Lifestyle Challenges among Older Adults during Pandemic

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Abstract: *Identification of lifestyle challenges is essential in assessing the overall health of an individual. The presence of a pandemic can contribute to the occurrence of these challenges which may either be recognized, ignored or unidentified but all must be addressed. This research determined the lifestyle challenges experienced by older adults during pandemic utilizing quantitative design, in which results are categorized in terms of the physiological, psychological, socio-cultural, spiritual, and developmental subsystems based on Dr. Betty Neuman's Systems Model. Moreover, the respondents' physical, mental, social, spiritual, and developmental health were determined based on the lifestyle challenges documented. Using correlational method, the relationship between the initial findings and the respondents' health was discovered. The data obtained shows that older adults generally feel happy, calm, peaceful and full of vigor despite the pandemic. They were physically active in daily chores but challenged in other areas of physical productivity and contact to social network through the digital platforms. Negative social support is present although few. They are firm in their spiritual beliefs and carry them into their other dealings in life. The developmental subsystem findings showed that the respondents consider the conditions of their lives excellent having acquired the important things they want in their lives. Significant direct and indirect correlations were revealed between the lifestyle challenges and their health.*

Keywords – *health, lifestyle challenges, older adults, pandemic*

INTRODUCTION

The Philippines is on its way to becoming an "ageing society" presently comprised of 8.6% older adults in its total population. By 2069, the current numbers may rise up to more than double its amount and shall make the country an "aged society." Dr. Michael Abrigo, a research fellow in the Philippine Institute for Development Studies, stated that "Population ageing is not a bad thing. It represents a story of our collective success as Filipinos. It means that we are able to conquer the challenges such as those related to income, health, and education.[1]" With the onset of a pandemic due to the Coronavirus disease (COVID-19), our ageing society has encountered a grave threat rendering them one of the most vulnerable groups during this time.

The World Health Organization (WHO) declared COVID-19 as a pandemic after it was proven that the illness was severe and that it has spread quickly worldwide. As of March 2021, the Department of Health tallied around 627,000 with 12,837 total number of deaths. Globally, it has afflicted 120 million people with a tally of 2.6 million deaths[2]. These numbers continue to rise as there are continuous discoveries of new strains of the virus and the vaccines available are not enough to cater everyone's needs as of writing. Conflicts also arise as many people are not willing to be vaccinated due to fear of adverse effects, lack of information about the vaccine development, or simply unwilling to do so.

Everyone is at risk of getting infected with COVID-19. The Centers for Disease Control and Prevention's (CDC) fact sheet explained that a person can become infected by coming into close contact with an infected individual through coughing, sneezing, or talking. Touching one's mouth, nose or eyes after a contact with an object or surface that has a virus on it is another way to contract the disease [3]. In order to protect one's self from COVID-19, physical distancing is observed. Frequent hand washing, wearing of face masks and regular disinfection of surfaces are also implemented.

The older people 65 years old and above, pregnant women, and those who are 15 years old and younger were instructed to stay at home. Older adults as well as other people of any age with serious underlying medical conditions are at a higher risk of developing more serious symptoms or illness. With many older adults staying at home for more than a year and counting, the physical separation from their relatives, friends and sometimes their own family can possibly affect their lifestyle seriously.

Lifestyle recognition is necessary in promoting health and preventing illness. With the pandemic causing people to break away physically from one another, the monotony of isolation can lead to lifestyle challenges that are unimagined before. Physiological, psychological, socio-cultural, spiritual and

developmental challenges may be present and are either recognized, ignored or unidentified but all must be addressed. Not only the members of the healthcare team but also the community must be aware of the consequences of this pandemic to the lifestyle of the older population. In this way, the manner at which everyone can provide support to them might be improved. Post-pandemic, there can be a surge on the number of older patients / senior citizens seeking consult and healthcare services that they withheld because of fear of COVID-19. Through this research, the healthcare personnel can be prepared on the ways to handle their needs.

The older adults living in San Jose, Batangas, Philippines are the respondents of this study. They are members of an association named the Federation of Senior Citizens in San Jose and holds a population of 7,149 as of September 2020. Before the pandemic, the association has been active in social action programs, health promotion and maintenance activities, and does an annual dance festival to showcase the members' talents while promoting exercise. When COVID-19 came, these activities were suspended, and meetings were cancelled. The existence of the pandemic that brought them and the older population within the country in general to a place of isolation and fear has prompted the researcher to find out the presence of lifestyle challenges in this group and their relationship to the respondents' overall health.

OBJECTIVES OF THE STUDY

This research sought to identify the lifestyle challenges experienced by older adults during pandemic in terms of the physiological, psychological, socio-cultural, spiritual and developmental subsystems based on Dr. Betty Neuman's Systems Model. This study also aimed to assess the respondents' physical, mental, social, spiritual, and developmental health based on the lifestyle challenges identified; and lastly, to find out the relationship between the lifestyle challenges and their health.

MATERIALS AND METHODS

Research Design

In order to attain the objectives of this study, the researcher utilized the quantitative research design through correlational research. By definition, a quantitative research design concentrates on gathering numerical data which are then generalized across groups of people or may be utilized to explain a particular phenomenon. The intention of this type of research is to determine the relationship between the variables within a population. Correlational research is a kind of quantitative research and may also be considered a type of quantitative-descriptive research. Specifically, it attempts to determine the extent of the identified relationship between two or more variables through statistical data. This type of research recognizes the patterns in data but is limited in its analysis and not to prove causes of the observed patterns. Determining cause and effect is not the foundation of this research. The data, their relationships, and the distributions of variables are studied only. Variables are not manipulated and are only identified as they occur in a natural setting [4].

Respondents

The senior citizens, people who are 60 years old and above, living in San Jose, Batangas, Philippines are the respondents of this study. Their population as of September 2020 is 7,149 with 2,866 males and 4,283 females. From this, it is computed that 40% of senior citizens are male and 60% are female. The municipality of San Jose has a total of 33 barangays. Quota sampling was employed in this research which aimed to study a total of 215 respondents. To ensure that the distribution of respondents in the sample according to gender will represent the population, the same male to female ratio was applied while making sure that each of the 33 barangays were represented. With 40% of males and 60% of females in the total population, the researcher was able to include in the study a total of 86 male and 129 female senior citizens.

Research Instrument

In order to obtain data on the lifestyle challenges encountered based on Neuman's Systems Model comprised of the physiological, psychological, socio-cultural, spiritual and developmental subsystems, a compilation of questions from four existing questionnaires were used.

The references were the RAND 36-Item Health Survey 1.0, HRS Psychosocial and Lifestyle Questionnaire 2006 - 2016, Developmental Tasks Questionnaire for Seniors (DTQ-S) and Spiritual Health Inventory. The physical and portions of psychological and socio- cultural subsystems were derived from the RAND 36-Item health survey 1.0.

The HRS psychosocial and lifestyle questionnaire was the basis of the questions for the psychological, socio-cultural and spiritual subsystems. The DTQ-S was the source for the developmental subsystem questions. The Spiritual Health Inventory was the basis of determining spiritual health. Upon completion of the formulated questionnaire, it underwent validation through a series of pilot studies and approval to utilize was obtained after a careful review by the Research Adviser and the Program Dean.

Data Gathering Procedure

Due to the present limitations brought by the COVID-19 pandemic, face to face meetings were minimized as much as possible. The initial meeting with the President of the Federation of Senior Citizens in San Jose was done through a phone call. The objectives of the study and the data gathering plan were discussed and an approval was given to the researcher. Upon approval, a written letter was submitted to the President of the Federation of Senior Citizens in San Jose before initiating the data gathering process. Each of the 33 barangays within San Jose has a leader/ barangay president and endorsements from the municipal president were made to them

to obtain their assistance in the distribution of the questionnaires.

All of these pre-data gathering endorsements and meetings were initially done through phone calls in order to maintain physical distancing and ensure safety of all parties concerned. On each day of the survey, the researcher personally handed out the printed questionnaires to each respondent upon endorsement from the barangay presidents while making sure that the health standards in preventing the spread of COVID-19 were being followed. Attached in each questionnaire was a copy of a formal letter to the respondents and an informed consent form. The respondents were asked to sign the consent form before answering the questionnaires.

Names of the respondents were not required in the questionnaire to ensure anonymity. Each respondent was given a period of one week to accomplish their questionnaires before collecting the copies again per barangay. After the data collection, answered questionnaires were kept securely for analysis of data obtained.

Collected quantitative data were tallied and were subjected to statistical treatment. Subsequently, the results were interpreted and analyzed, relationships of variables were identified, therefore the conclusions and recommendations were formulated.

Data Analysis

After the collection of questionnaires from the respondents, the answers were tabulated, and analyzed. Furthermore, the answers to the survey questions were recorded with different statistical treatments. Frequency count, percentage and weighted mean were measured to audit the lifestyle challenges. Likewise, these statistical methods were used to evaluate the respondents' health in terms of the physical, mental, social, spiritual and developmental aspects. Pearson's correlation coefficient was used to measure the strength and direction of the identified relationships between the variables.

Ethical Considerations

Before the conduct of this research, a letter was submitted to the Dean of the Nursing Post-Graduate Program to obtain approval. Upon receiving permission to proceed, a letter to the respondents was formulated as well as a consent form which underwent review and approval from the Research Adviser.

This paper also passed the evaluation of the Ethics Review Committee of Lyceum of the Philippines University-Batangas. The respondents were fully informed on the objectives of this study and implementation of the data gathering procedure, and the consent form was signed by each of them before being asked to answer the questionnaires.

In order to ensure their safety in consideration to the standard health protocols in place, the researcher made sure to hand over the questionnaires and explain the instructions in the shortest time possible to minimize exposure to one another. Wearing of face mask and proper hygienic practices were always observed. The data collected were treated with utmost confidentiality and anonymity. No respondent was forced to answer the questionnaire or participate in this study without a signed informed consent form. All the respondents were also given the right to withdraw their participation at any time they wish to.

RESULTS AND DISCUSSION

Table 1.1 Challenges in the Physiological Subsystem in terms of Physical Activities

Indicators	WM	VI	Rank
1. Vigorous activities	2.95	Sometimes	9
2. Moderate activities	3.08	Sometimes	8
3. Lifting or carrying groceries	3.29	Sometimes	5
4. Climbing several flights of stairs	3.19	Sometimes	7
5. Climbing one flight of stairs	3.64	Very Often	3
6. Bending, kneeling, or stooping	3.76	Very Often	2
7. Walking several blocks	3.26	Sometimes	6
8. Walking one block	3.57	Very Often	4
9. Bathing or dressing myself	5.00	Always	1
Composite Mean	3.53	Very Often	

Legend: 4.50 – 5.00 = Always; 3.50 – 4.49 = Very Often; 2.50 – 3.49 = Sometimes; 1.50 – 2.49 = Rarely; 1.00 – 1.49 = Never

Table 1.1 shows the challenges encountered by the respondents based on the physiological subsystem in terms of performing physical activities. The respondents were still capable of performing basic activities of daily living like bathing and dressing independently as well as climbing stairs and bending, stooping, or kneeling. While difficulties were encountered in doing moderate to heavy and vigorous activities such as lifting heavy objects, moving a table, or pushing a vacuum cleaner.

Table 1.2. Challenges in the Physiological Subsystem in terms of Productivity

Indicators	Yes		No	
	f	%	f	%
1. Cut down the amount of time you spent on work or other activities	57	26.5	65	30.2
2.Accomplished less than you would like	57	26.6	65	30.2
3. Were limited in the kind of work/ other activities	86	20	36	16.17
4. Took extra effort in performing the work or other activities	80	37.2	42	19.5

Table 1.2 reveals that most of the respondents did not need to cut down the time they spent on work or other activities and did not report accomplishing work less than they like. Conversely, most of them limited the kind of work they perform and took extra effort in performing their activities.

Table 2.1 Challenges in the Psychological Subsystem in terms of Psychological State

Indicators	WM	VI	Rank
1. Full of vigor/energy	4.44	Very Often	3
2. Calm and peaceful	4.49	Very Often	2
3. Happy	4.58	Always	1
4. Very nervous	2	Rarely	5
5. Downhearted and blue	1.79	Rarely	6
6. Tired or worn out	2.19	Rarely	4
7. So down that nothing could cheer you up	1.22	Never	7
Composite Mean	2.96	Sometimes	

Legend: 4.50–5.00 = Always; 3.50–4.49 = Very Often; 2.50–3.49 = Sometimes; 1.50–2.49 = Rarely; 1.00-1.49 = Never

Table 2.1 reports that the respondents always feel happy and very often they feel calm, peaceful, and full of vigor. The respondents expressed rare feelings of nervousness, sadness, tiredness, and very little number of respondents indicated that they felt so down that nothing could cheer them up.

Table 2.2 Challenges in the Psychological Subsystem in terms of Productivity

Indicators	Yes		No	
	f	%	f	%
1. Cut down the amount of time you spent on work or other activities	79	36.7	136	63.3
2.Accomplished less than you would like	84	39.1	131	60.9
3. Didn't do work or other activities as carefully as usual	105	48.8	110	51,20

Table 2.2 displays that a greater number of the respondents did not declare cutting down the amount of time they spend on work, or accomplishing less than they like, or not doing work as carefully as usual due to their emotional problems.

Table 3.1 summarizes that most of the activities that the respondents get involved with include doing activities with children/ grandchildren/ nieces or nephews/ neighborhood children, watching television, and doing home and car maintenance. On the other hand, the types of activities they least get involved with are attending educational or training courses, attending meetings, reading books and magazines, playing cards/ board games/ puzzles, knitting or embroidery with writing letters or journal entries as the one they do the least.

Overall, in the number of close social relationships, a high composite mean indicated that they maintain a close relationship with spouse, children, relatives and friends. In terms of their contact with their social network, the respondents declared that they rarely speak with, write to, or communicate online with their friends and other people apart from their spouses and immediate family. The results also showed that the respondents had positive social report by stating that their spouse, family and friends really understand the way they feel about things and that they are dependable during times of problem. This is supported by a low composite mean in the negative social support section wherein a small number of respondents expressed that their spouse, family and friends make too many demands on them, criticize them, let them down and get on their nerves.

Table 3.1 Challenges in Socio-cultural Subsystem

Social Participation/ Engagement	WM	VI	Rank
1. Activities with grandchildren, nieces/nephews, or neighborhood children	3.78	Very Often	3
2. Any other volunteer or charity work	2.85	Sometimes	7
3. Attend an educational or training course	1.72	Rarely	12
4. Attend meetings of non-religious organizations (political, community, other interest groups)	1.98	Rarely	10
5. Read books, magazines, or newspapers	2.3	Rarely	9
6. Watch television	4.15	Very Often	1
7. Do word games (crossword puzzles, Scrabble)	1.6	Rarely	13
8. Play cards or games like chess	1.6	Rarely	14
9.Do writing (letters, stories, or journal entries)	1.22	Never	15
10.Use a computer/ gadget for e-mail, Internet or other tasks	2.59	Sometimes	8
11.Do home or car maintenance or gardening	3.91	Very Often	2
12.Bake or cook	3.41	Sometimes	4
13.Make clothes, knit, embroider	1.98	Rarely	10
14.Work on a hobby or project	3.02	Sometimes	5
15.Play sports or exercise	2.86	Sometimes	6
Composite Mean	**2.6**	**Sometimes**	
Number of Close Social Relationships			
16. my spouse or partner	5.2	Very Often	1
17. my child/ children	5.06	Very Often	2
18. my relatives	4.67	Very Often	3
19. my friends	4.44	Sometimes	4
Composite Mean	4.84	Very Often	
Contact with Social Network (except spouses)			
20.Speak on the phone	3.33	Rarely	1
21.Write or email	1.96	Rarely	3
22.Communicate by Skype, Facebook, or other social media	3.02	Rarely	2
Composite Mean	**2.77**	**Rarely**	
Positive Social Support			
23. Really understand the way I feel about things	4.35	Very Often	3
24. Are dependable when I have a serious problem	4.59	Always	1
Composite Mean	4.47	Very Often	2
Negative Social Support			
25. Make too many demands on me	1.73	Rarely	1
26. Criticize me	1.6	Never	2
27. Let me down when I am counting on them	1.32	Never	4
28. Get on my nerves	1.42	Never	3
Composite Mean	1.51	Rarely	

Legend: 4.50–5.00 = Always; 3.50–4.49 = Very Often; 2.50–3.49 = Sometimes; 1.50–2.49 = Rarely; 1.00-1.49 = Never

Table 3.2 Challenges in the Socio-cultural Subsystem in terms of Relatives and Good friends in Neighborhood

Indicators	Yes		No	
	f	%	f	%
1. Other relatives living in my neighborhood	192	89.30	23	10.70
2. Good friends living in my neighborhood	211	98.10	4	1.90

Table 3.2 indicates that most of the respondents have relatives and good friends living within their neighborhood.

Table 4 strongly presents that the respondents almost did not encounter challenges in the spiritual subsystem as evidenced by their belief that there is a God/ higher power who watches over them. Likewise, they believe that the events in their lives unfold according to a greater plan, they convey their religious beliefs into their other dealings in life and find strength and comfort in their religion.

Table 4 Challenges in the Spiritual Subsystem

Indicators	WM	VI	Rank
1.I believe in a God who watches over me	5	Always	1
2.The events in my life unfold according to a divine or greater plan	4.92	Always	4
3.I try hard to carry my religious beliefs over into all my other dealings in life	4.95	Always	3
4.I find strength and comfort in my religion	4.98	Always	2
Composite Mean	4.96	Always	

The developmental subsystem results show that the respondents are very often satisfied with their life before and during retirement. They also feel fulfilled in life and try to pursue their dreams and interests in retirement and feel that they have led a well-lived life. They are very often able to adapt to the expenses that come with retirement, adapt their behavior and their decisions to the state of their health. They can also adapt to the changes that accompany retirement. The respondents also reported that very often they have come to terms with the fact that death is inevitable, feel at peace when they think about passing and can see the signs of ageing occurring in them as expected events at their age. They also indicated that sometimes they accept that the end of their life is approaching and that they have become accustomed to the reality of loved ones passing.

Table 5 Challenges in the Developmental Subsystem

Acceptance of one's life	WM	VI	Rank
1.I am satisfied with my life before retirement	4.35	Very Often	3
2. I am satisfied with life in retirement	4.33	Very Often	4
3. I feel fulfilled in my life	4.42	Very Often	2
4. In my retirement, I'm trying to pursue my dreams and interests	4.32	Very Often	5
5. Looking back, I feel I have led a well-lived life	4.5	Always	1
Composite Mean	4.38	Very Often	
Adaptation			
6. I am adapting my expenses to my reduced income in retirement	4.34	Very Often	2
7. I maintain social contacts with people my age	4.13	Very Often	5
8. I'm adapting my behaviour and decisions to the state of my health	4.35	Very Often	1
9. I am adapting to the changes that come with retirement	4.17	Very Often	4
10. I use the help of others when necessary	4.22	Very Often	3
Composite Mean	4.24		
Acceptance of passing			
11. I have become accustomed to the fact of loved ones passing	3.37	Sometimes	5
12. I have come to terms with the inevitability of death	3.68	Very Often	2
13. I feel peace when thinking about passing	3.62	Very Often	3
14. I accept the fact that the end of my life is approaching	3.46	Sometimes	4
15. I see the signs of ageing occurring in me as normal events at my age	4.07	Very Often	1
Composite Mean	3.64	Very Often	

Based on the identified health presented in Table 6, the respondents reported that they sometimes feel bodily pain, but this pain rarely interferes with their normal activities. They are also rarely becoming sick easier than other people. On a positive note, they recognize that their physical health is excellent very often and that they consider themselves as healthy as anybody they know. The respondents' identified mental health reveal that they always feel that they have a sense of direction and purpose in life and that they are active in carrying out the plans that they set for themselves. Very often, they enjoy making plans for their future and work to put them into reality. They also rarely feel that they have done all there is to do in life and have never felt that their daily activities are trivial and unimportant. The results also indicated that they never felt that they do not understand what they are trying to accomplish in life and never lived one day at a time without thinking about the future. These findings are supported by by Graham [5] which stated that resilience is common in this age group. Essentially, older adults are known to overcome loss and adversity and many of them have a "this too shall pass" mindset. Some other researches cited in this article confirm that they tend to be knowledgeable at regulating their reactions to stressful situations and events which is an essential skill in this pandemic.

On the other hand, the findings contrast with Avasthi and Grover [6] as well as to Huang and Zhao [7], to which they stated that "the disruption of important day-to-day activities for older individuals can pose negative impact on elderly's cognitive impairment, leading to poorer mental health, low quality of life and anxiety. During quarantine, persistent symptoms include regular and debilitating worry about routine activities. They also stated that lack of support may amplify their stress and decrease their coping ability; thus, older people tend to preoccupy themselves on the uncertainty of the pandemic and may feel agitated. The obtained results showing the social health of the respondents reveal that they always consider themselves "in tune" with other people around them, that there are people they can talk to and are close to. They reported also that very often, they have people they can turn to, people who understand them and have a lot in common with, and that they are a part of a group of friends. They rarely feel that they lack companionship and they never reported feelings of being left out, isolated or alone.

The spiritual health of the respondents in terms of self-acceptance indicate that they feel that God always accepts them even with their faults. They also very often feel valuable as a person even when they could not do as much as they could before. Further, they feel a need to be forgiven sometimes but never felt that God is angry with them. In terms of relationships, they very often believe that other people can help and are available to help when they need them and that they are very often feeling accepted and forgiven. The respondents rarely feel angry with others and out of touch with their own feelings. In terms of hope, they always feel hopeful about their future and likewise believe that God can help them. Further, they feel that things will turn out for the best and that their life has a purpose, and rarely do they worry about life after death.

Table 6 Identified Health

Physical Health	WM	VI	**Rank**
1. In general, I can say that my physical health is excellent	3.96	Very Often	1
2. I see and feel that I am as healthy as anybody I know	3.8	Very Often	2
3. I am experiencing bodily pain	2.57	Sometimes	3
4. My pain interferes with my normal work/ activities	2.08	Rarely	4
5. I seem to get sick a little easier than other people	1.56	Rarely	5
Composite Mean	2.8	Sometimes	
Mental Health			
1. I enjoy making plans for the future and working to make them a reality	4.34	Very Often	3
2. My daily activities often seem trivial and unimportant to me	1.23	Never	7
3. I am an active person in carrying out the plans I set for myself	4.59	Always	2
4. I don't have a good sense of what it is I'm trying to accomplish in life	1.4	Never	5
5. I sometimes feel as if I've done all there is to do in life	1.86	Rarely	4
6. I live life one day at a time and don't really think about the future	1.28	Never	6
7. I have a sense of direction and purpose in my life	4.68	Always	1
Composite Mean	2.77	Sometimes	
Social Health			
1. I lack companionship	1.51	Rarely	8
2. I feel left out	1.2	Never	9
3. I am isolated from others	1.11	Never	11
4. I am alone	1.14	Never	10
5. I am "in tune" with the people around me	4.58	Always	2
6. I have people I can talk to	4.89	Always	1
7. I have people I can turn to	4.35	Very Often	5
8. There are people who really understand me	4.45	Very Often	4
9. There are people I feel close to	4.52	Very Often	3
10. I am part of a group of friends	4.29	Very Often	6
11. I have a lot in common with the people around me	4.08	Very Often	7
Composite Mean	3.28	Sometimes	
Spiritual Health - Self-acceptance			
1. I wonder if God is angry with me	1.4	Never	5
2. I feel valuable as a person even when I cannot do as much as I could before	4.22	Very Often	2
3. I believe that God accepts me even with my faults	4.71	Always	1
4. I have adapted to any decreased involvement in career, marriage, and parenting	4.14	Very Often	3
5. I feel a need to be forgiven for some of my thoughts and feelings	2.92	Sometimes	4
Composite Mean	3.48	Sometimes	
Spiritual Health - Relationships			
6. I feel angry with others	1.94	Rarely	4
7. I feel out of touch with my own feelings and with other people	1.5	Rarely	5
8. I believe other people can help me	3.93	Very Often	3
9. I feel that other people are available to help when I need them	4.23	Very Often	2
10. I feel accepted and forgiven	4.34	Very Often	1
Composite Mean	3.19	Sometimes	
Spiritual Health - Hope			
11. I am hopeful about my future	4.66	Always	4
12. I believe that God can help me	4.92	Always	1
13. I believe that things will turn out for the best	4.77	Always	3
14. I worry about life after death	2.3	Rarely	5
15. My life has a purpose	4.87	Always	2
Composite Mean	4.33	Very Often	
Overall Composite Mean	3.66	Very Often	
Developmental Health			
1. In most ways my life is close to ideal	4.58	Always	2
2. The conditions of my life are excellent	4.42	Very Often	4
3. I am satisfied with my life	4.54	Always	3
4. So far, I have gotten the important things I want in life	4.4	Very Often	5
5. If I could live my life again, I would change almost nothing	4.68	Always	1
Composite Mean	4.52	Always	

Legend: 4.50–5.00 = Always; 3.50–4.49 = Very Often; 2.50–3.49 = Sometimes; 1.50–2.49 = Rarely; 1.00-1.49 = Never

According to Jackson [8], spiritual health relates to one's sense of overall purpose in life. People often find this purpose from a belief or faith system, while others create their own purpose. A person who has purpose to life is said to be healthier than those who don't see a purpose to life. Having a purpose to life can also help people to maintain a proper perspective on life and overcome adversity. The findings of this study in relation to these statements from Jackson's research indicate that the respondents are in a good state of spiritual health.

The respondents' identified developmental health displays that they always believe that in most ways, their lives are close to ideal. They always feel satisfied with their lives and would change almost nothing if they were to live their lives again. Very often, they consider the conditions of their lives excellent and that they have acquired the important things they want in their lives.

Table 7 Relationship Between Lifestyle Challenges and Identified Health

Physical Health	**r-value**	**p-value**	**I**
Physiological in terms of Physical Activities	-0.283**	0	HS**
Psychological in terms of Psychological State	0.125	0.066	NS
Social Participation - Social Engagement	0	0.999	NS
Number of Close Social Relationships	0.08	0.245	NS
Contact with Social Network (except spouses)	0.142*	0.038	S*
Positive Social Support	-0.063	0.356	NS
Negative Social Support	0.186**	0.006	S*
Spiritual	0.017	0.806	NS
Acceptance of one's life	0.036	0.596	NS
Adaptation	-0.211**	0.002	S*
Acceptance of Passing	0.139*	0.042	S*
Mental Health	**r-value**	**p-value**	**I**
Physiological in terms of Physical Activities	-0.04	0.563	NS
Psychological in terms of Psychological State	-0.199**	0.003	S*
Social Participation - Social Engagement	-0.018	0.794	NS
Number of Close Social Relationships	0.169*	0.013	S*
Contact with Social Network (except spouses)	-0.014	0.836	NS
Positive Social Support	0.074	0.277	NS
Negative Social Support	0.328**	0	HS**
Spiritual	0.069	0.317	NS
Acceptance of one's life	-0.012	0.863	NS
Adaptation	0.188**	0.006	S*
Acceptance of Passing	0.085	0.214	NS
Social Health	**r-value**	**p-value**	**I**
Physiological in terms of Physical Activities	0.002	0.975	NS
Psychological in terms of Psychological State	-0.054	0.433	NS
Social Participation - Social Engagement	0.201**	0.003	S*
Number of Close Social Relationships	0.255**	0	HS**
Contact with Social Network (except spouses)	-0.333**	0	HS**
Positive Social Support	0.105	0.126	NS
Negative Social Support	-0.155*	0.023	S*
Spiritual	0.047	0.494	NS
Acceptance of one's life	0.106	0.123	NS
Adaptation	0.333**	0	HS**
Acceptance of Passing	0.072	0.294	NS
Spiritual Health	**r-value**	**p-value**	**I**
Physiological in terms of Physical Activities	0.188**	0.006	S*
Psychological in terms of Psychological State	0.123	0.073	NS
Social Participation - Social Engagement	0.057	0.409	NS
Number of Close Social Relationships	0.217**	0.001	S*
Contact with Social Network (except spouses)	0.219**	0.001	S*
Positive Social Support	0.161*	0.001	S*
Negative Social Support	-0.133	0.051	NS
Spiritual	0.043	0.533	S*
Acceptance of one's life	0.220**	0.001	S*
Adaptation	0.365**	0	HS**
Acceptance of Passing	0.270**	0	HS**
Developmental Health	**r-value**	**p-value**	**I**
Physiological in terms of Physical Activities	-0.264**	0	HS**
Psychological in terms of Psychological State	0	0.999	NS
Social Participation - Social Engagement	-0.177**	0.009	S*
Number of Close Social Relationships	0.354**	0	HS**
Contact with Social Network (except spouses)	-0.058	0.398	NS
Positive Social Support	0.115	0.094	S*
Negative Social Support	-0.021	0.761	NS
Spiritual	0.135*	0.048	S*
Acceptance of one's life	0.389**	0	HS**
Adaptation	0.042	0.544	NS
Acceptance of Passing	0.336**	0	HS**

*Legend: HS**-Highly Significant ; S*-Significant; NS- Not Significant*

Lifestyle Challenges and Physical Health

From the findings in Table 1.1 indicating the physiological challenges experienced in terms of physical activities, the results yield that the respondents were still able to perform light activities and activities of daily living thus revealing less challenges in this aspect. This supported the data presented in Table 6 wherein the respondents are identifying that their physical health is very often excellent and that they are very often considering themselves as healthy as anybody they know. Based on the study by McPhee, et al [9], "it is in general that the more often a person is physically active, the better their physical capability is. This is due to adaptations of physiological systems, most notably within the neuromuscular system to coordinate movements, the cardiopulmonary system to more effectively distribute oxygen and nutrients around the body, and metabolic processes particularly those regulating glucose and fatty acid metabolism, which collectively increase overall aerobic power and physical capability." They also identified inactivity as a major cause of poor physical fitness and disease in older age. The results of this study as shown in Tables 1.1 and 6 support the relationship identified between physical health and challenges experienced on the physiological subsystem in terms of physical activities.

With regards to the developmental subsystem in terms of adaptation, older adults are generally challenged in creating a positive sense of their lives. Based on Erik Erikson's Stages of Psychosocial Development, specifically ego-integrity versus despair, the feeling that life has had order and meaning results in happiness. Older adults also need to adapt to their decreasing physical strength and health. The prevalence of chronic and acute diseases increases in old age. Thus, older adults may be confronted with life situations that are characterized by not being in perfect health, serious illness, and dependency on other people [10]. In relation to this, the respondents showed that they are very often able to adapt their behavior as well as their decisions to the state of their health. They are also able to adapt to the changes that come with retirement. Presented in Tables 5 and 6 are data confirming the identified relationship between physical health and challenges experienced on the developmental subsystem in terms of adaptation wherein the less challenged they are, the better is their physical health. The other challenges identified that were significantly related to physical health were contact with social network, negative social support and acceptance of passing wherein the more

challenged they are in these aspects, the better is their physical health.

"Social support has been described as support accessible to an individual through social ties to other individuals, groups, and the larger community. It is exceptionally important for maintaining good physical and mental health. Overall, it appears that positive social support of high quality can reduce medical morbidity and mortality [11]." Based on the results of this study shown in Table 3.1 specifically in the negative social support, a small number of respondents expressed that their spouse, family and friends make too many demands on them, criticize them, let them down and get on their nerves. Because there is low negative social support which indicates the aspect of social support that is not ideal, it means that the respondents' negative support is more challenged. The identified positive relationship between negative social support and physical health are confirmed by the results since the data show that a more challenged negative social support is related to better physical health of the respondents. In terms of their contact with their social network, the respondents declared that they rarely speak with, write to, or communicate online with their friends and other people apart from their spouses and immediate family. The same relationship has been derived between these variables which is supported by the data collected shown in Table 3.1. The positive relationship between these variables is confirmed by the findings in Table 6 indicating a better physical health of the respondents related to the more challenged contact with social network. These results may be associated to relationship stress which is explained by Umberson and Montez [12] as "something that undermines health through behavioral, psychosocial, and physiological pathways." In the case of these respondents, they tend to rarely communicate with their friends and relatives outside immediate family to avoid stress in relationships which can contribute to bad health habits. According to Umberson and Montez [12], "stress contributes to psychological distress and physiological arousal like increased heart rate and blood pressure that can damage health through cumulative wear and tear on physiological systems, and by leading people of all ages to engage in unhealthy behaviors in an effort to cope with stress." Using the collected data, less contact with social network outside immediate family is present and better physical health is reported.

In the developmental challenges identified, the respondents reported that very often they have come to terms with/ accepted the inevitability of death, feel at peace when they think about passing and can see the signs of ageing occurring in them as normal events at their age. They also indicated that sometimes they accept that the end of their life is approaching and that they have become accustomed to the fact of loved ones passing. Since they showed minimal challenges in the acceptance of passing, the direct relationship identified between this and the respondents' physical health is negated by the data in Tables 5 and 6. Table 5 shows that older adults are less challenged in the acceptance of passing but Table 6 displays that they have a good state of physical health. According to Griffiths and Keirns [13], "while some may look upon death as the natural conclusion to a long, fruitful life, others may find the prospect of dying frightening to contemplate. People tend to have strong resistance to the idea of their own death, and strong emotional reactions of loss to the death of loved ones. The effects of aging can feel daunting, and sometimes the fear of physical changes (like declining energy, food sensitivity, and loss of hearing and vision) is more challenging to deal with than the changes themselves." If people are able to accept the physiological changes in their own bodies as a natural process of aging, then these changes will not seem frightening. From the explanation of Griffiths and Keirns, it can be derived that if older adults can more freely accept the idea of passing, then probably, they consider their physical health at a good status. Since the results of this study show that the respondents are not very much daunted by the idea of passing, the respondents are still considering themselves physically healthy.

Lifestyle Challenges and Mental Health

The obtained r-values of psychological challenges in terms of psychological state, number of close social relationships, negative social support and adaptation indicate a weak direct and indirect relationship, and the acquired p-values were less than 0.01 and 0.05 respectively. A significant indirect relationship exists between the challenges in the psychological state and mental health. In contrast, a significant direct relationship occurs between the number of close social relationships, negative social support and adaptation and the respondents' mental health.

As presented in Table 2.1 the respondents reported that they always feel happy and very often they feel calm, peaceful and full of vigor. They rarely expressed feelings of nervousness, sadness, tiredness and very little number indicated that they felt so down that nothing could cheer them up. In Table 6, the results reveal that the respondents always feel that they have a sense of purpose in their lives and are active in carrying out the plans that they set for themselves. They very often enjoy making plans for the future and they work hard to make them a reality. They rarely feel that they have done all there is to do in life and have never felt that their daily activities are trivial and unimportant. The results also indicate that they never felt that they don't have a good sense of what they are trying to accomplish in life and never lived one day at a time without thinking about the future. These all contribute to the assessment that the respondents have a good mental health which confirms the significant indirect relationship between mental health and the challenges experienced on the psychological state. "Resilience is common in older adults. Essentially, all seniors have known adversity and loss. Many have a "this too shall pass" mentality. [14]" These statements from Graham support the results obtained and the idea that older adults have the ability to regulate their psychological responses to stress which is useful in times of pandemic.

In the number of close social relationships, the results presented in Table 3.1 indicate that the respondents very often maintain a close relationship with spouse, children, relatives and friends. The results of this study do not conform with the

identified relationship between these variables according to Table 6 which shows a good mental health of the respondents. This is supported by Avasthi and Grover [6] stating in their article "Clinical Practice Guidelines for Management of Depression in Elderly" that absence of social support can heighten stress and decrease the coping skills of elderly. Umberson and Montez [12] also explained that "the emotional support provided by social ties enhances psychological well-being, which, in turn, may reduce the risk of unhealthy behaviors."

The low composite mean in the negative social support shown in Table 3.1 wherein a small number of respondents expressed that their spouse, family and friends make too many demands on them, criticize them, let them down and get on their nerves which shows that this area is challenged. These conform with the derived positive relationship between mental health and negative social support, which is supported by Ozbay, et al [11] in their study explaining that "social support preceded and facilitated the use of active coping mechanisms. In human studies, low social support has been associated with physiological stress.

Another positive relationship derived is between the challenges in the developmental subsystem in terms of adaptation and mental health of the respondents. The data interpreted show that the respondents are very often able to adapt to the expenses that come with retirement, adapt their behavior and decisions to the state of their health as well as to the changes that come with retirement. From this, considering the relationship identified, mental health is expected to be less or worse too. Based on the results shown in Table 6, the respondents demonstrated better mental health which does not conform with the relationship identified. The results are then supported by the World Health Organization's [16] definition of mental health as "a state of well-being in which every individual realizes his or her own potential and can cope with the normal stresses of life." Avasthi and Grover [6] added that the disturbance in the important day-to-day activities of older individuals can bring about a negative impact on their cognitive status leading to poorer mental health, anxiety and low quality of life.

Lifestyle Challenges and Social Health

It was observed that the obtained r-values of social participation - social engagement, number of close social relationships, contact with social network, negative social support and adaptation indicate a weak direct and indirect correlation wherein the resulted p-values were less than 0.01 and 0.05 respectively. A significant indirect relationship was found between the challenges experienced on negative social support and social health, while a significant direct relationship exists between challenges in terms of social participation - social engagement, number of close social relationships, contact with social network and adaptation and the respondents' social health.

The results displayed in Table 3.1 show a challenged negative social support in the respondents reporting that their spouse, family and friends rarely make too many demands on them, criticize them, let them down and get on their nerves. Based on the identified negative relationship between this aspect and social health, the results are expected to yield a worse social health. In contrast, the results of the data showed good social health of the respondents which refutes the identified indirect relationship. Evident in Table 6, the results display that the respondents always consider themselves "in tune" with the people around them, that there are people they can talk to and are close to. They reported also that very often, they have people they can turn to, people who understand them and have a lot in common with, and that they are a part of a group of friends. These acknowledge the presence of good social health.

In contrast to the abovementioned relationship, a significant positive correlation exists between social health and social participation - social engagement. Based on the findings presented in Table 3.1, most of the activities that the respondents get involved with include doing activities with children/ grandchildren/ nieces or nephews/ neighborhood children, watching television and doing home and car maintenance. On the other hand, the types of activities they least get involved with are attending educational or training courses, attending (online/ non-online) meetings, reading books and magazines, playing cards/ board games/ puzzles, knitting or embroidery with writing letters or journal entries as the one they do the least. A slightly high composite mean in this aspect indicates less challenges encountered, therefore a decrease in social health is correlated. However, the findings in Table 6 do not confirm this relationship as it presents a good level of social health revealing a composite mean of 3.28.

The respondents' number of close social relationships also identified a highly significant positive relationship to social health. Based on the results reflected in Table 3.1, the respondents very often maintain a close relationship with spouse, children, relatives and friends showing less challenge in this area. From this, a decrease in social health is correlated which is not confirmed by the results gathered showing that the respondents report a better social health.

The respondents' contact with their social network shows greater challenge since they rarely contact them through phone, email or social media. The statements from Newman and Zainal [17] are related to the occurrence of this situation which include that "even though physical distancing is critical to reduce the spread of the virus, the result is that many older individuals are now unable to see friends and family and experience further isolation. Those who do not have access to technology and have very limited resources are often much more isolated and unable to connect with others outside of the home. This lack of social interaction can lead to long-term distress and this effect is more prominent especially among geriatrics who have limited fluency with digital platforms."

Lifestyle Challenges and Spiritual Health

The obtained r-values of physiological challenges in terms of physical activities, number of close social relationships, contact with respondents' social network, positive social

support, acceptance of their own life, adaptation and acceptance of passing indicate a weak direct correlation with resulted p-values of less than 0.01 and 0.05 respectively.

Table 1.1 summarizes that the respondents were still capable of performing basic activities of daily living, climbing stairs and bending, stooping or kneeling. On the other hand, difficulties were encountered in doing moderate to heavy and vigorous activities. These show minimal level of physiological challenge in the respondents. Considering the positive relationship between physical activities and spiritual health, the less challenges are related to the decline in spiritual health. This is not supported by the findings revealed in Table 6 which shows a good status of spiritual health among the respondents. The findings are then supported by an online article from Hanna [18] stating that "physical activity is one of the greatest ways to help the brain settle into stillness and reconnect with the heart to align with what matters most. By activating the bodies, people can actually shift their minds to a more calm and restful state, encouraging the body, mind and spirit to be fully engaged in the moment as they intentionally shift their focus to things like gratitude, appreciation, and positive reflection.

The socio-cultural subsystem challenges in terms of number of close social relationships and positive social support shown in Table 3.1 present that there are less challenges encountered in these aspects. The relationship derived shows a direct correlation between these variables and the respondents' spiritual health. The findings of this study however, revealed that the respondents have good spiritual health which does not support the correlation identified. Often people who are spiritual meet together regularly around their spiritual purpose, which helps to improve their health [8]. This is confirmed by Holt, et al [19] in their study which presented that religious involvement is important in maintaining positive religious support, and this is protective against undesirable health outcomes. Spiritual connectedness was also associated with having emotional and tangible support received from fellow church members. The social aspect of religious participation is reflected in both spiritual connectedness and religious behavior.

In terms of their contact with their social network, the respondents declared that they rarely speak with, write to, or communicate online with their friends and other people apart from their spouses and immediate family. There is a positive relationship identified between the respondents' contact with social network and their spiritual health. According to the same study by Holt, et al [19], religious social support specifically pertaining to negative interaction between individuals can be present which is contributory to the lack of contact with their social network. This may be greatly associated with health outcomes wherein negative interactions with fellow church members can have unfavorable health consequences.

A significant positive relationship was identified between the challenges in the developmental subsystem and the respondents' spiritual health, implying that the less challenged they are in this subsystem, the less is the level of spiritual health. This is not confirmed by the findings of this study as evidenced by the respondents' report that they are very often satisfied with their life before and during retirement. They also feel fulfilled in life and try to pursue their dreams and interests in retirement and feel that they led a well-lived life. They are very often able to adapt to the expenses that come with retirement, adapt their behavior and decisions to the state of their health as well as adapting to the changes that come with retirement. They also reported that very often, they have come to terms with the fact that death is inevitable and that they feel at peace when they think about passing and can see the signs of ageing occurring in them as normal at their age. They also indicated that sometimes they accept that their end of life is approaching and that they have become accustomed to the fact of loved ones passing.

Lifestyle Challenges and Developmental Health

It was revealed from the correlation identified that a significant indirect relationship exists between the physiological subsystem in terms of physical activities, socio-cultural subsystem in terms of social participation - social engagement and the respondents' developmental health while there is a significant direct relationship between close social relationships, spiritual subsystem, acceptance of one's life, acceptance of passing; and developmental health.

Table 1.1 illustrates the lifestyle challenges experienced on the physiological subsystem in terms of physical activities. Table 3.1 displays the challenges experienced on the socio-cultural subsystem in terms of social participation - social engagement. Based on the data in these tables, the respondents are less challenged in these aspects. In consideration to the negative relationship identified between these variables and the respondents' developmental health, the level of developmental health is higher which is supported by the results in Table 6. This confirms the identified relationship between these variables. Based on Robert Havighurst's [20] developmental tasks theory, "human development is a lifelong process composed of many aspects of human activity manifested as developmental tasks. Developmental tasks can be regarded as the challenges confronting people of a certain age, and these act as important determinants of the course of normal development and its effects. Havighurst listed distinctive developmental tasks faced by older people which include being able to adapt to a decline in physical strength, to retirement, to reduced income, death of a spouse, and change in social roles. This also includes establishing good physical living arrangements. These developmental tasks happen as a response to the biological changes related to age, cultural traditions, and individual goals. Considering the results of this study shown in Tables 1.1 and 6, the respondents exhibit good developmental health based on Havighurst's theory.

A positive relationship is identified between each of the lifestyle challenges in terms of the number of close social relationships, spiritual subsystem, acceptance of one's life, acceptance of passing and the developmental health of the respondents. Table 3.1 shows that the number of close social relationships is less challenged. The spiritual subsystem is less challenged also as exhibited in Table 4. Acceptance of one's life and acceptance of passing are also less challenged as presented

in Table 5. When the identified positive relationship of these variables to the developmental health is to be considered, the developmental health is also expected to decline. This is not supported by the findings presented in Table 6 which acknowledges that the developmental health is good. According to Roy's Adaptation Model [21], spirituality can be an influencing factor in the adaptive capability of an individual. Through spirituality, a person can adapt his/her behavior and is able to have a strategy for coping. In this model, a person is also considered a social being who is in constant interaction with an ever-changing environment. This interaction can create acquired mechanisms which enable him/her to adapt.

CONCLUSIONS AND RECOMMENDATIONS

Among older adults, the lifestyle challenges in the physiological subsystem were more evident in doing moderate to heavy and vigorous activities, being physically productive on the kind of work they perform, and in the effort needed to complete work. Minimal challenges were met in performing simple activities of daily living, physical productivity in accomplishing tasks and time spent working. In the psychological subsystem, older adults generally feel happy, calm, peaceful and full of vigor despite the pandemic. They do not need to reduce the amount of time they spend on work, do not accomplish less than they like or not do work as carefully as usual due to their emotional problems. They rarely experience moments of nervousness, sadness, and tiredness. Further, most older adults live with their spouse and/or immediate family and most of them have relatives and good friends living within their neighborhood. Moreover, challenges were met in their contact with their social network through the digital platforms. Hence, negative social support is present but minimal. The respondents firmly believe that there is a God who watches over them and that the events in their lives evolve according to a greater plan. They carry their religious beliefs into their other dealings in life and find strength and comfort in their religion. Generally, the respondents feel fulfilled in life and pursue their dreams and interests in retirement. They can adapt their expenses, behavior and decisions to the state of their health; as well, they are able to accept the fact that death may come, and that they feel at peace about passing and see the signs of ageing expected in their age.

Bodily pain is present but rarely interferes with the normal activities of the respondents. They recognize that their physical health is excellent very often and consider themselves as healthy as anybody they know. In addition, they always feel that they have a sense of direction and purpose in life while carrying out the plans that they set for themselves. They also rarely feel that they have done all there is to do in life and consider themselves "in tune" with other people or have people they can turn to, have people who understand them and have a lot in common with. They feel that God always accepts them even with their faults and they feel valuable as an individual even when they could not do as much as they could before. They always feel hopeful about their future, believe that God can help them, and that things will turn out for the best. They always believe that their lives are close to ideal and they feel satisfied with their lives and would change almost nothing if they were to live their lives again. Lastly, they consider the conditions of their lives excellent having acquired the important things they want in their lives.

The physical health of older adults has a significant indirect relationship with their challenges in terms of physical activities and adaptation. On the other hand, a significant and direct relationship exists with social network contact and negative social support. An increase in mental health is significantly related with more challenges in negative social support while a significant indirect relationship occurs between mental health and challenges in the psychological state. The identified relationships to social health were not supported by the results gathered in this study. To summarize the disproved relationships, the following correlations were identified in the results: significant direct relationship with social network contact and negative social support, significant indirect relationship with social participation - social engagement and number of close social relationships. Identified lifestyle challenges and spiritual health relationships were also rejected by the results obtained. Based on the findings, there is significant indirect correlation between spiritual health and the challenges in each of the following subsystems: physical activities, number of close social relationships, contact with social network, positive social support, acceptance of one's life, adaptation and acceptance of passing. Lastly, there is a significant and indirect relationship between developmental health and challenges in physical activities and social participation - social engagement.

Considering the substantial number of older adults in the country as they approach to becoming an "aged society," further studies involving a larger sample may be taken into account.

The findings of this study were limited to identifying the relationships between the lifestyle challenges in the five subsystems and the physical, mental, social, spiritual and developmental health. Other researches may dwell on a more focused study of each subsystem and its relationship to an individual's health. Other age groups may also be considered.

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