

Impact of Social Support on Resiliency Among Elderly Individuals in Selected Barangays in Metro Manila: Basis for Enhancement of Elderly Resilience Program

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ABSTRACT

Aging gracefully means being able to adapt physically, psychologically, and socially. This study aimed to determine the impact of social support on resiliency among elderly and to investigate whether demographic profiles affect support and level of resiliency. A descriptive correlational, comparative research was conducted, surveying 100 elderly respondents from selected barangays in Metro Manila using purposive sampling. Both descriptive and inferential statistics were utilized to analyze the data. The study identified a significant relationship among the following; expanded senior citizens act and the elderly's comorbidity; pensioner status, and employment status, with p-values of <0.001 , 0.031, and 0.006; services and support from barangay and community, elderly's sex and being a business owner, with p-values of 0.010 & 0.013; support coming from family and friends and elderly's living arrangement and sex, with the p-values of 0.027 and 0.015. Hence, aligned with significant differences between support coming from family and friends, living arrangements, and social resilience, with p-values of 0.007 and 0.047. Lastly, age and mental resiliency are significantly correlated and different, with p-values of 0.018 and 0.019. Hence, in the absence of sufficient social support, mental resilience tends to decline slightly as age increases. As a result, the elderly who get enough support become more mentally resilient. In conclusion, recognizing the needs and involvement in community programs can help elderly individuals be heard, cared for, and loved, raising community awareness of the difficulties they experience. Policies should prioritize elderly-friendly environments and allocate funds for long-term community programs and assistance.

Keywords: Resilience, Social Support, Elderly Individual Respondents, Aging.

INTRODUCTION

In order to age gracefully, one must be able to adapt to the changes that happen physically, psychologically, and socially. Aging is a gradual process that begins at conception and continues throughout life. As individuals retire, they may experience anxiety over their health due to shifts in social roles. The World Health Organization (WHO, 2021) revised its age classification in 2015, defining age groups as young (25-44 years), middle (44-60 years), elderly (60-75 years), senile (75-90 years), and long-lived (90 above) (Dyussenbayev, 2017, as cited in Oconer & Quimen, 2024).

This study conducted by the student researchers' was based on the National Unified Health Research Agenda (NUHRA 2023-2028, 2024) and Sustainable Development Goals (SDGs, 2023) to understand the impact of social support on resiliency among elderly individuals. The study emphasized the need to address the health of vulnerable populations, including elderly, who face health challenges and specific needs. The SDG advocates for good health and well-being for all ages, emphasizing the importance of social support in fostering resilience and ensuring access to healthy aging. According to the United Nations World Population Ageing 2023 the population of elderly individuals aged 65 years and over in Least Developed Countries (LDCs) was just under 4% which is significantly lower than 20% in developed countries and nearly 9% in Other Developing Countries (OCDs). Over the next decades, all regions and areas globally will experience increase in aging population, with the proportion of elderly individual respondents rising from 20.2% (258,311) in 2023

to 28% (351,500) in 2050 among developed countries, for OCDs will also experience rises from 9% (506,841) to 17.4% (1,132,877) and for LCDs from 3.7% (42,637) to 6.1% (118,566).

In similar manner, Bangladesh, Rwanda, and the Philippines face significant challenges due to their aging populations and inadequate pensions, affecting access to basic needs, medications, and healthcare services. In Rwanda, 75% of elderly individuals lack social pensions, and many widowed women live alone or in skip-generation households. In Bangladesh, two-thirds of elderly respondents lack pensions, facing health problems, exclusion, and socio-economic insecurity. Lastly, according to Zaldarriaga (2024), in the Philippines, over 9 million elderly individuals live, with existing financial support programs such as pensions and discounts, these are insufficient to meet rising medical costs. Pateros, the sixth most densely populated municipality in the country, has a population of 65,227 with a 0.45% population growth rate (Mapa, 2021), with around 6,272 people living in every square kilometer, 3,683 aged 60-69 years, 1,569 aged 70-79 years, and 535 aged 80 above.

The Philippine Statistics Authority (PSA) reports that 8.5% (9.22 million) of the household population is elderly aged 60 and older, with 55.5% being females and 44.5% males. The 2018 Longitudinal Study of Aging and Health in the Philippines (LSAHP) presented to 15th National Convention on Statistics (2022) highlights that 46% of older Filipinos live below the poverty line, 57% reported some difficulty in meeting household expenses, 49% grew up in what they consider poor families, 47% are recipient of social pension for indigent filipino elderly individual respondents, 13% are recipient of the Conditional Cash Transfer (CCT), 14% are household who experienced hunger in the last 3 months, and social support plays a crucial role in their lives.

Elderly individual respondents face various challenges such as loss of loved ones, health issues, emotional distress, social isolation, and financial insecurity. Resilience and social support are essential for coping with adversity, providing emotional encouragement and a sense of belonging, safeguarding against aging's negative effects and improving well-being. This study investigates the impact of social support on resiliency among elderly individuals in Metro Manila. It aims to understand how different types of social support affect resilience, as there is limited research on this topic. The findings are crucial for developing interventions to support healthy aging.

BACKGROUND OF THE STUDY

Aging is a normal process involving challenges and needs to be addressed for a healthy life. The World Health Organization (WHO, 2021) defines age groups as young (25 to 44 years), middle (44 to 60 years), elderly (60 to 75 years), senile (75 to 90 years), and long-lived (90 above). The National Unified Health Research Agenda (NUHRA, 2024) and Sustainable Development Goals (SDGs, 2024) prioritize the needs of vulnerable populations including elderly individuals, to ensure health and well-being. Social support is crucial for fostering resilience and reducing feelings of loneliness, isolation, and depression. Studying the impact of social support on resilience is essential to enhance programs promoting healthy aging. In the Philippines, Longitudinal Study of Aging and Health in the Philippines (LSAHP, 2022) found out that many elderly individuals lack awareness of government benefits such as free access to medical services, free hypertension medications and the likes. and over 4,085,066 are not members of the pension system.

STATEMENT OF THE PROBLEM

What are the Demographic profile of elderly individual respondent in terms of:	
1.1 Age;	1.2
Sex;	
1.3 Marital Status;	1.4
Educational Attainment;	1.5
Living Arrangement;	1.6
Employment Status;	1.7
Monthly Income;	1.8
Business or Non-business owner;	1.9
Pensioner	or Non-pensioner;

1.10 Indigency; &

1.11 Comorbidity?

1. What are the social supports available to elderly individual respondents in terms of:
2.1 Coming from Family and Friends:

2.1.1 Financial Support; 2.1.2

Emotional Support; & 2.1.3

Assistance with Daily Living Activities?

2.2 Barangay and Community-based support and services:

2.2.1 Transportation; 2.2.3

2.2.2 Information Assistance; & 2.2.3
Recreational Activities?

2.3 Expanded Senior Citizens Act of 2010:

2.3.1 Discounts; & 2.3.2

Free medical services in government establishments?

2.4 Non -Government Organization:

2. What is the level of resiliency among elderly individual respondents in terms of:

3.1 Mental; 3.2

Physical; & 3.3

Social?

3. Is there any significant relationship between the demographic profile and social support among elderly individual respondents?

4. Is there any significant relationship between demographic profile and level of resiliency among the elderly individual respondents?

5. Is there any significant difference between the social support and level of resiliency among elderly individual respondents?

6. Is there any significant difference between the level of resiliency of elderly individual respondents when grouped according to profile?

7. What program may be implemented to enhance the resiliency among elderly individual respondents in the selected barangays in Metro Manila?

STATEMENT OF THE HYPOTHESES

The following are the hypotheses of this research:

Ho1 : There is no significant relationship between the demographic profile and social support among elderly individual respondents.

Ha1 : There is a significant relationship between the demographic profile and social support among elderly individual respondents.

Ho2 : There is no significant relationship between demographic profile and level of resiliency among the elderly individual respondents.

Ha2 : There is a significant relationship between demographic profile and level of resiliency among the elderly individual respondents.

Ho3 : There is no significant difference between the social support and level of resiliency among elderly individual respondents.

Ha3 : There is a significant difference between the social support and level of resiliency among elderly individual respondents.

Ho4 : There is no significant difference between the level of resiliency of elderly individual respondents when grouped according to profile.

Ha4 : There is a significant difference between the level of resiliency of elderly individual respondents when grouped according to profile.

THEORETICAL FRAMEWORK

Aging-related Resiliency Theory



Source: Feliciano, E., Feliciano, A., Palompon, D., & Boshra, A. (2022)

Figure 1: Aging-related resiliency Theory development

Aging-related Resiliency Theory is a theory by Feliciano et. al. (2022) that specifically looks at how elderly individual respondents deal with the struggles that come with aging, it emphasizes the importance of personal characteristics, social support, and facilitative environments in fostering resilience in elderly individuals. It suggests that resilience is a dynamic process, requiring coping mechanisms and resources to adapt to negative events. Environmental factors, such as healthcare availability, safe housing, and community services, also play a crucial role in supporting resilience. Community centers and non-governmental organizations can promote social and mental health activities to mitigate stress and improve overall well-being. This theory can be used to design tailored interventions for elderly, focusing on community support, access to services, and alternative coping strategies.

Erik Erikson's Psychosocial Development

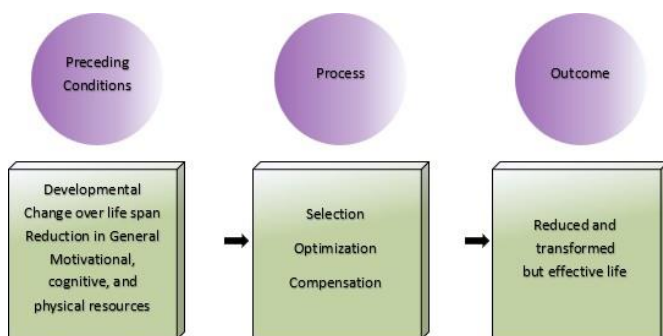


Source: MEd, K. C. (2024)

Figure 2: Erikson's Stages of Development

Erik Erikson's Stages of Psychosocial Development consists of 8 stages, starting from birth and aging. Each stage has its strengths and weaknesses, and resolving conflicts or psychosocial crises is crucial for progress. In a study involving elderly individuals, the researchers found that generativity vs. stagnation is a common psychosocial crisis in 40 to 65 years old, where individuals feel unproductive and disengaged from society. In Ego Integrity vs. despair (65 years and above). Ego integrity is a sense of satisfaction and readiness to accept life's end, while despair is a sense of regret and fear of death. This theory correlates to the researchers study as the mental status, as well as social and physical well-being of the elderly individuals to accept and deal with age related challenges affects the level of their resiliency.

Selective Optimization Compensation Theory

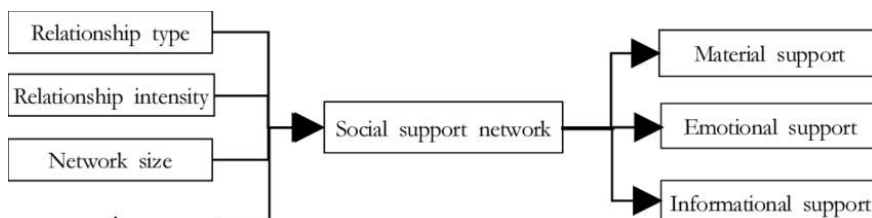


Source: Regier, N. G., & Parmelee, P. A. (2021)

Figure 3: Selective optimization with compensation

The Selective Optimization with Compensation (SOC) Theory, developed by Margaret and Paul Baltes suggests that elderly individuals can adjust to their goals despite limited resources through selection, optimization, and compensation. In the selection phase, they choose personal goals and use compensation strategies to address their losses. Improving social support in barangays can facilitate compensation and replace lost resources. Resilience programs should focus on enhancing social support networks and teaching the importance of friendship and social connections. These programs can improve the quality of life, make elderly individuals happier and healthier, and enhance their quality of life.

Social Support Theory



Source: Mao et al., (2018)

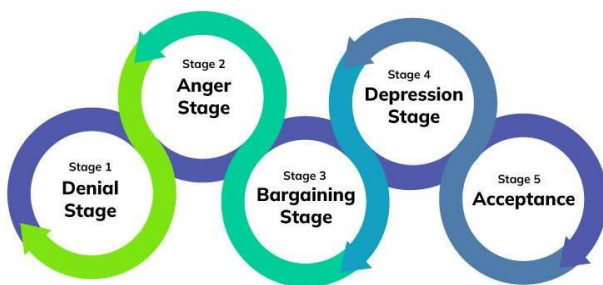
Figure 4: Framework of Social Support Social Support

Theory by Jorunn Drageset outlines the importance of social support in mental health. It categorizes social support into structural (presence of networks/number of relationships) and functional aspects (quality/depth of relations), and can be formal or informal. Perceived social support is linked to better mental health outcomes, while receiving support and social integration may not always improve health. Assessing structural and functional aspects of social support is crucial for elderly individuals, as it can help improve resilience and overall well-being.

Expanded Senior Citizens Act of 2010

Also known as Republic Act No. 9994, is a significant legislation in the Philippines that enhances the benefits and privileges of Filipino citizens aged 60 and above. It was introduced by Senator Pia S. Cayetano and was signed into effect by President Gloria Macapagal-Arroyo on February 15, 2010. The law includes exemptions from the 12% Value-Added Tax (VAT), a 20% discount on goods and services, a monthly social pension for indigent seniors, free vaccination, access to geriatric care in government hospitals, and death benefit assistance. The law also outlines penalties for non-compliance. Through this Act, the Philippine government reinforced its commitment to improving the quality of life of the elderly by acknowledging their contributions and ensuring their participation and dignity in society.

Kubler-Ross Five Stages of Dying



Source: Tyrrell et al., (2023)

Figure 5: Kubler-Ross Stages of Dying and Subsequent Models of Grief

A theory by Kubler-Ross stages of dying, according to the theory it consists of 5 stages which includes denial, anger, bargaining, depression, and acceptance. It emphasizes the importance of listening and supporting individuals with comorbidities. Denial is a self-defense tactic, while anger hides the truth of sickness. Bargaining involves gaining control over sickness, including religious practices. Depression is characterized by fatigue and sadness. Acceptance occurs when elderly individuals acknowledge their sickness and stop protesting. Elderly individuals may skip all stages, choosing to spend time with loved ones.

PARADIGM OF THE STUDY

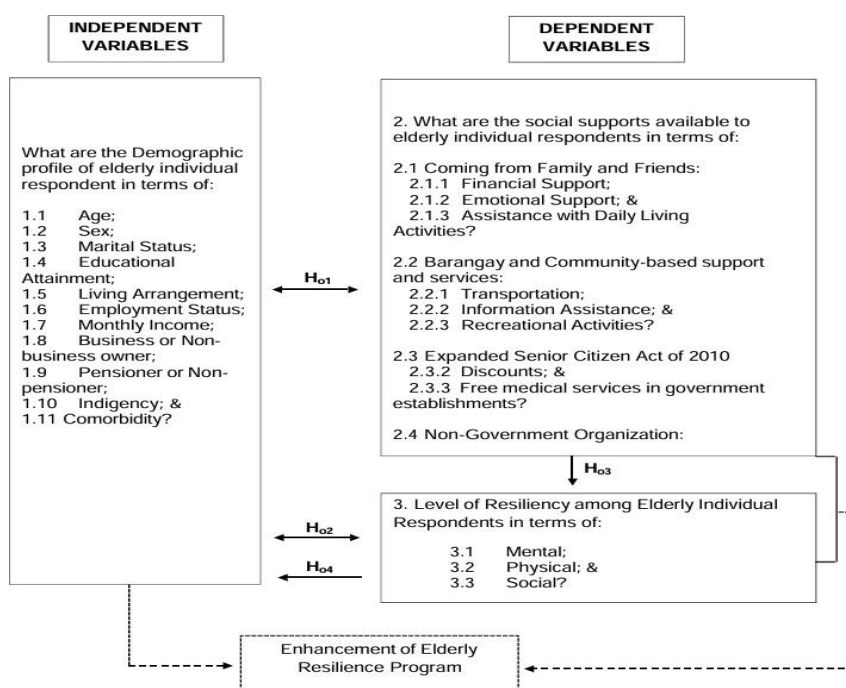


FIGURE 6: IMPACT OF SOCIAL SUPPORT ON RESILIENCY AMONG ELDERLY INDIVIDUALS IN

SELECTED BARANGAYS IN METRO MANILA: BASIS FOR ENHANCEMENT OF ELDERLY RESILIENCE PROGRAM

The paradigm of the study illustrates how the variables interact to thoroughly examine the research concept. The first variables are independent variables, which include the profile of elderly individual respondents, such as age, sex, marital status, educational attainment, indigency, and socioeconomic status. The dependent variables contain the social support available to elderly individuals such as coming from family and friends, barangay and community-based support and services, government, and non-government organizations. Additionally, another dependent variable is the level of resiliency among elderly individual respondents in terms of mental, physical, and social.

The two-tailed arrow shows the relationship between the profile and social support among elderly individual respondents. The second two-tailed arrow shows the relationship between the profile and level of resiliency among elderly individual respondents. The one-tailed arrow shows the significant difference between the social support and level of resiliency among elderly individual respondents. The second one-tailed arrow shows the significant difference between the level of resiliency of elderly individual respondents when grouped according to profile. The broken line shows the enhancement of elderly resilience program that could be developed as an input to enhance programs available for elderly individual respondents which will be based on the findings of the study.

Scope and Limitations of the Study

The study focused on the impact of social support on the resilience of elderly individuals, focusing on emotional, informational, and instrumental forms. The research was limited to 100 respondents aged 60 and above, excluding those with cognitive and visual impairments. The study included individuals from various backgrounds, including business owners, financial experts, and pensioners, but required their estimated income or pension to avoid potential bias.

The locale of the study came from four selected barangays in Metro Manila, including Barangay 1, Barangay 2, Barangay 3, and Barangay 4. Each barangay had unique characteristics, such as budget availability, community engagement, and access to essential services. Care was handled differently based on resources, leadership priorities, and community networks. Some communities thrive with active programs, while others struggle to meet even the basic needs of their elderly individual respondents. The study aimed to enhance elderly resilience through formal and informal care, with the selection criteria being community resources and social support networks. The instrument for the study was a survey questionnaire, which was adapted from previously established research of the same interest and modified according to the needs of the study.

Significance of the Study

In order to improve knowledge regarding impact of social support on the resiliency among elderly individual respondents in selected barangays, it aims to offer insightful information and relevance to the following areas.

Community Awareness - The study shows the crucial role communities play in supporting elderly individuals, highlighting the importance of spending time with others, staying close to family, and promoting community involvement through programs and volunteer activities.

Deans - The results of this study are useful for the deans in managing the academic programs of the institutions to cater for the educational needs of the elderly individual respondents and will assist in creating programs to be included in the students' curriculum. The study encourages the formulation of programs promoting a supporting learning atmosphere and resilience among elderly individual respondents.

Educational Institutions - This research aids educators and students in gerontology, social work, psychology, and community health by providing tips for elderly care and preparing future healthcare professionals, promoting understanding of elderly individuals' resilience and coping mechanisms.

Elderly Individuals - This study benefits most elderly individual respondents since they will have access to better social support systems that boost their resilience. The goal of this study is to enhance the mental and social aspects of a better quality of life that helps them enjoy a long life with greater dignity, independence, and life meaning. Elderly individual respondents can benefit from stronger support networks in terms of their mental well-being, connections with others, and coping with tough times.

Enhancement of Elderly Care Programs - This study aims to improve elderly care programs at local and national levels by identifying social support that fosters resilience. It advocates for targeted interventions to boost psychological, emotional, and social resilience, enabling healthier, happier lives for elderly individuals.

Family Members - The study emphasizes the importance of emotional and practical support for elderly families, highlighting how it enhances resilience and mental well-being by recognizing their specific needs.

Future Researchers - This study serves as a reference for future research on elderly individuals' resilience and social support. By addressing gaps in the current literature, it offers direction for further studies that may explore additional factors that influence resilience or investigate specific social support interventions. Future researchers can use what we learned in this study to examine diverse populations of elderly individual respondents, resulting in a more comprehensive understanding of resilience in aging.

Healthcare Providers - The study suggests that healthcare providers can improve elderly care by incorporating social support into their services, thereby enhancing health outcomes and living standards. This approach can also guide training, ensuring more compassionate and comprehensive caregiving, and enhancing resource utilization.

Non-Government Organizations (NGOs) - This study can enhance the effectiveness and sustainability of interventions by NGOs assisting elderly individuals. By incorporating social support factors and community outreach programs, NGOs can create interventions that enhance resilience and inclusion.

Nursing Students - This study is a practical material, which covers aspects and case studies of care for elderly individual respondents. The results of these studies promote among nursing students the understanding that social support is crucial for the resilience of an elderly individual respondents and prepares them to be sensitive and well-rounded caregivers in the future.

Policy Development - This study aims to enhance policies for elderly individuals, focusing on inclusivity and accessibility. It identifies gaps in existing support systems and suggests creating community programs and affordable services to support resilience and create community-based support.

Society - This study advocates for a culture of care, inclusivity, and respect for the elderly. Emphasizing the need for adequate social support and supportive community programs. It advocates for constructive reforms and community programs to foster an enabling environment for active participation and economic life.

Definition of Terms

The following terms are defined on how it is being utilized for better understanding of the content of the study. Moreover, it was presented conceptually.

Elderly Individual Respondents refers to the target population of the study aged 60 years old and above currently residing in a selected barangays in Pateros, Metro Manila that are capable of completing the survey questionnaire, this will be gauged in terms of age, sex, marital status, educational attainment, living arrangement, employment status, monthly income, business or non-business owner, pensioner or non-pensioner, indigency, and comorbidity.

Social Support refers to the practical assistance from family and friends, including community-based services, and both governmental and non-governmental organizations that will help the elderly individual respondents cope as they face age-related challenges and enhance their overall resilience.

Family and Friends refers to the group of people that shares a strong relationship or interests providing social, emotional, and financial support including assistance with daily living activities for the elderly individual respondents in the selected barangay to achieve a high level of resiliency.

Financial Support refers to the monetary assistance given to the elderly individual respondents in the selected barangay, to help them with their necessary needs such as food, medicines, clothing, and housing that can come from various sources including family and friends.

Emotional Support refers to the act of providing support, coming from the family and friends of the elderly individual respondents in the selected barangays by understanding and listening to their concerns, helping them to receive adequate comfort and reassurance to achieve a high level of resiliency.

Assistance with Daily Living Activities refers to the act of providing help to the elderly individual respondents in the selected barangay coming from their family and friends to perform their daily activities including taking a bath, grooming, dressing up, toileting, eating, walking, and using assistive devices in achieving a high level of resiliency.

Barangay and Community-based support and services refers to one of the available social support for the elderly individual respondents in the selected barangay where they reside, that serves and develops programs in the community including transportation, information assistance, and recreational activities to achieve high level of resiliency.

Transportation refers to the free transportation provided by the barangay that helps elderly individual respondents to meet their needs such as going to hospitals, government agencies and others.

Information Assistance refers to one of the support services from the community for the elderly individual respondents in the selected barangay to help them equipped with information regarding social support services available are fitting to address their specific needs, to access services by helping in completing the requirements needed, and assisting them to maximize the benefits or use of support services available.

Recreational Activities refers to one of the support services from the community for the elderly individual respondents in the selected barangay to help them on enhancing their social connectedness such as through Zumba, social gatherings and Physical Fitness to achieve a high level of resiliency.

Expanded Senior Citizens Act of 2010 refers to one of the sources of available social support for the elderly individual respondents that grant benefits and special privileges to the elderly in the country including discounts and free medical services in government establishments to achieve a high level of resiliency.

Discounts refers to the twenty percent (20%) discount and exemption from the value added tax on applicable goods and services available for the Filipino elderly individual respondents including medicines, medical supplies and equipment, medical and dental services, professional fees, public transportation fares, hotels, restaurants, recreation centers, places of leisure, and funeral and burial services for deceased senior citizens.

Free medical services in government establishment refers to one of the support services and privileges from the government for the elderly individual respondents in the selected barangay anywhere in the country, subject to guidelines to be issued by the Department of Health, the Government Service Insurance System and the Social Security System to achieve a high level of resiliency.

Non-Government Organization refers to one of the sources of available social support that helps to improve the overall quality of life of the elderly individual respondents, advocating for their rights and needs in the selected barangay to achieve a high level of resiliency.

Resilience refers to the ability of the elderly individual respondents to face and overcome challenges influenced by social support systems from family and friends, including community-based services, and both governmental and non-governmental organizations.

Mental refers to the ability of the elderly individual respondents to address challenging situations by using problem solving skills or exert oneself with change to develop solutions, staying calm, and focused.

Physical refers to the ability of the elderly individual respondents' body to withstand or adapt to physical challenges or ongoing physical conditions that includes the overall health influenced by lifestyle choices and being connected with others in participating in recreational activities.

Social refers to the ability of the elderly individual respondents to connect and maintain relationships and give or show support to others that are going through a hard time such as the loss of a loved one, family related-matter, declining health, or financial difficulties.

Review of Related Literature and Studies

In this chapter different related literature and studies will be tackled and discussed both from local and international sources which significantly supports this research that will be conducted.

The World Health Organization (WHO, 2024) states that by the year 2030, 1 in 6 people in the world will be aged 60 and older, with the number expected to double by 2050. This aging population, 80% of whom will live in low and middle income countries, necessitates social support for a healthy economy. Additionally, they define healthy aging as the process of developing and maintaining the functional ability that enables well-being in older age, integrating intrinsic capacity with environmental factors. WHO emphasizes that healthy aging is not merely the absence of disease but involves creating environments and opportunities for elderly individuals to live and contribute to society. Furthermore, individuals aged 60 years and older are commonly classified as older persons, especially in developing countries like the Philippines. This definition provides a standardized basis for assessing and addressing the health, social, and economic needs of aging populations, highlighting unique health challenges and the need for comprehensive healthcare services and social support systems.

According to the American Psychological Association (2021), the cognitive changes of age have been said to include slower responses and decreased capacity in problem-solving. Elderly individual respondents may face difficulty while reading, like experiencing a slower reading speed and lesser ability to read in dim light or small print. Furthermore, the number of elderly individual respondents requiring assistance for activities of daily living grows with age. Fewer than one in five people between the ages of 65 and 74 require assistance with activities such as bathing or eating. However, this number jumps to 40 percent of men and 53 percent of women over 85 who require such assistance.

Additionally, E. McFadden et al. (2023) argue that resilience is often overlooked in elderly individuals due to perceptions of loss and decline. However, they emphasize a higher subjective well-being level among this age group. Resilient thinking emphasizes the adaptive capacity of elderly individuals to maintain health, function, and well-being despite adversity and encompasses recovery from setbacks but also includes the thriving and finding of meaning in later life.

Additionally, the World Health Organization (2023) also stated that, where we live and the people around us play a big role in how we age and what we can do as we age. Emphasizes the importance of living in an age-friendly environment, particularly for elderly individuals. Physical features like sidewalks, trails, lighting, and green spaces can help elderly individuals cope with aging, build social relationships, improve their quality of life, and participate in society. This guide provides valuable advice for government and non-governmental organizations on designing and implementing supportive services for elderly individuals.

Socioeconomic Status

The Philippine Institute for Development Studies (PIDS) identifies different income groups with the following monthly income class brackets: Poor (up to ₱10,957), Low income but not poor (₱10,957 to ₱21,914), Lower middle (₱21,914 to ₱43,828), Middle (₱43,828 to ₱76,669), Upper middle (₱76,669 to ₱131,484), Upper middle but not rich (₱131,484 to ₱219,140), and Rich (₱219,140 and up). This classification highlights the differences in economic status among various population segments and serves as a foundation for

socioeconomic examination. (A. Kireeva, 2024). Additionally, The Philippine Statistics Authority (PSA) also disclosed that the Philippines' income poverty profile improved, as the Gini coefficient dropped from. 4267 in 2018 to 4119 in 2021. The declines can particularly be explained by the increase in average annual family income of the lowest deciles and a fall in income for the highest deciles. Moreover, salary and wages holding 52.7% of earnings in 2021 shows that employment is the main source of income for families also showing the importance of the economy through employment.

Social Support

According to Stewart (2021), supporting the well-being of elderly individual respondents begins with addressing their basic needs such as healthcare, safety, adequate housing, nutrition, clothing, and mental health support which are essential for preserving their independence, dignity, and life satisfaction. Moreover, in the study of Moyani et. al. (2023) emphasizes the relationship of the social support services to the quality of life and satisfaction of elderly individuals in Bacolod city. The researchers included areas of services such as access to public transportation, discounts and mandatory Philhealth coverage among public and private hospitals. In addition, their study shows that when an elderly individual respondents is adequately provided with the services and support it affects their quality of life. This will highlight the role of social support in the lives of elderly individual respondents and on how it greatly affects their resilience

Family and Friends

In the article on “Ageing and Health”, stated that physical and social environments significantly influence the health and opportunities of elderly individual respondents. They emphasized that supportive environments enable elderly individual respondents to maintain their physical and mental capacities despite age-related declines. The article also noted that social support from family and friends can mitigate the negative impacts of aging, promoting better health outcomes and resilience. Furthermore, they identified the presence of safe and accessible public spaces and transport systems as crucial for maintaining independence and social connections among the elderly. The article concluded that a comprehensive public health response must address the diverse needs of elderly individual respondents, considering the significant role of social support in fostering resilience and healthy aging (WHO, 2024).

A study conducted by Zhang et al. (2024), found that those without spouses have lower levels of informal social support, leading to higher depression and poorer cognitive health. Although marital status wasn't a significant predictor of formal social support, it still influenced depression. The study highlights the need for informal support and policymakers to improve support systems for those without spouses. However, Felipe-Dimog et. al. (2024) pointed out the importance of family as an integral factor in caring for and supporting the elderly individual respondents. They observed that financial support accounts for 77% is mainly from relatives like children and partners, which indicates the time-honored Filipino tradition of being generous to their parents. This cultural aspect requires families to meet the needs of elderly individual respondents, financially and emotionally, as a repayment for their sacrifices. The trends towards modernization and different family structures, which can lead to neglect and abuse among elderly individuals, are also identified as factors regarding declining care. By maintaining the caring culture via teaching and legal implementations, they reasoned that this would be able to improve the lives of elderly individual respondents Filipinos.

According to the Philippine Statistics Authority (PSA, 2023), only 23.4% of individuals aged five years and over have reached or completed college, while the majority either finished high school (38.6%) or elementary level (29.5%). This trend reflects the limited access to higher education among older generations, particularly those from rural areas or low-income households. Many elderly individuals had to leave school early to support their families or due to the absence of nearby schools, resulting in lower educational levels that persist into old age. However, a study by Moorman and Pai (2024), revealed that postgraduate-educated elderly individuals do not benefit from family support for cognitive health and overall well-being may be less significant than expected. Changes in perception of family support may explain this discrepancy.

According to the Commission on Population and Development (POPCOM, 2020), a significant portion of the elderly population in the Philippines resides in extended households. This pattern is largely influenced by the

expectation that children will care for their aging parents, reflecting traditional Filipino values of debt of gratitude and familial obligation. This multigenerational living arrangement can be financially dependent on children and relatives, and may pose challenges like space and privacy. Understanding this dynamic is essential for designing age-friendly programs that respect family-centered care while also supporting the autonomy and well-being of elderly individuals. However, the study by Cui et al. (2022), research has shown that social support and health status significantly influence elderly living preferences. As a result, living with children is no longer the online option, with community-based care and professional care facilities becoming primary sources of support. This shift reflects changes in family structures, cultural norms, and economic factors.

A study by Park and Kim (2025), indicates that employment is crucial for fostering social connections, which significantly contributes to healthy aging. Notably, an increasing number of older adults are choosing to remain in the workforce beyond the age of 65. For instance, in South Korea, 36.9% of individuals over 65 were employed in 2020. In relation to the study of the student researchers, it highlights that work not only offers financial benefits but also enhances social engagement and life satisfaction among older adults. Active participation in the workforce could be a vital factor in promoting overall well-being as individuals age. However, the Philippine Statistics Authority (PSA, 2023), highlights the significant unemployment issue among elderly individuals in the country, with many unable to secure formal employment due to age-related discrimination, physical limitations, or lack of skills. This leads to informal work, financial dependence, and need for better employment opportunities, retirement support, and social protection policies. The PSA's findings underscore the importance of creating inclusive labor policies and sustainable income options for the elderly to ensure their dignity, autonomy, and quality of life in later years.

A study conducted by Wang et al. (2022), indicated that vulnerability to health-related poverty among older adults is closely linked to their reliance on informal social support networks. In relation to the study of the student researchers, it is crucial to acknowledge the significant role that family members such as children, spouses, and relatives, as well as friends play in providing essential daily care and financial assistance to elderly individuals, particularly in rural settings. Furthermore, it is vital for government bodies and formal organizations to offer robust support to both elderly individuals and their families, who often face heightened risks of health poverty.

Financial Support

Additionally, many elderly individuals are interested in starting small businesses to help support themselves and stay active. Recent initiatives, such as the livelihood packages distributed by the Department of Labor and Employment (DOLE) in collaboration with the National Commission of Senior Citizens (NCSC) to some 300 senior citizen beneficiaries from all over Metro Manila, offer support by providing resources such as food carts, sewing machines, and retail items like rice. These resources are chosen based on the skills and interests of the seniors, giving them a chance to become entrepreneurs. By starting their own businesses, not only can they earn money, but they also remain engaged and involved in their communities, proving that age does not limit their ability to contribute meaningfully (Reyes, 2024).

However, according to the Department of Trade and Industry (DTI, 2022), age-related physical limitations and insufficient digital literacy significantly hinder the ability of older adults to engage actively in entrepreneurial activities. Many elderly individuals face challenges in adopting new technologies and digital platforms essential for modern business operations. This digital divide restricts their opportunities for economic participation and growth within the MSME sector. Addressing these barriers through targeted skills training and supportive programs could enhance the involvement of the elderly population in entrepreneurship, promoting financial independence and economic inclusion (DTI, 2022).

Complementing these projections, the Philippine Statistics Authority (PSA) reported that in 2022, non communicable diseases such as ischemic heart diseases, neoplasms, and cerebrovascular diseases remained the top three causes of death in the country. Collectively, these NCDs accounted for 37.6% of all deaths that year. The same trend persisted into 2023, affirming the dominance of NCDs as the leading contributors to mortality. This pattern underscores the country's urgent need to prioritize NCD prevention and management, especially in

older adults who are more susceptible to chronic conditions. Strengthening primary health care, promoting regular screenings, and raising public awareness are essential steps to address this ongoing health crisis (PSA, 2023).

According to the Philippine Statistics Authority (PSA, 2023), the average monthly income of many elderly individuals places them well under the ₱13,873 poverty line for a family of five, indicating limited financial independence. This economic vulnerability forces many seniors to rely heavily on informal support networks, such as their children, extended families, or government subsidies, to meet basic needs. The PSA further highlights that a large portion of the elderly population lacks adequate regular pensions or savings. This is often due to a lifetime spent in informal employment or low-wage jobs that typically do not offer retirement benefits. As a result, elderly individuals, particularly those living in rural and urban-poor areas, constitute one of the most economically vulnerable groups in the country. These findings underscore the urgent need for enhanced social protection measures, including pension reforms and poverty alleviation programs targeted at the aging population to improve their economic security and quality of life.

Emotional Support

Social support plays an important role in enhancing the resilience of elderly individual respondents, especially in the community. A recent research study has demonstrated that social support influences the mental health and resilience of elderly individual respondents significantly. For instance, Upasen et al. (2024) found that social support directly influences mental health by providing emotional, informational, and practical support that enables elderly individual respondents to more effectively cope with stress and other problems. The study also indicated that there was a lack of emotional support from their families because most of their children and grandchildren were busy, leading to insufficient emotional support for the elderly individual respondents. Social support influences mental health indirectly through building resilience, and elderly individual respondents can easily achieve a high quality of life and better outcomes with regard to mental health. These factors would be highly significant to understand in developing appropriate interventions that could improve the well-being of older people in the community.

On top of that, Sun et al. (2024) highlight the important role of family emotional support in enhancing psychological resilience among elderly individual respondents. Their findings indicate that resilience acts as a key mediator, strengthening the connection between emotional support from family members and the ability of elderly individual respondents to age actively and independently. This underscores the value of supportive family relationships in promoting well-being and positive aging outcomes.

A recent study conducted by Carandang et al. (2024), underscores the critical role of the Expanded Senior Citizens Act of 2010 in enhancing medication compliance for senior citizens with hypertension. This legislation provides a 20% discount on medications, a benefit crucial for improving adherence to prescribed treatments. However, the study highlights that many seniors remain unaware of these benefits. It reveals that those who express satisfaction with the Act's medication-related provisions and consistently utilize their senior identification cards tend to demonstrate higher compliance with their anti-hypertensive medications. This correlation emphasizes the importance of raising awareness and educating senior citizens about the available discounts and how to leverage their identification cards effectively. By addressing these knowledge gaps through targeted educational initiatives, it can significantly improve health outcomes among seniors by ensuring they fully benefit from the provisions designed to support their medical needs.

In a 2023 study, Salanga et al. emphasized that emergency response systems in highly urbanized areas often face serious challenges due to poor coordination and communication. These problems are made worse by the lack of reliable emergency transportation, which results in delayed medical responses and reduced efficiency in handling urgent healthcare needs.

Assistance with Daily Living Activities

According to Bustos (2024), family caregivers play a critical role in helping elderly individual respondents carry out daily living activities such as bathing, dressing, grooming, and preparing healthy meals. The amount

of assistance needed often depends on the elderly individual respondent's mobility and level of independence. Caregivers are also responsible for handling medical-related tasks, including medication management and communicating with healthcare providers to ensure that the elderly individual respondents receive proper medical care.

In a study conducted by Smith et al. (2023), findings indicated that social support for physical activity coming from family and friends plays a strong positive impact in promoting physical activity among elderly individuals ages 60- 65 compared to those aged 70-75. Furthermore, this will also help the government resources and healthcare system as elderly individual respondents who are physically active have a smaller risk in acquiring chronic diseases and less medical care. This will have a significant impact on their well-being leading to improved resilience.

Barangay and Community-based Support and Services

A study by R. De Guzman (2024) found that community-based wellness programs are effective in terms of social connectivity among the elderly individual respondents. It has been indicated that the Connect Well program, which includes activities of Zumba, physical fitness, and laughter yoga, should be continued to improve social connection. According to this study, socially connected people and communities feel happier, healthier, and can better cope with stresses of life. They also noted that elderly individual respondents who are less involved in social activities are at higher risks of experiencing a feeling of social isolation, which badly affects mental as well as physical health.

There has been a directive given by the Department of the Interior and Local Government (DILG) to enhance the Botika ng Bayan and Botika ng Barangay programs in LGUs due to reports about sari-sari stores selling prohibited and counterfeit medications. During the term of President Macapagal-Arroyo, the Botika ng Barangay program was launched, enabling LGUs to partner with committees, organizations, or NGOs in establishing drug outlets in barangays. Provided that these outlets are under the supervision of a licensed pharmacist, this initiative seeks to make medicines more accessible to communities. The Department of Health allocated additional funds to these programs to ensure that even the most remote municipalities are benefited with the Botika ng Bayan services (Noriega, 2022).

On the other hand, the research by Lin et al. (2020), indicates that elderly individuals living in the community experience higher levels of social support, meaning, and overall life satisfaction compared to those residing in nursing homes. The findings emphasize the crucial role of social support particularly emotional, physical, psychological, and financial assistance from family and children in enhancing the well-being of older adults. In relation to the study conducted by student researchers, social support from local barangays or community-dwelling elderly individuals often receive essential medical services from community health centers. This access not only improves their health outcomes but also contributes to their sense of purpose and higher life satisfaction. Moreover, the study conducted by Gerolin and Palic (2020), reveals that the level of awareness of the benefits and privileges under RA 9994 of senior citizens is generally high regardless of living conditions. This suggests that initiatives to inform seniors about their rights and privileges are effective, or that the information is readily accessible to them in urban settings.

The study by Pallen & Pascual-Dormido (2025), revealed that most participants were women who were married, had lower education levels, and had lived in their community for less than a year. The study showed that satisfaction with services related to jobs, finances, and social support varied depending on how long the respondents had lived there. However, satisfaction with medical services did not change based on residency duration. Additionally, there were no significant differences in satisfaction based on gender, marital status, or education level. To improve areas where people were not satisfied, the study suggested several solutions. These included creating training programs for seniors, providing special training for Barangay Health Workers (BHWs), offering healthcare through mobile clinics, improving communication and financial aid, and expanding social services and community outreach. These efforts aim to empower seniors and promote their well-being and inclusion in the community.

A study by Tawacal et al. (2024), indicated that being male or female didn't affect how happy older adults were with the healthcare services they received. Both men and women reported similar levels of satisfaction, suggesting that gender is not a relevant factor when it comes to their experiences with healthcare. Moreover, the study underscores the importance of service utilization at local health centers. This relates to the current study of the student researchers as it implies that the frequency with which older adults access these community-based services significantly impacts their overall satisfaction. This means that initiatives aimed at improving healthcare should focus on encouraging greater utilization of available services among older adults. By doing so, healthcare providers can better cater to the needs of this demographic, ensuring a higher quality of care. Ultimately, satisfaction and utilization should be key metrics in evaluating and enhancing community health services for older adults.

However, the Commission on Population and Development (POPCOM, 2022) report on 'Elderly Filipino Week/International Day of Older Persons 2022' highlights the growing difficulties older Filipinos face as they get older. It states that more than half (57%) struggle with daily activities and have trouble moving around. Many older adults continue to work to support themselves, particularly for healthcare costs. The report suggests creating local programs that focus on community support to help address these challenges. As health and mobility issues become more common with age, the need for community services like health care and assistance for those who can't leave their homes is expected to increase. However, even though the demand for these services may rise, older people might not see these supports as available, especially if access is limited, if the services are not well promoted, or if they don't meet the different needs of various age groups.

Expanded Senior Citizens Act of 2010

Republic Act No. 9994 An act Granting Additional Benefits and Privileges to Senior Citizens, further amending Republic Act No. 7432, as amended, otherwise known as “An Act to maximize the contributions of senior citizens to nation building, grant benefits and special privileges and for other purposes”. The Philippine Senior Citizens Act or also known as Expanded Senior Citizens Act of 2010 aims to provide appropriate benefits for the Filipino citizens aged 60 and above. The law provides elderly individuals with the possibility of healthcare, employment, discounts on the purchase of goods and services, and even assistance from the social services in their community. Also, the law understands that such provisions should enable the elderly people to lead a better quality of life but also perspectives of belongingness and caring in the communities where they reside. By addressing both the practical and the psychological needs, the government encourages senior citizens that they are supported in respect to their health, connectivity, and meaningful purpose in life. In passing this legislation, the government reinforces its dedication to supporting the cause of aging populations in the Philippines and strengthening resilience and unity among ages. Additionally, it legally protects the rights and privileges of elderly individual respondents in the Philippines. This legislation guarantees that Filipinos aged 60 and above are entitled to a 20% discount and exemption from value-added tax (VAT) on certain goods and services, provided these are for personal use and a valid senior citizen ID is presented.

Furthermore, the benefits of elderly individual respondents including 20% discount and exemption from the value added tax (VAT) applicable on the sale of goods and services from all establishments including the following: can also be used in the purchase of medicines, influenza and pneumococcal vaccines and other medical supplies and equipment determined by the Department of Health (DOH); on medical and dental services, diagnostic and laboratory fees in all private hospitals, medical facilities, clinics and home health care services; on transportation travel including, public buses, jeepneys, taxis, shuttle services and public railways and the likes; on utilization of hotel services, restaurants and recreation centers; admission fees charged by cinema, theaters, concerts, and other leisure activities and on funeral and burial services.

A grant of minimum 5% to monthly consumption of water and electricity supplied by the public utilities. The meters must be registered to the elderly individual respondents and monthly consumption does not exceed 100 kilowatt of electricity and 30 cubic meters of water. It is granted per household regardless of the number of elderly individual respondents. Educational assistance to elderly individual respondents who want to pursue post secondary, tertiary, vocational and technical education, as well as short term courses in both public and private institutions. Provided that elderly individual respondents shall meet minimum requirements.

Retirement benefits from both government and private sector to ensure their continuing responsiveness and sustainability. A death benefit assistance of 2,000 pesos shall be given to the close surviving relative that can be subjected to adjustments in accordance with the guidelines to be issued by the Department of Social Welfare and Development (DSWD). The above all mentioned benefits of an elderly individual respondents must present proof of identification card issued by the Office of the Senior Citizen Affairs (OSCA) and other documents that will prove that the elderly individual respondents are aged 60 years old and above.

Furthermore, other government assistance stated in this act includes Employment, Social pension, mandatory Philhealth coverage, and social safety nets. According to the Overseas Filipino Workers Global Information Office (2024), Filipino elderly individual respondents qualify for full health insurance benefits via PhilHealth, regardless of their financial status. Additionally, they have access to free medical care provided by government hospitals and health centers. Apart from providing financial assistance, the Senior Citizen Act highlights how important social support is through community programs and services. These include elderly care centers, social welfare initiatives, and activities that help elderly connect with each other. These programs are to increase resilience with access to resources, social interaction and support networks that promote health among elderly individual respondents. The act helps the elderly individual respondents by creating opportunities for them to meet and interact with each other as well as participate in community activities which assists them in overcoming loneliness.

According to HelpAge International (2020), social pension programs significantly reduced old-age poverty by providing financial assistance to seniors who lack formal employment history, savings, or retirement benefits. These non-contributory pensions act as a vital safety net, especially for elderly individuals living in poverty or without family support. The study emphasizes that regular pension income leads to improved access to healthcare, better nutrition, and enhanced emotional well-being by reducing anxiety over basic needs. In the Philippine context, where many elderly citizens worked in informal sectors and did not qualify for formal retirement systems, these pensions are often their only stable source of income. HelpAge International also notes that pension programs empower elderly individuals by restoring their dignity and enabling greater participation in household and community life. Thus, strengthening pension coverage is essential to promoting the well-being and social inclusion of older adults.

A study conducted by Inabangan et al. (2019), as cited in a study conducted by Bunda and Trinidad (2024), found that there are significant differences in satisfaction levels related to gender, marital status, education, and family income. The study concluded that the implementation of RA 9994 has been effective at the establishments' level, with no differences between the benefits that are required by law and what is actually given to senior citizens. However, the law does not clearly mention the benefits for the establishments that implement it, especially for drivers of public utility jeepneys and taxis.

An act Increasing the Social Pension of Indigent Senior Citizens and appropriating funds therefore, amending for the purpose Republic Act No. 7432, Entitled "An Act to maximize the contributions of senior citizens to nation building, grant benefits and special privileges and for other purposes". This act states that indigent elderly individual respondents will receive monetary grants from the government to support daily needs which shall not be less than 1,000 pesos per month. The monthly pension received by the elderly individual respondents can be in the form of cash, direct remittance accredited by the Bangko Sentral ng Pilipinas, and electronic transfer or e-wallet. Additionally, any services or use of electronic transfer in getting the grant shall not be charged for fees. Furthermore, it aims to require Local Government Units (LGUs) to allocate 1% of their Internal Revenue Allotment (IRA) for programs and projects that are specially intended to help elderly individual respondents and Persons with Disability (PWDs). Some of the LGUs implement this allocation for elderly individual respondents and PWDs despite it has not been yet established. These funds might be used to enhance or create services, like health-related programs and transportation assistance. These directly lead to the improvement in the availability of resources for elderly individual respondents that can increase their resilience and could help create a more supportive environment for elderly individuals.

Additionally, the Department of Budget and Management (DBM) on a Technical Notes on the proposed national budget fiscal year 2024 states that there is a Php 50 billion or 0.9% allocation to elderly individual respondents. The Department of Social Welfare and Development (DSWD) will also receive Php 49.8 billion

to fund Social Pension for Indigent Senior Citizens (SPISC). Additionally, The National Health Insurance Program (NHIP) will be allocated with Php 101.5 billion that will fund 12.75 million indigents under the National Household Targeting System (NHTS) including 8.26 million elderly individual respondents in order to provide quality healthcare services. Furthermore, there are over 4,085,066 indigent elderly individual respondents who are not members of any pension system to cover their daily needs. Beneficiaries of the SPISC program will receive an enhanced monthly stipend of ₱1,000 as mandated by the Republic Act No. 11916, however, eligible recipient must be 60 years of age or older, frail, sick, and not receiving any pensions from other government agencies including the Government Service Insurance System (GSIS), Philippine Veterans Affairs Office (PVAO), Social Security System and private insurance companies. Furthermore, they should not have a regular source of income or support coming from family to cover their basic needs.

Non-Government Organization

Elward Gerlock, founder of Coalition of Services (COSE) of the Elderly, "Old people are honored in the Philippines but aging is not. Beyond all the good programs (health care, advocacy, etc) my deepest wish is that both older people and society look at aging differently and older people become who they are supposed to be at the peak and not end of a lifetime of growth and hence invaluable to themselves and others." COSE is a non governmental organization in the Philippines, dedicated to creating a community that greatly values the elderly individuals, since 1989, where they can live with dignity and security as they grow old. Their mission is to focus on supporting the elderly individual respondents, most especially the poor and marginalized, by protecting their rights and promoting cultural diversity and gender equality. They also believe that elderly individual respondents are important members of society and want their voices to be heard in decisions that affect their lives. Additionally, COSE aims to support Older People's Organizations that combat ageism, isolation, and poverty (Coalition of Services of the Elderly, Inc. (COSE), 2024). In relation to the student researchers' recent study, social support for elderly individuals coming for COSE, as a result, can help to improve their overall health and resilience.

Dr. Ida Yap-Patron, Commissioner of the National Committee on the Elderly, said that, "My friends and colleagues, the elderly, especially the indigent ones, did not want either any inspirational message or a homily, they need assurance, hope, and concrete answers to address their basic needs." She also acknowledged the significant contributions of the elderly individual respondents over the years and emphasized the urgent need for better retirement plans or better social pension programs to protect them from serious poverty. In addition to that, she stated that since the number of elderly individuals are expected to increase according to the data from COSE in 2020, it is more important for the government and non-government organizations, civic organizations, and civic society to develop comprehensive and effective services in addressing the needs of the elderly individuals, especially those with financial problems as it will also assist them in overcoming the socioeconomic challenges both in the present and in the future (Coalition of Services of the Elderly, Inc. (COSE), 2024). In relation to the student researchers' recent study, social support for elderly individuals coming through financial security, as a result, can help to improve their overall health and resilience.

Moreover, receiving social support is beneficial for the physical, mental, and emotional health of elderly individuals. Nonprofit organizations (NGOs) are dedicated to helping the elderly individual respondents, fighting for their rights, and ensuring that they receive the care and respect they deserve by providing important services such as healthcare, emotional support, and social engagement. It plays a key role in developing the ability to overcome the challenges of aging. When elderly individual respondents receive emotional, social, and medical support, their ability to cope with depression, prevent isolation, improve mental health, and enhance physical well-being. Providing support for elderly individual respondents makes them feel valued and connected, which gives them the confidence and self-assurance to face life's challenges. By creating a caring and tolerant environment for them, it enhances their capacity to cope and improve their resilience despite the challenges they face (Gupta, 2024).

Simsek et al. (2021) emphasized that the lack of sufficient institutional support, particularly from non governmental organizations and community-based groups, plays a significant role in the unmet needs of elderly individual respondents. These needs often involve critical aspects such as access to healthcare, adequate nutrition, mental health services, and opportunities for social engagement. Their findings support the

view that limited involvement from support organizations can negatively affect the well-being of elderly individual respondents, highlighting the necessity of structured and consistent social support systems in ensuring a better quality of life for the elderly individual respondents.

The study conducted by Mobolaji and Akinyemi(2022), reveals that older adults in Southwestern Nigeria face challenges in accessing traditional family support networks due to social changes and economic difficulties. For example, evidence indicates that older mothers often receive more support from their children, particularly daughters, compared to older fathers. As a result, there is a growing reliance on alternative sources of support, such as NGOs. However, significant gender disparities exist in accessing these complementary support systems, with older men frequently experiencing more neglect and unmet needs than women. In relation to the current study of the student researchers, the disparity emphasizes the need for targeted interventions from organizations, such as NGOs, to ensure that all older adults, regardless of gender, have access to necessary support systems and to improve the quality of life for older adults.

Resilience

Moreover, the study conducted by Whitehall et. al. (2021) their study focuses on measuring the resilience among elderly individual respondents with the goal to assess resilience using Individual determinants of resilience (IDoR) and Environmental determinants of resilience (EDoR). By looking at these two variables the study highlights that environmental determinants (family support, social networks, and ability to find and use social or community resources) and individual determinants (positivity, determination, self-efficacy, and values) are recognized to influence the resilience of elderly individual respondents. It found out that family support is recognized as a protective factor of the resilience among elderly individual respondents than social support coming from friends. Additionally, this study findings are in contrast with our study as it uses different locales. Nevertheless, this study can significantly contribute to our study in gathering information about resilience measurement among elderly individual respondents.

A study conducted by Gao, Q., et al. (2024) indicates that the likelihood of depression is higher for elderly individuals who live alone or only with a spouse. Their research highlights the significance of social networks over living arrangements by emphasizing that social support impacts this relationship. Furthermore, a study by Wei, K. et al (2022) elderly individuals who lived alone were more likely to feel lonely, which can have a detrimental effect on their physical and mental health.

According to Jamfa et al. (2024) reveals that the resilience of elderly individuals is directly correlated with personal characteristics such as gender, salary, marital status, educational attainment, diseases, and age. In line with our study that concentrates on the different social supports that influence their level of resiliency. Their research highlights that resilience tends to decline with age, indicating the importance of taking age into account when developing health interventions for elderly individuals. Nonetheless, the two studies are similar in that they both identify the factors that may affect elderly individual resilience. However, Cetingok S. & Irmak H.S. (2022) reveals the importance of psychological resilience as a key factor in maintaining the well-being of elderly individuals as they age. They underlined that resilience and adaptability are not solely determined by age. Rather, the role of external support networks and internal psychological factors is greater. In summary, the ability of the elderly individuals to adapt and be well supported by the different social support systems accessible to them for a graceful ageing process is what determines their resilience rather than their age.

The study conducted by Liao et al. (2022), found that the elderly individuals living with their families have a slightly higher degree of psychological resilience compared to those residing alone or in care facilities. This implies that older adults living alone often experience lower life satisfaction, largely because their need for interpersonal communication is not met, especially when their children are not around. This absence of social support often leads to inadequate daily care, a lack of emotional comfort, and limited social engagement. Consequently, older adults may experience heightened feelings of loneliness and depression, which further affects their psychological resilience. The study also considered how living arrangements impact older adults' life satisfaction, underscoring the crucial role of social connections and support in improving their overall well being. In relation to the study of the student researchers, this means that when older adults receive ample

support from their social networks, they are better equipped to develop and utilize their internal capacity to cope with stress, and adapt to life changes, ultimately leading to improved mental resilience.

According to Zhou, D., Zhan, Q., & Li, L.. (2023) demonstrates how self-employment can help elderly individuals increase their mental resilience. It shows that elderly individuals who are self-relatedly well, free of chronic illnesses, and who use medical services frequently have a greater impact by self-employment. They state that the employment status does not directly influence mental resilience as long as they are physically capable of working. This study can improve governmental support for elderly individuals to participate in the workforce and give them greater chances. As they continue to interact with others, it can protect them not only financially but also physically and socially.

The study conducted by Gorska et al. (2021) showed that age alone may not have a substantial impact on physical resilience of elderly individuals. According to them, elderly individuals who had access to and received high-quality social assistance were more resilient due to their physical and mental well-being.

Resna et al. (2022) suggest that a wide range of social influence including support from family, friends, neighbors, government agencies, and community programs play a crucial role in addressing loneliness among elderly individual respondents. Their study highlights several contributing factors such as emotional support, active participation in society, access to home care, and emergency services as key elements that help reduce social isolation and improve the overall well-being of elderly individual respondents. Additionally, according to Boncay et al. (2024) being married in old age is commonly linked to improved physical and mental health outcomes. The study revealed that elderly individuals who remain married benefit from spousal support, shared responsibilities, and emotional companionship, which collectively contribute to better life satisfaction and reduced risk of depression. In contrast, widowed or single elderly respondents were more prone to loneliness, financial instability, and psychological distress, often due to the absence of a partner who previously served as both an emotional and practical support system. These findings suggest that the presence of a spouse in later life acts as a protective factor against the negative effects of aging. Married elderly also reportedly experienced better physical health, possibly due to mutual care and motivation to maintain well-being.

The growing prevalence of non-communicable diseases (NCDs) in the Philippines has become a major public health concern, particularly as the population continues to age. A 2020 study by the Philippine Institute for Development Studies (PIDS) projected a sharp rise in hypertension cases—from 14 million in 2020 to an estimated 30 million by 2040. This projection signals a substantial increase in NCD burden, driven by lifestyle changes, urbanization, and an aging demographic. The PIDS emphasized the need for enhanced early detection, lifestyle modification programs, and greater investment in community-level interventions to slow this trend. These findings highlight the pressing need to strengthen health systems to manage chronic conditions effectively and to improve the overall quality of life for older adults.

Similarly, the study by Liao et al. (2023) investigates the complex relationship between various forms of social support and poverty in the aging population. The research highlights that both formal and informal support systems play crucial roles in alleviating poverty. Specifically, financial support, such as health insurance and assistance from family members, is identified as vital for older adults facing economic hardship. While formal support systems such as government assistance have a significant direct impact on poverty reduction, their influence through informal networks is found to be minor. The study also underscores that the comorbidity of health issues contributes substantially to economic burdens for older adults, making comprehensive health security and increased medical expense compensation essential. In relation to the current study of the student researchers, advocate for integrated policy strategies that encompass both formal and informal support systems to enhance the financial well-being of older adults to support their essential needs.

In contrast to the results of the current study of the student researchers, the study conducted by Qui et al. (2023), found that the actual income of older adults did not affect their resilience. They suggested that how they feel about their financial situation is more important for understanding their well-being than the actual amount of money they have. In other words, their personal feelings about their finances may give a better picture of their living conditions than just looking at their income.

Synthesis

The collective findings emphasize that elderly individual respondents face interrelated challenges, physical limitation, emotional distress, and financial insecurity. Across various studies, social support from family, community, and social systems plays a major role in helping them stay resilient and maintain a good quality of life. Resilience, or the ability to cope with difficulties, is influenced by many factors such as age, gender, health, education, living arrangements.

In terms of mental resilience, studies highlight that those who live with family, have a higher level of education, or engage in meaningful activities like self-employment or community volunteering tend to be more emotionally stable and less likely to suffer from loneliness or depression. Physical resilience is not just about age or gender but also shaped by lifestyle, access to health care, and social involvement. Chronic illnesses and poverty can weaken an elderly individual respondent's ability to stay active, but a healthy lifestyle, regular exercise, and strong social support can help maintain or even improve physical functioning. For social resilience, having a strong relationship matters. Elderly individual respondents who maintain strong ties with family, friends, and wider community are better able to adapt to life's challenges. Being socially active through participation in group activities or local programs helps reduce isolation and increases life satisfaction.

Government policies like the Expanded Senior Citizens Act and SPISC, along with support from non government organizations (NGOs), also contribute to resilience by providing financial support, healthcare services, and social programs. However, challenges such as limited awareness and poor implementation reduce their full potential. NGOs help address these gaps, especially in underserved communities.

Overall, while different studies focus on different aspects of aging, they all emphasize that mental, physical, and social resilience are interconnected. A holistic approach, one that combines emotional support, financial assistance, health services, and active community involvement is key to helping elderly individual respondents live with dignity, strength, and well-being.

RESEARCH METHODOLOGY

In this chapter research design, research locale, population, and sampling procedures, as well as datagathering instruments and procedures utilized in the study will be discussed. This chapter will also provide information about the criteria in selecting respondents based on the need of the study.

Research Design

This study used descriptive correlational and comparative design to examine the relationship and differences in between variables. According to McBurney & White, (2009) descriptive correlational design focuses on natural variables and their associations, providing statistical information at a single point in time. Comparative descriptive design compares variables to identify similarities and differences without manipulating them, allowing researchers' to identify significant differences or relationships among variables.

Research Locale

The study was conducted in four selected barangays located in Metro Manila, focusing on elderly respondents and their well-being through social support programs. These barangays were chosen to illustrate what different degrees of social support and living conditions look like for the elderly individuals, highlighting their unique characteristics such as budget availability, community engagement, and access to essential services.

Barangay 1 is a moderately urbanized area with a close-knit environment, providing routine medical monitoring like blood pressure and sugar levels checks and recreational programs such as community exercises or zumba. Despite limited facilities and fluctuating support, strong interpersonal connections foster a culture of inclusion, despite the absence of extensive formal programs. Barangay 2 offers proactive care for elderly individuals, providing free rice, maintenance medications, and gas subsidies. Regular social events such as raffles, gift distributions and Christmas parties that foster inclusivity, and transportation services are provided for medical appointments. However, some individuals, especially those homebound or without family support,

still fall through the cracks. Barangay 3 provided modest but consistent support to its elderly individuals, providing year-end medical consultations and holiday gatherings. Despite lacking transportation services, the barangay staff and volunteers provide warmth and support. However, these programs are helpful but may not meet the wider health and social needs. Barangay 4 faces challenges in supporting elderly individuals due to budget constraints, lack of programs, and family members as primary care providers. Prioritizing education and youth over elderly leaving the limited direct support, there is a need for inclusive budgeting and planning to ensure no sector is left behind.

The study focuses on barangays, which serve residential communities with elderly individuals and provide essential resources. All barangays are also reliant on external support (i.e., partnerships with municipal and non-governmental organizations) to maintain their social program. Yet they differ sharply on the variety and frequency of their support programs. These barangays differ in their social support programs, providing insights into how varying levels of support affect resilience. The barangays present challenges in social isolation, resource constraints, and support variability. The findings aim to shape targeted, resilience-enhancing programs and collect data-driven advice for more effective and inclusive social support systems.

The Population and Sampling Procedure

The study included 100 elderly individual respondents aged 60 and above, excluding those with cognitive and visual impairments. The selection criteria included those from various backgrounds, including business owners, financial experts, and pensioners. However, they had to provide their estimated income or pension received to avoid bias. The researchers utilized a purposive sampling method to focus on a specific population for reliable results.

Research Instrument and Validation

The study used a survey questionnaire adapted from previous research and the Expanded Senior Citizen Act of 2010. However, it was modified according to the needs of the study. It focused on measuring social support and resilience of elderly individuals. A consent letter was included to ensure autonomy, the right to decline or withdraw from the study at any time without consequences and confidentiality, while maintaining anonymity for research purposes.

The questionnaire consisted of three parts. The Part One (1) consisted of demographic profile of elderly individuals (age, sex, marital status, educational attainment, living arrangement, employment status, monthly income, business or non-business owner, pensioner or non-pensioner, indigency, and comorbidity). Part Two (2) consisted of items pertaining to measure the social support (financial support, emotional support, and assistance with daily living activities coming from family and friends, and transportation, information assistance, and recreational activities coming from barangay and community-based support and services, and discounts, and free medical services in government establishments as amended by the expanded senior citizen act of 2010, and non-government organizations). Some of the questions under this section have merged into a single related question, while the remaining questions are created by the researchers. These variables contain Seven (7) items, with non-government organizations being identified by elderly individual respondents. Part Three (3) consisted of items pertaining to measuring the resiliency (mental, physical, and social) and contained Ten (10) items. The questionnaire used a 4-point rating scale to assess the frequency of social support and resiliency among elderly respondents were described as follows:

Table 1 Likert Scale

Point		Interpretation		Range
4	SA	Strongly Agree	avail it at all times	3.26 - 4.00
3	A	Agree	avail it 4-8 times out of 10	2.51 - 3.25
2	D	Disagree	avail it 1-3 times out of 10	1.76 - 2.5

1	SD	Strongly Disagree	did not avail it at all	1.00 - 1.75
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The questionnaire underwent validation by a Psychometrician, Geriatric Professor, and Manila Barangay Bureau representative, ensuring its validity and relevance to the research topic. A pilot study in 4 selected barangays in Metro Manila with 10 respondents each barangay, totaling 40 respondents, assessed its reliability. Content validity is crucial in survey research, and according to Yusoff et. al (2021) involving at least 3 experts ensures balanced assessment of item relevance, clarity, and comprehensiveness. The combination of multiple expert opinions enhanced the survey tool's credibility and quality before pilot testing and actual data collection. Before the conduct of the pilot and actual study, the questionnaire was tested for content validity index. The questionnaire was deemed highly relevant, with an average proportion of items scoring 1.0. The study was conducted face-to-face, with informed consent and supervision from the researchers and barangay officials. The pilot study involved 40 respondents from Barangay 1, 2, 3 and 4, who were excluded from the actual data gathering. They were given a printed questionnaire, informed consent explained by the researchers prior to answering the questionnaire for them to be aware of their rights during the entire research, and supervised by researchers with barangay officials providing assistance. The gathered data from the pilot study were tallied and tested for internal consistency using Cronbach's alpha. The Internal consistency of all the sub-group problems were acceptable, indicating excellent reliability scores.

Data Gathering Procedure

In adherence to procedural protocols, the student researchers obtained approval from their research adviser and formal authorization from the Dean of the College of Nursing, securing academic support and potential collaboration with various organizations.

Following the Dean's approval, a letter of approval was addressed to the Local Government Unit of selected barangays in Metro Manila signed by the Dean of College of Nursing, Research Adviser and the Researchers. The study involved elderly individuals aged 60 and above in Metro Manila, who completed a survey questionnaire in English with Filipino translation with the help of the school's institutional grammarian. The questionnaire was validated by a Psychometrician, Geriatric Professor, and Manila Barangay Bureau representative.

Prior to the primary investigation, a letter to conduct a pilot study was signed by the researchers, research adviser, and the Dean of college of nursing, and was submitted to the four barangays before its conduct. A pilot study was conducted to assess the efficacy and feasibility of a research tool. A courtesy call to each barangay was done first to be able to ask permission and assistance throughout the data collection. The study involved 40 respondents from 4 barangays, with each supervised and assisted by the researchers using a printed questionnaire together with the informed consent explained by the researchers before answering the questionnaire. The gathered data from the pilot study were tallied and tested for internal consistency using Cronbach's alpha. The Internal consistency of all the sub-group problems were acceptable and showed excellent reliability scores.

After the pilot study, the researchers collaborated with the four selected barangays to schedule a date for the actual data collection, involving 100 elderly respondents across four barangays. Additionally, a letter to the locale addressed to the barangay chairperson was signed by the researchers, research adviser, and the Dean of college of nursing, and was submitted three days before the actual date. A printed questionnaire was distributed, and informed consent was obtained. The researchers supervised and assisted each respondent throughout the survey. The data collected was analyzed and interpreted, and a proposed program and brochure were created. A printed brochure was then distributed across the four Barangays and a proposed program was submitted to the chairperson of the locales.

ETHICAL CONSIDERATIONS

The current research study had undergone review and approval by the ethics committee of Mary Chiles College to ensure compliance with ethical and legal standards. The study emphasizes the importance of respondents' participation in data collection and the right to ask questions. The researchers ensured informed

consent by explaining the nature and purpose of the study and potential benefits, as well as the respondents' rights to withdraw at any time without giving any reason. Also, a supportive environment for elderly respondents and rest periods were provided to promote comfort during the data collection. All information and data was kept confidential and anonymous. The obtained data in the study will be documented and may be published or presented in academic settings, but the respondents' identities will remain anonymous and confidential. Furthermore, the researchers also provided a signed letter to the research locale outlining study objectives, questionnaire terms, and survey participation. This serves as proof of the respondents' voluntary participation.

STATISTICAL TREATMENT OF DATA

Descriptive Frequency

Is a statistical method used to summarize and analyze data by showing the frequency of each value in a dataset. This study uses descriptive frequency to determine the frequency of social support (e.g., family, community, and government assistance) received by elderly individuals in selected barangays in Metro Manila. Frequency distribution is commonly presented in tables, bar graphs or histograms to illustrate patterns.

Formula:

$$f = \frac{n}{N} \times 100$$

Where:

f = Frequency or percentage of occurrences
n = number of occurrences of a specific value
N = Total number of observations
X100 = Converts the proportion to a percentage

Weighted Mean

Weighted means was utilized to determine the average value calculated in a data set wherein certain values are weighted to determine its relative importance than to the other values. The researchers used the weighted mean to determine the overall average response of the elderly individual respondents.

Formula:

$$\bar{x} = \frac{\sum wx}{\sum w}$$

Where:

x = is the repeating values
 \bar{x} = is the weighted mean
w = is the number of occurrences of x (weight)

Pearson Correlation Coefficient

Pearson's correlation coefficient is a statistical measure that indicates a relationship between two continuous variables. It ranges from -1.0 to +1.0, with a perfect positive correlation (+1.0) and a perfect negative correlation (-1.0). This metric is useful for determining the strength and direction of relationships between variables. Researchers used it to examine the relationship between demographic profile and social support and resiliency among elderly individuals.

Formula:

$$r = \frac{n \sum xy - (\sum x)(\sum y)}{\sqrt{[n \sum x^2 - (\sum x)^2][n \sum y^2 - (\sum y)^2]}}$$

Where:

n = number of pairs of scores
 \sqrt{x} = sum of x scores
 \sqrt{y} = sum of y scores
 \sqrt{xy} = sum of the products of paired scores
 $\sqrt{x^2}$ = sum of the squared x scores
 $\sqrt{y^2}$ = sum of the squared y scores

Kruskal Wallis

Kruskal-Wallis Test is a non-parametric statistical test that is used to determine whether there are significant differences among three or more independent groups on an ordinal or continuous outcome. The researcher will utilize the Kruskal-Wallis Test to examine if there is any significant difference in the level of resiliency of elderly individual respondents when grouped according to their profile variables.

Formula:

$$H = \left[\frac{12}{n(n+1)} \sum_{j=1}^c \frac{T_j^2}{n_j} \right] - 3(n+1)$$

Where:

n = the total number of observations in all groups
 T_j = the rank total for each group
 n_j = the number of observations in each group
 $j=1$ = the first value of the sum

c = the final value

The value 12 remains constant

T-test

The T-test was utilized to compare the means of two related groups, examining the difference between social support and physical aspects of resiliency among elderly individuals, a dependent test applicable to samples with matching characteristics. This method also applies to cases where the samples are related

Formula:

$$T = \frac{\text{mean 1} - \text{mean 2}}{\frac{s(\text{diff})}{\sqrt{n}}}$$

Where:

mean1 and mean2 = The average values of each of the sample sets
 $s(\text{diff})$ = The standard deviation of the differences of the paired data values
 n = The sample size (the number of paired differences)

Cronbach's Alpha

Cronbach's alpha is a statistic used to test the internal consistency or reliability of a survey item. It determines to what extent a group of items consistently measures the same thing. Cronbach's alpha ranges between 0 and 1 and the higher its value, the more agreement will be seen in the items. It will be utilized while planning and

testing a new survey instrument or an assessment tool. This statistic helps evaluate the quality of the tool during the design phase before full deployment.

Formula:

$$a = \frac{N * \underline{c}}{v + (N - 1) * \underline{c}}$$

Where:

\bar{c} = mean item variance
N = number of items
 \bar{c} = mean covariance between items

Mann-Whitney U Test

Mann-Whitney U Test is a non-parametric statistical test that is used to determine whether there is a significant difference between two groups on a continuous or ordinal outcome. The researchers utilized the Mann-Whitney U Test in order to identify if there was any significant difference in the degree of resiliency on elderly individual respondents based on their profile variables.

Formula:

$$U_t = n_c n_t + \frac{nt(nt+1)}{2} - R_t$$

$$U_c = n_c n_t + \frac{nc(nc+1)}{2} - R_c$$

Where:

n_c and n_t = are the sample sizes for control and treated groups
 R_c and R_t = sums of ranks for the control and treated groups
 U_c or U_t = level of significance for a comparison of the two groups

Spearman Rho

Spearman's Rank-Order Correlation is a nonparametric test used to examine the relationship between demographic profile and resiliency in elderly individuals. This test helps determine if demographic changes are related to resiliency level. It is suitable for ordinal-level data or if parametric correlation tests assumptions are not fulfilled.

Formula:

$$r_s = 1 - \frac{6 \cdot \sum d_i^2}{n \cdot (n^2 - 1)}$$

Where:

n = the number of cases
d = the difference between the rankings of the two variables

ANOVA Test

Analysis of variance (ANOVA) is a statistical test used to evaluate the difference between the means of more than two groups. The researchers used the ANOVA to determine the significant differences in social support and resilience levels among elderly individual respondents, specifically on the mental, physical, and social aspects of resiliency.

The ANOVA formula is arranged and summarized systematically in the form of a table as follows:

Formula:

Source of Variation	Sum of Square	Degrees of Freedom	Mean Square	F Value
Between Groups	$SSB = \sum n_j (\bar{x}_j - \bar{x})^2$	$df_1 = k - 1$	$MSB = SSB / (k - 1)$	$f = MSB/MSE$
Error	$SSE = \sum \sum (X - \bar{x}_j)^2$	$df_2 = N - k$	$MSE = SSE / (N - k)$	
Total	$SST = SSB + SSE$	$df_3 = N - 1$		

Where:

$SSB = \sum n_j (\bar{x}_j - \bar{x})^2$ = Sum of squares between groups
 \bar{x}_j = the mean of the jth group
 \bar{x} = the overall mean
 n_j = the sample size of the jth group.
 $SSE = \sum \sum (X - \bar{x}_j)^2$ = Sum of squares of errors
 X = each data point in the jth group.
 $SST = SSB + SSE$ = Total sum of squares
 $df_1 = k - 1$ = Degrees of freedom between groups, where k denotes the number of groups.
 $df_2 = N - k$ = Degrees of freedom of errors, where N denotes the total number of observations across k groups
 $df_3 = N - 1$ = Total degrees of freedom.
 $MSB = SSB / (k - 1)$ = Mean squares between groups
 $MSE = SSE / (N - k)$ = Mean squares of errors
 $f = MSB / MSE$ = ANOVA test statistic

Dwass Steel Critchlow-Fligner

Dwass-Steel-Critchlow-Fligner (DSCF) Test is a non-parametric statistical test used to determine whether there are significant differences between multiple groups when the assumption of normality is not met. It is commonly used as a post-hoc test following a significant result in the Kruskal-Wallis test, which is the non-parametric alternative to ANOVA.

Formula:

$$W_{ij} = - \frac{n_i(n_i + n_j + 1)}{2} / \frac{n_i n_j}{24} [n_i + n_j + 1 - \frac{\sum_{b=1}^{g_{ij}} (t_b - 1)t_b(t_b + 1)}{(n_i + n_j)(n_i + n_j - 1)}] > q_{a,k}, \text{ for } 1 \leq i \leq j \leq k$$

Where:

q = is a quantile from the normal range distribution for k groups
 n_i = is size of the ith group
 n_j = is size of the jth group
 t_b = is the number of ties at rank b
 W_{ij} is the sum of the ranks for the ith group where observations for both groups have been ranked together

DATA ANALYSIS, RESULTS AND INTERPRETATION

In this chapter, presentation of findings and analysis derived from the face-to-face survey. A total of 100 responses were received from the targeted 4 barangays in Metro Manila. Out of 100 respondents, 100%

completed all the questions that were required to be answered. The data have been analyzed using descriptive frequency analysis, weighted mean, Spearman rho, Pearson r, t-test, chi-squared test, Kruskal-Wallis H test, and mann-whitney u test. This chapter focuses on presenting the collected data in a meaningful way to facilitate the discussion, which will be presented in chapter 5.

Problem 1: Demographic profile of elderly individual respondent in terms of:

Table 2: Percentage and Frequency Distribution of the respondents according to Age Range

Age Range	Frequency	Percentage	Cumulative %
60 - 75 years old	75	75.0%	75.0%
75 - 90 years old	25	25.0%	100.0%

The data shows 75% of elderly individual respondents are aged 60-75, while 25% are aged 75-90, indicating that younger-old are more represented due to better functional capacity and participation in community activities. The WHO defines 60 as the threshold for old age, especially in developing countries like the Philippines.

Table3: Percentage and Frequency Distribution of the respondents according to Sex

Sex	Frequency	Percentage	Cumulative %
Female	58	58.0%	58.0%
Male	42	42.0%	100%

Most elderly individual respondents are female (58%) compared to male (42%), reflecting global and local trends of women's longer life expectancy. The PSA (2022) confirms females live longer than males, contributing to their higher number. Fewer male respondents may also due to ongoing employment or informal work, limiting their participation.

Table4: Percentage and Frequency Distribution of the respondents according to Marital Status

Marital Status	Frequency	Percentage	Cumulative %
Married	46	46.0%	46.0%
Widowed	41	41.0%	87%
Single	11	11.0%	98%
Divorced	1	1.0%	99%
Prefer not to say	1	1.0%	100%

The data shows that 46% of elderly individual respondents are married, 41% widowed, 11% single, and 1% each divorced or preferred not to say. The high number of married respondents highlights the value of family and spousal support among older Filipinos, which contributes to emotional well-being, better health, financial stability, and reduced risk of depression (Boncay et al., 2024)

Table5: Percentage and Frequency Distribution of the respondents according to Educational Attainment

Educational Attainment	Frequency	Percentage	Cumulative %
High School Level	50	50.0%	50.0%
Elementary Level	25	25.0%	75%
College Level	21	21.0%	96%
Others: Vocational	3	3.0%	99%
Vocational	1	1.0%	100%

The table shows 50% of elderly individual respondents reached high school, 25% elementary, 21% college, and only small portions had vocational (1%) or other education (3%). This shows limited access to higher education among their generation, consistent with historical economic challenges and disparities in the Philippines. PSA (2023) data also highlight these long-standing barriers, especially for those in rural areas or with early economic responsibilities, shaping the educational profile of the older population.

Table6: Percentage and Frequency Distribution of the respondents according to Living Arrangement

Living Arrangement	Frequency	Percentage	Cumulative %
Living with children	71	71.0%	71.0%
Living with relatives	21	21.0%	92%
Living alone	5	5.0%	97%
Living with non-relatives	3	3.0%	100%

Most elderly individual respondents live with their children (71%), followed by other relatives (21%), while 5% live alone and 3% with non-relatives. This reflects the Filipino cultural value of “Filial Piety”, where children are expected to care for aging parents. POPCOM (2020) notes that extended households are common due to cultural caregiving expectations and limited retirement resources.

Table7: Percentage and Frequency Distribution of the respondents according to Employment Status

Employment Status	Frequency	Percentage	Cumulative %
Self Employed	10	10.0%	10.0%
Unemployed	66	66.0%	76%
Retired	8	8.0%	84%
Employed Part-time	8	8.0%	92%
Employed Full-time	8	8.0%	100%

The data shows that 66% of elderly individual respondents are unemployed, while 10% are self-employed and 8% each are retired, part-time, or full-time employed. This shows most are no longer in the formal workforce, mainly due to age-related limits or lack of opportunities. PSA (2023) also notes many rely on informal work or family support.

Table8: Percentage and Frequency Distribution of the respondents according to Monthly Income

Monthly Income	Frequency	Percentage	Cumulative %
Less than 10,957	95	95.0%	96.0%
43,828 to 76,669	1	1.0%	96.0%
21,194 - 43,828	1	1.0%	97.0%
10,957 - 21,194	3	3.0%	100%

The table shows that 95% of elderly individual respondents earn below ₱10,957 monthly, showing high financial vulnerability, while only 5% earn above the poverty threshold. Their income falls below the ₱13,873 national poverty line (PSA, 2023), highlighting limited financial independence and reliance on family support or government aid.

Table9: Percentage and Frequency Distribution of the respondents according to Business Owner

Business Owner	Frequency	Percentage	Cumulative %
Yes	21	21.0%	21.0%
No	79	79.0%	100.0%

Only 21% of elderly individual respondents are engaged in business, while 79% are not. This shows that few pursue entrepreneurship due to barriers like limited capital, health issues, technological gaps, and lack of training. DTI (2022) also reports low elderly participation in micro, small and medium enterprises (MSMEs), largely due to age-related limits and low digital literacy.

Table10: Percentage and Frequency Distribution of the respondents according to Pensioner

Pensioner	Frequency	Percentage
Social Pension	63	63%
SSS Pension	9	9%
None	28	28%

The data shows that 63% of elderly individual respondents receive a Social Pension, 9% get an SSS Pension, while 28% have no pension at all. This shows most rely on basic government support, with few benefiting from contributory schemes due to informal work or low contributions. Those without pensions are the most vulnerable. According to Help Age International (2020), pensions reduce old-age poverty and improve health, nutrition, and well-being, serving as a vital safety net for elderly Filipinos.

Table11: Percentage and Frequency Distribution of the respondents according to Indigent

Indigent	Frequency	Percentage	Cumulative %
Yes	76	76.0%	76.0%
No	24	24.0%	100.0%

An average result of 76% of elderly individual respondents identify as indigent, showing widespread poverty marked by low income, few assets, and limited support. This qualifies them for programs like the Social Pension for Indigent Senior Citizens (SPISC) under DSWD. Republic Act 9994, the Expanded Senior Citizens

Act of 2010, was created to provide pensions, discounts, and other benefits, but its impact remains limited by budget issues and delays, leaving many indigent elderly still struggling to meet basic needs.

Table12: Percentage and Frequency Distribution of the respondents according to Comorbidity

Comorbidity	Frequency	Percentage
Hypertension	62	62%
Diabetes	23	23%
High Cholesterol	11	11%
Arthritis	20	20%
Renal Problem	1	1%
Heart Problem	2	2%
Cancer	2	2%
Respiratory Problem	2	2%
Others	6	6%

The table shows that 62% of elderly individual respondents have hypertension, followed by diabetes (23%), arthritis (20%), and high cholesterol (11%). Less common conditions include renal (1%), cardiovascular (2%), cancer (2%), and respiratory issues (2%), with 6% reporting other illnesses. These findings show that non-communicable diseases, particularly hypertension, diabetes, and arthritis, are the most common health burdens among the elderly. A 2020 PIDS study projected hypertension cases in the Philippines to rise from 14 million in 2020 to 30 million by 2040. PSA data (2022–2023) also showed ischemic heart diseases, cancers, and cerebrovascular diseases as the top causes of death, making up 37.6% of mortalities. These findings stress the urgent need to strengthen primary healthcare and adopt sustainable preventive strategies to address the growing impact of NCDs among the elderly.

Problem 2: Social Supports available to elderly individual respondents

Table 13: Coming from Family and Friends

Table 13.1: Mean and Standard Deviation of the Respondents according to Financial Support

Financial Support	Mean	Standard Deviation	Verbal Interpretation
2.1.1.1 They lend me money whenever I need it.	3.02	1.15	Agree
2.1.1.2 They are always willing to help me financially.	3.55	0.796	Strongly Agree
2.1.1.3 They support me by purchasing equipment and other items for my hobbies.	3.18	1.09	Agree
2.1.1.4 They assist in buying my basic needs such as hygiene kits and personal items.	3.09	1.16	Agree

2.1.1.5 They help me in managing my finances.	2.31	1.37	Disagree
2.1.1.6 They provide me with money when I want to buy food.	3.48	1.06	Strongly Agree
2.1.1.7 They fund me with assistive devices, like wheelchairs, canes and others, when needed.	1.11	0.530	Strongly Disagree
Average of means	2.82	0.65	Agree

Note: Scale: 1.00 - 1.75 (Strongly Disagree), 1.76 - 2.50 (Disagree), 2.51 - 3.25 (Agree), 3.26 - 4.00 (Strongly Agree)

The findings reveal that elderly respondents reported varying levels of financial support from family and friends. The highest was item 2.1.1.1 with a mean of 3.55, showing family and friends are always willing to help financially. This was followed by 2.1.1.6 (mean 3.48), interpreted as strongly agree. Items 2.1.1.3 (mean 3.18), 2.1.1.4 (mean 3.09), and 2.1.1.2 (mean 3.02) indicate agreement. Meanwhile, 2.1.1.5 (mean 2.31) shows disagreement, and 2.1.1.7 (mean 1.11) shows strong disagreement. Overall, financial support is present but not consistent across all areas.

The overall average score of 2.82 (SD = 0.65) indicates that most elderly individual respondents receive some financial support, though the type and amount vary. The strongest support is for basic needs such as general assistance and food, while much lower support is given for money management (2.31) and assistive devices (1.11). This suggests that while daily needs are met, areas that promote long-term independence are often neglected. The low score for assistive devices may also reflect that many elderly individual respondents can still walk or stand independently. Overall, the results show that support levels differ among respondents.

Ensuring the well-being of elderly individual respondents means meeting their basic needs, which are essential for a healthy and secure later life. Stewart (2021) identifies these needs as healthcare, personal safety, adequate housing, food, clothing, and mental health care key factors in preserving dignity, independence, and quality of life in old age.

Table13.2: Mean and Standard Deviation of the Respondents according to Emotional Support

Emotional Support	Mean	Standard Deviation	Verbal Interpretation
2.1.2.1 I feel that they love me and express affection to me by giving me hugs, cuddles and kind words.	3.90	0.482	Strongly Agree
2.1.2.2 I feel that they appreciate my presence and they want me in their gatherings.	3.88	0.498	Strongly Agree
2.1.2.3 I feel happy whenever they ask me about how my day went.	3.85	0.575	Strongly Agree
2.1.2.4 I feel that they patiently listen to me whenever I feel sad.	3.76	0.698	Strongly Agree
2.1.2.5 I feel that they value me and pay attention to what's happening to me.	3.91	0.452	Strongly Agree
2.1.2.6 I feel that they support my actions with respect	3.89	0.490	Strongly Agree
2.1.2.7 I feel that they support my interest and trust me	3.97	0.171	Strongly Agree

Average of means	3.88	0.39	Strongly Agree
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Note: Scale: 1.00 - 1.75 (Strongly Disagree), 1.76 - 2.50 (Disagree), 2.51 - 3.25 (Agree), 3.26 - 4.00 (Strongly Agree)

Elderly individual respondents reported strong emotional support from family and friends. The highest was item 2.1.2.7 with a mean of 3.97, showing they feel trusted and supported. This was followed by 2.1.2.5 (mean 3.91) and 2.1.2.1 (mean 3.90), reflecting that they feel valued, loved, and receive affection. Items 2.1.2.6 (mean 3.89), 2.1.2.2 (mean 3.88), and 2.1.2.3 (mean 3.85) show respect, inclusion, and interest in their daily lives. Lastly, 2.1.2.4 (mean 3.76) also indicates strong agreement. Overall, all items confirm consistent emotional support. The overall average score for emotional support is 3.88 (SD = 0.39), showing that most elderly individual respondents receive strong emotional support from family and friends. According to Sun et al. (2024), such support positively impacts psychological resilience, which in turn promotes active aging among older adults.

Table13.3: Mean and Standard Deviation of the Respondents according to Assistance with Daily Living Activities

Assistance with Daily Living Activities	Mean	Standard Deviation	Verbal Interpretation
2.1.3.1 They help me with my daily routine such as buying household goods, housework and others.	3.24	1.09	Agree
2.1.3.2 They provided me with assistance and attention whenever I needed it.	3.75	0.672	Strongly Agree
2.1.3.3 They take care of me by taking me to a doctor's appointment and receive care whenever I am sick.	3.51	1.03	Strongly Agree
2.1.3.4 They help me plan and cook my meals, making sure that I eat healthy and nutritious food.	3.32	1.15	Strongly Agree
2.1.3.5 They help me with my personal care such as bathing and grooming, whenever I need it.	1.11	0.549	Strongly Disagree
2.1.3.6 They make dressing and undressing comfortable for me	1.08	0.464	Strongly Disagree
2.1.3.7 They help me move around, like walking and getting from one place to another, while still letting me do things on my own when I can to maintain my independence	3.47	1.06	Strongly Agree
Average of means	2.78	0.45	Agree

Note: Scale: 1.00 - 1.75 (Strongly Disagree), 1.76 - 2.50 (Disagree), 2.51 - 3.25 (Agree), 3.26 - 4.00 (Strongly Agree)

The findings reveal that elderly individual respondents reported different levels of assistance with daily living activities. The highest was item 2.1.3.2 with a mean of 3.75, showing they receive help and attention when needed. This was followed by 2.1.3.3 (mean 3.51), 2.1.3.7 (mean 3.47), and 2.1.3.4 (mean 3.32), all interpreted as strongly agree. Item 2.1.3.1 (mean 3.24) shows agreement in receiving household help. In contrast, 2.1.3.5 (mean 1.11) and 2.1.3.6 (mean 1.08) indicate strong disagreement, suggesting limited support in those areas.

The overall mean score of 2.78 (SD = 0.45) indicates that elderly individual respondents receive help with daily activities when needed. Lower scores in personal care tasks like bathing, grooming, and dressing suggest many do not yet require this type of assistance. According to Bustos (2024), family caregivers play a vital role in supporting elderly individuals with daily living tasks such as bathing, dressing, meal preparation, and medical care depending on their mobility and level of independence.

Table 14: Barangay and Community-based support and services

Table 14.1: Mean and Standard Deviation of the Respondents according to Transportation

Transportation	Mean	Standard Deviation	Verbal Interpretation
2.2.1.1 Whenever there is an emergency, I can easily be transported by the barangay ambulance to the nearby clinics or hospitals	2.25	1.48	Disagree
2.2.1.2 Whenever I needed to go to the clinics or hospitals, the barangay officials assisted me to be there.	2.16	1.46	Disagree
2.2.1.3 Whenever I need to go places, I don't have a hard time using and accessing barangay service	2.24	1.47	Disagree
2.2.1.4 Whenever I needed to go to a government agency they assisted me to be there using the barangay service	2.10	1.42	Disagree
2.2.1.5 Whenever I use the barangay service, I feel safe and comfortable throughout the trip	2.16	1.45	Disagree
2.2.1.6 Whenever I use the barangay service, the driver and the barangay officials are respectful and patiently wait for me	2.17	1.47	Disagree
2.2.1.7 Whenever there is bad weather or I need to travel at night, the barangay service is still accessible and safe for me	2.10	1.44	Disagree
Average of means	2.17	1.39	Disagree

Note: Scale: 1.00 - 1.75 (Strongly Disagree), 1.76 - 2.50 (Disagree), 2.51 - 3.25 (Agree), 3.26 - 4.00 (Strongly Agree)

The table shows that elderly individual respondents reported low transportation support from barangay services. The highest score was item 2.2.1.1 (mean 2.25), showing disagreement about access to barangay ambulances during emergencies. This was followed by 2.2.1.3 (mean 2.24), 2.2.1.6 (mean 2.17), 2.2.1.2 (mean 2.16), and 2.2.1.5 (mean 2.16), all indicating general disagreement. The lowest-rated items were 2.2.1.4 and 2.2.1.7 (mean 2.10), further reflecting limited transportation support for elderly individual respondents.

The overall mean score for transportation is 2.17 (SD = 1.39), indicating that most elderly individual respondents disagree that reliable and accessible transportation support is consistently available. Low ratings may also reflect limited experience using barangay transport services or the lack of available vehicles. Salanga et al. (2023) noted that coordination and communication issues, along with the unavailability of emergency vehicles, often cause delays and inefficiencies in providing timely medical assistance.

Table 14.2: Mean and Standard Deviation of the Respondents according to Information Assistance

Information Assistance	Mean	Standard Deviation	Verbal Interpretation
2.2.2.1 I am provided with several information by the barangay on my privileges as a senior citizen.	3.67	0.805	Strongly Agree
2.2.2.2 I am provided with the information where I can buy healthy and affordable food.	2.95	1.34	Agree
2.2.2.3 I am provided with the information on where I can access health services for my physical well-being.	3.60	0.876	Strongly Agree
2.2.2.4 I am provided with the information regarding when a program for elderly individuals is available at the barangay community..	3.62	0.814	Strongly Agree
2.2.2.5 I am provided with the information when the social pensions are going to be distributed.	3.35	1.14	Strongly Agree
2.2.2.6 I am provided with the information whenever medical missions are going to be conducted in our barangay	3.64	0.811	Strongly Agree
2.2.2.7 I am provided with the information about the botika sa barangay where I can avail affordable medicines	3.63	0.825	Strongly Agree
Average of means	3.49	0.74	Strongly Agree

Note: Scale: 1.00 - 1.75 (Strongly Disagree), 1.76 - 2.50 (Disagree), 2.51 - 3.25 (Agree), 3.26 - 4.00 (Strongly Agree)

This table shows the informational assistance that elderly individual respondents receive from their barangay. The highest-rated item is (2.2.2.1) with a weighted mean of 3.67 (SD = 0.805), indicating strong agreement that they receive timely information on senior citizen privileges. Other high scores include (2.2.2.6), (2.2.2.7), and (2.2.2.4), all above 3.60, also reflecting strong agreement. Items (2.2.2.3) and (2.2.2.5) show agreement with means of 3.60 and 3.35, while the lowest score is (2.2.2.2) with a mean of 2.95, still indicating agreement but at a lower level.

Overall, with an average mean of 3.49 (SD = 0.74), the results show that elderly individual respondents strongly agree they receive timely and useful information from their barangay. The accessibility and proper staffing of barangay halls are essential in ensuring residents are well-informed and supported. According to the Local Government Academy (2020), barangay halls should be properly identified and manned for at least eight hours daily to effectively deliver services and information.

Table 14.3: Mean and Standard Deviation of the Respondents according to Recreational Activities

Recreational Activities	Mean	Standard Deviation	Verbal Interpretation
2.2.3.1 I enjoy community areas where I can socialize with other elderly individuals.	3.61	0.840	Strongly Agree

2.2.3.2 I enjoy several activities in the community that support an active lifestyle for the elderly individuals such as zumba and social gatherings	2.29	1.32	Disagree
2.2.3.3 I enjoy engaging in community programs such as Christmas parties and raffles	2.87	1.35	Agree
2.2.3.4 I enjoy engaging myself in activities in the barangay such as karaoke, gardening, and dance nights.	2.41	1.36	Disagree
2.2.3.5 I enjoy engaging myself in volunteer programs	3.04	1.23	Agree
2.2.3.6 I enjoy the barangay activities that help me stay mentally active such as games or puzzles	2.72	1.34	Agree
2.2.3.7 I enjoy the special events for elderly individuals such as a year end christmas party	2.96	1.30	Agree
Average of means	2.84	0.92	Agree

Note: Scale: 1.00 - 1.75 (Strongly Disagree), 1.76 - 2.50 (Disagree), 2.51 - 3.25 (Agree), 3.26 - 4.00 (Strongly Agree)

This table shows the level of enjoyment elderly individual respondents experience from barangay recreational activities. The highest-rated is item (2.2.3.1) with a mean of 3.61 (SD = 0.840), showing strong agreement that they enjoy socializing in community areas. This is followed by (2.2.3.5) with a mean of 3.04 (SD = 1.23), and items (2.2.3.3), (2.2.3.7), and (2.2.3.6) with means ranging from 2.72–2.96, indicating agreement on enjoying seasonal events, mental activities, and community programs. The lowest-rated are (2.2.3.2) and (2.2.3.4), with means of 2.29 and 2.41, suggesting disagreement.

With an overall mean of 2.84 with a standard deviation of 0.92, the results suggest that elderly individual respondents generally agree that they enjoy barangay-led recreational activities, although some types of activities may be less engaging or accessible for many of them.

Table 15: Expanded Senior Citizens Act of 2010

Table15.1: Mean and Standard Deviation of the Respondents according to Discounts

Discounts	Mean	Standard Deviation	Verbal Interpretation
2.3.1.1 I avail my priority privileges in using public transportation	3.68	0.886	Strongly Agree
2.3.1.2 I avail my senior citizen discount privileges in all commercial establishments	3.60	0.964	Strongly Agree
2.3.1.3 I avail my senior citizen discounts when I am at restaurants, hotels and doing some recreational activities	3.68	0.863	Strongly Agree
2.3.1.4 I avail my 20% discount when I buy medicine and other supplies	3.71	0.844	Strongly Agree
2.3.1.5 I avail my senior citizen discounts for my	3.38	1.19	Strongly Agree

laboratory test and examination			
2.3.1.6 I avail my discounts whenever I go to the cinema, theaters, and amusement	2.98	1.38	Agree
2.3.1.7 I avail my discounts in paying doctor's professional fees	3.42	1.14	Strongly Agree
Average of means	3.49	0.77	Strongly Agree

Note: Scale: 1.00 - 1.75 (Strongly Disagree), 1.76 - 2.50 (Disagree), 2.51 - 3.25 (Agree), 3.26 - 4.00 (Strongly Agree)

This table shows the discounts that elderly individual respondents enjoy. The highest-rated are (2.3.1.1), (2.3.2.3), and (2.3.2.4) with means of 3.68, 3.68, and 3.71, indicating strong agreement on availing discounts in restaurants, recreational activities, and public transportation. This is followed by (2.3.1.2), (2.3.2.5), and (2.3.2.7) with means ranging from 3.38–3.60, also interpreted as strong agreement. The lowest-rated is (2.3.2.6) with a mean of 2.98, showing agreement on availing discounts in cinemas, theaters, and amusement.

Overall, with an average mean of 3.49 and a standard deviation of 0.77, the findings show that elderly individual respondents strongly agree they benefit from discounts and privileges, particularly in transportation, medicine, and commercial establishments. These benefits are supported by Republic Act No. 9994, or the Expanded Senior Citizens Act of 2010, which grants Filipinos aged 60 and above a 20% discount and VAT exemption on selected goods and services for personal use, upon presentation of a valid senior citizen ID.

Table 15.2: Mean and Standard Deviation of the Respondents according to Free medical services in government establishments

Free medical services in government establishments	Mean	Standard Deviation	Verbal Interpretation
2.3.2.1 I enjoy the several benefits that the pharmacies and hospitals provide, besides the automatic discounts	3.66	0.890	Strongly Agree
2.3.2.2 I enjoy using government insurance (PhilHealth)	2.69	1.48	Agree
2.3.2.3 I enjoy that every hospital accepts my PhilHealth insurance	2.70	1.46	Agree
2.3.2.4 I enjoy my privileges in using public and private hospitals	3.57	0.987	Strongly Agree
2.3.2.5 I enjoy being prioritized when I fall in line for hospital check ups	3.61	0.942	Strongly Agree
2.3.2.6 I enjoy the free medical services regardless of my illness	3.62	0.951	Strongly Agree
2.3.2.7 I enjoy the quality care I received at government-run medical facilities	3.59	0.944	Strongly Agree
Average of means	3.35	0.87	Strongly Agree

Note: Scale: 1.00 - 1.75 (Strongly Disagree), 1.76 - 2.50 (Disagree), 2.51 - 3.25 (Agree), 3.26 - 4.00 (Strongly Agree)

This table shows the responses of elderly individual respondents regarding their access to free medical services in government establishments. The highest-rated item (2.3.2.1) with a mean of 3.66 (SD = 0.890) indicates strong agreement that they enjoy additional benefits from pharmacies and hospitals beyond discounts. Items (2.3.2.4), (2.3.2.5), (2.3.2.6), and (2.3.2.7), all with means above 3.57, also reflect strong agreement that they feel prioritized in hospital lines and are satisfied with the quality of care in public hospitals. The lowest-rated items, (2.3.2.2) with a mean of 2.69 (SD = 1.48) and (2.3.2.3) with 2.70 (SD = 1.46), show only agreement regarding the use and acceptance of PhilHealth in hospitals.

With an overall mean of 3.35 and a standard deviation of 0.87, the findings show that elderly individual respondents agree they receive accessible and satisfactory free medical services from government establishments. However, challenges remain in the use and coverage of PhilHealth. Under the Expanded PhilHealth benefits, all Filipino elderly are entitled to health insurance and free medical services in government hospitals and clinics.

Table 15.3: Percentage and Frequency Distribution of the Respondents according to Non -Government Organization

NGO	Frequency	Percentage	Cumulative %
None	98	98.0 %	98.0 %
Red Cross	1	1.0 %	99.0 %
Church, Red Cross, Knight of Columbus	1	1.0 %	100.0 %

This table shows that 98% of elderly individual respondents reported no support from NGOs, while only 1% received help from the Red Cross and another 1% from multiple organizations such as the Church, Red Cross, and Knights of Columbus. Overall, NGO support is very limited, leaving many needs in health, nutrition, mental wellness, and social inclusion unmet. This finding is consistent with Simsek et al. (2021), who noted that lack of institutional and community support contributes to these unmet needs among the elderly individual respondents.

Problem 3: Level of resiliency among elderly individual respondents in terms of:

Table 16: Median and Standard Deviation of the Respondents according to Mental Resilience

Mental	Median	Standard Deviation	Verbal Interpretation
3.1.1 I feel like I live a purpose-driven life where I can make my own decisions and take charge of my own direction	4.00	0.383	Highly Resilient
3.1.2 I feel fulfillment in my life, recognizing its many fascinating aspects, which contribute to my general happiness and positive outlook for the future	4.00	0.581	Highly Resilient
3.1.3 I feel that I am capable of forgiving myself and others	4.00	0.393	Highly Resilient
3.1.4 I feel it easy to embrace whatever life throws at me and I am capable of independently finding	4.00	0.307	Highly Resilient

solutions to solve my problems while maintaining a positive outlook			
3.1.5 I feel that beliefs guide my life, shaped by my past experiences that have taught me	4.00	0.261	Highly Resilient
3.1.6 I feel focused on my tasks and can always control how I present myself in the way I want to	4.00	0.391	Highly Resilient
3.1.7 I feel that it is important to focus on what I can control and choose not to stress about things that are beyond my control	4.00	0.424	Highly Resilient
3.1.8 I feel like I have made mostly positive choices in my life	4.00	0.427	Highly Resilient
3.1.9 I feel that my current challenges are a consequence of past mistakes, but I believe that performing good deeds can counteract bad luck	4.00	0.383	Highly Resilient
3.1.10 I feel patient and I understand the realities of life	4.00	0.355	Highly Resilient
Average of means	4.00	0.197	Highly Resilient

Note: Level of resiliency among elderly Median Interpretation 1.00 - 1.50 (Not Resilient), 2.00 - 2.50 (Slightly Resilient), 3.00 - 3.50 (Resilient), 4.00 (Highly Resilient)

The results show that the elderly individual respondents have a high level of mental resilience, with a consistent median score of 4.00 across all indicators. They demonstrate a strong sense of purpose, independence, optimism, and adaptability in facing life's challenges. Most respondents believe they have made positive life choices, remain guided by past experiences, and accept life's realities with maturity. The low standard deviation values (0.261–0.581) indicate consistent perceptions of resilience among the group.

These findings support the World Health Organization's (WHO, 2024) view that mental health is a vital part of healthy aging. WHO emphasizes that beyond the absence of mental illness, mental health includes the ability to manage emotions, relationships, and challenges effectively. Promoting resilience is therefore essential to help the elderly individual respondents maintain independence, autonomy, and quality of life despite physical and social changes.

Table 17: Median and Standard Deviation of the Respondents according to Physical Resilience

Physical	Median	Standard Deviation	Verbal Interpretation
3.2.1 I am capable of physically doing the things I need and want to do	4.00	0.321	Highly Resilient
3.2.2 I am capable of doing things on my own	4.00	0.307	Highly Resilient
3.2.3 I am capable of having a sustained level of energy to do the things I need and want to	4.00	0.293	Highly Resilient
3.2.4 I am capable of maintaining myself as a healthy person	4.00	0.447	Highly Resilient

3.2.5 I am capable of taking care of the place where I live	4.00	0.293	Highly Resilient
3.2.6 I am capable of participating in the leisure activities that I want	4.00	0.351	Highly Resilient
3.2.7 I am capable of finding and using the learning/training resources I want	4.00	0.362	Highly Resilient
3.2.8 I am capable of getting around my home and neighborhood	4.00	0.278	Highly Resilient
3.2.9 I am capable of finding and using the community services I need	4.00	0.278	Highly Resilient
3.2.10 I am capable of organizing my routine so that I can do the things that are important to me	4.00	0.293	Highly Resilient
Average of means	4.00	0.278	Highly Resilient

Note: Level of resiliency among elderly Median Interpretation 1.00 - 1.50 (Not Resilient), 2.00 - 2.50 (Slightly Resilient), 3.00 - 3.50 (Resilient), 4.00 (Highly Resilient)

The data indicate a high level of physical resilience among elderly individual respondents, with all items rated at a median of 4.00 and low standard deviations, showing consistent responses. They strongly agree that they can handle daily tasks, manage their health, join leisure activities, and use community resources, reflecting confidence in their ability to stay independent and physically capable.

These findings support the Selective Optimization with Compensation (SOC) Theory by Margaret and Paul Baltes, which explains how elderly individuals adapt to aging by prioritizing key activities (selection), maximizing their abilities (optimization), and finding ways to overcome limitations (compensation). The high physical resilience observed suggests that respondents actively apply these strategies, showing that successful aging is achieved not by avoiding decline but by effectively managing it through intentional adaptation. Supporting these findings, Zhang et al. (2023) studied over 6,500 elderly individuals and found that higher physical resilience maintaining function despite stressors was linked to lower risks of mortality, falls, and hospitalization. This aligns with the current study, where respondents' high self-assessed physical abilities suggest a protective factor for long-term health and independence.

Table 18: Median and Standard Deviation of the Respondents according to Social Resilience

Social	Median	Standard Deviation	Verbal Interpretation
3.3.1 When I am sick or in need of care, my family and friends are there to take care of me	4.00	0.293	Highly Resilient
3.3.2 When I am troubled or have something on my mind, my family and friends are there willing to offer a listening ear	4.00	0.404	Highly Resilient
3.3.3 When an emergency occurs, I can count on my family and friends to help me out	4.00	0.404	Highly Resilient
3.3.4 When I encounter difficulties, I can count on my family and friends to give me advice	4.00	0.438	Highly Resilient

3.3.5 When I feel troubled, I can count on my family and friends to reassure and encourage me	4.00	0.219	Highly Resilient
3.3.6 When I need support, my family and friends are helping me with the trivial matters of everyday life	4.00	0.243	Highly Resilient
3.3.7 When my family and friends face problems, they can also rely on me	4.00	0.278	Highly Resilient
3.3.8 When I interact with others, I am capable of getting along with them and making new friends	4.00	0.414	Highly Resilient
3.3.9 When I communicate, I can effectively make myself understood by others	4.00	0.243	Highly Resilient
3.3.10 When I engage in my community, I hold additional roles that allow me to participate in the social activities I want	4.00	0.810	Highly Resilient
Average of means	4.00	0.178	Highly Resilient

Note: Level of resiliency among elderly Median Interpretation 1.00 - 1.50 (Not Resilient), 2.00 - 2.50 (Slightly Resilient), 3.00 - 3.50 (Resilient), 4.00 (Highly Resilient)

The results show that elderly individual respondents have high social resilience, with a median score of 4.00 across all indicators. They feel well-supported by family and friends during illness, emergencies, and daily tasks, receive emotional support and guidance, and maintain mutual care. Elderly individual respondents also report strong interpersonal skills, effective communication, and active community participation, reflecting a generally strong sense of social connectedness.

The high social resilience observed in the elderly individual respondents aligns with Feliciano et al.'s (2022) Aging-related Resiliency Theory, which highlights that adaptive resilience in old age stems from strong psychosocial resources, including social support and interpersonal connections. Respondents' strong family and friend networks reflect these core components of adaptive resilience.

Problem 4: Relationship between the demographic profile and social support among elderly individual respondents

Table 19: Relationship of Social Support and Sex

Variables	r	df	p-value	Decision	Remarks
Coming from Family and Friends	-0.242	98	0.015	Reject H_{01}	Significant
Barangay and Community-based support and services	-0.255	98	0.010	Reject H_{01}	Significant
Expanded Senior Citizens Act of 2010	-0.063	98	0.536	Accept H_{01}	Not Significant
Non-Government Organization	-0.168	98	0.095	Accept H_{01}	Not Significant

Note: Pearson r interval coefficient 0.00-0.199 (very weak relationship), 0.20-0.399 (weak relationship), 0.40-0.599 (moderate relationship), 0.60-0.799 (strong relationship), 0.80-1.000 (very strong relationship). The level of significance is 0.05.

The Pearson's r value of support coming from family and friends and barangay indicates a weak negative relationship. This shows that male and female elderly individual respondents may experience different levels of social support. Additionally, their p -values are lower than the alpha level of 0.05, which means that the null hypothesis should be rejected, indicating significant correlation. On the other hand, the Pearson's r value of sex and expanded senior act of 2010, and Non-Government Organization indicates a very weak negative relationship. This shows that there is almost no association or no statistically significant correlation between the two variables. Moreover, their p -values are higher than the alpha level of 0.05, which means that the null hypothesis is retained indicating a no significant correlation.

In contrast to the current study conducted by student researchers, a study by Tawacal et al. (2024) found no significant relationship between the sex of older adults and their level of satisfaction with healthcare services offered at their barangay health center. This suggests that respondents' satisfaction is influenced by how much they utilize the services. Therefore, it is crucial to prioritize the level of utilization and satisfaction with community-based healthcare among older adults, as these factors are commonly used to measure the quality of healthcare. However, Inabangan et al. (2019), as cited in a study conducted by Bunda and Trinidad (2024), found statistically significant differences in satisfaction levels among different groups. These differences were based on factors including gender, suggesting that a senior citizen's gender might influence their satisfaction with the Act, indicating that their perceptions and experiences of the benefits and support systems could vary. In addition, their research concluded that RA 9994 was effectively implemented at the establishment level, meaning there was no gap between the benefits mandated and those actually provided to senior citizens.

The study conducted by Mobolaji and Akinyemi (2022), reveals that older adults in Southwestern Nigeria face challenges in accessing traditional family support networks due to social changes and economic difficulties. For example, evidence indicates that older mothers often receive more support from their children, particularly daughters, compared to older fathers. As a result, there is a growing reliance on alternative sources of support, such as NGOs. However, significant gender disparities exist in accessing these complementary support systems, with older men frequently experiencing more neglect and unmet needs than women.

Table 20: Relationship of Social Support and Living Arrangement

Variables	r	df	p -value	Decision	Remarks
Coming from Family and Friends	-0.221	98	0.027	Reject H_{01}	Significant
Barangay and Community-based support and services	0.031	98	0.760	Accept H_{01}	Not Significant
Expanded Senior Citizens Act of 2010	-0.139	98	0.167	Accept H_{01}	Not Significant
Non-Government Organization	0.179	98	0.075	Accept H_{01}	Not Significant

Note: Pearson r interval coefficient 0.00-0.199 (very weak relationship), 0.20-0.399 (weak relationship), 0.40-0.599 (moderate relationship), 0.60-0.799 (strong relationship), 0.80-1.000 (very strong relationship). The level of significance is 0.05.

The Pearson's r value of living arrangement and support coming from family and friends indicates a weak negative relationship, suggesting that the living arrangement of the elderly individual respondents may affect levels of social support coming from family and friends. Additionally, its p -value is lower than the alpha level of 0.05, which means that the null hypothesis should be rejected, indicating a significant correlation. On the other hand, the Pearson's r value on living arrangement and support coming from non-government organizations and barangay and community-based support and services indicates a very weak positive relationship. Moreover, the Pearson's r value of support from the expanded senior citizens act of 2010 indicates a very weak negative relationship. This shows that there is almost no association or no statistically

significant correlation between the variables. Moreover, the p-values of support from barangay and community-based support and services, expanded senior citizens act, and non-government organizations are higher than the alpha level of 0.05, which means that the null hypothesis is retained, indicating no significant correlation.

Contrary to the findings of student researchers, the study by Cui et al. (2022) found that social support and health status significantly influence the living arrangement preferences of the elderly. Living with children is no longer the sole option for older adults today. Instead, community-based elderly care services or professional care institutions may become the primary means of supporting elderly citizens in our aging society. Due to changes in family structure, cultural norms, and socio-economic development, the living preferences of the elderly have gradually shifted away from cohabitation with children towards independent, home-based care.

The research by Lin et al. (2020) found that community-dwelling elderly lived a higher level of social support, presence of meanings, and search for life and life satisfaction than the elderly living in nursing homes. The research showed that social support contributed a big factor in the well-being of older adults, particularly physical, psychological, emotional, and financial support from their family and children. In addition, the community-dwelling elderly individuals received their necessary medical care in their respective community health centers, thus improving their meaning in life and gaining a higher level of life satisfaction. Moreover, the study conducted by Gerolin and Palic (2020), reveals that the level of awareness of the benefits and privileges under RA 9994 of senior citizens is generally high regardless of living conditions. This suggests that initiatives to inform seniors about their rights and privileges are effective, or that the information is readily accessible to them in urban settings.

Social support theory by Jorunn Drageset (2021), emphasizes the nature and sources of support that individuals receive. For the elderly, living arrangements such as living alone, with family, or in an institution directly impact their immediate social networks and the informal support they can access. When informal support from family or friends is limited due to these living arrangements, the theory suggests that individuals are more likely to seek or rely on formal support systems, including those provided by non-governmental organizations (NGOs). NGOs often step in to fill the gaps in support that arise from changes in family structures or specific living situations.

Table 21: Relationship of Social Support and Employment Status

Variables	r	df	p-value	Decision	Remarks
Coming from Family and Friends	0.167	98	0.097	Accept H_{01}	Not Significant
Barangay and Community-based support and services	-0.022	98	0.827	Accept H_{01}	Not Significant
Expanded Senior Citizens Act of 2010	0.273	98	0.006	Reject H_{01}	Significant
Non-Government Organization	0.151	98	0.134	Accept H_{01}	Not Significant

Note: Pearson r interval coefficient 0.00-0.199 (very weak relationship), 0.20-0.399 (weak relationship), 0.40-0.599 (moderate relationship), 0.60-0.799 (strong relationship), 0.80-1.000 (very strong relationship). The level of significance is 0.05.

The Pearson's r value on employment status and social support from expanded senior citizens act of 2010 indicates a weak positive relationship. This shows that as the employment status of elderly individual respondents improves there is a slight increase in their perceived social support coming from the act. Additionally, its p-value is lower than the alpha level of 0.05, which means that the null hypothesis should be rejected, indicating significant correlation. On the other hand, the Pearson's r value of support coming from family and friends and non-government organizations indicates a very weak positive relationship. However, the Pearson's r value of support coming from barangay and community-based support and services indicates a

very weak negative relationship. This shows that there is almost no association or no statistically significant correlation between the variables. Moreover, the p-values of support from barangay and community-based support and services, non-government organizations, and family and friends are higher than the alpha level of 0.05, which means that the null hypothesis is retained, indicating no significant correlation.

A study by Park and Kim (2025) reveals that having a job is essential for building social connections, which plays a significant role in healthy aging. Interestingly, more older adults are choosing to stay in the workforce even after reaching 65 years old. For example, in South Korea, 36.9% of people over 65 were employed in 2020. This trend suggests that working not only provides financial support but also helps older adults feel more socially engaged and satisfied with their lives. Similarly, in a recent study by Pallen and Pascual-Dormido (2025) it was found that factors such as employment status and access to resources play a crucial role in how satisfied individuals are with healthcare services in their communities. It implies that those with jobs may have a more positive experience with barangay health care services. This calls for a deeper investigation into how local governments can address these disparities and improve health service delivery, particularly by focusing on programs that uplift the livelihood of senior citizens. Thus, potentially leading to higher satisfaction levels and better health outcomes for the elderly population.

Social support theory by Jorunn Drageset (2021), posits that an individual's social network and the resources derived from it (emotional, instrumental, informational) are crucial for well-being. In the Philippine context, the employment status of senior citizens significantly affects their financial and social resources. Those who are unemployed or retired often see a decline in traditional social networks, such as connections with colleagues, which leads to an increased reliance on alternative support systems. While the Expanded Senior Citizens Act of 2010 (Republic Act No. 9994) aims to offer various benefits and privileges to seniors, challenges in practical implementation and awareness create gaps in support. Moreover, non-governmental organizations (NGOs) frequently step in to address these gaps, providing essential assistance, advocacy, and opportunities for social engagement, complementing government initiatives to enhance their well-being.

Table 22: Relationship of Social Support and Business Owner

Variables	r	df	p-value	Decision	Remarks
Coming from Family and Friends	0.075	98	0.460	Accept H_{01}	Not Significant
Barangay and Community-based support and services	0.249	98	0.013	Reject H_{01}	Significant
Expanded Senior Citizens Act of 2010	0.086	98	0.392	Accept H_{01}	Not Significant
Non-Government Organization	0.074	98	0.466	Accept H_{01}	Not Significant

Note: Pearson r interval coefficient 0.00-0.199 (very weak relationship), 0.20-0.399 (weak relationship), 0.40-0.599 (moderate relationship), 0.60-0.799 (strong relationship), 0.80-1.000 (very strong relationship). The level of significance is 0.05.

A Pearson's r value on having business and social support from barangay and community-based support and services indicates a weak positive relationship. This shows that whether the elderly individual respondent is a business owner there is a slight increase in their perceived social support coming from the barangay and community-based support and services. Additionally, its p-value is lower than the alpha level of 0.05, which means that the null hypothesis should be rejected, indicating a significant correlation. On the other hand, the Pearson's r value on support from expanded senior citizens act of 2010, family and friends, and non-government organizations indicates a very weak positive relationship. This shows that there is almost no association or no statistically significant correlation between the two variables. Moreover, their p-values are higher than the alpha level of 0.05, which means that the null hypothesis is retained, indicating no significant correlation.

In contrast, social support theory by Jorunn Drageset (2021), posits that individuals rely on a diverse network of relationships for emotional, instrumental, and informational support. For an elderly business owner, their entrepreneurial role can influence their financial independence and social networks, potentially altering the type and amount of support they seek from family and friends. To add to that, elderly business owners often support their families financially by leveraging their entrepreneurial skills and experience to generate income, thus fulfilling family obligations and providing assistance to members who may be struggling economically. Simultaneously, the formal and informal support structures of the barangay and local community provide foundational safety nets, while NGOs offer services that might fill gaps not covered by personal networks or government provisions. The Expanded Senior Citizens Act of 2010 aims at providing statutory benefits and privileges, acting as another crucial layer of social support. Social Support Theory allows for an analysis of how these various, often overlapping, sources of support interact and collectively contribute to the well-being of elderly business owners, highlighting how their employment status might shape their needs and access to these different support systems in the Philippines.

Table 23: Relationship of Social Support and Pensioner

Variables	r	df	p-value	Decision	Remarks
Coming from Family and Friends	-0.059	98	0.558	Accept H_{01}	Not Significant
Barangay and Community-based support and services	0.119	98	0.237	Accept H_{01}	Not Significant
Expanded Senior Citizens Act of 2010	0.216	98	0.031	Reject H_{01}	Significant
Non-Government Organization	-0.089	98	0.378	Accept H_{01}	Not Significant

Note: Pearson r interval coefficient 0.00-0.199 (very weak relationship), 0.20-0.399 (weak relationship), 0.40-0.599 (moderate relationship), 0.60-0.799 (strong relationship), 0.80-1.000 (very strong relationship). The level of significance is 0.05.

The Pearson's r value on having a pension and social support from expanded senior citizens act of 2010 indicates a weak positive relationship. This shows that whether the elderly individual respondent is a pensioner there is a slight increase in their perceived social support coming from the expanded senior citizens act of 2010. Additionally, its p-value is lower than the alpha level of 0.05, which means that the null hypothesis should be rejected, indicating a significant correlation. On the other hand, the Pearson's r value on support from barangay and community-based support and services indicates a very weak positive relationship. However, the Pearson's r value on having a pension and support from non-government organizations and family and friends indicates a very weak negative relationship. This shows that there is almost no association or no statistically significant correlation between the variables. Moreover, the p-values of support from family and friends, non-government organizations, and barangay and community-based support and services are higher than the alpha level of 0.05, which means that the null hypothesis is retained, indicating no significant correlation.

Contrary to a study conducted by Wang et al. (2022) revealed that health poverty vulnerability among the elderly population was related to the informal social support network. It is important to recognize the role of informal channels such as children, spouses, relatives and friends in providing daily care and financial support for elderly individuals in rural areas. Additionally, the government and other formal organizations should actively support elderly individuals and their families, who are particularly vulnerable to health poverty.

In contrast to the findings of the current study of the student researchers, social support theory by Jorunn Drageset (2021), offers a valuable way to understand how various factors affect the well-being of senior citizens, where it is greatly affected by the support they receive from their social networks. Whether a senior

citizen is a pensioner or a non-pensioner it significantly affects their financial stability. This, in turn, influences their need for external help, including financial support or basic necessities. Local community resources within barangays provide accessible support networks that offer emotional, informational, and practical assistance, often in informal or semi-formal ways. Non-Governmental Organizations (NGOs) provide services to those who do not receive pensions and may have high unmet needs. Additionally, the Expanded Senior Citizens Act of 2010 (RA 9994) from the government provides mandated benefits and privileges, particularly aiding those who are economically disadvantaged. In summary, Social Support Theory highlights how these various sources of support work together to help senior citizens manage challenges, with access to these resources often determined by their financial situation.

Table 24: Relationship of Social Support and Comorbidity

Variables	r	df	p-value	Decision	Remarks
Coming from Family and Friends	-0.161	98	0.110	Accept H_{01}	Not Significant
Barangay and Community-based support and services	-0.158	98	0.115	Accept H_{01}	Not Significant
Expanded Senior Citizens Act of 2010	-0.326	98	<0.001	Reject H_{01}	Significant
Non-Government Organization	0.067	98	0.508	Accept H_{01}	Not Significant

Note: Pearson r interval coefficient 0.00-0.199 (very weak relationship), 0.20-0.399 (weak relationship), 0.40-0.599 (moderate relationship), 0.60-0.799 (strong relationship), 0.80-1.000 (very strong relationship). The level of significance is 0.05.

The Pearson's r value on support from expanded senior citizens act of 2010 indicates a weak negative relationship. This shows that whether the elderly individual respondent has comorbidity may affect levels of social support coming from the expanded senior citizens of 2010. Additionally, its p-value is lower than the alpha level of 0.05, which means that the null hypothesis should be rejected, indicating significant correlation. On the other hand, the Pearson's r value on having a comorbidity and social support from non-government organization indicates a very weak positive relationship. However, the Pearson's r value on support coming from family and friends and barangay and community-based support and services indicates a very weak negative relationship. This shows that there is almost no association or no statistically significant correlation between the variables. Moreover, the p-values of support from non-government organizations, barangay and community-based support and services, and family and friends are higher than the alpha level of 0.05, which means that the null hypothesis is retained, indicating no significant correlation.

The study by Liao et al. (2023) highlights the critical interplay between the comorbidity of health issues in older adults and the support they receive from family and friends. It reveals that older individuals often face significant economic burdens due to multiple chronic conditions, making them particularly vulnerable to poverty. The research indicates that family assistance can be a key factor in alleviating these financial pressures, but it also underscores the need for comprehensive health security measures and higher levels of medical expense compensation to effectively support older adults. Such enhancements in health care provisions could help mitigate the adverse effects of comorbidities while bolstering the role of familial support, ultimately fostering better overall well-being and financial stability for this demographic.

A study by Zhang et al. (2024) revealed that when older individuals face severe or unforeseen health problems, formal social security support and services are inadequate. This included access to social medical insurance and the number of services available to older individuals in the community. The research indicates that many elderly individuals struggle to access essential services such as social medical insurance and community-based assistance. This situation calls for policymakers to reevaluate and enhance existing social security frameworks, ensuring they provide comprehensive and easily accessible resources for individuals to be empowered to manage their health more effectively and improve their overall quality of life in times of need.

Contrary to the study conducted by Carandang et al. (2024), underscores the critical role of the Expanded Senior Citizens Act of 2010 in enhancing medication compliance for senior citizens with hypertension. This legislation provides a 20% discount on medications, a benefit crucial for improving adherence to prescribed treatments. However, the study highlights that many seniors remain unaware of these benefits. It reveals that those who express satisfaction with the Act's medication-related provisions and consistently utilize their senior identification cards tend to demonstrate higher compliance with their antihypertensive medications. This correlation emphasizes the importance of raising awareness and educating senior citizens about the available discounts and how to leverage their identification cards effectively. By addressing these knowledge gaps through targeted educational initiatives, it can significantly improve health outcomes among seniors by ensuring they fully benefit from the provisions designed to support their medical needs.

Problem 5: Relationship between demographic profile and level of resiliency among the elderly individual respondents?

Table 25: Relationship between Age Range and Level of Resiliency

Variables	Spearman rho	df	p-value	Decision	Remarks
Mental Resilience	-0.236	98	0.018	Reject H_{02}	Significant
Physical Resilience	-0.077	98	0.444	Accept H_{02}	Not Significant
Social Resilience	-0.001	98	0.991	Accept H_{02}	Not Significant

Note: Spearman descriptor to both positive & negative relationships: 0.01-0.19 (negligible relationship), 0.20-0.29 (weak relationship), 0.30-0.39 (moderate relationship), 0.40-0.69 (Strong relationship), ≥ 0.70 (very strong relationship), adapted from Dancey & Reidy, 2004. The level of significance is 0.05.

A Spearman's rho value of the age range and level of resiliency above indicates a negligible relationship, suggesting that there is no correlation between the variables. Moreover, the p-values on physical and social resiliency are higher than the alpha level of 0.05, which means that the null hypothesis is retained. Therefore, there is no significant correlation between the respondents' age range and their physical and social resiliency. On the other hand, the spearman rho value on mental resiliency with a p-value of 0.018 which is less than the significance level of 0.05, we reject the null hypothesis. Therefore, there is a significant correlation between age range and the respondents' mental resiliency. This shows that in the absence of sufficient social support, mental resiliency tends to slightly decline as age increases. As a result, elderly who get enough support become more mentally resilient.

In contrast, Jamfa et al. (2024) reveals that personal factors such as gender, salary, marital status, educational attainment, diseases, and age are directly related to the resilience of the elderly individuals. Their study emphasizes that as the age increases, resilience tends to decrease suggesting the importance of considering age when planning health interventions for elderly individuals. Furthermore, these will help the elderly individuals to foster resilience and cope with age related changes, accept themselves, improve self-esteem and maintain a good quality of life.

Additionally, in a proposed theory of Erik Erikson's stages of psychosocial development that consists of two traits one is positive and the other is negative. Every life stage has its proposed strengths and weaknesses. Erikson's theory explains that in order for an individual to move to the next stage, a conflict or psychosocial crises must be resolved for a better personality growth. However, if the crisis remains unresolved, it can negatively affect the future stages and overall well-being. In line with this study elderly individuals are in the stage of generativity vs. stagnation that covers the age range from 40 to 65 years old. In this stage, if one was able to contribute to the well-being of others that can foster generativity while on the other hand stagnation occurs when they feel unproductive and not making a positive impact on others. This stagnation correlates that

as the people get older the resilience tends to decrease as they feel a sense of unproductiveness, uninvolvement with the community and society that greatly affects their mental resilience and possibly may lead to feeling of restlessness.

The study conducted by Gorska et al. (2021) showed that age showed no associations with resilience, suggesting that age alone may not significantly impact physical resilience in elderly individuals. The review emphasizes that the physical and psychological well-being were associated with higher resilience for those who had access to and quality of social support. Furthermore, Cetingok S. & Irmak H.S. (2022) reveals the importance of psychological resilience as a key factor in maintaining well-being of elderly individuals as they age. They emphasized that age alone is not a determinant of resilience or adaptation ability. Instead, internal psychological factors and external support systems play a bigger role. In summary, resilience in elderly individuals is not age-dependent; rather it depends on how the elderly adapt and are well supported by various social supports available for them to age gracefully.

Problem 6: Difference between the social support and level of resiliency among elderly individual respondents

Table 26: Difference between Social Support and Social Resiliency

Factor	χ^2	df	p-value	Decision	Remarks
Friends & Family	9.9033	2	0.007	Reject H_{03}	Significant
Barangay	0.6849	2	0.710	Accept H_{03}	Not Significant
Expanded Senior Act	4.2599	2	0.119	Accept H_{03}	Not Significant
NGO coded	0.0842	2	0.959	Accept H_{03}	Not Significant

Note: The statistical test used is the Kruskal-Wallis test. The test follows a Chi-square distribution with a degree of freedom 2 with a critical value of 5.991. A Significance level of 0.05.

Based on the table, the social resilience and social support received by the respondents have a lower Kruskal-Wallis value than the critical value ($df = 2$, critical value = 5.991). This means that there's no significant difference between the physical resilience and the respondents' social support received. Additionally, it has a higher p-value than the alpha level of 0.05, which suggests that the null hypothesis should be retained. On the other hand, the value of support coming from family and friends has a higher KruskalWallis than the critical value, which suggests that there's a difference between the variables. This is in line with the p-value, which is lower than the 0.05 alpha level. Therefore, there is a significant difference between social resilience and support coming from family and friends. This suggests that support from friends and family plays an important role in helping elderly individual respondents stay socially connected and resilient.

In contrast, Resna et al. (2022), propose a broader range of social factors including not only family and friends but also neighbors, governments, and community-based programs as important elements in preventing and reducing loneliness in elderly individual respondents. Their review outlines numerous variables, such as emotional support, societal involvement, home care services, and emergency assistance, as potential contributors to reducing social isolation and enhancing well-being.

Problem 7: Difference between the level of resiliency of elderly individual respondents when grouped according to profile

Table 27: Difference among Level of Resiliency according to Age Range, Marital Status, Educational Attainment, Living Arrangement, Employment Status, and Monthly Income as to Mental Resilience

Factor	χ^2	df	p-value	Decision	Remarks
Age Range	5.5000	1	0.019	Accept H_{04}	Significant

Marital Status	1.5462	1	0.214	Reject H_{04}	Not Significant
Educational Attainment	0.0569	1	0.812	Reject H_{04}	Not Significant
Living Arrangement	0.0704	1	0.791	Reject H_{04}	Not Significant
Employment Status	0.3416	1	0.559	Reject H_{04}	Not Significant
Monthly Income	0.2170	1	0.641	Reject H_{04}	Not Significant

Note: The statistical test used is the Kruskal-Wallis test. The test follows a Chi-square distribution with a degree of freedom 1 with a critical value of 3.841. A Significance level of 0.05.

Based on the table, the age range has a significant correlation with mental resilience since its p-value is 0.019, which is lower than the alpha level of 0.05. This shows that age seems to play an important role or is associated in determining how mentally resilient elderly individual respondents perceive. Other profiles, namely, educational attainment, living arrangement, monthly income, employment status, and marital status, have a higher p-value than the alpha level of 0.05 which suggests that mental resilience levels did not significantly vary. These non-significant p-values, indicating that these do not appear to be significant factors in explaining variations in their mental resilience.

A larger χ^2 value means there are bigger differences in the ranks between the groups, suggesting a stronger difference in medians. The Age Range with an χ^2 value of 5.5000 indicates greater observed differences in how elderly individual respondents in different groups view resilience, pointing to a stronger difference in their experiences. This implies that social supports aimed at enhancing mental resilience in the elderly might need to consider age-specific approaches, as older age groups may experience or express resiliency differently. Following Age Range, Marital Status showed the next highest χ^2 value, though it was not statistically significant. The remaining factors such as the Employment Status, Monthly Income, Living Arrangement, and Educational Attainment, presented progressively smaller χ^2 values, reinforcing the conclusion that these factors do not significantly differentiate the mental resilience levels among the elderly individual respondents.

In contrast to the findings of the current study of the student researchers to the findings of Liao et al. (2022), indicate that older adults living with family exhibit a slightly higher level of psychological resilience compared to those living alone or in institutions. This suggests that the life satisfaction of older adults who live alone is relatively low, primarily due to their desire for interpersonal communication, which is often unmet when children are not present. This lack of social support results in insufficient daily care, spiritual comfort, and social participation, leading to increased feelings of loneliness and depression, further diminishing their psychological resilience. Additionally, the analysis took into account older adults' living arrangements, which have been shown to significantly influence life satisfaction, highlighting the importance of social connections and support in enhancing the well-being of older adults.

In contrast to the results of the current study of the student researchers, the study conducted by Zhou et al. (2023) found that self-employment has a positive effect on the mental health of younger elderly people, specifically those aged 60 to 64 in China. Their study highlights that having a job or running a business can help reduce feelings of depression and enhance overall mental well-being. This suggests that self-employment may provide not only financial support but also a sense of purpose and social engagement, which are crucial for mental health during this stage of life.

In contrast to the results of the current study of the student researchers, the study conducted by Qui et al. (2023), found that the actual income of older adults did not affect their resilience. They suggested that how they feel about their financial situation is more important for understanding their well-being than the actual amount of money they have. In other words, their personal feelings about their finances may give a better picture of their living conditions than just looking at their income.

Table 28: Difference among Level of Resiliency according to Age Range, Marital Status, Educational Attainment, Living Arrangement, Employment Status, and Monthly Income as to Social Resilience

Factor	χ^2	df	p-value	Decision	Remarks
Age Range	0.440	2	0.803	Accept H_{04}	Not Significant
Marital status	3.787	2	0.151	Accept H_{04}	Not Significant
Educational Attainment	2.416	2	0.299	Accept H_{04}	Not Significant
Living Arrangement	6.110	2	0.047	Rejected H_{04}	Significant
Employment Status	0.199	2	0.905	Accept H_{04}	Not Significant
Monthly Income	0.217	2	0.897	Accept H_{04}	Not Significant

Note: The statistical test used is the Kruskal-Wallis test. The test follows a Chi-square distribution with a degree of freedom 2 with a critical value of 5.991. A Significance level of 0.05.

As shown in the table, among all the demographic profiles, the living arrangement has a significant difference with social resilience with a p-value of 0.047, which is slightly lower than the significance level of 0.05. This suggests that an elderly individual's living situation (e.g., living with children, with relatives, with non-relative, alone) may affect their level of resiliency. Other profiles namely, employment status, monthly income, age range, educational attainment, and marital status that have a higher p-value than the significance level of 0.05, indicating no significant difference. A larger χ^2 value means there are bigger differences in the ranks between the groups, suggesting a stronger difference in medians. The living arrangement with an χ^2 value of 6.110 indicates a greater observed difference between groups, suggesting that the social resilience of an elderly individual varies depending on their living situation whether with whom or where an elderly individual lives can meaningfully impact their social resilience. Other demographic profiles, such as marital status, educational attainment, age range, monthly income, and employment status, with lower χ^2 values show no significant difference in social resiliency.

Among all the demographic variables only the living arrangements significantly influences the social resilience among elderly individuals. A study by Gao, Q., et al. (2024) highlighting the importance of social networks over living arrangements. However, for those elderly individuals who are living alone may often experience reduced social support that leads to risk of depression and decreased resilience compared to those who are residing with family members that can provide emotional and practical support. Additionally, a study by Wei, K. et al (2022) reveals that though living arrangements can modify the association of loneliness with adverse health outcomes. Those elderly individuals who lived alone were more likely to experience loneliness which can negatively impact their mental and physical functioning. This highlights the importance of where we live and the people around us play a big role in how we age and what we can do as we age. (WHO, 2023).

Problem 8: Recommendation proposed based on the enhancement of elderly resilience program on the output of the study

Proposed Resiliency Program Title: "Stronger with Age: Building Resilience for a Better Mind, Body and Social Health"

Objectives/Goals

- Strengthen support systems from family, friends, and the community to improve the overall well-being of elderly individuals both at home and in the community.
- Enhance local services to promote mental, social, and physical resilience through active participation in community programs.

- Understand the needs of elderly individuals to help them fully maximize the benefits from the Expanded Senior Citizens Act of 2010 and impel a supportive community programs and policies that provide a safe and caring environment.
- Program Components: Educational Initiatives
- Develop brochures and posters that provide clear and factual information about resilience among elderly individuals.
- Encourage elderly individuals to participate and socialize in the community with other elderly individuals sharing their experiences, stories, and receive support from each other fostering social and mental resilience.
- Encourage families and communities to spend time with the elderly while recognizing their needs and understanding the challenges they faced, making them feel heard, cared, and loved.



Figure 8: Infographics “Kaagapay sa Pagtanda: Suporta ang sandigan ng matatanda”

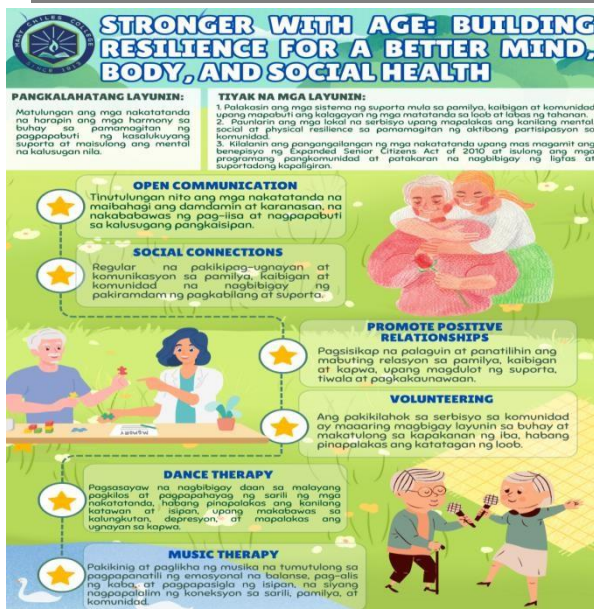


Figure 9: Proposed Resilience Program

SUMMARY, CONCLUSION AND RECOMMENDATIONS

This chapter represents the summary of findings, conclusions, and recommendations.

Summary of Findings

The following were the findings of the study.

Most respondents (75%) belong to the 60–75 age group, while 25% are in the 75–90 bracket. The elderly respondents are mostly female (58%), while males account for 42%. Nearly half are married (46%), followed by widowed (41%), single (11%), and only 1% each divorced or preferred not to say. Educationally, Half (50%) reached high school level, 25% elementary, 21% college, 3% vocational, and 1% formal vocational training. Most elderly live with their children (71%), some with relatives (21%), a few live alone (5%), and others with non-relatives (3%). The majority are unemployed (66%), while others are self-employed (10%), retired (8%), part-time employed (8%), and full-time employed (8%). Financially, Almost all respondents (95%) earn below ₱10,957 monthly, with only 5% earning above this threshold. Furthermore, a small portion (21%) own a business, while the majority (79%) do not and most are classified as indigent (76%), while 24% are not. When it comes to comorbidities, hypertension is the most common (62%), followed by diabetes (23%), arthritis (20%), high cholesterol (11%), while fewer reported heart disease, respiratory illness, or cancer (2% each), renal problems (1%), and other conditions (6%).

Family and friends provide financial support with an average mean of 2.82, interpreted as agree, Emotional support has the highest rating, with an average mean of 3.88, interpreted as strongly agree, and assistance with daily activities has an average mean of 2.78, interpreted as agree.

Barangay and community support for transportation is low, with an average mean of 2.17, interpreted as disagree, information support has a high average mean of 3.49, interpreted as strongly agree, and recreational support has an average mean of 2.84, interpreted as agree.

The Expanded Senior Citizens Act of 2010 provides discounts with an average mean of 3.49, interpreted as strongly agree and free medical services have an average mean of 3.35, interpreted as strongly agree.

The elderly respondents demonstrated high mental resilience, with a median score of 4.00 across all ten indicators. They consistently agreed with positive traits such as purpose-driven living, fulfillment, patience, optimism, and emotional strength. The low standard deviations (0.197) suggest strong consensus, indicating that mental resilience is a well-established trait among the respondents.

The respondents also showed high physical resilience, reflected in a median score of 4.00 for all ten indicators. They reported strong independence in daily tasks, maintaining health, and utilizing personal and community resources. The low variability in responses (0.278) highlights a shared perception of strong physical capacity and independence among the elderly participants.

The respondents also showed high social resilience, reflected in a median score of 4.00 for all ten indicators. They highly engage in their community activities, forming new bonds, and building strong relationships with their family and friends. The low variability in responses (0.178) highlights that elderly individuals have a strong social connection, community participation, and a sense of belongingness.

Results show that sex has a very weak negative relationship with support from the Expanded Senior Citizens Act of 2010 ($p=0.536$) and NGOs ($p=0.095$), indicating no significant correlation. However, weak negative relationships were found with family and friends ($p=0.015$) and barangay/community ($p=0.010$), both of which are significant since their p -values are below 0.05.

Findings reveal that living arrangement has a weak negative relationship with family and friends ($p=0.027$), which is significant. In contrast, very weak positive relationships were observed with NGOs ($p=0.075$) and barangay/community ($p=0.760$), and a very weak negative with the Senior Citizens Act ($p=0.167$), none of which are significant as their p -values exceed 0.05.

Employment status shows a weak positive relationship with the Senior Citizens Act ($p=0.006$), which is significant. In contrast, very weak positive relationships were also found with family and friends ($p=0.097$) and NGOs ($p=0.134$), and a very weak negative with barangay/community ($p=0.827$), all of which are not significant.

Elderly business owners show a weak positive relationship with barangay/community ($p=0.013$), which is significant. Meanwhile, very weak positive relationships were found with the Senior Citizens Act ($p=0.392$), family and friends ($p=0.460$), and NGOs ($p=0.466$), all of which are not significant.

Pensioners show a weak positive relationship with the Senior Citizens Act ($p=0.031$), which is significant. A very weak positive relationship was also noted with barangay/community ($p=0.237$), while very weak negative relationships were found with NGOs ($p=0.378$) and family and friends ($p=0.558$). All three are not significant.

Elderly with comorbidities show a weak negative relationship with the Expanded Senior Citizens Act ($p<0.001$), which is significant. Very weak negative relationships were found with family and friends ($p=0.110$) and barangay/community ($p=0.115$), both not significant. A very weak positive relationship was noted with NGOs ($p=0.508$), also not significant.

The age range has no significant correlation with physical resilience ($p = 0.136$) or social resilience ($p = 0.169$), but shows a significant correlation with mental resilience ($p = 0.018$), indicating that mental resilience slightly declines with age in the absence of adequate social support.

The Kruskal-Wallis results show no significant difference between social resilience and overall social support ($p = 0.257$). However, support from family and friends shows a significant difference ($\chi^2 = 6.991$, $p = 0.030$), suggesting that this type of support plays a key role in maintaining elderly respondents' social resilience.

Age range has a significant correlation with mental resilience ($p = 0.019$), indicating its role in shaping resilience levels. Other profiles—educational attainment ($p = 0.253$), living arrangement ($p = 0.143$), monthly income ($p = 0.311$), employment status ($p = 0.221$), and marital status ($p = 0.285$)—show no significant correlation.

Living arrangement has a significant effect on social resilience ($\chi^2 = 6.110$, $p = 0.047$), showing that living situations impact resiliency levels. In contrast, other profiles, including employment status ($p = 0.214$), monthly income ($p = 0.368$), age range ($p = 0.293$), educational attainment ($p = 0.401$), and marital status ($p = 0.277$), reveal no significant differences.

Conclusion

As the elderly population grows, strong social support is vital for their health and resilience. The presence of comorbidities such as hypertension, diabetes, and arthritis highlights their vulnerability, reinforcing the need for integrated geriatric healthcare and preventive services. Support from family and friends plays the most significant role in sustaining mental and social resilience. This suggests that close personal relationships remain the strongest source of resilience for the elderly. Living arrangements also affect social resilience, as those living with children, relatives, or others experience different levels of support compared to those living alone. Simple acts of care and connection can greatly improve their well-being. While barangay, NGOs, and the Expanded Senior Citizens Act showed no significant influence. NGOs rarely conduct programs across four barangays due to resource and space limitations. Additionally, barangays should expand their networks and collaboration with them to encourage them to conduct programs and activities for the elderly. Mayors should revisit and monitor barangays in distribution of resources intended for elderly individuals such as free medicines, to ensure that they adhere and distribute it to the right people. According to the elderly respondents, one of the reasons they don't always ask for the free medications is because they aren't always readily available or medications are being given out close to their expiration date. Meanwhile, policies like the Expanded Senior Citizens Act need review to ensure better access and awareness of benefits since many of the respondents are unaware of the said benefits under the policy which include educational opportunities, free medical services and medications including anti-hypertensive drugs. Additionally, they also believed that they would automatically receive a social pension at age 60. This calls for the administration to disseminate information among Local Government Units. Overall, resilience among the elderly varies depending on age, health status, and living situation, but strong social support, especially from family and friends, remains the key to helping them stay connected, valued, and resilient.

Recommendations

Community Awareness – Awareness drives must go beyond seminars by also promoting knowledge about pensions and financial preparedness. Early financial education can strengthen long-term security for future elderly populations.

Deans – Health and social work programs should integrate topics on aging and resilience in the curriculum. This equips students with awareness and empathy toward the elderly while encouraging research and student-led support initiatives.

Educational Institutions – Schools should expand elderly-focused extension programs and intergenerational activities. These build empathy among students and improve elderly well-being through social connection.

Elderly Individuals – Should engage in community activities, maintain healthy lifestyles, and pursue livelihood opportunities that enhance independence. Staying socially active fosters resilience and a sense of purpose.

Enhancement of Elderly Care – Elderly programs must be regularly reviewed to ensure holistic coverage of health, emotional, and social needs. Including elderly voices in planning ensures services remain relevant.

Family Members – Should provide consistent emotional and practical support, encourage communication, and connect elderly relatives to services. Such involvement strengthens both independence and resilience.

Future Researchers – Should explore cultural, psychological, and economic aspects of resilience with larger samples and comparative approaches. Digital inclusion and longitudinal studies are also needed to better capture changes over time.

Healthcare Providers – Must deliver holistic care that addresses physical, emotional, and social health. They should also prioritize preventive education, especially for chronic illnesses like hypertension.

Non-Government Organizations (NGOs) – Should expand outreach programs in partnership with LGUs, offering health, nutrition, and social inclusion services. Supporting elderly-led small business initiatives can also build resilience.

Nursing Students – Should engage in community immersion, research, and case studies involving elderly care. This develops competence and compassion for age-sensitive practice.

Policy Development – Policymakers should strengthen elderly-centered health, social protection, and support services. Prioritizing elderly-friendly environments and sustainable community-based programs is essential.

Society – Should promote respect and inclusion by fostering intergenerational interaction and awareness on aging. Communities must ensure elderly remain valued and socially connected.

Service Gaps in Barangay/Community and NGO Programs – Findings showed that barangay/community support and NGO programs did not significantly influence resilience among elderly respondents. This may point to gaps in program accessibility, sustainability, or awareness, with some services underutilized due to lack of information or perceived irrelevance to elderly needs. Strengthening promotion, tailoring services to real concerns (e.g., health management, daily assistance, social activities), and ensuring elderly participation in planning could improve effectiveness.

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