Services, Quality of Life, and Satisfaction of Senior Citizens in San Antonio, Quezon: Basis for Strategic Initiatives to Enhance Senior Citizens Welfare and Community Support

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Abstract

This study aims to develop strategic initiatives to improve the welfare and community support for senior citizens in San Antonio, Quezon. Specifically, it examines the extent of services, quality of life, and satisfaction of the respondents, considering their demographic profile, the health and social services they receive, the quality of life and satisfaction levels across various factors, and whether significant differences and relationships exist between these variables. The study employed a descriptive-correlational research design. A total of 351 respondents were selected using stratified proportionate sampling. Statistical analysis, including frequency count, percentage, mean, standard deviation, Spearman's rho, and Kruskal-Wallis tests were utilized for data analysis. Results showed senior citizens perceived receiving "Great Extent" of health (M=4.11, SD=0.79) and social services (M=3.97, SD=0.62). Quality of life, encompassing health status, financial security, and social aspects, was also rated "Great Extent" (M=3.98, SD=0.63). Satisfaction levels, including health, social support, and emotional well-being, were generally "Satisfied" (M=4.17, SD=0.48). Significant differences in services, quality of life, and satisfaction were observed based on demographic factors, with family income affecting services and satisfaction, and education and barangay classification influencing quality of life. Strong associations were found between services received, quality of life, and satisfaction, particularly regarding health status, social support, and emotional security. These findings highlighted that there is a need to develop strategic initiatives that aims to enhance the welfare and community support of senior citizens. Therefore, the utilization of the proposed strategic initiatives is highly recommended.

Keywords: *Senior Citizens, Services, Quality of Life, Satisfaction, San Antonio, Quezon*

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Introduction

As nations across the globe confront the profound demographic shift toward population aging, the question is no longer whether societies will age, but how well they will do so. The United Nations projects that by 2050, one in six people worldwide will be aged 65 and above, reshaping health systems, social protection mechanisms, and community structures. In response to this global transformation, the World Health Organization (WHO) launched the Decade of Healthy Ageing (2020–2030), signaling a paradigmatic shift from disease-centered care to a life-course, person-centered model that upholds functional ability, dignity, and well-being in later life (WHO, 2020; Tian & Chen, 2022). This global agenda underscores that healthy aging is not merely a medical concern but a multidimensional social imperative—intersecting with equity, inclusion, and sustainable development.

Yet, the promise of healthy aging remains unevenly realized, particularly among vulnerable elderly populations. Empirical evidence continues to reveal that age intersects with socioeconomic and geographic disadvantages. Moyani, Lobaton, Bautista, and Maguate (2023) demonstrate that older adults who are married, economically constrained, rural-based, without tertiary education, or male experience heightened barriers to accessing essential services and social protection. These findings foreground the need for differentiated, equity-driven interventions. Social welfare mechanisms—ranging from transportation assistance to utility subsidies—must be recalibrated to account for demographic risk profiles, lest well-intentioned policies inadvertently reproduce structural exclusion. In the architecture of aging policy, universality must be complemented by precision.

Within this global discourse, localities emerge as critical laboratories of innovation. In San Antonio, Quezon, the growing elderly population has prompted a deliberate community-based initiative aimed at enhancing seniors' quality of life through contextualized and responsive strategies. The program undertakes a systematic appraisal of existing services, identifying gaps in healthcare access, mobility, social participation, and financial security. Such an approach reflects the WHO's call for age-friendly environments—settings that enable older persons to "be and do what they value" across physical, social, and institutional domains.

Methodology

This study employs a descriptive-correlation design to examine the relationships among senior citizens' satisfaction, quality of life, and access to services. This approach enables the systematic identification of the magnitude and direction of associations among key variables without inferring causality, thereby providing an empirically grounded portrait of the conditions shaping older adults' well-being. By employing standardized and objective measures, the design ensures methodological rigor and analytic reliability, allowing for a nuanced understanding of how environmental, social, and personal factors converge to influence health and life outcomes in later adulthood. Consistent with international gerontological research standards, this design is well suited for generating evidence that informs policy formulation, program refinement, and community-based interventions for aging populations.

As of April 2024, the Senior Citizens Federation of San Antonio, Quezon, recorded a total of 3,970 registered senior citizens across its barangays. From this population, a sample of 351 respondents was drawn using stratified proportionate sampling to ensure equitable representation of each subgroup within the senior citizen community. This technique enhances external validity by preserving the proportional distribution of demographic and geographic characteristics across barangays.

The sample size was determined using an online sample size calculator based on the total population, yielding a statistically adequate and reliable cohort for quantitative analysis. Data collection was facilitated through SurveyMonkey, an online survey platform that enabled the efficient design, distribution, and consolidation of responses. This approach maximized data integrity and logistical efficiency while accommodating respondents' accessibility needs. Collectively, these procedures strengthened the generalizability of the findings and ensured that the results accurately reflect the diversity and lived realities of older adults in San Antonio, Quezon.

The study utilized a previously developed, validated, and reliability-tested questionnaire by Moyani, Lobaton, Bautista, and Maguate (2023). The instrument consists of three major components.

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Part I presents the data privacy notice, affirming voluntary participation, confidentiality, and adherence to ethical research standards.

Part II gathers respondents' demographic profiles, including sex, civil status, highest educational attainment, average monthly family income, and barangay classification, with optional identifiers such as name.

Part III constitutes the core instrument, measuring the availability of services and quality of life of senior citizens across multiple domains using 55 indicators, with five items per area of inquiry. These domains encompass health, social services, financial security, and living conditions, providing a multidimensional assessment aligned with international frameworks on healthy aging.

The use of a validated instrument enhances construct validity and comparability with related studies, ensuring that the findings are both methodologically sound and theoretically anchored.

Formal permission to conduct the study was obtained through a written request addressed to the head of the Senior Citizens Federation of San Antonio, outlining the study's title, objectives, and significance. Upon approval, the questionnaire was translated from English into Filipino by a college professor to ensure linguistic accuracy and cultural appropriateness.

Data collection employed a house-to-house survey approach across all barangays in San Antonio, Quezon, enabling direct engagement with elderly respondents, including those with limited digital access. Prior to administration, respondents were oriented on the purpose of the study, the voluntary nature of participation, and the value of their responses. Key concepts and terms were explained to ensure comprehension. Completed questionnaires were retrieved immediately after administration and prepared for systematic analysis. This procedure upheld ethical standards while maximizing response accuracy and inclusivity.

This study was conducted in strict adherence to established ethical standards for research involving human participants, particularly older adults who constitute a potentially vulnerable population.

Prior to data collection, formal permission was secured from the appropriate local authorities and the Senior Citizens Federation of San Antonio, Quezon. All respondents were provided with a clear explanation of the study's purpose, procedures, and significance in language that was culturally and linguistically accessible. Participation was entirely voluntary, and informed consent was obtained before administering the survey. Respondents were assured that they could decline or withdraw at any point without consequence. To uphold autonomy and dignity, no form of coercion was employed, and adequate time was given for questions and clarification, recognizing the varying cognitive, physical, and emotional capacities of elderly participants.

Confidentiality and data protection were rigorously maintained throughout the research process. Personal identifiers were excluded from the dataset, and responses were anonymized to prevent traceability to individual participants. All collected data were used solely for academic purposes and stored securely, accessible only to the researchers. The study avoided any procedures that could cause physical, emotional, or psychological harm, ensuring that questions remained non-intrusive and respectful. By foregrounding respect, beneficence, and justice, the research safeguarded the rights and welfare of senior citizens while generating evidence that may inform policies and programs designed to enhance their quality of life. This ethical grounding reinforces the credibility of the findings and affirms the study's commitment to responsible and humane scholarship.

For Problem 1, descriptive statistics—frequency counts and percentages—were employed to summarize respondents' demographic characteristics, including sex, civil status, educational attainment, family income, and barangay classification.

For Problems 2, 3, and 4, mean and standard deviation were used to determine the extent of services received in health and social domains and to assess quality-of-life dimensions, such as health status, financial security, household relations, organizational participation, and access to benefits. Satisfaction levels were similarly analyzed using descriptive measures across domains including health appreciation, social support, emotional security, contentment, and leisure engagement.

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For Problems 5, 6, 7, and 8, inferential statistics were applied. Spearman's rho was utilized to determine the strength and direction of relationships among services, quality of life, and satisfaction, while the Kruskal–Wallis test examined significant differences across demographic groups. This analytic framework ensured both depth and precision, enabling the study to generate robust, policy-relevant insights into the interrelationships among services, well-being, and satisfaction among senior citizens.

Results and Discussion

The demographic composition of the respondents presents a nuanced portrait of the senior citizen population in San Antonio, Quezon, reflecting intersecting dimensions of gender, marital status, educational attainment, income, and place of residence. The distribution reveals an almost equal proportion of male and female respondents, with a slight predominance of women. The majority of participants are married, followed by widowed individuals, while a smaller segment comprises single seniors. In terms of educational background, elementary education constitutes the highest level attained by most respondents, with progressively fewer completing secondary or tertiary education. Economically, a substantial majority report a monthly income below P10,000, a smaller group falls within the P10,000–P50,000 bracket, and only a marginal proportion exceeds this range. Spatially, most senior citizens reside in rural barangays, with only a limited fraction living in urban areas.

Table 1. Demographic Profile of the Senior Citizens

Profile variable	Classification	*f*	%
Sex	Male	172	49.00
	Female	179	51.00
Civil Status	Single	38	10.80
	Married	231	65.80
	Divorced	1	.30
	Widowed	81	23.10
Highest Educational Attainment	Elementary Graduate	189	53.80
	Highschool Graduate	103	29.30
	College Graduate	59	16.80
Average Family Income	Below 10,000	313	89.20
	10,001-50,000	37	10.50
	50,000 above	1	.30
Barangay Classification	Urban	25	7.10
	Rural	326	92.90

n– 351

This demographic configuration underscores the structural vulnerabilities confronting older adults in the community. Low levels of formal education and limited income constrain access to essential resources, including healthcare, adequate nutrition, and information on available social services.

These conditions are compounded by rural residence, where infrastructural limitations, transportation barriers, and reduced service availability frequently exacerbate inequities relative to urban settings. From a policy perspective, such patterns foreground the need for differentiated and context-sensitive service delivery mechanisms that respond to both socioeconomic disadvantage and geographic marginalization.

Moreover, while marital partnership remains prevalent, the substantial presence of widowed and single seniors signals heightened risks of social isolation, emotional distress, and diminished informal support networks. This demographic reality calls for the strengthening of community-based social protection systems that extend beyond material assistance to include psychosocial and relational dimensions of care. Collectively, these findings affirm that effective aging policies must be both equity-oriented and territorially responsive—expanding access to health and social services in rural barangays, enhancing outreach to economically disadvantaged seniors, and cultivating inclusive programs that promote social participation and dignity in later life.

The extent to which senior citizens receive essential services reflects a generally favorable landscape, with both health and social services rated positively by the respondents. The overall composite mean (M = 4.04, SD = 0.71), interpreted as Received to a Great Extent, signifies that existing service mechanisms in San Antonio, Quezon are perceived as accessible and beneficial. This finding affirms the presence of a functional support system for older adults; however, the observed variability in responses suggests uneven experiences across barangays and demographic groups. Such dispersion underscores the imperative for consistency and equity in service delivery, particularly in communities characterized by socioeconomic and geographic disparities.

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Table 2. Summary Table of the Extent of Senior Citizens Services

	Composite Mean	SD	VD/ VI
Health Services	4.11	0.79	RGE
Social Services	3.97	0.62	RGE
Overall	4.04	0.71	RGE

Legend: *4.21-5.00 Received to a Very Great Extent (RVGE) / Strongly Agree (SA);*
3.41-4.20 Received to a Great Extent (RGE)/ Agree (A);
2.61-3.40 Received to a Moderate Extent (RME) / Not at All (NA);
1.81-2.60 Received to a Negligible Extent (RNE) / Disagree (D);
1.00-1.80 Received to a Very Negligible Extent (RVE) / Strongly Disagree (SD)

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A closer examination reveals that social services registered the highest composite mean (M = 4.11, SD = 0.79), interpreted as Agree, indicating that respondents generally perceive social programs—such as financial assistance, community-based activities, and organizational support—as satisfactory and responsive. This result foregrounds the centrality of social engagement in shaping older adults' well-being. The National Institute on Aging emphasizes that sustained social participation mitigates cognitive decline and fosters mental health among older adults, while the World Health Organization identifies social isolation and loneliness as critical determinants of morbidity and mortality in later life. Within the Philippine context, the Department of Social Welfare and Development's Social Pension for Indigent Senior Citizens (SPISC) exemplifies state commitment to social protection, offering a tangible buffer against economic precarity. Notwithstanding these gains, international evidence, including reports from the Borgen Project, cautions that social pension schemes often fail to reach the most marginalized elderly, particularly among low-income and rural populations. The relatively high ratings in this study therefore warrant a critical reading: perceived adequacy at the local level may coexist with latent exclusion among harder-to-reach groups.

Health services, while also rated positively, yielded a slightly lower composite mean (M = 3.97, SD = 0.62), likewise interpreted as Agree. This suggests that respondents value the accessibility and quality of medical assistance, yet recognize areas requiring further enhancement. Comparable patterns emerge in international and local studies. Adhikari et al. (2024), examining older adults in Central Nepal, identified persistent barriers in healthcare access, including transportation constraints and service inefficiencies. Similarly, community-based research in Payatas, Quezon City revealed ambivalent perceptions: while some seniors commended the efficiency of health centers, others reported dissatisfaction related to waiting times, staff responsiveness, and medication availability. These convergent findings indicate that satisfaction with health services often coexists with structural limitations that disproportionately affect vulnerable elders.

Collectively, the data indicate that senior citizens in San Antonio receive both health and social services to a commendable extent. Nonetheless, the marginal differentials between domains and the variability in experiences signal the need for system-wide strengthening.

Enhancing the integration, reach, and quality of both health and social services—particularly in rural barangays and among economically disadvantaged seniors—remains essential for achieving holistic and equitable support. In alignment with global healthy aging frameworks, service provision must move beyond adequacy toward coherence and inclusivity, ensuring that no older adult is rendered invisible within the architecture of care.

The overall composite mean for quality of life (M = 3.98, SD = 0.63), interpreted as Great Extent, indicates that senior citizens in San Antonio generally perceive their well-being favorably across multiple life domains. The highest levels of satisfaction are observed in household relations, organizational affiliations, and access to benefits, suggesting that interpersonal bonds and institutional support structures play a central role in shaping positive aging experiences. These findings resonate with Yeo and Lee (2019), who report that older adults derive substantial life satisfaction from stable social relationships, perceived health, and access to senior-oriented benefits. Despite this encouraging profile, financial satisfaction emerges as comparatively weaker, reflecting the enduring influence of economic security on overall life quality.

Table 3
Summary Table of the Extent of Senior Citizens Quality of Life

	Composite Mean	SD	VD/VI
Health Status	3.89	0.48	GE
Financial Security	3.27	0.61	ME
Organizational Affiliation	4.21	0.51	VGE
Household Relation	4.41	0.46	VGE
Access to senior citizen benefit	4.12	1.07	GE
Overall	3.98	0.63	GE

Legend:*4.21-5.00 Very Great Extent (VGE) / Strongly Agree (SA);*
3.41-4.20 Great Extent (GE)/ Agree (A);
2.61-3.40 Moderate Extent (ME) / Not at All (NA);
1.81-2.60 Negligible Extent (NE) / Disagree (D);
1.00-1.80 Very Negligible Extent (VE) / Strongly Disagree (SD)

Household relations registered the highest mean score (M = 4.41, SD = 0.46), underscoring the pivotal role of family dynamics in later-life well-being. Positive household environments—characterized by emotional support, open communication, and shared responsibilities—foster psychological security and social integration among older adults.

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This aligns with the findings of Newman-Norlund et al. (2022), who demonstrate that social isolation significantly undermines mental health, and Van Leeuwen et al. (2019), who emphasize that strong household relationships mitigate loneliness and enhance life satisfaction. Within collectivist contexts such as the Philippines, the family remains the primary locus of care, rendering household harmony a decisive determinant of successful aging.

In contrast, financial security recorded the lowest mean score (M = 3.27, SD = 0.61), signaling persistent concerns regarding economic stability in old age. Reports by HelpAge International and the Coalition of Services of the Elderly (COSE, 2023) indicate that many older Filipinos struggle to meet basic needs, including food, medication, and healthcare, due to limited or absent income support. Earlier estimates by Ducusin (2017) suggest that approximately 3.2 million senior citizens remain outside social pension coverage, exposing them and their families to chronic financial strain. Although government initiatives have expanded pension access, systemic gaps persist, exacerbated by increasing life expectancy and rising healthcare costs.

Collectively, the findings portray a senior population that enjoys a generally positive quality of life, anchored in strong family relations, social participation, and access to institutional benefits. However, the unevenness across domains reveals that well-being in later life remains structurally contingent. While relational and social dimensions are robust, economic precarity continues to temper overall life satisfaction. These results underscore the necessity of complementing psychosocial and community-based strengths with more comprehensive and sustainable financial support mechanisms. Achieving a truly balanced quality of life for older adults thus requires policies that integrate familial, social, and economic dimensions of care within an inclusive aging framework.

The results synthesize respondents' perceptions across five core domains—health appreciation, social support, emotional security, contentment, and leisure engagement—offering a holistic view of subjective well-being in later life. The overall composite mean (M = 4.17, SD = 0.48), interpreted as Satisfied, reflects a generally positive appraisal of life circumstances among senior citizens in San Antonio. This finding is consonant with Yeo and Lee's (2019) assertion that older adults commonly report satisfaction with health, interpersonal relationships, and community participation.

Nonetheless, the comparatively lower ratings in leisure and occasional challenges in emotional regulation suggest nuanced areas for further development, even within an otherwise favorable well-being landscape.

Table 4. Summary Table of the Level of Satisfaction of Senior Citizens

	Composite Mean	SD	VD/VI
Appreciation of Good health	4.08	0.53	S
Social Support	4.32	0.47	VS
Emotional Security	4.21	0.44	VS
Contentment	4.20	0.43	S
Leisure and Activity	4.04	0.53	S
Overall	4.17	0.48	S

Legend:*4.21-5.00 Very Satisfied (VS)/ Strongly Agree (SA);*
3.41-4.20 Satisfied (S))/ Agree (A);
2.61-3.40 Neutral (N)) / Not at All (NA);
1.81-2.60 Dissatisfied (D)) /Disagree (D);
1.00-1.80 Very Dissatisfied (VS) / Strongly Disagree (SD)

Among the domains, Social Support registered the highest mean score (M = 4.32, SD = 0.47), categorized as Strongly Agree, underscoring the foundational role of family, peers, and community networks in sustaining life satisfaction. This result affirms the centrality of relational capital in aging well, aligning with Kemperman et al. (2019), who demonstrate that robust social networks buffer stress, enhance emotional resilience, and promote psychological well-being among older adults. In collectivist societies, where interdependence remains culturally embedded, social support functions not merely as an adjunct to formal services but as the primary architecture of care.

Conversely, Leisure and Activity obtained the lowest mean score (M = 4.04, SD = 0.53), albeit still interpreted as Agree. This suggests that while respondents participate in leisure pursuits, structural and contextual barriers—such as mobility constraints, limited program offerings, or resource availability—may restrict fuller engagement. Given the established role of leisure in maintaining cognitive vitality, emotional balance, and physical health, this domain represents a strategic entry point for programmatic innovation.

Overall, the findings indicate that senior citizens are largely satisfied with their lives, particularly in terms of social connectedness and emotional security. Appreciation of health and general contentment further reinforce this positive outlook.

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However, the subtle differentials across domains reveal that satisfaction in later life is dynamic rather than static. Sustaining and deepening well-being requires targeted interventions that expand meaningful leisure opportunities, reinforce health promotion initiatives, and continue nurturing social bonds. In doing so, communities can move from a baseline of satisfaction toward a more vibrant and engaged model of aging.

The Kruskal–Wallis test results presented in Table 5 examine whether the extent of services received by senior citizens significantly differs when respondents are grouped according to their demographic characteristics—namely sex, civil status, highest educational attainment, average family income, and barangay classification. This analysis provides an empirical lens through which structural inequities in service delivery may be discerned, particularly in relation to health and social services.

Table 5. Kruskal-Wallis Test on the Services Received by Senior Citizens when grouped according to their Demographic Profile

		Sex	Civil Status	Highest Educational Attainment	Average Family Income	Barangay Classification
Kruskal Wallis H sig.	Health Services	.235	.575	.409	.273	.001*
	Social Services	.755	.673	.402	.060	.125
	Services Received	.616	.688	.300	.043*	.247

Note *** $p < 0.05$

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Findings indicate that the domain Health and Services exhibits a statistically significant difference when respondents are grouped according to barangay classification (H = 0.001). No significant differences were observed for sex, civil status, educational attainment, or income within this domain. This result suggests that access to and experience of health services among senior citizens are contingent upon geographic location, particularly whether one resides in an urban or rural barangay. Such disparity is likely attributable to variations in infrastructure, proximity to healthcare facilities, availability of medical personnel, and local resource allocation. This pattern corroborates the findings of Moyani et al. (2023), who documented pronounced inequalities in both health and social services for older adults based on barangay classification, emphasizing how spatial and socioeconomic contexts shape service availability and quality.

In contrast, the domain Services Received demonstrates a statistically significant difference when grouped according to average family income (H = 0.043), while no significant differences emerge across sex (H = 0.616), civil status (H = 0.688), highest educational attainment (H = 0.300), and barangay classification (H = 0.247). This indicates that economic capacity plays a decisive role in determining the breadth and quality of services accessible to senior citizens. Those with higher family incomes are more likely to supplement public provisions with private healthcare and additional social support mechanisms. This finding aligns with Hamada et al. (2019), who reported that elderly individuals with lower incomes engage less frequently with medical professionals and experience higher hospitalization rates due to constrained access to outpatient care. Parallel evidence from Japan likewise reveals that income-based disparities translate into differential health outcomes and service utilization.

Taken together, these results underscore that service inequities among senior citizens are not uniformly distributed across all demographic dimensions. Rather, they are structurally anchored in geographic and economic conditions. While sex, civil status, and educational attainment do not significantly differentiate service receipt, barangay classification and family income emerge as critical determinants. Seniors residing in less resourced barangays and those from economically disadvantaged households remain disproportionately vulnerable to service gaps.

From an inferential standpoint, the first hypothesis is partially rejected, as significant differences are observed in Health and Services by barangay classification and in Services Received by average family income. The absence of significant differences across other demographic variables indicates that disparities are less a function of personal attributes and more reflective of systemic and contextual inequities. The second, third, and fourth hypotheses cannot be evaluated within this section, as the present analysis is confined to services received and does not encompass quality of life, satisfaction, or their interrelationships.

These findings carry critical policy implications. They call for territorially responsive and equity-oriented interventions that prioritize underserved barangays and economically disadvantaged seniors.

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In the architecture of aging policy, universality must be recalibrated through precision—ensuring that geographic and economic barriers do not mediate one's right to health and social protection in later life.

The Kruskal–Wallis test results presented in Table 6 provide a multidimensional examination of variations in the quality of life of senior citizens across key demographic variables. These findings illuminate how structural and personal characteristics shape well-being in later life, revealing that quality of life is neither uniform nor incidental, but socially patterned.

Table 6. Kruskal Wallis Test on the Quality of Life of Senior Citizens when grouped according to their Demographic Profile

		Sex	Civil Status	Highest Educational Attainment	Average Family Income	Barangay Classification
Kruskal Wallis H sig.	Health Status	.898	.302	.022*	.487	.005*
	Financial Security	.044*	.599	.000*	.001*	.000*
	Organizational Affiliation	.055	.152	.063	.483	.031*
	Household Relation	.152	.454	.034*	.006*	.369
	Access to Senior Citizens Benefit	.297	.486	.683	.246	.012*
	Quality of Life	.340	.865	.000*	.006*	.013*

Note *** $p < 0.05$

Health status exhibits statistically significant differences when respondents are grouped according to highest educational attainment (H = 0.022) and barangay classification (H = 0.005). Seniors with higher educational backgrounds tend to report better health, plausibly due to enhanced health literacy, proactive health-seeking behaviors, and greater access to information and services. This pattern aligns with Mollon and Cabedo (2014), who identify physical well-being as the most salient determinant of quality of life among older adults, followed by psychological well-being. The significance of barangay classification further underscores the spatial dimension of health, as Zalsos et al. (2021) demonstrate that barangays play a critical role in disseminating health information and fostering trust in public health interventions, particularly during crises such as the COVID-19 pandemic.

Financial security emerges as the most structurally conditioned domain, displaying significant differences across sex (H = 0.044), highest educational attainment (H = 0.000), average family income (H = 0.001), and barangay classification (H = 0.000). Seniors with higher income and education levels enjoy greater financial stability, enabling access to pensions, healthcare, and supplemental resources.

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Those residing in more developed barangays similarly benefit from better economic opportunities and institutional support. Olawuni et al. (2023) emphasize the importance of gender equity in financial security, noting that older women often face heightened vulnerability due to lifetime wage gaps and caregiving burdens. Empirical evidence further indicates that seniors' spending capacity declines markedly by advanced age, shaped by health constraints and lifestyle changes, reinforcing the cumulative nature of financial disadvantage in later life.

Organizational affiliation shows a significant difference based on barangay classification (H = 0.031), indicating that seniors in urban or better-resourced areas are more likely to participate in community organizations that provide social engagement and support. Nishimura (2023) observes that higher involvement in local groups correlates with stronger civic engagement and access to community resources. Conversely, seniors in rural barangays, where such organizations are sparse or absent, may experience diminished social capital, with consequential effects on psychosocial well-being and life satisfaction.

Household relations are significantly associated with highest educational attainment (H = 0.034) and average family income (H = 0.006), suggesting that economic and educational advantages facilitate more stable and supportive family environments. Mohd et al. (2017) report that older adults commonly co-reside with adult children, underscoring the centrality of family in later-life support systems. Despite societal modernization, traditional family structures remain pivotal in providing emotional, financial, and instrumental assistance. These findings indicate that financial stability not only secures material needs but also strengthens relational bonds, thereby enhancing overall well-being.

Access to senior citizens' benefits demonstrates a significant association with barangay classification (H = 0.012). Seniors residing in urbanized barangays report better access to government programs, including healthcare subsidies, discounts, and pensions, whereas those in rural areas encounter administrative and logistical barriers. This spatial disparity amplifies regional inequities in quality of life.

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Cablao et al. (2019) similarly stress the necessity of strengthening local government units (LGUs), the Office for Senior Citizens Affairs (OSCA), and the Department of Social Welfare and Development (DSWD) to ensure that entitlements reach all older persons equitably.

At the aggregate level, overall quality of life reveals statistically significant differences when grouped by highest educational attainment (H = 0.000), average family income (H = 0.006), and barangay classification (H = 0.013). Seniors with higher education, greater financial resources, and residence in urban or well-resourced areas report superior quality of life, attributable to better healthcare access, stronger social networks, and broader opportunities for personal fulfillment. This finding supports Mollon and Cabedo's (2014) assertion that education enhances subjective well-being by expanding coping capacities and life choices. Complementarily, Rizal et al. (2022) demonstrate that elderly individuals with lower incomes experience poorer health-related quality of life, reinforcing the call for interventions grounded in active aging principles. Beliran and Legaspi (2014) likewise affirm that geographic and socioeconomic contexts critically shape the well-being of Filipino elders.

Collectively, these results demonstrate that educational attainment, family income, and barangay classification exert a decisive influence on health status, financial security, and overall quality of life. Household relations and organizational affiliation are similarly conditioned by economic and educational resources. The evidence thus confirms that quality of life in later adulthood is structurally produced rather than individually incidental.

From a hypothesis-testing perspective, the Kruskal–Wallis results provide sufficient evidence to reject the second hypothesis, as significant differences in quality of life are observed when respondents are grouped according to highest educational attainment (H = 0.000), average family income (H = 0.006), and barangay classification (H = 0.013). The first hypothesis is not addressed in this section, as Table 6 focuses exclusively on quality of life rather than services received. The third hypothesis cannot be evaluated due to the absence of satisfaction data in this analysis, while the fourth hypothesis remains inconclusive, as the interrelationships among services received, quality of life, and satisfaction are not examined herein.

These findings underscore a central implication: improving the quality of life of senior citizens necessitates structural intervention. Policies must move beyond uniform provision toward equity-oriented strategies that address educational disadvantage, economic vulnerability, and geographic marginalization. Only through such precision can aging be rendered not merely longer, but meaningfully better.

The Kruskal–Wallis test results presented in Table 7 offer critical insights into how demographic characteristics shape the life satisfaction of senior citizens across multiple dimensions, namely social support, emotional security, contentment, leisure and activity, and overall satisfaction. These findings affirm that subjective well-being in later life is not homogenous but socially patterned, reflecting the interplay of relational, educational, economic, and spatial factors.

Social support exhibits a statistically significant difference when respondents are grouped according to civil status (H = 0.002). Married or partnered seniors report markedly higher levels of perceived support than their divorced or widowed counterparts. This result is consistent with Ng and Fingerman (2021), who observed that married older adults engage in more frequent and sustained daily support exchanges, particularly with spouses, whereas widowed or divorced seniors often rely on siblings, friends, or extended kin. Stable marital or partnered relationships provide both emotional anchorage and practical assistance, thereby enhancing overall life satisfaction. The finding underscores the necessity of cultivating alternative support structures for seniors who lack spousal networks, particularly through community-based and peer-oriented programs.

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Table 7. Kruskal Wallis Test on the Level of Satisfaction in life of Senior Citizens when grouped according to their Demographic Profile

		Sex	Civil Status	Highest Educational Attainment	Average Family Income	Barangay Classification
Kruskal Wallis H sig.	Appreciation of Good Health	.172	.236	.180	.095	.486
	Social Support	.588	.002*	.292	.266	.130
	Emotional Security	.849	.928	.003*	.026*	.001*
	Contentment	.306	.083	.021*	.180	.048*
	Leisure and Activity	.117	.206	.109	.156	.301
	Level of Satisfaction	.102	.100	.074	.020*	.967

Note *** p < 0.05

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Emotional security demonstrates significant variation across highest educational attainment (H = 0.003), average family income (H = 0.026), and barangay classification (H = 0.001). Seniors with higher education and greater financial stability experience lower stress levels and a stronger sense of personal control, translating into heightened emotional well-being. Studies by Zhang et al. (2022) and Alcañiz et al. (2020) similarly indicate that urban seniors benefit from better access to resources and services that buffer psychological strain, while rural seniors may develop resilience through slower-paced lifestyles and stronger communal ties. Barangay classification thus reflects the material and institutional ecology that conditions emotional security, revealing persistent disparities between urban and rural settings.

Contentment is significantly influenced by highest educational attainment (H = 0.021) and barangay classification (H = 0.048). Seniors with higher education and those residing in urban barangays report greater life satisfaction, likely due to enhanced self-efficacy, broader opportunities for engagement, and improved access to social and material resources. Bhargavi and Moyani et al. (2021) document reduced satisfaction among rural seniors attributable to resource constraints, while Yan et al. (2014) emphasize the role of neighborhood characteristics and social support in fostering contentment among urban elders. These findings collectively suggest that both cognitive capital and environmental context shape how older adults evaluate their lives.

At the aggregate level, overall life satisfaction shows a significant association with average family income (H = 0.020). Higher income enables access to healthcare, leisure opportunities, and supplementary support systems, all of which enhance perceived well-being. Yan et al. (2014) highlight the mediating role of social support in strengthening contentment, particularly in urban environments, while Lim et al. (2025) emphasize that retirement security and robust family ties are pivotal to sustained satisfaction. Conversely, weak familial connections and economic precarity disproportionately undermine the well-being of lower-income seniors.

Notably, certain variables do not exhibit significant differences. Sex does not significantly influence any satisfaction domain, indicating that male and female seniors experience comparable levels of well-being across measured aspects.

Likewise, Leisure and Activity does not vary significantly across any demographic factor, suggesting that satisfaction in this domain is relatively stable regardless of civil status, education, income, or barangay classification.

From a hypothesis-testing standpoint, the Kruskal–Wallis results provide sufficient evidence to reject the third hypothesis. Significant differences in satisfaction levels are observed based on civil status for social support (H = 0.002); highest educational attainment for emotional security (H = 0.003) and contentment (H = 0.021); average family income for emotional security (H = 0.026) and overall satisfaction (H = 0.020); and barangay classification for emotional security (H = 0.001) and contentment (H = 0.048). These findings affirm the substantial impact of demographic factors on life satisfaction in later adulthood. The first hypothesis is not applicable to this section, as it pertains to services received, while the second and fourth hypotheses remain unevaluable within the scope of Table 7.

Collectively, the evidence reinforces a central insight: life satisfaction among senior citizens is deeply embedded in social position and context. Enhancing well-being in later life therefore requires more than universal programming; it demands precision-oriented strategies that strengthen social networks, expand educational and economic opportunities, and reduce spatial inequities across communities.

The correlational analysis reveals a dynamic and interdependent network of relationships among services received, quality of life, and satisfaction across health, social, and personal well-being domains. These associations illuminate how structural provisions and psychosocial resources converge to shape the lived experiences of senior citizens. Understanding these interrelationships is indispensable for designing integrative programs and policies that move beyond fragmented service delivery toward a holistic model of aging that advances health, emotional security, and social participation.

A significant positive correlation is observed between social services and seniors' participation in leisure activities (r = .499, p = .000), indicating that greater access to social services is associated with higher engagement in recreational pursuits. This relationship underscores the catalytic role of social services in activating seniors' physical and mental well-being.

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Leisure engagement, in this context, functions not merely as pastime but as a conduit for social interaction, cognitive stimulation, and emotional renewal. Moyani (2023) similarly reports that seniors in higher-income and urban settings—where services are more accessible—demonstrate greater participation in leisure activities. While social services contribute meaningfully to quality of life, Moyani also emphasizes that such gains must be complemented by strengthened health services to sustain holistic well-being.

Table 8. Correlation Matrix Showing Relationships Among Services Received, Quality of Life, and Satisfaction Across Health, Social, and Personal Well-being Variables

Variable		Health and Services	Social Services	Health Status	Financial Security	Organizational Affiliations	Household Relation	Access to Senior Citizens Benefit	Appreciation of Good Health	Social Support	Emotional Security	Contentment	Leisure and Activity
Health and Services	R												
	Sig.												
Social Services	R	.289**											
	Sig.	.000											
Health Status	R	.098	.098										
	Sig.	.066	.072										
Financial Security	R	-.025	.181**	.046									
	Sig.	.638	.001	.387									
Organizational Affiliations	R	.320**	.353**	.200**	.014								
	Sig.	.000	.000	.000	.793								
Household Relation	R	.225**	.336**	.200**	.051	.250**							
	Sig.	.000	.000	.000	.338	.000							
Access to Senior Citizens Benefit	R	.027	.132*	.036	.370**	-.076	-.031						
	Sig.	.621	.023	.497	.000	.156	.564						
Appreciation of Good Health	R	.155**	.105*	.598**	-.018	.224**	.160**	-.043					
	Sig.	.003	.050	.000	.737	.000	.003	.424					
Social Support	R	.166**	.252**	.063	-.073	.295**	.439**	-.217**	.134*				
	Sig.	.002	.000	.238	.171	.000	.000	.000	.012				
Emotional Security	R	.225**	.269**	.260**	.289**	.301**	.403**	.127*	.245**	.275**			
	Sig.	.000	.000	.000	.000	.000	.000	.018	.000	.000			
Contentment	R	.232**	.316**	.340**	.206**	.369**	.320**	-.010	.439**	.284**	.653**		
	Sig.	.000	.000	.000	.000	.000	.000	.853	.000	.000	.000		
Leisure and Activity	R	.233**	.499**	.177**	.041	.432**	.231**	.060	.281**	.348**	.296**	.437**	
	Sig.	.000	.000	.000	.445	.000	.000	.056	.000	.000	.000	.000	

Note. ** $p < 0.05$

The analysis further reveals a strong positive correlation between emotional security and contentment ($r = .653$, $p = .000$), signifying that seniors who feel emotionally secure are substantially more likely to report higher life satisfaction. Emotional security thus emerges as a central psychological anchor of well-being. Lopez et al. (2024) likewise affirm that emotional stability enhances life satisfaction among older adults, reinforcing the primacy of mental and affective well-being in successful aging.

This finding advances the argument that interventions centered on emotional support—such as counseling, peer groups, and community-based psychosocial programs—can generate disproportionate gains in overall contentment.

Equally instructive is the positive association between emotional security and household relations (r = .403, p = .000), which highlights the foundational role of the family in senior care. Supportive household environments cultivate emotional safety, mitigate stress, and reinforce a sense of belonging. Thomas, Liu, and Umberson (2017) observe that as social networks contract with age, family relationships assume heightened importance, serving as primary reservoirs of emotional and instrumental support. Conversely, strained relationships and caregiving burdens can erode well-being, underscoring the need for family-centered interventions that strengthen relational resilience.

The correlation between social support and organizational affiliation (r = .492, p = .000) further demonstrates that seniors embedded in robust social networks are more likely to engage in community organizations and leisure activities. Chang, Wray, and Lin (2010) found that positive social relationships significantly increase participation in leisure, yielding favorable physical and mental health outcomes. This pattern affirms that social capital functions as both a resource and a motivator, enabling older adults to remain active, visible, and connected within their communities. Strengthening social support systems, therefore, is integral to reducing isolation and fostering active aging.

In contrast, a modest yet significant negative correlation emerges between access to senior benefits and social support (r = –.217, p = .000). This inverse relationship suggests that financially secure seniors may experience reduced dependence on interpersonal networks, potentially heightening the risk of social isolation. Moyani (2023) similarly notes that higher-income seniors, while receiving more services, do not necessarily report stronger social ties. This finding cautions against equating material sufficiency with holistic well-being. Financial independence, while essential, must be complemented by opportunities for social connection. Programs that integrate social engagement components into financial assistance schemes are thus imperative to prevent the inadvertent erosion of relational capital.

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Collectively, the findings affirm that emotional and social dimensions are as consequential as material provisions in shaping senior citizens' well-being. Emotional security, social services, household relations, and community participation exert powerful influences on contentment and life satisfaction. Table 8 illustrates that health services, emotional stability, and social networks are pivotal to quality of life, while financial security and family relationships condition satisfaction. The observed negative association between financial security and social support further highlights the necessity of balanced interventions—those that promote economic independence while simultaneously cultivating social bonds.

In sum, the evidence advocates for an integrative model of senior care that synchronizes health services, psychosocial support, and community engagement. Promoting organizational affiliation, leisure participation, and family-centered support can transform longevity into meaningful longevity—where extended life expectancy is matched by depth of connection, purpose, and well-being.

The accelerating growth of the aging population presents complex, multidimensional challenges that demand deliberate and forward-looking responses. As senior citizens contend with health vulnerabilities, financial precarity, and risks of social isolation, communities are called to move beyond fragmented assistance toward strategic, systems-oriented interventions. Effective aging policies must not only respond to immediate needs but also cultivate environments that uphold independence, dignity, and sustained participation in community life. In this context, senior welfare becomes both a social obligation and a developmental imperative—one that requires coordinated action across health, economic, social, and institutional domains.

The proposed Strategic Initiative for Senior Citizen Welfare and Community Support in San Antonio, Quezon constitutes a comprehensive framework designed to address these intersecting challenges through targeted, evidence-based programs. Anchored in the empirical findings of this study, the initiative advances six interrelated pillars: health and wellness, financial security, social engagement, familial relations, recreation, and access to services. Health and wellness programs include regular medical missions, preventive care workshops, mental health seminars, and

age-appropriate fitness activities aimed at promoting functional ability and reducing morbidity. Financial empowerment is pursued through literacy workshops, livelihood training, and the streamlining of pension access, enabling seniors to achieve greater economic stability and autonomy.

Equally central are initiatives that strengthen social and emotional well-being. The formation and revitalization of senior organizations, intergenerational activities, and peer-support groups are designed to mitigate loneliness, enhance emotional security, and reinforce a sense of belonging. Advocacy campaigns and "one-stop service days" simplify access to government benefits and social protection mechanisms, particularly for seniors in rural barangays who face administrative and logistical barriers. These interventions are intentionally tailored to the demographic realities of the local senior population, ensuring responsiveness to variations in education, income, and geographic location.

Collectively, this strategic framework reframes aging not as decline, but as a phase of continued agency and contribution. By integrating health promotion, economic empowerment, social inclusion, and institutional accessibility, the initiative fosters an ecosystem where older adults are supported not merely to survive, but to thrive. In doing so, San Antonio positions itself as an age-responsive community—one that affirms the dignity of its elders while cultivating intergenerational solidarity and shared responsibility for well-being across the life course.

Conclusions

This study demonstrates that while senior citizens in San Antonio, Quezon generally report positive perceptions of services, quality of life, and life satisfaction, these outcomes are unevenly distributed across demographic lines. The senior population is predominantly female, married, elementary-educated, low-income, and rural-based—characteristics that significantly shape access to services and lived well-being. Although health and social services are viewed favorably, gaps persist in accessibility and awareness, particularly in rural barangays. Quality of life and satisfaction remain high across domains such as health, household relations, social support, and emotional security; however, significant disparities emerge by education, income, civil status, and barangay classification.

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Health services vary by location and income, financial security is conditioned by sex, education, income, and geography, and organizational affiliation depends on community resources. Correlational findings further reveal that health, social support, emotional security, and organizational engagement are deeply interconnected, affirming that aging well is not merely an individual outcome but a structurally mediated experience shaped by socioeconomic and spatial contexts.

Recommendations

In response, this study recommends equity-oriented and integrated interventions that prioritize seniors who are economically disadvantaged, less educated, and geographically marginalized. Resource allocation should be intensified in rural barangays through mobile services, outreach programs, and literacy initiatives. Social infrastructure must be strengthened through accessible community centers, improved transportation, and sustained support for senior organizations and intergenerational programs. Financial security should be enhanced via livelihood training, regular financial literacy workshops, and barangay-level assistance desks for pensions and subsidies. These measures must be delivered through coordinated, cross-sectoral action among LGUs, OSCA, DSWD, and community partners, supported by continuous monitoring. The adoption of the proposed strategic framework by the Senior Citizens Federation of San Antonio, Quezon is strongly recommended as a locally grounded, evidence-based model that transforms longevity into dignified, inclusive, and meaningful aging.

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