

Quality of Life of Senior Citizens in Cotabato City

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INTRODUCTION

The World Health Organization (WHO, 2025) projects that by 2050, one in six people in the world will be aged 60 years or older. The number of persons aged 80 years or older is expected to triple between 2020 and 2050 to reach 426 million. At the national level, the Philippines has also witnessed an increase in its elderly population. According to the Philippine Statistics Authority (PSA, 2025), there are approximately 9.2 million Filipinos aged 60 and above, comprising 8.5% of the total population. In Cotabato City there are 12,949 senior citizens based on the 2024 survey of the Office of the Senior Citizens Affairs. This significant demographic shift underscores the importance of developing programs and policies that promote “Healthy Ageing,” which WHO defines as maintaining functional ability that enables well-being in older age. As populations age worldwide, issues such as access to healthcare, financial stability, and social inclusion become critical measures of quality of life. Countries are now focusing on how to ensure that the elderly live not only longer but also healthier, more fulfilling lives.

WHO (2025) stated that ageing leads to a gradual decrease in physical and mental capacity. Park et al. (2024) found that decreased physical function—such as slower gait speed, weaker grip strength, and reduced endurance—along with lower cognitive and emotional functioning, significantly increases the risk of frailty among older adults. Their study emphasizes that when physical and mental health deteriorate, the quality of life of senior citizens also declines due to reduced independence and participation in community life.

To address this, the government has enacted several laws such as Republic Act No. 7432 (The Senior Citizens Act of 1992), Republic Act No. 9257 (The Expanded Senior Citizens Act of 2003), and Republic Act No. 9994 (The Expanded Senior Citizens Act of 2010), which collectively grant benefits such as discounts on goods and services, free medical and dental services, and social pension for indigent senior citizens. Republic Act No. 10645 further ensures mandatory PhilHealth coverage for all senior citizens. Moreover, the Department of Social Welfare and Development (DSWD), together with local government units (LGUs) and non-government organizations (NGOs), spearheads the annual Elderly Filipino Week to emphasize the vital role of older persons in nation-building and to raise awareness of issues concerning their welfare. Another initiative, the Social Pension (SocPen) Program, provides monthly cash assistance to qualified indigent senior citizens across BARMM. At local level, particularly in Cotabato City, the government and local organizations have implemented several initiatives to promote the well-being of senior citizens. Under the Office for Senior Citizens Affairs (OSCA), the City Government of Cotabato facilitates the distribution of financial assistance to the Federation of Senior Citizens, providing direct support to local elderly residents.

According to Alzate (2024) challenges remain in improving the day-to-day lives of senior citizens despite these alternatives, particularly in ensuring equitable access to social services. Some seniors continue to face barriers such as unequal access to health service, limited mobility, lack of information about available benefits, and insufficient financial resources. Improving the quality of life for the elderly thus requires a holistic approach—one that integrates healthcare, financial stability, family relationships, and community participation (Lee et al., 2023).

While there are existing programs and policies for senior citizens, there is limited empirical evidence that directly assesses the actual quality of life of older persons in Cotabato City. Few studies have examined differences in

quality of life between male and female senior citizens and across key socio-economic characteristics such as educational attainment and pension status, particularly at the local level. Existing research often relies on national or regional datasets, which may not adequately capture the unique social, economic, and cultural context of Cotabato City. Moreover, localized and updated data that allow for comparative analysis among senior citizens based on sex, education, and pension status remain scarce.

This lack of evidence makes it difficult to design targeted and responsive interventions. Therefore, this study is important as it provides local, data-driven insights into the quality of life of senior citizens. It offers baseline information that can be used to improve programs and services for the elderly. Moreover, this study supports the implementation and evaluation of existing laws that protect and promote the welfare of older persons, such as Republic Act No. 7432 (The Senior Citizens Act of 1992), Republic Act No. 9257 (The Expanded Senior Citizens Act of 2003), and Republic Act No. 9994 (The Expanded Senior Citizens Act of 2010). By generating empirical evidence at the local level, the study helps determine whether the benefits, privileges, and social support mechanisms mandated by these laws are effectively contributing to the overall well-being and quality of life of senior citizens. In this way, the findings may guide policymakers, local government units, and community stakeholders in strengthening elderly-focused programs and ensuring that statutory provisions translate into meaningful outcomes for older persons.

This study employed a descriptive-comparative research design using a quantitative approach to assess the quality of life of senior citizens in Cotabato City. Data were collected through a structured survey questionnaire administered to 200 respondents selected through purposive quota sampling. Statistical tools such as frequency, percentage, mean, standard deviation, independent t-test, and one-way ANOVA were used to analyze the data and determine differences in quality of life when grouped according to selected demographic variables

Understanding this study specifically explores the five key aspects of quality of life—health status, financial security, organizational affiliation, household relations, and access to senior citizen benefits, because these dimensions collectively represent the essential conditions that influence the overall well-being of older adults. Examining these interconnected factors provides a comprehensive understanding of how senior citizens experience daily life, allowing for a more accurate assessment of their needs and the effectiveness of existing programs and support systems.

REVIEW OF RELATED LITERATURE

This section identified the different related literature about the study of the quality of life.

Origin and Development of the Concept Quality of Life

The concept of quality of life (QoL) emerged prominently after the Second World War, alongside growing concerns that economic growth alone was insurance to measure human well-being. Early discussions of QoL appeared in socio-political literature during the 1950s, where scholars and policymakers began to critique materialistic views of progress and emphasized broader aspects of human welfare, including social conditions, personal fulfillment, and well-being (Lelkens, 2005).

A significant milestone in the development of the QoL concept occurred in 1964 when U.S. President Lyndon B. Johnson highlighted that national success should be assessed not merely by financial indicators, but by improvements in the quality of life of citizens. This perspective influenced social policy and encouraged the integration of QoL considerations into programs related to education, housing, health, and community development. As a result, the concept gained traction in both political discourse and academic research.

By the 1970s, quality of life had become an important focus in the field of health and medical research. Wood-Dauphinee (1999) noted that in 1977, QoL was formally recognized as a Medical Subject Heading (MeSH) in the MEDLINE database, marking its institutional acceptance in scientific inquiry. Albrecht (1994) documented a sharp increase in QoL-related publications, indicating growing scholarly interest in measuring and understanding well-being across different populations, particularly patients and vulnerable groups.

Despite its widespread use, the definition of QoL has remained inconsistent. Some researchers provided conceptual frameworks that included physical, psychological, social, and environmental dimensions, while others focused on measuring QoL outcomes without clearly defining the concept. Nonetheless, research output continued to expand rapidly. Moons et al. (2006) reported that tens of thousands of studies published between 1966 and 2005 referenced quality of life, reflecting its growing importance across disciplines.

Beyond healthcare, the concept of QoL has been applied in education, social services, environmental studies, and urban planning. Galloway et al. (2006) emphasized that QoL has become a key outcome of service delivery across multiple sectors and throughout the life course, particularly for children, adolescents, and older adults. Environmental factors have also been identified as significant determinants of QoL. Barnes (2002) highlighted the role of architectural design and the physical environment in enhancing the well-being of the elderly, while Burger (2003) found that environmental protection and ecosystem restoration positively influence individuals' perceived quality of life.

Today, quality of life is a widely used concept in healthcare, politics, media, and public discourse, reflecting its broad relevance to human well-being (Holmes, 2005).

Quality of Life

Steffanci (2024) stated that QoL in older adults is “the degree to which a person is healthy, comfortable, and able to participate in or enjoy special occasions and life activities.” According to Carandang et al. (2020) in Filipino senior citizens' subjective well-being is strongly associated with their self-rated health, perceived social support, and resilience — reflecting the crucial role of both physical health and household or community relationships in improving life satisfaction. Similarly, Bustillo et al. (2021) revealed that financial capacity and access to healthcare services directly affect the well-being of older persons in Negros Oriental, with financial insecurity and limited access to medical care being major stressors that lower quality of life. Access to government programs and benefits—such as free health checkups, drug discounts, service discounts, access to education & employment are highly valued by elders and has likewise been shown to improve QoL by reducing financial strain and increasing social inclusion (Jauchon, 2024).

The quality of life (QoL) among senior citizens is a multidimensional concept encompassing physical, psychological, social, and financial aspects (World Health Organization [WHO], 1997). According to WHO, QoL is “an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns.” This broad definition highlights that factors such as health, financial security, social participation, and access to benefits all influence the well-being of older adults.

Health Status

Health is one of the strongest determinants of QoL among the elderly. Studies have shown that older adults with better functional capacity and fewer chronic illnesses report higher life satisfaction (Netuveli & Blane, 2008). In the Philippines, Gatchalian (2020) noted that maintaining mobility and independence is associated with positive self-rated health and happiness among senior citizens.

Marquez et al. (2020), through a systematic review, found that regular physical activity is strongly associated with improved quality of life and well-being, particularly in adults and older individuals. Physical activity enhances mobility and overall functional capacity, allowing individuals to maintain independence and participate more fully in social and daily activities.

Pain is another critical factor influencing HRQoL. Strine et al. (2005) documented that pain-related difficulties with activity are strongly linked to lower HRQoL scores, indicating that individuals who experience more pain and activity limitations report decreased physical and mental quality of life.

Lifestyle habits, including diet and physical activity, collectively shape HRQoL by reducing disease risk and improving functional outcomes. Rippe (2018) emphasized that a balanced diet, regular exercise, and other

healthy habits constitute a health-promoting lifestyle that supports improved HRQoL by preventing disease and enhancing both physical and psychological resilience.

Zhang et al. (2024) highlighted that individuals who regularly engage in preventive health measures are more likely to detect health issues early, manage chronic conditions effectively, and maintain better overall well-being.

Financial Status

Economic stability greatly affects older adults' sense of security and independence. Kim and Lee (2021) found that pension income significantly improves the quality of life by reducing stress and increasing access to healthcare. Similarly, Cudis (2021) noted in a Philippine News Agency report (2022) which emphasized that government pension and cash assistance programs help sustain the daily needs of elderly citizens, particularly those without steady income sources. A study of Fabris and Lunuri (2023) demonstrates that financial status has effect on the quality of life. Financial stability positively affects people's living standards and their overall quality of life while the financial instability negatively affects their lives. Financial status is a key determinant of quality of life among senior citizens, as it directly affects their ability to meet basic needs, maintain independence, and engage in enjoyable activities. Adequate financial resources allow older adults to pay for household bills, afford repairs or assistance, and purchase desired items, contributing to a sense of security and autonomy (Phulkerd et al., 2023). Financial capability also influences access to healthcare. Seniors with sufficient funds can afford medical check-ups and medications, which enhances both physical health and overall well-being (Gildner et al., 2019). Conversely, financial constraints limit participation in leisure activities or hobbies, reducing life satisfaction and negatively affecting quality of life (Dalvand et al., 2025). Overall, sufficient financial resources enable senior citizens to meet essential needs, maintain autonomy, access healthcare, and enjoy social and recreational activities, all of which are important components of quality of life.

Organizational Affiliation

Active involvement in organizations or community groups contributes to older adults' sense of belonging and purpose. A study by Cattani et al. (2005) found that social participation programs enhance morale and mental health in later life. In the local context, the Federation of Senior Citizens Associations of the Philippines encourages active engagement through volunteer work and community programs, which are linked to improved social well-being (Ecotabatocity.gov.ph, 2023). Social interactions, including participation in clubs and group activities, have been shown to positively influence life satisfaction among older adults, as engagement with friends and in community activities increases happiness and well-being (Park & Lee, 2023). Being part of organizations also contributes to health maintenance and physical activity. Studies show that involvement in social or recreational groups encourages seniors to stay active, leading to improved physical health and vitality (Glass et al., 1999). Moreover, organizations often serve as a source of useful information, including access to services, benefits, and health resources, which empowers members to better manage their well-being (Levasseur et al., 2010). Beyond physical and informational support, organizational affiliation has positive effects on psychological well-being. Membership in groups fosters a sense of belonging, purpose, and social identity, which enhances happiness and promotes a more positive outlook on life (Cruwys et al., 2014). Overall, engagement in organizational activities supports multiple dimensions of quality of life, including social, physical, and emotional well-being.

Household Relations

Strong family relationships remain central to Filipino senior citizens' well-being. As explored through the life narratives of elderly parents, David et al. (2021) found that the reciprocal relationship between elderly parents and their adult children strengthens emotional support and significantly impacts their life satisfaction. This dynamic is heavily reinforced by the cultural concept of Filial Obligation, which ensures that seniors are often guaranteed care, respect, and a sense of belonging from their family, thus enhancing their overall quality of life.

Household relations, particularly the support and interaction that older adults receive from family members and close relatives, play a vital role in their quality of life. Research shows that family support and social interaction are positively associated with life satisfaction and well-being in older adults. For instance, a study in Indonesia

found that higher levels of family support and social interaction were significantly correlated with better quality of life among the elderly population, demonstrating that emotional and practical assistance from relatives contributes to overall well-being (Saraswata & Insani, 2024). Similarly, research conducted in Brazil showed that family functionality, such as supportive and cohesive family relationships is positively correlated with quality of life in older adults. Older individuals who reported more functional family relationships also reported higher scores across quality of life domains, indicating that strong household relations support both physical and psychological well-being (Júnior et al., 2020). Additional evidence from international studies suggests that family networks and social support systems enhance life satisfaction among older populations. Results from a large study in China revealed that strong family networks positively influence the life satisfaction of older adults, as they provide emotional and instrumental support that helps seniors cope with daily challenges and maintain a sense of belonging and social connectedness (Cheng et al., 2022). Overall, these studies illustrate that positive household relations—through emotional, instrumental, and social support—are strongly linked to the quality of life of senior citizens. Such relationships help seniors feel valued, supported, and engaged, which contributes to greater life satisfaction and well-being.

Access to Senior Citizens Benefits.

Accessibility of senior citizen benefits is a crucial factor influencing their quality of life. According to the Department of Social Welfare and Development Field Office CAR programs such as the Social Pension for Indigent Senior Citizens provide financial relief and improve their dignity and social inclusion.

Access to benefits and privileges specifically designed for senior citizens contributes significantly to their quality of life by improving financial security, health access, and social participation. Programs such as the Expanded Senior Citizens Act of 2010 (RA 9994) in the Philippines provide older adults with discounts on medicines, healthcare services, basic commodities, and leisure activities, as well as financial assistance through government programs like DSWD. These benefits help reduce financial strain and enable seniors to maintain their independence and well-being (Gerolin & Palic, 2020). Studies have shown that seniors who actively utilize their benefits, such as discounts in restaurants, hotels, recreational centers, and healthcare services report higher satisfaction in daily life and improved physical and psychological well-being. These benefits facilitate access to essential goods and services, promote social engagement, and enhance the overall sense of security and happiness among older adults (Moyani Jr. et al., 2023). Moreover, using senior citizen IDs to claim privileges encourages seniors to participate in community and social activities, which further improves their social interaction and quality of life. Research indicates that awareness and utilization of these benefits are closely linked to greater life satisfaction and overall well-being among the elderly population (Carandang et al., 2024). In summary, access to and utilization of senior citizen benefits including discounts, financial assistance, and privileges play a pivotal role in enhancing the financial, social, and psychological aspects of quality of life among older adults.

Quality of life according to Age

According to the World Health Organization (WHO,1997), QoL is defined as “an individual’s perception of their position in life, within the context of the culture and value systems in which they live, and in relation to their goals, expectations, standards, and concerns.” This definition highlights that quality of life varies according to age, experiences, and personal circumstances.

Netuveli and Blane (2006) noted that middle-aged individuals often experience stable QoL, although they may encounter stress due to family or work responsibilities. Nevertheless, emotional resilience and social support contribute significantly to maintaining life satisfaction during these years

A study by Alcañiz and Solé-Auró (2018) found that older age, low education, and poor health significantly reduced health-related quality of life (HRQoL) among elderly individuals in Spain. They identified pain, mobility difficulties, and emotional distress as the most common issues affecting seniors

Moreover, Głowacka et al. (2024) found that as people age, their physical and social capabilities tend to decline, which may lead to lower life satisfaction. However, they emphasized that maintaining social participation and emotional well-being can help sustain good QoL even in advanced age. Similarly, Noto et al. (2023) stated that

aging itself does not automatically reduce QoL; rather, chronic illness, social isolation, and lack of community engagement are the major factors contributing to decreased life satisfaction among seniors

Quality of life according to Sex

A study by Lee, Xu, and Wu (2023) revealed that male older adults generally reported a higher quality of life (QoL) than female older adults across five low- and middle-income countries. The study highlighted that gender inequality in QoL persists due to differences in cultural norms, social expectations, and economic status. Female participants were found to have lower social status, more limited income, reduced access to healthcare, and greater household responsibilities, all of which negatively affected their QoL. The study also showed that the factors influencing QoL differ by gender: for men, social cohesion was strongly linked to higher QoL, whereas for women, family relationships—such as marital status and living arrangements—played a more significant role. Similarly, a study by Ko et al. (2019) found gender-specific differences in the health status and quality of life of older adults. Their research revealed that older men generally reported better physical health, cognitive function, and social support compared to older women. Interestingly, despite these advantages, men also reported higher levels of loneliness and depression, indicating emotional vulnerability amid physical strength. Women, on the other hand, showed lower scores in health-related quality of life, which the authors attributed to lower physical capability, reduced social support, and greater economic constraints. In contrast with this, Becchetti and Conzo (2021) further support the gender-based variation in quality of life by revealing what they refer to as the “life satisfaction–depression paradox.” Their study showed that women are more likely than men to report very high levels of life satisfaction, yet at the same time are also more likely to indicate having experienced recent episodes of depression. The authors explain that this paradox may be linked to lower resilience among women, as they tend to take longer to recover from negative life events compared to men.

Quality of life according to Religion

Ngamaba and Soni (2017) examined data from the World Values Survey and found that people from different religious groups experience varying quality of life.

Quality of life (QoL) is a broad concept that includes an individual’s physical health, psychological state, social relationships, and overall well-being. According to the World Health Organization Quality of Life Group, spirituality, religion, and personal beliefs are important factors that influence how individuals perceive their quality of life, particularly in relation to meaning, purpose, and life satisfaction (WHOQOL Group, 2005). This suggests that religion plays a significant role in shaping individuals’ overall evaluation of their lives.

Quality of life according to Educational Attainment

In exploring the link between educational attainment and quality of life (QoL), Gil-Lacruz et al. (2020) found in a sample of young people in Spain that higher levels of education were associated with better health-related quality of life (HRQOL). Their results showed that among the QoL dimensions, mental health was most sensitive to educational level, while physical health and social relations also benefited from higher education. The authors additionally highlighted that the influence of education varied by gender and neighbourhood wealth, suggesting that the effect of schooling on QoL is embedded within wider socioeconomic contexts. Schwartz (2020) found that higher education was positively associated with both mental and physical quality of life (QoL), indicating that individuals with more education tended to experience better emotional well-being, lower stress levels, greater life satisfaction, and improved physical health and functional abilities. A cross-cultural study found that QoL, particularly in the environmental domain, increased sequentially from no education to secondary and tertiary education, suggesting that even modest educational attainment, such as completing elementary school, provides some advantages in access to resources, health information, and living conditions, though not as pronounced as higher education (Skevington, 2010).

Quality of life according to Pension Status

According to Ju et al. (2017), older Korean adults aged 60+ who received a national pension reported higher QoL compared to non-recipients. Specifically, pension non-recipients experienced a low score result in their

answers about the quality of their life and the effect was even more pronounced among individuals with low household income or wealth. Supporting this, a study in South Africa by Angotti et al. (2018) found that receipt of a non-contributory old-age pension positively influenced perceived QoL among older adults, demonstrating that pensions provide not only financial security but also improvements in overall well-being and life satisfaction. In the study of Patel and Mansuri (2022) they found out that the pensioner have a different quality of life than non-pensioner persons. Pensioners are more satisfied with their life than non-pensioners. According to them the reason could be that many retired person face financial problems after their retirement and is dependent on the income and service pension. Pension after retirement gives some relief to old retired person.

Theoretical Considerations

The quality of life of senior citizens is a broad concept that encompasses physical health, financial stability, social participation, family relationships, and access to community or government benefits. This study is anchored on theories that support the idea of this study.

WHOQOL model

The WHOQOL model identifies four major domains of quality of life: physical health, psychological well-being, social relationships, and environmental conditions (WHOQOL Group, 1995; World Health Organization, 1997). Physical health includes mobility, energy, and absence of disease; psychological well-being covers emotional status and cognitive functioning; social relationships involve personal relationships and social support; and environmental conditions include access to healthcare, financial resources, and safety.

In relation to this study, the variables—health status, financial security, organizational affiliation, household relations, and access to senior citizen benefits—align with the WHOQOL domains. Health status corresponds to physical well-being, financial security and access to benefits relate to environmental conditions, while organizational affiliation and household relations reflect social relationships. This alignment ensures that the study adopts a holistic and internationally recognized framework in assessing the quality of life of senior citizens.

Activity Theory of Aging (Havighurst, 1961).

This theory posits that staying socially and physically active contributes to higher life satisfaction among the elderly. The theory supports the idea that participation in organizational activities and continued community involvement positively influence QoL.

Disengagement Theory (Cumming & Henry, 1961).

Cumming and Henry (1961), explains that ageing involves a gradual and inevitable process of withdrawal from social interaction and roles. As older adults age, they may naturally reduce participation in social activities, preparing psychologically and socially for the end of life. However, this disengagement may vary depending on individual health, poverty, and environmental conditions.

Selective Optimization and Compensation Theory

It is proposed by Baltes and Baltes (1990), extends these ideas by suggesting that as people age and their physical and social capacities decline, they can adapt by selecting and focusing on fewer but more meaningful activities.

By optimizing their efforts and compensating for losses, older adults can maintain purpose and quality of life.

This approach is reflected in the financial strategies observed among ageing populations, where older adults must prioritize essential expenditures, optimize savings and income resources, and rely on available welfare support or alternative income sources in order to sustain financial well-being. Research by Hussin et al. (2025) found that income stability, managed expenditures, savings, and welfare support are moderately and positively associated with financial sustainability in later life, highlighting how older adults' financial behavior and

resource management serve adaptive functions consistent with SOC theory in the context of economic ageing challenges.

Bowen Family Systems Theory (Bowen, 1960s-1960s)

This theory explains human behavior within the context of family relationships. The theory conceptualizes the family as an emotional unit, where members are deeply interconnected and influence one another through complex interaction patterns.

According to Murray Bowen, family members are emotionally interconnected, meaning their thoughts, feelings, and behaviors are shaped by household dynamics. Even when individuals feel distant, strong emotional bonds still influence their functioning. This interconnectedness creates interdependence, where changes in one member affect others, making it essential to understand individuals within the context of the entire family system.

In relation to this study, Family Systems Theory provides a framework for understanding how household relationships influence quality of life. The emotional connections, patterns of interaction, and level of support within the family are seen as key factors that shape an individual’s well-being. Therefore, the quality of household relations plays a crucial role in determining overall life satisfaction, particularly among individuals whose daily experiences are closely tied to family interactions (The Bowen Center for the Study of the Family, n.d.).

Conceptual Framework

The conceptual framework of the study was formulated based on the variables identified in the review of related literature and supported by the theoretical considerations. The independent variables include the demographic profile of the respondents such as age, sex, religion, educational attainment, and social pension status. These variables are assumed to influence the dependent variable, which is the quality of life of senior citizens. The five domains of quality of life—health status, financial security, organizational affiliation, household relation, and access to senior citizen benefits—were adopted from the structure of the survey questionnaire used in this study.



Figure 1: Schematic Diagram of Conceptual Framework

Statement of the Problem

This study described the quality of life of senior citizens in Cotabato City. Specifically this study sought to answer these following questions:

1. What is the respondents profile in terms of age, sex, religion, educational attainment and pension status?
2. What is the extent of quality of life in terms of:
 - a. Health status
 - b. Financial security
 - c. Organization Affiliation
 - d. Household Relation
 - e. Access to senior citizen benefit

Is there a significant difference in senior citizens quality of life when grouped according to sex, religion, educational attainment and social pension status?

Hypothesis

Ha: There is a significant difference in the quality of life of senior citizen when analyzed by sex, religion, educational attainment and social pension status.

Ho: There is no significant difference in the quality of life of senior citizen when analyzed by sex, religion, educational attainment and social pension status.

Significance of the study

This study explores the quality of life of senior citizens in Cotabato City. The result of the study is significant for the following people and institutions.

For senior citizens, it provides a clearer understanding about their quality of life based on health status, financial security, organizational affiliation, and access to government programs. The findings may also empower senior citizens by giving them a voice in research and policy discussions, ensuring that their needs are not overlooked in a rapidly changing society.

For families, this study highlights the important role they play in shaping the quality of life of senior citizens, particularly in terms of household relationships, emotional support, and daily care. The findings may help family members better understand how their actions, communication, and level of support directly affect the well-being of their elderly relatives. It may also encourage families to create a more supportive, respectful, and inclusive home environment where senior citizens feel valued and cared for, ultimately improving their overall quality of life.

The findings of this study provide lawmakers with data and evidence based insights needed to create or refine policies that directly improve the well-being of older adults. By understanding the real conditions and concerns of senior citizens, policymakers can formulate more responsive, inclusive, and sustainable programs for senior citizens especially in areas related to health, financial, organizational affiliation, household relation and access to benefits.

This study may also guide the Office of the Senior Citizens Affair (OSCA) in strengthening its partnership with local government units and national agencies in order to ensure that services for senior citizens are implemented fairly, efficiently, and consistently.

This study is beneficial for the general public as it provides knowledge and understanding about the quality of life of senior citizens. Through this research, people can learn how factors such as health status, financial status, organizational affiliation, household relations, and access to senior citizens' benefits describe the overall well-

being of the elderly. The study also helps the public understand whether there are differences in quality of life when senior citizens are grouped according to age, sex, educational attainment, or pension status.

For future researchers, this study serves as a foundation for further academic inquiry related to aging, welfare, and social policy. The findings can be used by the future researchers as it provides empirical data that can serve as the reference for related studies.

Definition of Operational Terms

Access to Senior Citizens' Benefits – the respondent's ability to avail and utilize government-mandated privileges, discounts, social assistance programs, and to enjoy these privileges.

Age – refers to the number of years a respondent has lived, measured in completed years. It is classified into three brackets, namely 60–70 years old, 71–89 years old, and 90–100 years old.

Educational Attainment – the level of formal education completed by the respondent (e.g., none, elementary, high school, college, and post-graduate).

Financial Status – the respondent's level of economic stability and ability to meet personal and household needs, including expenses for daily living, leisure, and medical care.

Health Status – the physical condition and overall well-being as measured through self-assessment of experience of pain, food restrictions, physical energy, and frequency of medical check-ups.

Household Relation – the relationship with family members and the level of care, support, and harmony within the household.

Organizational Affiliation – the extent of the participation in an organization and how it makes them healthy, informed, and happier.

Quality of Life- refers to the overall well-being of senior citizens as shaped by their health status, financial status,, organizational affiliation, household relation, and access to senior citizen benefits.

Religion – refers to whether the respondents are practicing Islam and Christianity – Catholic and Non-Catholic.

Senior Citizen – a person who is 60 years old and above and a resident of Cotabato City.

Sex – the biological classification of respondents whether male or female.

Social Pension – the government-provided financial assistance given to qualified senior citizens.

METHODOLOGY

Research Design

This study used a descriptive-comparative research design to describe the quality of life of senior citizens in Cotabato City. According to Barroga and Matanguihan (2022), this design is appropriate when the objective is to determine whether significant differences exist between groups based on an existing condition or characteristic, rather than to establish cause-and-effect relationships. They explain that descriptive research focuses on what exists, while the comparative component examines how groups differ based on selected variables. In this study, the design was used to describe the present condition of the respondents and to compare their quality of life based on their demographic profile such as age, sex, religion, educational attainment, and social pension status.

This research also employed a quantitative approach, as it involved the use of statistical tools to analyze numerical data gathered from the respondents. According to Apuke (2017), quantitative research is primarily

used to answer questions related to “how much,” “how many,” and “to what extent.” It relies on structured tools such as surveys and experiments to gather measurable information, ensuring that data are analyzed using mathematical and statistical procedures. Apuke (2017) also emphasizes that the method is valuable in evaluating relationships between variables and testing hypotheses systematically.

The descriptive part of the study focuses on determining the senior citizens’ level of quality of life, while the comparative part identifies whether there are significant differences in their responses when grouped according to their demographic profile.

A survey questionnaire served as the main instrument for data collection. The gathered information was analyzed, interpreted, and statistically treated to understand the quality of life of senior citizens in Cotabato City.

Respondents of the Study

The respondents of this study were senior citizens residing in Cotabato City. According to the Office of Senior Citizens Affairs (OSCA), there are 12,949 registered senior citizens in the city.

Purposive quota sampling was used in selecting the respondents, with a total of 200 participants set as the target sample. Purposive sampling is a non-probability sampling technique in which participants are intentionally chosen because they possess specific characteristics relevant to the objectives of the study. Individuals are selected “on purpose” because they meet the required criteria (Nikolopoulou, 2023).

In this study, only senior citizens aged 60 years and above and verified residents of Cotabato City were included. These criteria were established to ensure that the respondents have sufficient life experience, are officially classified as senior citizens, and are directly affected by local conditions, services, and programs within the city. The selection of qualified senior citizens within these barangays was intended to obtain relevant, reliable, and context-specific data aligned with the objectives of the study.

Setting

The study was conducted within the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM), particularly in Cotabato City. Cotabato City serves as the regional center of BARMM and is home to a large number of senior citizens from different barangays. The researchers chose this setting because it provides a diverse group of elderly respondents that can represent different backgrounds in terms of religion, education, and social pension status. Conducting the study within BARMM also allows the researchers to understand the quality of life of senior citizens in a local cultural and social context.

Measures

This study used a survey questionnaire as the main tool for data collection. The questionnaire used in this study was adapted from the study entitled “Services, Quality of Life and Satisfaction of Senior Citizens in Bacolod City” by Dr. Gregorio C. Moyani Jr., Dr. Jonathan E. Lobaton, Mylene A. Bautista, and Guarin S. Maguate. Minor modifications were made to ensure the suitability of the instrument to the context of Cotabato City. These included rewording selected items for clarity and cultural relevance, simplifying language to match the respondents’ level of understanding, and adjusting certain terms to reflect local conditions and commonly used expressions. These modifications were done without altering the original structure and intent of the questionnaire.

A questionnaire was utilized because the study aims to describe the quality of life of senior citizens in Cotabato City. The instrument is divided into two (2) parts: Part I contains the Demographic Profile, which includes information such as the respondent’s name (optional), age, sex, religion, educational attainment, and social pension status. Part II focuses on the respondents’ Quality of Life, where their level of experience and satisfaction in different aspects of life is measured.

The study utilized a structured questionnaire employing a five-point Likert scale to measure the respondents' perceptions and experiences related to their quality of life. The scale was designed to capture the degree or extent of agreement and impact, where 1 represented the lowest level and 5 represented the highest level. Specifically, the response options were coded as: 1 – Not at all, 2 – Small extent, 3 – Moderate extent, 4 – Great extent, and 5 – Very great extent.

To ensure the internal consistency of the instrument, a Cronbach's Alpha reliability test was conducted. Cronbach's Alpha is a statistical measure used to determine how closely related a set of items are as a group, and it is widely used to assess the reliability of research instruments. Cronbach's alpha coefficient measures the internal consistency, or reliability, of a set of survey items. This statistic helps determine whether a collection of items consistently measures the same characteristic (Frost, 2024). In this study, the instrument achieved a Cronbach's Alpha of 0.840, demonstrating a high level of reliability.

Cronbach's Alpha Range	Reliability Level
0.90 – 1.00	Excellent
0.80 – 0.89	High
0.70 – 0.79	Acceptable
0.60 – 0.69	Questionable
0.50 – 0.59	Poor
Below 0.50	Unacceptable

Table 2.1 : Cronbach's Alpha Range and Reliability Level

Data Gathering Procedure

Before conducting the survey, the researchers sought formal permission from the appropriate authorities to administer the questionnaire to senior citizens in Cotabato City. The process began by securing approval from the Dean of the College, followed by a request for authorization from the Office of Senior Citizens Affairs (OSCA). After the necessary permits were granted, the researchers proceeded with data collection.

The team visited selected barangays in Cotabato City and personally approached qualified respondents. The questionnaires were distributed face-to-face to senior citizens who met the inclusion criteria, ensuring that each participant was properly informed about the purpose of the study before answering. An informed consent process were utilized to ensure that all participants were fully aware of the nature and purpose of the research. Prior to participation, respondents were informed that their involvement was entirely voluntary, that they could decline to answer any question or withdraw at any time without penalty, and that all responses would be treated with strict confidentiality. No personally identifiable information was collected. The data gathered were used solely for academic purposes and analyzed in aggregate form to preserve participant anonymity. A total of 200 questionnaires were distributed and all were successfully retrieved.

Data Analysis

This study explored the quality of life of senior citizens in Cotabato City. For the first part, in order to describe the respondent the research used frequency and percentage to clearly describe their distribution in terms of sex, religion, age, educational attainment, and pension status. Frequency distribution will show how often each response appears, while percentage will present the proportion of respondents for each category. Tabular presentation of data will be used to illustrate the proportion and distribution of responses, allowing for easier interpretation and comparison. Huston (2020) notes that tabular presentation helps researchers display multiple outcomes precisely and allows detailed comparison across variables. This is particularly useful when analyzing survey data where researchers need to show how often responses occur and how they differ between categories.

To analyze the extent of the quality of life among senior citizens, the study employed mean and standard deviation as statistical tools. Kim (2015) explained that the mean is a straightforward but effective statistical

measure that condenses a large set of data into a single representative value. This allows researchers to easily identify patterns and variations among groups. It is commonly applied in both descriptive and inferential statistics to understand the overall tendencies of participants' responses.

The standard deviation, on the other hand, was used to determine the variability or consistency of the respondents' perceptions regarding their health status, financial security, organizational affiliation, household relations, and access to senior citizen benefits. The results were interpreted using a mean range description to categorize the level or extent of the quality of life indicators.

Furthermore, to determine whether there were significant differences in the quality of life of senior citizens when grouped according to sex, religion, educational attainment, and pension status, the researchers applied the independent t-test and Analysis of Variance (ANOVA) as inferential statistical tools. The independent t-test was used to examine differences in quality-of-life domains when respondents were grouped by sex and pension status, as these variables consisted of two categories. On the other hand, one-way ANOVA was employed to determine whether significant differences existed when respondents were grouped according to educational attainment and religion, which involved more than two categories. The independent t-test and ANOVA were among the most commonly used statistical techniques in quantitative research for comparing group means. According to Kasiulevičius, Šapoka, and Filipavičiūtė (2006), the independent t-test is a statistical method used to determine whether the mean difference between two groups is statistically significant. It helps researchers identify if the observed difference in the data is due to random chance or represents a true variation between the groups. The independent t-test is often used when dealing with small sample sizes or when comparing only two independent or related samples, making it an essential tool for hypothesis testing in social and health sciences. In this study, a 0.05 level of significance was used as the criterion for determining statistical significance. Differences were considered statistically significant when the computed p-value was less than or equal to 0.05, indicating that the likelihood of the result occurring by chance was minimal. Also the following scale was used in order to interpret the results of the study.

Range	Verbal Interpretation
1.00 – 1.49	Not at all
1.50 – 2.49	Small Extent
2.50 – 3.49	Moderate Extent
3.50 – 4.49	Great Extent
4.50 – 5.00	Very Great Extent

Table 2.2: Scale Interpretation

Scope and Delimitation of the Study

This study focused on describing the quality of life of senior citizens in Cotabato City. It aimed to determine whether there are differences in the quality of life when grouped according to age, sex, religion, educational attainment, and pension status. The quality of life was assessed using five major indicators: health status, financial status, organizational affiliation, household relation, and access to senior citizens' benefits.

The study involved 200 senior citizens residing in selected areas of Cotabato City. Although this study employed non-probability sampling, particularly purposive/quota sampling, the selected sample size of 200 respondents is supported by methodological literature. According to Comrey and Lee (1992), a sample size of 200 is classified as 'fair' and acceptable for quantitative analysis, providing a reasonable basis for statistical interpretation in social research. Similarly, Hair et al. (2010) suggest that samples in the range of 100–200 are generally sufficient for many statistical procedures in social science research, especially when the research objectives include descriptive and correlational analysis. Therefore, the chosen sample size is considered adequate to generate reliable findings aligned with the objectives of the study, although it may not fully capture the diversity of experiences among all senior citizens.

The researchers used a non-probability sampling method, specifically purposive quota sampling, to identify the respondents. This means that not all senior citizens in Cotabato City had an equal chance of being selected. Instead, participants were deliberately chosen based on specific inclusion criteria such as being 60 years old and above, a resident of Cotabato City, and willing to answer the survey questionnaire. While this approach ensured the inclusion of respondents from diverse backgrounds and living situations, it also limits the generalizability of the findings, as the results may not fully represent the entire population of senior citizens in Cotabato City or in other regions.

The data were gathered through a personally administered survey questionnaire. During the data collection process, the researchers encountered several challenges. Some respondents had different personal circumstances that affected how they answered the questions. At times, their responses were influenced by their current emotions or experiences, which led to occasional inconsistencies in their answers. Despite these challenges, the researchers patiently guided the respondents and clarified each question to ensure that their responses were as accurate and sincere as possible.

Another limitation of the study is that it relied solely on a survey questionnaire as the primary data-gathering tool. The accuracy of the responses depended on the honesty, comprehension, and memory of the participants, which may have been affected by their mood, perception, or social desirability, leading to possible response bias. In addition, the study is geographically limited to Cotabato City, which may affect the external validity of the findings, as social, cultural, and economic conditions vary across different locations.

Furthermore, the study primarily utilized descriptive and comparative statistical methods, which are appropriate for identifying patterns and differences but limit the ability to establish causal relationships among variables. While the findings provide valuable insights into the quality of life of senior citizens, they do not determine cause-and-effect relationships.

Despite these limitations, the researchers took careful measures to ensure that the collected data were valid, reliable, and reflective of the actual conditions and experiences of senior citizens in Cotabato City.

RESULTS

This chapter presents the result of the study on the quality of life of senior citizens in Cotabato City.

In **Table 3.1** which contains the demographic profile of the respondents, it reveals that most respondents are aged 60–70 years old (66.5%), followed by those aged 71–80 (28.5%) and 81–90 (5%). The distribution by sex shows that 57% are female and 43% are male, indicating a slight predominance of women among the elderly. In terms of religion, 55% are Muslims, while 43% are Catholics, and 2% belong to Non-Catholics.

With regard to educational attainment, most respondents reached college level (33.5%) or high school (31%). However, 9.5% of them have not received formal education. Concerning social pension status, 63% are non-pensioners, while 37% receive pensions.

Table 3.1 Demographic Profile

Age	Frequency Distribution	Percentage
60-70	133	66.5%
71-80	57	28.5%
81-90	10	5%
Total	200	100%
Sex		
Male	86	43%
Female	114	57%
Total	200	100%
Religion		

Islam	110	55%
Catholic	86	43%
Non Catholic	4	2%
Total	200	100%
Educational Attainment		
None	19	9.5%
Elementary	49	24.5%
Highschool	62	31%
College	67	33.5%
Post Graduate	3	1.5%
Total	200	100%
Social Pension Status		
Pensioner	74	37%
Non Pensioner	126	63%
Total	200	100%

In **table 3.2** Under the Health domain, the respondents agreed to a great extent that they are healthy enough to go outside and engage in activities ($M = 3.94, SD = 1.14$), while also acknowledging that pain sometimes affects their well-being ($M = 3.00, SD = 1.22$).

In terms of Financial Status, respondents moderately agreed that they have enough resources for bills and household needs ($M = 3.39, SD = 1.21$).

For Organizational Affiliation, the domain obtained mean scores between 2.61 and 2.77, which correspond to a moderate extent.

The Household Relation domain received the highest ratings, with means ranging from 4.39 to 4.57, interpreted as a great to very great extent.

Finally, in Access to Senior Citizen Benefits, the responses varied from moderate to great extent, with high utilization of senior citizen IDs and discounts ($M = 4.04, SD = 1.46$), but relatively low access to direct financial assistance from government programs ($M = 2.73, SD = 1.81$).

Table 3.2 Extent of quality of life in terms of Health, Financial Status, Organizational Affiliation, Household Relation and Access to Senior Citizen Benefits.

Health	Mean	Standard Deviation	Description
I have a lot of physical energy	3.725	1.23	Great Extent
Pain affects my well-being.	2.995	1.22	Moderate Extent
My health restricts me from eating sumptuous food.	3.25	1.43	Moderate Extent
I am healthy enough to go outside and engage in activities.	3.935	1.14	Great Extent
I regularly visit my doctor for medical check-ups.	3.075	1.57	Moderate Extent
Financial Status			
I have enough money to pay for household bills.	3.39	1.21	Moderate Extent
I have enough money to pay for household repairs or assistance when needed.	3.215	1.29	Moderate Extent
I can afford to buy the things I want.	3.39	1.25	Modern Extent
I cannot afford to do the things I would enjoy. (reverse item)	3.615	1.18	Great Extent

I have enough money for medical check-ups and medicines	3.25	1.29	Moderate Extent
Organizational Affiliation			
I join groups to see friends and meet new people	2.765	1.79	Moderate Extent
Being part of organizations helps me take care of my health.	2.705	1.69	Moderate Extent
Being part of organizations helps me stay active and energetic.	2.645	1.66	Moderate Extent
Organizations provide helpful information about services and benefits.	2.61	1.65	Moderate Extent
Being affiliated with organizations helps me feel happier and more positive	2.7	1.72	Modern Extent
Household Relation			
My family practices the Filipino tradition of caring for senior citizens.	4.485	0.95	Great Extent
My family has close ties and lives in harmony.	4.57	0.84	Very Great Extent
My family helps provide for my needs.	4.39	0.94	Great Extent
My family supports my wholesome activities.	4.435	0.95	Great Extent
My family helps improve my total well-being.	4.56	0.83	Very Great Extent
Access to Senior Citizen Benefits			
I avail the 20% discount on medicines and doctor services.	3.7	1.62	Great Extent
I get discounts in restaurants, hotels, and recreation centers.	3.6	1.68	Great Extent
I avail discounts on basic/prime commodities.	3.525	1.68	Great Extent
I receive financial assistance from the senior citizen program (MSSD).	2.725	1.81	Moderate Extent
I use my senior citizen ID to enjoy benefits and privileges.	4.035	1.46	Great Extent
Weighted Mean	3.725		Great Extent

Table 3.3 used and independent sample t-test. It was conducted to determine whether there was a significant difference in the quality of life between male and female respondents. Results reveal a computed t-value of -2.332 and a p-value of 0.021, which is less than the 0.05 level of significance. Thus, the null hypothesis is rejected, indicating a significant difference between the two groups.

Table 3.3 Quality of life by Sex

Group	N	Mean	SD	t	df	Sig. (2-tailed)
Male	86	3.3721	0.63	-2.332	198	.021
Female	114	3.5818	0.62			

Table 3.4 used a one-way Analysis of Variance (ANOVA). It was conducted to determine whether there was a significant difference in the quality of life when respondents were grouped according to religion. Results reveal a computed F-value of 0.184 and a p-value of 0.832, which is greater than the 0.05 level of significance. Thus, the null hypothesis is accepted, indicating that there is no significant difference in the quality of life of respondents when grouped according to religion.

Table 3.4 Quality of life by Religion

	Sum of squares	df	MS	F	Sig.
Between Groups	.150	2	.075	.184	.832
Within Groups	80.476	197	.409		
Total	80.626	199			

Table 3.5 used a one-way Analysis of Variance (ANOVA). It was conducted to determine whether there was a significant difference in the quality of life among respondents based on educational attainment. Results reveal a computed F-value of 2.013 and a p-value of 0.094, which exceeds the 0.05 level of significance. Thus, the null hypothesis is accepted, indicating that there is no significant difference in quality of life among respondents when grouped according to educational attainment.

Table 3.5 Quality of life by Educational Attainment

	Sum of Squares	df	MS	F	Sig.
Between Groups	3.197	4	.799	2.013	.094
Within Groups	77.429	195	.397		
Total	80.626	199			

Table 3.6 used an independent samples t-test. It was conducted to determine whether there was a significant difference in the quality of life between pensioners and non-pensioners. Results reveal a computed t-value of 1.382 and a p-value of 0.169, which is greater than the 0.05 level of significance. Thus, the null hypothesis is accepted, indicating that there is no statistically significant difference in the quality of life between pensioners and non-pensioners.

Table 3.6 Quality of life by Pension Status

Group	N	Mean	SD	t	df	Sig. (2-tailed)
Pensioner	74	3.5708	0.60	1.382	163.800	.169
Non Pensioner	126	3.4451	0.65			

DISCUSSION

This chapter presents the discussion and interpretation of the results of the study on the Quality of Life of Senior Citizens in Cotabato City. The findings are analyzed in relation to existing literature and prior research that help explain the observed outcomes.

Demographic Profile of Respondents

Although the World Health Organization states that aging is associated with a gradual decline in physical and mental capacity, the findings of this study show that many respondents aged 60–70 years remain active and independent. This suggests that the effects of aging are not uniform among individuals. Factors such as strong family support, access to healthcare services, and community engagement in Cotabato City may help senior citizens maintain their functional ability and overall well-being despite the natural aging process. The study revealed that most of the respondents are in the age group of 60-70 senior citizens who remain active, independent, and engaged in daily activities. This finding is consistent with Park et al. (2024), who explained that maintaining physical and social activity helps the elderly preserve functional ability and independence even as they age. In Cotabato City, this may reflect the accessibility of community health services and family assistance, which enable older adults to stay active and self-sufficient.

The dominance of female respondents in the study also mirrors global trends. Ko et al. (2019) found that women generally live longer than men, but they may experience more health issues and emotional vulnerability. This could mean that while women outlive men, they may also require more support in terms of health and emotional well-being — something that family and community care in Cotabato City appear to provide effectively.

The variety of religions represented in the study reflects the city's multicultural character. Although the data show no significant differences in quality of life based on religion, this does not mean that faith is irrelevant. According to Ngamaba and Soni (2017), individuals from different religious groups experience variations in quality of life. This suggests that religion plays a role in shaping life satisfaction and well-being among older adults.

Most of the respondents have attained at least a secondary or college education, suggesting that they are capable of making informed decisions and understanding their rights as senior citizens. Gil-Lacort et al. (2020) explained that education contributes to better health management, improved coping strategies, and stronger social networks — all of which lead to higher quality of life. However, many respondents in this study do not receive regular pensions and rely primarily on family support. This aligns with Angotti et al. (2018), who concluded that social pensions play an important role in reducing stress and providing financial security for the elderly.

Extent of Quality of Life

In terms of Health Status, respondents agreed to a great extent interpreted as being satisfied, that they are healthy enough to go outside and engage in activities. This supports the Activity Theory of Aging, which asserts that maintaining physical activity enhances well-being (Havighurst, 1961). This aligns with Netuveli and Blane (2008), who found that good health significantly predicts higher quality of life (QoL) among the elderly. The results therefore reinforce the idea that maintaining an active lifestyle promotes successful ageing, as proposed in the theoretical considerations of this study.

Financially, many respondents can manage their day-to-day needs but still depend on their families reflecting a great extent or satisfied level of financial condition. This outcome is consistent with Kim and Lee (2021), who emphasized that income security through pensions directly improves the QoL of older adults. Similarly, the Department of Social Welfare and Development (DSWD) observed that many Filipino seniors rely on social pensions to meet their daily needs, showing how government support remains a crucial compensatory mechanism. From a theoretical perspective, this aligns with the Selective Optimization and Compensation Theory by Baltes and Baltes (1990), wherein elderly individuals compensate for reduced economic resources by optimizing the use of available support systems, such as pensions or family assistance, to maintain stability and life satisfaction.

On the other hand, Organizational Affiliation yielded the lowest mean among the domains, was interpreted at a moderate extent, corresponding to being considerably satisfied indicating there is a limited participation of the elderly in organizations or community groups. The lower engagement may reflect mobility, cultural, economic or informational constraints. Noto (2023) likewise highlights that as people age, their physical and social capabilities tend to decline, which may lead to lower life satisfaction unless mitigated by social participation. Aging reduces mental and physical function and decreases the ability to perform activities of daily living and HRQOL. This aligns with the findings of Niechcial et al. (2025), who reported that older adults' disengagement is caused by multiple barriers — psychological (self-doubt, lack of motivation), practical (finances, caregiving duties), social (fear of judgment), physical (health limitations), and accessibility issues (transportation and lack of program facilitators). This finding supports the Disengagement Theory of Cumming and Henry (1961) that explains that ageing involves a gradual and inevitable process of withdrawal from social interaction and roles.

Among the five domains, Household Relation obtained the highest mean score and was interpreted at a very great extent. This indicates that respondents are highly satisfied with their family relationships, and that strong family support and harmony serve as a primary source of well-being for elderly individuals. This finding suggests that the daily interactions, emotional support, and care received from family members play a significant role in enhancing their quality of life.

This result is supported by previous studies. David et al. (2021) found that strong family bonds increase life satisfaction among Filipino elders. Similarly, Felipe-Dimog et al. (2024) explained that Filipino families express care through daily assistance, emotional presence, and shared responsibilities, which help older individuals feel valued and satisfied. Júnior et al. (2021) also revealed that family relationships are a consistent positive predictor of quality of life, while poor family dynamics are associated with negative emotions and depression.

This discussion is supported by Bowen Family Systems Theory (1950s-1960s), which explains that individuals are part of an emotional family unit where members are deeply interconnected. According to the theory, the experiences and well-being of one member are influenced by the relationships and interactions within the family. In this case, the high level of satisfaction in household relations reflects a healthy and supportive family system, which positively affects the elderly's quality of life.

Therefore, the findings of the study support Bowen Family Systems Theory, as they demonstrate that strong and harmonious family relationships contribute significantly to the overall well-being and life satisfaction of senior citizens.

Most respondents are aware of their privileges and actively use their senior citizen IDs to avail of discounts and benefits, indicating a great extent or satisfied level of awareness and utilization. The high use of senior citizen IDs and discounts shows effective implementation of government programs, though access to direct financial aid remains uneven (DSWD, 2023). This finding supports the Selective Optimization and Compensation Theory (Baltes & Baltes, 1990), as seniors optimize available benefits to compensate for financial limitations, helping them maintain independence and well-being. It also relates to the Activity Theory (Havighurst, 1961), since access to these privileges encourages continued participation in social and economic activities, contributing positively to their quality of life.

The results of the study revealed that the overall quality of life of senior citizens in Cotabato City is interpreted as “Great Extent”, indicating that most respondents are generally satisfied and have a positive level of well-being in their later years. This finding aligns with the definition by the World Health Organization (WHO) which defines quality of life as “an individual’s perception of their position in life, in the context of the culture and value systems in which they live, and in relation to their goals, expectations, standards and concerns.”

Differences in Quality of Life According to Profile Variables

Results showed a significant difference in quality of life between male and female respondents, with females having a higher mean score. The reason could be that in the study of Ko et al. (2019) men reported higher levels of loneliness and depression, indicating emotional vulnerability amid physical strength. This result is supported by a study conducted by Becchetti and Conzo (2021) which further support the gender-based variation in quality of life by revealing what they refer to as the “life satisfaction–depression paradox.” Their study showed that women are more likely than men to report very high levels of life satisfaction, yet at the same time are also more likely to indicate having experienced recent episodes of depression. The authors explain that this paradox may be linked to lower resilience among women, as they tend to take longer to recover from negative life events compared to men. In contrast with this a study by Lee, Xu, and Wu (2023) revealed that male older adults generally reported a higher quality of life (QoL) than female older adults since women were found to have lower social status, more limited income, reduced access to healthcare, and greater household responsibilities, all of which negatively affected their QoL. On the other hand, no major differences were observed based on religion, education, or pension status.

Overall, the findings uphold the Activity, Disengagement and Selective Optimization and Compensation theories by showing that active engagement, good health, and strong social ties enhance QoL. They also reflect the Filipino cultural emphasis on family cohesion and communal care for the elderly.

SUMMARY

This study assessed the quality of life of senior citizens in Cotabato City, focusing on five major domains: health

status, financial security, organizational affiliation, household relation, and access to senior citizen benefits. It also examined whether quality of life differs when respondents are grouped according to sex, religion, educational attainment, and social pension status.

A total of 200 respondents participated in the study. Most were aged 60–70 years old, female, and Muslim, with many having reached at least a high school or college level of education. More than half were non-pensioners, indicating that many rely on family support or informal sources of income.

Findings revealed that, overall, senior citizens in Cotabato City experience a favorable quality of life, with a weighted mean of 3.73 (Great Extent). Among the five domains, Household Relation scored the highest, reflecting the strong role of family in providing care, emotional support, and companionship. Health and access to benefits were also rated positively, while Organizational Affiliation had the lowest mean score, suggesting limited participation in community groups.

CONCLUSION

This study examined the quality of life of senior citizens in Cotabato City across five key domains: health status, financial security, organizational affiliation, household relations, and access to senior citizen benefits. Guided by the WHOQOL Framework, which conceptualizes quality of life as a multidimensional construct influenced by physical, psychological, social, and environmental factors, the findings reveal that respondents generally experience a positive level of well-being despite the challenges associated with aging.

Among the identified domains, household relations emerged as the most significant determinant of quality of life. Strong family ties provide essential emotional, social, and practical support, enhancing the overall well-being and life satisfaction of senior citizens. This finding reinforces existing literature which identifies family support as a consistent predictor of quality of life, particularly within collectivist contexts where interdependence remains central to daily living.

Health status also contributed positively, as many respondents reported the ability to remain physically active and socially engaged. This supports the Activity Theory of Aging (Havighurst, 1961), which emphasizes that continued participation in meaningful activities promotes higher life satisfaction. Consistent with the findings of Netuveli and Blane (2008), better functional capacity is associated with improved well-being among older adults. However, the relatively lower level of organizational affiliation suggests limited participation in formal social groups, which may reflect constraints explained by the Disengagement Theory (Cumming and Henry, 1961). While some degree of withdrawal may be a natural part of aging, reduced social engagement may also stem from structural or accessibility barriers, as supported by recent studies highlighting the decline in social and physical participation among older individuals.

In terms of financial security and access to benefits, the findings indicate moderate financial stability alongside high utilization of senior citizen privileges. While many respondents rely on pensions or family support, access to discounts and services contributes to a sense of inclusion and security. These results align with existing studies which emphasize the role of financial resources and social protection mechanisms in maintaining quality of life. Such patterns are further explained by the Selective Optimization and Compensation Theory, which suggests that older adults adapt to limitations by maximizing available resources and support systems.

The analysis further revealed that quality of life significantly differs based on sex, with female respondents reporting higher levels of satisfaction. In contrast, no significant differences were observed across religion, educational attainment, and pension status, indicating that social and familial support systems may exert a stronger influence on well-being than demographic characteristics alone.

Overall, the findings uphold the interplay of the Activity Theory, Disengagement Theory, and Selective Optimization and Compensation Theory, showing that maintaining an active lifestyle, balancing social engagement and withdrawal, and nurturing emotionally meaningful relationships are key to sustaining a good quality of life among the elderly in Cotabato City

RECOMMENDATIONS

1. For the senior citizens, they are encouraged to remain socially and physically active by participating in community programs, local organizations, and recreational activities. Consistent with the Activity Theory of Aging (Havighurst, 1961), such engagement can further enhance their well-being, promote a sense of purpose, and strengthen social connectedness. They should also continue nurturing meaningful family and household relationships and use their benefits and privileges.
2. For the lawmakers, they may use the findings of this study to review and enhance existing legislation on elderly welfare. Policies must prioritize equitable access to healthcare, pension benefits, and livelihood programs that support financial stability in old age. Strengthening social pension distribution systems and expanding support for senior citizens' associations can ensure that older adults remain active, independent, and valued members of society. Local ordinances should also encourage intergenerational programs to foster stronger community ties between seniors and the youth. Policymakers should prioritize the development and strengthening of comprehensive and inclusive policies that directly address the multidimensional needs of senior citizens. There is a need to expand and improve the coverage, consistency, and accessibility of social pension programs to reduce financial vulnerability among the elderly. In addition, policies should support the establishment of community-based programs that promote active aging, including social participation, health promotion, and lifelong learning initiatives. Legislators are also encouraged to institutionalize monitoring and evaluation mechanisms to ensure that existing laws and benefits for senior citizens are effectively implemented and equitably distributed.
3. For the Office for Senior Citizens Affairs, they should strengthen its partnerships with local government units (LGUs) and national agencies to ensure fair and efficient implementation of senior citizen programs. This includes monitoring the delivery of discounts, benefits, and direct financial assistance to ensure that all eligible elders receive them. The OSCA also a need to develop targeted outreach programs to reach underserved and less active senior citizens, particularly those who are homebound or living in remote areas. Furthermore, OSCA should initiate and sustain community-based engagement programs, such as senior citizen associations, wellness activities, and capacity-building seminars, to increase organizational participation and social inclusion.
4. For the general public, it is encouraged that they foster a more inclusive and supportive environment for senior citizens. Families and communities should recognize the importance of their roles in the lives of older adults and provide opportunities for active participation in community events. Promoting respect, understanding, and empathy toward the elderly can contribute to a culture that values aging as a stage of continued growth and contribution rather than decline.
5. Future researchers are encouraged to explore additional factors that may influence the quality of life of senior citizens, such as mental health, social isolation, and digital inclusion, in order to provide a more comprehensive understanding of elderly well-being. Comparative studies across urban and rural settings or different cultural contexts are also recommended to generate broader and more generalizable insights.

Moreover, the use of qualitative approaches, such as interviews and focus group discussions, is suggested to capture deeper insights into the lived experiences, perceptions, and coping mechanisms of senior citizens. While the present study utilized descriptive and comparative statistical methods to examine differences in quality of life, future research may further strengthen the analysis by incorporating more advanced statistical techniques. The use of regression analysis or other multivariate methods would allow for a more thorough examination of the relationships among variables by identifying both their individual and combined effects. Such approaches can provide a clearer understanding of the factors that significantly influence quality of life, while also improving the robustness of findings through the control of potential confounding variables.

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APPENDICES

Appendix A: Survey Questionnaire

Survey Questionnaire

SQ#: _____

PART I – RESPONDENT INFORMATION

1.	Name (Optional): _____
2.	Age: _____
3.	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
4.	Religion: <input type="checkbox"/> Islam <input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic
5.	Educational Attainment: <input type="checkbox"/> None <input type="checkbox"/> Elementary
	<input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Postgrad
6.	Social Pension Status: <input type="checkbox"/> Pensioner <input type="checkbox"/> Non-Pensioner

Part II – Quality Of Life

Instructions: Please check (✓) the box that best describes your answer.

Scale:

1 – Not at all 2 – Small extent 3 – Moderate extent

4 – Great extent 5 – Very great extent

A. Health Status

No.	Statement	1	2	3	4	5
1	I have a lot of physical energy.					
2	Pain affects my well-being.					
3	My health restricts me from eating sumptuous food.					
4	I am healthy enough to go outside and engage in activities.					
5	I regularly visit my doctor for medical check-ups.					

B. Financial Security

No.	Statement	1	2	3	4	5
1	I have enough money to pay for household bills.					
2	I have enough money to pay for household repairs or assistance when needed.					
3	I can afford to buy the things I want.					
4	I cannot afford to do the things I would enjoy. (reverse item)					
5	I have enough money for medical check-ups and medicines.					

C. Organizational Affiliation

No.	Statement	1	2	3	4	5
1	I join groups to see friends and meet new people.					

2	Being part of organizations helps me take care of my health.					
3	Being part of organizations helps me stay active and energetic.					
4	Organizations provide helpful information about services and benefits.					
5	Being affiliated with organizations helps me feel happier and more positive.					

D. Household Relation

No.	Statement	1	2	3	4	5
1	My family practices the Filipino tradition of caring for senior citizens.					
2	My family has close ties and lives in harmony.					
3	My family helps provide for my needs.					
4	My family supports my wholesome activities.					
5	My family helps improve my total well-being.					

E. Access to Senior Citizens Benefits

No.	Statement	1	2	3	4	5
1	I avail the 20% discount on medicines and doctor services.					
2	I get discounts in restaurants, hotels, and recreation centers.					
3	I avail discounts on basic/prime commodities.					
4	I receive financial assistance from the senior citizen program (MSSD).					
5	I use my senior citizen ID to enjoy benefits and privileges.					

Appendix B: Letter to Office of the Senior Citizens Affairs

August 5, 2025

Hon. Mohammad Ali C. Matabalao

City Mayor

City Government of Cotabato

New City Hall, 199 Sinsuat Avenue, Malagapas, RH 10, Cotabato City

Thru: **ARTURO CALINGASAN**

Executive Secretary

Office of the Senior Citizens Affairs (OSCA)

Cotabato City

Dear Mayor Matabalao:

Warm greetings!

We, the undersigned researchers from Notre Dame University, are currently conducting a study entitled “*Quality of Life of Senior Citizens in Cotabato City*” as part of our academic and social research initiatives. The primary objective of this study is to assess the quality of life of senior citizens in terms of health status, financial security, organizational affiliation, household relations, and access to senior citizen benefits. The findings aim to offer

meaningful recommendations that could help enhance existing programs and services for the elderly.

In line with this, we respectfully seek your permission to conduct the said study within Cotabato City. The data-gathering process will involve selected senior citizens, and a copy of the survey questionnaire is attached herewith for your review. Please be assured that all ethical standards will be strictly observed, including voluntary participation, informed consent, and confidentiality of information.

We hope for your favorable response to this request. Should you require any additional documents or clarification, we are more than willing to provide them at your convenience.

Thank you very much for your kind consideration and continued support.

Respectfully,

ALYSSA FARIDA S. ADZIS Researcher	BAI SHEJA JEAN I. YUSOP Researcher
DATU JIEN ONE U. KAMAONG Researcher	NOR HUSAIN M. MATALAM Researcher

Noted by:

DR. CATLYN O. PONGOT

Dean, College of Business and Accountancy

Notre Dame University

Appendix C: Letter to the Respondents

August 5, 2025

Dear Respondent,

Greetings in Notre Dame!

We are students of the Bachelor of Public Administration from the College of Business and Accountancy at Notre Dame University. As part of the academic requirements in the course PA 22n - Research Methods for Public Administration 1, we are conducting a study entitled:

“Quality of Life of Senior Citizens in Cotabato City ”

We respectfully seek your participation in this study by answering a short survey/questionnaire. Your insights will play a vital role in enhancing the quality and relevance of our research, and will contribute to meaningful recommendations that could aid in enhancing existing programs and services for the elderly and academic findings.

Respondent Rights and Confidentiality

- **Voluntary Participation:** Your involvement in this study is completely voluntary. You may decline to answer any question or withdraw at any point without any penalty.
- **Confidentiality Assurance:** All responses will be treated with strict confidentiality. Your identity will not be recorded, and no personally identifiable information will be disclosed.
- **Use of Data:** The information gathered will be analyzed collectively and used solely for academic purposes. Findings will be reported in summary form to preserve anonymity.



Should you have any questions or need further clarification, you may contact us at:
NOR HUSAIN MATALAM - 18101033-student@ndu.edu.ph

We sincerely appreciate your time, cooperation, and contribution to this research.

Thank you and God bless!

Respectfully yours,

BPA 4N Student Researchers

Appendix D: Approval Letter

August 5, 2025

HON. MOHAMMAD ALI C. MATABALAO
City Mayor
City Government of Cotabato
New City Hall, 199 Sinsuat Avenue, Malagapas, RH 10, Cotabato City

Thru: **ARTURO CALINGASAN**
Executive Secretary
Office of the Senior Citizens Affairs (OSCA)
Cotabato City

Dear Mayor Matabalao:

Warm greetings!

We, the undersigned researchers from Notre Dame University, are currently conducting a study entitled "*Quality of Life of Senior Citizens in Cotabato City*" as part of our academic and social research initiatives. The primary objective of this study is to assess the quality of life of senior citizens in terms of health status, financial security, organizational affiliation, household relations, and access to senior citizen benefits. The findings aim to offer meaningful recommendations that could help enhance existing programs and services for the elderly.

In line with this, we respectfully seek your permission to conduct the said study within Cotabato City. The data-gathering process will involve selected senior citizens, and a copy of the survey questionnaire is attached herewith for your review. Please be assured that all ethical standards will be strictly observed, including voluntary participation, informed consent, and confidentiality of information.


We hope for your favorable response to this request. Should you require any additional documents or clarification, we are more than willing to provide them at your convenience.

Thank you very much for your kind consideration and continued support.

Respectfully,


ALYSSA FARIDA S. ADZIS
Researcher


DATU JIEN ONE U. KAMAONG
Researcher



BAI-SHEJA JEAN L. YUSOP
Researcher


NOR HUSAIN M. MATALAM
Researcher

Noted by:


DR. CATLYN O. PONGOT
Dean, College of Business and Accountancy
Notre Dame University

Received by:


NELINDA M. EDIANGAN
8/13/25
11:46 AM

Tabulation Sheet

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
Age	200	60	90	68.40	6.404
VAR00001	0				
Sex	200	1	2	1.57	.496
Religion	200	1	3	1.47	.539
Education	200	1	5	2.93	1.010
Pension_Status	200	1	2	1.63	.484
H1	200	1.000	5.000	3.72500	1.239782
H2	200	1.000	5.000	2.99500	1.221653
H3	200	1.00	5.00	3.2500	1.43450
H4	200	1.000	5.000	3.93500	1.143377
H5	200	1.000	5.000	3.07500	1.575368
FS1	200	1.00	5.00	3.3900	1.21047
FS2	200	1.000	5.000	3.21500	1.298927
FS3	200	1.00	5.00	3.3900	1.25930
FS4	200	1.000	5.000	3.61500	1.180569
FS5	200	1.00	5.00	3.2500	1.29456
OA1	200	1.000	5.000	2.76500	1.793280
OA2	200	1.000	5.000	2.70500	1.694797
OA3	200	1.000	5.000	2.64500	1.665184
OA4	200	1.00	5.00	2.6100	1.65881
OA5	200	1.0	5.0	2.700	1.7219
HR1	200	1.000	5.000	4.48500	.950945
HR2	200	1.00	5.00	4.5700	.84776
HR3	200	1.00	5.00	4.3900	.94465
HR4	200	1.000	5.000	4.43500	.954110
HR5	200	1.00	5.00	4.5600	.83660
ASCB1	200	1.0	5.0	3.700	1.6227
ASCB3	200	1.0	5.0	3.600	1.6805
ASCB2	200	1.000	5.000	3.52500	1.686296
ASCB5	200	1.000	5.000	4.03500	1.467838
ASCB4	200	1.000	5.000	2.72500	1.815449
Valid N (listwise)	0				

Sex					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	86	43.0	43.0	43.0
	Female	114	57.0	57.0	100.0
	Total	200	100.0	100.0	

Religion					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Islam	110	55.0	55.0	55.0
	Catholic	86	43.0	43.0	98.0
	Non Catholic	4	2.0	2.0	100.0
	Total	200	100.0	100.0	

Education					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	19	9.5	9.5	9.5
	Elementary	49	24.5	24.5	34.0
	Highschool	62	31.0	31.0	65.0
	College	67	33.5	33.5	98.5
	Post Graduate	3	1.5	1.5	100.0
	Total	200	100.0	100.0	

Pension Status					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Pensioner	74	37.0	37.0	37.0
	Non_Pensioner	126	63.0	63.0	100.0
	Total	200	100.0	100.0	

ANOVA						
QOL						
	Sum of Squares	df	Mean Square	F	Sig.	
Between Groups	13.500	26	.519	1.338	.139	
Within Groups	67.126	173	.388			
Total	80.626	199				

T-Test

Group Statistics					
	Sex	N	Mean	Std. Deviation	Std. Error Mean
QOL	Male	86	3.3721	.63320	.06828
	Female	114	3.5818	.62677	.05870

Independent Samples Test							
t-test for Equality of Means							
		t	df	Significance		Mean Difference	Std. Error Difference
				One-Sided p	Two-Sided p		
QOL	Equal variances assumed	-2.332	198	.010	.021	-.20966	.08992
	Equal variances not assumed	-2.328	182.211	.010	.021	-.20966	.09004

ANOVA					
QOL					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	.150	2	.075	.184	.832
Within Groups	80.476	197	.409		
Total	80.626	199			

ANOVA					
QOL					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	3.197	4	.799	2.013	.094
Within Groups	77.429	195	.397		
Total	80.626	199			

T-Test

Group Statistics					
	Pension Status	N	Mean	Std. Deviation	Std. Error Mean
QOL	Pensioner	74	3.5708	.60065	.06982
	Non Pensioner	126	3.4451	.65453	.05831

Independent Samples Test							
t-test for Equality of Means							
		t	df	Significance		Mean Difference	Std. Error Difference
				One-Sided p	Two-Sided p		
QOL	Equal variances assumed	1.352	198	.089	.178	.12573	.09303
	Equal variances not assumed	1.382	163.800	.084	.169	.12573	.09097

Curriculum Vitae

ALYSSA FARIDA S. ADZIS



CONTACT

PHONE

09272254824

EMAIL

alysafaridaadzis@gmail.com

ADDRESS

Don E. Sero 6th St. Cotabato City

SKILLS

- Multitasking
- Interpersonal Skills
- Decision- Making
- Communication
- Leadership
- Coaching

LANGUAGE

Filipino

English

REFERENCE

Available upon request

ABOUT ME

An enthusiastic and dedicated student of public administration who is deeply committed to community development and public service.

Using my academic knowledge, leadership abilities, and social awareness, I hope to improve society. I believe that openness, participatory governance, and the ability of group effort to improve people's lives-especially those in underprivileged communities-are all important.

I work hard, take responsibility for my actions, and am always eager to learn. I want to collaborate with others and pay attention to community needs. For me, effective leadership is providing honest, considerate, and committed service. Everyone should have a voice and access to essential services in a better, more inclusive society, and I want to help create that.

EDUCATION

Tertiary Bachelor in Public Administration
Notre Dame University
Cotabato City

Secondary Science, Technology, Engineering, and Mathematics
Notre Dame University
Cotabato City

Elementary Dr.P Ocampo Colleges Incorporated
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DATU JIEN ONE U. KAMAONG



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ADDRESS

Don E. Sero 6th St. Cotabato City

SKILLS

- Leadership
- Communication
- Inspire others
- Problem solving

LANGUAGE

Filipino

English

REFERENCE

Available upon request

ABOUT ME

I am a dedicated and service-oriented individual with a background in Public Administration, driven by a strong commitment to promoting good governance and meaningful community development.

My passion lies in supporting policy-making and administrative reforms that are transparent, accountable, and inclusive. I thrive in roles that allow me to contribute to local governance and implement grassroots programs, such as vocational training for general welders, that improve public service delivery and uplift community well-being.

EDUCATION

Tertiary Bachelor in Public Administration
Notre Dame University
Cotabato City

Secondary Humanities and Social Sciences
Accountancy
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Elementary Dr.P Ocampo Colleges Incorporated
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NOR HUSAIN M. MATALAM



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PHONE

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ADDRESS

#13 Maria Clara Street,
Rosary Heights 4 Cotabato
City

SKILLS

- Leadership
- Communication
- Inspire others
- Problem solving

ABOUT ME

An enthusiastic and dedicated student of public administration which deeply committed to community development and public service. Using my academic knowledge, leadership abilities, experiences, and social awareness.

I hope to improve the society and my community. I work hard, take responsibility for my actions, and am always eager to learn. I want to collaborate with others and pay attention to community needs. For me, effective leadership in providing honest, considerate, transparent, and committed service. Everyone should have a voice and access to essential and effective services in a better, more inclusive society, and I want to serve myself as vessel for it to be possible.

LANGUAGE

Filipino

English

REFERENCE

Available upon request

EDUCATION

Tertiary Bachelor in Public Administration
Notre Dame University
Cotabato City

Secondary Albert Einstein School
Cotabato City

Elementary Albert Einstein School
Cotabato City

BAI SHEJA JEAN I. YUSOP



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09754018992

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ADDRESS

RH-9, Cotabato City

SKILLS

- Adaptability
- Communication
- Cooperative
- Problem Solving
- Team Management

LANGUAGE

Filipino

English

REFERENCE

Available upon request

ABOUT ME

An individual committed to making a positive difference in the community by applying my skills and dedication to meaningful projects. I am passionate about serving others, promoting fairness, and helping create a safer and better place for everyone to live and grow.

I am a hardworking and dedicated individual committed to making a positive difference in the community by applying my skills and dedication to meaningful projects. I am passionate about serving others, promoting fairness, and helping create a safer and better place for everyone to live and grow.

EDUCATION

Tertiary Bachelor in Public Administration
Notre Dame University
Cotabato City

Secondary Accountancy, Business and Management
Notre Dame University
Cotabato City

Elementary St. Peter and St. Paul Episcopal Institute Inc.
Cotabato City