

The Scope and Challenges of the Wellness Activities of the Older Adults

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ABSTRACT

This study had a dual purpose: 1) to determine the range of wellness activities of the senior citizens (third agers) based on six dimensions of wellness, and 2) to ascertain the problems and challenges which third agers face in holding wellness activities. The senior citizens' leader of each municipality of Bukidnon served as respondents. A survey questionnaire was designed to gather both quantitative and qualitative data. Included in the instrument were also pertinent open-ended questions. The analysis made use of the model of Hettler (cited in MacMahan and Fleur, 2012) that reflects the six dimensions of wellness, 2) as well as Hawk's (1994) model showing a one-to-one correspondence between Maslow's hierarchy of needs, with the dimensions of wellness. Results showed that the spiritual and physical wellness activities were most often conducted, while intellectual and emotional activities were scarce. Leadership was repeatedly cited as one of the reasons to explain the shortage of activities. The study's results implied the absence of balanced wellness and concluded that the presumably elderly's spiritual wellness does not necessarily mean they have achieved 'self-actualization.' To address the various wellness dimensions to develop holistically healthy third agers, a university-led wellness program may be designed, developed and implemented.

Keywords: Wellness activities, Senior citizens, Six dimensions of wellness

INTRODUCTION

The scope and challenges of the wellness activities of the elderly is an important issue because of a personal observation: the senior citizen sector in the society is still very productive, yet they have been devalued despite benefits they have been receiving from the government. The faculty retirees of Bukidnon State University (BukSU), for example, teach at colleges located close to BukSU at least within the next ten years after retirement. However, comparatively speaking, the economic payoff is not as rewarding because the public higher education system in the Philippines forbids a faculty to receive a salary equivalent to his or her rank before retirement. Besides, private schools pay less than public schools. The discount the retirees enjoy given their pension's eroding purchasing power due to inflation, are not sufficient to meet both ends meet.

Overall, the population of the senior citizens is increasing which means that more attention should even be given to them if we want to free our society from the economic burden. In 2010, for example, the census yielded 70 million senior citizens. This number represents 6.8% of the total population of the Philippines. Hence, the issue of wellness is relevant not only for the hospital patients, the psychologically-challenged, or to the healthcare and other industries but also to the general older adult populace whether they are in geriatric care or not (McMahon and Fleury, 2012).

The aging population has become so important to the Philippine government that in 1994, former Philippine president Fidel V. Ramos designated the first week of October as *Linggo ng Katandaang Filipino* (Elderly Filipino Week) through Proclamation No. 470 ('Fast facts: What benefits'). What followed was a series of legislations underscoring the benefits and privileges of senior citizens specifically addressing elderly's social and physical special needs and requirements. The latest legislation was in 2014: The Republic Act No. 10645 which provides for the mandatory PhilHealth coverage of all senior citizens. This law amended Republic Act No. 7432, as amended by Republic Act No. 9257 and further amended by Republic Act No. 9994, otherwise known as the "Expanded Senior Citizen Act of 20 10" ('Fast facts: The benefits of senior citizens').

It was in the 1950s that wellness as an encompassing concept was formally introduced by

Halbert Dunn, M.D., PhD, prominent physician in America, and consultant to the World Health Organization (Strohecker, 2012). His view represented

a departure from wellness the meaning of which referred exclusively to the human's physical condition, to wellness as a holistic term to encompass other dimensions. Dun's conception was later expanded in the 1970s and 1980s by Travis (Strohecker, 2012) Ardell and Hettler (McMahon and Fleury, 2012).

The number of wellness dimensions varies in the literature. Some say there are five (Strout and Howard, 2014) or seven (Anspaugh, Hamrick, and Rosato, 2004) or eight ('Achieving the eight dimensions of wellness,' 2012) dimensions. However, for purposes of this study, it would make use of Hettler's six (6) dimensions of wellness (Russ, 2012) to be able to determine, describe and categorize the activities of older adults in the Province of Bukidnon; and simultaneously, to ascertain the challenges and problems involved in conducting wellness activities. The preference for Hettler's model is based on the study of Gary and Lanham (2015) which states that it is a 'well regarded' model .

However, if holistic well-being must be the ultimate aim, we need to recognize the potential of state universities and colleges located in the province of Bukidnon to contribute toward the total well-being of the senior citizens. There is a need, therefore, to conduct a study regarding the existing wellness activities in Bukidnon to encourage total wellness and to prioritize the wellness that has not yet addressed based on Hettler's six dimensions. To find out, there is no other way but to ask the senior citizens themselves. Besides, the university's extension philosophy reminds us about the notion that ' . . . As people in the community become involved with the process of identifying and addressing a need, their ownership of a successful solution can increase (Stephenson, 2012).

FRAMEWORK

Two wellness models were used to scaffold this study: 1) the model of Hettler (MacMahan and Fleur, 2012) that reflects the six dimensions of wellness, 2) as well as the model used by Hawks (1994) showing a one-to-one correspondence between Maslow's hierarchy of needs (Kaur, 2013) with the dimensions of wellness. This study, therefore, uses the holistic wellness model reflecting the following dimensions: physical wellness, emotional wellness, spiritual wellness, intellectual wellness, occupational wellness and social wellness (See Figure 1 below). Each aspect of wellness in this model has a definition and is shown in Table 2. As this model implies, to be totally well one has to be healthy all the six aspects.



Figure 1. The six dimensions of wellness

In Singapore, a study commissioned by the Council of Third Age (“Lifelong learning,” 2012) was conducted using Hettler’s wellness model in order to examine the motivations of older adults who engaged in learning and how their wellbeing was impacted. Moreover, the study of Strout and Howard (2012) that also made use of this wholeness model concluded that ‘wellness in one or more of the six dimensions has ‘cognitive protective benefits’ that may increase when wellness is demonstrated in more than one dimension. They further concluded that ‘high wellness in one dimension may protect cognition by compensating for low wellness in another dimension.’ This conclusion led them to believe that the interconnectedness of each of the dimensions signifies the importance of evaluating the wellness condition of the older adults holistically.

The idea that the wellness aspects are interrelated makes the correlation study of Hawks (1994) relevant in this study. Hawks stated that the wellness dimensions (occupational dimension not included) are correlated to Maslow’s hierarchy of needs.

Maslow believes that people have five categories of needs. Starting from the

base of a pyramid that represents the five kinds of wants, each need is triggered hierarchically. This means each need must be realized before the succeeding order need is activated and the process continues (Kaur, 2013). Thus, Figure 2 demonstrates that starting from the foot, 'physical wellness' corresponds with 'food and shelter'; intellectual wellness aligns with 'safety and security'; social wellness matches with 'love and acceptance'; spiritual wellness is consistent with 'self-esteem'; and finally, 'emotional wellness' linked with the apex of Maslow's pyramid, which is 'self-actualization'. Hawks presupposes that the realization of a lower dimension is a prerequisite to the attainment of a higher dimension. Bringing it down to a layman's term, this means that an individual's social development, for instance, cannot be attained if the person's food, shelter, safety, and security are not addressed first and foremost.

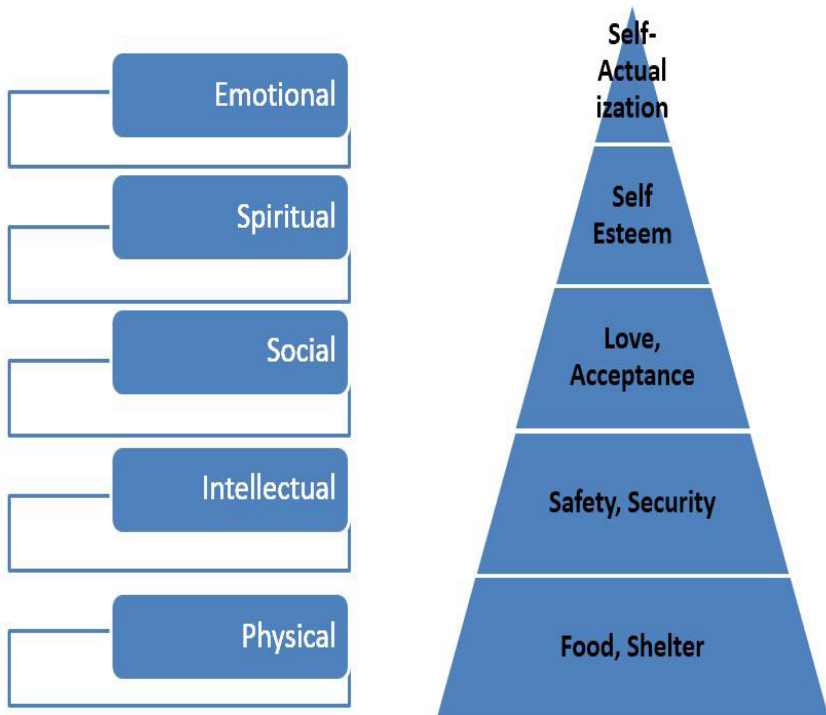


Figure 2. A Theoretical Model of Spirituality and Holistic Health

Hawk, however, argues that the process of the progress of one's wellness is 'not unidirectional' because it is possible that each dimension contributes to each other's development. This notion is consistent with the mounting evidence that 'spiritual health exerts a major influence on the other dimensions of health (Hawks, 1994; Thorton, 2005).

Arguing in favour of the perception that man's spiritual wellness is the key to the wellness of the other dimensions; and using the Wholeness Model to illustrate her point, Thornton (2005) states:

. . . within the Model of Whole-Person Caring, we define the spiritual dimension as a "unifying force that integrates the physical, mental, emotional, and social/relational aspects of being. The spiritual dimension is the essence of self and one that transcends the self. It is our closest, the most direct experience of the universal life force." As we become more open and awake to the spiritual essence of our being and access that essence more fully, every area of our life—emotional, physical, mental, and social/relational— is transformed.

There are only a few studies that utilized Hettler's model of wellness to categorize the elderly's wellness activities, but there are likewise very limited studies that made use of Hawk's model correlating Maslow's hierarchy of needs and Hettler's dimensions of wellness. In the Philippines, in particular, there is no available literature to show that Hettler's wellness model was used although the study of Carlos (1999) discussed some senior citizens issues' in relation to the need of wellness activities that the elderly must have.

OBJECTIVES OF THE STUDY

This study aimed to 1) determine the current wellness activities of the senior citizens that may be classified under the six dimensions of wellness, and 2) ascertain the problems and challenges which senior citizens face.

METHODOLOGY

The president of the Federation of Senior Citizens or the president of the Office of the Senior Citizen Association of each municipality of Bukidnon was surveyed to examine the current elderly activities within the six dimensions of wellness. The presidents of respondents were chosen because they supervise the overall activities of the elderly group in their respective turf. Hence, they have a hand in the group's planning, implementation, and evaluation stages. Being elected into office by their members, the presidents' answers are representative of the voice of their respective barangays covered in the municipality that they oversee.

Of the 22 respondents, twenty-seven percent (27%) of these were between 71-75 years old; and 23% were between 61-65 years old. The oldest respondents were 86 years old (2%). Majority of the respondents were male (59%); while there were only 41% women respondents. Data were collected through questionnaires and interview.

In 2014, the survey began with an explanation of each of the six dimensions of wellness. The questionnaire constituted two (2) parts. Part 1 asked for a socio-demographic profile of the respondents, and Part 2 required the respondents to check as many activities (applicable to their barangay) that they conduct in each of the six wellness dimensions. The respondents were likewise asked to indicate additional activities per dimension, that were not included out in the check list. It further asked about the challenges or problems they have in pursuing each wellness activity indicated in the questionnaire. Data focusing on frequency were merely counted and added. In the case of the responses to the open ended questions, similar answers were grouped together and categorized under a particular theme. For example, when the responses to the question 'What are additional physical activities that were conducted in your barangay?'- yielded answers such as: 'resting', 'sitting' or 'lying down' after lunch- all of these were interpreted as 'taking a nap'. The number of times similar answers occurred under 'taking a nap' was no longer counted since qualitative data were collected in this study merely to achieve a certain depth in terms of the meaning and relevance to their specific individual situations. This method of analysing data was followed when the third agers were likewise asked about their problems and challenges.

Out of the 20 municipalities in Bukidnon, only 17 (77%) of the senior citizens' leaders in the total municipalities were represented in the data collected. However, 22 respondents answered the questionnaire because there were some

municipalities in which there were two senior citizen organizations. Table 1 shows the municipalities and the corresponding number of respondents.

Table 1. The municipalities that respondents represent in the study

MUNICIPALITIES	NUMBER OF RESPONDENTS
Cabanglasan	2
Damulog	1
Dangcagan	1
Don Carlos	2
Impasug-ong	1
Kadingilan	1
Kalilangan	2
Kitaotao	1
Lantapan	1
Libona	1
Malaybalay	1
Manolo Fortich	1
Maramag	1
Quezon	2
San Fernando	2
Talakag	1
Valencia	1
Total	22

RESULTS AND DISCUSSION

This section presents the range of wellness activities based on Hettler’s six dimensions, and also the problems and challenges which third agers face in holding wellness activities.

Table 2 shows the top five (5) wellness activities mostly conducted by the senior citizens organizations in the Philippines: 1) spiritual (mostly praying); 2) physical (mostly health check-up); 3) social (mostly attending parties); 4) occupational (mostly participating in church projects), and 5) both intellectual (mostly participating in training/workshops) and emotional (mostly listening to speakers about how to handle emotions). The lowest number of wellness activities reported is associated with the intellectual and emotional dimensions. For example, only one municipality stated that they were exposed to learning

computers; and only three municipalities said that they participated in volunteer projects. Further, only four respondents indicated that they attended a concert—which is the lowest among the social dimension activities. Likewise, only four said they were involved with extension programs and film viewing.

Table 2. Reported existing wellness activities of the Third Agers in Bukidnon

Activities indicated under each of the 6 Wellness Dimensions	Number of times the respondents reported a wellness activity under each wellness dimension	TOTAL number of times each activity occurred per wellness dimension	RANK
Spiritual wellness activities			
Praying	19		
Attending mass / worship service ecclesiastical session	18		
Listening to the gospel/religious music	11		
Devotionals	10		
Attending bible study	8		
Being Visited by the priest/ pastor	6		
		72	1
Social wellness activities			
Attending parties	15		
Visiting Neighbors	15		
Visiting friends (e.g. sick or not)	15		
Visiting a member of family	12		
Conversing with anyone who across your path	12		
Attending concerts	2		
		71	2
Physical Wellness Activities			
Medical Care (e.g. free health check-up)	16		
Exercise activities (e.g. walking, dancing classes, sports, etc.)	14		
Nutrition (e.g. diet taking healthy food, drinks, etc.)	12		
Listening to speakers about physical wellness activities	12		
		54	3
Occupational wellness activities			
Participating in church projects	13		
Participating in community projects	12		
Participating in government projects	12		
Participating in NGO projects	9		
Participating in extension programs	4		
Participating in volunteer programs	3		
		53	4

Emotional wellness activities			
Listening to speakers about how to handle emotions	12		
Participating in "support groups"	8		
Group sharing (formal)	8		
Seminar/workshop on grand parenting	5		
Film viewing about stress management, etc.	4		
		37	5
Word puzzle games	2		
Learning Computers	1		
		36	6

That spiritual wellness activities dominate the life of the third agers in Bukidnon, is an expected result. Historically, the Philippines has been influenced by the Christian faith of the Spaniards (Catholicism) and the Americans (Protestantism). In fact, it can be observed that churches flourish all over the Philippines because the Spaniards directed each city to construct a church building that should be located in a plaza (square) close to the market area and other key government offices. After having been colonized by the Spaniards for almost 400 years, it seemed that praying to God has become a way of life for most Filipinos. Additionally, Filipinos are known for their ‘bayanihan spirit,’ hence it is expected that Filipinos are not hesitant to join church-related projects as well as any volunteer activities that will benefit the community.

Coming in a close second is the social wellness dimension. Table 2 shows that the third agers are inclined to engage in social activities. For example, it is common knowledge that Filipinos love festivities, another practice that the Filipinos imbibed from the Spanish culture. In fact, to this day every barangay has a saint to honor during a festival that every barangay resident looks forward to. Moreover, it can also be observed that every birthday celebration, bunyag (baptism), housewarming, or during a wake is an opportunity to connect with friends and relatives. Filipinos in general seem to have a natural ability to interact with family and make new friends.

On the other hand, it seems that the elderly are already conscious about health check-up, a wellness dimension that ranked third. This is perhaps an indication of the success of the Philippine government project that requires a health center for every barangay; and its support to barangay health workers who render primary health care services not only for the senior citizens but also for the pregnant, the newborn as well as the growing children.

It is interesting to note, however, that both emotional and intellectual

wellness activities are not popular. Emotional wellness refers to “. . . awareness and acceptance of one’s feelings. The ability to form interdependent relationships with others based on mutual commitment, trust, and respect is a critical component’ On the other hand, Hettler (McMahon and Fleury, 2012) defined intellectual wellness as ‘the degree to which one engages one’s mind in creative and stimulating activities, as well as the use of resources to expand one’s knowledge. Russ (2012) mentioned that this dimension is ‘focused on the acquisition, development, application, and articulation of critical thinking . . . and it is one’s commitment to lifelong learning and the effort to share knowledge with others.’

The respondents declared only a few older adults’ activities related to emotional wellness. What probably explains the scarcity of activities related to emotional wellness is the Filipino psychology in which one of the basic tenets is ‘togetherness’ (kapwa) meaning ‘not doing things alone.’ It is the general trait of a Filipino to belong to a group in contrast to being outside the group.

The manifestations of this core construct are 1) Pakikitungo: civility - In Confucian ethics, right behavior meant right demeanor towards authorities (Parents, Elders, etc.); 2) Pakikisalamuha: act of mixing – This is a social value that is primarily communitarian and Confucian. It espouses the ability to adapt; 3) Pakikilahok: act of joining – This translates to participation of the entire community to help a person; 4) Pakikibagay: conformity - This runs into conflict with individuality which many Filipinos in fact willingly throw away in favor of conformity with demands of those who are in charge; and 5) Pakikisama: being united with the group (Enriquez, 1986).

Assuming that these characteristics permeate into the psyche of the older adults in Bukidnon, it is not difficult to presuppose that intentional emotional wellness activities are no longer necessary, as it is already embedded in the Filipino culture. Nevertheless, there may be cases in which the system of togetherness is not applicable especially to those who did not totally absorb the Filipino way of life for reasons to include personality type; or maybe because the person has totally or intentionally forgotten his/her roots.

Some elderly, however, perceive their situation as sheer neglect as demonstrated by this comment: “. . . some . . . children were not able to give attention . . . (maybe they think) we are already useless, . . . no contribution to the community because we are old.”

The latter comment would seem to explain why the older adults find involvement with the senior citizen activities a luxury on their part. Compounding

this problem is the reported lack of leadership of senior citizens presidents probably because of other concerns, priorities, or lack of community partners to address the multifarious issues confronting their elderly constituents. Even if this is the case, perhaps the elderly leaders need workshop and training that should incorporate topics such as visioning, collaborative planning, partnering, counterparting, to name a few. An in-depth interview with a few presidents of senior citizens may either confirm or demystify this speculation.

With regard to the intellectual wellness dimension, a common senior citizen in Bukidnon is not engaged in cerebral activities (Table 2) perhaps because of the common belief that the elderly are too old to engage in activities that require higher-order thinking skills. Nevertheless, contrary to this notion, it is a personal observation that a number of retirees in Bukidnon are still actively engaged in reading books and teaching in a college or university setting. Some of them are, in fact, in charge with administrative responsibilities. Even if this is the case, there are only a few government retirees doing this as a rule.

When the respondents were further asked what other activities they have been engrossed with, Table 3 shows the dominant activities are swimming or taking herbal medicines (physical dimension); teaching religion (spiritual dimension); playing drama games (intellectual dimension); joining livelihood projects (occupational dimension); joining field trips (social dimension); and grandparenting (emotional dimension).

Table 3. Other wellness activities conducted by the Third Agers in Bukidnon

Additional Physical Wellness Activities

Taking a nap for a few minutes
 Taking herbal medicines for ordinary illness
 Practising proper hygiene
 Attending regular monthly meetings & conferences that promote the realization of elderly benefits, e.g. 20% discount on some purchases
 Engaging in planting activity to address environmental problems
 Doing sports activities
 Beach resort swimming
 Bonding with other barangay senior citizens

Additional Emotional Wellness Activities

Having fun with grandchildren
 Feeding the children
 Playing Solitaire (playing cards)
 Visiting (especially those who are sick & etc.)
 Being visited by health worker during senior citizen meetings to give us lectures about health practices
 Attending 'Golden Day' celebration

Additional Spiritual Wellness Activities

Joining the perpetual dawn rosary, black rosary
 Going to church
 Doing recollections
 Doing pilgrimage
 Attending religious seminar, rally or social action group activities
 Conducting religious instruction in a central school
 Attending the DMI (Daughter of Mary Immaculate) activities
 Listening to the radio or watch TV shows about the Gospel

Note: The senior citizens attended some of these activities on their individual capacity

Additional intellectual wellness activities

Watching TV programs, story telling

Playing drama game

Leading in the cleaning our environment, & advocacy of family good relationship

Visiting each other and learning some ideas that can address the need of an individual

Note: Some of these activities are done on an individual basis

Other occupational wellness activities

Raising team animals

Gardening projects

Joining livelihood projects such as 'Bigasan ni Lola'

Additional social wellness activities

Attending some parties

Fieldtrips, or merely walking for 30 minutes within the community

These multiple activities only show that it is possible to engage the elderly with varied activities that foster holistic wellness. Perhaps, with more intentional planning and evaluation, the senior citizens can build on what has already been started, and then achieve holistic wellness.

Table 4. Reported Problems and Challenges in Conducting Wellness Activities

Reasons why there are no physical wellness activities

Physical disabilities, e.g. poor eyesight, hearing
 Departed partner
 Laziness
 Hesitant to join morning exercise
 Lack of equipment
 Lack of resource persons
 Limited knowledge
 Weak leadership, e.g. nobody to lead
 Too weak to do it

Reasons why there are no emotional wellness activities

Lack of resource persons or speakers
 Incapacity to perform due to some illness
 Financial constraint
 No time for the activity
 Accessibility issue (we live far from the city)
 No one invited us

Reasons why there are no spiritual wellness activities

No one encouraged me
 No one invited us
 No nice dress to wear, no money, no companion
 Not interested

Reasons why there are no intellectual wellness activities

Not interested due to age limit
 Others do it individually not in group
 Not requested by our organization
 Not interested in TV wellness programs
 No time
 Nothing was done to organize this sort of activity

Reasons why there are no occupational wellness activities

- No companion to attend
- Not willing to attend because of lack of money
- Too busy for other economic reasons
- No opportunity at all

Reasons why there are no social wellness activities

- Nobody led the group
 - Health situation
 - Tapulan* (lazy)
 - Too busy making both ends meet
-

Table 4 displays the difficulties of the senior citizens in conducting wellness activities. There were a number of reasons cited in every dimension. However, the prevailing reason has to do with the lack of leadership and lack of interest on the part of the senior citizens themselves. Hence, some of the respondents' answers were: 'Our local government is not interested because we are accordingly too weak to do it.' Another comment was: 'Nobody led the group.' Moreover, there are some senior citizens who are interested in joining group activities, but the barriers for doing so were expressed in the following statements: '. . . no time . . . busy addressing financial problems'; or 'No nice dress to wear, no money, no companion.' Other reasons are related to either illness e. g. arthritis or distance.

Apparently, there are a number of reasons why the third agers are either reluctant, not interested, or not capable at all in getting involved with holistic wellness activities.

CONCLUSION

Within the framework of Hettler's wholeness model, it is clear that the Bukidnon third agers are not yet holistically well. While the respondents seem to be more spiritually well, their dominant activities within this dimension are all related to religious practices, which spiritual wellness is not all about. Moreover, if the results are viewed through the lens of Maslow's hierarchy of needs, the Bukidnon third agers' basic needs such as food, shelter, safety, security, love and acceptance have already been sufficiently met since they are already motivated to achieve things that will satisfy their self-esteem, a need that corresponds to the level of 'spiritual wellness'. Apparently, Hawk's one-to-one correspondence is not applicable to the wellness condition of the third agers in Bukidnon and conceivably of the entire nation. The spirituality of the Bukidnon third agers is embedded into its culture. It has nothing to do with his socio-economic sufficiency as Maslow suggests. In fact, the Philippine Star reported that in the Philippines '(I)n terms of income distribution , . . . 20 percent of the population or the poorest segment accounts for only six percent of total national income, while the upper 20 percent accounts for nearly 50 percent of the total national income.' What is more alarming is that 'poverty incidence is highest in Mindanao and lowest in the National Capital Region as well as in Regions III and IV' since 2006 (Torres, 2013). Bukidnon as one of the provinces of Mindanao was listed as one of the poorest provinces in the Philippines ('Top 15 List of Poorest', 2016)

Hawk argued that the improvement of one's health is not 'unidirectional'; and that it is possible that one's spiritual wellness determines the holistic condition of the elderly. If this is the case, then there is a need for the elderly in Bukidnon to explore other elements of spiritual wellness to complement or boost the existing religious activities especially so that there is a widespread impression that spiritual wellness determines complete wellness.

Overall, it is practical to utilize Hettler's model to categorize wide-ranging wellness activities. However, it is not suitable to use the one-to-one correspondence of the models of Hawk and Maslow's hierarchy of needs to measure the level of one's wellness, adequacy, and sufficiency. Nevertheless, more than the applicability of wellness models to comprehend the dominance of culture-specific wellness activity, for example, is the challenge for the local government to foster holistic wellness as a yardstick for the quality of life.

RECOMMENDATIONS

From the findings of the study, the following are recommended:

1. Studies be conducted employing mixed methods to accurately measure the spiritual well-being of the third agers;
2. University-led partnership with the senior citizens' organization may also be suggested in order to address the various wellness dimensions for developing a holistically healthy third ager not only in Bukidnon but in other parts of the wider community.
3. Universities can design and develop programs that foster wellness, or promote dialogue and collective support of opportunities and policies to increase levels of physical activity to effect positive health change the university would have an important role to play in terms of increasing further the life expectancy of every Filipino, by its partnership with government, non-government agencies, as well as private individuals.

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