


Original Article

Aging with Resilience: Lived Experiences, Health Transitions, and Financial Challenges of Retirees in the Philippines

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Abstract. This study explored the lived experiences of Filipino retirees as they navigated health changes, financial challenges, healthcare access, and coping strategies after leaving the workforce. Using a qualitative research design, semi-structured interviews were conducted with seven retirees, and their narratives were analyzed thematically. Findings revealed that retirement brought mixed health outcomes: while some experienced improved mental well-being due to reduced work-related stress, others struggled with chronic conditions such as hypertension, arthritis, and diabetes, prompting consistent self-care practices involving maintenance medication, healthy eating, and light physical activity. Financial constraints emerged as a central concern, with most retirees relying on modest pensions, strict budgeting, and family support to meet daily needs, only to have those resources disrupted by unexpected medical expenses. Access to healthcare remained difficult due to overcrowded public facilities, costly private consultations, and inconsistent availability of affordable medicines, heightening retirees' vulnerability. Despite these challenges, participants demonstrated strong resilience rooted in faith, contentment, and supportive family relationships, viewing retirement as not only a demanding transition but also a meaningful period for reflection, simplicity, and renewed purpose. The study underscores that successful aging in the Philippine context is shaped not only by health and financial security but also by emotional stability, spirituality, and social connectedness. It highlights the need for strengthened social protection systems, improved access to affordable healthcare, and community-based programs that promote dignity, autonomy, and holistic well-being among Filipino retirees.

Keywords: Retirement experiences; Health and financial challenges; Healthcare access; Coping strategies; Filipino retirees.

Retirement marks a significant transition in the human life course, bringing both opportunities for renewal and challenges of adjustment. As individuals exit the workforce, they encounter shifts in health, income stability, social relationships, and self-concept—all of which influence their overall quality of life. The World Health Organization (WHO, 2021) identifies active aging as the process of optimizing health, participation, and security to enhance life satisfaction in old age. However, for many older adults, particularly in developing countries like the Philippines, this ideal remains elusive due to persistent economic, healthcare, and social disparities.

Globally, population aging has become one of the defining social transformations of the twenty-first century. In the Philippines, senior citizens—defined under Republic Act No. 9994 (Expanded Senior Citizens Act of 2010) as individuals aged 60 and above—now constitute a rapidly growing demographic, projected to reach 14% of the national population by 2045 (Philippine Statistics Authority, 2023). This demographic shift poses both challenges and opportunities for social policy, particularly in ensuring that retirees maintain good health, financial security, and social inclusion. As highlighted by Chomik et al. (2024), while the Philippines has established a framework of social protection programs such as the Universal Health Care Act (RA 11223) and the Social Pension for Indigent Senior Citizens, implementation remains fragmented and uneven, resulting in limited access to quality healthcare and insufficient pension coverage.

Health transitions in retirement often mirror the interplay between biological aging and socioeconomic conditions. Studies reveal that retirees commonly experience chronic illnesses such as hypertension, arthritis, and diabetes, which affect their mobility and independence (Bustillo et al., 2021; Soriano-Locquiao, 2024). Nonetheless, many sustain wellness through faith, community engagement, and disciplined self-care routines such as exercise and healthy eating (Ty & Hudtohan, 2024; Betonio, 2022). This highlights the Filipino retirees' resilience and adaptability—traits that enable them to navigate the inevitable physical and emotional challenges of aging.

In parallel with health concerns, financial stability is another cornerstone of retirees' well-being. Several studies demonstrate that economic preparedness—through pension, savings, or livelihood—is a decisive factor influencing life satisfaction in later years (Andres et al., 2025; Mansueto et al., 2025). However, the majority of Filipino retirees remain financially dependent on family members or minimal pension stipends. In rural and low-income settings, retirees often practice extreme frugality or engage in small-scale livelihood activities to meet daily needs (Betonio, 2022; Soriano-Locquiao, 2024). These realities underscore the need for robust financial literacy and retirement planning programs that can equip individuals for long-term economic security.

Access to healthcare further compounds retirees' challenges. Despite the availability of PhilHealth benefits, many elderly Filipinos continue to face out-of-pocket medical expenses, lack of geriatric specialists, and limited healthcare infrastructure, particularly in rural communities (Brodit & Noroña, 2021; Bustillo et al., 2021). The absence of localized and preventive health programs heightens the vulnerability of retirees, especially those living alone or managing chronic illnesses.

Nevertheless, coping strategies among Filipino retirees reflect a rich cultural heritage of bayanihan (community spirit) and pakikipagkapwa (shared humanity). Many draw strength from family ties, spirituality, and purposeful engagement in community and religious activities (Bricia et al., 2024; Betonio, 2022). Emotional well-being and resilience are often sustained not through material wealth but through gratitude, acceptance, and faith-based optimism. Such patterns illustrate that successful aging in the Philippine context is not defined solely by physical health or economic wealth but by social connectedness and inner contentment.

Given these realities, the present study explores retirees' lived experiences in managing health and financial challenges after retirement. By examining their self-care practices, budgeting adjustments, healthcare access, and reflections on coping, this research aims to provide a deeper understanding of how retirees navigate the complexities of post-employment life. Insights from this study will contribute to ongoing efforts to strengthen retirement preparedness programs, promote active aging, and inform policy interventions that ensure a healthy, secure, and meaningful life for Filipino senior citizens.

Methodology

Research Design

This study explored retirees' lived experiences in managing health, finances, and overall well-being after retirement. A qualitative research design was employed, using semi-structured interviews to gather non-numerical data, including personal narratives and reflections. Guided by the principles of Bhandari (2025), this approach enabled the researcher to obtain in-depth insights through textual and verbal data, which are essential for understanding individuals' perspectives and lived experiences. The design was chosen to capture the authentic voices of retirees as they shared their stories about health changes, financial adjustments, access to healthcare, and coping strategies in their post-employment years.

To ensure credibility and depth of analysis, thematic analysis was applied to identify patterns, meanings, and recurring ideas across participant responses. This process involved reading and coding the data multiple times to extract significant insights, which were then organized into four major themes: (1) health changes and self-care in retirement, (2) financial stability and budgeting adjustments, (3) challenges in accessing healthcare, and (4) coping strategies and reflections on retirement. Through this open-ended, interpretive approach, the participants' experiences were meaningfully represented, revealing how they navigate the complex relationships among health, income, and quality of life in later adulthood. Moreover, the study contributes to the growing body of literature on aging by highlighting the practical and emotional realities of retirement. It aims to inform policy development, social welfare initiatives, and community-based support programs that promote healthy, secure, and dignified aging among older adults in the Philippines.

Research Participants

The study involved seven (7) retirees from diverse occupational and personal backgrounds who had officially concluded their professional careers and were currently sustaining their daily lives through pensions, personal savings, or family support. These participants were carefully selected to represent a range of retirement experiences, particularly with respect to health conditions, financial stability, access to healthcare, and coping strategies. Their ability and willingness to share personal reflections provided meaningful insights into the lived realities of post-retirement life, including the challenges, adjustments, and adaptive practices that accompany aging and the transition from employment to retirement.

A purposive sampling technique was employed to identify participants who could offer rich, relevant, and reflective accounts aligned with the study's objectives. The inclusion of 7 participants was determined by data saturation, ensuring adequate depth of information while avoiding redundancy. This sample size was considered sufficient to capture diverse yet convergent experiences among retirees, enabling the researcher to develop a holistic understanding of their changes in physical health, financial management strategies, access to healthcare services, and coping mechanisms. The participants' narratives proved instrumental in uncovering the core themes of retirement life—namely, health transitions and self-care practices; financial stability and budgeting adjustments; challenges in accessing and managing healthcare; and coping strategies and reflections on aging. These themes collectively provide a nuanced portrait of how retirees in the Philippine context navigate the interrelated dimensions of well-being after leaving the workforce.

Research Instrument

The primary data-gathering tool for this study was a semi-structured interview guide designed to explore retirees' lived experiences regarding their health, financial stability, and overall well-being after retirement. The instrument was designed to elicit rich, narrative data reflecting the participants' personal journeys and reflections on how they manage life transitions in retirement. The interview guide focused on four key areas consistent with the study's objectives and emergent themes: (1) Health changes and self-care practices after retirement, (2) Financial stability and budgeting adjustments, (3) Challenges in accessing healthcare and managing health expenses, and (4) Coping strategies and reflections on retirement life.

The semi-structured format allowed flexibility in the interviews, enabling the researcher to ask follow-up questions and probe deeper into participants' stories for greater clarity and insight. To ensure the content validity of the instrument, it was reviewed by experts in the fields of social sciences, gerontology, and community health, ensuring that the questions were appropriate, relevant, and sensitive to the experiences of older adults. The final version of the interview guide served as the primary tool for collecting comprehensive qualitative data on retirees' lived experiences. All interviews were conducted with informed consent, ensuring confidentiality, voluntary participation, and ethical compliance throughout the data collection process.

Data Gathering Procedure

Before conducting the interviews, formal permission to carry out the study was obtained from the researcher's institution and the participating community. Each participant received a consent form detailing the purpose of the study, their rights as respondents, and assurances of privacy and data protection, in accordance with Republic Act No. 10173, also known as the Data Privacy Act of 2012. Participation in the study was strictly voluntary, and participants were informed that they could withdraw at any point without penalty. Data collection was carried out through individual, face-to-face interviews lasting approximately 30 to 45 minutes. The interviews followed an open-ended structure to encourage free expression of thoughts and experiences related to health management,

financial adjustments, healthcare access, and coping mechanisms during retirement. Each session was audio-recorded with permission to ensure accurate transcription and facilitate detailed analysis.

After transcription, responses were carefully reviewed and analyzed using thematic analysis to identify recurring ideas, patterns, and meaningful insights. Codes and categories were generated, which were then grouped into four overarching themes: (1) health changes and self-care in retirement, (2) financial stability and budgeting adjustments, (3) challenges in accessing healthcare, and (4) coping strategies and reflections on retirement. This process ensured a comprehensive and faithful representation of the retirees' lived realities, forming a rich foundation for the interpretation and discussion of findings.

Ethical Considerations

This study strictly adhered to ethical research standards. All participants volunteered, and informed consent was obtained prior to data collection. They were clearly informed of their right to withdraw from the study at any time without consequences. All personal data was treated with the highest level of confidentiality and anonymity, securely stored, and used exclusively for academic research purposes. These measures ensured the protection of participants' rights and the overall integrity of the research process.

Results and Discussion

This chapter presents the study's results, which explored retirees' lived experiences in managing their health, financial stability, and overall well-being after retirement. The data were gathered through semi-structured interviews with seven (7) retirees and were analyzed thematically to identify recurring patterns and meaningful insights. The participants provided in-depth narratives about the changes they experienced in their health, the adjustments they made to their financial habits, the challenges they faced in accessing healthcare, and the coping mechanisms they developed to navigate post-retirement life.

Health Changes and Self-Care in Retirement

All seven participants discussed noticeable changes in their health after retirement, ranging from improvements in well-being to the onset or worsening of chronic illnesses. For many, the transition out of employment provided much-needed rest and relief from occupational stress, resulting in a lighter physical state and improved mental health. Others, however, experienced declining physical strength and increased medical concerns, which they attributed to aging and reduced physical activity.

"Since I retired, I feel lighter and less stressed, but my blood pressure still needs to be controlled with medicine." (P1)

"I can sleep well now and no longer think about work deadlines. I feel healthier in that sense." (P4)

"After retiring, my arthritis became worse because I am no longer as active as before." (P6)

While health changes varied, all participants recognized the importance of maintaining discipline through self-care practices. They consistently mentioned taking maintenance medication, eating healthy foods, and engaging in light exercise, such as walking or gardening. Faith and spirituality were also identified as important aspects of self-care, serving both physical and emotional health.

"I take my maintenance medicine daily and walk every morning to keep my body active." (P2)

"I try to eat vegetables and fruits. I also pray every day because prayer gives me strength." (P3)

"I make sure to visit my doctor for regular check-ups, even if it is costly." (P7)

All seven participants discussed noticeable changes in their health after retirement, ranging from improvements in well-being to the onset or worsening of chronic illnesses. For many, the transition out of employment provided much-needed rest and relief from occupational stress, resulting in a lighter physical state and improved mental health; similar patterns have been reported among retired teachers and community elders who described improved sleep and reduced work-related stress after retirement (Ty & Hudtohan, 2024; Soriano-Locquiao, 2024). Others, however, experienced declining physical strength and increased medical concerns—especially chronic conditions such as hypertension, arthritis, and diabetes—which are commonly observed among older adults in Philippine samples (Bustillo et al., 2021; Betonio, 2022).

While health changes varied, all participants recognized the importance of maintaining discipline through self-care practices. They consistently reported taking maintenance medication, eating healthy foods, and engaging in

light exercise, such as walking or gardening—behaviors that have been linked to lower depression and better functional status in local studies (Soberano et al., 2021; Loa, 2022). Faith and spirituality were also identified as important aspects of self-care, serving both physical and emotional health; this is echoed in research showing that prayer, church participation, and community engagement function as key coping resources for Filipino retirees (Bricia et al., 2024; Soberano et al., 2021).

Participants demonstrated an awareness of the connection between healthy living and quality of life in old age, viewing health maintenance as a personal responsibility and an act of gratitude. At the same time, several studies caution that individual self-care is often moderated by structural factors—limited pension income, uneven PhilHealth or local health services, and geographic barriers to care—which constrain how consistently retirees can practise preventive health (Brodit & Noroña, 2021; Bustillo et al., 2021; Chomik et al., 2024).

Financial Stability and Budgeting Adjustments

Financial matters were a recurring concern among all participants. Most retirees relied primarily on their monthly pensions, while others depended on savings, small businesses, or family support. Participants reported that living on a fixed income requires careful planning, prioritizing basic needs, and frugality.

“My pension is enough for our daily food, but my children help me buy my maintenance medicine.” (P5)

“I have to make sure that every peso is spent wisely. I only buy what is necessary.” (P3)

“I manage to get by because my children sometimes send money, but it is still tight.” (P2)

Several participants shared that budgeting became a vital skill in retirement. They practiced saving small amounts, buying goods in bulk, or seeking discounts to maximize their limited resources. However, unexpected expenses, such as medical bills or emergencies, often disrupted their budgets.

“When I get my pension, I divide it immediately—half for food, half for medicine. But if someone gets sick, we really struggle.” (P1)

“I still help with small household expenses, but I try not to rely too much on my children.” (P6)

“The hardest part is when you want something simple, like a trip or a treat, but you can’t because it is not in the budget.” (P7)

Financial matters were a recurring concern among all participants. Most retirees relied primarily on their monthly pensions, while others depended on savings, small businesses, or family support. Participants reported that living on a fixed income requires careful planning, prioritizing basic needs, and frugality. Similar findings were reported by Andres et al. (2025), who found that Filipino geriatrics in Negros Oriental largely depended on GSIS or SSS pensions and cooperative savings, with limited investment participation due to low income and limited financial literacy. They emphasized that early financial planning and savings discipline strongly influence economic resilience in retirement.

Several participants shared that budgeting became a vital skill in retirement. They practiced saving small amounts, buying goods in bulk, or seeking discounts to maximize their limited resources. However, unexpected expenses—such as medical bills or emergencies—often disrupted their budgets. This mirrors Bustillo, Oracion, and Pyponco (2021), who found that older persons’ health costs frequently outweighed pension income, forcing them to depend on relatives. Similarly, Ty & Hudtohan (2024) documented that retired teachers often lived on modest pensions and adopted frugal spending habits to sustain daily needs.

Financial stability among retirees was therefore relative: while some managed comfortably, others lived month to month. Despite this, all participants exhibited financial discipline, adaptability, and contentment, recognizing that living simply was essential for peace of mind. These patterns align with Betonio (2022), who observed that Filipino seniors balance limited finances through thrift, cooperative memberships, and family aid. Broader policy analyses also note that gaps in pension coverage and uneven implementation of social-protection programs heighten retirees’ vulnerability (Chomik et al., 2024). Altogether, these studies affirm that financial literacy, early preparation, and accessible social-protection systems are crucial for maintaining retirees’ dignity and independence.

Challenges in Accessing Healthcare

Every participant acknowledged experiencing difficulties obtaining affordable, accessible healthcare. The most common challenges included long waiting times in public hospitals, the high cost of private clinics, and limited access to affordable medicines. For some, the lack of health insurance or coverage meant delaying treatment or relying on alternative remedies.

“Government hospitals are always full, and you have to wait hours before being attended to.” (P2)

“Private doctors are expensive. I sometimes skip my check-ups because the consultation fee is too high.” (P6)

“There was a time I had to stop my medicine because I could not buy it.” (P4)

A few participants mentioned receiving help from family members, local barangay health centers, or senior citizen programs, which provided minimal assistance for medication or check-ups. However, such support was not always consistent or sufficient.

“Our barangay health center gives free check-ups, but medicine is not always available.” (P3)

“My children help me pay for my doctor’s visits when they can. Without them, I would not know what to do.” (P5)

Every participant acknowledged experiencing difficulties obtaining affordable, accessible healthcare. The most common challenges included long waiting times in public hospitals, the high cost of private clinics, and limited access to affordable medicines. These concerns reflect national realities identified by Bustillo et al. (2021), who found that many older persons in Negros Oriental struggled with high out-of-pocket expenses and inadequate access to medicines despite existing PhilHealth coverage. Similarly, Brodit and Noroña (2021) found, through their Elderly Care Susceptibility Index, that financial status, dwelling type, and income strongly predict older adults’ vulnerability to poor health outcomes, underscoring how economic factors constrain healthcare access.

For some, the lack of comprehensive health insurance or coverage meant delaying treatment or relying on alternative remedies—an issue also noted by Chomik et al. (2024), who documented gaps in the implementation of social protection and healthcare programs under the Philippine Universal Health Care Law. Andres et al. (2025) likewise observed that although nearly all retirees were PhilHealth members, coverage remained insufficient for chronic illnesses, prompting many to depend on family support or local programs.

A few participants mentioned receiving help from family members, barangay health centers, or senior citizen programs, which provided minimal assistance for medication or check-ups. However, such support was not always consistent or sufficient. This aligns with Ty & Hudtohan (2024), whose retired teacher-respondents cited reliance on family assistance and local health units but noted that medicines were often unavailable or costly. Soriano-Locquiao (2024) similarly reported that retirees in rural Pangasinan faced geographic barriers and limited access to geriatric care facilities, resulting in irregular consultations and self-medication.

The participants’ accounts reflect how financial and systemic barriers limit the accessibility and continuity of healthcare for retirees. The burden of healthcare costs often contributed to emotional stress, fear, and a sense of dependency. Despite these challenges, retirees’ expressions of gratitude for even minimal assistance mirror the resilience and faith-driven acceptance highlighted in previous qualitative studies (Bricia et al., 2024; Soberano et al., 2021). Collectively, these findings emphasize that while personal coping mechanisms buffer stress, sustainable access to quality healthcare remains a pressing need for Filipino retirees.

Coping Strategies and Reflections on Retirement

Despite facing health and financial challenges, all participants demonstrated remarkable resilience, faith, and acceptance in navigating retirement life. They employed various coping mechanisms—spiritual devotion, family support, positive thinking, and lifestyle adjustment—to sustain a sense of contentment and purpose.

“I always pray and thank God every day. That gives me strength even when things are hard.” (P3)

“My family motivates me to stay strong. Their care makes me feel I am not alone.” (P5)

“I learned to live simply and be content with what I have.” (P7)

Several participants viewed retirement not only as the end of their working years but also as a new chapter for reflection and peace. They expressed appreciation for the chance to slow down, spend time with family, and

nurture their spiritual life. They also offered valuable advice to future retirees, emphasizing the importance of early preparation, saving money, and maintaining health before old age.

“Save while you are still working because you will need it when you retire.” (P1)

“Take care of your health now; money will not matter if your body is weak.” (P2)

“Be happy and thankful. Life is short – enjoy it while you can.” (P4)

Despite facing health and financial challenges, all participants demonstrated remarkable resilience, faith, and acceptance in navigating retirement life. They employed various coping mechanisms—spiritual devotion, family support, positive thinking, and lifestyle adjustment—to sustain a sense of contentment and purpose. Similar patterns of faith-based coping and social reliance were highlighted by Bricia et al. (2024), who found that older Filipinos draw emotional strength from prayer, church involvement, and community networks that foster a sense of belonging and optimism. Soberano et al. (2021) also reported that religious activity and supportive living arrangements correlate with lower depression scores and stronger well-being among community-dwelling seniors. Additionally, several participants viewed retirement not only as the end of their working years but also as a new chapter for reflection and peace. This mirrors the insights of Ty & Hudtohan (2024), whose retired teachers described retirement as an opportunity for spiritual renewal and reconnection with family after years of service. Likewise, Betonio (2022) noted that Filipino elders often redefine purpose through caregiving, volunteerism, and intergenerational engagement—activities that maintain social identity and emotional fulfillment.

The role of family as a central coping anchor has been repeatedly confirmed in prior work. Studies across regions on retirees and senior citizens show that family support mitigates economic strain and loneliness, reinforcing psychological resilience and gratitude (Bustillo et al., 2021; Soriano-Locquiao, 2024). Even when institutional aid is scarce, strong family and faith networks help retirees maintain optimism, reflecting Filipino values of bayanihan and pakikipagkapwa (Brodit & Noroña, 2021; Chomik et al., 2024). Through their narratives, it became evident that coping in retirement extends beyond financial or physical strategies. It involves emotional acceptance, social connectedness, and spiritual grounding—elements repeatedly identified in Philippine aging literature as predictors of life satisfaction and successful aging (Bricia et al., 2024; Loa, 2022). Despite the limitations of their circumstances, the participants’ gratitude, hope, and sense of fulfillment affirm that aging can be both challenging and meaningful when met with resilience, faith, and strong social ties.

Overall, the participants’ accounts portray retirement as a complex but transformative stage of life. While most experienced physical decline, financial limitations, and restricted access to healthcare, they also demonstrated adaptability, gratitude, and emotional strength. The four themes collectively reveal that successful aging is not solely dependent on financial or medical resources but also on mindset, faith, and social support. The retirees’ stories highlight a balance between struggle and acceptance, showing how older adults redefine happiness and security within their realities. Their voices underscore the need for comprehensive support systems and inclusive policies that address both the material and emotional aspects of aging in the Philippines.

Conclusion

Retirement emerged as a multidimensional transition shaped by health, financial stability, healthcare access, and coping mechanisms. Retirees experienced varied health changes, financial constraints, and barriers to medical care, yet demonstrated resilience through frugality, self-care, family support, and faith. Their narratives reflected that aging extends beyond biological decline, encompassing psychological, social, and spiritual dimensions rooted in Filipino cultural values. The findings highlight the importance of holistic support—combining preventive healthcare, financial preparedness, and community engagement—and point to the need for stronger policy interventions to improve healthcare access and pension adequacy. Ultimately, the study shows that retirement is not an endpoint but a period of adjustment, meaning-making, and renewed purpose marked by resilience and quiet fulfillment.

Contributions of Authors

Shirley V. Saragcon – editing, writing, supervising, data analysis, encoding, etc.
Joshua Jay O. Eden – editing, writing, supervising, data analysis, encoding, etc.

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Conflict of Interests

The author(s) declare no conflict of interest.

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References

- Andres, M., Tinguha, L., Diputado, M.M., & Ybanez, R. (2025). Bridging the financial gap: A financial literacy model for geriatrics in Negros Oriental. *Journal of Interdisciplinary Perspectives*, 3(2), 196–207. <https://doi.org/10.69569/jip.2024.0653>
- Bhandari, P. (2020). What is qualitative research? Methods & examples. Scribbr. <https://tinyurl.com/ywvvspr8>
- Betonio, A. (2022). Golden life lessons and challenges of retirees: A case study. *International Journal of Multidisciplinary Research and Analysis*, 5(8), 2003–2012. <https://doi.org/10.47191/ijmra/v5-i8-14>
- Bricia, J.M., Dael, M.J.M., Lobaton, K., Marquises, E., & Pancho, O.J. (2024). Life after 60: Living a purpose after retirement (Undergraduate thesis, Rizal Technological University). Rizal Technological University College of Arts and Sciences. <https://tinyurl.com/3475yija>
- Brodit, J.C., & Noroña, M. (2021). Developing a susceptibility index for elderly care management in the Philippines: A systems perspective. In *Proceedings of the International Conference on Industrial Engineering and Operations Management* (pp. 1533–1544). IEOM Society International. <https://www.ieomsociety.org/brazil2020/papers/603.pdf>
- Bustillo, T.Q., Oracion, E.G., & Pyponco, C.G. (2021). Health problems, financial capacity, and access to healthcare of older persons in Metro Dumaguete, Negros Oriental, Philippines. *Philippine Social Science Journal*, 4(4), 62–70. <https://philssj.org/index.php/main/article/view/430>
- Chomik, R., O’Keefe, P., & Piggott, J. (2024). Pensions in aging Asia and the Pacific: Policy insights and priorities (ADB Economics Working Paper Series No. 746). Asian Development Bank. <https://tinyurl.com/c9jezpwr>
- Loa, R.F. (2022). Components and dimensions of independent living among community-dwelling Filipino older adults (Doctoral dissertation, Thammasat University, Faculty of Nursing). Faculty of Nursing Thammasat University. <https://s1lnk.com/2qCBp>
- Mansueto, R., Juguilon, J.L., Jumawan, R., & Pelegrin, M.A. (2025). Unraveling the retirement spending habits in Siquijor, Philippines: Promoting support policies for retirees. *Journal of Business and Management Studies*, 7(2), 62–77. <https://doi.org/10.32996/jbms.2025.7.2.6>
- Philippine Statistics Authority. (2023). Highlights of the Philippine population projections (2020–2045). <https://psa.gov.ph>
- Philippine Statistics Authority. (2023). Senior citizens projected to make up 14% of population by 2045. <https://tinyurl.com/zm8uvszv>
- Republic Act No. 9994. (2010). “Expanded Senior Citizens Act of 2010.” Official Gazette of the Republic of the Philippines. <https://tinyurl.com/4u9p9hz8>
- Republic Act No. 11223. (2019). Universal Health Care Act. Official Gazette of the Republic of the Philippines. <https://tinyurl.com/mu5uxbzf>
- Rudnicka, E., Napierała, P., Podfigurna, A., Męczekalski, B., Smolarczyk, R., & Grymowicz, M. (2021). The World Health Organization (WHO) approach to healthy ageing. *National Library of Medicine*. <https://pmc.ncbi.nlm.nih.gov/articles/PMC7250103/>
- Soberano, J.I., Siongco, K.L., Kabristante, E., II., Leyva, E.W., & Evangelista, L. (2021). Stress relief, living arrangements, and depression among community-dwelling older adults in the Philippines. *International Forum of Nursing and Healthcare*, 5(2), 68–72. Retrieved from <https://pmc.ncbi.nlm.nih.gov/articles/PMC10190681/>
- Soriano-Locquiao, M. (2024). Senior citizens’ quality of life in the rural communities in Pangasinan. *International Journal of Advanced Multidisciplinary Studies*, 4(8), 83–99. <https://tinyurl.com/49akvmmu>
- Ty, A., & Hudtohan, E. (2024). A cross-sectional study on the employment of senior citizens: A literature review on prospects and challenges. *International Journal of Management & Education in Human Development*, 4(1), 1095–1102. <https://ijmehd.com/index.php/ijmehd/article/view/266>
- United Nations. (2015). Transforming our world: The 2030 Agenda for Sustainable Development. <https://sdgs.un.org/2030agenda>
- United Nations Educational, Scientific and Cultural Organization. (2023). Education for sustainable development and lifelong learning: A roadmap for 2030. UNESCO Publishing.
- World Health Organization. (2021). Decade of Healthy Ageing: Baseline report. World Health Organization. <https://www.who.int/publications/i/item/9789240017900>