CHAPTER IV

METHODOLOGY
Present investigation was intended to study the general well-being of institutionalized and non-institutionalized aged subjects. The following design was used to fulfill the objectives of the study (Chapter- III).

DESIGN:

A 2x2 factorial design was used to study the general well-being of institutionalized and non-institutionalized aged subjects. One factor was gender (A) having two levels i.e. males (a₁) and females (a₂). The other factor was care (B) having two levels i.e. institutionalized care (b₁) and non-institutionalized care (b₂). See table 4.1

Table 4.1 Design of the study

<table>
<thead>
<tr>
<th>Gender (A)</th>
<th>Care (B)</th>
<th>Institutional Care (b₁)</th>
<th>Non-Institutional Care (b₂)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male (a₁)</td>
<td>( n = 71 )</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female (a₂)</td>
<td>( n = 100 )</td>
<td>( n = 100 )</td>
<td></td>
</tr>
</tbody>
</table>

For fulfilling the additional objectives of the investigation (i.e. objective number 3 and 4) a correlational study design was used.
SAMPLE:

A sample of 371 subjects (male = 171 and female = 200) aged 60 years and above was selected for the present study on the basis of non-random purposive sampling procedure. Both literate and illiterate subjects were interviewed and administered the measures of well-being. The sample was initially divided into two groups i.e. institutionalized and non-institutionalized aged. Table 4.2 shows the breakdown of sample in terms of institutionalized and non-institutionalized, male and female & rural and urban area.

Institutionalized subjects:

There were 171 institutionalized subjects out of which 71 were males and 100 were females. Although it was initially decided to take a sample of 100 for the institutionalized male subjects also but due to non-availability of required sample only 71 were included in the investigation. Institutionalized subjects were selected from oldage homes located in Delhi, Haryana and Chandigarh. A list of oldage homes is given in the Appendix (A). The mean age (Table 4.3) of the institutionalized subjects was 74.73 years with standard deviation of 9.77 years. Institutionalized males had slightly higher age ($\bar{x} = 75.93$ years, $\sigma = 9.28$ years) than females ($\bar{x} = 73.87$, $\sigma = 10.07$). The range of age was 60 to 100 years.
Reasons for being in the institution included – elderly persons did not want to be a burden on their families, were denied love, affection and proper care at home, had quarrels with daughter-in-laws or other members of the family, were denied shelter by their wards, son settled abroad, did not have son and could not live with their daughter due to cultural values. The destitute were not included in the study.

Non-institutionalized subjects:

200 non-institutionalized subjects (male = 100, female = 100) were included in the study. The sample was further divided into rural and urban. Therefore, 100 rural and 100 urban i.e. equal number of males and females were selected from Delhi, Chandigarh, Faridabad, Rohtak and adjoining villages. The average age of the non-institutionalized subjects was 68.03 (σ
=7.90) years. The mean age of non-institutionalized male subjects was 68.56 ($\sigma = 7.86$) years and 67.50 ($\sigma = 7.94$) years for females.

The total sample had an average age of 71.12 ($\sigma = 9.41$) years (Table 4.3). The rural sample was selected from Rohtak, Faridabad and Jhajjar districts of Haryana. The age range was 60 to 100 years. The mean and S.D. are shown in tables 4.3 and 4.4. The mean age of rural subjects was 68.92 ($\sigma = 7.92$) years and 67.14 ($\sigma = 7.82$) years for the urban subjects.

**Table 4.3**

Mean ($\bar{x}$) and SD ($\sigma$) of age (in years) for Institutionalized and Non-Institutionalized Aged Subjects

<table>
<thead>
<tr>
<th></th>
<th>$\bar{x}$</th>
<th>$\sigma$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Institutionalized</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(n=171)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>75.93</td>
<td>9.28</td>
</tr>
<tr>
<td>Female</td>
<td>73.87</td>
<td>10.07</td>
</tr>
<tr>
<td>Total</td>
<td>74.73</td>
<td>9.77</td>
</tr>
<tr>
<td><strong>Non-Institutionalized</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(n=200)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>68.56</td>
<td>7.86</td>
</tr>
<tr>
<td>Female</td>
<td>67.50</td>
<td>7.94</td>
</tr>
<tr>
<td>Total</td>
<td>68.03</td>
<td>7.90</td>
</tr>
<tr>
<td><strong>Total (N=371)</strong></td>
<td>71.12</td>
<td>9.41</td>
</tr>
</tbody>
</table>
Table 4.4

Mean ($\bar{x}$) and SD ($\sigma$) of age (in years) for Rural and Urban (Non-Institutionalized) Aged Subjects

<table>
<thead>
<tr>
<th></th>
<th>$\bar{x}$</th>
<th>$\sigma$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male (n=50)</td>
<td>69.00</td>
<td>7.48</td>
</tr>
<tr>
<td>Female (n=50)</td>
<td>68.84</td>
<td>8.42</td>
</tr>
<tr>
<td>Total (n=100)</td>
<td>68.92</td>
<td>7.92</td>
</tr>
<tr>
<td>Urban</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male (n=50)</td>
<td>68.12</td>
<td>8.29</td>
</tr>
<tr>
<td>Female (n=50)</td>
<td>66.16</td>
<td>7.27</td>
</tr>
<tr>
<td>Total (n=100)</td>
<td>67.14</td>
<td>7.82</td>
</tr>
</tbody>
</table>

TOOLS USED: Following tools were used for the present study:

(1) General Well-being: For measuring general well-being a battery of following measures was used.

   (i) Beck Depression Inventory: (Beck, Ward, Mandelson, Mock & Erbaugh, 1961)

   (ii) Goldberg Health Questionnaire–12: (Goldberg & Hillier, 1979).

   (iii) Self-esteem Inventory: (Backman, O’Malley & Johnston, 1978)

   (iv) Life Satisfaction Scale: (Warr, Cook & Wall, 1979)

   (v) Distressed Sleep: A nine-item checklist especially designed for distressed sleep was administered
2) Social support questionnaire (SSQ) : (Sarason, Levine, Basham, & Sarason, 1983) was used for measuring social support.

3) For measuring activity level, financial support and perceived financial satisfaction level, checklists were prepared and used.

A brief description of each measure is given below:

**Beck Depression Scale:**

Beck depression scale (Beck et al., 1961) is a widely used self-report scale having 21-items to measure the behavioral manifestations of depression, irrespective of clinical diagnosis. This scale assesses affective, cognitive, motivational (e.g. loss of interest), irritability, sleep disturbance and other neurovegetative symptoms of depression as well as the tendency toward self-blame. The internal reliability and concurrent validity of the Beck depression scale has been established in studies of clinically depressed persons (Beck, 1967; Metcalfe & Goldman, 1965; Beck et al., 1961) and test-retest reliability in the college students and normal population was .86 (Golin, Sweeney & Shaeffer, 1981). It is also correlated with the MMPI-D scale and unlike other depression scales it is able to discriminate between anxiety and depression (e.g. Greenberg & Beck, 1989; Beck et al., 1987 and Alloy, Greenberg, Clements, & Kolden, 1983). Hindi version (Mathur, 1981) of the standard edition of Beck Depression Scale consists of 21 categories of symptoms and attitude to identify depressive symptoms, used in this study. In both versions, each category describes
particular manifestation of depression and has a series of four self-evaluative statements, which are assigned values of 0 to 3. The range of scores varies from 0 to 63. The split half reliability coefficient between the odd and even categories was 0.93 when computed with Spearman-Brown formula. Mathur (1981) has already established the efficacy and suitability of Hindi version. She administered both the English and Hindi versions to a group of 50 post-graduate students and found an extremely high correlation of 0.97. The Hindi version of the inventory is given in the Appendix B.

**Goldberg Health Questionnaire – 12 (GHQ-12)**

For measuring general health of the subjects GHQ-12 (Goldberg & Hillier, 1979) was used. Mohal (1991) prepared the Hindi version of this questionnaire. This is a self-administered screening test designed for detecting non-psychotic psychiatric disorders (Goldberg, 1972, 1978). It is concerned with two major phenomena: the inability to carry out one’s normal healthy functions and the appearance of new phenomena of distressing nature. GHQ-12 has been described (Goldberg & Hillier, 1979) as a set of questions which forms a ‘lowest common multiple’ of symptoms which will be encountered in the various differentiated syndromes of mental disorders. The 12-statements are to be rated on a four-point scale with a scoring weight of 0 to 3. Thus, the total score may range from 0 to 36. A higher score indicates increased levels of psychological distress and poor general health. The reliability and validity of GHQ-12 are well
established (Banks, Clegg, Jackson, Kemp, Stafford, & Wall, 1980; Goldberg & Hillier, 1979 & Goldberg, 1972). Moreover, Banks et al. (1980) have also demonstrated the psychometric properties of GHQ-12 in work and occupational set-ups. The Hindi version of GHQ-12 is given in Appendix C.

**Self-Esteem Inventory:**

A Self-Esteem Inventory (Backman et al., 1978) consisting of 20 items was used to measure the global self-esteem of the subjects. The items for the original inventory were selected from a pool of items of two pre-existing measures of self-esteem (Backman et al., 1978). Hindi version prepared by Thomas and Raj (1984) was used in the present study. In this inventory 10-items were positive and other 10-items were negative. The subjects were asked to answer on a five point scale from ‘strongly agree’ to ‘strongly disagree’ for each item, with a possible range of scores from 20 to 100. A high score indicates high self-esteem. Scoring weights were 5,4,3,2,1 for odd items and 1,2,3,4,5 for even items respectively. In order to determine the validity of the inventory the coefficient of correlation was computed between the scores of the original inventory and the Hindi version by Mohal (1991). The product moment correlation was found to be 0.91 (n=74) and 0.83 (n=74), respectively. These correlations indicated the criterion validity of the inventory. The Hindi version of the inventory is given in Appendix D.
Life Satisfaction Scale:

A ten-item scale designed by Warr et al. (1979) was used to measure the satisfaction with salient features of daily life and activity of the respondents. The psychometric properties of the scale (test-retest reliability, split-half reliability, internal consistency, reliability and validity) were reported by authors and others (Breakwell, Harrison & Propper, 1984). Responses were rated on a seven point scale from "I am extremely dissatisfied" (1) to "I am extremely satisfied" (7). The possible range of scores could vary from 10 to 70. A high score indicates high satisfaction and vice-versa. The scores of life satisfaction scale have been found (Mohal, 1991) to be positively correlated with self-esteem and reported health, and negatively correlated with Beck Depression Inventory, GHQ-12 and neuroticism. The investigator prepared the Hindi version of this scale. Hindi translation was given to five experts to retranslate it into English and it was almost similar to the original. Both the English and Hindi versions were administered to 30 post graduate female students of Maharshi Dayanand University. The coefficient of correlation between them is .90. The Hindi version of the scale was again administered with a gap of 30 days. The retest reliability is also very high (r = .87). Scoring of the Hindi version is similar to that of the original. The Hindi version of the scale is given in Appendix E.

Distressed Sleep:

On the basis of the discussion with the old persons at the time of pilot work, a checklist was prepared to check the sleeping pattern of the elderly
persons i.e. whether the subjects had sound sleep or distressed sleep due to oldage problems. There were nine items in the checklist. Item numbers 3, 4, 5, 6, 8, 9 were in yes/no format. Item numbers 1 and 2 were in fixed (two) choices. Item number 7 was an open ended statement to be answered by the respondent. The checklist is given in Appendix F. Uniform set of instructions (as given in Appendix F) were given to the subjects.

A score of one (1) was given to item number 1 if the respondent got up (left the bed) upto 6 a.m. and zero (0) if the respondent got up after 6 a.m. A score of one (1) was given if the respondent went to bed (fell asleep) before 10 p.m. and zero (0) if he slept after 10 p.m. on item number 2. A score of one (1) each was given to item number 3, 4, 5, 6 and 9, if the answer was in affirmative i.e. ‘Yes’ and zero (0) if the answer was ‘No’. Item number 7 was related with the time taken to fall asleep after lying down in the bed. A score of one (1) was given if respondent took more than one and half hour to fall asleep, zero (0) if respondent took one and half hour or less time to fall asleep. Item number 8 was scored negatively and a score of (-1) was given if answered ‘Yes’ and zero (0) if ‘No’. High score indicates distressed sleep and low score indicates non-distressed or sound sleep. Total score may range from -1 to 8.

Social Support Questionnaire (SSQ):

Hindi adaptation (Dogra, 1990) of social support questionnaire (Sarason et al., 1983) was used to measure the social support available to the aged persons. It consisted of 27 items. Each item had two parts to be answered by the
respondent. Part (a) i.e. (SSn) dealt with the perceived availability of number of persons for social support i.e. the number of persons to whom an individual could turn to and on whom he or she could rely on, in a given set of circumstances. Part (b) i.e. (SSs) deals with the degree of satisfaction from the available support i.e. how much satisfied they were with this available social support. It is a 6 point likert type scale. Sarason et al. (1983) have reported that SSQ has a high test reliability when compared with extensive structured interview. The scale has test-retest reliability of (0.90) and (0.83) for both ‘n’ and ‘s’ scales. The Hindi version also has high (.84) test-retest reliability (Dogra, 1990). For SSn, the respondent can write the names of a maximum of nine persons. Mean scores were obtained by adding the number of persons mentioned in each item and then dividing the sum by 27. For SSs, the responses were rated on 6-point scale i.e. from extremely satisfied to extremely dissatisfied. Score on each item ranged from 1 to 6. These scores on each item were added and then divided by 27 to get the mean scores. Minor changes were done in the wordings of five items of the questionnaire. These were item numbers 2, 5, 10, 12 and 25. The questionnaire is given in Appendix G.

Daily Activity Checklist:

To measure the activity level of the subjects, a checklist containing ten items was prepared. The items were selected from the literature and on the basis of discussion with the aged people. As this checklist measures the number of
activities done by the respondent daily, therefore, they were requested to mark the activity performed daily. The items were in multiple choice format. Respondents were required either to mark the alternatives applicable to them or to write down their activity in the space provided, if they think that the given choices are not according to the activity performed by them. The exact questions and instructions of the checklist are shown in Appendix H.

Item number 1 was related with the activity done in the early morning hours. Choice ‘a’ was related with the kind of household or any other activity done and was scored two (2) as the work done was strenuous. Choice ‘b’ was related with the basic activities of daily life, i.e. brushing, bathing, toilet etc. and scored one (1) as the activities done were not so strenuous. Choice ‘c’ was scored zero (0), as the respondent was not involved in any kind of activity. The maximum score on this item could be 3. Item number 2 was related with the activity done by respondent with or without the help of the other person. If the respondent did his work himself, a score of one (1) was given, otherwise scored zero (0). Item number 3 had two choices (a and b). Every respondent was required to mark on one choice only. Choice ‘a’ had two options. A score of two (2) was given (option ‘i’) if the respondent did the activity daily and one (1) was given (option ‘ii’) if the respondent was not regular in the activity. If the answer is ‘No’ for Choice ‘b’, a score of zero (0) was given. Thus the score on this item would range from 0 to 2. Item number 4 had three choices. Choice ‘a’ was related with the household activity done by the respondent and a score of one (1)
was given. Choice ‘b’ was related with any other kind of activity done by respondent and a score of one (1) was given to it. A score of zero (0) was given for choice ‘c’ as the person was not involved in any activity and took rest only. The score on this item ranged from 0 to 2. Item number 5 was related with the number of activities done by the respondent. A score of (1) was given on choices ‘a to h’. If the answer was ‘No’ (choice ‘i’) then the score given is zero (0). Maximum score on this item could be 8. Item number 6 was related with the hobby of the person. If the answer was ‘Yes’ then the choices (a to e) were scored one (1) each and marked zero (0) if the answer was ‘No’. Maximum score on this item can be 5. Item number 7 was related to the religious activity the respondent was involved in. It had two choices (a and b). Again choice ‘a’ had two options. If the respondent visited the religious place daily (option ‘i’) a score of two (2) was given. A score of one (1) was given (option ‘ii’) if the respondent was irregular in visiting religious place. A score of zero (0) was given on choice ‘b’. Maximum score was 2 on this item. Item number 8 consisted of six choices ‘a to f’ and each choice was scored one (1) except choice ‘f’ which was scored zero (0). Maximum score could be 5 on this item.

Item numbers 9 and 10 had seven choices (a to g). Each choice (except ‘g’) on each item was scored one (1) if answered ‘Yes’. ‘g’ was given a score of zero (0). A maximum score of 6 each was given on each item. The total score may range from 0 to 40. Higher score indicated high activity level and less
dependency and low score indicated less activity and greater dependency of the subject on others.

**Financial Support Checklist:**

A ten-item checklist was prepared and used to assess the financial support available to the respondents. The items were selected on the basis of pilot work. These items were related to the sources of financial support such as service, established business, pension, retirement benefits, rent from residence or commercial property. Some items were related to financial burden also, such as dependent children, marriage of son/daughter etc. Item number 3, 5, 8, 9 and 10 were in yes/no format. Item number 1, 2, 4, 6, 7 were in multiple choice format. The checklist is shown in Appendix I.

Item number 1 consisted of 6 choices 'a to f'. Choice ‘a’ i.e. service is scored (2) as it shows good financial position. Choice ‘b’ was related with the business. It had two options : option (i) was scored two (2) if the person was in established business and had genuine financial position. Option (ii) was scored one (1) as the business set up was new and might impose financial burden to the aged person. Choice c, d and e were scored one each. If the aged person had no source of income (choice f) then the item was scored zero (0). The maximum score on this item was 7. Item 2 was related with the pension and scored if responded ‘yes’. A score of two (2) was given if the respondent was getting retirement pension and one (1) if getting oldage pension. Item 2 was scored zero if the response was ‘No’. The maximum score on this item was 2. Item number
3 was scored one (1) if the answer was 'Yes' and zero (0) if answer was 'No'. Item number 4 was related with the rent. It was scored if answered 'Yes'. A score of one (1) each was given to rent for residential and commercial properties. It was scored zero (0) if the response was 'No'. Item number 5 was related with the financial burden on the respondent. If answered 'Yes' a score of (-1) was given to male respondent as they were the earning hands in Indian society and (+1) was given to female respondent as they depended on their husbands for the money. Item number 6 was related with the government aid. If the answer was ‘Yes’ then it was scored one (1) and marked zero (0) if the answer was ‘No’. There were four choices in it and each choice was given a score of one (1) each. Maximum score on this item could be 4. Item number 7 was related with the help received from relatives. It was scored (1) if the answer was ‘Yes’ and (0) if the answer was ‘No’. There were three choices in it and each choice was given a score of one (1). Maximum score on this item could be 3. Item numbers 8 and 9 were related with the help given by the respondent and as it became the financial burden on the respondent to give help to somebody. A score of (-1) each was given if answered ‘Yes’. Item number 10 was related with veteran benefits. A score of one (1) was given if the answer was ‘Yes’ and zero (0) if the answer was ‘No’. The total score range from -3 to 21.

**Perceived Financial Satisfaction Level (PFSL):**

Perceived satisfaction from the financial support available to the aged persons was assessed by a two item checklist. The first item was "Whether the
available finance was adequate to fulfill their needs” and the second item was
"Do you think you have adequate finance for your future needs?" Both the items
were marked as ‘Yes’ or ‘No’. A score of two (2) was given if marked ‘yes’
and one (1) if marked ‘no’. The total score range from 2 to 4 (Appendix J).

PROCEDURE:

With the help of literature and interview of the aged subjects, primarily a
set of questions was prepared. It included ideas about what questions it might be
worthwhile or interesting to ask. Having identified the specific issues and ideas,
which was the subject of the checklists, the investigator arranged them into a set
of questions. A small sample of aged male and female subjects was selected and
interviewed randomly from institutionalized, non-institutionalized, urban and
rural aged. Thus, ideas received were enlisted and broken down into a set of
smaller, more precise questions. Each idea or issue was looked in as much detail
as possible before designing the checklists. The checklists were sent for
scrutinizing to the experts. Suggestions and comments of the experts were taken
into consideration and checklists for daily activity, financial support, perceived
financial satisfaction level and distressed sleep were prepared.

To test the workability of the checklist, a pilot study was conducted on a
sample of 30 subjects, which included both institutionalized and non-
institutionalized aged subjects. The checklists were found to be adequate and no
problem whatsoever was reported by any of the respondents. Thus the final
checklists were prepared. To collect data from the institutions, prior permission was taken from the head of the oldage homes. For non-institutionalized sample, subjects, the data was selected from Delhi, Chandigarh and Haryana. All the subjects were approached personally. Investigator introduced herself as a research scholar to the aged persons and told them about the academic purpose and applicability of the present study and requested them to answer frankly and honestly as the information was to be kept confidential and would only be used for research purposes.

Initially demographic information (name, age, and general questions related to educational qualifications, marital status, family background etc.) was collected and rapport was established. The subjects were assured about the anonymity of their personal identification. After that, the general instructions related to questionnaire were given and the investigator read out items to each subject who selected the answers from the set of alternatives listed in the questionnaire. The subjects who had difficulty in understanding the items (especially villagers and the illiterate) were explained each item in easy language and their responses were noted down. Queries put by the subjects were properly clarified by the investigator. Questions were arranged and asked in a way so as to avoid monotony and boredom. The whole session consisted of administration of questionnaires and general discussion. All the questionnaires were administered individually to each respondent keeping the advanced age of the respondents in mind. It was more of a kind of structured interview as
suggested by Comer (1992). The administration of tests/questionnaires was very flexible i.e. the respondent was allowed to have a rest of 10-15 minutes whenever the subject desired. An attempt was made to complete the administration of all tests to each subject in a single day. The test administration procedure was kept strictly uniform for all the subjects.

Battery of General Well-Being Measures:

To test the suitability and validity of the battery of general well-being measures, intercorrelations among all the measures (viz. depression, self-esteem, general health, life satisfaction and distressed sleep) were calculated (N=371) and the coefficients are given in table 4.5. From Table 4.5, it is evident that all the coefficients of correlations were in the expected direction and were either moderate or high. The coefficient of correlations ranged from -0.71 to 0.64. All the coefficients were significant. Scores on depression scale correlated positively with distressed sleep (r = 0.41) and negatively with self-esteem (r = -0.45) and life satisfaction (r = -0.61). Scores on depression scale correlated positively with general health score (r = 0.64), however, high score on general health indicate lowered general health and therefore, the relationship is in expected direction. The intercorrelations (Table 4.5) indicates toward the validity of the selection of measures of general well-being.
Table 4.5 Intercorrelational matrix

<table>
<thead>
<tr>
<th></th>
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<th>SE</th>
<th>GH</th>
<th>LS</th>
<th>DS</th>
</tr>
</thead>
<tbody>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SE</td>
<td>-0.45**</td>
<td>1.00</td>
<td></td>
<td></td>
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</tr>
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<td>0.41**</td>
<td>-0.32**</td>
<td>0.39**</td>
<td>-0.29**</td>
<td>1.00</td>
</tr>
</tbody>
</table>

* Significant at .05 level.
** Significant at .01 level.

Since, there were common variants (i.e. gender and institutionalization) and all the measures correlated highly with each other in the expected direction (Table 4.5), the scores on all the measures were transformed into a single global score, following the simple additive model. The reciprocals of obtained scores on distressed sleep, general health and depression were added to the sum of scores on self-esteem and life satisfaction, to give the single global score of general well-being.

SCORING:

(All the tests / questionnaires were scored according to the scoring procedures laid down in their respective manuals) For the daily activity,
distressed sleep, financial support and perceived financial satisfaction level. Scoring was done as described in earlier section (along with description of respective checklists).

**STATISTICAL ANALYSIS:**

The obtained data were analyzed by employing measures of central tendency and variability as descriptive statistics. In addition to it, inferential statistical measures as ANOVA was applied. Beside Pearson's correlation, multiple regression (step-wise) was also done to identify the determinants of well-being amongst the aged.