with a mean of 3.21. The participations or involvement of the respondents in the physical activities and the activities with informal support networks are *low* with the means of 2.06 and 2.96 respectively.

There were only few specific activities where the respondents have high or very high participation. These activities include personal activities which are watching television and listening to the radio; physical activity which is walking; activities with family and relatives; and participation in the activities with formal support networks which are elections and political rallies, and church worships and masses. The respondents have very low to moderate levels of participation in the other activities included in this study.

The results showed that the participation of the respondents in the personal activities and the activities with informal support networks are not significantly related to their functional ability with Pearson correlations of 0.050 and -0.061 respectively. On the other hand, their participations in the physical activities and in the activities with the formal support networks are significantly related to their functional ability with Pearson correlations of 0.705 and 0.734 respectively (*all p-values*<0.05).

It is further reflected in Table 3 that the participation of the respondents in the personal activities is not significantly related to their life satisfaction with a Pearson correlation of -0.004. The study found statistically significant relationships between the life satisfaction of the respondents and their participations in activities with the formal support networks, activities with the informal support networks, and physical activities (*all p-values*<0.05).

The participations of the older people in the physical activities and activities with the formal support networks

have positive relationship with functional ability. The disability or difficulty experienced by the older people could hinder them from participating in various activities. Studies show that the functional ability of the older people is an important indicator of their participation in the different activities. Health and functional ability are crucially important to the quality of people's social lives; the level of functional ability determines the extent to which they can cope independently in the community, participate in events, visit other people, make use of the services and facilities provided by organizations and society, and generally enrich their own lives and those of the people closest to them (World Health Organization, 1998). Bergman (1991), stressed that lower functional status has been assumed to limit opportunities for social contact by reducing interactions with family and friends outside the home and by limiting social activities.

The older people have high level of involvement in watching television and listening to radio since these activities are considered by the older people as their pastime when they are staying at home. During interviews conducted with the respondents, most of the older people said that they are either watching television or are listening to the radio during their leisure time to get information through the news. Women respondents were mostly interested in the soap operas or plays shown during the prime time hours. As regards to reading as a personal activity, the older people have a very low level of involvement in such activity. One factor which, according to the respondents had affected their reading activity is their physical disability on their vision that hinders them from reading. Only few respondents are engaged in reading books, newspapers or pocketbooks.

The formal support networks are the organized institutions or voluntary organizations which have formal agenda and objectives and provide assistance to the older people. This include the local government unit, the civil society organizations, and the church. The older people have high participation in the church masses or worships, and other activities. As people aged, they usually devote their time into activities like prayers, fellowships, or visitation with the church members. Religion can support the older people in many ways. Poloma & Gallup (1991) confirmed this through their contention that participation in a religious community provides members with a framework for deriving meaning from their experiences, as well as an opportunity to interact with those who share similar values, attitudes, and beliefs. People also receive spiritual support in the form of pastoral care, participation in organized worship and service to others, and prayer. McFadden (1996) also emphasized that older people pray more often than younger people and are more likely to stress the personal significance of prayer. Prayer may be especially important in helping the older people to adjust to chronic health problems and to face impending deaths. The older people are those who usually attend in the activities of the church and are active in the voluntary works because many of them do not have occupations or jobs at home so they dedicate their time in church as part of their ministry. This is supported by Cox and Hammonds (1997) in their study entitled *Religiosity, Aging and Life Satisfaction* who concluded that religious activities tend to provide useful roles for older persons during the retirement years. Since the work of the church is a never ending task, there are always a great variety of volunteer activities the older person can become involved in, from visiting the homebound, to working with counseling services, to directing a recreational program for the young people.

The older people are also engaged in the political activities like attending political rallies and voting. They have high level of participation in these political activities because these are conducted on a periodic basis as once every three years so the respondents always tend to participate in the elections. According to Hooyman & Kiyak (1996), older people are politically active both as voters and volunteers. The participation of the people in political activity and their political interest increase with age.

The respondents are moderately involved in activities like growing own food or gardening and lawn work. Most of the older people especially in the rural areas have vegetable garden in their backyard, which according to them would serve as the source of their own food and sometimes, could also be an income generating undertaking for them. They have very low involvement in making repairs and sewing or mending or needlework because these are the activities which are not regularly done. The needlework is an activity that is especially performed by women while making repairs is an activity that is particularly done by men. Participation or involvement in needlework activity and in making repairs is also hindered by the physical ability of the older people especially in their vision.

The informal support network is composed of the older people's relatives, friends and family that provide them the ongoing support or assistance. The activities that the respondents always do are conversation with their family members, children, grandchildren or relatives; and visiting their children, grandchildren, their sick family members or relatives. The findings in this study revealed that most of the respondents are staying with their children or relatives, and this manifests that they have constant interactions with their children, grandchildren, family members and relatives through conversations or visitations.

Nesca (1993) stated that the structure and composition of the households of the older people in the Philippines showed that a small fraction of the older people lived alone and a large proportion lived with a spouse or with one or more members in the family. This is explained by Lopez (1991) as cited in Costello (2002) who stated that there can be little doubt that Philippine culture encourages great respect for and frequent interaction with the older people. Children have a particularly strong responsibility here due to the immeasurable and eternal debt of gratitude which they owe their parents (Hollnsteiner, 1973 in Costello, 2002). Natividad & Cruz (1997) also stated that the living arrangements of the older people in the Philippines and their sources of support reveal a predominant pattern of co-residence with their kin. Specifically, the findings of their study indicate that only 5.5 percent of the older people lived alone, 7.9 percent lived with a spouse only, and 9.8 percent lived with persons other than a spouse or children. From the data on the Philippine Longitudinal Study of Aging (PLSOA) in 2007, Cruz, G.T., Abalos, J.B., Lavares, M.C., Natividad, J.N., & Saito, Y., (2009) indicated that although 4.5 percent of the older Filipino people are living alone, 58 percent among them have at least one child within the neighbourhood. So in effect, only less than 2 percent are living alone, with no children within their immediate vicinity. A high percentage (73.9%) of the older Filipinos is living with their children with 8.1 percent living with their spouse only. The findings of the foregoing studies reflect the strong family ties among the Filipinos and the family is still the strong support system among the older people.

The respondents oftentimes visit their sick friends and neighbors. On the other hand, they rarely chat, play, watch movies, take snacks, and shop with their neighbors and friends. This shows a low interaction among the older people with friends and neighbors. The respondents have interactions with other older people who are of their age during meetings and other activities. These interactions, however, are of moderate frequency.

The importance of friendships and social support to older people's lives has been well documented. Bowling (1994) defines social support as the interactive process in which emotional, instrumental, or financial aid is obtained from one's social network. Friendships can be one source of social support, while instrumental and financial support is most likely to come from relatives. Close friends along with close relatives often provide emotional support. Phillipson (1997) in Callaghan (2008) suggests that, family support is often crucial in old age, but the search for meaning and fulfillment in later life is closely bound up with the ability to create and sustain social relationships of other kinds. Friendships are crucial to a sense of well-being in later life. Although in this study the interaction of the respondents with the other individuals of their age is not frequent, the interactive process between the older people and their friends or neighbors is still manifested. The low level of the respondents' interaction with their friends and neighbors can be attributed to the constant interaction with their family members, and most of them would just stay at home and do household chores.

The respondents have low participation in the physical activities. They are only engaged into walking and they do such physical exercise everyday. Only few are engaged into other physical activities such as dancing, jogging, playing, and working-out. Most of the respondents engaged in walking when they go to the church, or attend an activity within their *barangay*, or when they go to the farm to work. They prefer to walk than to take a ride as a sort of their physical exercise. According to Costello (2002), the chance to work a few hours each day may also bring with it other benefits, in terms of physical fitness or as a way of avoiding isolation and loneliness. Nicholson (2004) stressed that research on physical activity among older people has found that walking often comprises the bulk of older people's physical activity. A study on the *Physical Activity and Sport: Participation and Attitudes of Older People in Ireland* (2009) revealed that recreational walking is of critical importance to the achievement of health-enhancing physical activity among older people in Ireland and that the inclusion of recreational walking is critical to the accurate measurement of levels of health-enhancing physical activity among older people in Ireland.

A good number of the respondents are engaged in dancing as a physical exercise. Most of those who are engaged in dancing are members of the Senior Citizen's Organization because one of the programs of the organization is dancing as a physical exercise though on a moderate frequency which is done once every week or once in a month depending on the association. This supports Nicholson (2004) who stated that many *Retirement and Active Age Associations* provide dancing for their members, specifically with the aim of providing them with physical activity of moderate intensity. On the other hand, the respondents have very low level of involvement in jogging, playing, and working-out. Only few are engaged in these activities because most of the respondents in this study were female and these activities were usually done by the males. There are respondents who engaged in jogging, playing indoor games like badminton and tennis and working out in the gym. These respondents were usually those who have access to the gym facilities and to the indoor game courts.

The life satisfaction of the respondents (Table 4) was described in terms of the five factors which are the *resolution and fortitude* ( $M=4.15$ ,  $SD=0.98$ ), *self-concept* ( $M=4.18$ ,  $SD=0.92$ ), *congruence of goals* ( $M=4.06$ ,

$SD=1.02$ ), *mood tone* ( $M=4.02$ ,  $SD=1.01$ ), and *zest versus apathy* ( $M=4.06$ ,  $SD=1.02$ ). The overall life satisfaction of the respondents based on the five factors has a factor average of 4.09 which is verbally interpreted as *somewhat satisfied*. This means that the respondents are fairly or to some extent satisfied of their lives. The standard deviation on their levels of life satisfaction is 0.97 and this means that there is a low deviation in the responses of the respondents on the life satisfaction scale.

The levels of life satisfaction of the older people could be explained by several factors or reasons. One of these is their levels of participation in the various activities. Results showed that the levels of participations of the respondents in the personal activities are moderate; in physical activities, low; in activities with informal support networks, low; and in activities with formal support networks, moderate. The low levels of participation and involvement in the various activities have contributed to the respondents' low levels of life satisfaction.

During the interviews conducted, the respondents have expressed that they were *somewhat satisfied* and contented of their present lives because they cannot do otherwise but to accept what they have now. There are respondents who were hopeful that they can still live better lives as they age, but many of the respondents said that they just accept their present situations and work hard as they continue to live, and that they entrust the rest of their lives to their Creator. The acceptance of their present situations in life and the hopes for a better future to come may have somewhat heightened the levels of life satisfaction of the respondents in terms of their *self-concept* and *resolution and fortitude*. These factors are among the two indicators of life satisfaction where the respondents have higher mean scores. Resolution and fortitude relates to the active acceptance of the older people's present situation and condoning what happened in the past. Self-concept, on the other hand, relates to the present emotional, physical and intellectual situation of the older people, where they rate themselves higher. In this factor, they do not feel old but are concerned with their appearance and judge themselves to be wise and competent (Neugarten, Havighurst, & Tobin, 1961).

There were respondents who expressed that there are things or ambitions in their lives which they have not achieved, and they have felt depressions, loneliness and regrets for the failures in their lives. The failures and regrets of the respondents about their past lives have contributed to their low levels of life satisfaction. These experiences would relate to the *congruence between the desired and achieved goals* and the *mood tone* factors of life satisfaction. These two factors are among the indicators of life satisfaction where the respondents have lower mean scores. The relative difference between the desired and the achieved goals of the older people caused the dissatisfaction (Neugarten, Havighurst, & Tobin, 1961). Mood tone relates to the optimism and happiness of the older people (Neugarten, Havighurst, & Tobin, 1961). The depressions and loneliness that the respondents in this study have experienced are feelings that result to their low satisfaction with life.

The result of statistical analysis (Table 5) revealed that the functional ability of the older people, their participation in physical activities and activities with the formal support networks are significant predictors of life satisfaction among them. The participation of the respondents in the various activities when combined has a correlation with life satisfaction and explain 25.5 percent of the variance in life satisfaction. The ANOVA results show an  $F$ -value of 15.292 and a corresponding  $p$ -value of 0.000. These results mean that as a group, the predictor variables explain a statistically significant portion of the variance in life satisfaction. The overall model is statistically significant.

Considering the variables which are statistically significant predictors of life satisfaction shown in Table 5, further statistical analysis was conducted. The results are shown in Table 6. The statistical results of the multiple regression analysis reflected in Table 6 showed that the  $R^2$  value is 0.237. The three predictor variables which are functional ability, participation in physical activities and participation in activities with the formal support networks when combined have a correlation with life satisfaction and explain 23.7 percent of the variance in life satisfaction. The  $R^2$  value is reduced to 0.229 when adjusted for the error associated with multiple predictor variables. The ANOVA results show an  $F$  value of 29.893 and a corresponding  $p$ -value of 0.000. These results mean that as a group, the three predictor variables explain a statistically significant portion of the variance in life satisfaction. In other words, the overall regression model is statistically significant.

From the two models of the regression analysis, the functional ability, and participations in the physical activities and activities with formal support networks are statistically significant predictors of life satisfaction among the older people. There is a positive significant correlation between the life satisfaction of the respondents and their level of functional ability. This means that the older people who have higher levels of functional ability have also higher levels of life satisfaction. This finding supports the findings of the following studies. In the study conducted by George (1979), Lawton (1974) and Broyles & Drenovsky (1992), subjective health has been shown to be strongly related to life satisfaction and well-being. Further, in a study conducted by Newsom &



Schulz (1996) entitled *Social Support as a Mediator in the Relation Between Functional Status and Quality of Life in Older Adults* as cited in Abu-Bader, S., Rogers, A., & Barusch, A. (2003), results indicated that participants who reported decreased physical functioning also perceived their social supports as poor. The participants who perceived their social supports as poor had reported low life satisfaction. Thus, participants who reported physical difficulties also perceived their social supports to be poor, which may have affected their level of life satisfaction. This may be because the older people who were not functioning well enough to work had fewer opportunities to build social networks, which affected fewer opportunities to build social networks, which afforded fewer opportunities to engage in satisfying relationships outside of the workplace (Aquino, J. A., Russell, D.W., Cutrona, C.E., & Altmaier, E.M., 1996).

The World Health Organization-Ageing and Health Programme (1998) stated that functional health has been associated with quality of self-maintenance, quality of role activity, intellectual status, emotional status, social activity and attitudes towards the world and the self. This is because the health and functional ability are crucially important to the quality of people's social lives. The level of functional ability determines the extent to which they can cope independently in the community, participate in events, visit other people, make use of the services and facilities provided by organizations and society, and generally enrich their own lives and those of the people closest to them. Abu-Bader, S., Rogers, A., & Barusch, A. (2003) had also found out in their study that physical health emerged as the most significant predictor of life satisfaction accounting for 14 percent of the variance.

The high levels of participation of the older people in the activities would have a corresponding increase in the levels of their life satisfaction. Their increased participation in the physical activities and the activities with formal support networks enhances their life satisfaction. These findings would affirm the assertion that activity has long been established as being important in later life. One of the most prominent theoretical explanations for this is the activity theory, which states that an individual's well-being is related to their involvement in activity through the degree of activity engagement and the degree of intimacy involved (Lemon, Bengtson & Petersen, 1972). Because various activities help build social identity, disengagement is bound to reduce satisfaction and meaning in older people's lives. What seniors need, in short, is not to be pushed out of roles, but to be given a wider range of productive or recreational activities (Robinson, Werner, & Godbey, 1997; Macionis, 2007).

A greater degree of physical activity can help prevent the negative effects of ageing on functional ability and health. Physical activity is also the best way to break the vicious circle of illnesses and related disabilities and move on to a path of progressive improvement. This, ultimately, helps increase the older people's independence. The benefits to be gained from sensible physical exercise considerably outweigh the potentially adverse effects. These benefits include improved functional ability, health and quality of life (World Health Organization, 1998). The participation of the older people in the activities of the formal support networks provide them with the opportunity to interact with the other individuals of their age. It is through such interaction that they are able to find meanings and symbols to the activities that they engaged in.

It has been argued that to cope with the problems of old age and to grow old gracefully, one must keep active, continually finding new interests to replace those who have moved or died (Havighurst & Albrecht, 1953; Schaie & Willis, 2002). To be continually active, the older people must be a part of the social support system, which consists of the relatives, friends, and organizations that provide emotional support. These support make the individual feel loved or comforted, and provide them instrumental support like managing activities of daily living (Quadagno, 2005).

## 5. Conclusions and Implications

The functional ability of the older people determines their life satisfaction because those who have better health status could enjoy their lives more than those who have poor health conditions. After reaching the age of sixty or after their retirement, the Filipino older people are still capable of working and could still be active participants in the labor sector. They could still become productive members of the society if they are given with the opportunities to work that would benefit them. The older people who have retired from their professions and employment but are still capable and are willing to continue practicing their profession or performing their works may be given with the opportunity to render services as volunteers in the different activities of the church, the civil society organizations and the educational institutions.

On the other hand, as the population ages, the changes in the age structure can pose serious concerns or challenges because proportionately, there will be less young people who will support or respond to the needs of the older people. The family is still the main support systems and the home is the essential place of care for older people. These support include financial, emotional, physical and material. The daughters, who are the traditional

care takers of the older people continue to be the trend at the present time, but there are other factors that will affect the traditional mechanisms of caring them. There will be changes in the traditional culture of the Filipinos which maintain the care for the older people as a result of high number of overseas work migration among women and the declining household size. The results of this study have implications on the future living arrangements and care of the older people as women today are engaged in the labor force and time may come when they will be left unattended by their children. In this instance, the community and nursing homes will become important institutions for them.

The respondents were *somewhat satisfied* of their lives. However, there are older people who have some regrets or are resigned with their present situation. Their levels of life satisfaction can be attributed to the acceptance of the failures in their lives and their hope that better future still awaits them. The respondents are consistent in saying that they are satisfied with their lives though it can be observed that they experience difficulties. In the Philippines, the older people are satisfied with their lives but some factors impinge on their well-being like the physical decline in old age, poor health and economic anxiety. But whatever these factors are, the Filipino culture could indicate that they are optimistic of their future, hence, they would accept whatever difficulties that they have and could be satisfied with their lives.

The activities in which the older people are engaged in are very important for them to enhance their personal satisfaction as well as physical and functional ability. While it is important to maintain a high level of involvement in specific activities that contribute to life satisfaction, it is not important to continue one's participation and involvement in activities that do not contribute to life satisfaction.

The participation of the older people in the various activities is statistically significant predictor of their life satisfaction. This result has theoretical implications on the activity theory. The findings would support the activity theory that high levels of participation in the activities mean high levels of satisfaction with life. The high or low levels of participation in the activities determine the levels of life satisfaction of the older people because their participation and involvement in the various activities give them the opportunity to interact with other people. From the viewpoint of the symbolic interaction theory, the older people assign or derive meanings and symbols in their interactions with the other individuals through their participation and involvement in the various activities. The levels of life satisfaction of the older people is heightened or lessened depending on the meanings of the activities that they assign or derive from such activities. It is through their interaction with the other individuals that they develop their sense of well-being or life satisfaction.

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Table 1. Distribution of Respondents as to their Functional Ability (n=780)\*

Functional Ability Score	Verbal Interpretation	Frequency	Percentage
0	Maximum Assistance Required	24	3.08
1-4	Moderate Assistance Required	38	4.87
5-8	Minimal Assistance Required	145	18.59
9	Independent in Completing the Activities	573	73.46
<b>Total</b>		<b>780</b>	<b>100.00</b>

\* 26.64% (207) of the total respondents (780) experienced difficulty in one or more IADL activities.

\* Mean Functional Ability Score of the respondents is 7.83.

Table 2. Disability Prevalence Rates Among the Respondents

Characteristic	Male*	Female*	Both Sexes*
Percentage (%) with at least one IADL Difficulty	23.64 (78)	28.67 (129)	26.54 (207)
<i>Age**</i>	<b>Male</b>	<b>Female</b>	<b>Both Sexes</b>
60-64	13 (11.21)	28 (17.83)	41 (15.02)
65-69	17 (17.71)	33 (25.19)	50 (22.03)
70-74	11 (15.94)	27 (28.42)	38 (23.17)
75-79	23 (74.19)	19 (45.24)	42 (57.53)
80 & above	14 (77.78)	22 (88.00)	36 (83.72)
<b>Total</b>	<b>78 (23.64)</b>	<b>129 (28.66)</b>	<b>207 (26.54)</b>

\* No significant relationship exists between the functional ability scores and sex; no significant difference in the functional ability when analyzed according to sex (p<0.05) two-tailed test.

\*\* There is a significant relationship between the functional ability and age; differences in the functional ability between and among age brackets are also significant (p<0.05) two-tailed test.

Table 3. Participation of the Respondents in the Various Activities (n=780)

Activities	Mean	Verbal Interpretation	Correlation with Functional Ability	Correlation with Life Satisfaction
Personal Activities	3.06	Moderate	0.050	-0.004
Physical Activities	2.06	Low	0.705*	0.273*
Activities with Informal Support Networks	2.96	Moderate	-0.061	0.240*
Activities with Formal Support Networks	3.21	Moderate	0.734*	0.254*
<b>All Activities</b>	<b>2.82</b>	<b>Moderate</b>	<b>0.5328</b>	<b>0.252*</b>

\*Significant at  $p < 0.05$  two-tailed test.

Table 4. Life Satisfaction of the Respondents (n=780)

Factors	Mean	Sd	Verbal Interpretation
Self-Concept	4.18	0.92	Somewhat Satisfied
Resolution and Fortitude	4.15	0.98	Somewhat Satisfied
Zest vs. Apathy	4.06	0.92	Somewhat Satisfied
Congruence of Goals	4.06	1.02	Somewhat Satisfied
Mood Tone	4.02	1.01	Somewhat Satisfied
<b>Factor Average</b>	<b>4.09</b>	<b>0.97</b>	<b>Somewhat Satisfied</b>

Table 5. Multiple Regression Results Between the Life Satisfaction of the Respondents and the Predictor Variables (Model 1)

Predictor Variables	Coefficient	Std. Error	t-value	p-value		
(Constant)	2.589	0.221	11.717	0.000		
Functional Ability	0.058	0.010	5.491	0.000*		
Personal Activities	0.059	0.054	1.089	0.114		
Physical Activities	0.112	0.065	2.033	0.047*		
Informal Networks	0.120	0.058	2.090	0.087		
Formal Networks	0.126	0.047	2.691	0.007*		
	<b>Df</b>	<b>Sum of Squares</b>	<b>R<sup>2</sup></b>	<b>R<sup>2</sup> (adj)</b>	<b>F</b>	<b>Sig.</b>
Regression	5	50.644				
Residual	760	148.053	0.255	0.238	15.292	0.000
Total	777	198.697				

\*Significant at  $p < 0.05$ .

Table 6. Multiple Regression Results Between the Life Satisfaction of the Respondents and the Predictor Variables (Model 2)

Predictor Variables	Coefficient	Std. Error	t-value	p-value		
(Constant)	3.155	0.091	34.512	0.000		
Functional Ability	0.046	0.009	5.134	0.000*		
Physical Activities	0.109	0.040	2.752	0.006*		
Formal Networks	0.136	0.030	4.565	0.000*		
	<b>Df</b>	<b>Sum of Squares</b>	<b>R<sup>2</sup></b>	<b>R<sup>2</sup> (adj)</b>	<b>F</b>	<b>Sig.</b>
Regression	3	47.041				
Residual	771	151.658	0.237	0.229	29.893	0.000
Total	779	198.699				

\*\*Significant at  $p < 0.05$ .