Active Ageing and Wellness among the Elderly in Panabo City

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ABSTRACT

This study assessed the active ageing status and wellness level of the elderly in Panabo City, focusing on personal, physical, social, and economic factors. A snowball technique identified 86 officers from the Senior Citizen Affairs office in each barangay as respondents. Data were collected using a survey questionnaire and analyzed through descriptive statistics, Mann-Whitney U test, Kruskal-Wallis test, Pearson correlation, and regression analysis. The results revealed that senior citizens in Panabo City reported very high levels of active ageing and wellness, indicating effective services provided by the Office of the Senior Citizen Affairs in line with Republic Act No. 9257. No significant differences were found in active ageing and wellness based on culture, gender, behavioral and personal factors, physical environment, and economic factors. However, significant differences were observed for physical health and social services systems, as well as the social environment. The study revealed a strong positive correlation between active ageing and wellness among the elderly. Wellness dimensions, such as emotional, environmental, intellectual/cognitive, physical, professional/vocational, social, and spiritual aspects, were dependent on active ageing status. Moreover, Regression analysis showed that behavioral factors, personal factors, physical environment, social environment, and economics significantly predicted wellness, while culture, gender, and physical health did not. The overall findings highlight the influence of active ageing indicators, including behavioral factors, physical environment, social environment, and economics, on the wellness of the elderly in Panabo City. These results provide valuable insights for policymakers and practitioners in developing strategies and programs to promote active ageing and enhance the overall well-being of the elderly population.

Keywords: Active Ageing, Elderly, Wellness, Panabo City

INTRODUCTION

Background of the Study

Health issues are one of the most serious concerns of the elderly. Being healthy, physically active and socially engaged throughout life has many benefits. Active ageing promotes the vision all individuals, regardless of age, socioeconomic or status of health should be fully engaged in all aspects of life. It provides environments, programs and places that support individuals living well and taking charge of their health and wellness [1]. Bowling [2] emphasized the need for a concept of active ageing, which embraces both frailer and fit older people. He argued that ageing is to be a positive experience, longer life must be accompanied by continuing opportunities for health, participation and security. The World Health Organization (WHO) has adopted the term “active ageing” to express the process for achieving this vision. ‘Active’ refers to individuals who participate in the social, economic, cultural life of their societies [3]. It is defined as the process of optimizing opportunities for health, participation and security as people age [4].

The definition is strongly associated with the well-being of individuals. The well-being of persons is not merely an individual luxury, it has an ultimate societal dimension. It is meant to increase labor market participation and a decrease in health care expenditures [5].

Furthermore, Hutton [6] cited life expectancy will increase globally from 48 years in 1955 to 65 in 1995. By

2025, life expectancy is to reach 73. By 2050, people over 80 years old are expected to account for 4 percent of world's population. This poses a growing social and economic challenge. The increase in population in absolute and relative terms poses challenges in developmental and humanitarian needs of senior citizens. This will accompany increased needs and demands for mainstreaming older persons in society. Issues such as income security, appropriate health care, housing and other social services need to be addressed. Families, local governments and communities will need to step up and do their part to help an ageing population. Measures need to be taken by all stakeholders to cope with the mounting challenges of an ageing population [7].

Traditionally, older persons in the Philippines receive due care and high regard from the family and the State. The 1987 Philippine Constitution dictates that it is the duty of the family to take care of its elderly members while the State may design programs of social security for them.

In this light, the Local Government Unit of Panabo City implemented Republic Act 9994 (An Act Granting Additional Benefits and Privileges to Senior Citizens) [8]. One of the functions of the Act was the issuance of uniform identification cards which are valid in the Philippines. The City Social Services and Development Office has also assisted the Office of Senior Citizens Affairs in the purchase of booklets for medicine and grocery discounts. City Ordinance No. 02-13 encourages and supports the participation of associations of Senior Citizens in the City. It also creates provincial, regional and national celebrations for Senior Citizens in October of each year. Hence, it is the purpose of this study to determine the existing status of active ageing and level of wellness of the elderly in Panabo City.

Statement of the Problem

This study aimed to determine the existing status of active ageing and level of wellness among the elderly in Panabo City. Specifically, this study sought to answer the following questions:

1. What is the demographic profile of the respondents in terms of:
2. Age;
3. Sex;
4. Educational Attainment;
5. Civil Status; and
6. Number of children?
7. What is the status of active ageing in terms of;
8. Culture and Gender;
9. Physical Health and Social Services System;
10. Behavioural;
11. Personal Factors;
12. Physical Environment;
13. Social Environment; and
14. Economic?
15. What is the level of wellness of the respondents in terms of;
16. Social;
17. Intellectual/Cognitive;
18. Physical;
19. Vocational/Professional;
20. Emotional; and
21. Spiritual?
22. Is there a significant difference in the status of active ageing when analyzed according to demographic profile?;
23. Is there a significant difference in the level of wellness when analysed according to demographic profile?

24. Is there a significant relationship between active ageing and wellness?
25. Which among the indicators of active ageing best predict wellness?

Theoretical Framework

This study is anchored on the World Health Organization [9] and the International Council on Active Ageing (ICAA). Active ageing promotes the vision of all individuals regardless of age, socio-economic status or health fully engaging in life within all seven dimensions of wellness; emotional, environmental, intellectual/cognitive, physical, professional/vocational, social and spiritual. The wellness dimensions overlap and coordinate to provide rich environments for living. Wellness becomes a framework that is valuable for serving the wants and needs of a person engaged in life. Active ageing embodies the philosophy that individuals can live as fully as possible within the seven dimensions of wellness. The concept of wellness was expanded by Bill Hettler [10], co-founder and president of the board of directors of the National Wellness Institute. Dr. Hettler proposed interdependent, whole-person wellness for the six-dimension wellness model; physical, emotional, spiritual, intellectual, occupational, and social wellness. The concept of wellness moves the definition of health and well-being away from a mindset based in the management of disease and into the areas of prevention and proactive strategies.

Conceptual Framework

The conceptual framework of the study, as illustrated in Figure 1, shows the status of Active Ageing which are the culture and gender, physical health and social services system, behavioural, personal factors, physical environment, social environment, and economic. Active ageing in this study means that the elderly person have good physical and mental health, remain associated with the community. Based on WHO [9], elderly person must remain healthy and be able to maintain their own lives as they grow older. The elderly should continue to make a productive contribution to society in both paid and unpaid activities as they age. These represent the independent variables of the study. The wellness contend the general needs of senior citizens to help them maintain a high level of management behaviors geared towards good health and wellness. The dependent variable presents the level of wellness which comprises social, intellectual/cognitive, physical, vocational/professional, emotional, and spiritual.

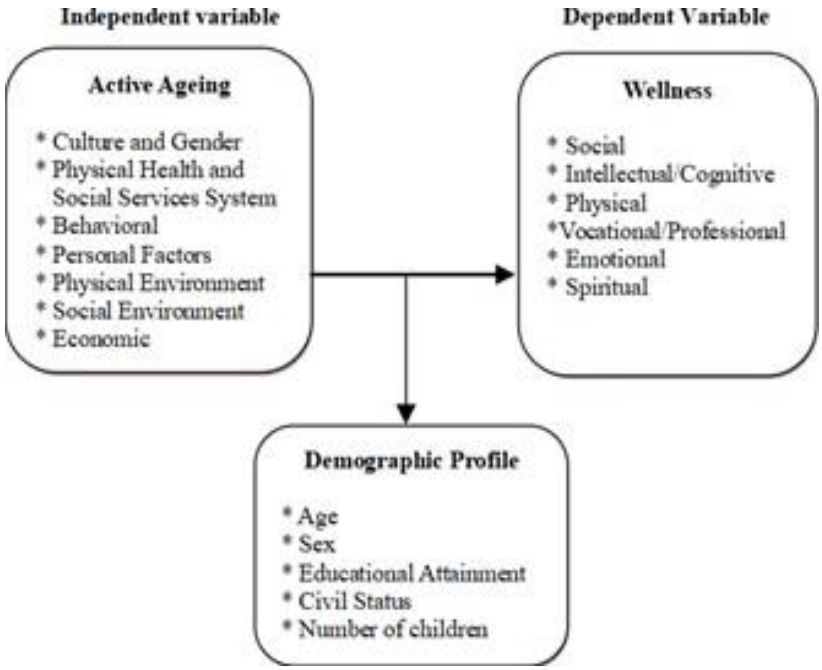

Figure 1.1 Conceptual Framework showing the variables of the study

Research Hypothesis

This study tested the following hypothesis:

1. There is a significant difference in the status of active ageing when it comes to age, sex, educational attainment, civil status, and number of children of the respondents.
2. There is a significant relationship between active ageing and wellness among the elderly in Panabo City.
3. The determinants of active ageing best predict the level of wellness of the elderly in Panabo City.

RELATED STUDIES AND LITERATURE

The following literature review focuses on following: Active Ageing and Wellness. These articles are grouped as follows: culture and gender, physical health and social services system, behavioural factors, personal factors, physical environment, social environment, and economic. While the variables of Wellness are social, intellectual/cognitive, physical, vocational/professional, emotional, and spiritual.

Active Ageing

According to the World Health Organization [4], active ageing is a process that aims to optimize opportunities for health, participation, and security, ultimately enhancing the quality of life as individuals age. This concept is consistent with a research by Boulton, Buys, Laurie, and Lovie [11]

that highlights the value of ongoing participation in a variety of life activities, including social, economic, cultural, spiritual, and political events. It also recognizes the significance of physical activity and workforce participation. As the global elderly population continues to grow, promoting active ageing becomes imperative. The WHO asserts that measures to support older individuals in remaining healthy and active are essential, particularly in developing countries. The third age can be fulfilling for many individuals as they engage in activities such as travel, spending time with grandchildren, socializing, and occasional volunteering [12].

Education and learning play crucial roles in facilitating participation and enabling older adults to cope with changes in technology, lifestyle, finances, and health, as indicated by Boulton-Lewis [13]. According to Ilmarinen [14], problem-solving skills and adaptability are excellent indicators of active aging and lifespan. The WHO defines active aging as activities that promote physical, mental, and social well-being as well as participation in the job market and productivity.

Furthermore, research by Chou, Chi, and Wu [15] emphasizes the importance of social connections and support networks in promoting active ageing. Maintaining strong social ties, engaging in social activities, and having a sense of belonging have been associated with better psychological well-being and overall quality of life among older adults. The sense of fulfillment and purpose that results from these social factors encourages active participation in a variety of aspects of life. By recognizing the value of relationships, communities and politicians may provide inclusive environments that promote active ageing and strengthen the social support networks accessible to elderly.

United Nations Standards on the Human Rights of the Elderly

Parallel to the WHO concept of quality of life and active aging, the United Nations forwarded similar standards which are articulated in human rights terms i.e., quality of life for the elderly is one in which the elderly enjoy their basic rights and freedoms including active engagement in matters relating to themselves

and to contribute to national development [16].

The United Nations Principles for Older Persons are divided into five sections, which closely correspond to the rights in the The International Covenant on Economic, Social and Cultural Rights (ICESCR). "Independence" refers not only to the basic provisions of food, water, shelter, clothing, and health care, but also to the right to work and to have access to education and training [17]. Participation refers to the rights of older persons to form associations and movements so that they can actively participate in the formulation and implementation of policies that affect their well-being. Care refers to the right to enjoy human rights protection regardless of whether the elderly person is living in their own home, in a treatment facility, or in a shelter. Self-fulfilment refers to the right to the full development of elderly persons' potential through access to cultural and educational facilities and resources. Finally, Dignity refers to the right to live in security and free of exploitation, abuse, and discrimination.

Wellness of the elderly

In the study by International Council on Active Ageing Wellness Programs Work Group [17], the vision of active aging is reflected in the concept of wellness. In the Whole-Person Wellness Model developed by Jan Montague, the concept is relative to the individual, integrating each person's multiple dimensions into positive living and meaningful activities The desire for optimal health as we age, to be functionally able for as long as possible, has older adults embracing the concepts of wellness as a leading model of health management. This model incorporates a holistic perspective that integrates the six dimensions of wellness [18]. Any organization, large or small, has the capacity to build quality of life programming, and hence the potential of better health and functional ability, into their operating structure. Wellness programs are not the responsibility of one person or one department. It is important work that is the domain of everyone, and can benefit everyone [19].

Senior centers are designed to promote health and provide a community focal point on aging by enabling older adults to come together for services and activities that enhance their dignity, support their independence and encourage their involvement in and with the community. Senior centers vary in terms of the services and programs that they offer, and they range in size, facilities and program focus. This diversity reflects as a response to the different needs of their members, as well as the size and source of their funding [20].

Generations of people have viewed health simply as the absence of disease. That view prevails today, the word health typically refers to the overall condition of a person's body or mind and to the presence or absence of illness or injury. Wellness is a relatively new concept that expands our idea of health. Beyond the simple presence or absence of disease, wellness refers to optimal health and vitality to living life to its fullest. There are two important differences between health and wellness. Health can be determined or influenced by factors beyond your control, such as your genes, age, and family history. Wellness is determined largely by the decisions you make about how you live. This means choosing not only to care for himself physically but also to maintain a positive outlook, keep up his relationships with others, challenge himself intellectually, and nurture other aspects of his life [21].

The concept of wellness has wide-ranging relevance, but may be used differently across contexts, disciplines, and populations. Much of medical literature shifted from describing the concept of wellness, to describing the implementation of health programs applying the word wellness to health promotion strategies [22].

Social Wellness

Social wellness is nurturing yourself by building healthy, supportive relationships with others. Having a

healthy social network can also enhance the immune system's ability to fight off infectious diseases and speed healing. Maintaining relationships, giving and receiving emotional support ensures that you have a network of friends, family, and others to turn to in times of need [23]. It encompasses the degree and quality of interactions with others, the community, and nature. It includes the extent to which a person works towards supporting the community and environment in everyday actions including volunteer work.

Durlak [24] and May [25] included peer acceptance, attachments/bonds with others, and social skills (communication, assertiveness, conflict resolution) as fundamental components of social wellness.

The National Collaborating Center for Determinants of Health [26] confirms the importance of significant relationships and the quality and extent of one's social network, especially family. Helliwell [27] examines the nature of relational styles and patterns focusing on one's attitude towards relationships and seeking help from others as key elements. Helliwell [27] found that married people, both men and women are happier, and separated individuals are the least happy, even less happy than those who are divorced.

Intellectual/Cognitive Wellness

Cognitive function in people of all ages is affected by a multitude of internal and external conditions. All cognitive processes are affected when hearing or vision impairments limit the quantity and quality of information received from the environment [28]. Studies indicate that both physical and psychological stress, especially if prolonged, can suppress the development of new neurons [29]. Anxiety is consistently identified as a condition that impairs cognitive function, especially memory [30].

Awareness of cultural events is viewed by numerous authors as central to intellectual wellness [31]. This is also affirmed by Hales [32], who said that intellectual wellness represents a commitment to life-long learning, an effort to share knowledge with others, and developing skills and abilities to achieve a more satisfying life. Intellectual wellness involves acquiring an optimum level of stimulating intellectual activity. Intellectual stimulation is being considered as more closely tied to emotional well-being, as cognitive functioning is part of the psychological aspect of wellness, especially in making changes in behavior, which can include improving one's state of wellness [33].

Meanwhile, Chinese literature iterate on the number of children, ignores the internal relationship between the quantity/quality of children and the life quality of the elderly. This contributes in three ways: firstly, starting from the fertility decision-making model of family; secondly, it estimates the impacts of different fertility strategies on the life quality of the elderly and investigates how to distribute family resources among different children in order to provide better life quality for elderly, when resources are limited; thirdly, this categorizes the ages of adults into three stages and explores how fertility decisions affect the life quality of older people[34].

Physical Wellness

Good physical and mental health can improve quality of life in older years [35]. Ryan & Deci [36] noted that physical wellness, however, does not always correlate to one's sense of well-being: a person can be ill and have a positive state of mind while a physically healthy person can experience a poor sense of well-being.

The literature on physical wellness focuses on physiological considerations of body type, genetic predisposition, and harm avoidance behaviours. Maintaining a healthy lifestyle of fitness, flexibility, and strength through a healthy exercise regime and diet is the central focus of physical wellness. In addition, seeking medical care when appropriate, as well as keeping a realistic view of one's own physical capabilities and limits is important. Physical wellness is primarily aimed at cardiovascular fitness, flexibility, and strength. Actions to improve physical wellness include maintaining a healthy exercise regime

and diet and monitoring internal and external physical signs of the body's response to events, including stress [37]

Vocational/Professional Wellness

Wellness through occupation or vocation involves using one's unique skills/talents in work that is meaningful and rewarding, involves paid and non-paid activities, contributes to the well-being of the community at large, and is integrated into a total lifestyle that is rewarding. Older adults who are especially vulnerable to the risks of losses through retirement are those whose self-worth is based on their job or work life. Even through many mature workers look forward to having the time to pursue new opportunities as they retire, the transition from the formal employment role to traditional retirement role often comprises overall wellness [33]. Occupational wellness is the extent to which one can express values and gain personal satisfaction and enrichment from paid and non-paid work; one's attitude toward work and ability to balance several roles; and the ways in which one can use one's skills and abilities to contribute to the community.

Even though older adults are known for a strong work ethic, our society tends to bestow higher status and place greater value on people who are employed over those who are unemployed, regardless of their past work [33].

Emotional Wellness

The emotional wellness for older adults is a topic of growing importance since older adults have particular emotional wellness needs. Growing in healthier ageing coincides with a new model for health and well-being [38]. Emotional wellness reflects a positive approach to life, the ability to manage and accept feelings and behavior. Emotionally well people form interdependent relationships built on mutual trust, respect, and commitment. They accept challenges, take risks, and acknowledge conflict as part of growth [35].

Older persons may pay more attention to the good and less attention to the bad. When they experience a negative emotion, they may be able to recover more quickly than younger persons. Changes in emotions with age are complex. Older adulthood is not simply a time of emotional well-being and tranquility. Strong emotions exist and reactions to important life events may increase with age, rather than diminish [37].

Spiritual Wellness

In order to comprehend spiritual wellness, which is essentially the measurement of the key aspects of spirituality, the term spirituality must be understood. Spirituality is often a label for an individual's ineffable, transcendent, and private aspects, including interiorized or intrinsic commitments, values, beliefs, feelings, and purpose or meaning of life [38].

The key aspects of spiritual wellness are the creation of personal values and beliefs by each individual toward life's purpose, and oneself in relation to others, the community, nature, the universe, and a higher power. Spiritual wellness is found within shared community and there is a continual process of finding meaning and purpose in life, while contemplating and coming to terms with one's place in the complex and interrelated universe [40] Spiritual Wellness is a personal matter involving values and beliefs that provide a purpose in our lives. While different individuals may have different views of what spiritualism is, it is generally considered to be the search for meaning and purpose in human existence, leading one to strive for a state of harmony with oneself and others while working to balance inner needs with the rest of the world [41]

METHODOLOGY

This study employed a descriptive correlational with prediction method. Primary sources were used from the data collection, with demographic profiles and responses to a survey questionnaire serving as the main data

collection instruments. The questionnaire consisted of three parts aligned with the study's indicators: socio-demographic profile, active aging, and wellness. It was based on established manuals and translated into the vernacular language to ensure clarity and understanding among the respondents.

Regarding the sampling technique, the researcher employed stratified sampling to ensure representation from each of the forty barangays in Panabo City. With a total senior citizen population of 600, the Slovin formula was utilized, considering a margin of error of 0.05. Fifteen senior citizen officers were selected from each barangay, resulting in a total of 86 respondents randomly chosen through simple random sampling.

Moreover, the research procedure followed a systematic approach. It began with problem conceptualization, followed by an extensive review of the literature and related studies on active aging and wellness among the elderly. Permission was sought from the Office of the Senior Citizens Association through the City Social Service, Welfare, and Development Offices to conduct the study. Subsequently, the survey questionnaires were distributed among elderly respondents aged 60-80 in Panabo City. The collected data were then encoded, tabulated, tested, analyzed, and interpreted to draw meaningful conclusions.

For statistical treatment, various tools were employed. Percentages were used to determine the proportion of elderly respondents based on their demographic profiles. Graphical presentations, including pie charts and percentages, were utilized to visually present the respondents' profiles in terms of age, sex, educational attainment, civil status, number of children, and area of residence. Since the data were ordinal, means were computed to describe the perceived status of active aging and wellness across different indicators.

To examine significant differences and relationships, non-parametric tests were applied. The Mann-Whitney U test and Kruskal-Wallis test were utilized to assess the differences in active aging and wellness according to demographic profiles (gender, age, number of children, civil status, and educational level). Additionally, the Spearman-Rho correlation analysis was conducted to determine the relationship between active aging and wellness. An ordinal regression analysis was performed to identify which wellness indicators predict active aging.

Hypothesis testing was conducted at a significance level of 0.05, indicating the threshold for accepting or rejecting the null hypothesis. A probability value equal to or less than 0.05 suggested a significant relationship between active aging and wellness status, as well as differences in means between various groups, leading to the rejection of the null hypothesis.

PRESENTATION, ANALYSIS, AND INTERPRETATION OF THE DATA

Demographic Profile of the Respondents

The analysis of the demographic profile of the respondents provides valuable insights into the characteristics of the elderly population participating in the study. The results highlight important aspects such as age distribution, gender representation, educational attainment, civil status, and the number of children they have.

As shown in Table 1, in terms of age distribution, the majority of the respondents (57%) fell within the 60-70 years old range, while the remaining 43% were aged between 71-80 years old. This indicates a relatively balanced representation of the elderly population across these two age brackets.

The gender distribution among the respondents revealed that females were more prominent, comprising 57% of the participants, while males accounted for 43%. This suggests a higher level of female engagement and participation within the Senior Citizens Associations of the 40 barangays in Panabo City.

Regarding educational attainment, the results demonstrate that a significant proportion of the elderly respondents had achieved higher levels of education. Specifically, 45% of the participants had completed college, while 43% had attained a high school level of education. It is worth noting that a smaller portion, comprising 12% of the respondents, had completed only elementary education. This finding underscores the importance of education among the elderly population, as it enhances their knowledge, skills, and overall well-being.

The analysis of civil status reveals that a considerable majority (74%) of the respondents were married, suggesting a prevalent state of marital relationships among the elderly participants. In contrast, 17% were widowed, indicating a significant number of respondents who had experienced the loss of their spouse. Additionally, 5% were single, while 4% were separated. These findings shed light on the diverse marital statuses within the elderly population in Panabo City.

Examining the number of children, the results indicate that a large majority (88%) of the respondents had 1-5 children. This suggests that the majority of the elderly participants have a significant support network in terms of their offspring. However, it is also noteworthy that 12% of the respondents reported having 6-10 children, indicating a relatively higher number of children within a subset of the elderly population.

Demographic Characteristic	**Distribution**	**Percentage**
Age		
60-70 years old	49	57%
71-80 years old	37	43%
Sex		
Female	49	57%
Male	37	43%
Educational Attainment		
College	39	45%
High School	37	43%
Elementary	10	12%
Civil Status		
Married	64	74%
Widowed	15	17%
Single	4	5%
Separated	3	4%
Number of Children		
1-5 children	76	88%
6-10 children	10	12%

Table 1. Demographic Profile of Respondents

The demographic profile of the respondents provides essential contextual information for understanding the characteristics of the elderly population participating in the study. These findings offer valuable insights for future research and policy-making endeavors focused on addressing the needs and concerns of the elderly in Panabo City. Understanding the demographic composition and specific attributes of the elderly population is crucial for developing targeted interventions and support systems that can enhance their overall well-being and quality of life.

Status of Active Ageing among the elderly in Panabo City.

Presented in this section is the status of active ageing among the elderly in terms of culture, gender, physical health and social services, behavioural, personal factors, physical, social environment and economic.

Culture. Table 2, indicates an overall mean of 4.32 exhibiting a high level of response as to culture. The item on being respected an elderly and getting respect for their opinion obtained the highest mean of 4.39; while the item reflecting motivation to participate in the plans and programs for the betterment of the place obtained the lowest mean of 4.17 though still high. They unanimously believe that they were accepted, respected, valued, and motivated by the society, also their participation in the organization was a worthwhile endeavour, and a good venue in helping the community by participating in the plans and programs for the betterment of the elderly at means 4.38, 4.39, 4.35, and 4.17, respectively.

This affirms Kam, Lai, and Lee [42] who said that in the process of participation and empowerment, the elderly could gain self-respect and possess higher self-esteem and a sense of efficacy over their own lives. Empowerment also helps to reduce the negative appraisals they have of themselves, attain sense of critical awareness, and improve their interpersonal skills during the process they become wiser users of resources. It is important to empower the elderly through learning in order to bring benefits to the individuals and create a positive image of the elderly. This affirmed by the study of Caramazza, Costa, Miozzo, Bi [43] a person's cultural background represents a powerful and pervasive set of environmental influences that may shape the expression, sources, and perhaps the development of self-esteem. In addition, opinions and ideas of the elderly gained through experience could have a great influence and valued by their family as well as in the organization.

Furthermore, without respect, a society cannot have a positive attitude toward the elderly, treat them with propriety, and integrate them into family and society [44]. Indeed, elderly persons who are respected tend to experience greater life satisfaction and elevated status, which, in turn, enhance their sense of usefulness and involvement in family, community, and significant others [45].

Culture	**Mean**	**Verbal Description**
I am recognized and accepted by the society.	4.38	High
I am respected as an elderly as well as my opinion.	4.39	High
I am valued in my community.	4.35	High
I am motivated to participate in the plans and programs for the betterment of my place.	4.17	High
Overall Mean	**4.32**	**High**

Table 2. Status of Active Ageing among the elderly in terms of Culture.

Gender. The results as shown in Table 3, revealed an over-all mean of 2.40 which is categorized as low level as to gender. The item indicating that the behavior of the elderly were influenced by gender got the moderate mean of 2.98; while the item where they were treated differently by their peers and their behavior was influenced by gender at low means of 2.12, and 2.09, respectively.

Based on the result, gender discrimination were minimal in the organization, though majority of the officers and who were always present in the Office of Senior Citizens Affair (OSCA) were women. According to Corsi, Samek, Lodovici, Fabrizio, and 'Ippoliti [46], the role of older women as both major providers and users of care services, and their reliance on health care and long term care provisions are crucial gender issues.

One part of the older adults are active participants in developing and directing the culture. The culture

equally involves every person who is within its sphere, regardless of role. Older adults, staff members, family members, advisors, suppliers, friends and neighbors, all are responsible for promoting the equality their actions as well as their words. They are responsible to themselves, and to one another.

Gender	**Mean**	**Verbal Description**
I have experienced gender discrimination.	2.09	Low
I am treated differently by my peers.	2.12	Low
My behavior is influenced by my gender.	2.98	Moderate
Overall Mean	**2.40**	**Low**

Table 3. Status of Active Ageing among the elderly in terms of Gender

Physical Health and Social Services System. The results shown in Table 4, revealed an overall mean of 4.04 which is categorized as high. The item indicated the 20% discount on purchases of medicines had a mean of 4.10, while the elderly take advantage of 20% discount of the professional fee of attending physician in private hospitals, medical facilities, and outpatient clinic and take medications as prescribed by physician with a mean of 4.05 and the 20% discount taken advantaged by the respondents as prescribed by physician showed a mean of 4.05, respectively. All are high.

Items included benefit on the free medical and dental services in public hospitals implied that majority of the elderly were able to avail of the free medical and dental services as mandated in R.A. 9994. This Act also gave rise to the 20 percent discounts on the professional fees of all attending physicians and licensed professional health workers, diagnostic and laboratory fees in all private hospitals and other medical-related facilities and establishments, actual fare on all type of domestic transportation, on services of hotels and similar lodging establishments, restaurants and recreation centers, on admission fees charged by theaters, cinema houses and concert halls, circuses and carnivals, on funeral and burial services for the death of senior citizens and the 5 percent discount granted for the utilization of electricity and water supplied by public utilities, provided monthly consumption does not exceed 100 kilowatt per hour and 30 cubic meter, respectively.

The general feedback elicited from the respondents revealed that they took medication especially with their maintenance, prescribed by physicians. Generally, the elderly confirms Health Communities, that as you get older, it’s more important than ever to eat right to stay healthy and maintain energy levels [40]..

Physical Health and Social Service System	**Mean**	**Verbal Description**
I take my medications as prescribed by my physician.	4.05	High
I take advantage the 20% discount on purchases of medicines.	4.10	High
I take advantage the 20% discount on the professional fee of attending physician in private hospitals, medical facilities, and outpatient clinic.	4.05	High
I benefit from the free medical and dental services in public hospitals.	3.96	High
Overall Mean	**4.04**	**High**

Table 4. Status of Active Ageing among the elderly in terms of Physical Health and Social Services System

Behavioural. Table 5 revealed an overall mean of 1.61, categorized as low level of response but positive marks. The item tackling on the need for help in doing household chores, in preparing their own meal, in taking a bath or shower and in using the toilet, in getting dressed and getting out of bed all have low means of 1.74, 1.61, 1.60, and 1.54 respectively.

The results showed that in general, the elderly were physically able to do things for themselves independently. They keep associated with the organization to meet new friends and be updated with the current trends, socialize and more importantly updated with the policies of the government. It also their means of escape from stress at home, as they say they are old and have to enjoy life free from worries and problems. According to Lawler [47], it is understood to enable older people to maintain independence, autonomy, and connection to social support. Promoting independence and choice for older persons [48] it leads to the right to live their lives as independently as possible, with dignity and security, autonomy, choice and privacy [49]

Furthermore, most of the respondents, may it be educated or uneducated also articulated that serving their fellow elderly in the Office of the Senior Citizens Affairs serves as a good venue in helping the community and playing a vital role not just on their fellow elderly but of the whole Panaboans as well.

Behavioural	**Mean**	**Verbal Description**
I need help from another person to take a bath or shower and to use the toilet.	1.60	Low
I need help from another person to get dressed.	1.54	Low
I need help from another person to prepare my own meals.	1.61	Low
I need help from another person to get in or out of bed.	1.54	Low
I need help to do the household chores.	1.74	Low
Overall Mean	**1.61**	**Low**

Table 5. Status of Active Ageing among the elderly in terms of Behavioural

Personal Factors. The results under this indicator, as shown in Table 6, showed an overall mean of 4.00, categorized as high. The item on the satisfaction with relationship of family and friends, satisfaction of their living arrangements, support received and confident that their family and friends will always be at their side had high means with 3.29 considered moderate, respectively.

The results implied that majority of the respondents had a strong family relationship, thus, gaining their happiness, strength and inspiration from their respective families. Most of the elderly felt that they were still useful to the families. Consequently, they had a high morale for being consulted for major family decisions, for being asked to help in the disciplining of their grandchildren, for being still the household head, and for being being able to do little things significantly [50].

Personal Factor	**Mean**	**Verbal Description**
I am satisfied with my relationships with my family and friends.	4.23	High
I am satisfied with the support I received from family and friends.	4.13	High
I am confident that my family or friends will always be at my side.	4.13	High
My health limits my ability to socialize with family and friends.	3.29	Moderate
I am satisfied with my living arrangements.	4.20	High
Overall Mean	**4.00**	**High**

Table 6. Status of Active Ageing among the elderly in terms of Active Personal Factors

Physical Environment. Table 7, displayed an overall mean of 3.79 exhibiting a high level of response as to physical environment. They expressed satisfaction with the services on electricity provided in the community, accessibility of transportation, traffic situation and solid waste disposal as shown in the means of 4.00, 3.94, 3.88, 3.59, and 3.54, respectively.

The results mean that the elderly perceive their physical environment as having met the objective of World Health Organization (WHO) in active ageing where cleanliness of recreational facilities, services on electricity, solid waste disposal, accessibility of transportation, and minimal traffic situation are needed in both rural and urban areas so that people of all ages can fully participate in family and community life especially for older persons who have mobility problems.

Physical Environment	**Mean**	**Verbal Description**
I am satisfied with the cleanliness of recreational facilities such as parks/plaza.	3.94	High
I am satisfied with the accessibility of transportation.	3.88	High
I am satisfied with the traffic situation of the city.	3.59	High
I am satisfied with the services on electricity provided in the community.	4.00	High
I am satisfied with the solid waste disposal in the community.	3.54	High
Overall Mean	**3.79**	**High**

Table 7. Status of Active Ageing among the elderly in terms of Physical Environment

Social Environment. The results under this indicator, as shown in Table 8, revealed an overall mean of 4.24 categorized as high. It can be observed that the elderly respondents were satisfied with their living arrangement with a mean of 4.89 considered as very high. Majority of the items elicited responses high on the satisfaction with the current living situation, religious or community activity and on the choices they made at means 4.89, 4.32, 4.26, and 3.49, respectively.

This situation was explained in the idea of Escuder-Mollon[51] that social connections and relationships through participation are important dimensions of well-being, as social relationships and interpersonal trust have proved to bring happiness to people's lives. The personal interaction process involves taking part in an active and engaged way in a joint activity, which the person perceives as beneficial. In the process of participation and empowerment, the elderly could gain self-respect, and possess higher self esteem and a sense of efficacy over their own lives. It is important to empower the elderly through learning in order to bring benefits to the individuals and create a positive image of the elderly [52].

Social Environment	**Mean**	**Verbal Description**
I take advantage the 20% discount privilege on admission fees in movie houses.	3.49	High
I am satisfied with a religious or community activity.	4.32	High
I am satisfied with my living arrangements.	4.89	Very High
I am satisfied with the choices that I have (e.g. control my time and my daily activities).	4.26	High
Over-all Mean	**4.24**	**High**

Table 8. Status of Active Ageing among the elderly in terms of Social Environment

Economic. Table 9 indicates that the respondents were generally satisfied with their present occupational position or association, the present status of the office, monthly privileges and income of the family, had means of 4.37, 4.02, and 4.01, respectively, considered as high.

Majority of the respondents have different financial situation due to different life experiences. Some of them have pensions, personal business, and received monthly allowance from their children abroad. According to the study entitled, "Income Material Hardship, and the Use of Public Programs among the Elderly," Social Security has enjoyed great success at reducing poverty and promoting independence among the elderly.

In the study entitled "Active Ageing and Health: An exploration of longitudinal data for four European Countries," confirms that engagement in work is an important pathway to health in late life. More attention, however, should be paid to people's working lives, the quality of work and work conditions as these may influence participation in, and withdrawal from, the labour market.

It is said that the respondents have strong commitment in the pursuit of quality and efficient service delivery to the elderly. In Republic Act No. 9257, "An Act Granting Additional Benefits and Privileges to Senior Citizens Amending for the Purpose Republic Act No. 7432, otherwise known as "An Act to Maximize The Contribution of Senior Citizens to Nation Building, Grant Benefits And Special Privileges And For Other Purposes," Section 5, (a) Senior Citizens have the capacity and desire to work, or be re-employed, shall be provided information and matching services to enable them to be productive members of the society. This affirmed the study entitled, "Active Ageing and Health: An exploration of longitudinal data for four European Countries," confirms that engagement in work is an important pathway to health in later life.

ECONOMIC	**Mean**	**Verbal Description**
I am satisfied with the monthly income of your family.	4.01	High
I am satisfied with the monthly privilege from my association.	4.02	High
I am satisfied with my present occupational position or association.	4.37	High
Overall Mean	**4.13**	**High**

Table 9. Status of Active Ageing among the elderly in terms of Economic

Summary on the status of Active Ageing. Table 10 shows the overall status of active ageing in terms of the seven indicators. The respondents revealed an overall mean of 3.60 which is described as high. This means that despite issues and concerns in some areas of the organization, the elderly are in positive spirits when it comes to their status of active ageing.

Culture tops the list of the status of active ageing with an overall mean of 4.32. The other indicators showed a high overall mean of 4.24, 4.13, 4.04, 4.00, and 3.79 as to the social environment, economic, physical health and social services system, personal factors, and physical environment. However, the behavioural indicator had the lowest overall mean of 1.61.

These findings affirmed Boulton, Buys, Laurie, and Lovie [11] view that continuing participation in "social, economic, cultural, spiritual, and civic affairs," as well as being physically active or being in the workforce. According to the study of Smits, Kapteyn, Van, and Klis [53] education and learning are assumed to be important factors in facilitating participation and allowing older adults to cope with changes in such things as technology, lifestyle, finances, and health. As the World Health Organization (WHO) of 2002 stressed that active ageing is a process of optimizing opportunities for health, participation, and security in order to enhance the quality of life as people age.

Active Ageing	**Overall Mean**	**Verbal Description**
1. Culture	4.32	High
2. Gender	2.40	Low
3. Physical Health and Social Services System	4.04	High
4. Behavioural	1.61	Low

5. Personal Factors	4.00	High
6. Physical Environment	3.79	High
7. Social Environment	4.24	High
8. Economic	4.13	High
Grand Mean	**3.60**	**High**

Table 10. Summary of Status of Active Ageing

The ability to solve problems and adapt to change are strong predictors of active ageing and longevity. It was connected to the study of Chou, Chi, & Wu [15] the public discourse on active ageing is geared towards greater opportunities for a labour market engagement and also active contributions towards unpaid work that is productive for individuals concerned as well as for the societies in which they live.

Level of Wellness among the Elderly in Panabo City

Presented in this section is the level of wellness of the Elderly in Panabo City in terms of social, intellectual, physical, vocational or professional, emotional and spiritual wellness.

Social Wellness. Table 11, contains the respondents level of wellness in terms of the social aspect. Close ties with their family, presence of many friends and social involvement, confidence in any situation had high means of 4.18, 4.12, and 3.79, respectively. Overall, they rated the social aspect of the level of wellness as high at 4.03.

Physical Wellness	**Mean**	**Verbal Description**
I am physically fit.	4.15	High
I can perform the physical tasks of my work.	4.12	High
I am physically able to perform leisure activities.	4.15	High
Overall Mean	**4.14**	**High**

Table 13. Level of Wellness among the elderly in terms of Physical

Vocational/Professional. Table 14 indicates that the respondents enjoyed being involved in the community, were confident in social situations, and had strong family ties with means of 4.13, 4.04, and 3.91, respectively. In general, they had a high level of wellness in terms of the vocational/professional aspect at 4.03.

Vocational /Professional Wellness	**Mean**	**Verbal Description**
I enjoy being involved in the community.	4.13	High
I have close ties with my family.	3.91	High
I am confident in social situations.	4.04	High
Overall Mean	**4.03**	**High**

Table 14. Level of Wellness among the elderly in terms of Vocational/Professional

Elderly individuals find fulfillment in providing voluntary service to their peers and community, as it contributes to their overall wellness and sense of purpose (Fitzwater, 2009). Transitioning from formal employment to retirement can impact one's occupational wellness, and many mature workers look forward to pursuing new opportunities in this stage of life (Fitzwater, 2009). Occupational wellness encompasses

using one's unique skills and talents in meaningful and rewarding work, both paid and non-paid, that contributes to the well-being of the community (Fitzwater, 2009; Miller, Gord & Foster, 2010). The older population places a higher value on individuals who are employed, highlighting the significance of professional wellness, which involves expressing values, personal satisfaction, and enrichment through work (Fitzwater, 2009; Miller, 2010).

Emotional Wellness. Table 15, indicates that the respondents level of wellness as to the emotional aspect was high, at 4.16. The respondents had a good self-esteem, happy most of the time, and generally did not feel stressed, with means of 4.26, 4.18, and 4.05, respectively.

This proved that despite problems and challenges in life, the elderly maintained a good mindset of being resilient. In relation, the concept of Ready (2012), stated older persons may pay more attention to the good and less attention to the bad. When they experience a negative emotion, they may be able to recover more quickly than younger persons. Older adulthood is not simply a time of emotional well-being and tranquility. Strong emotions exist and reactions to important life events may increase with age, rather than diminish.

Likewise, the principle of Milner [38] also supported the results, which hypothesized that emotional wellness for older adults is a topic of growing importance since older adults have particular emotional wellness needs. Growing in healthier ageing coincides with a new model for health and well-being. Further, Russ [54] states that emotional wellness reflects a positive approach to life, the ability to manage and accept feelings and behaviour. Emotionally well people form interdependent relationships built on mutual trust, respect, and commitment.

Emotional Wellness	**Mean**	**Verbal Description**
I am happy most of the time.	4.18	High
I have good self-esteem.	4.26	High
I do not generally feel stressed.	4.05	High
Overall Mean	**4.16**	**High**

Table 15. Level of Wellness among the elderly in terms of Emotional

Spiritual. Table 16 contains the respondents' perceptions on their level of wellness in terms of the spiritual aspect. They were generally fulfilled spiritually, feel their connection to the world, and their sense of purpose with their respective lives as shown in the high means of 4.46, 4.38, and 4.23, respectively.

Spiritual Wellness	**Mean**	**Verbal Description**
I am fulfilled spiritually.	4.46	High
I feel my connection to the world around me.	4.38	High
I feel the sense of purpose of my life.	4.23	High
Over-all Mean	**4.36**	**High**

Table 16. Level of Wellness among the elderly in terms of Spiritual

The result emphasizes the importance of spiritual wellness, which involves finding meaning and purpose in life, contemplating one's place in the universe, and establishing personal values and beliefs [37]. Spiritual wellness is a deeply personal matter that provides individuals with a sense of purpose and guides their actions. It involves the search for meaning in human existence, the pursuit of harmony with oneself and others, and the balance between inner needs and the external world [41].

Summary Level of Wellness among the elderly in Panabo City.

As presented in Table 17, contains the respondents' overall level of wellness in terms of six indicators. They had the highest level of wellness at 4.36 in the spiritual aspect. Their lowest level of wellness at 4.03 is vocational/professional.

According to Stinett [23] , social wellness is nurturing yourself by building healthy, supportive relationships with others. Having a healthy social network can also enhance the immune system's ability to fight off infectious diseases and speed healing. Maintaining relationships, giving and receiving emotional support ensures that you have a network of friends, family, and others to turn to in times of need. Also confirmed by the Commission on Social Determinants of Health, 2008 that social wellness encompasses the degree and quality of interactions with others, the community, and nature which includes the workers of the community.

Physical wellness mentioned that good physical and mental health can improve quality of life in older years [38], this endorsed, and physical wellness is primarily aimed at cardiovascular fitness, flexibility, and strength. Actions to improve physical wellness include maintaining a healthy exercise regime and diet and monitoring internal and external physical signs of the body's response to events, including stress.

In the Whole-Person Wellness Model developed by Jan Montague, the concept is relative to the individual, integrating each person's multiple dimensions into positive living and meaningful activities. Similarly, Pardasani [20], affirmed that senior centers are designed to promote health and provide a community focal point on aging by enabling older adults to come together for services and activities that enhance their dignity, support their independence and encourage their involvement in and with the community.

Senior centers vary in terms of the services and programs that they offer, and they range in size, facilities, and program focus. This diversity reflects as a response to the different needs of their members, as well as the size and source of their funding.

Wellness	**Over-all Mean**	**Verbal Description**
1. Social	4.16	High
2. Intellectual/Cognitive	4.12	High
3. Physical	4.14	High
4. Vocational/Professional	4.03	High
5. Emotional	4.16	High
6. Spiritual	4.36	High
Overall Mean	**4.16**	**High**

Table 17. Summary Level of Wellness in terms of six indicators

Test of Difference in the Status of Active Ageing According to:

Demographic Profile

Age. Since the data are in ordinal scale and not normally distributed, A Mann-Whitney U Test was performed using SPSS 20 (Software Packages for Social Sciences 20) to determine the significant difference on the status of Active Ageing between the elderly whose age ranges from (60-70) and (71-80). Results in Table 18 show that there was a statistically significant difference in the status of Active Ageing between the elderly whose age ranges from (60-70) (Mdn =4) and (70-80) (Mdn = 5), (U = 458.000, p = .000). This means that those between the ages 70-80 were more active than the younger ones or those aged between 60-70 years old. This indicates that the older age groups exhibited higher continuing participation in "social,

economic, cultural, spiritual, and civic affairs", as well as being physically active or being in the workforce (Lewis-Boulton, Gillian, Buys, Laurie, & Kitchin-Lovie, 2006).

Table 18. Test of Difference in the Status of Active Ageing According to Age

Age (range)	Median	*U*	*p*
	458.000	.000	
60 - 70	4		
71 -80	5		

Sex. A Mann-Whitney U Test was used to test the significant difference of the Status of Active Ageing between Female and Male among the Elderly in Panabo City. Results in Table 19 show that there was no significant difference in the level of Active Ageing between Female (Mdn = 4) and Male (Mdn = 4) among Elderly in Panabo City, (U = 863, p = .685). Regardless of their sex, the elderly worked together as a team and respect each others' opinion, ideas, and suggestion. According to Ryan [36] any organization, large or small, has the capacity to build quality of life programming, and hence the potential of better health and functional ability, into their operating structure. It is important work that is the domain of everyone, and can benefit everyone.

Table 19. Test of Difference in the Status of Active Ageing According to Sex

Sex	**Median**	**U**	**p**
		863	.685
Female	4		
Male	4		

Educational Attainment. A Kruskal-Wallis H test was performed to test the significant difference in the status of Active Ageing in terms of Educational Attainment among the Elderly in Panabo City. Results in Table 20 revealed that there was no significant difference in the level of Active Ageing between the Elderly of different Educational level, , (5) = 6.785, p =.237, with a mean rank Active Ageing status of 47.68 for College Graduate, 46.50 for College Level, 40.37 for High School Graduate, 47.36 for High School Level, 20.30 for Elementary Graduate and 38.90 for Elementary Level.

This disproves Smits, Kapteyn, Van Den, Klis [53] that education and learning are assumed to be important factors in facilitating participation and allowing older adults to cope with changes in such things as technology, lifestyle, finances, and health. The ability to solve problems and adapt to change are strong predictors of active ageing and longevity. It also contradicts Cloos, Allen, Alvarado, Zunzunegui, Simeon, and Eldemire-Shearer [55] that being well educated and particularly having been in professional occupations pro- vides more income earning opportunities in old age without compromising one's pension bene?ts.

Table 20. Test of Difference in the Status of Active Ageing According to Educational Attainment

Educational Attainment	df		*p*	Mean Rank
	6.785	5	.237	
College Graduate				47.68
College level				46.50
High School Graduate				40.37
High School Level				47.36
Elementary Graduate				20.30
Elementary level				38.90

Civil Status. A Kruskal-Wallis H test was performed to test the significant difference in the status of Active Ageing in terms of Marital Status. Results in Table 23 revealed that there was a statistically significant

difference in the status of Active Ageing in terms of marital status, , (3) = 10.477, p = .015, with a mean rank level of Active Ageing of 46.67 for Married, 37.82 for Widow/er, 29.88 for Single and 6.67 for Separated.

Table 21. Summary of Kruskal-Wallis Test on Status of Active Ageing for Civil Status

Civil Status	df		*p*	Mean Rank
	10.477	3	.015	
Married				46.67
Widow/er				37.82
Single				29.88
Separated				6.67

The results revealed that married elderly respondents were more active in the ageing process. This affirms Robards, James; Evandrou, Maria; Falkingham, Jane; and Vlachantonia, Athina (2012), that marital status have implications for an individual's health and lower the quality of life.

Number of Children. To determine the significant difference on the level of Active Ageing between the elderly in Panabo City whose number of children ranges from 1-5 and 6-19, a Mann-Whitney U Test was performed. Results in Table 22 show that there was no significant difference in the level of Wellness between the Elderly whose number of children ranges from (1-5) (Mdn = 4) and (6-10) (Mdn =44), (U = 359.5000, p = .821).

According to Chinese literature that the number of children, ignores the internal relationship between the quantity/quality of children and the life quality of the elderly [34]. Shi[56] also stated that the number of children does not necessarily improve the life quality of elderly.

Table 22. Test of Difference in the Status of Active Ageing according to the Number of Children

Number of Children (range)	Median	*U*	*p*
		359.500	.821
1-5	4		
6-10	4		

4.5 Test of Difference in the Level of Wellness According to Demographic Profile

Age. A Mann-Whitney U test was performed to determine the significant difference on the status of Active Ageing between the elderly whose age ranges from (60-70) and (71-80). Results in Table 23 showed that there was a statistically significant difference in the level of Wellness between elderly whose age ranges from (60-70) (Mdn =4) and (70-80) (Mdn = 5), (U = 458.000, p = .000). Older adults are active participants in developing and directing the wellness culture.

Older adults, staff members, family members, friends and neighbours, all are responsible for promoting the wellness culture through their actions as well as their words. They are responsible to themselves, and to one another [1].

Table 23. Test of Difference in the Level of Wellness according to Age

Age (range)	Median	*U*	*p*
		595.000	.024
60 - 70	4		
71 -80	5		

Sex. Since the data are not normally distributed, a Mann-Whitney U Test was run to test if there was a significant difference of the Level of Wellness between Female and Male among Elderly in Panabo City. Results in Table 24 show that there was no significant difference in the level of Wellness between Female (Mdn = 4) and Male (Mdn = 4.5) among Elderly in Panabo City, (U = 868.500, p = .898).

Majority of the officers and active in Office of the Senior Citizens Affair are women. During the conduct of the survey, they did not experience discrimination, thus, their opinion and suggestion were being considered and respected. However, women's unpaid work responsibilities in particular care burdens, constitute severe constraints for the employment of older women. The role of older women as both major providers and users of care services, and their reliance on health care and long term provisions are crucial gender issues [21]

Table 24. Test of Difference in the Level of Wellness according to Sex

Sex	Median	U	p
		868.500	.898
Female	4		
Male	4		

Educational Attainment. A Kruskal-Wallis H test was performed to test the significant difference in the level of Wellness in terms of Educational Level among the Elderly in Panabo City. Results in Table 25 revealed that there was no significant difference in the level of Wellness between the elderly of different Educational level, (5) = 9.885, p = .079, with a mean rank Wellness level of 45.75 for College Graduate, 42.54 for College Level, 44.70 for High School Graduate, 52.27 for High School Level, 19.17 for Elementary Graduate and 35.58 for Elementary Level.

Also affirmed by Hales [32] that intellectual wellness represents a commitment to life-long learning, an effort to share knowledge with others, and developing skills and abilities to achieve a more satisfying life. Intellectual stimulation is being considered as more closely tied to emotional well-being, as cognitive functioning is part of the psychological aspect of wellness, especially in making changes in behavior, which can include improving one's state of wellness [37].

Table 25. Test of Difference in the Level of Wellness according to Educational Attainment

Educational Attainment	df		*p*	Mean Rank
	9.885	5	.079	
College Graduate				45.75
College level				42.54
High School Graduate				44.70
High School Level				52.27
Elementary Graduate				19.17
Elementary level				35.58

Civil Status. Results in Table 26 revealed that there was a statistically significant difference in the level of Wellness between the different marital status, (3) = 22.467, p = .000, with a mean rank. Wellness level of 50.06 for Married, 29.03 for Widow/er, 18.88 for Single and 8.67 for Separated. This affirms the National Collaborating Center for Determinants of Health who cited the importance of significant relationships and the quality and extent of one's social network, especially family.

Table 26. Test of Difference in the Level of Wellness according to Civil Status

Marital Status	df		*p*	Mean Rank
	22.467	3	.000	
Married				50.06
Widow/er				29.03
Single				18.88
Separated				8.67

Number of children. To determine the significant difference on the level of Wellness between the elderly whose number of children ranges from 1-5 and 6-10, a Mann-Whitney U Test was performed. Results in Table 27 show that there was no significant difference in the level of Wellness between elderly whose number of children ranges from (1-5) (Mdn = 5) and (6-10) (Mdn = 4) , (U = 222.000, p = .141)10.

As a Filipino tradition, older people are living with their children, loved being cared for, and share in the responsibilities at home. This affirmed by Mahilum [50] that most of the elderly felt that they are still useful to the families. Consequently, they had a high morale for being consulted for major family decisions, for being asked to help in the disciplining of their grandchildren, for being still the household head, and for being being able to do little things significantly.

Table 27. Test of Difference in the Level of Wellness according to Number of Children

Number of Children (range)	Median	*U*	*p*
		222.000	.141
1-5	5		
6-10	4		

Test of Relationship between Active Ageing and Level of Wellness among the elderly in Panabo City

Tabulated in Table 28 is the test of the relationship between Active Ageing and Level of Wellness. Results showed a strong, positive correlation between Active Ageing and Wellness (rs = .802, n = 86, p = .000). As you get older, it's more important than ever to eat right to stay healthy and maintain energy levels. The wellness of the elderly particularly emotional, environmental, intellectual/cognitive, physical, professional/vocational, social, and spiritual, is dependent on the active ageing status.

The vision of active ageing is reflected in the concept of wellness. The word 'active' refers to continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labor force. Active aging aims to extend healthy life expectancy and quality of life for all people as they age. As wellness is a relatively new concept that expands our idea of health. Beyond the simple presence or absence of disease, wellness refers to optimal health and vitality to living life to its fullest. Similarly, the World Health Organization (WHO) [4] viewed active ageing as a process of optimizing opportunities for health, participation, and security in order to enhance the quality of life as people age.

Table 28. Test of Relationship between Active Ageing and Level of Wellness among the elderly in Panabo City

			Wellness	Active Ageing
Spearman's Rho	Wellness	Correlation Coefficient	1.000	.802
		Sig.(2-tailed)		.000
		N	86	86
	Active Ageing	Correlation Coefficient	.82	1.000
		Sig. (2-tailed)		.000
		N	86	86

Predictor Results (Culture, Gender, Physical health, Behavioural, Personal factors, Physical Environment, Social Environment and Economics).

Presented in Table 29, are the predictor results that Behavioural, (Beta = -.241, t(85) = -3.665, p =.000), Personal Factors, (Beta = .174, t(85) = 3.765, p =.000), Physical Environment, (Beta = .342, t(85) = 5.536, p =.000), Social Environment, (Beta = .136, t(85) = 2.119, p =.037), and Economics, (Beta = .405, t(85) =

6.343, p =.000), significantly predict Wellness, F(8,77) =58.191, p = .000, = .858. Whilst Culture, (Beta = .008, t(85) = .192, p =.848), Gender (Beta = .101, t(85) = 1.764, p =.082) and Physical Health, (Beta = .057, t(85) = 1.113, p =.269) insignificantly predict Wellness. R2 = .858 it therefore implies that the Active Ageing indicators Behavioural, Physical Environment, Social Environment and Economics can cause 85.8% influence on Wellness among the Elderly in Panabo City.

Hutton [6] suggests that involving elderly family members in manageable and light chores can provide them with a sense of independence and capability, especially if they live with family members or are not entirely independent. Ahmed et al. [58] highlight the importance of mobility for autonomy, independence, and overall quality of life among older adults. They emphasize that mobility is associated with time spent in the community and overall health perceptions. A safe and accessible living environment is a crucial requirement for supporting the elderly, and it is the government's responsibility to provide transportation and other infrastructure for those with functional limitations. Engaging in health-promoting activities such as physical activity, healthy dietary practices, and stress management can enhance functional capacity, delay the onset of chronic diseases, and improve social networks and quality of life for the elderly.

Disability is seen as the result of an interaction between the physical and social environment and individual factors, with social engagement playing a vital role in healthy aging [58] Social engagement and community participation have positive effects on the well-being of older individuals and contribute to their independence and prevention of disability [58]. The income of the elderly is an important predictor of active aging, and Republic Act No. 9257 acknowledges the capacity and desire of senior citizens to work or be re-employed, providing them with information and services to enable their productivity in society.

Table 29. Predictor Results (Culture, Gender, Physical health, Behavioural, Personal factors, Physical Environment, Social Environment and Economics)

Model	Unstandardized Coefficients	Standardized Coefficients	t	Sig	F	Sig	R square
	B	Beta					
					58.191	.000	.858
Culture	-.008	-.008	-.192	.848			
Gender	.081	.101	1.764	.082			
Physical	.048	.057	1.113	.269			
Behavioural	-.247	-.241	-3.665	.000			
Personal factors	.050	.174	3.765	.000			
Physical Envi.	.302	.342	5.536	.000			
Social Envi.	.134	.136	2.119	.037			
Economic	.392	.405	6.343	.000			

CONCLUSION AND RECOMMENDATION

Conclusion

Majority of the respondents have a high level of status of active ageing in terms of social environment, economic, physical health and social services system, personal factors, and physical environment.
A unanimous result of high level of wellness in terms of spiritual, social, emotional, physical, intellectual/cognitive, and vocational/professional. Having the objective of determining the status of active ageing and level of wellness, it can be concluded that there are some areas in the active ageing that has to be improved, particularly culture and gender. There is no significant difference on the status of active ageing and level of wellness when grouped according to culture and sex, behavioural, personal factors, physical environment, and economic. The educational attainment and civil status do not influence the status of elderly to active ageing while age, sex, and number of children affect the status of active ageing. The educational attainment, civil status, and number of children do not affect the level of wellness of the elderly.

Further, this study concluded that majority of the elderly have active ageing and wellness and able to enjoy life to the fullest.

Recommendation

Based on the findings and conclusions of the study, several recommendations are proposed to enhance the active aging and wellness of the elderly in Panabo City. These recommendations involve collaboration among different stakeholders and active participation from the elderly themselves.

It is recommended that the Office of the Senior Citizen Association (OSCA) in Panabo City play a significant role in regularly monitoring and inspiring the elderly to engage in active aging and preserve their general wellness. The OSCA can guarantee that the elderly are actively involved and empowered in their everyday life by closely monitoring their well-being and offering appropriate support.

The City of Panabo should place a higher priority on meeting the needs of senior citizens by offering recreational opportunities that foster both social interaction and physical well-being. These pursuits will motivate the elderly to stay active and improve their general standard of living. The local government should also make investments in creating facilities that are accessible and meet the unique needs of the elderly. It will be simpler for them to maintain their health and get the support they need if they have access to resources like transportation, healthcare, and other basic necessities.

Non-Government Organizations (NGOs) and other stakeholders are encouraged to allocate resources and collaborate with local and national governments to support the implementation of the research findings. The participation of religious and civil organizations is also crucial in creating a supportive environment for the elderly, providing them with additional avenues for social engagement and well-being.

For the elderly themselves, it is recommended to actively support and participate in government projects and programs that are designed to benefit their age group. By actively engaging and voicing their needs, the elderly can contribute to shaping policies and initiatives that address their concerns and enhance their quality of life.

In addition, other experts must continue their research on healthy aging and active aging in seniors while integrating it with existing government initiatives. In order to make sure that policies and interventions continue to be applicable and successful over time, follow-up studies should also be carried out to track the consistency of the demands and concerns of the aged population.

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