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Dancing Through the Golden Years: Lived Experiences of Senior Citizens in Low-Impact Dance Fitness

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ABSTRACT: This study explored the lived experiences of senior citizens participating in low-impact dance fitness, using a qualitative descriptive phenomenological design grounded in the Husserlian tradition. Participants were eight Filipino senior citizens aged 60 years and above, purposively sampled from a community-based dance fitness program. Data were generated through individual, semi-structured, in-depth interviews and analyzed using Colaizzi's descriptive phenomenological method. Analysis yielded five emergent themes describing a coherent developmental arc in participants' experience: Dance as a Pathway Out of Loss, Stress, and Inactivity; Embodied and Emotional Renewal Through Movement; Belonging, Confidence, and Purpose in Later Life; Negotiating Physical Limits and Social Tensions; and Senior-Responsive Dance Fitness as Inclusive Care. The study concludes that senior citizens' lived experience of low-impact dance fitness is best understood as a layered, temporally unfolding process that no single theory of aging can fully explain, but that is best accounted for by reading its functional, dispositional, and embodied dimensions together, drawing on the Theory of Successful Aging, Continuity Theory, and embodiment. From these findings, the study developed the GY-CARE Framework, the Golden Years Connect-Adapt-Reinforce-Equip Framework, a practitioner-facing framework for organizing senior-responsive dance fitness programs. The study recommends that community-based programs institutionalize relational recruitment, ability-matched and non-coercive pacing, trained and safety-conscious instruction, and explicit anti-exclusion group norms, and that future research pilot and evaluate the GY-CARE Framework, examine the embodied renewal-social confidence cycle longitudinally, validate uneven safety risk through mixed-methods designs, replicate this inquiry across other senior exercise modalities, and purposively recruit more male participants to test the transferability of these findings.

KEYWORDS: Senior Citizens; Dance Fitness; Lived Experience; Phenomenology; Healthy Aging

I. INTRODUCTION

The global population is aging at an unprecedented rate, making healthy and active aging an increasingly important concern in public health, community development, and social policy. The Philippines is experiencing the same demographic transition. According to the Philippine Statistics Authority (PSA), persons aged 60 years and over reached 11.42 million, or 10.2% of the household population, in 2024, increasing from 9.22 million or 8.5% in 2020. Thus, approximately one in every ten Filipinos is now a senior citizen. This demographic development highlights the increasing need for programs and environments that enable older adults to maintain functional ability, participate in community life, and experience well-being in later life (Philippine Statistics Authority [PSA], 2026).

Aging is accompanied by changes in physical capacity and social circumstances that may affect an individual's independence and quality of life. Declines in balance, mobility, muscular strength, endurance, and other aspects of functional ability may increase vulnerability to falls and limitations in daily activities. At the same time, changes in social roles and relationships may affect opportunities for interaction and participation. The World Health Organization (WHO, 2022) emphasizes that physical activity among older people is important for preventing functional decline and falls, while also supporting healthy aging. The WHO further recognizes that physical activity should be promoted according to the abilities, circumstances, needs, preferences, and goals of older people rather than through a one-size-fits-all approach.

The importance of maintaining physical activity in later life is also reflected in the WHO's Promoting Physical Activity for Older People: A Toolkit for Action (WHO, 2023). The toolkit emphasizes the development of supportive environments and physical activity programs that are responsive to the capacities and preferences of older people, including those living with chronic conditions or functional limitations. This perspective is particularly relevant to community-based activities because participation

is influenced not only by an individual's physical capacity but also by whether the environment, program structure, and social setting make activity feasible and meaningful.

Among the various forms of physical activity available to older adults, dance-based exercise has received increasing scholarly attention because it combines physical movement with rhythm, music, cognitive engagement, and social interaction. A systematic review and meta-analysis by Clifford et al. (2023) found that dance can improve mobility and endurance among community-dwelling older adults and can yield outcomes comparable with other exercise programs. A broader global scoping review likewise documented the diversity of dance styles, program doses, delivery approaches, and participant groups used in older-adult interventions, while identifying the need for more consistent reporting and more inclusive access (Waugh et al., 2024).

Dance may also be relevant to fall prevention, an important concern in older adulthood. Blanco-Rambo et al. (2022) found, through a systematic review and meta-analysis, that dance interventions improved measures associated with fall risk, including mobility and balance. These findings suggest that appropriately designed dance activities can contribute to physical capacities that support safer everyday movement among older adults.

However, the value of dance fitness for senior citizens should not be understood solely in terms of physiological outcomes. Dance is also a social and experiential activity. Yoong et al. (2024) found that older adults' experiences of dance-based exergames were shaped by enjoyment, engagement, usability, and perceived multidimensional benefit. Waugh et al. (2024) similarly reported substantial variation in program design, delivery, facilitator expertise, class size, and participant characteristics, and noted that underserved groups remain underrepresented. These findings support closer attention to how senior citizens themselves interpret participation and to the conditions that make dance fitness meaningful, accessible, and sustainable.

These findings suggest that understanding older adults' participation requires more than determining whether an intervention produces statistically measurable improvement. It is equally important to understand what participants find enjoyable or difficult, how they respond to physical limits, how instructors and peers influence their experience, and what meaning they attach to continued activity. The World Health Organization (2025) identifies social connection as a major determinant of health and well-being, making the relational dimension of community dance fitness particularly relevant to healthy aging.

This social dimension is particularly important in understanding low-impact dance fitness. A low-impact format may provide an opportunity for older adults to engage in rhythmic movement while allowing movements to be modified according to individual capabilities. Nevertheless, the experience may differ substantially from one participant to another. Some may experience enjoyment, renewed confidence, friendship, belonging, and motivation to remain active, while others may encounter fatigue, discomfort, difficulty following the pace, fear of falling, or limitations associated with their physical condition. Consequently, the experience of low-impact dance fitness cannot be fully understood through physiological measurements alone.

The present study therefore focuses on the lived experiences of senior citizens who participate in low-impact dance fitness. Its semi-structured interview guide invites participants to describe how they entered the activity and what they initially expected; recall a specific session; describe bodily and emotional experiences; discuss interactions with instructors and other participants; identify difficult, uncomfortable, or unsafe situations; reflect on meanings, changes, and realizations; and recommend improvements for future programs.

The phenomenological focus is particularly appropriate because the study seeks to understand the phenomenon from the perspective of those who have actually experienced it. Rather than assuming that participation is necessarily beneficial, the study provides participants an opportunity to describe both positive and negative experiences. The interview guide specifically asks participants to discuss challenges and conditions that may make participation easier or more difficult, including the venue, music, schedule, pace, instructions, and equipment. This allows the research to capture the complexity of participation and to identify the environmental and social conditions that shape the experience.

The study is also aligned with the Sustainable Development Goals (SDGs), particularly SDG 3, Good Health and Well-Being, and SDG 10, Reduced Inequalities (United Nations, 2015). SDG 3.4 calls for reducing premature mortality from noncommunicable diseases and promoting mental health and well-being. Regular, appropriate physical activity can contribute to this objective by supporting function, mobility, psychological well-being, and continued participation in later life.

The study also supports SDG 10.2, which calls for the empowerment and social, economic, and political inclusion of all people regardless of age, among other characteristics. Examining the voices and experiences of senior citizens contributes to an inclusive approach to development because older adults are not treated merely as recipients of health services but as active participants whose experiences, preferences, needs, and recommendations can inform community programs.

The study is further supported by the United Nations Decade of Healthy Ageing 2021–2030, which emphasizes supportive environments, person-centered approaches, and meaningful engagement with older adults (World Health Organization, 2020). Within this agenda, programs for older people should respond to their needs, preferences, capacities, and lived realities.

Examining what senior citizens experience in low-impact dance fitness can therefore provide participant-centered evidence for improving community-based physical activity programs.

In the Philippine context, the study has a strong legal and policy foundation. Republic Act No. 9994, or the Expanded Senior Citizens Act of 2010, provides for an integrated health program for senior citizens and recognizes the importance of social services that provide opportunities for socializing, creative expression, self-improvement, and community participation. The law also provides for community-based health rehabilitation programs and directs local government units and concerned agencies to support programs and services for senior citizens.

The policy environment was further strengthened by Republic Act No. 11350, or the National Commission of Senior Citizens Act of 2019. The law established the National Commission of Senior Citizens and declared the State's policy of providing services and activities beneficial to senior citizens and establishing community-based health and rehabilitation programs. It specifically emphasizes the advancement of the health and well-being of senior citizens and the creation of a supportive and enabling environment for older persons.

Another relevant legal basis is Republic Act No. 11916 of 2022, which increased the social pension of indigent senior citizens and strengthened government assistance intended to support their daily subsistence and medical needs. Although the law primarily concerns social protection, it demonstrates the Philippine government's continuing commitment to improving the welfare and quality of life of older persons.

Taken together, these international commitments, scientific findings, and Philippine legal provisions establish the importance of supporting senior citizens through accessible, responsive, and socially meaningful health-promoting activities. Nevertheless, policy and quantitative evidence alone cannot fully explain what participation means from the perspective of older adults themselves. There remains a need to understand the personal, bodily, emotional, social, and contextual dimensions of participating in low-impact dance fitness.

For barangay health workers, Offices for Senior Citizens Affairs, local government units, and community instructors, the practical challenge is to translate these broad commitments into programs that older adults can enter, perform safely, and sustain. This requires locally usable evidence on recruitment, pacing, social support, instructor preparation, physical and environmental risks, and participants' own reasons for continuing. The present study addresses this implementation-level need within a recurring Philippine community dance-fitness setting, where the meaning of participation is shaped by both individual circumstances and group relationships.

It is within this context that the present study, “Dancing Through the Golden Years: Lived Experiences of Senior Citizens in Low-Impact Dance Fitness,” is situated. Through a qualitative phenomenological approach, the study seeks to explore and describe how senior citizens experience low-impact dance fitness, including their bodily sensations, emotions, interactions with instructors and fellow participants, challenges, responses, personal meanings, and realizations. The study also seeks to generate participant-informed recommendations for making future low-impact dance fitness programs more comfortable, accessible, supportive, and safe. In doing so, the research aims to contribute not only to the literature on physical activity and healthy aging but also to the development of community-based programs consistent with SDG 3, SDG 10, the United Nations Decade of Healthy Ageing 2021–2030, and Philippine policies protecting and promoting the well-being of senior citizens.

Research Question

This study seeks to explore and understand the lived experiences of senior citizens who participate in low-impact dance fitness. Specifically, it seeks to answer the following questions:

1. How do senior citizens describe how they came to participate in low-impact dance fitness and what they expected when they first joined?
2. How do senior citizens describe their bodily and emotional experiences during and after low-impact dance fitness sessions?
3. How do senior citizens describe their experiences with instructors and other participants during low-impact dance fitness?
4. What challenges, difficult situations, discomforts, or safety concerns do senior citizens encounter during participation, and how do they respond to these experiences?
5. What meanings, changes, and realizations do senior citizens associate with participating in low-impact dance fitness at this stage of their lives?
6. What recommendations do senior citizens offer for making low-impact dance fitness programs comfortable, accessible, supportive, and safe?

II. SCOPE AND LIMITATION OF THE STUDY

This study is delimited to exploring the lived experiences of senior citizens, defined as individuals aged sixty years old and above, who are currently or have recently been active participants in a low-impact dance fitness program within the identified research locale. The study focuses specifically on low-impact dance fitness, a form of structured group exercise that uses dance movements modified to reduce strain on the joints, and does not extend to high-impact aerobics, strength training, or other forms of physical activity that fall outside this scope.

The study employs a qualitative phenomenological design and relies on semi-structured, one-on-one interviews as the primary source of data. It does not include quantitative measurements of physiological variables such as heart rate, balance scores, or body composition, as these fall outside the interpretive, experience-centered focus of the research. The study is further delimited to participants who are able to communicate their experiences verbally in the interview and who voluntarily consent to participate; senior citizens who are unable to provide informed consent due to cognitive impairment, or who are unwilling to be interviewed, are excluded from the study.

Geographically and contextually, the study is confined to the specific community, senior citizens' association, or dance fitness program identified as the research locale, and the findings are not intended to be statistically generalized to all senior citizens or all dance fitness programs. Rather, the study aims for a rich, contextualized understanding of the experience within the specific group of participants involved, with transferability to similar contexts left to the judgment of the reader.

FRAMEWORK

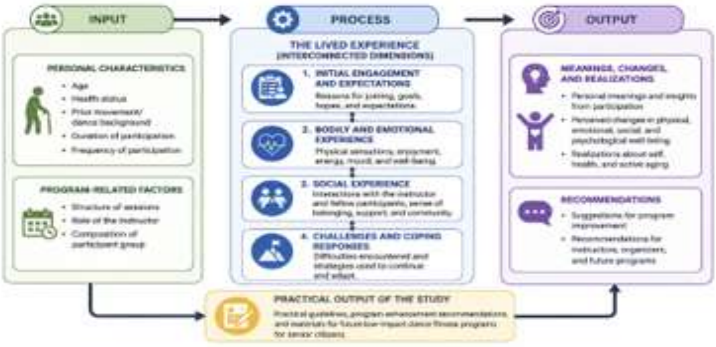


Figure 1
Conceptual Framework of the Study

The conceptual framework illustrates that the lived experiences of senior citizens participating in low-impact dance fitness are shaped by the interaction between personal characteristics, program-related factors, and the experiences that emerge during participation. Rather than treating participation as a simple input–output relationship, the framework emphasizes the dynamic and contextual nature of the participants' experiences.

The Input component represents the personal and program-related conditions that influence the participants' experiences. Personal characteristics include age, health status, previous movement or dance background, and the duration and frequency of participation. Program-related factors include the structure of the sessions, the role of the instructor, and the composition of the participant group. These factors provide the context within which senior citizens experience and interpret the dance fitness program.

The Process component focuses on the lived experience of the participants. It encompasses their initial engagement and expectations, bodily and emotional experiences, social interactions, and the challenges they encounter. Through participation, senior citizens may experience physical sensations, enjoyment, improved mood, social connection, and a sense of belonging. At the same time, they may encounter physical limitations, difficulties in following movements, or other challenges and develop ways of coping and adapting.

The Output component reflects the meanings, changes, realizations, and recommendations that emerge from the participants' lived experiences. These may include perceived changes in physical, emotional, social, and psychological well-being, as well as realizations about health, self, and active aging. The participants' recommendations provide valuable insights into how low-impact dance fitness programs can be improved to better address the needs and experiences of senior citizens.

Finally, the output component culminates in the GY-CARE Framework. Participant accounts of entry, bodily and emotional renewal, belonging, challenge, and recommendation are integrated into four actionable components: Connect, Adapt, Reinforce,

and Equip. In this way, the conceptual framework shows how individual experiences move through systematic analysis and become a participant-informed guide for community-based program design.

Overall, the framework suggests that the value of low-impact dance fitness extends beyond physical activity. It is an embodied, emotional, and social experience through which senior citizens may develop personal meanings, recognize changes in their well-being, strengthen social connections, and gain new perspectives on active aging.

Research Design

This study employed a qualitative, descriptive phenomenological research design to explore and describe the lived experiences of senior citizens participating in low-impact dance fitness. Phenomenology was selected as the appropriate design because the central concern of this study is not to measure or predict outcomes, but to understand the essence of a lived experience as it is directly perceived and described by those who have gone through it. This design is grounded in the philosophical tradition of Husserlian phenomenology, which emphasizes bracketing, or setting aside, the researcher's preconceptions in order to allow the phenomenon to be described as faithfully as possible from the participants' own perspectives.

A descriptive, rather than interpretive, phenomenological approach was deemed most appropriate for this study, as the primary goal is to faithfully capture and articulate the structures of the participants' bodily, emotional, and social experiences in low-impact dance fitness, rather than to develop a deeper theoretical interpretation beyond what the data directly reveal. This design is well suited to the study's research questions, which ask not how frequently or intensely senior citizens experience certain outcomes, but what it is like for them to engage in low-impact dance fitness, in their own words and on their own terms.

Data Generation Methods

Data for this study were generated through individual, semi-structured, in-depth interviews lasting approximately forty to sixty minutes each, guided by an interview protocol developed specifically for this study. The interview began with an opening question inviting participants to describe how they came to join low-impact dance fitness and what they expected at the outset, followed by a series of major questions addressing a remembered session, their bodily and emotional experience, their social experience with the instructor and fellow participants, the challenges they encountered and how they responded, the meanings and realizations they drew from their participation, and their recommendations for future programs. Optional follow-up questions were used flexibly, only when a topic had not already been sufficiently addressed by the participant in their own narrative, in order to preserve the natural flow of their storytelling.

Prior to each interview, informed consent was obtained, and participants were reminded of their right to skip questions, request breaks, or withdraw at any point without any consequence to their continued access to the dance fitness program or community services. With the participant's explicit permission, each interview was audio-recorded to ensure the accuracy and completeness of the data, and a participant code, rather than the participant's actual name, was used throughout the recording, transcript, and subsequent analysis to protect confidentiality. Importantly, the interview protocol did not require participants to perform any dance movement or physical activity, as the interview was designed solely as a conversational exchange, with provisions to pause or stop the interview should any part of the discussion cause discomfort or fatigue.

Roles of the Researcher and Reflexivity

In qualitative phenomenological research, the researcher functions as the primary instrument of data generation and interpretation, personally conducting the interviews, actively listening to participants' narratives, and subsequently engaging in the interpretive work of analysis. Given this central role, the researcher undertook a deliberate process of bracketing, setting aside personal assumptions, prior expectations, and existing knowledge about dance fitness and aging, in order to approach each participant's account with openness and without imposing predetermined categories on their experience.

To support this process, the researcher maintained a reflexive journal throughout the data generation and analysis phases, documenting personal reactions, assumptions, and decisions made during the research process. This reflexive practice allowed the researcher to remain conscious of how their own position, whether as a younger individual, a fitness enthusiast, or a member of the same community, might influence the conduct of interviews and the interpretation of participants' accounts, and to actively guard against allowing these influences to distort the participants' own voices.

Data Transcription and Management

Following each interview, the audio recording was transcribed verbatim in the language used by the participant. Filipino, Tagalog, and mixed-language expressions were retained in the master transcript. English renderings were prepared for analytic comparison and thesis presentation, with attention to semantic meaning rather than grammatical polishing. Participant codes replaced names, and identifying details were removed. The quotations retained in Chapter 4 therefore preserve the wording and irregularities of the verified transcript or its English rendering rather than rewriting participants into formal academic language.

Member checking focused on the accuracy of each participant's account. Participants were offered a summary of the transcript and the opportunity to clarify, correct, or qualify their statements before coding was finalized. The researcher documented any clarification in the audit trail and did not treat non-response as confirmation. Transcripts, reflexive journal entries, coding worksheets, and analytic memos were organized by participant code so that the movement from raw statement to formulated meaning, sub-theme, and major theme remained traceable.

Data Analysis Procedures

Data analysis followed Colaizzi's (1978) descriptive phenomenological method. The researcher first read each transcript repeatedly to gain a sense of the whole, then extracted significant statements related to the research questions. Meanings were formulated from these statements while preserving their experiential context. The meanings were clustered across participants through axial comparison, checked against the original transcripts, and integrated into an exhaustive description of the phenomenon.

The exhaustive description was condensed into a fundamental structure that captured entry, embodied and emotional renewal, belonging and purpose, negotiated limits and tensions, and senior-responsive care. The final structure was compared again with all eight accounts and then used to organize the five themes and fifteen sub-themes reported in Chapter 4. Table 1 documents the seven analytical steps, their concrete outputs, and the rigor checks used at each stage.

III. RESULTS

This chapter presents data from interviews with eight senior citizens experienced in low-impact dance fitness. Responses to eight questions were examined through axial coding to identify significant experiences, cluster into meanings, and organize into fifteen sub-themes and five themes. The chapter has four parts: an overview of participants and their background; a summary of the five themes and sub-themes; thematic narratives with verbatim excerpts illustrating each participant's responses; and an integration that highlights points of convergence, variation, and the developmental pattern linking all themes.

Table 2
Background Profile of the Participants

Code	Age	Sex	Civil Status	Program/Activity	Length of Participation	Frequency	Other Physical Activities
P1	60	Female	Widowed	Low-Impact Dance	10 years	3 to 4 sessions per week	Household chores and caregiving: washing, cooking, cleaning, and caring for children
P2	60	Female	Married	Low-Impact Dance	Since 2013; approximately 13 years by 2026	3 times per week	Family caregiving and household activities; no formal exercise reported
P3	63	Female	Single	Low-Impact Dance	Approximately 4 years	4 to 5 times per week	Yoga and walking
P4	68	Female	Single	Low-Impact Dance	10 years	Almost every day except Sunday; approximately 6 times per week	Walking and biking
P5	67	Female	Widowed	Low-Impact Dance	7 years	4 times per week	Biking
P6	60	Female	Married	Low-Impact Dance	Almost 15 years	Every day except Sunday; approximately 6 times per week	Household activities and light walking
P7	65	Male	Married	Low-Impact Dance	Approximately 10 years	Approximately 4 times per week	Hip-hop, reggaeton, and recreational dancing since childhood
P8	61	Female	Married	Low-Impact Dance	Around 11 years	Approximately 4 times per week	Household activities and light walking

These differences provide important context for understanding how health condition, family role, social support, prior movement experience, and length of exposure shaped their accounts.

Participant 1 was 60 years old and had been participating in Low-Impact Dance Fitness or Zumba for ten years. Her widowed status was inferred from her statement that she began joining after the death of her husband. She reported attending approximately three to four sessions per week, although the original question referred ambiguously to frequency and the response did not clearly specify the unit. Before joining, her daily routine was largely home-based and consisted of washing clothes, cooking, cleaning the house, and caring for children. Her participation began during a period of bereavement, inactivity, and emotional pain, when she felt that she had little to do at home. This background places her experience within a transition from domestic confinement and loss toward sustained community participation. Her decade-long involvement, growing friendships, attendance at other groups' events, and perceived physical strengthening indicate that dance fitness gradually became both a regular health activity and a meaningful social outlet.

Participant 2 was a 60-year-old married woman who reported beginning Zumba in 2013. Based on the 2026 interview date, this corresponds to approximately thirteen years of participation, although she described the duration more generally as about a decade. She attended three times per week and expressed a strong attachment to the activity. Prior to joining, she spent much of her time at home caring for her grandchildren and assisting her children. No separate formal physical activity was identified in the transcript. Her entry into dance fitness was associated with sadness, prolonged time at home, and back discomfort. She also recalled that her initial sessions involved back pain, tiredness, agitation, and a sense of bodily weakness. Despite this difficult adjustment, she maintained regular participation over many years. Her profile reflects a senior citizen whose earlier role centered on family caregiving and whose dance participation provided a structured opportunity for exercise outside the home. The combination of long-term involvement and consistent weekly attendance suggests that Zumba became an established part of her routine and perceived well-being.

Participant 3 was a 63-year-old single woman who had participated in Low-Impact Dance Fitness or Zumba for approximately four years. She reported attending four to five times per week, making her involvement frequent despite having the shortest participation period among the group. Unlike participants whose earlier routines were primarily home-based, she already engaged in yoga and regular walking before joining dance fitness. Her background therefore reflects an existing orientation toward physical activity and personal health. She explained that she started because of her interest in good health and because seeing the group made her happy. She also contrasted the stress she experienced at home with the greater emotional stability she associated with Zumba. Her prior yoga and walking experience may have provided a foundation for regular movement, while dance fitness added a group-based and emotionally expressive dimension to her routine. This profile contributes the perspective of an independently active senior who incorporated dance into an already active lifestyle for both health maintenance and stress relief.

Participant 4 was a 68-year-old single woman and the oldest participant in the study. She had been involved in Low-Impact Dance Fitness or Zumba for ten years and reported joining almost every day, with Sunday treated as her day of rest. Her estimated frequency of six sessions per week was among the highest in the group. Before becoming involved in dance fitness, she engaged in walking and biking. Her account indicated that her pathway into the activity began with attendance at dance activities and participation in contests for mothers before she eventually joined Zumba. Over time, she joined competitions, experienced winning and championship events, developed relationships with friends and coaches, and pursued additional fitness training. She also described a transition from being a coach toward instructor-related development. Her profile is therefore characterized by long experience, high frequency, prior physical activity, competitive exposure, and emerging leadership. These features distinguish her as a highly engaged participant whose involvement extended beyond routine exercise into training, performance, coaching, and community visibility.

Participant 5 was a 67-year-old widowed woman who had participated in Low-Impact Dance Fitness or Zumba for seven years. She attended approximately four times per week and identified biking as her earlier form of exercise. Her involvement began when a friend invited her to join during a period in which she described herself as stressed. She accepted the invitation with the expectation that participation might reduce her stress and allow her to feel happy. Her background shows that she was not entirely inactive before joining because she already rode a bicycle, but dance fitness provided a different form of structured, rhythmic, and social physical activity. Her regular weekly attendance suggests that the program became a stable component of her lifestyle. As a widowed senior who entered through peer encouragement, she represents the importance of social invitation in connecting older adults to group exercise. Her account of happiness, bodily comfort, sweating, and eventual adjustment to difficult steps further situates her experience as one of emotional relief, continued physical activity, and gradual mastery.

Participant 6 was a 60-year-old married woman who had participated in Low-Impact Dance Fitness or Zumba for almost fifteen years, giving her the longest reported involvement in the study. She attended every day except Sunday, or approximately six times per week. Her account described an initially shy and hesitant individual whose earlier routine was primarily home-based but who continued participating after her first experience. Over time, dance fitness became associated with fun, welcome, physical strength, and stress relief. Her profile offers the perspective of a very long-term and highly frequent participant whose persistence developed from initial social hesitation into sustained commitment.

Participant 7 was a 65-year-old married man who had been involved in Low-Impact Dance Fitness or Zumba for approximately ten years. He was the only male participant in the group. His background was distinct because he had danced since childhood, attended clubs when younger, and later incorporated hip-hop and reggaeton elements into worship-related activities and Zumba. He also described a change in livelihood from working as a scavenger to operating a junk shop that purchases recyclable or discarded materials. Within dance fitness, he began by observing others, became interested in their happiness, trained with the group, moved to the front as his ability developed, and eventually taught as an instructor. His extensive dance history and

instructional role mean that his perspective was shaped not only by senior participation but also by prior performance experience, livelihood transition, leadership, and responsibility for guiding other dancers.

Participant 8 was a 61-year-old married woman who had participated in Low-Impact Dance Fitness or Zumba for around eleven years. The code P8 was used consistently to protect confidentiality. She described herself as a housewife before joining. Her entry into dance fitness was facilitated by a friend and her husband, who encouraged her to pursue an activity outside her domestic role. Through the program, she met many people, formed friendships, learned new skills, and later received instructor training in proper movement. Her background illustrates the combined influence of family support, peer introduction, long-term participation, domestic responsibility, and progressive learning in sustaining senior dance-fitness involvement.

Table 3
Summary of Emergent Themes and Sub-themes

Theme No.	Emergent Theme	Sub-themes	Central Descriptive Meaning
Theme 1	Dance as a Pathway Out of Loss, Stress, and Inactivity	Disrupting grief, stress, and domestic confinement; entering through encouragement and observed joy; seeking health and persisting through initial hesitation	Participants described joining low-impact dance fitness as a response to bereavement, stress, and confinement at home. Entry was made possible through the encouragement of friends and family and the visible happiness of peers, and participation was sustained by health-seeking intentions despite early shyness, fatigue, and unfamiliar steps.
Theme 2	Embodied and Emotional Renewal Through Movement	Growing strength, energy, and functional movement; relief from pain and perceived illness; rewarding exercise, joy, and emotional restoration	Participants experienced sustained participation as restoring strength, energy, and mobility; relieving pain and illness-related discomfort; and providing rewarding, joyful movement that created emotional distance from stress and supported a positive outlook on aging.
Theme 3	Belonging, Confidence, and Purpose in Later Life	Expanding friendships and belonging; growing confidence and social visibility; progressing into leadership and purposeful growth	Participants described dance fitness as widening their social world through friendship, welcome, and celebration; reducing shyness and building confidence and visibility; and, for some, opening pathways into coaching and instruction that provided renewed goals and purpose.
Theme 4	Negotiating Physical Limits and Social Tensions	Adapting to choreography and changing bodies; uneven physical and environmental safety; conflict, exclusion, and protective coping	Participants identified age-related bodily change, difficult choreography, uneven safety conditions such as pain, weather, and fatigue, and interpersonal tensions such as gossip, jealousy, and exclusion as challenges that required adaptation, caution, and protective coping to sustain participation.
Theme 5	Senior-Responsive Dance Fitness as Inclusive Care	Gradual, ability-matched, and non-coercive movement; organized, trained, and evidence-informed guidance; unity, welcome, and holistic well-being	Participants recommended gradual and ability-matched movement free of coercion, proper organization and trained instruction with clear safety guidance, and a united and welcoming group climate as necessary conditions for effective, inclusive, and safe senior dance fitness programs.

This section presents a detailed descriptive account of each emergent theme. To preserve participant voice, complete responses are reproduced rather than assembled from isolated phrases, and grammatical irregularities in the verified transcript or English rendering are retained. The original-language master transcripts and translation decisions form part of the confidential analytic audit trail. A single response may support more than one sub-theme, but it is not duplicated unnecessarily. The discussion remains descriptive in this chapter, while theoretical interpretation is reserved for Chapter 5.

This section synthesizes the study's principal findings in relation to its central concern, the lived experience of senior citizens who participate in low-impact dance fitness, organized according to the five emergent themes developed through axial coding in Chapter 4 and analytically treated in

Chapter5. Rather than repeating the descriptive evidence and verbatim excerpts already presented in those chapters, this summary condenses each theme into a single overarching pattern that answers the study's guiding concern with how senior citizens themselves narrate the meaning of their participation, from first entry through sustained engagement to their own recommendations for others.

1.**Entry into low-impact dance fitness was predominantly a reactive response to loss, stress, and inactivity, made possible through relational encouragement.** Most participants began attending sessions following bereavement, sustained stress, or an unproductive, home-bound routine, and their first steps into the activity were enabled less by health messaging than by the invitation or visible enjoyment of a trusted friend, spouse, or family member. Participants who persisted did so by tolerating an

uncomfortable adjustment period marked by fatigue, unfamiliarity, and mild pain before the benefits of continued participation became apparent to them.

2.**Sustained participation produced embodied and emotional renewal that participants experienced as inseparable from social and psychological confidence.** Continued attendance restored participants' strength, energy, and functional movement, relieved pain and perceived illness, and generated a rewarding sense of joy that participants described in the same breath as growing self-assurance, reduced shyness, and a stronger willingness to be seen and to move freely in front of others.

3.**Belonging, confidence, and purpose deepened over time and, for several participants, culminated in leadership roles as trained instructors.** Participation widened participants' friendship networks and gave them a dependable experience of welcome and celebration; for those with the longest tenures in particular, it progressed into coaching or certified instruction that gave their continued involvement a renewed and structured sense of purpose within their dance fitness community.

4.**The same group setting that produced belonging and renewal also generated bodily strain, uneven safety conditions, and real interpersonal conflict that participants had to actively manage.** Age-related bodily change, difficult choreography, weather- and fatigue-related risk, and interpersonal tensions such as gossip, jealousy, and exclusion coexisted with the benefits described above. Participants sustained their involvement chiefly through deliberate coping strategies, such as distancing themselves from gossip and redirecting attention back to the dancing itself, rather than through the simple absence of difficulty.

5.**Participants converted their accumulated experience into concrete, first-person recommendations for how senior-responsive dance fitness should be organized and delivered.** Across the sample, participants consistently called for gradual, ability-matched, and non-coercive pacing; organized, trained, and safety-conscious instruction; and a united, welcoming group climate, treating these conditions as prerequisites for dance fitness that is genuinely appropriate for, rather than merely inclusive of, senior citizens.

These five findings show that senior citizens' lived experience of low-impact dance fitness followed a coherent developmental arc. A difficult personal circumstance and a trusted relational bridge opened the door to participation; sustained attendance produced embodied renewal that became the foundation for social confidence and, for some, leadership; this renewal and belonging operated cyclically alongside ongoing physical and interpersonal challenges that required active management rather than simply resolving on their own; and participants' cumulative experience across all of these dimensions ultimately crystallized into a shared, practice-oriented vision of what senior-responsive dance fitness should look like.

Table 4
GY-CARE Components, Activities, Responsible Stakeholders, and Indicators

Component	Priority Activities	Responsible Stakeholders	Initial Indicators
Connect	Designate and orient peer connectors; pair newcomers with a buddy for the first four sessions; record referral pathways and initial concerns.	Senior association leaders, experienced participants, barangay health workers, OSCA coordinators.	Referral source; first-session attendance; four-session retention; newcomer feedback.
Adapt	Offer seated, low-tempo, and standard movement options; conduct pre-session condition checks; communicate a no-force policy; use weather, rest, and hydration protocols.	Dance instructors, barangay health workers, venue and program coordinators.	Availability of movement options; reported discomfort or incidents; participant comfort in modifying steps.
Reinforce	Use brief group check-ins; recognize attendance and improvement; rotate simple peer-led warm-ups; support safe post-session social connection.	Instructors, peer connectors, senior association officers.	Attendance continuity; belonging ratings; participation in peer roles; milestone recognition.
Equip	Provide senior-specific instructor training; establish anti-gossip and anti-exclusion norms; create a non-punitive concern channel; conduct periodic refresher sessions.	LGU or barangay officials, OSCA, health personnel, instructor trainers, program organizers.	Training completion; documented concerns and response time; participant perception of safety and inclusion.

This section presents the conclusions of the study, drawn directly from the synthesis above and from the theoretical and analytical engagement developed in Chapter 5. Each conclusion is stated as a declarative claim grounded in participants' own accounts and in the study's theoretical framework.

1. In response to Research Questions 2 and 5, low-impact dance fitness functions for these Filipino senior citizens as a holistic experience rather than a narrowly physical activity. Sustained participation supported perceived physical functioning, emotional renewal, confidence, and active engagement. These outcomes are illuminated jointly by Successful Aging, Continuity Theory, and embodiment, with embodiment offering the closest fit to how participants actually narrated the experience.

2. In response to Research Question 1, entry into structured senior exercise was commonly reactive and relational. Most participants joined during bereavement, stress, discomfort, or domestic confinement, and a friend, spouse, family member, or observed model of enjoyment made participation approachable. Health information alone did not explain their pathway into the program.
3. In further response to Research Question 5, the most convincing continuity observed was continuity of disposition rather than continuity of a specific dance activity. Participants carried caregiving, sociability, persistence, and purposeful engagement into new roles as peers, performers, coaches, or instructors, even when dance fitness itself began only in later life.
4. In response to Research Questions 3 and 4, belonging and interpersonal conflict coexisted within the same group relationships. Friendship, welcome, and confidence were accompanied by gossip, jealousy, ridicule, or exclusion, and sustained participation depended on protective coping, supportive norms, and accessible ways to raise concerns.
5. In response to Research Question 6, effective and inclusive senior dance fitness requires deliberate attention to ability-matched pacing, non-coercive instruction, instructor competence, weather and hydration precautions, and a welcoming group climate. Safety cannot be inferred from the term low-impact alone because bodily capacity and situational risk varied across participants.

Overall, the study concludes that senior citizens' lived experience of low-impact dance fitness in this setting is best understood as a layered, temporally unfolding process, moving from a difficult personal circumstance, through embodied and social renewal, toward purpose and, for some, leadership, while requiring continuous negotiation of physical and interpersonal risk. This process is most fully explained not by any single theory of aging but by reading the functional, dispositional, and embodied dimensions of the experience together, and it establishes the empirical and theoretical grounding on which the practical output and recommendations that follow are built.

This section provides specific, feasible, and researchable recommendations for future studies, based on the limitations and findings of the present inquiry.

1.**Replication Across Other Senior Community Exercise Modalities.** Future qualitative studies may examine whether the five emergent themes identified here, entry, embodied renewal, belonging, negotiated limits, and inclusive-care recommendations, recur among senior citizens engaged in other low-impact modalities such as tai chi, aerobics, or walking groups, to determine which patterns are specific to dance and which reflect senior group exercise more broadly.

2.**Longitudinal Investigation of the Embodied Renewal–Social Confidence Cycle.** Because this study's cross-sectional design could only infer the reinforcing relationship between embodied renewal and social confidence from participants' retrospective accounts, future longitudinal research should follow individual senior citizens from initial enrollment through several years of participation to directly observe how this cycle develops over time.

3.**Mixed-Methods Validation of Uneven Safety Risk.** Future research combining qualitative interviews with physiological or injury-incidence measures may help quantify the uneven safety experiences this study identified qualitatively, clarifying which participant characteristics most reliably predict vulnerability to environmental or bodily risk during senior dance fitness.

4.**Comparative Study of Male Senior Citizens' Experience in Dance Fitness.** Given that this study's sole male participant reported a distinctly dance-experienced entry pathway, future research should purposively recruit larger numbers of male senior citizens across multiple dance fitness communities to examine whether gender shapes entry motivation, embodied experience, or vulnerability to interpersonal conflict.

5. Pilot and Effectiveness Testing of the GY-CARE Framework. The proposed integration of Connect, Adapt, Reinforce, and Equip must be tested before it is treated as an effective or transferable program model. Future studies should use a defined pilot period and mixed qualitative and quantitative indicators to assess feasibility, acceptability, retention, perceived belonging, instructor fidelity, safety incidents, and relevant functional outcomes, with comparison to usual program delivery where feasible.

Each of these directions is feasible within the resources typically available to graduate researchers and community-based programs, and each is researchable using established qualitative, quantitative, or mixed-methods designs, making them appropriate next steps for extending the present study's contribution.

Practical Output of the Study



Figure 2

Golden Years Connect–Adapt–Reinforce–Equip (GY-CARE) Framework

This section presents the tangible, application-oriented output developed from the findings of the study. Based on the analysis, the study proposes the GY-CARE Framework, short for the Golden Years Connect–Adapt–Reinforce–Equip Framework for Senior-Responsive Dance Fitness, as its primary practical output.

Name and Nature of the Output

The output is a conceptual, practitioner-facing framework named the GY-CARE Framework. It is not a rigid curriculum but an organizing structure of four evidence-derived principles intended to guide how community-based low-impact dance fitness programs for senior citizens are recruited into, paced, structured, and safeguarded.

Purpose and Rationale

The framework was developed to translate the study's descriptive and analytical findings into an actionable resource for the instructors, program organizers, and community stakeholders who design and deliver senior dance fitness programs. It directly addresses four gaps this study identified: a largely untapped relational pathway into participation, uneven and often assumed rather than assessed safety, a tendency to treat belonging and conflict as separable concerns, and a gap between the demanding personal pathways some instructors themselves followed into leadership and the gentler pedagogy participants recommend for other seniors.

Core Components or Structure

- *Connect.* Formalize relational, peer-based recruitment by identifying experienced participants as peer connectors who invite and personally accompany hesitant or newly bereaved seniors through their first sessions, directly reflecting the entry pathway documented in Theme 1.
- *Adapt.* Standardize gradual, ability-matched, and explicitly non-coercive pacing, including tiered choreography options and a clear no-force instructional norm, reflecting participants' own recommendations under Theme 5 and the bodily limits documented under Theme 4.
- *Reinforce.* Intentionally structure sessions and post-session activities to pair physical movement with social bonding, such as brief group check-ins or shared post-session time, so that the mutually reinforcing cycle between embodied renewal and social confidence identified in Themes 2 and 3 is actively cultivated rather than left to chance.
- *Equip.* Require trained, safety-conscious instruction and explicit, low-pressure group-culture norms that name and discourage gossip and exclusion, addressing both the environmental and interpersonal risks documented under Theme 4.

Intended Users and Context of Application

The framework is intended for use by community-based dance fitness instructors and coaches, senior citizen association leaders, barangay health and senior affairs offices, and local government or non-governmental organizations that design or fund senior wellness programming. It is best applied in community or barangay-level group exercise settings similar to the one from which this study's participants were drawn, where sessions are recurring, socially embedded, and led by a designated instructor or coach.

Connection to Findings

Each GY-CARE component is traceable to the findings: Connect responds to the relational entry pathway in Theme 1; Adapt responds to bodily limits in Theme 4 and pacing recommendations in Theme 5; Reinforce responds to the embodied-social cycle linking Themes 2 and 3; and Equip responds to the safety, training, and conflict findings in Themes 4 and 5. Table 4 specifies the principal activities, responsible stakeholders, and initial monitoring indicators for each component.

REFERENCES

1) **Anzai, S., Ohsugi, H., & Shiba, Y. (2024)**. Factors associated with social participation among community-dwelling frail older adults in Japan: A cross-sectional study. BMC Geriatrics, 24, Article 235. https://doi.org/10.1186/s12877-024-04747-2
2) **Atchley, R. C. (1989)**. A continuity theory of normal aging. The Gerontologist, 29(2), 183–190. https://doi.org/10.1093/geront/29.2.183
3) **Basilio, P. V., Arias, E. A., Tiongco, R. E., & Navarro, A. (2026).** Health-related quality of life and physical activity level among older adults in Angeles City, Philippines. Discover Public Health, 23(1), Article 518. https://doi.org/10.1186/s12982-026-01915-0
4) **Blanco-Rambo, E., Bandeira-Guimarães, M., Vieira, A. F., Pietta-Dias, C., Izquierdo, M., & Cadore, E. L. (2022).** Dance as an intervention to reduce fall risk in older adults: A systematic review with a meta-analysis. Journal of Aging and Physical Activity, 30(6), 1118–1132. https://doi.org/10.1123/japa.2021-0404
5) **Bong, J. M. I., Singh, D. K. A., Tan, M. P., Bujang, M. A., Tiong, I. K., Whitney, J., & Kumar, S. (2023).** Group-based exercise interventions for community-dwelling older people in Southeast Asia: A systematic review. Australasian Journal on Ageing, 42(4), 624–637. https://doi.org/10.1111/ajag.13227
6) **Carandang, R. R., Olea, A. D., Legaspi, P. K., Quimen, Y., Ebrada, M. N., & Miranda, K. J. (2024).** Health care access and quality of life of community-dwelling senior citizens in Pampanga, Philippines. Gerontology and Geriatric Medicine, 10, Article 23337214241280851. https://doi.org/10.1177/23337214241280851
7) **Castro, A. R. (2026**). Social dancing as embodied practice: Localization and community functions in the Southern Philippines. Jurnal Pendidikan Jasmani dan Olahraga, 11(1), 18–31. https://doi.org/10.17509/jpjo.v11i1.97748
8) **Chiu, Y. C., & Shen, Y. C. (2026).** Who leads exercise for older adults? A comparative policy and workforce analysis of older adult exercise leadership in Hong Kong, Taiwan, Japan, and Singapore. Frontiers in Public Health, 14, Article 1879234. https://doi.org/10.3389/fpubh.2026.1879234
9) **Clifford, A. M., Shanahan, J., McKee, J., Cleary, T., O'Neill, A., O'Gorman, M., Louw, Q., & Ní Bhriain, O. (2023).** The effect of dance on physical health and cognition in community-dwelling older adults: A systematic review and meta-analysis. Arts & Health, 15(2), 200–228. https://doi.org/10.1080/17533015.2022.2093929
10) **Colaizzi, P. F. (1978).** Psychological research as the phenomenologist views it. In R. S. Valle & M. King (Eds.), Existential-phenomenological alternatives for psychology (pp. 48–71). Oxford University Press.
11) Dino, M. J. S., Dion, K. W., Abadir, P. M., Budhathoki, C., Huang, C.-M., Ong, I., Vital, J. C., Cotter, V. T.,
12) **Himmelfarb, C. R. D., & Davidson, P. M. (2024).** Mixed reality technology for older adults: Evaluating the impact of a novel virtual humanoid coach in a community-based physical exercise program in the Philippines. Health Informatics Journal, 30(3). https://doi.org/10.1177/14604582241267793
13) **Dino, M. J. S., Dion, K. W., Abadir, P. M., Budhathoki, C., Balbin, P. T., Malacas, M. K. G., Hernandez, R. P., Nicolas, J. J. G., Barcial-Espinosa, J., Dennison Himmelfarb, C. R.,**
14) **Davidson, P. M., & Thiamwong, L. (2025).** Community-dwelling Filipino older adults' experiences with virtual coach for health-enhancing physical activity (HEPA): A phenomenology. Nursing Reports, 15(2), Article 49. https://doi.org/10.3390/nursrep15020049
15) **Furtado, G. E., Letieri, R. V., & Carballeira, E. (2023).** Exercise evaluation and prescription in older adults [Editorial]. Healthcare, 11(1), Article 42. https://doi.org/10.3390/healthcare11010042
16) **Gao, D., Sun, X., Shakila Mazalan, N., & Koh, D. (2026).** Ballroom dance and positive aging among middle-aged and older adults: A chain mediation model of social connection and loneliness. Frontiers in Psychology, 17, Article 1855200. https://doi.org/10.3389/fpsyg.2026.1855200
17) **Gusilatar, S. J., Calungsod, J. L., Garcia, A., Santos, B., & Ruiz, W. D. G. (2025).** The mediating role of dispositional resilience in the relationship between spirituality and life satisfaction of Filipino older adults. Frontiers in Psychology, 16, Article 1570762. https://doi.org/10.3389/fpsyg.2025.1570762

18) **Hennink, M., & Kaiser, B. N. (2022).** Sample sizes for saturation in qualitative research: A systematic review of empirical tests. Social Science & Medicine, 292, Article 114523. https://doi.org/10.1016/j.socscimed.2021.114523
19) **Hu, J. (2026).** The relationship between leisure involvement and social inclusion among Chinese older adults: The mediating roles of flow experience and fear of missing out. Frontiers in Psychology, 17, Article 1759014. https://doi.org/10.3389/fpsyg.2026.1759014
20) **Hussein, S. Z., Khalip, N., Ismail, S., & Hatta, M. F. (2022).** Association between social support and three types of loneliness among rural older adults in Johor, Malaysia. Makara Journal of Health Research, 26(2). https://doi.org/10.7454/msk.v26i2.1376
21) **Isogon, E. J. D., Isogon, E. L., & dela Rama, K. T. (2024).** Assessment of the physical fitness of senior citizens: Basis for program intervention. International Journal of Research and Innovation in Social Science, 8(6), 781–789. https://doi.org/10.47772/IJRISS.2024.806061
22) **Kee, C. C., Tan, L. K., Cheah, Y. K., Teh, C. H., Lim, H. L., Cheong, Y. L., Omar, M. A., & Ghazali, S. M. (2025).** Sedentary behaviour and its correlates among older adults in Malaysia. Healthcare, 13(2), Article 160. https://doi.org/10.3390/healthcare13020160
23) **Kong, Q., Currie, N., Du, K., Hunter, J. A., & Ruffman, T. (2025).** Older adults know when they have been left out but they respond rationally. European Journal of Ageing, 22, Article 8. https://doi.org/10.1007/s10433-025-00845-1
24) **Kosma, M. (2024).** Embodied and playful movement for older adults: An important approach to health and well-being. Global Journal of Aging & Geriatric Research, 3(1), 1–3. https://doi.org/10.33552/GJAGR.2024.03.000554
25) **Lee, Y.-S., Chia, M., & Komar, J. (2022).** A systematic review of physical activity intervention programs in ASEAN countries: Efficacy and future directions. International Journal of Environmental Research and Public Health, 19(9), Article 5357. https://doi.org/10.3390/ijerph19095357
26) **Lincoln, Y. S., & Guba, E. G. (1985).** Naturalistic inquiry. Sage.
27) **Lopez, M. C. A. (2025).** DOH promotes elderly care, highlights programs for senior citizens. Philippine Information Agency. https://pia.gov.ph/news/doh-promotes-elderly-care-highlights-programs-for-senior-citizens/
28) **Merleau-Ponty, M. (2012)**. Phenomenology of perception (D. A. Landes, Trans.). Routledge. (Original work published 1945)
29) **Núñez-Rodríguez, S., Collazo-Riobó, C., Sedano, J., Sánchez-Iglesias, A. I., & González-Santos, J. (2025).** Heat tolerance in older adults: A systematic review of thermoregulation, vulnerability, environmental change, and health outcomes. Healthcare, 13(21), Article 2785. https://doi.org/10.3390/healthcare13212785
30) **Ocsan, M. J. H. G. N., Combalicer, K. S. M., Copino, D. R. R., Saac, S. A. L., & Miguel, A. T. (2025).** Impact of social support on resiliency among elderly individuals in selected barangays in Metro Manila: Basis for enhancement of elderly resilience program. International Journal of Research and Scientific Innovation, 12(8), 1873–1930. https://doi.org/10.51244/IJRSI.2025.120800172
31) **Ou, K., Wong, M. Y. C., Chung, P. K., & Chui, K. Y. K. (2022).** Effect of square dance interventions on physical and mental health among Chinese older adults: A systematic review. International Journal of Environmental Research and Public Health, 19(10), Article 6181. https://doi.org/10.3390/ijerph19106181
32) **Ouyang, T., Qu, Y., Du, X., Fan, M., & Wang, Y. (2024)**. The relationship between square dance exercise and quality of life in middle-aged and older adults: Chain mediated effects of negative emotions and attitudes toward aging. Frontiers in Public Health, 12, Article 1470624. https://doi.org/10.3389/fpubh.2024.1470624
33) **Philippine Statistics Authority. (2026).** Age and sex distribution in the Philippine population (2024 Census of Population). https://psa.gov.ph/content/age-and-sex-distribution-philippine-population-2024-census-population
34) **Phisitsettakorn, D., Schmidt, J. M., Laksanakunlabutr, C., Muangsuk, N., Promsri, S., Pumpho, A., Phanjaroen, T., & Boonwang, T. (2026).** Effect of nine-square counting dance on physical and cognitive function in older adults with mild cognitive impairment: A randomized controlled trial. Asian Health, Science and Technology Reports, 34(3), Article 4566. https://doi.org/10.69650/ahstr.2026.4566
35) **Piccardi, L., Pecchinenda, A., Palmiero, M., Giancola, M., Boccia, M., Giannini, A. M., & Guariglia, C. (2023).** The contribution of being physically active to successful aging. Frontiers in Human Neuroscience, 17, Article 1274151. https://doi.org/10.3389/fnhum.2023.1274151
36) **Prudente, T. P., Mezaiko, E., Silveira, E. A., & Nogueira, T. E. (2024).** Effect of dancing interventions on depression and anxiety symptoms in older adults: A systematic review and meta-analysis. Behavioral Sciences, 14(1), Article 43. https://doi.org/10.3390/bs14010043

37) **Qin, C., Hua, N., Wang, A., Yang, Y., Zhang, X., Chen, J., & Zhang, Q. (2025).** Implementation gap and influencing factors of exercise prescription for older adults: A large-scale survey of healthcare professionals in China. BMC Geriatrics, 25(1), Article 967. https://doi.org/10.1186/s12877-025-06686-y
38) **Republic Act No. 9994. (2010).** Expanded Senior Citizens Act of 2010. Official Gazette of the Republic of the Philippines.
39) **Republic Act No. 11350. (2019).** National Commission of Senior Citizens Act. Official Gazette of the Republic of the Philippines.
40) **Republic Act No. 11916. (2022).** An act increasing the social pension of indigent senior citizens. Official Gazette of the Republic of the Philippines.
41) **Rismayanthi, C., Zein, M. I., Mulyawan, R., Nurfadhila, R., Prasetyawan, R. R., & Antoni, M. S. (2022).** The effect of low impact aerobic exercise on increasing physical fitness for the elderly. Jurnal Keolahragaan, 10(1), 137–146. https://doi.org/10.21831/jk.v10i1.48743
42) **Rittiwong, T., Reangsing, C., & Schneider, J. K. (2023).** The effects of dance interventions on depression in older adults: A meta-analysis. Journal of Applied Gerontology, 42(9), 2009–2024. https://doi.org/10.1177/07334648231172357
43) **Rowe, J. W., & Kahn, R. L. (1997)**. Successful aging. The Gerontologist, 37(4), 433–440. https://doi.org/10.1093/geront/37.4.433
44) **Rustad, H., & Engelsrud, G. H. (2022).** Everybody can dance–except aging professional dancers! A discussion of the construction of the aging dancing body in four dance texts. Frontiers in Sports and Active Living, 4, Article 819572. https://doi.org/10.3389/fspor.2022.819572
45) **Shin, J., Kang, H., Choi, S., & Choi, J. (2024).** Exploring social activity patterns among community-dwelling older adults in South Korea: A latent class analysis. BMC Geriatrics, 24, Article 697. https://doi.org/10.1186/s12877-024-05287-5
46) **Song, K., Zhao, Z., Zhang, J., Li, J., & Lipowski, M. (2026).** Community-based square dancing is associated with improved physical and mental health in older adults: A 12-week randomized controlled trial in China. Frontiers in Public Health, 14, Article 1758255. https://doi.org/10.3389/fpubh.2026.1758255
47) **Susanty, S., Chung, M.-H., Chiu, H.-Y., Chi, M.-J., Hu, S. H., Kuo, C.-L., & Chuang, Y.-H. (2022).** Prevalence of loneliness and associated factors among community-dwelling older adults in Indonesia: A cross-sectional study. International Journal of Environmental Research and Public Health, 19(8), Article 4911. https://doi.org/10.3390/ijerph19084911
48) **Takagi, E., Cruz, G. T., & Saito, Y. (2022).** Older adults' loneliness and social relationships in the Philippines: Comparison between rural and urban contexts. Asia-Pacific Journal of Public Health, 34(6–7), 662–666. https://doi.org/10.1177/10105395221106861
49) **Tan, R. C. A., Castilla, K. K. M., Garcia, A. P., Macatangay, K. D., de la Vega, S. A. F., Serafico, M. E., Mensink, M., & de Groot, L. (2025).** An overview of the healthy aging program for PinoY (HAPPY) senior citizens research: A cross-sectional study among community-dwelling older Filipinos. AIMS Public Health, 12(2), 536–556. https://doi.org/10.3934/publichealth.2025029
50) **Thiantongin, P., Khanthong, P., Janjang, S., Namboonlue, C., Thaotho, S., & Suksai, S. (2025).** Thai cultural dance with Ruesi Dadton (traditional Thai exercise): The effects on physical health, cognitive performance, and quality of life in older adults. Physical Education Theory and Methodology, 25(6), 1321–1327. https://doi.org/10.17309/tmfv.2025.6.02
51) **Toohey, B., Moloney, G., & Hutchinson, M. (2026).** 'I'm still using my body' – dancing with the lived musical body: An interpretative phenomenological analysis of embodied knowledge. Ageing & Society, 46, e3. https://doi.org/10.1017/S0144686X25100299
52) **United Nations. (2015)**. Transforming our world: The 2030 Agenda for Sustainable Development. https://sdgs.un.org/2030agenda
53) **Waugh, M., Youdan, G., Jr., Casale, C., Balaban, R., Cross, E. S., & Merom, D. (2024).** The use of dance to improve the health and wellbeing of older adults: A global scoping review of research trials. PLOS ONE, 19(10), Article e0311889. https://doi.org/10.1371/journal.pone.0311889
54) **World Health Organization. (2020)**. Decade of healthy ageing: Baseline report. https://www.who.int/publications/i/item/9789240017900
55) **World Health Organization. (2022).** Global status report on physical activity 2022. https://www.who.int/publications/i/item/9789240059153
56) **World Health Organization. (2023).** Promoting physical activity for older people: A toolkit for action. https://www.who.int/publications/i/item/9789240076648

57) **World Health Organization. (2025).** From loneliness to social connection: Charting a path to healthier societies. https://www.who.int/publications/i/item/9789240108288

58) **Wu, B., Xiong, G., Zhang, P., & Ma, X. (2024).** Effects of tai chi, ba duan jin, and walking on the mental health status of urban older people living alone: The mediating role of social participation and the moderating role of the exercise environment. Frontiers in Public Health, 12, Article 1294019. https://doi.org/10.3389/fpubh.2024.1294019

59) **Xu, W., Lee, S., & Okayasu, H. (2023).** Promoting healthy ageing in the Western Pacific: A mini review of good practices and policy responses. Global Health & Medicine, 5(5), 264–270. https://doi.org/10.35772/ghm.2023.01005

60) **Yoong, S. Q., Wu, V. X., & Jiang, Y. (2024).** Experiences of older adults participating in dance exergames: A systematic review and meta-synthesis. International Journal of Nursing Studies, 152, Article 104696. https://doi.org/10.1016/j.ijnurstu.2024.104696

61) **Zhao, X., Yu, J., & Liu, N. (2023).** Relationship between specific leisure activities and successful aging among older adults. Journal of Exercise Science & Fitness, 21(1), 111–118. https://doi.org/10.1016/j.jesf.2022.11.006



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