Life Satisfaction of Adults in Retirement Age

Dr. Myra C. Britiller; Joezel A. Pesigan; Mark Joseph B. Pillado; Nikki Rose M. Portuguese
Jobelle Principe
Lyceum of the Philippines University
Batangas City, Batangas
Philippines

ABSTRACT

Background:

Life satisfaction is an outlook toward one’s own life; it may be a reflection of feelings about the past, present and future. It is an overall assessment of feelings and attitudes about one’s life at particular point in time ranging from negative to positive. Life satisfaction of older adults greatly depends on the condition of their health, emotion and sexuality along with their previous occupation and although age related changes are inevitable, most problems affecting older adults are influenced by many internal and external risk factors

Objectives:

The study aimed to assess the level of life satisfaction of adults in retirement age. It specifically identified the profile of the respondents such as gender, civil status, religion, economic status, and their life satisfaction in terms of occupation, health, emotion and sexuality and at the same time as, the relationship between the respondent’s profile and their level of satisfaction was determined. Also, the study proposed a plan of action for adults in retirement age to improve their quality of life, develop a better understanding with regards to the physical, physiologic, emotional, and personal changes they have been going through and enhance their self-esteem and self-worth.

Method:

The study used descriptive research which focused on the present condition. The subjects of the study were older adults from selected barangays of Batangas province. The study employed the use of purposive or judgemental sampling. The researchers adapted a tool called Utian Quality Life Scale (UQOL) which was developed with a series of objectives to capture influences on sense of well-being from a variety of domains that would be empirically determined.
Findings:

Adults in retirement age who are female, married, Roman Catholic and have an average monthly income from previous occupation are most likely to be moderately satisfied with their life. Adults in retirement age are satisfied with their life if they can control things which are important to them, if they have a stimulating sexual life, contented in their romantic life and if they can continue to set new professional goals for themselves. Civil status and economic status are significant factors in one’s life satisfaction.

KEYWORDS: Life Satisfaction, Adults

INTRODUCTION

The greatest increase in the number of older people age 60 and over will be between the years 2010 and 2030 when the baby boom generation (76 million born between 1946 – 1964) reaches age 60 and the percentage of those age 60 and older will increase from 13% in the year 2000 to 20% by 2030 (A profile, 2003) getting to know whether an older adult is pleased about the things that they have done, and feels gratified by the decisions they have made or has failed to accept what one’s life had been, with regrets to one’s past decisions are essential in identifying the appropriate care plan for these age group. This group of people who undergoes such so called “midlife crisis” is the one who would likely to be separated, excluded or disengaged from society because they are not perceived to be of benefit to the society as a whole. Helping this people to renew their self esteem through purposeful activities and interactions that encourage self esteem will promote their satisfaction in life bringing up not longer but healthier life and acceptance of one’s own self as functional and beneficial.

Life satisfaction of older adults greatly depends on the condition of their health, emotion and sexuality along with their previous occupation and although age related changes are inevitable, most problems affecting older adults are influenced by many internal and external risk factors. According to Miller (1999), an older adult is conceptualized in the context of his or her relationships with others because a person is not an isolated entity, but a dynamic being who continually influences and is influenced by the environment and other people. In addition to this, she also mentioned that older adults recognize that they have less time in which to continue achieving their goals, so they face their challenges with resilience and determination. They may be pessimistic about being able to improve their health and functioning. Moreover, each older adult defines successful aging based on personal values and experiences. For example, one study found that older women viewed successful aging in the context of their relationships with home, family, body images and religious beliefs (Covan, 2005).

This study is significant to student and professional nurses and others who work with older adults because through assessment of life satisfaction of these people, they will be able to know and appreciate how their care might differ from that of other age group. Older adults need to be respected and honored, regardless of their profile and economic status. That does not always occur in our current health care delivery system, possibly because of lack of
knowledge by some about normal aging issues, concerns and care. Also, the study could assist in going through the challenge to identify and coordinate care to meet the holistic needs of clients who belong to the retirement age group through a continuum of care in a complex and fragmented health care delivery system.

OBJECTIVES OF THE STUDY

The study aimed to assess the level of life satisfaction of adults in retirement age. It specifically identified the profile of the respondents such as gender, civil status, religion, economic status, and their life satisfaction in terms of occupation, health, emotion and sexuality and at the same time as, the relationship between the respondent’s profile and their level of satisfaction was determined. Also, the study proposed a plan of action for adults in retirement age to improve their quality of life, develop a better understanding with regards to the physical, physiologic, emotional, and personal changes they have been going through and enhance their self-esteem and self-worth.

METHOD

Research Design

In this study, descriptive research which focuses on the present condition was utilized. This type of research design was used in the study to assess the level of satisfaction of adults in their retirement stage, regarding their demographic profile with respect to one’s life in occupation, health, emotion and sexuality.

Participants

The subjects of the study were the selected 200 female and male Batangueños age ranging from 60 to 79 from Brgy. Mataas na Lupa in the municipality of San Pascual, Bauan, Brgy. Matala in Ibaan, Brgy. Bagongpook in Lipa City and Brgy. Putingbuhangin in San Juan. The researchers limited the number of respondents to 50 older adults regardless of their gender from each mentioned locality under the criteria mentioned above. The study employed of purposive or judgemental sampling to decide purposely in selecting subjects who are judged to be within the specified age range and who are particularly capable of conveying about life satisfaction in retirement age.

Instrument

The instrument that was used in the study is a questionnaire. The researcher adopted a tool called Utian Quality Life Scale (UQOL) which was developed with a series of objectives to capture influences on sense of well-being from a variety of domains that would be empirically determined. The UQOL is a 23-item questionnaire with a stable factor structure, demonstrating 4 separate, intercorrelated domains: Occupational QOL (e.g. “I feel challenged by my work”);
Health QOL (e.g. “My diet is not nutritionally sound”); Sexual QOL (e.g. “I am content with my romantic life”); and Emotional QOL (e.g. “My mood is generally depressed”). It has been demonstrated to be a practical and psychometrically sound instrument for measuring quality of life. As to the profile, the researchers constructed the questionnaire in terms of gender, civil status, religion and economic status.

Procedures

An adopted standardized instrument was utilized that required permission from the authors for publishing, modification and translation to Tagalog language for the convenience of the respondents and of the study. The researcher visited each mentioned localities and asked the approval of each Barangay. Each house was visited and the identified respondents were given a questionnaire. Attached to each questionnaire is a letter to the respondent indicating the objectives of the study and confidentiality of the information gathered.

Data Analysis

The following statistical tools were used for data analysis: Frequency Distribution and Percentage was used to determine the quality of one’s life in terms of gender, civil status, religion and economic status. Weighted Mean was used to determine the quality of one’s life with respect to occupation, health, emotion and sexuality. To be able to interpret results, means of each factor, along with standard deviations above and below the mean is shown, after summing each factor, marked with an “X” roughly where the patient’s score falls along each continuum. These marks provided a graphic summary of the patient’s quality of life score on each factor and for the scale as a whole. Pearson r was used to explore on the profile variables and its relationship with the level of satisfaction of the respondents.
Results and Discussion

1. Profile of the Respondents

Table 1
Frequency Distribution of the Respondent’s Profile Variable

<table>
<thead>
<tr>
<th>Profile Variable</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>85</td>
<td>42.5</td>
</tr>
<tr>
<td>Female</td>
<td>115</td>
<td>57.5</td>
</tr>
<tr>
<td>Civil status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>28</td>
<td>14.0</td>
</tr>
<tr>
<td>Married</td>
<td>134</td>
<td>67.0</td>
</tr>
<tr>
<td>Widowed</td>
<td>23</td>
<td>11.5</td>
</tr>
<tr>
<td>Separated</td>
<td>15</td>
<td>7.5</td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roman catholic</td>
<td>175</td>
<td>87.5</td>
</tr>
<tr>
<td>Iglesia ni Cristo</td>
<td>23</td>
<td>11.5</td>
</tr>
<tr>
<td>Seventh day Adventist</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>Others</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>Economic status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>300 pesos below</td>
<td>24</td>
<td>12.0</td>
</tr>
<tr>
<td>4,000 – 6,000 pesos</td>
<td>32</td>
<td>16.0</td>
</tr>
<tr>
<td>7,000 – 9,000 pesos</td>
<td>57</td>
<td>28.5</td>
</tr>
<tr>
<td>10,000 – 12,000 pesos</td>
<td>37</td>
<td>18.5</td>
</tr>
<tr>
<td>12,000 and above</td>
<td>50</td>
<td>25.0</td>
</tr>
</tbody>
</table>

Table 1 shows the percentage distribution of the respondents’ profile variables with regards to gender, civil status, religion and economic status. Majority of the respondents are female with a frequency distribution of 115 and percentage of 57.5% and there are only 85 men with 42.5%. Women respondents tend to be more approachable and participate better in the assessment of their life satisfaction than men because they are more curious and interested in getting to know the strength of their health in different aspects. Gender differences in the awareness to enjoy good health according to Kate Hunt (2006), are related to biological differences between men and women. This is supported by S. Arber (2010) elderly women assess their own health less positively than men that is why they tend to comply more with health assessments and make use of health services because they give more importance in maintaining independence in later life. It has also been viewed that females outnumbered males in the age brackets 50 years and over according to the latest record of National Statistics Office (NSO) in the province of Batangas last December 23, 2009. This finding contributes to the
factors why the researchers gathered more women respondents than male around Batangas province.

As to their civil status, married elders take largest number with 134 (67%); than 28 (14%) who are single; followed by widowed with 23 (11.5%) and 15 who are separated with 7.5%. Most of the older adults are still enjoying their married life because they belong to the generation who married their high school sweethearts, who are not career-minded and values family than financial stability. *Gallagher (2000) stated that* marriage is a powerful creator and sustainer of human and social capital for adults as well as children, about as important as education when it comes to promoting the health, wealth, and well-being of adults and communities. This is related to the values of Batangueños who are religious in nature that marriage should be protected and prioritized above all man’s desires.

As expected, most of the respondents are Roman Catholics with frequency of 175 and percentage of 87.5. Followed by Iglesia ni Kristo with 23 (11.5%), one Seventh day Adventist with 0.5%. Christianity is the main religion of the country, with Roman Catholicism making up the majority of the population that is why most of the older adults who participated are Roman Catholics.

The top three economic standing of most of the older adults with their previous occupation falls to 57 respondents who earned 7,000 – 9,000 pesos (28.5%); followed closely by 50 elders who takes 12,000 pesos and above with 25.0%; then 37 (18%) with 10,000 – 12,000 pesos. The remaining two categories 4,000 – 6,000 pesos and 300 and below has 32 (16%) and 24 (12%), respectively. This is explicated by National Statistics Coordination Board (NSCB) in their latest audit that Region IV-A together with NCR and Region III top the regions in terms of total income, income from local sources, per capita income from local sources, revenue from taxes, and per capita revenue from taxes.

### 2. Life Satisfaction of Adults in Retirement Age

#### Table 2.1

<table>
<thead>
<tr>
<th>Emotional Aspect</th>
<th>Weighted Mean</th>
<th>Verbal Interpretation</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am able to control things in my life that are important to me.</td>
<td>4.24</td>
<td>Moderately true to me</td>
<td>1</td>
</tr>
<tr>
<td>My mood is generally depressed.</td>
<td>2.26</td>
<td>Not true to me</td>
<td>4</td>
</tr>
<tr>
<td>I frequently experience anxiety.</td>
<td>2.42</td>
<td>Moderately true to me</td>
<td>3</td>
</tr>
<tr>
<td>Most things that happen to me are out of my control.</td>
<td>2.77</td>
<td>Moderately true to me</td>
<td>2</td>
</tr>
<tr>
<td>I currently experience physical discomfort or pain during sexual activity.</td>
<td>1.49</td>
<td>Not true to me</td>
<td>5</td>
</tr>
</tbody>
</table>
Table 2.1 on the next page presents the weighted mean distribution of the respondents’ assessment on their emotional life satisfaction with a composite mean value of 2.64. Many of the respondents are able to control things that are important to their lives with a weighted mean of 4.24 which is interpreted verbally as moderately true indicates that they feel emotionally satisfied when they feel that they are in control of important things in their life. Important things in their life most of the time pertains to their relationship with their children who at this point may be the ones in control of their own family. When their children still in their side the point of view of their children in terms of making decisions are under their control, the sense of respect and love for them are felt. This sense of control is characterized by Lisa (2007) in her article Controlling other people as people who have lived their lives especially the elders, knowing that they are intelligent/capable, often come to see themselves as superior to (what seems to them) the large number of others who are less intelligent/capable. Sometimes people build their own self-image on some fairly isolated aspects of their own life. In this sense, older adults try to be involved in decision-making of the important persons in their life like their children because it makes them feel of benefit to the family and substantiate to their existence.

This result is supported by the next statement that most things that happen to them are out of their control with the weighted mean of 2.77 and is interpreted as moderately true. The sense of being in control over life situations reflects dominance over the things around them which is a common desire of older adults because in this way they feel a sense of respect with their existence and gives them an impact of being of benefit to their family or to the community.

In spite of these answers, the respondents admit that it is moderately true to them that they somehow experience anxiety with 2.42 as weighted mean. Retirement means an adjustment in older adults’ mindset when they may experience anxiety. They suddenly have all those free time with no commitments and most of them likely assumed that once they stop working, they will be able to spend more time with their family. They will have extra time, they will plan to make dinner for them, or spend time with the grand children. But their children are all grown up and are still on the fast track of life which permits them to spend less time with their retired parents. They feel disappointed because things are not going the way they had hoped for before they retire which leads them to feel anxious after retirement.

Moreover, the respondents do not experience physical discomfort or pain during sexual activity with 1.49 as weighted mean. The truth is, according to Faruque (2009), human beings are fortunately never too old to enjoy a happy and healthy sex life. Despite this good news, many people, young and old alike, are astounded at the idea of senior sex, that is, people remaining sexually active in their sixties, seventies, eighties and beyond. It is frequently assumed that seniors lose their sexual desires or that they are physically unable to perform.

Table 2.2 shows the weighted mean distribution of the respondents’ assessment on their occupational life satisfaction with a composite mean value of 4.03. From their previous occupation, it is very true to them that they consider their lives stimulating which weighed 4.58, which means that at their age, they feel cheerful and view their life as exciting because Filipinos
are famous for their courtesy and respect for elders. To them, respect for one's elders is a law. As a result, Filipino parents and grandparents have strong moral influence on the children. The children willingly obey their elders and faithfully help them do their work. Filipino children do nothing important without the advice and consent of their parents and other elders. The elders believe—and demand—that they should be obeyed. It is moderately true to them that their work benefits society which ranked 3 with the weighted mean of 4.15. This reflects the older adults’ self-esteem in relation to their self-worth. They tend to let everybody to know that they have been of benefit to the society to cope with the anxiety caused by self doubt and lack of autonomy.

Table 2.2
Occupational Life Satisfaction of Adults in Retirement Age

<table>
<thead>
<tr>
<th>Occupational Aspect</th>
<th>Weighted Mean</th>
<th>Verbal Interpretation</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel challenged by my work.</td>
<td>3.87</td>
<td>Moderately true to me</td>
<td>5</td>
</tr>
<tr>
<td>I believe my work benefits society.</td>
<td>4.15</td>
<td>Moderately true to me</td>
<td>3</td>
</tr>
<tr>
<td>I have gotten a lot of personal recognition in my community or at my job.</td>
<td>3.48</td>
<td>Moderately true to me</td>
<td>7</td>
</tr>
<tr>
<td>I am proud of my occupational accomplishments.</td>
<td>4.04</td>
<td>Moderately true to me</td>
<td>4</td>
</tr>
<tr>
<td>I consider my life stimulating.</td>
<td>4.04</td>
<td>Moderately true to me</td>
<td>4</td>
</tr>
<tr>
<td>I continue to set new personal goals of myself.</td>
<td>4.58</td>
<td>Very true to me</td>
<td>1</td>
</tr>
<tr>
<td>I continue to set new professional goal for myself.</td>
<td>4.45</td>
<td>Moderate true to me</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>3.65</td>
<td>Very true to me</td>
<td>6</td>
</tr>
</tbody>
</table>

| Composite Mean | 4.03 | Moderately true to me |

They maintain their emotional stability by continuing to set new and personal goals for themselves which is verbally interpreted as moderately true with the weighted mean 4.25. Psychological resilience in old age, like in any period of adulthood, is intimately tied to self-identity. Some forms of self-identity are more likely than others to facilitate resilience across the lifespan (Greve and Staudinger, 2006). For example, growth-oriented identities are more likely than others to precede increases in meaning-making and adaptation Adler (2009).

At their age, it is also moderately true to them that they are proud of their occupational accomplishments with 4.04. This has been described by Erik Erickson in his psychosocial
development theory: Integrity versus Despair which states, the final developmental task of seniors 65 onwards, is retrospection: people look back on their lives and accomplishments. They develop feelings of contentment and integrity if they believe that they have led a happy, productive life. They may instead develop a sense of despair if they look back on a life of disappointments and unachieved goals.

Some expressed that it is moderately true to them that they feel challenged by their work with 3.87 as weighted mean. This is very apparent to older adults because at their age, they easily get tired and confused to certain circumstances that they can usually handle when they were younger. They lose the ability to perform the tasks they commonly do because of physical weakness due to aging. Also, most elderly enjoy their lives as elders because they are respected and loved and people around them look up to them as the seniors who know better because they are more experienced, they tend to continue to set new professional goals for themselves which weighted 3.65 with verbal interpretation of moderately true to them.

Lastly, the sense of getting a lot of personal recognition in their community or job gives them the feeling of being of benefit to their society which weighed 3.48 and verbally interpreted as moderately true to them. The memory of being acknowledged from their previous occupation gives them their sense of worth in the past which may extend up to present. Personal memories, in addition to goals, play an important role in the construction of a growth-oriented self-identity in older adulthood.

Table 2.3
Sexual Life Satisfaction of Adults in Retirement Age

<table>
<thead>
<tr>
<th>Sexual Aspect</th>
<th>Weighted Mean</th>
<th>Verbal Interpretation</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am not content with my sexual life.</td>
<td>2.09</td>
<td>Not true to me</td>
<td>3</td>
</tr>
<tr>
<td>I am content with my romantic life.</td>
<td>3.83</td>
<td>Moderately true to me</td>
<td>1</td>
</tr>
<tr>
<td>I am content with the frequency of my</td>
<td>3.59</td>
<td>Moderately true to me</td>
<td>2</td>
</tr>
<tr>
<td>interactions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Composite Mean</td>
<td>3.17</td>
<td>Moderately true to me</td>
<td></td>
</tr>
</tbody>
</table>

Table 2.3 illustrates the weighted mean distribution of the respondents’ assessment on their sexual life satisfaction with a composite mean value of 3.17. A good number of respondents agreed that they are contented with their romantic life with the weighted mean of 3.83 and interpreted by Asker (2008) in his statement that physical attraction is only one aspect of attraction. People also have emotional, intellectual, spiritual and social attraction. If physical only accounts for 20%, then there is no reason an elderly person can't find another elderly person attractive. There is also security and finances to consider. The idea of being secure in their old age can be very attractive, and not just a person who seeks or digs for gold in a gold
field point of view. It's reassuring to know that they have someone to support them emotionally and financially in their old age.

That is a concern of many old people, especially since people are living longer and the cost of medical care is so high which relates to their contentment with the frequency of their interactions that weighed 3.59. This contentment in the frequency of their interaction reflects their contentment with their romantic life which shows that older adults still attend to their sexual needs. This is supported by Hareyan (2007) in his survey charts sexual behavior along older adults that states, behaviors and problems among older adults has found that most people ages 57-85 think of sexuality as an important part of life and that the frequency of sexual activity, for those who are active declines only slightly from the 50s to the early 70s.

These statements are in agreement with their report of opposing the idea that states they are not contented with their sexual lives with weighed mean of 2.09. Most of older adults admit that they are not contented with their sexual lives because their partners do not want to have sex with them. Aldridge (2009), says sex lives of older people have got better over the last 30 years. A study shows that today's 70 year olds have a higher level of satisfaction and fewer sexual problems. Over half of those questioned were very happy with their sex lives. It appears that the liberalization of sexuality taking place over the second half of the 20th century had produced enduring, and positive changes, in the sex lives of older people today. Sex has improved for both men and women, and gender differences in the amount of sexual experience and level of satisfaction have decreased. However, it is still a man’s world in the sense that cessation of sexual activity in an older couple is generally dependent upon the male partner.

Table 2.4
Health Life Satisfaction of Adults in Retirement Age

<table>
<thead>
<tr>
<th>Health Aspect</th>
<th>Weighted Mean</th>
<th>Verbal Interpretation</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am unhappy with my appearance. My diet is not nutritionally sound.</td>
<td>1.92</td>
<td>Not true to me</td>
<td>8</td>
</tr>
<tr>
<td>I feel in control of my eating behaviors.</td>
<td>2.70</td>
<td>Moderately true to me</td>
<td>7</td>
</tr>
<tr>
<td>Routinely, I engage in active Exercise three or more times each week.</td>
<td>3.06</td>
<td>Moderately true to me</td>
<td>5</td>
</tr>
<tr>
<td>I believe I have no control over my physical health.</td>
<td>2.88</td>
<td>Moderately true to me</td>
<td>6</td>
</tr>
<tr>
<td>I continue to set new Professional goal for myself.</td>
<td>3.51</td>
<td>Moderately true to me</td>
<td>4</td>
</tr>
<tr>
<td>I feel physically well</td>
<td>4.48</td>
<td>Moderately true to me</td>
<td>1</td>
</tr>
<tr>
<td>I feel physically fit.</td>
<td>3.64</td>
<td>Moderately true to me</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>3.69</td>
<td>Moderately true to me</td>
<td>2</td>
</tr>
<tr>
<td>Composite Mean</td>
<td><strong>3.24</strong></td>
<td>Moderately true to me</td>
<td></td>
</tr>
</tbody>
</table>
Table 2.4 exemplifies the weighted mean distribution of the respondents’ assessment on their health life satisfaction with a composite mean value of 3.24. Several older adults moderately agreed that they continue to set new professional goal for themselves which ranked 1 in the assessment of their health life satisfaction with 4.48 as the weighted mean, it is because during this stage, many find their need for additional career planning to accommodate a job lay-off or plans for an elderly retirement. The need for job flexibility or spending more time in interests often results in a career path change involving entrepreneurial or more flexible working arrangements. It is also at this stage when people decide what role they want their career to have in their life style. They may decide to slow down the hours spent in their career and instead spend more time in another direction or in total retirement (Love To Know, 2006).

Their perception of the status of their health is overwhelming which weighted 3.64 and 3.69 with their verbal interpretation of moderately true. As they get older they are aware that their body weakens and decreases its function so to compensate with this they engaged in different activities that will boost the function of their body. This is supported and agreed upon by Takayanagi (2003) states the importance of being physically fit and maintaining memory skills is becoming more apparent through numerous studies nationwide.

Although they feel physically well and fit, it is moderately true to them at 3.51, that they have no control over their physical health. It can not be deny the fact that as one gets old their body gets weak and controlling their physical health might be difficult for them. This is the reason why health care professionals in some countries like the United States according to Cohen (2005), call the attention of older adults to empower their control over their health decisions. They tend to think they have no control over their physical health because most of them are not aware of their strengths and with what they can contribute. They should be encouraged to put their energies towards their own interests and to find new interests. Another factor is most of them do not facilitate strong social networks to keep them from feeling isolated and it should be emphasized to this group of people the importance of understanding information and directions from health care providers.

Because of the belief that they are not in control over their physical health, they try to compensate through being in control of their eating behaviors that weighs 3.06, ranked 5 and verbally interpreted as moderately true to them. According to the health belief model, developed by researchers at the U.S. Public Health Service in the 1950s, was inspired by a study of why people sought X-ray examinations for tuberculosis. The original model included these four constructs: Perceived susceptibility (an individual’s assessment of their risk of getting the condition); Perceived severity (an individual’s assessment of the seriousness of the condition, and its potential consequences); Perceived barriers (an individual’s assessment of the influences that facilitate or discourage adoption of the promoted behavior); Perceived benefits (an individual’s assessment of the positive consequences of adopting the behavior); A variant of the model include the perceived costs of adhering to prescribed intervention as one of the core beliefs.

Also, not only do the elderly have different food preferences, but also their food habits differ from those of younger adults in profound ways. The elderly eat less than younger adults. This decline in energy intake is associated with the consumption of smaller meals, eaten more slowly, and with fewer snacks between meals (Macintosh et al., 2000). Pelchat and Schaefer
(2000) reported fewer food cravings among the elderly. One possible consequence of reduced craving and a reduced desire to snack is fewer spontaneous or impulsive food purchases, which may have a negative impact on the snack food industry. Meanwhile, the overall reduction in meal size means that food marketers will need to adjust the way they size their portions.

They are engaging in active exercises three or more times a week at 2.88 which is presented by Li (2009) in his study entitled “Older Adults Concern for Personal Health Linked to Walking Difficulty”. Health worry has been suggested to have an interesting mix of effects on health behaviors and outcomes. Some studies have suggested health worry may be considered a protective mechanism, which motivates people to engage in health behaviors such as regular physical activity. It is overwhelming to find out that despite the physical changes that the respondents are experiencing, they are still engaging to active exercises to maintain their physical health.

In spite of these behaviors, they contested the statement that they are unhappy with their appearance which is verbally interpreted as moderately true with a weighted mean of 1.92. It is a fact that as one gets old, there are a lot of changes that happen in their physical appearance; one of which is very common, the sagging of their skin. These changes cause them to have lowered self-esteem. These findings are explained by Smith (2009) in her article “Why do People Stop Caring About their Appearance?” This says self-esteem is how you feel about yourself. It will have some ups and downs through the years, naturally. What is interesting is that a person’s appearance often is directly correlated to self-esteem. When a person is in a good place, you can just see it. They are taking care of themselves, and it shows. They have energy about them, are well groomed and put some effort into how they look. They don’t feel bad about themselves and often like who they are.

Despite the statements above, older adults admit that their diet is not nutritionally sound with 2.70 and verbally interpreted as moderately true, the New York Times in their article My Unhealthy Diet? It Got Me This Far last February 28, 2011, shared the insights of some older adults with regards to their eating habits and for them, for other righteous or privileged folk, eating is a reward. Barbara Hillary, who reached the South Pole in January at age 79, making her the first African-American woman on record to stand on both poles, said she ate too much milk chocolate during the trip. “If I had frozen to death down there, wouldn’t it be sad if I’d gone to hell without getting what I want?” she said. For older people, the irony of eating is that your metabolism slows down, so you need less food, but your body needs just as many nutrients, if not more.

3. Relationship between Profile and Life Satisfaction of Adults

Table 3
Relationship between Profile Variables

<table>
<thead>
<tr>
<th>Profile Variable</th>
<th>η²</th>
<th>P - value</th>
<th>Verbal Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>0.000</td>
<td>0.911</td>
<td>Not Significant</td>
</tr>
<tr>
<td>Civil Status</td>
<td>0.115</td>
<td>0.000</td>
<td>Highly Significant</td>
</tr>
<tr>
<td>Religion</td>
<td>0.029</td>
<td>0.127</td>
<td>Not Significant</td>
</tr>
</tbody>
</table>
Table 3 shows the relationship between the respondents’ profile variables and their response on Utian Quality of Life Satisfaction Scale. At 0.115 level of significance, civil status is highly related to their life satisfaction with eta squared value of 0.115 and p-value of 0.000. This means that life satisfaction of older adults is greatly dependent on their civil status as interpreted as highly significant by the assessment of the relationship between their profile and life satisfaction scale result. Marriage is one of the most intense human relationships. The quality of this relationship is continually redefined by spouses and is potentially crucial to their overall experience of family life (Pimentel, 2000). Married older adults especially those with children tend to be more fulfilled and satisfied with their life because for married individuals of all ages and married women in particular, children increase life satisfaction and life satisfaction goes up with the number of children in the household. Negative experiences in raising children are reported by people who are separated, living as a couple, or single, having never been married.

This is maybe the reason why economic status goes hand in hand with civil status in being significantly related with eta squared and p-value of 0.006 and 0.010. This shows that economic status plays a significant role in meeting the needs of older adults to meet satisfaction in their life in terms of health, previous occupation, emotion, sex and in health because poor economic status sometimes reflect poor education which leads unstable job with inadequate income that gives them poor access to services.

Religion, on the other hand, according to the respondents is not significant to in attaining life satisfaction with P-value of 0.127. Older adults have strong faith in God because it is at this point in their life when they spend more time praying and serving in their church. There is greater probability that this findings only suggests that whatever is the religion of an individual does not affect the life of one’s life satisfaction because they all believe that there is God who can provides and gives all individuals a positive sense of belonging that everybody seems to look for their life.

At the same time as gender which is also interpreted verbally as not significant in achieving life satisfaction with eta-squared value of 0.000 and p-value of 0.911 is described by Castels (2008) as the socially constructed component of human sexuality. Perhaps the best way to understand it is to understand it as a process of social presentation. Because gender roles are delineated by behavioral expectations and norms, once individuals know those expectations and norms, he can adopt behaviors that project the gender he/she wishes to portray. One can think of gender like a role in a theatrical play - there are specific behaviors and norms associated with genders just like there are lines and movements associated with each character in a play. Adopting the behaviors and norms of a gender leads to the perception that someone belongs in that gender category. Gender roles are, unlike sex, mutable, meaning they can change and being satisfied does not mean you have to be men or women in particular.
4. Proposed Plan of Action to Improve the Quality of Life of Adults in Retirement Age

The program is based on the results of their assessment in life satisfaction using the Utian Quality of Life Scale. The assessment of their satisfaction revealed their insights regarding the activities of their daily living in terms of the different aspects mentioned above which were ranked to expose what aspect in particular this group of people makes it hard to deal with and this includes the clients who experience physical discomfort or pain during sexual intercourse, those who did not get a lot of personal recognition in their community or at their jobs, the group who are not satisfied in their sexual life and for clients who are unhappy with their appearance.

The programs created are based on the client’s preferred place and manner of discussions as well as their ability to understand and deal with the interventions presented by the researchers. They were also allowed to verbalize their own insights and queries with regards to different topics they frequently make it hard to deal with. The program consists of discussions, health teachings, counselling and are based on the following objectives: (1) Gain knowledge why most of elderly experience discomfort or pain during Intercourse (2) Verbalize satisfaction with the way they express physical intimacy (3) Exhibit behaviour that is acceptable to his or her partner (4) Recognize, accept and verbalize positive aspects of self and self capabilities (5) Exhibits behaviours that are acceptable to his or her partner (6) Understand the factors that contribute to the aging process such as body disturbances.

CONCLUSIONS

The profile of the respondents such as gender, civil status, religion and monthly income status greatly affect the life satisfaction of adult in retirement stage. Adults in retirement age are satisfied with their life when they can control things which are important to them, have a stimulating sexual life, contented in their romantic life and can continue to set new professional goals for themselves. Civil status and Economic status are significant factors in one’s life satisfaction. These profile characteristics are important predictors in one’s life satisfaction.

REFERENCES

Angeles (2009), Social well being among couples Longitudinal Study of Aging http://content.karger.com/produktedb/produkte.asp?doi=318633
Arber S. (2010), Gender and Inequalities in health in later life Social Science & Medicine, Volume 36, Issue 1, Pages 33-46 http://linkinghub.elsevier.com/retrieve/pii/027795369390303L
Bacon F. (2000), High Level of Satisfaction http://www.google.com/books?hl=en&lr=&id=TG_u5k_hNr0C&oi=fnd&pg=PT2 dq=Francis+ba
Berg et al. (2006), Swedish OCTO twin study, _what matters for life satisfaction in the oldest old?_ 
http://www.infoworld.com/smpp/content-db=all-content=a747648933

Beutell (2005), National Study of changing workforce 
http://www.familiesandwork.org/site/work/workforce/2002nscw.html

Blanchflower and Oswald (2004), trends in Level of well being 
http://linkinghub.elsevier.com/retrieve/pii/S0277953608000245

Chen (2005), Survey of Health and Living Status of Elderly in Taiwan 

Clark (2000), Adding relative income Utility function
https://www.econstor.eu/dspace/handle/10419/10419/35314

Cowan (2001), Women, Men, work and Family 
http://psycnet.apa.org/psychinfo/2001-18772-001

Deaton (2008), Level of economic development 
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2658609/

Diener E. and Fujita F. (2000), Life Satisfaction Set 
Pointhttp://psycnet.apa.org/journals/psp/88/1/158/

European Journal of Ageing Volume 4, Number 4, P 219-227, 
http://www.springerlink.com/content/u6np635x3797420/

Faruque (2009), Senior sex 

Final et al. (2007), Ageing, Health and Life Satisfaction of the oldest Old: An Analysis for Germany 
http://www.springerlink.com/content/772737356333ju785n/

Frijters, Shields, Haasken-DeNew (2005), The effects of income on health; evidence from large scale natural experiment. Journal of Health Economics: Page 997-1017

Gallagher (2000), Family Issues in End-of-life Decision Making and End-of- life Care 
http://www.springerlink.com/content/k771235751667856/

Greenhaus and Powell (2006), National Study of Changing Workforce 
http://www.emeraldinsight.com/journals.htm?articleid=1732935&show=abstract

Greve and staudinger (2006), life span of self-identity 

Hareyan (2007), Health Profile 

Hawoth J. (2002), Work, Leisure and well-being 
http://www.informaworld.com/smpp/content~db=all~content=a713949612

Hisona (2010), Socioeconomic factors 

Hunt K. (2006), Sex, gender role orientation, gender role attitudes 
http://www.springerlink.com/content/4643jr3181062733/
Influences on Leisure and life Satisfaction of Elderly People (2000), Vol. 15, No. 4, Pages 1-16
Lisa (2007), Attention, Joint Attention and Social Cognition
http://cdp.sagepub.com/content/16/5/269.short
Love to know (2006), Http:// books.google.com/books?id=hkh-iwbydi4c&pg=PA60&dq=love+to+know+2006+olife+satisfaction&source=blots=t6lu86USS3&sig=LDfcmjYQ8a245SQKVbx4Yo6y4em&hl=fi&ei=bmeuTduDGI-avgOlkMyPDw&sa=x&oi=book-result&ct=result&resnum=4&ved=0CDMQ6AEw#v=onepsge&q=F=false
Mavrae F. (2010), Women more prone to emotional stress than men ‘because of sensitivity to hormone’ http://dailymail.co.uk/health/article-1286817/women-prone-emotional-stress-men- sensitivity-hormone.html#ixzz1K2GWBeLU
Metha A. (2000), Major Regrets and Priorities of Women
http://www.ohiostatepress.org/Books/Book%20PDFs/Colatrella%20Toys.pdf
Mroczek and Spiro (2005), The Veterans Administration Longitudinal Study of Healthy Aging
http://gerotologist.oxfordjournals.org/content/6/4/179.extract
Pimentel (2000), instruments for a Health-related Quality of life
http://www.scielo.br/csielo.php?pid=S000427302008000600004&script=sc
Rice (2006), Reflecting Life http://jls.sagepub.com/content/25/3/244.short
Rode (2005), Effects of Strategies on Improving Job Satisfaction
Schaefer (2000), Food Cravings among Older Adults
http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6TOP-3YKKB34D&_user=10&_coverDate=01%2F31%2F2000&_rdoc=1&_fmt=high&_orig=gateway&_origin=gateway&_sort=d&_docanchor=&view=c&searchId=1728933029&_rerunOrigin=si cholar.google&acct=C000050221&_version=1&_urlVersion=0&_userid=10&md5=35ae115901588138f3b1fc63a634f59&searchtype=a
Schilling (2005), Ageing, Health and life Satisfaction of Oldest Old: An Analysis for Germany
http://www.politiquessociales.net/IMG/pdf/dp4053.pdf
Sorensen S. (2002), Adult attachment
http://scholar.google.com.ph/scholar?hl=en&as_sdt=0,5&as_vis=1&q=Silvia+Sorensen+2002+inciome+of+men+and+women+satisfaction