
4.0 RESULTS

The findings from all questions are reported in this section, with the exception of questions 25 to 27 (see Appendix C – Questionnaire), which were asked on behalf of the Western Australian Electoral Commission in return for their assistance in drawing the sample.

Please note that all questions were analysed by the complete set of analysis variables (see details of analysis variables in Appendix A – Methodology), and a great many significant sub-group differences were found. Significant differences in relation to gender, age and location of residence are reported in the main text, but others (except where there are only two or three) are reported in a separate Appendix (see Appendix B – Significant Sub-Group Differences), to prevent the main text becoming too long due to detail that will not interest all readers.

4.1 TRANSITIONS IN AGEING

4.1.1 INFLUENCE OF LIFE EVENTS OR CHANGES ON RESPONDENTS' LIVES

Respondents were read out a list of life events or changes that could be expected to occur more frequently among people past the age of 45 years. They were then asked which events or changes continued to influence their lives in the present and whether they saw those influences as good or bad. It was also noted that in some instances the life event or change may not be applicable and if that was the case the respondent would need to indicate that.

Prior to asking about the life events or changes that influenced respondents, their marital status was collected as well as establishing whether or not they had children. This demographic information greatly assisted in ensuring that as much as possible only relevant questions were asked of the respondents. For example, only respondents who had experienced a separation or divorce were asked to assess the influence of a marital or *de facto* separation or divorce on their life.

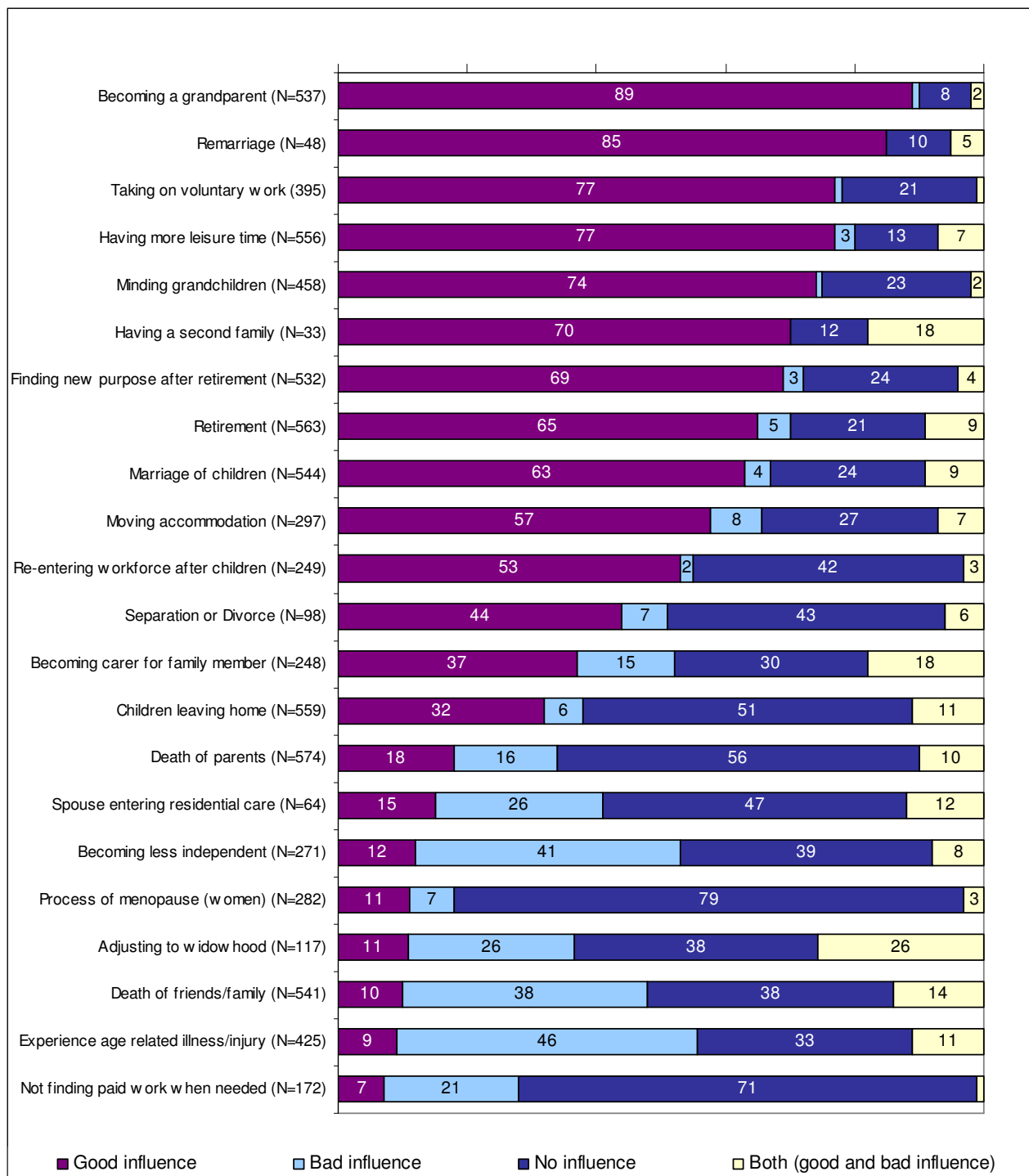
In spite of this filtering, many other life events or changes were nonetheless not applicable to varying numbers of respondents. The 'not applicable' respondents have been excluded from the analysis, so as to make it clear how important each change is to the respondents to whom it was applicable. The number of respondents to whom the life event was applicable is shown in Figure 4.1.1 beside the type of life event (eg becoming a grandparent was applicable to 537 out of 600 respondents, while remarriage was applicable to only 48 out of 600).

The results are set out in Figure 4.1.1:

Figure 4.1.1 Which of these events or changes do you think continue to influence your life now? ('not applicable' responses excluded)

(Question Q7c)

(BASE: Valid Respondents – see below*)



- * Notes:
1. Results 1% or less shown above but without a value (ie no number 1 in the chart).
 2. The sample size varies according to life categories (eg gender (ie menopause), marital status, children, remarriage) and the number of 'not applicable' responses, which have been excluded.
 3. Statement titles are truncated; for more detail or for the full statement refer to Appendix B.

As summarised in Figure 4.1.1, the following life events or changes were perceived by at least 50% of respondents for whom the item was applicable as having a 'good influence' on their lives now:

- 89% becoming a grandparent
- 85% remarriage
- 77% taking on voluntary work
- 77% having more leisure time
- 74% minding grandchildren
- 70% having a second family
- 69% finding a new purpose after retirement
- 65% retirement
- 63% marriage of children
- 57% moving accommodation
- 53% re-entering workforce after having children.

Negative changes were found to be at a much lower frequency than positive changes. More specifically, the following life events or changes were identified by at least 15% of respondents to whom the item was applicable as having a 'bad influence' on their lives now:

- 46% experiencing age-related illness or injury
- 41% becoming less independent
- 38% death of family and/or friends
- 26% spouse going into residential aged care
- 26% adjusting to widowhood
- 21% not finding paid work when it was needed
- 16% death of parents
- 15% becoming a carer for a family member.

Please see Appendix B for significant sub-group differences within the various analysis variables

4.1.2 OTHER LIFE EVENTS OR CHANGES THAT INFLUENCED RESPONDENTS' LIVES

Respondents were provided with an opportunity to put forward any *other* life changes that they felt were a good or a bad influence on their lives at the present time. Two-fifths (41%) of respondents indicated that there was nothing else which had been a *good* influence on their lives. Other unprompted responses fell into the following areas:

- 14% clubs/hobbies, keeping busy, helping others, community involvement
- 7% having a good place to retire to, owning / paying off a home
- 7% maintaining good mental and/or physical health
- 7% family involvement
- 5% good medical treatment, recovering health
- 5% social life, friends, neighbours, young people
- 4% travel and holidays
- 4% moving country/state
- 4% healthy habits, fitness, nutrition, not drinking/smoking
- 3% keeping young-minded, up to date, positive attitude
- 3% positive effect of negative experiences
- 3% financial comfort / independence
- 3% religion, spirituality, faith
- 3% good / happy marriage
- 2% education / new technology / getting a licence
- 2% peace of mind, content, accepting ageing
- 2% positive workforce experience
- 2% independence through experience
- 1% not retiring, finding paid work, changing jobs
- 8% other positive influences.

Some 70% of respondents indicated that they could not think of any other important life events or changes that had a *bad* influence on their lives at the present time. An additional 4% indicated 'don't know' in response to this question. The other responses in relation to this question were as follows:

- 13% health problems / injury / disability at any age (to the self only)
- 3% health problem, injury, disability to spouse or family or friends
- 3% war / terrorism / crime / death related experiences or fears
- 3% reduced finances
- 2% poor or demeaning treatment/attitudes from others
- 2% other concerns about children, grandchildren, foster children
- 5% other negative influences.

4.2 SUCCESSFUL AGEING

Respondents were asked a number of questions about 'successful ageing'. They were first asked if they had thought about ageing successfully or well, and were then read out 21 items to do with ageing and asked to assign a level of importance to each. These questions were adapted from those in a study by Phelan et al (2004), the objective of which was to determine how older adults' perceptions of successful ageing compared with attributes of successful ageing identified in the published literature.

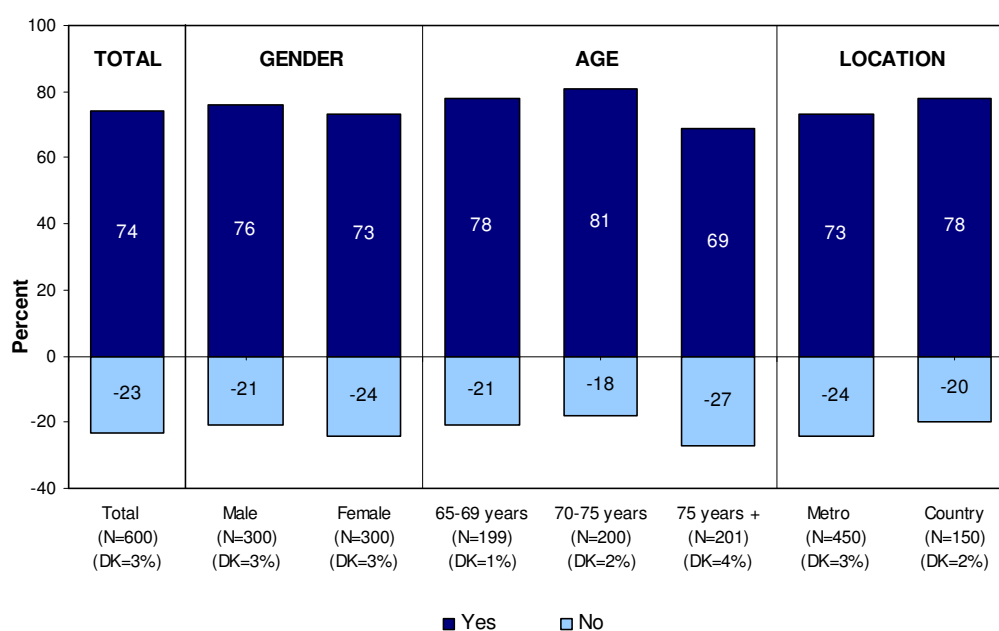
4.2.1 THINKING ABOUT SUCCESSFUL AGEING

Three quarters (74%) of all respondents indicated that they had thought about successful ageing or ageing well. (This was significantly lower than in the Phelan et al study (90%). However, their question included 'ageing and ageing successfully', whereas the present study included 'ageing successfully' only.)

A significantly larger proportion of respondents aged 70 to 74 years had thought about ageing successfully, in contrast to those aged 75 years and over (81% versus 69%). There were no significant differences between the views of men or women or between the views of metropolitan respondents compared to those living in the country.

Figure 4.2.1 Have you ever thought about ageing successfully, or ageing well?

(Question Q3) (BASE: All Respondents)



The following sub-group was significantly more likely to indicate that they *had* thought about ageing successfully:

- Those who were very happy at their current stage of life (78% versus 71% for less than very happy).

The following sub-group was significantly more likely to indicate that they had *not* thought about ageing successfully:

- Those who perceived they have less energy than people their age (27% versus 20% for more energy).

4.2.2 ATTRIBUTES OF AGEING SUCCESSFULLY OR AGEING WELL

Following establishing whether seniors had ever thought about ageing successfully, the interview moved on to ask how important they perceived a number of specific attributes were to successful ageing. OSIV identified these 20 non-repetitive attributes as they were abstracted from the published successful ageing literature by Phelan et al¹². Hence, in this stage of the survey, 21 items were read out (one at a time) to respondents in order to assess their perception of how important they were to ageing successfully or ageing well¹³. Prior to this, respondents were assured that there were no right or wrong answers and that their honest opinions were important to the research.

This question was one of the most challenging in the survey, in terms of both its length and comprehension. The exploratory phase established that most people felt that the majority of the items were important. Accordingly, after completing approximately eight of the exploratory interviews the scale on this question was modified to ensure degrees of importance were obtained. The pilot test, completed prior to the quantitative survey, also confirmed the scale adjustment was worthwhile.

As can be seen in Figure 4.2.2 (overleaf), all but two of the statements (19 out of 21) were perceived as 'very important' or 'fairly important' by at least 75% of the sample. Phelan et al found that only 14 of their 20 statements were perceived as important by at least 75% of their 'white' sample¹⁴. In each study, however, the same two items ('living a very long time' 34% and 'being able to do paid or volunteer work after retirement age' 18%) were perceived as important by the smallest proportion of respondents.

In view of the apparent tendency of Western Australian seniors to assign importance to more items, it was decided to treat only those items that were regarded as 'very important' (rather than including those regarded as only 'fairly important') by 75% of the sample, as the *key* attributes of successful ageing for WA seniors. The following seven items were perceived as 'very important' by at least 75% of the sample:

- 88% remaining in good health until close to death
- 88% being able to take care of oneself
- 84% remaining free of chronic disease
- 79% having family who were there for you
- 79% feeling good about oneself
- 78% being able to make choices about things that affect ones life, and
- 78% being able to act according to one's inner standards and values.

¹² Phelan EA, Anderson LA, LaCroix AZ, and Larson EB, 2004. 'Older adults' views of 'successful ageing' – How do they compare with researchers' definitions?', *Journal of the American Geriatrics Society* 2004: 52: pp211-216.

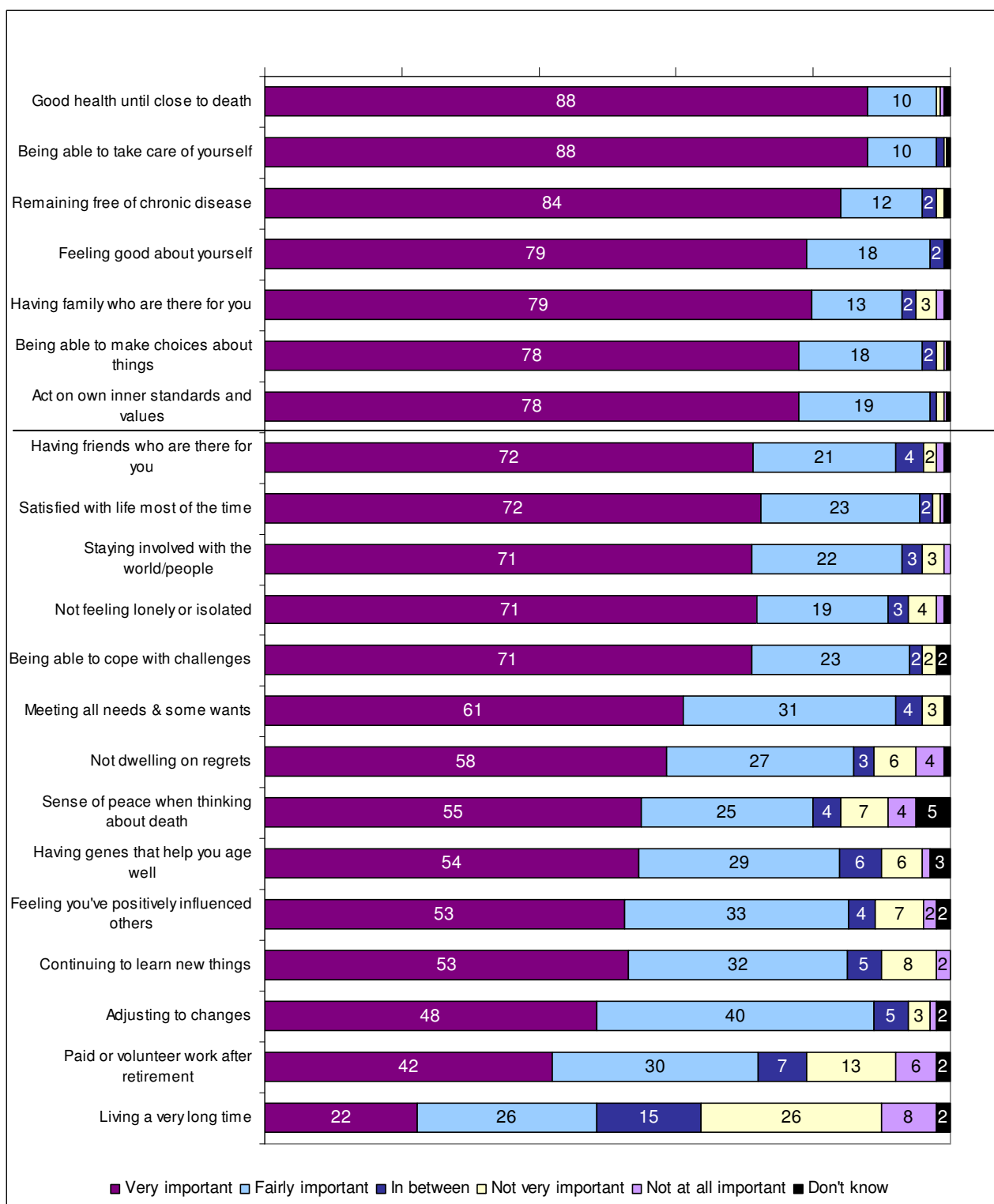
¹³ The present study contained 21 items because it was thought advisable to deal separately with 'family' and 'friends' in the item 'Having family and friends who are there for me'. In fact, very similar numbers thought each item was important (92% for 'family' and 93% for 'friends'), but 'family' elicited a few more 'very important' responses, while 'friends' elicited a few more 'fairly important' responses.

¹⁴ The Phelan et al study also included a sample of Japanese Americans, and it was felt that the 'white sample' would be more comparable with a general sample of the Western Australian seniors' population. For convenience, references to Phelan's study may therefore contain a reference to their 'white' sample.

Figure 4.2.2 How important are each of the following to ageing successfully?

(Question Q4)

(BASE: All Respondents)



* Notes: 1. Results 1% or less shown above but without a value (ie no number 1 in the chart).
2. Statement labels are truncated, for full statement refer to Appendix B.

All the 'top seven' attributes in the present study were among the 'top ten' identified by the 'white' sample in the Phelan et al study.

Items viewed by respondents as having less importance to ageing successfully included living a very long time (not important 34%), being able to do paid or volunteer work after retirement age (not important 19%), having a sense of peace when thinking about death (not important 11%), not dwelling on regrets (not important 10%) and continuing to learn new things (not important 10%).

In each study, the same two items ('living a very long time' 34% and 'being able to do paid or volunteer work after retirement age' 19%) were perceived as important by the *smallest* proportion of respondents.

Please see Appendix B for significant sub-group differences within the various analysis variables

4.2.3 INTERPRETATION OF SUB-GROUP DIFFERENCES FOR THE SEVEN KEY ATTRIBUTES

The fewer sub-group differences there are for an attribute, the more evenly spread the attribute would appear to be across the sample, while the more sub-group differences there are, the more systematic divisions there would appear to be in the sample regarding the importance of an attribute. The seven key attributes are listed below, ordered by the number of sub-group differences. The attribute with the smallest number is at the top and with the largest number at the bottom, as follows:

- Being able to take care of oneself until close to the time of death (three differences)
- Remaining free of chronic disease (five differences)
- Remaining in good health until close to death (six differences)
- Feeling good about oneself (eight differences)
- Having family who were there for you (eight differences)
- Being able to act on your own inner standards and values (eight differences)
- Being able to make choices about things that affect how you age, like diet, exercise, smoking (ten differences).

Being able to take care of oneself until close to the time of death and *remaining in good health* would therefore appear to be the key attributes that create least division among the many sub-groups that individuals find themselves to be members of, such as gender, age, etc. This indicates that those who did *not* consider it important were also fairly evenly spread across the sample, rather than being concentrated in specific sub-groups.

Conversely, *Being able to make choices about things that affect how you age* would appear to be the key attribute that creates the most division between sub-groups, indicating that those who did *not* consider it important to ageing successfully tended to be more concentrated in a number of specific sub-groups.

4.2.4 OTHER ATTRIBUTES OF AGEING SUCCESSFULLY

Respondents were provided with the opportunity to put forward any other things they felt were important for ageing successfully or well. One-fifth (21%) of respondents indicated that there was nothing else that they could think of, while a further 1% specified 'don't know'. However, the most common responses were as follows:

- 22% keeping busy / having hobbies
- 20% involvement with people / community / helping others / volunteering
- 18% maintaining good physical health / nutrition / exercise
- 16% a positive attitude / wellbeing / being happy
- 12% good financial situation, and
- several other items mentioned by 7% or less without prompting.

4.2.5 ROWE AND KAHN DEFINITION OF SUCCESSFUL AGEING

Rowe and Kahn¹⁵ defined a person as successfully ageing if they met three criteria:

1. Absence of disease, disability and risk factors like high blood pressure, smoking or obesity;
2. Maintaining physical and mental functioning; and
3. Active engagement in life.

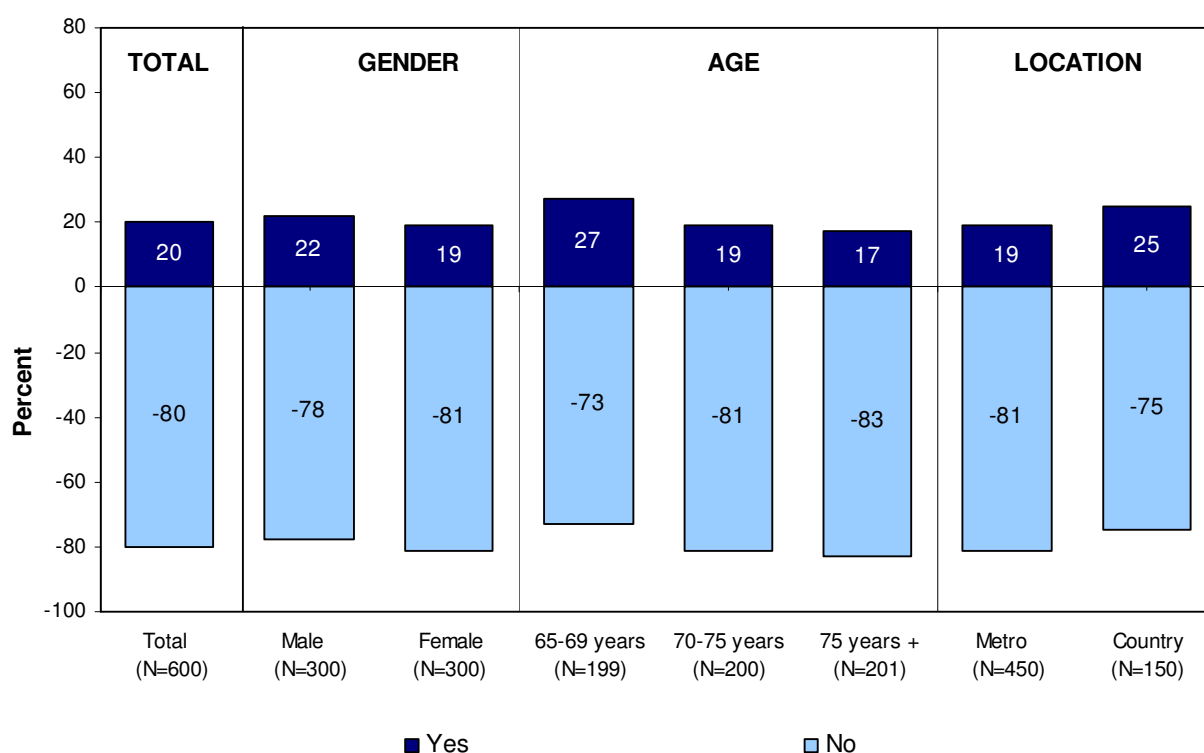
As shown in Figure 4.2.3, 20% of the current sample of WA seniors met this definition, similar to 19% in the Strawbridge et al (2002) study.

¹⁵ Categorising fit this definition as used by Strawbridge et al, *The Gerontologist*, Vol 42 No 6, pp727-733.

Figure 4.2.3 Ageing Successfully According to the Rowe and Kahn Definition

(Combination of Questions Q12, Q13, Q15, Q16, Q17 and Q18)

(BASE: All Respondents)



The following sub-groups were significantly more likely to be defined as ageing successfully according to the Rowe and Kahn definition:

- Those aged 65 to 69 years (compared to those aged 75 years and over)
- Those who rated their physical health as excellent or very good
- Respondents who indicated they had much more energy than most people their age.

4.2.6 SELF-ASSESSMENT OF AGEING SUCCESSFULLY

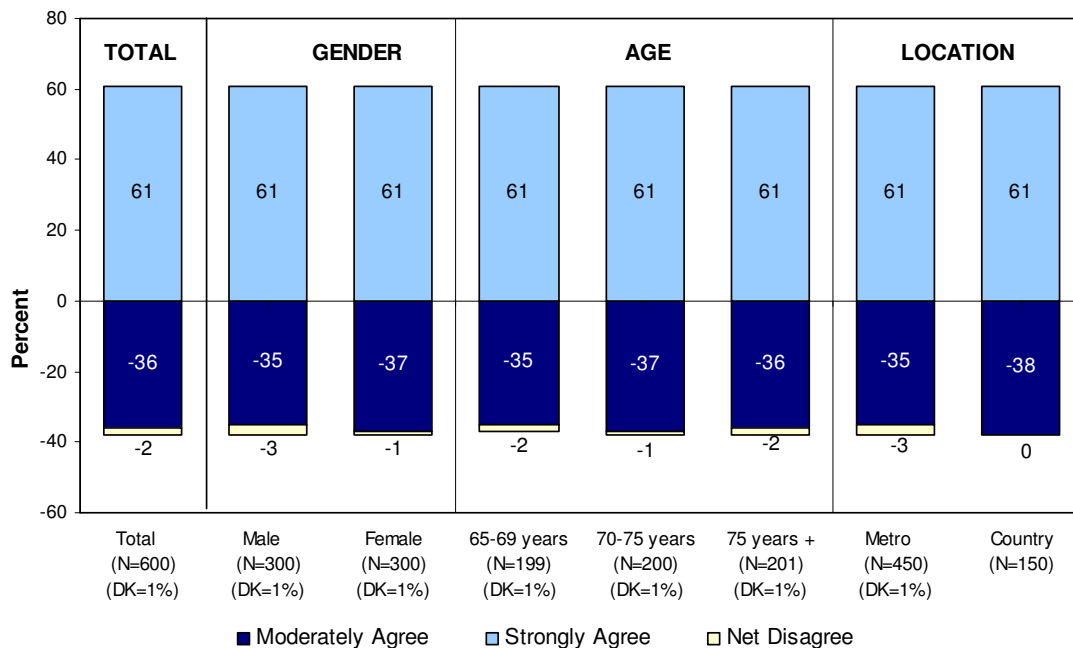
Respondents were asked to say how strongly they agreed or disagreed with the statement: 'I am ageing successfully or ageing well', to obtain a self-rated measure of successful ageing. This question was taken from Strawbridge et al (2002).

As summarised in Figure 4.2.4, 61% of respondents 'strongly' agreed with the statement 'I am ageing successfully or ageing well'. An additional 36% of respondents 'moderately' agreed, 2% disagreed and 1% were unsure.

The views of men compared to women were closely aligned, as were the views of each of the age groups and of those who lived in metropolitan or country areas. No significant differences were found in these three variables, the results for which are shown in Figure 4.2.4.

Because of the relatively large proportion (50%) that 'strongly' agreed with the statement in the US study, Strawbridge et al (2002) defined successful ageing only as 'strongly' agreeing with the statement. It was decided to follow the same course in the present study because, in most analysis variables, the main point of difference in the response scale was between 'strongly agree' and 'moderately agree'. Using the same definition, a significantly larger proportion of Western Australian seniors (61%) than US seniors (50%) considered themselves to be ageing successfully or well.

Figure 4.2.4 Please tell me how strongly you agree or disagree with the following statement – 'I am ageing successfully or ageing well'
(Question Q6a) (BASE: All Respondents)



* Totals may not equal 100% due to rounding

REGRESSION ANALYSIS

A logistic regression analysis ('enter' method) was carried out to determine which, if any, of the analysis variables (refer to Appendix A for description of the process and variables) could be used to predict if a senior was likely to be ageing successfully, defined as 'strongly' agreeing with the statement, 'I am ageing successfully or well'.

The variable 'felt depressed for the last two weeks' was found to be the only significant predictor of successful ageing when all analysis variables were included in the one logistic regression. That is to say, it can be predicted to a greater or lesser degree that respondents who *strongly disagreed* that they had felt depressed for the last 2 weeks (the positive response) will be more likely to be ageing successfully in their own terms, whatever other characteristics they may possess when the same variables are included in the analysis.

As shown in Table T4.2.1R(i), when all analysis variables were included in the regression analysis, no other variables were significant predictors.

Table T4.2.1R(i) Ageing Successfully – Logistic Regression Analysis

Covariate	Beta Coefficient	Probability	Significance
Felt depressed for last 2 weeks	2.028	.018	Significant
Contact with Relatives	1.319	.145	Not significant
Contact with Friends	1.052	.201	Not significant
Location	-1.456	.236	Not significant
Gender	-.974	.279	Not significant
Education	-.862	.310	Not significant
Energy level	.803	.313	Not significant
Physical Health	.797	.392	Not significant
Extent loved & cared about	-.573	.512	Not significant
Valued by Community	.487	.549	Not significant
Financial position	-.278	.764	Not significant
Stage of Life	.220	.782	Not significant
Happiness	.255	.792	Not significant
Marital Status	-.224	.815	Not significant
Age Group	-.166	.838	Not significant
Birthplace	-.182	.881	Not significant
Control of life	.119	.891	Not significant
Ever had Children	-17.489	.998	Not significant
Marriage happiness	-16.993	.998	Not significant

As shown in Table T4.2.1R(ii), when only demographic based analysis variables were included in the regression analysis, gender was found to be a significant predictor. That is to say, it can be predicted to some extent that women will be more likely to age successfully when the same social and demographic variables are included in the analysis.

Table T4.2.1R(ii) Ageing Successfully –Regression Analysis - 2 (Demographics)

Covariate	Beta Coefficient	Probability	Significance
Gender	-1.421	.050	Significant
Financial position	1.119	.061	Not significant
Location	-1.584	.139	Not significant
Marital Status	.413	.554	Not significant
Education	-.334	.629	Not significant
Ever had Children	.351	.754	Not significant
Birthplace	-.314	.769	Not significant
Age Group	.141	.818	Not significant

As shown in Table T4.2.1R(iii), when only 'self-assessment' analysis variables were included in the regression analysis, only the variable 'felt depressed for the last 2 weeks' (that is, respondents who strongly disagreed that they had felt depressed) was found to be a significant predictor of successful ageing.

Table T4.2.1R(iii) Ageing Successfully – Regression Analysis -3 (Self-assessments)

Covariate	Beta Coefficient	Probability	Significance
Felt depressed in last 2 weeks	1.700	.036	Significant
Contact with Friends	1.156	.122	Not significant
Valued by Community	.566	.453	Not significant
Energy level	.718	.364	Not significant
Contact with Relatives	1.123	.165	Not significant
Physical Health	.541	.545	Not significant
Happiness	.270	.774	Not significant
Extent loved & cared about	-.634	.444	Not significant
Control of life	.557	.477	Not significant
Stage of Life	-.028	.970	Not significant
Marriage happiness	-17.394	.998	Not significant

REASONS FOR SELF-ASSESSMENT

Strongly agreed

The 369 respondents who *strongly* agreed with the statement 'I am ageing successfully or ageing well' were asked to explain why they felt that way, and their responses are summarised in Table T4.2.2.

Table T4.2.2 Reasons put forward by respondents who strongly agreed that they were ageing successfully or well

(Question Q6b) (BASE: Those who strongly agreed they were ageing successfully or well)	TOTAL	GENDER		AGE			LOCATION	
		Male	Female	65-69 yrs	70-74 yrs	75yrs plus	Metro	Country
		N=369 %	N=182 %	N=187 %	N=123 %	N=123 %	N=123 %	N=278 %
Positive responses:	48	53	44	50	48	47	46	53
Good physical health								
Active, busy, fit, have hobbies etc	47	51	44	51	49	43	48	44
Happy marriage, family involvement, friends	38	32	42	38	39	36	36	42
Positive attitude, young at heart, stay interest in world, learning, humour	30	25	34	28	31	30	31	27
Still independent, look after myself	11	8	13	9	9	13	12	8
Good memory, active mind, busy	10	7	13	11	11	9	10	11
Financially comfortable	10	16	4	10	11	9	9	12
Peace of mind, content, satisfied, no problems	6	9	4	8	7	5	5	11
Doing well despite health problems	3	1	4	3	2	4	3	4
Have good home, stay in own home	4	4	4	3	6	4	4	5
Look younger than I am, look good	5	3	7	4	3	8	7	1
Can still do what I want, have driver's licence	4	4	5	5	8	2	3	8
Eat well, don't smoke or drink	2	3	1	3	2	1	2	1
Religion, faith, philosophy, search for meaning	2	2	3	1	2	3	2	3
Other positive responses	6	6	6	4	8	7	6	6
Don't know	3	3	2	5	2	2	2	5

- Totals do not equal 100% due to multiple responses

The most frequently mentioned *positive* responses included that they were in good physical health (mentioned by 48%) or the fact that they were active and busy (mentioned by 47%). Almost two-fifths (38%) of respondents who strongly agreed they were ageing well felt it was as a result of their relationships, mentioning that they had either a happy marriage, were involved with their family or involved with their friends. Almost a third (30%) perceived that maintaining a positive attitude was a reason why they were ageing successfully. A number of other positive responses were mentioned by 11% or less of respondents who strongly agreed they were ageing successfully (see Table T4.2.2).

Sub-group differences based on gender, age and location are also presented in Table T4.2.2. A number of significant differences emerged in relation to gender and age, as follows.

Women were significantly more likely to mention the following reasons to explain why they strongly agreed that they were ageing successfully:

- 'happy marriage, family involvement, friends' (42% versus 32% for men)
- 'positive attitude, young at heart, stay interested in the world, learning' (34% versus 25% for men).

In contrast, men were significantly more likely to mention the following reason to explain why they strongly agreed that they were ageing successfully:

- 'financially comfortable' (16% versus 4% for women).

Those aged 75 years and over were significantly more likely to mention the following reason to explain why they strongly agreed that they were ageing successfully:

- 'look younger than I am/look good' (8% versus 3% for 70-74 years).

There were no statistically significant differences based on location of residence.

Please see Appendix B for significant sub-group differences within the various analysis variables, among those who *strongly agreed* that they were ageing successfully.

Moderately agreed

The 214 respondents who *moderately* agreed with the statement '*I am ageing successfully or ageing well*' were also asked to explain why they felt that way. As evident in Table T4.2.3 overleaf, the most frequently mentioned positive responses included that they were active and busy (mentioned by 47%) – the same proportion as for those who strongly agreed.

Table T4.2.3 Reasons put forward by respondents who moderately agreed that they were ageing successfully

(Question Q6b) (BASE: Those who moderately agreed they were ageing well)	TOTAL	GENDER		AGE			LOCATION	
		Male	Female	65-69 yrs	70-74 yrs	75yrs plus	Metro	Country
		N=214 %	N=107 %	N=107 %	N=69 %	N=74 %	N=71 %	N=156 %
Positive responses:								
Active, busy, fit, have hobbies etc	47	42	52	58	44	42	44	55
Good physical health	29	30	28	25	34	28	35	14
Happy marriage, family involvement, friends	28	22	33	25	23	33	25	37
Positive attitude, young at heart, stay interest in world, learning, humour	15	15	14	19	15	11	15	15
Still independent, look after myself	16	8	22	7	10	25	16	15
Good memory, active mind, busy	11	6	15	5	12	14	14	4
Financially comfortable	4	5	3	3	5	5	4	5
Peace of mind, content, satisfied, no problems	5	8	2	10	3	2	4	6
Doing well despite health problems	10	9	10	8	8	12	9	11
Have good home, stay in own home	5	6	5	2	3	9	4	9
Look younger than I am, look good	3	1	4	5	5	-	2	4
Can still do what I want, have driver's licence	3	2	3	4	-	3	3	2
Eat well, don't smoke or drink	2	2	2	1	-	4	3	-
Religion, faith, philosophy, search for meaning	1	2	1	1	3	-	2	1
Other positive responses	9	6	12	11	7	10	10	8
Negative responses:								
Poor physical health	6	4	7	3	4	8	4	10
Spouse dead/ill/incapacitated	2	1	3	-	2	4	3	1
Cant' do what I want/used to do	2	2	2	2	-	3	1	5
Financial discomfort	2	2	1	-	4	1	2	1
Loneliness	1	1	1	3	-	-	1	2
Don't know	4	6	2	3	5	4	5	2

* Totals do not equal 100% due to multiple responses being accepted.

However, the next three reasons were given by significantly smaller proportions of respondents than by those who strongly agreed (that is, 29% for 'moderately' versus 48% for 'strongly' in relation to good health; 28% versus 38% respectively for relationships; and 15% versus 30% respectively for positive attitudes).

A number of other positive responses were mentioned by 16% or less of respondents who moderately agreed that they were ageing successfully or well, and some of these were mentioned more frequently than by those who strongly agreed (eg 'being still independent' and 'doing well despite health problems').

Some negative responses also emerged. As shown in Table T4.2.3, 6% of respondents indicated that they only moderately agreed that they were ageing successfully due to poor physical health. Other negative responses were mentioned by 2% or less of respondents.¹⁶

Sub-group differences based on gender, age and location are also presented in Table T4.2.3. A number of significant differences emerged in relation to gender, age and location.

Please see Appendix B for significant sub-group differences within the various analysis variables, among those who *moderately agreed* that they were ageing successfully.

Disagreed

Among the twelve respondents who *disagreed* that they were ageing successfully or ageing well, the following reasons were provided to explain their response:

- Nine respondents mentioned it was due to poor physical health
- Two respondents due to memory problems
- One respondent due to a pessimistic or negative attitude
- One respondent because their spouse was dead or they were ill and incapacitated
- One respondent because they could not do what they wanted to or used to do
- One respondent due to financial discomfort.

Due to the small sample size there were no significant differences based on sub-groups.

¹⁶ Several other reasons were mentioned by only 1% of respondents, as shown in Table T4.2.3 overleaf (ie 'Religion' 1%; 'Loneliness' 1%; and a group of 'Other positive responses' 9%), which demonstrate the complexity of completing research on this topic. That is, while the researcher would expect positive feedback in relation to something which is perceived as being positive (i.e. agreeing they were ageing well) it is not necessarily as 'black and white' for the respondent. The exploratory stage of this research certainly demonstrated the multitude of issues that a person considers when interpreting what successful ageing means and then deciding the extent to which one is ageing well.

4.2.7 RELATIONSHIP BETWEEN AGEING SUCCESSFULLY AND THE INFLUENCE OF LIFE EVENTS OR CHANGES

The data was examined to identify links between whether respondents perceived themselves to be ageing successfully or not (defined for this purpose as strongly agreeing that they were ageing successfully versus only moderately agreeing or not agreeing) and their perceptions of the influence of life events or changes on their lives at the present time (see Section 4.1). The main finding from this examination was that, in 15 of the 22 life events or changes put to respondents, the responses of those who were ageing successfully were *not significantly different* from those who were not ageing as successfully. That is, these life events or changes did not appear to be related to whether respondents aged successfully or not.

Experiencing age-related illness or injury

Only one life event or change appeared to affect a reasonable number of respondents in relation to its effect on their lives at present. This was '*Experiencing age-related illness or injury*', which was applicable to nearly three-quarters (72%) of respondents. While only a quarter (25%) of respondents who were ageing successfully saw this as a bad influence on their lives, nearly half (47%) of those who were *not* ageing as successfully saw it as a bad influence. Conversely, this life event was not applicable to 35% of those who were ageing successfully (ie they were not experiencing age-related health problems), compared to only 18% who were ageing less successfully.

Causation is difficult to determine, but it is reasonable to suppose that experiencing age-related illness or injury could detract from some people's ability to age as successfully as they might otherwise expect. On the other hand, some respondents felt they were ageing successfully despite experiencing age-related health illness or injury.

Becoming less independent

This life change was applicable to just under half the respondents (48%), and 41% of these (19% of the total sample) saw becoming less independent as a bad influence on their lives. Not surprisingly, respondents who were ageing less than successfully were significantly more likely than those who were ageing successfully to see it as a bad influence (25% versus 16%). Conversely, becoming less independent was less likely to be applicable to respondents who were ageing successfully (58% versus 43%).

Adjusting to widowhood

This life change was applicable to less than a quarter (24%) of respondents, and 25% of these (6% of the total sample) saw adjusting to widowhood as a bad influence on their lives now. Not surprisingly, respondents who were ageing less than successfully were significantly more likely than those who were ageing successfully to see it as a bad influence (36% versus 19%).

Finding a new purpose in life after retirement

This life change was applicable to most respondents (89%), and only 3% of these (also 3% of the total sample) saw finding a new purpose in life after retirement as having a bad influence on their lives now. Respondents who were ageing less than successfully were, however, significantly more likely than those who were ageing successfully to see it as having a bad influence (5% versus 2%).

Spouse entering residential care

This life change was applicable to only 11% of respondents, and 20% of these (3% of the total sample) saw having a spouse entering residential care as having a bad influence on their lives now. Not surprisingly, respondents who were ageing less than successfully were significantly more likely than those who were ageing successfully to see it as either a bad influence (11% versus 6%) or no influence (9% versus 3%). Conversely, having a spouse enter residential care was less likely to be applicable to respondents who were ageing successfully (9% versus 16%).

Marriage of children

This life change was applicable to most respondents (91%), and there were no significant differences between those ageing successfully or otherwise in relation to whether it was a good or a bad influence. About three-fifths of both groups saw it as a good influence; only 5% or less saw it as a bad influence; and just under a quarter saw it as having no influence on their lives now. The only significant difference was in the proportion of respondents who saw their children's marriage as having a mixed influence, both good and bad, on the respondents' lives. Respondents who were ageing less than successfully were significantly more likely than those who were ageing successfully to see it as a mixed influence (13% versus 7%).

Minding grandchildren

This life change was applicable to three-quarters of respondents (76%), and there were no significant differences between those ageing successfully or otherwise in relation to whether it was a good or a bad influence. About three-fifths of both groups saw it as a good influence; only 1% of each group saw it as a bad influence; and about one-sixth of each group saw it as having no influence on their lives now. The only significant difference was in the very small proportion of respondents who saw minding their grandchildren as having a mixed influence, both good and bad, on the respondents' lives. Respondents who were ageing less than successfully were significantly more likely than those who were ageing successfully to see it as a mixed influence (3% versus 1%).