Ageing & Society **27**, 2007, 87–102. © 2006 Cambridge University Press
doi:10.1017/S0144686X06005137 Printed in the United Kingdom

Exploring elderly people's perspectives on successful ageing in Taiwan

HUI-CHUAN HSU*

ABSTRACT
The goal of this study was to explore the concepts of successful ageing held by elderly people in Taiwan. Data were obtained from the *Successful Ageing of the Elderly in Taiwan* survey of 2004. The sample was drawn from the population aged 65 or more years in one county in Taiwan by probability proportional-to-size sampling. The participants were asked: 'What do you think are the essential components of an ideal and satisfactory life in old age?' They were also asked to score the relative importance of 23 'successful ageing' concepts. The replies to the initial open-ended question were grouped in six categories: physical health and independence, economic security, family and social support, engagement with life, spiritual well-being, and environment and social welfare policy. The most highly rated 'successful ageing' concepts were physical health, independence, living without chronic disease, living with family, and receiving emotional care. All the responses were subjected to a factor analysis, and five factors accounted for 58.7 per cent of the variance: family and social support, mastery over life, health, enjoyment of life, and autonomy. It is concluded that elderly people in Taiwan most value health and independence, and also place considerable importance on economic security and family support, which they see as interrelated. Many are also concerned about the social environment and social policy, indicating that their awareness of and participation in socio-political debates affects their quality of life.

KEY WORDS – successful ageing, active ageing, ageing policy, Chinese culture, Taiwan.

Introduction

'Successful ageing' is a prominent theme in contemporary applied gerontology. Many studies have attempted to define successful ageing and its indicators, protective factors, and the risks of poor outcomes, but most previous literature has been based on the opinions and objective indicators of professionals and researchers. Whether such indicators are applicable to lay people or in East Asian cultures has received little attention. There is

* Department of Health-care Administration, Asia University, Taichung, Taiwan.

https://doi.org/10.1017/S0144686X06005137 Published online by Cambridge University Press

now a consensus in many countries that public policy towards older people should be based on both the expertise of gerontologists and related professionals and on the expectations of the lay population. This paper reports a study of the subjective concepts of successful ageing expressed by older people in Taiwan. By examining these concepts in an Eastern culture, this study contributes to the knowledge of successful ageing in a previously little-studied setting.

Concepts and empirical studies of successful ageing

Two definitions of successful ageing are widely accepted by researchers. One is the 'selection-optimisation-compensation' model developed by Baltes and Baltes (1990), which draws on the concepts of variability and plasticity to prescribe the optimal psychological processes of successful ageing. The other is the three-component model of Rowe and Kahn (1997), which defines successful ageing by objective measures of the absence and low risk of disease, high psychological and physical function, and engagement with life. The World Health Organisation (WHO) promoted the concept of 'healthy ageing' in its *Jakarta Statement on Healthy Ageing*, and advocated investment in health promotion throughout the life course (WHO, 1996). Older people in the most recent cohorts are enjoying better physical and mental health, and in many cases improved social well-being. The promotion of healthy ageing emphasises collective action, for it 'promotes a cycle of activities: the strengthening of information bases; dissemination of information; advocacy; informed research; training; and policy development. It encourages community-based and intergenerational activities. It emphasises gender and ethical issues' (WHO 1996: 1). Furthermore, WHO describes 'active ageing' as 'the process of optimising opportunities for health, participation, and security in order to enhance the quality of life as people age'. In this formulation, 'active' refers not only to the ability to be physically active, but also to 'continue participating in social, economic, cultural, spiritual, and civic affairs' (WHO 2002: 12). If older people actively participate with their families, colleagues, communities and even national affairs, they are actively ageing, regardless of whether they are chronically ill or physical disabled. One may conclude that 'successful ageing' is more useful for empirical measures or comparisons of the health status of individuals in its psychological, physical and social dimensions, but that the WHO concepts of 'healthy ageing' or 'active ageing', while incorporating physical, mental and social well-being, extend into the social and epidemiological contexts to include the policies and community action that promotes the health of older people. It is a more collective and action-oriented conception, and stresses the level of participation when defining 'active'.

https://doi.org/10.1017/S0144686X06005137 Published online by Cambridge University Press

Despite those well-accepted definitions of successful ageing, investigators have used different measures and variables as indicators, even when working with the same model.[1] In most studies, only one dimension of ageing – most often physical functioning or a specific disease – has been used as the outcome measure, while mental and social-health measures have rarely been examined (Albert *et al.* 1995; Chang 1997; Glass *et al.* 1995; Hu 1997; Schaie 1990; Seeman *et al.* 1994, 1995; Strawbridge *et al.* 1996; Wu, Leu and Li 1999). Only a few researchers have used a multidimensional construct for studying successful ageing (Chou and Chi 2002; Garfein and Herzog 1995; von Faber *et al.* 2001).

Moreover, conceptual elaborations and integration (Kahn 2002) or the addition of new components to the definition of successful ageing (Crowther *et al.* 2002) have been based on professional opinions. What older people consider to be successful ageing has been little studied, and furthermore cultural variations have rarely been explored. One study that explored the concept of successful ageing among Iranian immigrants in Sweden found that their views changed after their migration (Torres 2001), which demonstrated that the cultural setting is influential and should be taken into account in both research and health and social policies. It is generally accepted, for example, that around the world the Chinese are very respectful of older people. It is therefore imperative that their views of successful ageing should be understood in framing policies and practice for these communities.

The circumstances of older people in Taiwan

The cultures and social structures of ancient Taiwan originated in Mainland China and brought to the island over millennia by settlers. From 1895 to 1945, Taiwan was colonised by Japan. Following the protracted, intermittent civil wars in China, in 1949 the Nationalist Party (*Kuo-Ming-Tung*) took power in Taiwan, and many soldiers and families emigrated from Mainland China. From the 1960s, Taiwan experienced dramatic and rapid economic growth, and this was accompanied by population ageing. The percentage of the population aged 65 or more years reached 7.1 in 1993 and rose to 9.0 in 2002. Although Taiwan has developed multilateral relationships with many countries since the 1980s, and this has brought about the comprehensive adoption and integration of western culture, in 2006 most Taiwanese older people still identified themselves with and upheld Chinese traditions, and only partially accepted Western values and tastes.

Studies of successful ageing in Taiwan began with the development of indicators of 'successful ageing' and 'active ageing', and by interpreting the main epidemiological facts in the light of Rowe and Kahn's model, the WHO's active-ageing concept, and local cultural conditions (Hsu and

https://doi.org/10.1017/S0144686X06005137 Published online by Cambridge University Press

Chang 2004). Among the early findings, gender disparities were shown in both the successful-ageing and the active-ageing indicators (Hsu 2005*a*), and that participating in productive activities was associated with lower probabilities of mortality and impaired cognitive function (Hsu 2005*b*). Evidence was also provided that cultural factors might affect successful ageing in Taiwan, such as a low rate of participation in voluntary and paid work, and older people's strong orientation towards their offspring and families (Lai and Hsu 2005).

Data sources and sampling

The data were drawn from the *Successful Ageing for the Elderly in Taiwan* survey conducted during 2004–05.[2] This covered six contrasting communities in Miaoli County to represent different living areas and lifestyles: the *City of Miaoli*, a commercial area that was subdivided into *East* and *West*; *Jhuolan* and *Gongguan* townships, mountain-foothill farming communities populated mainly by the Hakka ethnic group; and *Tongsiao* and *Houlong* townships, coastal communities populated mainly by the Mingnan ethnic group. The sampling frames were household registers that listed people aged 65 or more years. Equal-probability samples were drawn in three steps, the first being to select one-fifth to one-third of the villages (or neighbourhoods) in the six communities (or townships). At the second step, clusters of settlement-blocks (*lins*) in the selected townships were selected proportional to population size. At the third step, four participants were selected systematically from the register in each *lin*. The result was that 120 people were selected with constant probability from each community, and altogether 720 people were sampled. The face-to-face interviews were conducted from December 2004 to January 2005. The interviewers were local residents with extensive survey experience who were able to speak Mandarin and the Hakka and Mingnan dialects.[3] Of the 720 in the sample, 584 completed the interviews, a response rate of 81 per cent. A goodness-of-fit test revealed no differences of gender or age distribution between those who completed the study and those who did not.

Measures

Subjective indicators of successful ageing

The expressions 'successful ageing' and 'active ageing' do not exist in Taiwanese culture or discourse. A pilot study revealed that among older people in Taiwan, the concepts were better expressed as an 'ideal' or 'satisfactory' life in old age. We first asked the participants an open-ended

https://doi.org/10.1017/S0144686X06005137 Published online by Cambridge University Press

question, 'What do you think are the essential components of an ideal and satisfactory old-age life?' There were no prompts, and the participants were free to use any idea or phrase to express their requirements of an ideal and satisfactory old age, and the interviewers noted all their expressions. Next, the participants were asked to score the relative importance of 23 items on a list of successful-ageing concepts, using a Likert scale from '1' (very important) to '5' (least important). The list (reproduced in Table 3) was developed from previous studies and informed by both professional and lay opinions. It was pre-tested and revised to improve face-validity. The items include physical health, receiving emotional care, feeling happy, having enough money, having good memory, having no worries about offspring, longevity, and the ability to help others. All the participants were also asked to nominate the three items that were most important to them.

Objective indicators of successful ageing

In a previous study, successful ageing was defined as being fully functional in the basic physical, mental, and social dimensions of health, and was measured with four indicators, for the activities of daily living (ADL), cognitive function, depressive symptoms, and social support (Hsu and Chang 2004). A 'perfect' score implied no impairment in physical and mental function, and good (giving/receiving more) social support. Similarly, active ageing was defined as not only functionality in the three dimensions of health but also participation in social activities with family members, colleagues or community, and was measured by six indicators. Four were the same indicators as for successful ageing, and these were supplemented by 'no disability in performing the instrumental activities of daily living' (IADL), and 'engagement with productive activities'. The outcome measures are defined in Table 1. This paper examines variations in the rates of successful and active ageing by several socio-demographic and socio-economic status variables, including age, gender, marital status (with/without spouse), educational level (illiterate, had received elementary, primary-high or at least senior-high school education), and ethnic groups (Mingnan, Hakka, Mainland provinces).

Analysis

The responses to the open-ended question about what constitutes successful ageing were coded and grouped into meaningful categories, with Cronbach's alpha being used to test for internal consistency. To identify the most important components of the responses to the 23 item-statements

https://doi.org/10.1017/S0144686X06005137 Published online by Cambridge University Press

TABLE 1. *The measures and scoring of successful and active ageing*

Measure	Definition, scores and categories
Activities of daily living (ADL)	Dressing, getting in and out of bed or a chair, walking indoors, using the toilet, taking a bath, and eating. A difficulty is an inability that lasted for at least 3 months.
Instrumental activities of daily living (ADL)	Walking outdoors, washing clothes, preparing food, independent travel (by car or train), shopping for groceries, managing money, doing heavy housework, doing light housework, and making phone calls. A difficulty is an inability caused by a health problem and that lasted for at least 3 months.
Cognitive function	Measured by the *Short Portable Mental Status Questionnaire* (SPMSQ), with scores ranging from '0' to '10' (Pfeiffer 1975). Cognitive function criteria were defined according to educational level (Wu and Chang 1997). For those who were illiterate, a score of 6–10 was 'normal' and less than 6 'impaired'. For elementary school education, a score of 7–10 was 'normal' and less than 7 'impaired'. For those with primary or high-school education or greater, a score of 8–10 was 'normal' and less than 8 was 'impaired'.
Depression	Measured by the short form of the *Center for Epidemiologic Studies Depression Scale* (CES-D), with scores ranging from 0 to 30. Using a *t*-transformation (Kohout *et al.* 1993) to determine the cut-off points, a score of less than or equal to 7 indicated the absence of depressive symptoms.
Social support	Characterised by the giving and receiving of emotional and instrumental support. It was measured by satisfaction with emotional support from family/friends, satisfaction with illness-care from family/friends, satisfaction with economic support, and listening to problems or worries of family/friends. Each item was scored '1' and the aggregate range from '0' to '4'. A score of 3 or 4 indicated good social support.
Productive activities	Engagement in productive activities was defined as participating in one of the following activities at least twice a month: working at a paid job (including farming, fishing, and working from home), helping family or friends (as with child care, housework, care of a person with chronic diseases, and managing money), gardening, or participating in volunteer activities or any social group.
Composite measures	
Successful ageing	Maximum score: free of ADL disabilities, impaired cognitive function and depressive symptoms, with good social support.
Active ageing	Maximum score: free of ADL and IADL disabilities, impaired cognitive function and depressive symptoms, with good social support and engagement in productive activities.

about successful ageing, an exploratory factor analysis using principal components extraction, Varimax rotation and Kaiser normalisation of the ratings was carried out. The extraction criterion was set as the eigen-value of the component being greater than 1.0.

Results

Table 2 presents the principal socio-demographic and health characteristics of the study sample. Compared to the general population of Taiwan (Department of Statistics 2005), the participants were significantly older,

https://doi.org/10.1017/S0144686X06005137 Published online by Cambridge University Press

TABLE 2. *Socio-demographic and health characteristics of the study sample*

Characteristic	Percentage	Characteristic	Percentage
Age group (years)		**Gender**	
65–69	30.3	Male	51.9
70–74	24.7	Female	48.1
75–79	24.8	**Marital status**	
80+	20.2	Has spouse	61.1
		No spouse	38.9
Education level		**Components of successful ageing**	
Illiterate	30.8	No ADL limitation	87.3
Literate/elementary school	52.6	No IADL limitation	65.1
Primary high school	6.8	No cognitive impairment[1]	62.8
Senior high school or higher	9.8	No depressive symptoms[1]	77.6
		Good social support[1]	68.9
Ethnic group		Engaged with productive activities	62.2
Mingnan	31.5		
Hakka	61.5	**Overall scores**	
Mainland provinces	7.0	Successful ageing[1]	43.1
Aboriginal	0.0	Active ageing[1]	28.5
Sample size	*584*		

Note: 1. The cases in which respondents were unable to answer by themselves were excluded, so the case number for these variables was less than the total sample size.

and over-represented Hakka individuals. The table also shows the scores for the various measures of health and disability, social support and engagement in productive activities. Nearly one-half of the respondents (43.1 %) met all four successful-ageing indicators simultaneously, whereas only 28.5 per cent met the six active-ageing criteria.

Subjective expressions of successful ageing

The coding of the subjective expressions of successful-ageing produced six categories: physical health and independence; economic security; family and social support; spiritual well-being; engagement with life; and environment and social policy (Table 3). The respondents' answers provided rich accounts of the reasoning behind their replies. Physical health was important because it influenced people's ability to take care of themselves and their spouses, which was also encapsulated in the highly-valued quality of independence. Participants believed that ill-health would create dependency that would be a burden to their family, which partly explains why being healthy was rated so highly. The importance attached to economic security reflects the fact that most of today's older people in Taiwan experienced poverty and hardship during their youth, and many still worry about poverty. The many references to the importance of family and social support reflects the more specific hopes of the respondents that

https://doi.org/10.1017/S0144686X06005137 Published online by Cambridge University Press

TABLE 3. *Subjective expressions of the components of 'successful ageing'*

Categories	Respondents' expressions. 'One has to …'	%
Physical health and independence	… be healthy, able to take care of myself (and spouse); have children that don't have to worry about me; able to move anywhere, to avoid being a burden on one's family, to be able to reduce the family's burden.	47.4
Family and social support	… be supported by your children, live with your children; … have children that are filial or listen to me, that care about me, harmony in the whole family, a happy family, a partner (spouse) in old age, relatives/friends that visit often, children that visit often, no worries about offspring (because they have stable work, live a good life, and the grandchildren study hard).	28.7
Economic security	… have enough for living expenses, enough money, no worry about money, good crops from the land, good catches from fishing, (enough) things to eat and wear.	17.8
Spiritual well-being	… to live a free (unconstrained) life, with no obligations, in a mountain or rural free-style, a happy life (be happy), a peaceful life, a tolerable life; … to take everything in life as normal; … to believe that everything is fine, … not have a bad heart or hurt others.	16.9
Environment and social policy	… to believe that politics is not too chaotic, that there is a peaceful social environment, people receive a good education, that the quality of health-care is improving, to receive free medical care, that there will be more public-sector care for elderly people (especially those living alone), that old-age welfare is improving, that older people will be entitled to pensions.	11.7
Engagement with life	… to live a meaningful life, a fulfilling life, to use one's time well, to have an interest or leisure activity, to participate in social groups (elder-activity or elder groups), to keep working, to be able to help others.	7.5

they shall live together with their spouse well into old age, and, if widowed or frail, will live with offspring or at least receive frequent visits from them. Some participants placed a higher valuation on their children's well-being than their own and expressed many worries about their children's and grandchildren's lives.

The spiritual well-being category was adopted for a diverse set of expressions about the 'ideal' living style and spiritual matters, from the preferred locations and settings for old age (in the mountains or a rural area) to stoical aspirations (to feel that everything is fine). Some of the statements expressed a philosophy for living, and several reflected the respondent's wish to shed their obligations to the younger generation. The participants hoped that in old age they would be happy and peaceful, or at least would find life tolerable. Expressions of the desirability of feeling 'engaged with life' also encompassed aspects of lifestyle but had more to do with having a meaningful or fulfilling life. To exemplify, the participants indicated an interest in being involved with social activities or groups, having a job, and being able to help others (this category has

https://doi.org/10.1017/S0144686X06005137 Published online by Cambridge University Press

TABLE 4. *Priorities of successful ageing items*

Items	Priority score, Mean (s.e.)	Selected priority		
		First %	Second %	Third %
Physically healthy	1.17 (0.43)	76.7	6.6	2.2
Independent (takes care of self)	1.41 (0.58)	1.2	36.3	4.0
No chronic disease	1.69 (0.67)	0.2	5.6	8.6
Living with children or family	1.84 (0.73)	2.1	9.2	19.0
Receives emotional care from family/friends	1.87 (0.66)	0.9	3.6	8.0
Happy everyday	1.88 (0.65)	0.3	5.0	11.6
Frequently visited by family or friends	1.93 (0.69)	0.2	0.4	3.6
Enough money to live on	1.94 (0.75)	1.9	12.0	9.4
Having a spouse	2.08 (0.90)	0.2	8.6	16.2
Socialises with relatives or friends	2.11 (0.73)	0.0	1.2	2.6
Good memory	2.14 (0.70)	0.0	0.8	0.6
No worries about offspring	2.29 (0.86)	0.5	1.6	5.6
Able to help family or friends	2.45 (0.82)	0.0	0.6	0.2
Feels useful	2.46 (0.75)	0.0	0.0	0.8
Lives a worthy life	2.54 (0.68)	0.0	0.0	0.4
Able to do housework	2.56 (1.08)	0.0	0.2	1.2
Longevity	2.59 (0.83)	0.2	0.4	1.4
Rich enough to enjoy life	2.79 (0.79)	0.2	1.4	0.4
Keeps fit	2.93 (0.86)	0.0	0.0	0.0
Able to help others	2.93 (0.83)	0.0	0.4	0.0
Participates in social groups	3.32 (1.04)	0.0	0.4	1.0
Keeping a job	3.37 (1.03)	0.9	5.6	2.4
Able to learn something new	3.38 (1.00)	0.0	0.0	0.6

Notes: Sample size, 499 respondents. s.e. standard error of the estimate. Those who could not answer by themselves were excluded from the sample. Higher priorities have low numerical scores.

affinities with 'engagement in productive activities' in Rowe and Kahn's model). The last category, environment and social policy, collected the expressed expectations about the social environment and social policies. The participants cared about many facets of society, including politics, education, health, senior-care programmes and pensions.[4] The participants believed that their ideal life in old age was connected to the whole social environment, and that the Taiwan government had a responsibility to care for older people.

Priorities of successful ageing

Table 4 lists the participants' ranking of the importance of the 23 items for successful ageing. The five highest ranked items were: being physically healthy, being independent (able to take care of themselves), having no chronic disease, living with children or family, and feeling cared for by family or friends. The first three are dimensions of health and independence, and the last two aspects of social support, especially from the family.

https://doi.org/10.1017/S0144686X06005137 Published online by Cambridge University Press

TABLE 5. *Factor analysis of the successful ageing items*

Items	Family and social support	Mastery over life	Good health	Enjoyment of life	Autonomy
Frequently visited by family or friends	**0.812**	0.024	0.111	0.064	0.045
Socialises with relatives or friends	**0.675**	0.140	0.167	0.118	0.180
Receives emotional care	**0.653**	0.056	0.315	0.026	0.152
Lives with children or family	**0.581**	0.024	0.106	0.110	−0.316
No worries about offspring	**0.573**	0.304	−0.033	−0.081	0.368
Enough money to live on	**0.568**	0.066	0.119	0.221	0.214
Happy everyday	**0.442**	0.146	0.394	0.034	0.356
Feels useful	0.166	**0.826**	0.011	0.120	0.152
Lives a worthy life	0.166	**0.821**	0.106	0.079	0.032
Keeps fit	−0.008	**0.553**	0.343	0.474	−0.079
Able to help others	−0.076	**0.547**	0.251	0.528	0.069
Physically healthy	0.212	0.207	**0.766**	0.080	−0.135
Independent	0.092	0.021	**0.758**	0.059	0.247
No chronic disease	0.421	0.081	**0.666**	0.057	0.052
Good memory	0.121	0.333	**0.444**	0.206	0.275
Rich enough to enjoy life	0.282	−0.032	0.035	**0.737**	−0.033
Able to learn something new	0.048	0.329	0.103	**0.659**	0.318
Participates in social groups	0.062	0.162	0.051	**0.635**	0.322
Able to do housework	0.073	−0.075	0.267	0.088	**0.723**
Keeping a job	0.165	0.147	−0.046	0.344	**0.541**
Able to help family or friends	0.298	0.294	0.062	0.248	**0.513**

Notes: 21 items were used in the factor analysis. The method of extraction was Principal Components Analysis, and the method of rotation was Varimax with Kaiser Normalization. The explained variance was 58.7 per cent.

The least important items (that scored more than 3.0) were: participating in social groups, keeping a job, and being able to learn something new, all dimensions of engagement with productive activities. The Cronbach's alpha of the 23 items was 0.88, indicating good internal consistency. We also asked participants to rank the three items most important to them. Most named physical health (76.7 %) as their first choice, and being independent was by far the most popular second choice (36.3 %). As the third choice, many participants nominated living with children or family, and others having a spouse.

Factor analysis

An initial factor analysis of the 23 items did not produce a discriminating solution that was either convincing or consistent with the theoretical conceptualisation. In order to increase the construct validity, two items that had a multiple correlation coefficient with all others of less than 0.3 were deleted, namely 'longevity' and 'has a spouse'. A second analysis of the remaining 21 items identified five factors and explained 58.7 per cent of the total variance (Table 5). The chosen factor labels were readily

https://doi.org/10.1017/S0144686X06005137 Published online by Cambridge University Press

determined from inspection of the highest loading items on each factor (indicated in bold on Table 5). They are: family and social support, mastery over life, good health, enjoyment of life, and autonomy.

Family and social support covered items such as: frequent visits with family/friends, socialises, receives care, living together, and no worries about offspring. Having enough money to live also had a high loading on this factor, because most elderly parents are financially supported by their children in Taiwan. In addition, feeling happy everyday had a relatively strong loading on this factor, although only a little above its loadings on other factors. Mastery over life included four items: feeling useful, living a worthy life, keeping fit, and being able to help others. The health factor encompassed being physically healthy, independent, able to take care of oneself, not suffering from chronic diseases, and having a good memory (good cognitive function). Enjoyment of life entailed the ability to enjoy one's social life and included being sufficiently wealthy, learning new things, and participating in social groups. Autonomy meant the ability to live independently, including being physically able to do housework, keeping a job, and being able to help family or friends.

Discussion

Before discussing the findings, some limitations of the study should be noted. First, this community-based study was done in Miaoli county in Taiwan, a rural area with a considerable elderly population. The selection of the communities purposefully represented different life styles and ethnic groups. It is a relatively traditional, agricultural area, with a high representation of long-established indigenous Taiwanese ethnic groups. Although the way-of-life and the understanding of successful ageing in this area may differ from other Taiwanese communities or even in other South East Asian communities, this study has provided valuable evidence of the continuing existence of traditional or pre-modern values and attitudes among older people in Taiwan, and of the principal ways in which they differ from western or post-industrial values and attitudes. Second, the participants were limited to those who were able to express their own understanding and priorities, and did not include the views of those with severe cognitive impairment.

Rowe and Kahn (1997) and our previous study (Hsu and Chang 2004) focused on the physical, mental and social health dimensions of successful ageing. This analysis has found, however, that older people in Taiwan rate economic security and social environment very highly as well. When answering the open-ended question about the components of successful

https://doi.org/10.1017/S0144686X06005137 Published online by Cambridge University Press

ageing, most of the respondents emphasised financial problems or economic security. The fact that today's older people in Taiwan spent their youth and adulthood living in an unstable socio-political environment, and that the country's social-welfare system is not yet mature, might explain the strong weighting for personal income. In addition, filial piety and raising children to take care of their elders is a traditional concept for older Taiwanese people. Older people in Taiwan 'naturally' expect that their children or family will take financial responsibility for them in their old age. Their financial expectations are not however high: having enough money for basic living expenses is very important, but having the resources for a luxurious life is not (Table 4).

Table 5 shows that the family and social support factor included all the basic needs and core concepts of successful ageing for Taiwanese older people, *i.e.* material support, emotional support and close family relationships. If an elderly Taiwanese person has a harmonious and happy family, and all their offspring are filial and living well, then that person's basic needs are met. They do, however, expect that social welfare will be provided by the government. Answers to the open-ended question revealed that many respondents worried that the political and societal environment in Taiwan will affect their life. They were concerned about several social policies, including the National Health Insurance, pensions, and old-age welfare. They believed that the government should do more than they do at present to assure that they are taken care of during old age. In addition, the attitude towards supporting parents in Taiwan is changing. More and more older people do not expect that their adult children will provide financial support or live with them (Hsu *et al.* 2001). This indicates that older people in Taiwan anticipate further development of the social-welfare system. To our knowledge, this component is unique to Taiwan, because other studies have not shown concern with the political and social environment to be an important component of successful ageing.

Nonetheless, physical health is still the first priority and the main focus of concerns about old age in Taiwan. Among the most common replies to the question about what was most important in old age, many participants said variously: 'health', 'being able to take care of myself and my wife husband', and 'to be able to move around and walk'. More generally, they hoped that their diseases or disabilities would not be a burden to their family. In previous research (Bukov, Mass and Lampert 2002; Rowe and Kahn 1997), the 'social health' dimension of successful ageing was usually seen in terms of engagement with life, social participation and providing social support (as to spouses and children). The findings of this study indicate that older people in Taiwan continue to see the family as the main source of social support, and that most participants cared strongly about

https://doi.org/10.1017/S0144686X06005137 Published online by Cambridge University Press

it; in comparison, however, participation in work, leisure or social groups were rarely mentioned. It may be that social participation becomes a marker of successful ageing only after basic needs for life have been met. When that is achieved, then, if capable, one may participate in social activities, help others, or do anything one wants. There is a parallel with 'enjoyment of life'; it is good to have it, but it is not essential. Similarly, the items that described autonomy or 'mastery over life' were rated as having lower priority for successful ageing than the health and economic factors.

In traditional Taiwanese culture, the optimal scenario for old age involves having no serious worries about anything in life, living with one's children and being supported by them, and taking an active part in caring for and bringing up grandchildren. Having to continue in work would mean having to earn money, a sign that an old person does not have filial children or a supportive family. This situation is regarded as miserable by most Taiwanese older people. While it is likely that the rural communities in Miaoli County are more traditional and socially conservative than in urban Taiwan, in recent decades more and more elderly people have come to accept that keeping a job or participating in voluntary work makes a meaningful contribution to the community.

In this study, some participants talked about an obligation-free life or a peaceful mind as important factors in successful ageing. The specific expressions used included: 'to live a free (or unconstrained) life', 'I hope not to have to run the business (or farm)', 'every day should be peaceful', 'one should live happily', and a good old age is when 'my family and I have everything and we don't in our minds think we need any more'. These expressions have similarities with the positive spirituality factor discussed by Crowther *et al.* (2002), but our respondents gave less emphasis to participation in religious activities than to having a peaceful mind and being free from farm or business responsibilities. Some participants also mentioned having a stoical perspective and accepting all situations in life, no matter how good or bad.

In the Chinese tradition, people usually bless others with *Fu* (well-being), *Lu* (wealth), and *Sho* (longevity). *Fu* means spiritual happiness and peace; it is similar to spiritual well-being as just described. *Lu* means having sufficient money or being rich; this is reflected in the economic security requirement. *Sho* means a long and healthy life; health was identified as older people's most important priority in this study, but longevity was mentioned less often (indeed it was excluded from the factor analysis, as was having a spouse, because of its low correlation with the other items). This was inconsistent with our expectations, because both health and longevity are usually considered important by elderly people in Taiwan. It may be that because most older people now attain a long life, they do not

https://doi.org/10.1017/S0144686X06005137 Published online by Cambridge University Press

want to live longer but rather to be healthier. In addition, a common phrase among Taiwanese people is that the three important things for a good old age are an 'old mate (spouse), old friends, and capital (wealth)'. 'Having a spouse' may have been relatively unimportant as a successful ageing component because the study sample included many unmarried veterans from Mainland China and many single or widowed women.

More generally, it has been found that Taiwanese older people's subjective views of the key components of successful ageing do not completely match the objective indicators that are prominent in the Western research literature. Researchers need to define and measure successful ageing in particular cultural and temporal contexts. Both health and spirituality have been proposed as key indicators in western studies, but, by contrast, older people in Taiwan emphasised family relationships, economic security and the social-policy environment. This last reflects older people's adaptation to social changes and their acquisition of an expectation of an expanding state welfare. Perhaps health and independence are no longer enough to ensure successful ageing in their eyes, and the social-welfare environment needs to be improved for the Taiwanese to believe that their country will provide the requirements for 'successful ageing'.

Acknowledgements

This research was supported by a grant from the National Science Council, Taiwan, R.O.C., for the project *Successful Ageing of the Elderly in Taiwan* (NSC 93-2320-B-468-001). I am grateful to Professor Ming-Cheng Chang for assistance with the sampling design, and thank the anonymous reviewers and the editor for helpful comments, and Mr Gerald Irby for assistance with the English expression.

NOTES

1 This may be confirmed by examining the measures used in the following tests of the Rowe and Khan model (Albert *et al.* 1995; Chou and Chi 2002; Glass *et al.* 1995; Seeman *et al.* 1995; Seeman *et al.* 1994; Strawbridge, Wallhagen and Cohen 2002; von Fabor *et al.* 2001), and in the following tests of the Baltes and Baltes model (Abraham and Hansson 1995; Garfein and Herzog 1995; Schaie 1990).

2 The survey was supported financially by the Taiwan National Science Council, Republic of China.

3 They received standardised interview training and signed an agreement to protect the confidentiality of the data obtained from interviews and questionnaires. The interviewers explained the aims of the study to the participants and obtained informed consent. All participants signed an agreement to participate in the interview while retaining their rights to withdraw at any time.

https://doi.org/10.1017/S0144686X06005137 Published online by Cambridge University Press

4 Expressions that referred to pensions were not placed in the economic security category if they did not refer to the participant's own income and were mentioned in conjunction with other social-welfare policies.

References

Abraham, J. D. and Hansson, R. O. 1995. Successful ageing at work: an applied study of selection, optimization, and compensation through impression management. *Journal of Gerontology: Psychological Sciences*, **50B**, P94–103.

Albert, M. S., Jones, K., Savage, C. R., Berkman, L., Seeman, T., Blazer, D. and Rowe, J. W. 1995. Predictors of cognitive change in older persons: the MacArthur studies of successful ageing. *Psychology and Ageing*, **10**, 578–89.

Baltes, P. B. and Baltes, M. M. 1990. Psychological perspectives on successful ageing: the model of selective optimization with compensation. In Baltes, P. B. and Baltes, M. M. (eds), *Successful Ageing: Perspectives from the Behavioral Sciences*. Cambridge University Press, New York, 1–34.

Bukov, A., Mass, I. and Lampert, I. 2002. Social participation in very old age: cross-sectional and longitudinal findings from BASE. *Journal of Gerontology: Psychological Sciences*, **57B**, P510–7.

Chang, M. C. 1997. A longitudinal study on health status and functional capacity of the elderly in Taiwan. In Sun, T. H., Chi, S. L. and Lee, M. L. (eds), *Population Ageing and Care of the Elderly*. Book Series 2, ROC Population Association, Taipei, Taiwan, Republic of China, 237–62.

Chou, K. L. and Chi, I. 2002. Successful ageing among the young-old, old-old, and oldest-old Chinese. *International Journal of Ageing and Human Development*, **54**, 1–14.

Crowther, M. R., Parker, M. W., Achenbaum, W. A., Larimore, W. L. and Koenig, H. G. 2002. Rowe and Kahn's model of successful ageing revisited: positive spirituality – the forgotten factors. *The Gerontologist*, **5**, 613–20.

Department of Statistics, Ministry of the Interior. 2005. *Statistical Yearbook of the Interior, 2005*. Ministry of the Interior, Taipei, Taiwan. Available online at http://www.moi.gov.tw/stat/english/index.asp

Garfein, A. J. and Herzog, R. 1995. Robust ageing among the young-old, old-old, and oldest-old. *Journal of Gerontology: Social Sciences*, **50B**, S77–87.

Glass, T. A., Seeman, T. E., Herzog, A. R., Kahn, R. and Berkman, L. F. 1995. Change in productive activity in late adulthood: the MacArthur studies of successful ageing. *Journal of Gerontology: Social Sciences*, **50B**, S65–76.

Hsu, H. C. 2005*a*. Gender disparity of successful ageing in Taiwan. *Women and Health*, **42**, 1–21.

Hsu, H. C. 2005*b*. Does social participation by the elderly reduce mortality and impairment of cognitive function? Presented at the 58th annual scientific meeting of Gerontological Society of America, Orlando, Florida, November 18–22.

Hsu, H. C. and Chang, M. C. 2004. Successful ageing and active ageing in Taiwan: a multi-level analysis. *Taiwanese Journal of Social Welfare*. **3**, 1–36. [In Chinese.]

Hsu, H. C., Lew-Ting, C. Y. and Wu, S. C. 2001. Age, period, and cohort effects on the attitude toward supporting parents in Taiwan. *The Gerontologist*, **41**, 716–22.

Hu, T. C. 1997. *The Dynamic Research of the Elderly Health Status in Taiwan: The Application and Analysis of the Multi-state Life Table*. Masters dissertation, Department of Social Welfare, National Chung Cheng University.

Kahn, R. L. 2002. Successful ageing and well-being: self-rated compared with Rowe and Kahn. *The Gerontologist*, **42**, 725–6.

https://doi.org/10.1017/S0144686X06005137 Published online by Cambridge University Press

Kohout, F. J., Berkman, L., Evans, D. A. and Huntley, J. C. 1993. Two shorter forms of the CES-D Depression Symptom Index. *Journal of Ageing and Health*, **5**, 179–93.
Lai, C. Y. and Hsu, H. C. 2005. Relationship of participation in productive activities and depression and life satisfaction in Taiwan. Paper presented at the 58th Annual Scientific Meeting of the Gerontological Society of America, Orlando, Florida, November 18–22.
Pfeiffer, E. 1975. A short portable mental status questionnaire for the assessment of organic brain deficit in elderly patients. *Journal of American Geriatric Society*, **23**, 433–41.
Rowe, J. W. and Kahn, R. L. 1997. The structure of successful ageing. In Rowe, J. W. and Kahn, R. L. (eds), *Successful Ageing*. Dell, New York, 36–52.
Schaie, K. W. 1990. The optimization of cognitive functioning in old age: predictions based on cohort-sequential and longitudinal data. In Baltes, P. B. and Baltes, M. M. (eds), *Successful Ageing: Perspectives from the Behavioral Sciences*. Cambridge University Press, Cambridge, 94–117.
Seeman, T. E., Berkman, L. F., Blazer, D. and Rowe, J. W. 1994. Social ties and support and neuroendocrine function: the MacArthur studies of successful ageing. *Annals of Behavioral Medicine*, **16**, 95–106.
Seeman, T. E., Berkman, L. F., Charpentier, P. A., Blazer, D. G., Albert, M. S. and Tinetti, M. E. 1995. Behavioral and psychosocial predictors of physical performance: the MacArthur studies of successful ageing. *Journal of Gerontology: Medical Sciences*, **50A**, M177–83.
Strawbridge, W. J., Cohen, R. D., Shema, S. J. and Kaplan, G. A. 1996. Successful ageing: Predictors and associated activities. *American Journal of Epidemiology*, **144**, 135–41.
Strawbridge, W. J., Wallhagen, M. I. and Cohen, R. D. 2002. Successful ageing and well-being: Self-rated compared with Rowe and Kahn. *The Gerontologist*. **42**, 727–33.
Torres, S. 2001. Understanding of successful ageing in the context of migration: the case of Iranian immigrants in Sweden. *Ageing & Society*, **21**, 333–55.
von Faber, M., van der Wiel, A. B., van Exel, E., Gussekloo, J., Lagaay, A. M., van Dongen, E., Knook, D. L., van der Geest, S. and Westendorp, R. G. J. 2001. Successful ageing in the oldest old: who can be characterized as successfully aged? *Archives of Internal Medicine*, **161**, 2694–700.
World Health Organisation 1996. *Jakarta Statement of Healthy Ageing*. The Brasilia Declaration on Ageing, World Health Organisation, Geneva. Available online at http://www.who.int/healthpromotion/conferences/previous/jakarta/statements/ageing/en [Accessed 20 February 2006].
World Health Organisation 2002. *Active Ageing: A Policy Framework*. World Health Organisation, Geneva.
Wu, S. C. and Chang, M. C. 1997. *Health Care for the Elderly in Taiwan*. Book Series 6, Taiwan Elderly Research Series, Institute of Taiwan Family Planning, Institute of Public Health, National Taiwan University, Taipei. [In Chinese.]
Wu, S. C., Leu, S. Y. and Li, C. Y. 1999. Incidence of and predictors for chronic disability in activities of daily living among older people in Taiwan. *Journal of the American Geriatric Society*, **47**, 1082–6.

Accepted 28 March 2006

Address for correspondence:
Hui-Chuan Hsu, Department of Healthcare Administration, Asia University, ADD: 500, Lioufeng Road, Wufong Township, Taichung, 413, Taiwan, R.O.C.

e-mail: gingerhsu@seed.net.tw

https://doi.org/10.1017/S0144686X06005137 Published online by Cambridge University Press