Assessing The Quality Life Of Elderly Individuals

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Abstract: The study entitled "Assessing the Quality of Life of Elderly Individuals." The study aims to describe the quality of life among elderlies and to determine the factors that may influence it. The respondents are the 158 elderly (60 to 75 years old) residing in barangay West Bajac-Bajac, Olongapo City. The instruments used for this study are an adaptation of WHOQOL-BREF. The researchers applied a convenience sampling method when distributing a paper survey to the respondents in the community The results show that the majority of the respondents are female, ages 61 to 70 years old, married, and high school graduates, and that their source of income is mainly from pension. Furthermore, there were high numbers of hypertension among respondents. In contrast, there are only a few who attend programs by the OSCA. Among the four domains of quality of life, physical health was found to be the highest while social relationships achieved the lowest score.Both the psychological and social relationships have no significant difference when grouped according to demographic profile, disease background, and community participation. Unlike physical and environmental domains which have significant differences when grouped according to sex.The researchers recommend that implementing the preferred health plan will be very helpful to the elderly in improving their quality of life. For future research, the researchers recommend widening the scope of the study and obtaining data from other elderlies of Olongapo City.

Keywords: Quality of Life; physical, psychological, social relationship, environmental; elderly
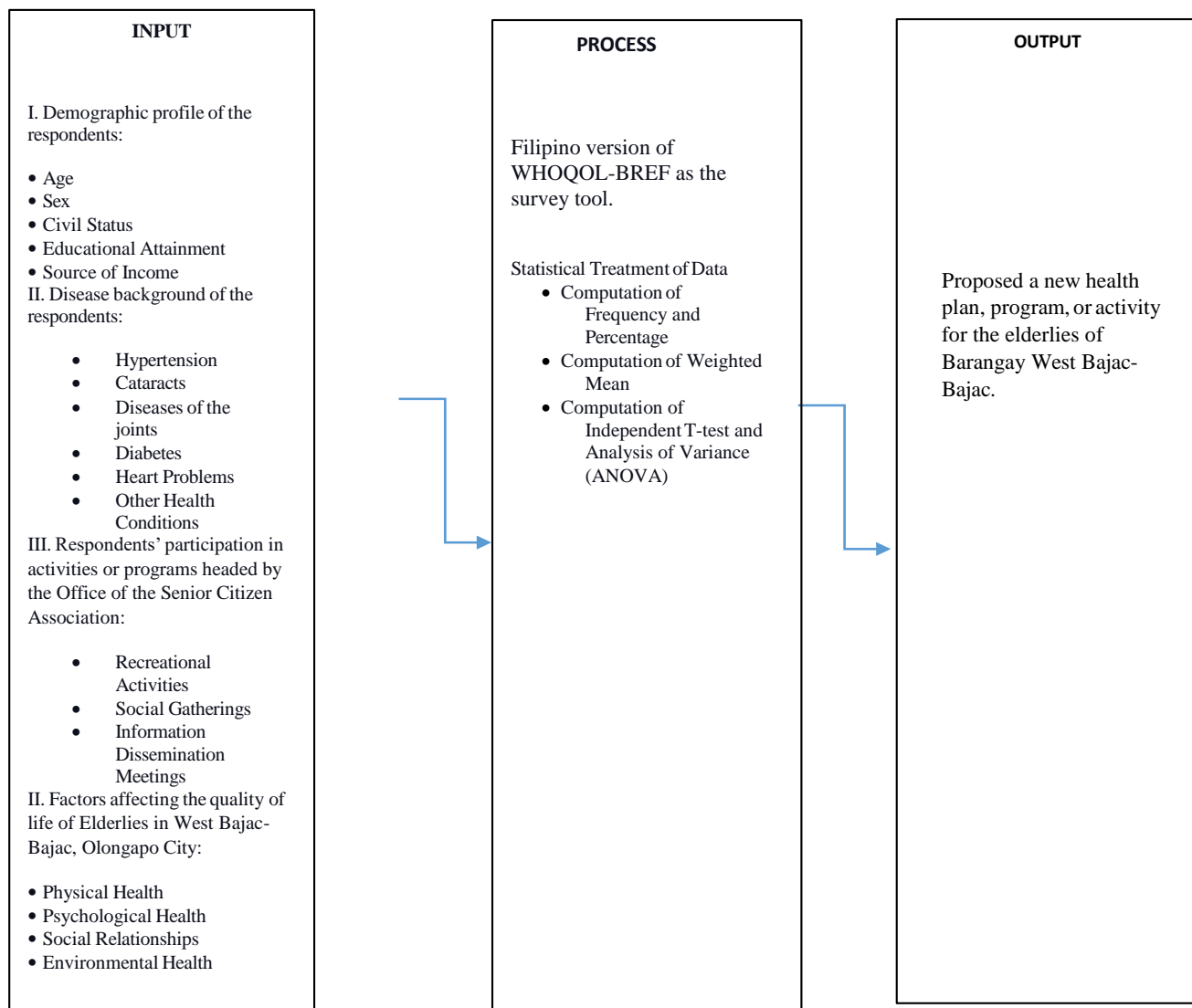
I. INTRODUCTION

 The world's population structure is experiencing a unique and sustained age change, fueled by an increase of life expectancy, falling birthrates, remarkable government health programs as well as breakthrough developments in the field of healthcare.. According to the United Nations (2019) . Currently, there are 703 million older people around the world and it is estimated that this number will reach 1.5 billion by 2050. The Asian countries account for 52% of this population. Eastern and South-Eastern Asia home the largest number of older persons with 261 million people aged 60 years or over and it is projected to gain 573 million more by 2050. Currently, there are 703 million older people around the world and it is estimated that this number will reach 1.5 billion by 2050. Today, there are 703 million older people worldwide and it's expected that this figure will rise to 1.5 billion by 2050. This population is made up of 52% of Asian countries. Eastern and South-Eastern Asia home the largest number of older persons with 261 million people aged 60 years or over and it is projected to gain 573 million more by 2050. The problem of the elderly's well being is becoming more serious in view of increasing population ageing and age related changes. Aging is the multifaceted, ongoing degradation of a person's organ systems and tissue that is complex, inexorable, and unavoidable (Perera, 2019). With respect to vulnerability in old age period in the life, aged people confront a number of difficulties which are related to their age and environment such as suffering from chronic diseases, loneliness and the lack of social protection and in many cases due to physical and mental disabilities, their independence is threatened. These problems lead to a reduction the quality of life (QOL). Moreover, unique challenges relating to the quality of their lives are also faced by older persons who have recourse to a variety of sources of income. Better health outcomes, social connections and a total well being have been linked to the source of income. However, not all people over the age of 60 have the same source of income and there may be variation in levels of good well being and quality of life depending on whether they use a variety of sources. The Quality of Life is defined in the WHO's 2018 Report as an individual's sense of his or her position within a culture and value system that he or she lives under, with regards to its goals, expectations, standards and concerns. A person's ability to assess their physical, mental, social and environmental health from a multidisciplinary perspective can be regarded as an indicator of his or her general well being and is the basic parameter for maintaining good health.. Particularly, quality of life is very important in people over the age of 60 due to its close relationship with satisfaction and achievement of personal goals. In accordance with Kadam et al. 2014, population studies on quality of life may be an ideal demographic for elderly persons in their 60s and to 75 years of age, given that they have comparatively normal health status, activity level or ability to withstand the effects of ageing and illness. In addition, these age groups may reveal information on the factors which enhance and sustain quality of life for elderly adults over 75 years old, especially when it comes to health issues such as well being.

In the Philippines, few studies were conducted to evaluate the quality of life for older people and no recorded study was carried out in Olongapo City. In the city of Olongapo, West Bajacabajac is a barangay. According to the Philippine Statistics Authority (2020) and the 2020 Census of Population and Housing (2020), the total population of West Bajac-bajac is 8,433. This represented 3.24% of the total population of Olongapo. The old dependent population consists of senior citizens, those aged 65 and over, with a total of 5.35% (428) in all.

The findings of this study provided valuable insights into the needs and challenges faced by the elderly population ages 60 to 75 years old residing in the West Bajac-bajac of Olongapo City, as well as potential solutions to address them. Specifically, the research proposed a health plan, program, or activity for the elderlies in the barangay based on the results of the study. The findings of this research can make recommendations and inform policy decisions and interventions aimed at improving the quality of life for elderlies who live in Olongapo City and the Philippines.

Conceptual Framework

The conceptual framework of the study is presented in the conceptual paradigm as shown in the figure below. The study utilized the Input-Process-Output model.

INPUT	PROCESS	OUTPUT
I. Demographic profile of the respondents: • Age • Sex • Civil Status • Educational Attainment • Source of Income II. Disease background of the respondents: • Hypertension • Cataracts • Diseases of the joints • Diabetes • Heart Problems • Other Health Conditions III. Respondents' participation in activities or programs headed by the Office of the Senior Citizen Association: • Recreational Activities • Social Gatherings • Information Dissemination Meetings II. Factors affecting the quality of life of Elderlies in West Bajac-Bajac, Olongapo City: • Physical Health • Psychological Health • Social Relationships • Environmental Health	Filipino version of WHOQOL-BREF as the survey tool. Statistical Treatment of Data • Computation of Frequency and Percentage • Computation of Weighted Mean • Computation of Independent T-test and Analysis of Variance (ANOVA)	Proposed a new health plan, program, or activity for the elderlies of Barangay West Bajac-Bajac.

Statement of the Problem

The study aims to describe the quality of life of elderlies living in West Bajac- Bajac, Olongapo City.
Specifically, it seeks to answer the following questions:
1. What is the demographic profile of the respondents in terms of 1.1. Age
1.2. Sex
1.3. Civil Status
1.4. Educational Attainment
1.5. Source of income
2. What is the disease background of the respondents in terms of
2.1. Hypertension
2.2. Cataracts
2.3. Diseases of the Joint 2.4. Diabetes
2.5. Heart Problems
2.6. Other Health Conditions
3. What is the respondents' participation in activities or programs headed by the Office of the Senior Citizen Association (OSCA) in terms of
3.1. Recreational activities
3.2. Social gatherings
3.3. Information Dissemination Meetings
4. What are the factors affecting the quality of life of the respondents, in terms of
4.1. Physical Health
4.1. Psychological Health
4.2. Social Relationships
43. Environmental Health
5. Is there a significant difference among factors affecting the quality of life of elderlies when grouped according to their demographic profile, disease background, and participation in OSCA?
6. What is the proposed plan, program, or activity to enhance the quality of life of elderlies in West Bajac-Bajac, Olongapo City?

II. METHODOLOGY

Research Design

The quantitative descriptive method of research was used in this study. Quantitative research is able to make statistical findings with respect to a population based upon the study of an appropriate sample. The population is made up of all those involved in the study. Whether it is a broad or narrow population, only the inclusion of all those who are compatible with the study group's characteristics will determine its size.. Since it is impractical to conduct a census (including everyone in the population) because of constant turnover and resource constraints, a representative sample is chosen from the population. If chosen properly, the sample is statistically identical to the population, and conclusions for the sample is inferred from the population.

Descriptive research is a method of quantitative analysis, which aims to obtain measurable information for statistical analyses on the population sample. It is quantitative, when it tries to gather data and analyses them in terms of statistical analysis. The type of research allows researchers to collect data and describe demographic characteristics with statistical analysis, making it a powerful tool for the study.This research method was used to elicit patterns related to the Quality of Life of the elderly in West Bajac-Bajac of Olongapo City and to provide necessary data for the development of interventions to improve the Quality of Life of people in this vulnerable population. This enables elderly persons to acquire greater independence and improve their quality of life through examination of the relationship between need for assistance and assessment of living conditions in relation to health, mental illness, social relations, relationships with the environment.

Locale of the Study

The research was carried out in Barangay West Bajac-Bajac, Olongapo City. It is where the Office of Senior Citizen Affairs (OSCA) is located. OSCA is where the researchers obtained the necessary data to determine who the respondents are during the community visit. The barangay also has various amenities like a wet and dry market, a barangay health center, and stores nearby that could be easily accessed by elderlies. Transportation like jeepneys and tricycles is not hard to come by in this area as well.

This study was carried out for the benefit of elderlies. Therefore, the elderly who live in Barangay West Bajac-Bajac, Olongapo City, Philippines, were the target respondents.

Respondents

In their study, Dyussenbayev and A. (2017) state that the World Health Organization has published an official review of its age criteria in 2015. According to the new age classification, the young age is from 25 to 44, the middle age is 44–60, the elderly age is 60–75, the senile age is 75–90, and the long-lived age is after 90. . In the Philippines, under Republic Act 7641, the Retirement Pay Law, employees who reach the age of 60 have the option to retire and are required to retire when they reach 65 years old. Given that it is a borderline age between independents and dependent persons, the researchers intend to analyse elderly people 60 years of age or older. Simply put, it is when great lifestyle changes occur in terms of daily tasks and health. The researchers studied this age cohort's quality of life and the factors that may influence it.

The researchers first visited the Office of Senior Citizens Affairs (OSCA) at West Bajac-Bajac to collect data concerning the total population of elderlies currently residing in the barangay. After the raw data was collected, the researchers had proceeded with performing convenience sampling. According to Kassiani, N. (2022), convenience sampling is a non-probability sampling method where units are selected for inclusion in the sample because they are the easiest for the researcher to access. This can be due to geographical proximity, availability at a given time, or willingness to participate in the research.

Overall, for populations of 507 elderlies, a sampling ratio of 30 percent is advisable to ensure the representativeness of the sample. Therefore, the researchers must survey at least 152 respondents aged 60–75 years old from barangay West Bajac-Bajac. However, the researchers garnered data beyond the lowest limit, and surveyed a total of 158 respondents.

Research Instrument

In the context of a person's culture, values systems, individual objectives, standards and concerns, WHOQOLBREF evaluates his quality of life. It is intended to provide for the development of a qualityof life assessment which will be applicable across cultural borders. The WHO Group and other researchers from around the world have conducted extensive research and validation studies on WHQOLBREF's psychometric properties. It was tested in a variety of languages, cultural groups and disease populations. The discriminant validity, content validity, internal consistency and test retest reliability were good. A parallel study was conducted in June 2011 with the aim of comparing both data. At the China Medical University there were 1686 medical students aged 1–5 participating in this study. To assess quality of life for health students, the WHOQOLBREF instrument was used in China. The study found that, compared to students in other stages of medical education, students in their third year showed a greater deterioration in their mental health and social relationships. The WHOQOLBREF therefore has been applicable for the assessment of quality of life in China, to be used with health students. Other studies also demonstrated the same results. Similar studies have been carried out in Thailand which support the use of WHOQOL0-BREF by Thai college students.

The researchers adapted this questionnaire tool to describe the quality of life of elderlies in West Bajac-Bajac, Olongapo City. Any information that was obtained in connection with the study remained confidential. The questionnaire contained two different parts. The first part of the questionnaire consisted of respondents' demographic profile information (sex, date of birth, age, civil status, educational attainment, source of income), present illness, and their participation in any of the Office of the Senior Citizen's programs or activities.

Then it is followed by the four domains of QOL. The first one is the physical domain, which contains seven questions that measure pain, energy, sleep, mobility, activities, medication, and work. The second domain is the psychological domain, which contains six questions that include their feelings of positivity, thinking, self- esteem, body, feeling of negligence, and spirituality. The third domain is the social relationships domain, which is measured in terms of three questions related to satisfaction with God, family, friends, and sex. Finally, the fourth domain is the environment domain, which includes seven questions that pertain to safety, home, finance, services, information, leisure, environment, and transportation.

Data Gathering Procedure

After the approval of the proposal and the final draft of the research instrument, the researchers wrote a letter of permission to the Dean of the College of Allied Health Studies of Gordon College, authorized persons of the Office of the Senior Citizen Affairs, and the Barangay Chairman of Barangay West Bajac-Bajac, Olongapo City. After receiving permission, the researchers conducted a structured interview with the elderlies of Barangay West Bajac-Bajac, Olongapo City through community visits. The researchers explained the purpose of the study to the selected elderlies and ensured each participant corresponded to the predefined criteria. The researchers asked whether the elderly can answer the questionnaire independently or dependently, hence, they can be assisted in filling out the questionnaire by one of the researchers through a one-on-one interview. The researchers collected the data through a survey questionnaire that comprised the elderly' demographic profile, such as age, sex, civil status, educational attainment, source of income, also their community participation, and disease background. The respondents' perceptions of their physical health, psychological health, social relationships, and environmental health were identified through the second part of the survey

questionnaire. After the respondents filled out the questionnaires, the researchers provided refreshments and took the elderly's vital signs. After the respondents answered the questionnaires, the papers were checked, tallied, interpreted, and analyzed.

Data Analysis

The population of the study is the 507 residents aged 60–75 in West Bajac- Bajac, Olongapo City. In gathering information, the researchers first visited the Office of Senior Citizens Affairs (OSCA) at West Bajac-Bajac. Later on, the researchers conducted a community visit, wherein the respondents were asked to fill out thequestionnaire needed for the study. After collecting the answered questionnaires, the raw data was coded and was submitted to the statistician.

The formula of frequency and percentage were utilized to describe the respondents' demographic profile, disease background, and community participation variables. Meanwhile, weighted mean was used to measure the quality of life of elderlies in terms of physical health, psychological health, social relationships, and environmental health. Through the Likert scale, the four domains were described. A value of 1 was assigned to "not at all." In contrast, a value of 5 refers "an extreme amount." Lastly, independent T-test and analysis of variance were computed to compare the significant differences among the respondents' demographic profiles, disease background, community participation, and factors affecting the quality of life.

Ethical Considerations

The research was conducted following the standards set by the Philippine Health Research Ethics Board (PHREB) and the Philippine National Health Research System (PNRHS). This is designed to ensure the safety and privacy of elderlies during the research process. The researchers followed the general and specific guidelines that include informed consent, research design, the conduct of the research, and dissemination of the research output. If there were respondents with disabilities that limited him or her from answering the questionnaire, the researchers conducted a structured interview following the guidelines set by the WHOQOL-BREF. For confidentiality, the completed survey questionnaires were collected, placed in a box, and kept by the researchers at home.

III. RESULTS AND DISCUSSION

Table 1
Distribution of the respondents in terms of Age, Sex, Civil status, Educational Attainment, and income

Age	Frequency	Percentage
51 - 60 years old	14	8.9%
61 - 70 years old	84	53.2%
71 - 80 years old	60	38.0%
Total	**158**	**100**%
Sex	**Frequency**	**Percentage**
Male	68	43.0%
Female	90	57.0%
Total	**158**	**100**%
Civil Status	**Frequency**	**Percentage**
Single	8	5.1%
Married	72	45.6%
Living as Married	9	5.7%
Separated / Divorced	9	5.7%
Widowed	60	38.0%
Total	**158**	**100**%
Educational Attainment	**Frequency**	**Percentage**
Primary School	41	25.9%
Secondary School	66	41.8%
Tertiary School	41	25.9%

Vocational	6	3.8%
None	4	2.5%
Total	**158**	**100**%
Income	**Frequency**	**Percentage**
Pension	55	34.8%
Earnings From Work	30	19.0%
Asset Income	33	20.9%
Benefits from Retirement	4	2.5%
Cash Public Assistance	2	1.3%
Others	34	21.5%
Total	**158**	**100**%

Table 1 shows the distribution of respondents according to profiles, the majority of the respondents are 61 – 70 years old, with a total count of 53.2% of the responses. The majority of the respondents are female, with a total count of 57% of the responses, and married, with a total count of 45.6% of the responses. Many of the respondents graduated from secondary school, with a total count of 41.8% of the responses and their income comes from a pension is 34.8% of the respondents.

Table 2
Distribution of the respondents in terms of Disease Background

Disease	Frequency	Percentage
Hypertension		
No	75	47.4%
Yes	83	52.5%
Total	**158**	**100**%
Cataracts	**Frequency**	**Percentage**
No	148	93.7%
Yes	10	6.3%
Total	**158**	**100**%
Disease of the joint	**Frequency**	**Percentage**
No	123	77.8%
Yes	35	22.2%
Total	**158**	**100**%
Diabetes	**Frequency**	**Percentage**
No	122	77.2%
Yes	36	22.8%
Total	**158**	**100**%
Heart Problems	**Frequency**	**Percentage**
No	148	93.7%
Yes	10	6.3%
Total	**158**	**100**%
Others Health Condition	**Frequency**	**Percentage**
No	127	80.4%
Yes	31	19.6%
Total	**158**	**100**%

Table 2 shows the distribution of the respondents according to Disease Background, 47.4% of the respondents say that they do not have hypertension (with a total count of 75 respondents) and 52.5% of the respondents say that they have hypertension (with a total count of 83 respondents). Based on the result, 93.7% of the respondents say that they do not have cataracts (with a total count of 148 respondents) and 6.3% of the respondents say that they have cataracts (with a total count of 10 respondents). 77.2% of the respondents say that they do not have the disease of the joint (with a total count of 124 respondents) and 22.8% of the respondents say that they have the disease of the joint (with a total count of 35 respondents). The majority or 77.1% of the respondents say that they do not have diabetes (with a total count of 121 respondents) and 22.9% of the respondents say that they have diabetes (with a total count of 36 respondents). 93.7% of the respondents say that they do not have heart problems (with a total count of 148 respondents) and 6.3% of the respondents say that they have heart problems (with a total count of 10 respondents).

Lastly, 80.4% of the respondents say that they do not have other health problem (with a total count of 127 respondents) and 19.6% of the respondents says that they have other health problem (with a total count of 31 respondents).

Table 3
Distribution of the Respondents in terms of participation in activities
or programs of OSCA

Activities/Programs	Frequency	Percentage
Ballroom		
No	144	91.1%
Yes	14	8.9%
Total	**158**	**100%**
Chess Tournament	**Frequency**	**Percentage**
No	158	100%
Yes	0	0%
Total	**158**	**100%**
Year End Thanksgiving	**Frequency**	**Percentage**
No	153	96.8%
Yes	5	3.2%
Total	**158**	**100%**
Elderly Filipino Week	**Frequency**	**Percentage**
No	155	98.1%
Yes	3	1.9%
Total	**158**	**100%**
Information Dissemination Meetings	**Frequency**	**Percentage**
No	154	97.5%
Yes	4	2.5%
Total	**158**	**100%**

Table 3 shows the distribution of the Respondents according to their participation in the activities or programs of OSCA, there were 91.1% of the respondents said that they did not participate in the ballroom (with a total count of 144 respondents) and 8.9% of the responses says that they participated in the ballroom (with a total count of 14 respondents). In a chess tournament, 100% of the respondents said that they did not participate. 96.8% of the respondents said that they did not participate in the year–end thanksgiving party and acknowledgment (with a total count of 153 respondents) and 3.2% of the respondents said that they participated in year–end (with a total count of 5 respondents). 98.1% of the respondents says that they did not participate in elderly Filipino week celebration (with a total count of 155 respondents) and 1.9% of the responses says that they participate in elderly Filipino week (with a total count of 5 respondents). 97.5% of the responses says that they did not participate in information dissemination meetings (with a total count of 154 respondents) and 2.5% of the respondents says that they participate in information dissemination meetings (with a total count of 4 respondents).

Table 3
Factors affecting the quality of life of the respondents in terms of Physical Health

Statement	Weighted Mean	S.D	Verbal Interpretation
To what extent do you feel that physical pain prevents you from doing what you need to do?	3.30	1.275	Moderate amount
Do you have enough energy for everyday life?	3.20	1.309	Moderate amount
How satisfied are you with your sleep?	3.23	1.01	Neither satisfied nor dissatisfied
How well are you able to get around physically?	3.82	1.093	Very
How satisfied are you with your ability to perform daily living activities?	3.63	1.126	Satisfied
How much do you need any medical treatment to function in your daily life?	3.30	1.413	Moderate amount
How satisfied are you with your capacity for work?	3.65	1.046	Satisfied
Grand Total	**3.75**	**0.781**	**Great Amount**

Table 3 shows the factors affecting the quality of life of the respondents according to physical health, regarding the statement "How well are you able to get around physically" exhibits the highest weighted mean of (3.82) with a verbal interpretation of (Very). However, the statement "Do you have enough energy for everyday life?" exhibits the lowest weighted mean of (3.20) with a verbal interpretation of (Moderate amount). The overall weighted mean for the parameter "physical health" is (3.75) with a verbal interpretation of (Great Amount).

Table 4
Factors affecting the quality of life of the respondents in terms of Psychological health

Statement	Weighted Mean	S.D	Verbal Interpretation
How much do you enjoy life	3.68	1.072	Great Amount
How well are you able to concentrate	3.78	0.905	Very
How satisfied are you with yourself	4.03	0.870	Satisfied
Are you able to accept your bodily appearance?	4.08	0.948	Very
How often do you have negative feelings such as blue mood, despair, anxiety, or depression	3.31	1.105	Sometimes
To what extent do you feel your life to be meaningful	3.58	1.078	Great Amount
Grand Total	**3.92**	**0.728**	Great Amount

Table 4 shows factors affecting the quality of life according to psychological health, Based on the result, the statement "Are you able to accept your bodily appearance" exhibits the highest weighted mean of (4.08) with a verbal interpretation of (Very). However, the statement "How often do you have negative feelings such as blue mood, despair, anxiety, or depression" exhibits the lowest weighted mean of (3.31) with a verbal interpretation of (Sometimes). The overall weighted mean for the parameter "psychological

health" is (3.92) with a verbal interpretation of (Great Amount).

Table 5
Factors affecting the quality of life of the respondents in terms of Social Relationship

Statement	Weighted Mean	S.D	Verbal Interpretation
How satisfied are you with your personal relationships	4.25	0.886	Very Satisfied
How satisfied are you with the support you get from your friends	3.54	1.092	Satisfied
How satisfied are you with your sex life	2.60	1.484	Fairly Dissatisfied
Grand Total	**3.73**	**0.975**	Satisfied

Table 5 shows the factors affecting the quality of life of the respondents, in terms of social relationships. Based on the result, the statement "How satisfied are you with your personal relationships" exhibits the highest weighted mean of (4.25) with a verbal interpretation of (Very Satisfied). However, the statement "How satisfied are you with your sex life" exhibits the lowest weighted mean of (2.60) with a verbal interpretation of (Fairly Dissatisfied). The overall weighted mean for the parameter "social relationships" is (3.73) with a verbal interpretation of (Satisfied).

Table 6
Factors affecting the quality of life of the respondents in terms of Environmental Health

Statement	Weighted Mean	S.D	Verbal Interpretation
How safe do you feel in your daily life	3.89	0.968	Very
How satisfied are you with the conditions of your living space	4.10	0.939	Satisfied
Do you have enough money to meet your needs	3.27	1.187	Moderately
How satisfied are you with your access to health services	2.94	1.201	Neither Satisfied
How available to you is the information you need in your daily life	3.93	1.077	Very
To what extent do you have the opportunity for leisure activities	3.61	1.087	Very
How healthy is your physical environment	3.92	0.977	Very
How satisfied are you with your transport	4.18	0.948	Very
Grand Total	**3.91**	**0.829**	**Very**

Table 6 shows the factors affecting the quality of life of the respondents, in terms of environmental health. Based on the result, the statement "How satisfied are you with your transport" exhibits the highest weighted mean of (4.18) with a verbal interpretation of (Very). However, the statement "How satisfied are you with your access to health services" exhibits the lowest weighted mean of (2.94) with a verbal interpretation of (Neither satisfied). The overall weighted mean for the parameter "environmental health" is (3.91) with a verbal interpretation of (Very).

Table 7
Significant difference between factors affecting the quality of life of elderlies and age

Variable Tested	Kruskal- Wallis H	p-value	Interpretation	Conclusion

Physical Health * Age	2.898	0.235	Failed to reject the null hypothesis	There is no significant difference
Psychological * Age	0.227	0.893	Failed to reject the null hypothesis	There is no significant difference
Social Relationships * Age	3.313	0.191	Failed to reject the null hypothesis	There is no significant difference
Environmental Health * Age	1.649	0.438	Failed to reject null hypothesis	There is no significant difference

Note: Test at 0.05

Table 7 shows the significant difference among factors affecting the quality of life of elderlies when grouped according to their age. Based on the result using Kruskal – Wallis H Test, the obtained p-value for the parameter "Physical Health * Age" is (0.235). Since the obtained p-value is greater than 0.05, then we failed to reject the null hypothesis. Therefore, there is no significant difference between the "Physical Health" of elderlies when grouped according to their age.

Based on the results of the Kruskal Wallis H test, the obtained pvalue for the parameter *Psychological * Age" is 0.89. As a result, we have not rejected the null hypothesis because of the obtained pvalue exceeding 0.05. As a consequence, when groups of older people are compared according to age, there is not significant difference in their psychological health.

The result of the Kruskal – Wallis H test indicates that the pvalue for the parameter Social Relationships * Age is 0.191″. Because the obtained pvalue is more than 0.05, we have not been able to reject the null hypothesis. For these reasons, when grouped according to age there is no significant difference between the social relationships of older people.

The p value for the parameter "ENVIRONMENTAL Health * Age" has been produced based on a Kruskal Wallis H test result and is 0,438. Since the pvalue obtained is greater than 0.05, we have not rejected a null hypothesis. The environmental health of older people does not differ significantly from group to group depending on their age.

Table 8
Significant difference between factors affecting the quality of life of elderlies and sex

Variable Tested	z-value	p- value	Interpretation	Conclusion
Physical Health * Sex	-2.559	0.010	Reject null hypothesis	There is a significant difference
Psychological * Sex	-1.720	0.085	Failed to reject null hypothesis	There is no significant difference
Social Relationships * Sex	-1.940	0.052	Failed to reject null hypothesis	There is no significant difference
Environmental Health * Sex	-2.311	0.021	Reject null hypothesis	There is a significant difference

Note: Test at 0.05

Table 8 shows the significant difference among factors affecting the quality of life of elderlies when grouped according to their sex. Based on the result using Mann- Whitney U Test, the obtained p-value for the parameter "Physical Health * Sex" is (0.010). Since the obtained p-value is less than 0.05, then we reject the null hypothesis. Therefore, there is a significant difference between the "Physical Health" of elderlies when grouped according to their sex.

Based on the result using Mann-Whitney U Test, the obtained p-value for the parameter "Psychological * Sex" is (0.085). Since the obtained p-value is greater than 0.05, then we failed to reject the null hypothesis. Therefore, there is no significant difference between the "Psychological Health" of elderlies when grouped according to their sex.

Based on the result using Mann-Whitney U Test, the obtained p-value for the parameter "Social Relationships * Sex" is (0.052). Since the obtained p-value is greater than 0.05, then we failed to reject the null hypothesis. Therefore, there is no significant difference between the "Social Relationships" of elderlies when grouped according to their sex.

Based on the result using Mann-Whitney U Test, the obtained p-value for the parameter "Environmental Health * Sex" is (0.021). Since the obtained p-value is less than 0.05, then we reject the null hypothesis. Therefore, there is a significant difference between the "Environmental Health" of elderlies when grouped according to their sex.

Table 9
Significant difference between factors affecting the quality of life of elderlies and civil status

Variable Tested	Kruskal- Wallis H	p- value	Interpretation	Conclusion
Physical Health * Civil Status	6.015	0.198	Failed to reject null hypothesis	There is no significant difference
Psychological * Civil Status	7.183	0.127	Failed to reject null hypothesis	There is no significant difference
Social Relationships * Civil Status	7.185	0.126	Failed to reject null hypothesis	There is no significant difference
Environmental Health * Civil Status	6.998	0.136	Failed to reject null hypothesis	There is no significant difference

Note: Test at 0.05

Table 9 shows the significant difference among factors affecting the quality of life of elderlies when grouped according to their civil status. Based on the result using Kruskal – Wallis H Test, the obtained p-value for the parameter "Physical Health * Civil Status" is (0.198). Since the obtained p-value is greater than 0.05, then we failed to reject the null hypothesis. Therefore, there is no significant difference between the "Physical Health" of elderlies when grouped according to their civil status.

Based on the result using Kruskal – Wallis H Test, the obtained p-value for the parameter "Psychological * Civil Status" is (0.127). Since the obtained p-value is greater than 0.05, then we failed to reject the null hypothesis. Therefore, there is no significant difference between the "Psychological Health" of elderlies when grouped according to their civil status.

Based on the result using Kruskal – Wallis H Test, the obtained p-value for the parameter "Social Relationships * Civil Status" is (0.126). Since the obtained p-value is greater than 0.05, then we failed to reject the null hypothesis. Therefore, there is no significant difference between the "Social Relationships" of elderlies when grouped according to their civil status.

Based on the result using Kruskal – Wallis H Test, the obtained p-value for the parameter "Environmental Health * Civil Status" is (0.198). Since the obtained p-value is greater than 0.05, then we failed to reject the null hypothesis. Therefore, there is no significant difference between the "Environmental Health" of elderlies when grouped according to their civil status.

Table 10
Significant difference between factors affecting the quality of life of elderlies and educational attainment

Variable Tested	Kruskal- Wallis H	p-value	Interpretation	Conclusion
Physical Health * Educational Attainment	5.233	0.264	Failed to reject the null hypothesis	There is no significant difference
Psychological * Educational Attainment	6.643	0.156	Failed to reject the null hypothesis	There is no significant difference
Social Relationships * Educational Attainment	6.530	0.163	Failed to reject the null hypothesis	There is no significant difference
Environmental Health * Educational Attainment	5.408	0.248	Failed to reject the null hypothesis	There is no significant difference

Note: Test at 0.05

Table 10 shows the significant difference among factors affecting the quality of life of elderlies when grouped according to their educational attainment. Based on the result using Kruskal – Wallis H Test, the obtained p-value for the parameter "Physical Health * Educational Attainment" is (0.264). Since the obtained p-value is greater than

0.05, then we failed reject the null hypothesis. Therefore, there is no significant difference between the "Physical Health" of elderlies when grouped according to their educational attainment.

Based on the result using Kruskal – Wallis H Test, the obtained p-value for the parameter "Psychological * Educational Attainment" is (0.156). Since the obtained p- value is greater than 0.05, then we failed reject the null hypothesis. Therefore, there is no significant difference between the "Psychological Health" of elderlies when grouped according to their educational attainment.

Based on the result using Kruskal – Wallis H Test, the obtained p-value for the parameter "Social Relationships * Educational Attainment" is (0.163). Since the obtained p-value is greater than 0.05, then we failed reject the null hypothesis. Therefore, there is no significant difference between the "Social Relationships" of elderlies when grouped according to their educational attainment.

Based on the result using Kruskal – Wallis H Test, the obtained p-value for the parameter "Environmental Health * Educational Attainment" is (0.248). Since the obtained p-value is greater than 0.05, then we failed to reject the null hypothesis. Therefore, there is no significant difference between the "Environmental Health" of elderlies when grouped according to their educational attainment.

Table 11
Significant difference between factors affecting the quality of life of elderlies and source of income

Variable Tested	Kruskal- Wallis H	p-value	Interpretation	Conclusion
Physical Health * Source of Income	8.714	0.121	Failed to reject null hypothesis	There is no significant difference
Psychological * Source of Income	4.526	0.476	Failed to reject null hypothesis	There is no significant difference
Social Relationships * Source of Income	7.005	0.220	Failed to reject null hypothesis	There is no significant difference

Environmental Health * Source of Income	4.741	0.448	Failed to reject null hypothesis	There is no significant difference

Note: Test at 0.05

Table 11 shows the significant difference among factors affecting the quality of life of elderlies when grouped according to their source of income. Based on the result using Kruskal – Wallis H Test, the obtained p-value for the parameter "Physical Health * Source of Income" is (0.121). Since the obtained p-value is greater than 0.05, then we failed reject the null hypothesis. Therefore, there is no significant difference between the "Physical Health" of elderlies when grouped according to their source of income.

Based on the result using Kruskal – Wallis H Test, the obtained p-value for the parameter "Psychological * Source of Income" is (0.476). Since the obtained p-value is greater than 0.05, then we failed reject the null hypothesis. Therefore, there is no significant difference between the "Psychological Health" of elderlies when grouped according to their source of income.

Based on the result using Kruskal – Wallis H Test, the obtained p-value for the parameter "Social Relationships * Source of Income" is (0.220). Since the obtained p- value is greater than 0.05, then we failed reject the null hypothesis. Therefore, there is no significant difference between the "Social Relationships" of elderlies when grouped according to their source of income.

Based on the result using Kruskal – Wallis H Test, the obtained p-value for the parameter "Environmental Health * Source of Income" is (0.448). Since the obtained p-value is greater than 0.05, then we failed reject the null hypothesis. Therefore, there is no significant difference between the "Environmental Health" of elderlies when grouped according to their source of income.

Table 12

Significant difference between factors affecting the quality of life of elderlies and disease background

Variable Tested	Kruskal- Wallis H	p- value	Interpretation	Conclusion
Physical Health * Source of Income	-0.522	0.601	Failed to reject null hypothesis	There is no significant difference
Psychological * Source of Income	-0.618	0.536	Failed to reject null hypothesis	There is no significant difference
Social Relationships * Source of Income	-0.026	0.979	Failed to reject null hypothesis	There is no significant difference
Environmental Health * Source of Income	-1.590	0.112	Failed to reject null hypothesis	There is no significant difference

Note: Test at 0.05

Table 12 shows the significant difference among factors affecting the quality of life of elderlies when grouped according to their background of the disease. Based on the result using Mann – Whitney U Test, the obtained p-value for the parameter "Physical Health * Disease Background" is (0.601). Since the obtained p-value is greater than 0.05, then we failed reject the null hypothesis. Therefore, there is no significant difference between the "Physical Health" of elderlies when grouped according to their background of the disease.

Based on the result using Mann – Whitney U Test, the obtained p-value for the parameter "Psychological * Disease Background" is (0.536). Since the obtained p- value is greater than 0.05, then we failed reject the null hypothesis. Therefore, there is no significant difference between the ""Psychological Health" of elderlies when grouped according to their background of the disease.

Based on the result using Mann – Whitney U Test, the obtained p-value for the parameter "Social Relationships * Disease Background" is (0.979). Since the obtained p-value is greater than 0.05, then we failed reject the null hypothesis. Therefore, there is no significant difference between the "Social Relationships" of elderlies when grouped according to their background of the disease. Based on the result using Mann – Whitney U Test, the obtained p-value for the parameter "Environmental Health * Disease Background" is (0.112). Since the obtained p-value is greater than 0.05, then we failed reject the null hypothesis. Therefore, there is no significant difference between the "Environmental Health" of elderlies when grouped according to their background of the disease.

Table 13
Significant difference between factors affecting the quality of life of elderlies and participation in activities headed by OSCA

Variable Tested	Kruskal- Wallis H	p- value	Interpretation	Conclusion
Physical Health * Participation in OSCA	2.830	0.587	Failed to reject null hypothesis	There is no significant difference
Psychological * Participation in OSCA	1.223	0.874	Failed to reject null hypothesis	There is no significant difference
Social Relationships * Participation in OSCA	1.541	0.819	Failed to reject null hypothesis	There is no significant difference
Environmental Health * Participation in OSCA	2.981	0.561	Failed to reject null hypothesis	There is no significant difference

Note: Test at 0.05

Table 13 shows the significant difference among factors affecting the quality of life of elderlies when grouped according to their participation in OSCA. Based on the result using Kruskal – Wallis H Test, the obtained p-value for the parameter "Physical Health * Participation in OSCA" is (0.587). Since the obtained p-value is greater than 0.05, then we failed reject the null hypothesis. Therefore, there is no significant difference between the "Physical Health" of elderlies when grouped according to their participation in OSCA.

Based on the result using Kruskal – Wallis H Test, the obtained p-value for the parameter "Psychological * Participation in OSCA" is (0.874). Since the obtained p- value is greater than 0.05, then we failed reject the null hypothesis. Therefore, there is no significant difference between the "Psychological Health" of elderlies when grouped according to their participation in OSCA.

Based on the result using Kruskal – Wallis H Test, the obtained p-value for the parameter "Social Relationships * Participation in OSCA" is (0.819). Since the obtained p-value is greater than 0.05, then we failed reject the null hypothesis. Therefore, there is no significant difference between the "Social Relationships" of elderlies when grouped according to their participation in OSCA.
Based on the result using Kruskal – Wallis H Test, the obtained p-value for the parameter "Environmental Health * Participation in OSCA" is (0.561). Since the obtained p-value is greater than 0.05, then we failed reject the null hypothesis.

Therefore, there is no significant difference between the "Environmental Health" of elderlies when grouped according to their participation in OSCA.

CONCLUSION

The study aims to identify the factors affecting the quality of life of senior citizens living in West Bajac-Bajac, Olongapo City. Based from the results of the study, the following conclusions were formulated.

1.   According to the survey conducted by the researchers, most of the respondents are in the age ranging from 61 to 70 years old and majority of them are female. It has been identified that most of the respondent's civil status is married and majority of them graduated from secondary school. Furthermore, when it comes to respondents' income, majority of them answered that they come from pensions.

2.   The results of the survey indicated that the majority of the respondents have hypertension. However, when it comes to cataracts, joint disease, diabetes, heart problems, and other health issues, the majority of respondents stated that they do not have any of these conditions.

3.   The survey showed that the majority of the respondents, in terms of recreational activities, did not participate in the ballroom and chess tournaments. In addition, regarding social gatherings, most respondents did not attend the Year-End Thanksgiving Party and Acknowledgement and the Elderly Filipino Week Celebration. Lastly, when it comes to information dissemination meetings, the majority of the respondents answered that they did not participate.

4.   Reflected in the results of survey, in terms of physical factors in the Quality of Life of Senior Citizens, it has been shown that the overall weighted mean is 3.75 with a verbal interpretation of Great Amount. However, in terms of psychological factors, the overall weighted mean is 3.92, which has a verbal interpretation of Great

Amount. Moreover, social relationships gained an overall weighted mean of 3.73 with a verbal interpretation of Satisfied. Lastly, the overall weighted mean in terms of the environmental health factor is 3.91 which has a verbal interpretation of Very.

5.   The results of the survey conducted by the researchers showed that the only profile that has significant difference between Physical Health of elderlies is when grouped according to their sex. Other profiles including age, civil status, employment status, community participation, and comorbidity background shows that there has no significant difference. The survey also showed that there is no significant difference between the Psychological Health when grouped according to their profiles. Moreover, when it comes to Social Relationships when grouped according to their respondents' profiles, it has been indicated that there is no significant difference between them. The survey conducted also demonstrated that there is a significant difference between the Environmental Health of elderlies when grouped according to their sex. The rest of the profile including age, civil status, employment status, community participation, and comorbidity background shows that there has no significant difference.

RECOMMENDATION

From the conclusions of the researchers, the following recommendations are given.

1.   Implementing the preferred strategic plan will be very helpful to the elderlies in improving their Quality of Life. The results of the study should be part of a larger initiative to integrate concern related to quality of life of elderlies in OSCA plans and programs. This will require a broader perspective and a more holistic analysis and response to social welfare issues.

2.   Augmenting monthly social pension from DSWD, and financial aids for elderlies from OSCA/LGUs.

3.   Elderlies should be encouraged to participate in social activities like going to ballrooms, playing chess, Elderly Filipino Week at the end of the year, and information dissemination meetings.

4.   Promotion of awareness about treatment, prevention, and control of hypertension among the elderly population.

5.   For future researchers, they can use this study as the basis for their research.

In addition, expanding the study's scope to include the entirety of Olongapo City would be preferable.

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