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**FEATURE**

**Lived Social Life Experiences of  
Female Elderly People**

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**Abstract.** *Quality of life is now recognized as one of the new philosophies of health by the World Health Organization, especially among older people. Old age is a process that cannot be stopped but must be protected, promoted, and extended. As the aged population continues to increase, it is essential for quality of life to be emphasized. Promoting societal networking and active involvement is one of the approaches to enhance older people's health and promote quality of life. The purpose of this study was to examine the lived experiences of social life of older people and the impact of quality of life. Phenomenology was used. Focus group discussion was employed to collect data from 20 elderly people between 65 and 80 years in Baguio City. The study generated six themes, which included family connectedness, spiritual connectedness, social support, social disconnectedness, meaning of quality of life, and community involvement. It is recommended that family members make a conscious effort to maintain connections with their elderly ones through different means such as text messaging and telephone calls, especially when they are physically absent.*

**Keywords:** older people, social connectedness, quality of life, disconnectedness, phenomenology, Baguio, Philippines

**Introduction**

Old age is unavoidable (Prabhakara, 2012). According to Cornwell, Laumann, and Schumm (2008), different viewpoints portray aging as a period of being alone and not involved in active roles within the society. Thus, as individuals grow, the ability to physically move decreases, which presupposes a decline in social connections as well. Thus, the aged become isolated. Yen,

Shim, Martinez, and Barker (2012) emphasize that during this period, there is some feeling of losses in psychomotor activity, visual perception, mental coordination, and societal networking. The aged are usually susceptible to feeling segregated and lonely compared to the general population due to their inability to move around (World Health Organization [WHO], 2013). Social relations and support for the aged are regularly recognized as an important part of elderly people's quality of life (Baecker & Mortenson, 2014). Promoting societal networking and involvement is an approach to enhance aged people's health and quality of life, as well as their overall social life. Quality of life is affected by a mixture of different factors such as good health, contentment with the physical environment, social achievement, fairness, and lack of restrictions in terms of expression (Prabhakara, 2012).

One of the dominant elements for ensuring quality of life and good health among the aged is social connectedness, which promotes good social life. Social connectedness is considered the interactions that exist between people, and the outcomes these interactions can produce for a person as well as the public (Quigley & Thornley, 2011). It comprises the interaction with siblings, associates, age mates, and neighbors, as well as networks that individuals create by means of working to earn a living, entertainment and other forms of relaxation, or through unpaid work or communal service. Social interaction is considered a form of defence against morbidity and mortality during old age (Malta, 2005). Adults with strong societal networks appear to have possible likelihoods of effectively recuperating from cardiac arrest, as well as reduced incidences of coronary heart diseases (WHO, 2003). Also, it is possible that individuals with social connections will visit health care facilities in their communities less often than those without such connections. Research has also shown that aged individuals who connect well or stay with blood relations are less likely to take their own lives and have a sense of continual survival (Fässberg, et al., 2012; Holm and Severinsson, 2015; Purcell et al., 2012; Wiktorsson, Runeson, Skoog, Östling, & Waern, 2010). Several studies have been done in relation to the elderly, but there is scarcity of research on quality of life and connectivity (Huong, Ha, Chi, Hill & Walton, 2012; Toepoel, 2013; Giummarra, Haralambous, Moore & Nankervis, 2007; Rowe, Conwell, Schulberg, Bruce, 2006). The following literature was cautiously selected, critically analyzed, and synthesized to serve as the basis for and the advancement of this study.

### **Review of the Literature**

Social connections which can be social involvement, social assistance, and social linkages, have been revealed to enhance the strength and health of the aged. For societies to grow, there should be social security for the aged, which continuously forms the important backbone of communities (United Nations

[UN], 2013). Family support for the aged is particularly significant in situations where there are no strong official machineries such as monetary interventions and social safety structures. From this perspective, the aged depend on their families and frequently stay with their grown-up children. Social connection is nurtured when household interactions are cordial, and individuals have the abilities and prospects to form associations and cooperate positively with one another (Quigley & Thornley, 2011). Therefore, it is important to recognize that individuals enjoy meaningful associations with their relatives. These associations and interactions can be a basis of happiness, support, and assistance for individuals to have a sense of belonging. They go a long way to promote meaningful social life among the elderly.

An individual's close associations, regularity of communication with relatives and loved ones, belief in fellow citizens, and a high level of involvement in events or public happenings have a part to play in promoting well-being. They also have the possibility to affect health, both directly and indirectly among the elderly. Cacioppo and Hawkley (as cited in Ferris, 2012) pointed out that loneliness is seen as a threat to the development of different protracted disorders, such as being overweight and having hypertension, cancer, and high blood sugar levels. Research indicates that the higher the societal separation of people, the more the manifestations of sadness (Cornwell & Waite, 2009). People with limited social connectedness are likely to exhibit un-wellness when compared with persons who have larger social networks.

The effect of loneliness on health can occur irrespective of the demographic characteristics of the individual, but the major consequences often happen among the aged. On a social basis, the elderly who are lonely are affected by diseases and are less likely to experience wellbeing (Malta, 2005). Thus, the elderly who are detached from society become sad, develop poor health, and have poor wellbeing (WHO, 2002). Earlier studies have recognized that loneliness can contribute to the development of mental disorders as well as physical disabilities (Cornwell & Waite, 2009; Heisel, Duberstein, Talbot, King & Tu, 2009; Purcell et al, 2012; Simon, Chen and Dong, 2014).

All over the world, there is an increase in the number of people who are growing old (UN, 2013). According to the UN, the aging populace is a rather new happening in developing countries since the number of people dying has gone down, and also the ability to give birth to more children has decreased. Presently, the most elderly populations are in industrialized nations. Many of these aged individuals, however, are located in developing countries. Population growth, which involves swelling proportion of aged individuals, is a main worldwide demographic phenomenon that may continue to increase. The UN report added that, for five consecutive years, at the global level, people who reach 60 years are expected to reach 80 years.

It is estimated that there were globally 841 million elderly people worldwide by the year 2013, which appeared to quadruple from the 202 million during the 1950s (UN, 2013). By 2050, it is expected that the elderly populace will increase three times, and finally bypass the two billion mark. Furthermore, the fast growing elderly populations around the globe are significantly found in the less industrialized areas. In these areas, the elderly population was as high as 554 million in 2013, appearing to be five times greater than in 1950 (108 million). The elderly population is expected to soar in these regions in higher numbers in some 35 years to come due to reduced childbirth, good health care services for the aged, and increasing longevity among other factors.

Fässberg et al. (2012) conducted a study in order to analyze and synthesize studies that have been done concerning behaviors that lead to isolation and taking one's life in the process. The researchers compared subjects in different groups so as to scrutinize the relationship between them in terms of societal influences and suicidal behavior, and mortality in the elderly who are over 60 years. In all, 16 studies were found in refereed journal (across 14 independent samples) that qualified to be included. The few studies pointed to the gap that needs to be filled. The identified articles were studies done mainly in countries in North America, Asia, and Europe. Most of the findings from the review could be hypothesized as indications of societal interactions which promote affirmative connection with relations, loved ones, and groups. The researchers indicated that in developed nations, there is inadequate social interaction, which leads to the idea of people trying to think of taking their own lives, non-fatal suicidal behavior, and finally the thought of killing themselves later in their lives. No such study was identified in the Philippines. Therefore, there was a need for this study.

Toepoel (2013) investigated the existing connections between relaxation events and the public standing of the elderly based on diverse respondents among the Dutch population. The study revealed that relaxation events define an important aspect of aged individuals' social interactions. Many factors were identified as determinants of social interactions among the elderly. They included willingly participating in the workforce, traditional events, days-off activities, games, and book-reading activities. They also included having interest in things that one cherishes. There was a positive correlation between friends and involvement in relaxation events. Spouses were involved in traditional events and games; mothers and fathers played parts in willingly going to work and days off, and children played a role in cultural activities, reading, and shopping. The researchers suggested that local societies could be involved in close associations and come up with special activities that will enhance social interactions that will ultimately lead to the well-being of the elderly.

In their study in the United States of America, Krause and Bastida (2009) showed that there were religious beliefs and linkages with the mental aspect and

health in the elderly. It was based on some research suggesting that people with enough social assistance in the church are healthier both mentally and physically. These researchers introduced a new construct called spiritual connectedness. They indicated that much was not known about what leads to effective church-based social connections. They defined spiritual connectedness as the fact of being aware of the relationships that exist between individuals and their interdependence on each other. According to these researchers, solid belief in spiritual connectedness is related to giving more mental and physical assistance and making this support noticeable to other church members. Furthermore, the elderly who had solid spiritual relationships were likely to intercede on behalf of others.

Huong et al.'s (2012) study in Vietnam showed an increase in aging population and the need for quality of life. The authors felt that being aware of the different aspects of quality of life for the aged was very significant. The study provided insights on different aspects of quality of life among the aged in Vietnam. These insights were to widen the ideas and describe resemblances and variances among those living in cities compared to remote communities. The researchers conducted detailed interviews with specialists in old age and its related issues. In addition, focus group discussions (FGDs) in three communities were conducted. The significant aspects of quality of life that emerged as the main themes were physical, emotional, societal, ecological, spiritual, and financial. Aged participants took part in the study during the data collection in the cities as well as remote areas. The aged in cities reported that the identified themes were significant to them. Those in the remote areas also indicated spiritual connections as a major determinant of quality of life. The aged in the cities placed importance on connections with their offspring whereas those in the remote areas considered neighbourhood associations and financial support as important.

Lapid et al. (2011) indicated that preserving and promoting quality of life was highly encouraged in elderly medicine. In their study, they aimed at investigating the connection between elderly's ideas and caretakers' ideas on quality of life, reasoning ability, and extreme sadness in the aged. All 144 residents in their study, between 90–99 years old, reported high on the overall quality of life. Nevertheless, caretakers believed that the aged quality of life was poorer with severe intellectual damage. Obviously, the aged felt their quality of life was more enhanced more than their caretakers did, and the variance in elderly's and caretakers' ideas was prominent.

**Theoretical Framework of the Study**

The theoretical framework used for the study was the activity theory, which was formulated in 1948 by Havighurst (Wadensten, 2006). The foundation of the framework is that the essence of maintaining involvement in events and other meaningful ventures progress into the aged period; however, the essence and the direction change. The theory indicates that aged individuals show the same desires, wishes, and inspirations as their middle-aged colleagues. The assumptions of the theory are that individuals will change from midlife to elderly and continue to do so at their present level of involvement. According to Eliopoulos (2010), it is anticipated that if one sustains the activity level and ideals typical of middle age, the individual will have a fulfilling life.

Wadensten (2006) argues that, in the activity theory viewpoint, there is a hypothesis that being involved in events is necessary to remaining healthy. The significance of the aged being energetic and vigorous members in the world around them is emphasized in the theory. In this concept, being able to progress from one task to another is seen as a great achievement and leads to contentment and a higher possibility of succeeding in other subsequent tasks. Eliopoulos (2010) indicates that the activity theory highlights health and life fulfilment while successful aging, which are mirrored in the elderly by the degree to which the person, remains an active participant in the social environment. For instance, the person will still perform social functions and maintain relevant associations. This theory explains that the level of personal happiness achieved rests on how involved the person has been. The theory is founded on the premise that the image people have of themselves is confirmed through accomplishments and connections with numerous forms of role support. The examination of the theory revealed that it had fundamental ideas that impact humanity. As such, respecting the opinions of the elderly has an impact on their development and care in society. Also, the theory fits well in the present study because social connectedness is associated with the aging individuals and their involvement in the social context.

As long as people are expected to live longer today, provision should be made for them to enjoy good quality of life through social connectedness. There is limited literature on the lived experiences of the social life of the elderly, particularly through qualitative exploration in the Philippines. That was why the current study was conducted to add to the body of knowledge in this area. The research questions below guided the exploration.

1. What are the experiences of the elderly about quality of life and social connectedness?
2. What is the meaning of quality of life and social connectedness to the elderly?

3. What should the community do to promote social connectedness among the elderly?

### **Methodology**

The goal of this research study was to examine the lived experiences of the social life of older people and their impact on quality of life. To be able to explore the issue in-depth, qualitative research was preferred, using phenomenology. The methodology has been organized in research design, participants, sampling and the research setting. Data collection methods and the procedure followed as well as the analysis and the findings are presented below.

### **Research Design**

Phenomenology was the research design used to explore and examine the lived experiences of the elderly. According to Burns and Grove (2013) phenomenology is a research design whereby the personal encounters are described as perceived and lived by those individuals involved. Phenomenology is concerned with the essence of lived experiences from the viewpoints of the research participants (Lichtman, 2012).

### **Participants, Sampling, and Setting**

Purposive sampling was used for the study in order to select participants who can provide the best information possible for the topic under exploration, as generally recommended in qualitative research (Creswell, 2014). Twenty elderly persons between 65 to 80 years took part in the study. Eligibility criteria included being 65 years or older, living in Baguio and being able to communicate in English. Additionally, they had to be able to provide informative knowledge to address the topic under exploration. Surprisingly, only females took part in the study because they could speak English fluently and also volunteered to participate. The few men who volunteered could not speak English. The study was carried out in Baguio, a city in the north of the Philippines. The recruitment of participants was done with the help of a selected church in Baguio City, which had a good number of potential research participants. The church has a number of aged individuals who are active in church activities and are regular church members. These aged individuals participate in all church activities and appeared to be socially connected and happy. Baguio City was chosen because it has recently been found to be one of the best places to retire in the Philippines (see for instance, Burlingame, 2014).

**Data Collection**

Data collection took place in August 2014. In all, there were four focus group discussions (FGDs) comprising of five elderly individuals each. The FGDs were done in English and each took between 45 minutes to an hour to complete. The information was digitally recorded. In order to permit respondents to present their viewpoints by themselves, FGD questions were semi-structured, followed by some probing. One of the researchers together with an assistant worked together in conducting and recording the interviews. Clear instructions were given to the research participants to ensure that they could answer the questions accurately. In order to maintain confidentiality, respondents' actual names were not used during the data collection and recording. In this report, participants are addressed as E1, E2, E3, E4 and so forth with the E meaning elderly and digits indicating how they were numbered for identification purposes in terms of responses. This confidentiality strategy was discussed with the respondents before the beginning of the FGDs.

**Data Analysis**

Analysis of FGDs started immediately upon the data collection. Data collected were transcribed verbatim. Content analysis was done manually and generated major themes that helped to answer the research questions

**Researcher's Positioning**

One of us has extensive training and experience in nursing. This study therefore is based on solid understanding of health care theories and principles. The fact that Stella Appiah trained and developed extensive experience on a continent other than where the Philippines is located may have led us to miss some permanent information or interpretation. Additionally, given that both of us are foreigners, we may have missed interpreting properly some important cultural cues and nuances that could have enriched this study.

**Results**

All in all, 20 elderly female respondents participated in this study. The few men who volunteered could not speak English; so, they were not included in the study. Table 1 indicates the demographics of the respondents in terms of age, civil status, and number of children that they each had.

About 51% were widows and 49% never married. Eight of the participants had no children while the one who had the highest number of children had 5. Their age ranged from 65 to 80 years, with the average age being about 75. All participants were Christians.



Table 1:  
*Participants' Demographics*

Respondents	Age in years	Civil status	Number of children
E1	65	Single	None
E2	68	Single	None
E3	68	Single	None
E4	72	Widowed	4
E5	68	Widowed	3
E6	66	Widowed	4
E7	78	Widowed	3
E8	71	Widowed	1
E9	68	Single	None
E10	65	Widowed	2
E11	68	Single	None
E12	70	Single	None
E13	72	Widowed	3
E14	69	Widowed	4
E15	68	Widowed	2
E16	72	Single	None
E17	75	Single	4
E18	78	Single	None
E19	80	Widowed	5
E20	74	Widowed	3

The data from the FGDs generated six themes. These are family connectedness, spiritual connectedness, social support, social disconnectedness, meaning of quality of life, and community involvement in the elderly's lives.

### **Family Connectedness**

Respondents described social connectedness as the fact of an individual having a strong relationship with family members. They indicated that this makes one's life happy and fulfilling. This is what some of the respondents had to say:

*I am happy with my family. Since my husband died, I was able to give my children a good education and was able to influence them positively (E2).*

*[It is about] socializing with my family and friends at all time, and I feel happy when I do that (E12).*

It could be seen that socially participating in family activities, for instance, by having meals together, enjoying other outings, and having children around, helps individuals make good family connections. From respondents' perspectives, family connectedness could also be seen as having leisure time with family and friends and giving a helping hand in taking care of others within the family. These bring about cohesion and unity that last.

### **Spiritual Connectedness**

Respondents described spiritual connectedness as having a strong relationship with God and fully participating in church activities. Some respondents indicated that they sell books for the church and also conduct Bible studies to make Jesus Christ known. Some respondents had this to say:

*Spending time with God is my social connection. I am so happy that in spite of the fact that I cannot hear properly, I am very happy to be in church and serve the Lord (E1).*

*I am so happy when it's time for church. I wish church was every day so that I can be with my friends, laugh, converse, encourage one another, and also gain more connections and privileges when coming to church (E10).*

The most important thing for respondents was to be fellowshiping with one another at church and enjoying each other's company. In this, they found a sense of spiritual connectedness and a strong factor for their longevity. Sharing the Word of God with others as well as participating in church activities served as the most important connection to the elderly.

### **Social Support**

Respondents also described social connectedness as a support that promotes good health. Some saw social support as associated with improved physical health outcomes and daily functioning. In all, social connectedness is enhanced with the support from close friends or relatives. According to E15,

*Social support [can be viewed as] making calls to friends on the phone, text messaging, and joining senior citizens associations and meeting. Going to church is also another way of having social connections (E15).*

Social support is good for the elderly because it gives them some sense of belongingness and security. At their age, the elderly feel isolated and have fewer friends. So, the more social support they can receive, the happier they feel.

### **Elderly's Meaning of Quality of Life**

The elderly explained what quality of life meant to them from different perspectives. Some said quality of life meant happiness and others also explained it to being strong, active and free of sickness. One participant said that life is meaningful when

*I feel very well without sickness and very happy. At my age, I do not go to the hospital and do not even feel any headache. My children are so particular about my health and want me to be happy all the time (E11).*

Some words such as feeling strong, being alert, not having health-related problems were used to describe the quality of life. To some extent, others explained that intellectual well-being, as well as financial support, were attributes of quality of life. Some other respondents explained the meaning of quality of life in this way:

*Not having any problem with anybody and having good health and moving about my duties (E13).*

*The feeling of happiness while enjoying with other people. Having financial support and good health (E14).*

Quality of life also meant living a happy, stress-free and longer life. Being able to go to church and serve God was enough to be seen as having good quality of life. At their age, being independent without anybody doing certain things for them was enough to claim good quality of life.

### **Social Disconnectedness**

Some respondents expressed that they were socially disconnected and so were not happy. In their views, they had never experienced anything positive with their quality of life. This finding was seen as a diverse opinion about the quality of life. Some had some feeling of loneliness, not being happy and always thinking of their children who were engaged in social vices. They had this to say:

*I feel lonely all the time, and my neighbors quarrel with me.*

*I pray God will come soon (E8).*

*I have been single up to now; I never got married and I do not have children of my own. It is difficult at times to be alone. Sometimes you feel like being with people but you do not have anyone (E6).*

This lack of social connectedness was reported to have significantly negative impact on the participants' lives. It has led some to feel sick all the time and others to be socially isolated and neglected. Such a negative impact on the elderly's life should not be taken lightly.

### **Community Involvement in the Elderly's Lives**

This theme describes the actions that were suggested to be taken by the community members to ensure that the elderly have good quality of life. Some of the suggestions were the promotion of social connectedness in the community such as a family day and interaction with friends on the phone. In addition, there was also a suggestion that the government should strengthen policies affecting the elderly. The church was also called upon to contribute to the well-being of the elderly by promoting social connectedness among its members. Below are experiences shared in the FGDs.

*Cooperative organizations in the community should promote senior citizen, availability of stores to enable those who have the strength to work. Also providing loan to senior citizens to work because by working we continue to get connected with people and feel happy, and [that] makes us live longer. In fact, I become happy when selling [things] to people every day. . . . I still sell [things] in the market, and that is one of my sources of social connectedness (E10).*

*I think the church should group us to move around for group discussions and for visitations that involve us in activities. . . . This makes me feel strong and healthy all the time (E2).*

Other respondents felt that there should be promotion of activities that would help them participate fully in the community to promote good quality of life. Community leaders should encourage community participation of senior citizens. Some respondents were of the opinion that community participation would keep them healthy and make them appear young again. By engaging in community activities, they felt socially connected and happy about it. This is what one had to contribute:

*There should be community participation promoted by the leadership because individuals with high levels of community participation have better health, quality of life, and improved access to health services (E20).*

It is clear from these statements that community leaders must intentionally plan senior citizen's participation in regular life, as one of the measures to promote good quality of life for them.

### **Discussion**

Findings of this study supported the United Nations' description that social connectedness of the elderly is related to social involvement, social assistance, and social linkages, as well as enhancing the strength and health of the elderly (UN, 2013). Findings are also consistent with Thomas, Lewis and Browning (2010), who explained social connectedness as a multifaceted and interconnected concept that has many different parts. The respondents of the current study described social connectedness as being responsible for relationships that give meaning to their lives. In their views, the quality of the relationship is important because the number of times one has the opportunity to meet with loved ones and spend quality time with them is to be considered.

Respondents described social interaction as being about the connections that individuals enjoy with friends, family members, peers, acquaintances, and the community. In the current study, it was found that the respondents had good knowledge about social connectedness and quality of life. Respondents gave different dimensions of societal connections in the form of family connectedness and societal support as well as community participation. From respondents' perspectives, family connectedness could also be met by having leisure time with family and friends and giving a helping hand in taking care of others within the family. Such activities bring about cohesion and unity that last for a long period. This supports findings from Toepel (2013) who identified the family as a good leisure companion for the elderly. The elderly feel happier when leisure times are shared with people who are familiar and care about them. This finding from the current study is also congruent with Purcell et al. (2012) who found that family support is an antidote against suicide among the elderly. The family association was a major factor in ensuring that the elderly with suicidal ideations did not commit suicide.

This study is also consistent with that of Krause and Bastida (2009) where respondents indicated that having strong societal assistance from religious organizations helped them enjoy intellectual, emotional and total wellbeing. In the current study, respondents said they had made the church their family and that the church was the source of happiness, which they called spiritual connectedness. Finding connection with the church as a source of significant relationship was not surprising since all respondents were members of the selected church. These elderly individuals attended church regularly and participated in all the church activities. This finding is in agreement with a study in Ireland by Gallagher (2012) where respondents indicated that religious practice was strong and played major role in their lives. Some people went to the extent of counting the number of times they attended church services and how their lives were positively affected.

In terms of social support as an important component of quality of life, respondents mentioned that the support they enjoy from people around them make them feel good and belonging. This is true because it is assumed that during this period of the elderly's life, there is the feeling of loneliness. This finding confirms a study by Stevens-Ratchford (2008) that the elderly find meaning in getting strong support from people. This helps them to have healthy aging and good quality of life. Additionally, they also indicated financial support as very necessary because most of them at this age do not work. So, receiving some money from friends, family members, and loved ones does contribute to their happiness.

Assessing the elderly's understanding of quality of life yielded different responses. The findings were not too far from what has been happening in other studies. In a study by Huong et al. (2012), the participants indicated feeling well as a description of quality of life. In the current study, some respondents describe quality of life as being free from sicknesses. Such a feeling is not far from Prabhakara's (2012) definition of quality of life. In the aging process, it is assumed that the immune system is reduced, thus leading to frequent illnesses and poor health. So, if an elderly feels well and does not go to the hospital frequently, then it is normal for the person to describe that state as quality of life. Even more important is the ability of the elderly to do most of the activities of daily living by themselves with little or no support from other people. The elderly finds fulfillment in such a life.

Despite the fact that the study focused on social connectedness, few respondents could not hesitate to express their disconnectedness and how they were feeling about it. Such outcome of the study was not seen as out of place but confirmation that the elderly needed social connections to enjoy healthy aging. Purcell et al. (2012) stated that social isolation can be a trigger factor for suicide ideation. Similarly, Cornwell and Waite (2009) indicated that social disconnectedness is a major part of the ageing process which leads to poor health.

The suggestions made in the current study concerning the community actions to ensure their social connectedness were similar to those that Toepoel (2013) made. This finding is interesting because the WHO (2013) had also made it clear that the community has a major role to play for the elderly. As indicated earlier, it is expected that the elderly population will continue to rise over the years to come. Therefore, a call for community actions to accommodate the increasing elderly population is unavoidable. Another aspect of the community action is that a large number of people will benefit because aging cannot be stopped but should continually be supported. Such a thought is in agreement with Stevens-Ratchford (2008) who identified community support as a solution to frequent illnesses among the elderly.

The study also confirmed Eliopoulos's (2010) theoretical framework, which emphasized that the level of personal happiness achieved rests on how involved the person has been. The theory is founded on the premise that the image that people have of themselves is confirmed through accomplishments and connections with numerous forms of support as revealed in the present study.

### **Conclusions and Recommendations**

This paper explored the lived experiences of the social life of the elderly. Respondents in this study experienced social connectedness in the form of family connectedness, social support, spiritual connectedness, and community engagement. This connectedness had a strong influence on the quality of their life. Some saw quality of life as being happy, not experiencing any sickness or being active and going about their normal daily activities. Their social connectedness does not depend only on the family as the main unit of bonding but also on associating with friends, church members, community, or work. Social connectedness is important to every elderly person in a community irrespective of their age. It is because social connectedness was found to have some direct impact on the quality of the elderly's life.

It can, therefore, be concluded that, if the elderly are socially well connected, their quality of life will improve, and they can enjoy their old age. The few respondents who felt socially disconnected expressed dissatisfaction with their own quality of their lives. The strongly connected ones had a strong sense of meaning of the quality of life.

In view of the findings and the conclusions drawn in this study, the following recommendations are given. First, family members should make some conscious effort to maintain connection with their elderly ones in the family. It can be through different means, such as telephone calls, text messaging, chats on Skype, and others.

Family day celebrations should be recognized and promoted to ensure that the elderly receive the needed attention and connections. During the family days, the elderly should be consulted to choose places of interest to them. Such activities can help them feel important, happy, and involved in the planning of the family day. The elderly should be engaged in family activities so that they do not feel disconnected through limited involvement. This can be in the form of household assistance, childcare, and many other activities.

Second, senior citizen associations should be strengthened to provide another source of social connectedness to the elderly. Here, during meeting times, the elderly must be supported to attend and share their views, and connect with friends and colleagues. Additionally, such associations should organize events that will regularly bring the elderly together.

The church, as a social institution, should put all measures in place to provide the necessary support for the elderly. It will likely make them feel connected physically and spiritually. Planned church programs should be done with the elderly in mind so as to meet their needs. In addition, the church should organize social events such as outings for the elderly to spend time out with members apart from the regular church meetings.

Communities should provide sources of connectedness to the elderly through the establishment of leisure centers, gardens, playgrounds, and communication centers, among other options. It can help the elderly to have company when they spend time there.

### Future Research

Since the current study was qualitative in nature, future studies can employ questionnaires in addition to interviews in different settings around the Philippines. Using a questionnaire to collect quantitative data could help include a larger number of participants. Additionally, a similar study using the native language of the participants who cannot speak English could generate other important information on the phenomenon. Another study should include men. Last, a study should be conducted among caregivers of the elderly on how they ensure social connectedness that promotes quality of life. Such a study could help obtain a different perspective on the same issue.

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