



Is Age Just a Number? Ageism and Quality of Life Among Filipino LGBT Older Adults

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Abstract

Aging members of the lesbian, gay, bisexual, and transgender (LGBT) community experience heterosexism and age-based discrimination that may contribute to lower quality of life as they age. This two-phase, sequential-explanatory study investigates perceived ageism, quality of life, and the unique experiences of 155 LGBT Filipinos between 45 and 74 years old. Phase 1 is a quantitative, cross-sectional design examining whether ageism predicts quality of life. Participants completed the everyday ageism scale (EAS) which measures perceived age-based discrimination and the Quality of Life Scale (QOLS) which measures material, physical, social, and personal well-being. Phase 2 is a phenomenological design that further examines LGBT Filipino aging experiences using in-person semi-structured interviews and thematic analysis. Quantitative results from Phase 1 showed that everyday ageism predicts quality of life among Filipino LGBT older adults. Thematic analysis in Phase 2 supported these findings and revealed six essential themes (empowerment through advocacy and visibility; health and autonomy; integrated support system; social interaction and connectivity; professional fulfillment and community engagement; quality of life and aging perspectives) that contribute to LGBT participants' quality of life. Given the lack of literature examining the aging LGBT Filipino population, our results have implications for policy, practice, and research aimed at providing more inclusive and targeted support initiatives for this community.

Keywords LGBT · Ageism · Quality of life · Filipino older adults

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Introduction

Ageism consists of prejudice, discrimination, and stereotypes related to aging (Allen et al., 2022). Stereotypes indiscriminately generalize negative traits to older adults (e.g., frailty, asexuality, and undesirability), which results in prejudicial attitudes and biased treatment (Donizzetti, 2019). Unlike other forms of discrimination, ageism is socially accepted and rarely challenged (Officer & Nuñez, 2018). Allen et al. (2022) characterize everyday ageism as a chronic stressor that substantially affects the lives of older adults. Being exposed to negative judgments for prolonged periods triggers psychological and biological stress responses, which predict accelerated aging, increased risk for chronic illness, and even premature mortality (Allen et al., 2022). Additionally, exposure to ageism may result in internalized ageism, a prejudicial attitude toward aging rooted in the implicit internalization of society's negative attitudes toward older people (Levy, 2009; Officer & Nuñez, 2018). The present study examines the perception of ageism in a middle-aged LGBT population in the Philippines. Findings can inform services and policies that consider the specific challenges of aging LGBT adults.

Ageism and LGBT Adults

Ageism is not determined by age in isolation. Instead, it is influenced by the privileged or disadvantaged status conferred by one's combination of age, gender, sexual orientation, and other demographic and social factors. Intersectionality theory (Crenshaw, 1991) has been used to describe how intersecting or overlapping social identities (e.g., ethnicity, race, sex, gender, and other attributes) can result in varying levels of power and privilege that any single identity cannot explain. The concept of intersectionality has been applied to older LGBT adults (Boggs et al., 2014; Lytle et al., 2018), showing that the emergence of prejudice and stigmatization results from the intersection between age, gender, and sexual orientation. For example, while many older people face ageism, studies of LGBT populations show that age discrimination, in combination with LGBT discrimination, predicts depression, anxiety (Feinstein et al., 2023), and low quality of life (Fredriksen-Goldsen et al., 2023). Therefore, discrimination can take many unique forms and may be magnified or mitigated by a range of personal attributes (United Nations, 2018).

The vulnerability of LGBT older adults to discrimination and dual stigmatization – encompassing ageism and heterosexism – is associated with poor quality of life in terms of healthcare, housing, social support, home assistance, legal services (Boggs et al., 2014), and mental health (Fredriksen-Goldsen et al., 2015). LGBT older adults show poorer quality of life than their heterosexual counterparts, having more significant risks of experiencing poor mental health, disease, violence, poor quality healthcare, and financial instability (Bloemen et al., 2019; Brennan-Ing & Emler, 2020; Hoy-Ellis et al., 2017; Poll & Espinoza, 2014). These experiences can be further exacerbated by discrimination in healthcare settings (Fredriksen-Goldsen et al., 2014). EnGenderRights Philippines and Outright International (2023) surveyed 103 older Filipino LGBTI individuals and found that 58% refrained from seeking

medical attention partly due to fear of discrimination. Similarly, Reyes et al. (2018) found that fear of prejudice and discrimination from healthcare providers leads to reluctance to seek healthcare as well as poor communication with providers, causing further physical and mental health complications.

In addition to being subject to prejudice and discrimination from others, LGBT older adults may also face internalized prejudice. Stereotype embodiment theory (Levy, 2009) explains how age-related stereotypes affect the health of older adults. Age stereotypes are internalized through exposure early in life (e.g., family, community, media). During aging, these stereotypes begin to be applied to the self. Internalized prejudice thus gradually emerges. Though it often operates implicitly, internalized ageism can affect psychological, behavioral, and physiological health (Levy, 2009). Though stereotype embodiment theory was initially applied to ageism, it may also be applied to stigmatization surrounding the LGBT community. In this case, homonegativity becomes internalized and applied to the self, resulting in adverse outcomes. Therefore, for the aging LGBT adult, internalized prejudice may be compounded by intersectional identities.

The Social Context of the Philippines

The present study takes place in the Philippines, a region with diverse cultural groups that share predominately heteronormative family ties and spirituality (particularly Christianity; Guevara, 2016). The LGBT community is a vulnerable group in Filipino society. LGBT-based discrimination remains prevalent (Reid, 2020). The legislature has continually failed to pass a national law that protects LGBT citizens from discrimination, giving LGBT individuals no legal recourse when facing threats of discrimination and abuse (Abesamis & Alibudbud, 2023). Filipino stereotypes of aging and the elderly include physical and mental weakness, incompetence, dependency, and impoverishment (Lustañas, 2019). Therefore, compound intersectional discrimination might be expected in the lives of Filipino LGBT older adults. For example, older LGBT Filipinos seeking healthcare may find themselves reluctant to reveal personal aspects of their lives to care providers for fear of facing LGBT discrimination. This lack of communication with the provider may, in turn, enhance age-related stereotypes of incompetence and dependency.

Filipino society is characterized by having a strong familial and religious culture (Morillo et al., 2013). Badana and Andel (2018, as cited by Tolentino, 2021) reported that Filipino opinions on aging are relative to their experiences within the family and community. Thus, a supportive family environment can increase positive outlooks on aging. Quality relationships with children, grandchildren, and family can also positively affect the successful aging of older adults (Castillo-Carandang et al., 2020). However, these family bonds may not be equally available to Filipino LGBT older adults, who may be less accepted in traditionally hetero-exclusive families (Guevara, 2016), have smaller social networks, and be more likely to have never married (International Lesbian, Gay, Bisexual, Trans, and Intersex Association, 2021). Moreover, Christian traditions have been generally hostile toward LGBT Filipinos but remain a strong influence on the family and society in general (Ildefonso,

2023), leading many LGBT adults to maintain little family contact. Older Filipino adults report dissatisfaction and anxiety about the quality of social support they receive as they age (Guevara, 2016). Moreover, the lack of immediate family and few social contacts may result in financial instability due to lack of a safety net, leading LGBT adults to retire from employment later than their heterosexual peers (Poll & Espinoza, 2014). Thus, LGBT older adults lacking social support may find themselves socially isolated as well as financially struggling.

Ageism exists within the Filipino LGBT community. Older LGBT adults tend to receive less attention than their younger LGBT counterparts, having been characterized as the most invisible subgroup in an already hidden minority group (Blando, 2001, as cited by Reyes et al., 2018). LGBT community spaces tend to be youth-focused environments (e.g., nightclubs) where older members of the LGBT community may feel unwelcome, unattractive, or undesirable (International Lesbian, Gay, Bisexual, Trans, and Intersex Association, 2021). This perceived stigma may contribute to the loneliness and isolation of aging LGBT adults. Moreover, the generation gap between LGBT older and younger adults leads to several intra-cultural differences, such as the younger generation being more comfortable with publicly revealing sexual orientation (Jackman et al., 2018). These generational differences may make older LGBT adults less likely to participate in LGBT community events. In sum, older members of the Filipino LGBT community are subject to discrimination both within and outside of the LGBT community (International Lesbian, Gay, Bisexual, Trans, and Intersex Association, 2021). Moreover, internalized ageism and heterosexism may increase feelings of marginalization among LGBT older adults, which may contribute to greater isolation and lower quality of life.

Published literature on the intersection between age and sexual orientation/gender identity in the Philippines is limited (Guevarra, 2016). This may be due to difficulty recruiting LGBT participants. The lack of intersectional research makes it infeasible to develop evidence-based community support that considers the specific challenges of aging Filipino LGBT adults. Research indicates that Filipino LGBT older adults struggle to obtain inclusive healthcare that caters to their aging needs and simultaneously addresses their issues as members of the minority community (Movement and Advancement Project, 2017; Poll & Espinoza, 2014). The present study examines ageism among LGBT older adults to inform intersectional aging healthcare services and policies.

The Present Study

This explanatory-sequential research study investigates perceived ageism and quality of life among self-identified LGBT older adults currently living in the Philippines. Through a mixed-method approach, we first quantitatively determine the extent of ageism experienced by older LGBT adults and examine whether perceived ageism predicts quality of life. Subsequently, we perform a qualitative exploration to probe deeper into Filipino older adults' lived experiences of ageism and quality of life as members of a sexual minority group. We hypothesize that (H1) exposure to ageist messages, ageism in interpersonal interactions, and internalized ageism will be

associated with lower quality of life experienced by LGBT older adults in the Philippines and (H2) the lived experiences of Filipino LGBT older adults will support and expand upon the negative association between ageism and quality of life.

As this study examines the diverse experiences encountered by the older LGBT community, it emphasizes the importance of promoting systemic change towards inclusivity in the Philippines. Research findings can inform social policy by providing evidence for enhanced legal protections of vulnerable populations. Moreover, findings can serve as a guide in designing social support programs tailored to the needs of Filipino LGBT older adults. Finally, by amplifying the voices of older LGBT participants, this research can facilitate advocacy movements in dismantling prejudicial attitudes toward Filipino LGBT older adults. Thus, this study can provide empirical evidence to policymakers, health professionals, and community organizations in addressing issues related to LGBT aging.

Method

Design

This study utilized an explanatory-sequential, mixed-methods design to explore how ageism is associated with quality of life among Filipino lesbian, gay, bisexual, and transgender (LGBT) older adults. In this two-phase design, we first collected and analyzed quantitative data, followed by qualitative data. The independent or predictor variable in this study was ageism, while the dependent or outcome variable was the quality of life of Filipino LGBT older adults.

The quantitative Phase I of the study was a cross-sectional predictive design that examined how ageism related to quality of life among self-identified LGBT Filipino older adults. Subsequently, the qualitative Phase II utilized a phenomenological method to gain additional information on the relationship between ageism and quality of life by exploring the participants' lived experiences.

Participants

Participants were 155 self-identified lesbian, gay, bisexual, and transgender (LGBT) adults aged 45 to 74 ($M=53.2$, $SD=6.62$) residing in the Philippines. The participants were sourced from the general public and LGBT community organizations (e.g., The Golden Gays, Galang Philippines, Bahaghari Philippines, TransMan Pilipinas, UP Babaylan, and Lakambini). Participants were recruited through online (through LGBT social media pages) and in-person solicitation campaigns (through LGBT organizations) from October 2023 to January 2024. Ethical approval (reference number CA-23–24) was secured before data collection commenced.

The eligibility of the participants to partake in the study was based on the following: (1) currently resides in the Philippines at the time of data collection, (2) identifies as either lesbian, gay, bisexual, or transgender, and (3) self-reports age range between 45 and 75.

A non-probability convenience sampling technique was used to select the study participants for Phase I ($n=155$). For Phase II, participants in Phase I were asked if they were interested in volunteering for a one-on-one interview; 74 responded and gave their contact details. A stratified random sampling method was employed to select the nine Phase II participants from this sample pool ($n=74$), who were from Metro Manila and Greater Metro Manila. Having nine interview participants in the phenomenological phase of this study was supported by Sim et al. (2018). After gathering sufficient interviewees, informed consent was secured, including disclosure that participation was voluntary without remuneration, though each participant was compensated with a gift certificate worth PhP 150. Table 1 shows the sociodemographic profile of the participants in Phase I and II.

Measures

Everyday Ageism Scale (EAS)

The EAS was developed by adapting items from the Everyday Discrimination Scale (Allen et al., 2021) to capture the different forms of ageism that older adults encounter daily. The 10-item scale includes three subscales: Exposure to ageist messages (e.g., "I hear, see, and/or read jokes about old age, aging, or older people"), ageism in interpersonal interactions (e.g., "People assume I have difficulty remembering and/or understanding things"), and internalized ageism (e.g., "Feeling depressed, sad, or worried is part of getting older"). Scoring utilizes a four-point Likert scale with response options of (3) *often*, (2) *sometimes*, (1) *rarely*, and (0) *never*. Scores on each item are summed to determine the EAS total score, with higher scores indicating greater perceived ageism. The EAS has established reliability, with Cronbach's alpha for the individual

Table 1 Sociodemographic profile of participants in Phase 1 ($n=155$) & Phase 2 ($n=9$)

Characteristics	Phase 1 n (%)	Phase 2 n (%)
Assigned sex at birth		
Male	111 (71.61%)	6 (66.67%)
Female	43 (27.74%)	3 (33.33%)
Intersex	1 (00.65%)	–
Gender identity		
Cis man	80 (51.61%)	5 (55.56%)
Cis woman	22 (14.19%)	1 (11.11%)
Nonbinary/gender Nonconforming/trans	52 (33.55%)	3 (33.33%)
Other	1 (00.65%)	–
Sexual orientation		
Lesbian	23 (14.84%)	1 (11.11%)
Gay	84 (54.19%)	6 (66.67%)
Bisexual male	20 (12.90%)	1 (11.11%)
Bisexual female	17 (10.97%)	1 (11.11%)
Queer/other	11 (7.10%)	–

subscales above 0.70 and 0.76 for the overall scale (Allen et al., 2021). The EAS total score used in the present study has a Cronbach's alpha of 0.74.

Quality of Life Scale (QLS)

The Quality of Life Scale, originally created by Flanagan, was later revised by Burckhardt and Anderson (2003). We used the revised version which has 16 items measuring scored on a seven-point Likert scale with response options of (7) *delighted*, (6) *pleased*, (5) *mostly satisfied*, (4) *mixed*, (3) *mostly dissatisfied*, (2) *unhappy*, and (1) *terrible*. Items measure five dimensions of quality of life: Material and physical well-being (e.g., "*Material comforts home, food, conveniences, financial security*"), social well-being (e.g., "*Relationships with parents, siblings & other relatives- communicating, visiting, helping*"), community and civic activities (e.g., "*Participating in organizations and public affairs*"), personal development and fulfillment (e.g., "*Understanding yourself—knowing your assets and limitations—knowing what life is about*"), and recreation (e.g., "*Participating in active recreation*"). QLS scores are determined by adding each item, with higher scores indicating higher quality of life. The Quality of Life Scale has shown acceptable reliability with Cronbach's alpha of the 15-item scale ranging from 0.82 to 0.92 (Burckhardt & Anderson, 2003). According to Allen et al. (2021), there is a similar reliability estimate for the 16-item scale. Convergent and discriminant construct validity has been demonstrated. The QLS total score shows a positive relationship with the Life Satisfaction Index-Z ($r=0.67$ to 0.75), the Duke-UNC Health Profile physical health status sub-scale ($r=0.25$ to 0.48), and the Arthritis Impact Measurement Scales ($r=0.28$ to 0.44 ; Allen et al., 2021). In the current study, the QLS has a Cronbach's alpha of 0.89.

Interview Protocol

The interview protocol developed for this study utilized a (1) Robofoto and (2) an Aide Memoire which were approved by an ethics review committee. A Robofoto is a type of survey used to collect statistical information about the study's sample and secure participants' demographic profile. This form is often utilized in research to gather data that can help with understanding the composition and trends within a study's sample population. An Aide Memoire is a structured interview guide recommended by Creswell and Creswell (2017). This qualitative interview guide features a structured outline to ensure that all relevant topics are covered and consistency is maintained across different interviews. See Appendix for specific demographic and interview questions.

Procedure

Quantitative Phase I.

A call for participants was disseminated on social media platforms (e.g., Facebook and Instagram) and among LGBT groups. We administered an online survey using Google Forms. The survey contained informed consent, a socio-demographic

profile, the Everyday Ageism Scale, and the Quality of Life Scale. The sequence of the two latter scales was randomized using `allocate.monster` to control for possible systematic order effects in answering. Quantitative data ($N=155$) were subjected to descriptive and inferential statistics. The study treated LGBT older adults as a monolithic category, and we did not compare differences between genders and sexual orientations because the mean differences for gender could not be analyzed due to inadequate number of observations. Moreover, a one-way ANOVA test for the everyday ageism ($p=0.115$) and Kruskal-Wallis test for quality of life ($p=0.085$) revealed no significant difference in scores as regards to sexual orientation. Some participants ($n=32$) completed the survey in the presence of a researcher who was available to assist with any technical issues (e.g., community center, participant's residence). To ensure that differences in data collection procedure did not affect scores, we conducted an independent samples *t*-test comparing responses of participants who completed the survey unassisted online with those who completed the survey with in-person assistance available. Results revealed no significant differences in scores for the everyday ageism ($p=0.857$) and quality of life ($p=0.525$) scales between our unassisted online and in-person assisted online participants.

Qualitative Phase II

Participants in Phase II of the study were randomly selected from the Phase I sample pool who expressed willingness to partake in the one-on-one interviews ($n=74$). The nine interview participants selected were given the choice of a virtual or in-person interview in a secure and confidential setting. Each participant was briefed on the confidentiality of the interview data and asked to sign an informed consent form. The interviews were recorded using Zoom for virtual interviews and a local recording device for in-person interviews. The data consisted of verbal responses transcribed from the recordings. The verbal responses were coded and grouped to form the main themes of the study, utilizing the thematic analysis approach of Braun and Clarke (2006).

Data Analysis

The quantitative analysis of the collated results of the ageism and quality of life scales with a significance level of $p < 0.05$ determined whether the null hypothesis should be rejected. Statistical analysis procedures were carried out using Jamovi ver. 2.3 open computer software. Descriptive statistics provided a summary of the data, while inferential statistics were used to draw conclusions and establish relationships. Pearson correlation analysis examining the strength and direction of the relationship between perceived ageism and quality of life was completed resulting in the Pearson correlation coefficient (r). Simple linear regression (R^2) was used to determine if and the extent to which perceived ageism predicted quality of life. These statistical methods were selected as they provided the basis for the interview questions for Phase II of the study.

Thematic content analysis (Braun & Clarke, 2006) was used to evaluate the data gathered from the semi-structured phenomenological interviews. This qualitative analysis method allowed researchers to identify codes and categories from participants' experiences and insights concerning their sexual orientation and ageism. After producing transcripts from the recorded interviews, responses that satisfied the central question were gathered in an Excel sheet. After which, similar and interesting features from responses were identified and condensed into shorter statements (i.e. increased freedom and confidence in self-expression with age). These condensed units were then grouped together based on similarity, serving as the codes for the analysis which made the identification of patterns and themes more efficient. Categories (i.e. raising LGBT voices in aging) were assigned to responses that have similar code. Likewise, similar sub-themes were put under analysis and assigned under a broader description or theme that directly answered the research question (i.e. empowerment through advocacy and visibility). Themes were further refined and validated through reanalysis for consistency with the codes and sub-themes; themes were also combined and discarded as needed. Member-checking was implemented to ensure the results were accurate. This process involved the interviewees receiving electronically sent findings to verify and correct any discrepancies in the themes and their responses. Additionally, auditing was conducted for further validation. The themes' reflexivity accuracy and interpretations were monitored to ensure that researcher biases and personal beliefs did not influence the results.

Results

Phase 1

Table 2 shows the perceived ageism as measured by the EAS ($M=14.7$; $SD=5.63$) and the quality of life of Filipino LGBT older adult participants as measured by the QLS ($M=88.7$; $SD=12.26$). A significant negative correlation was found between the EAS and QLS scores ($r=-0.203$, $p=0.006$). The findings support our hypothesis that ageism is negatively associated with quality of life for older LGBT adults.

As shown in Table 3, linear regression revealed that EAS is a significant predictor of QLS ($R^2=0.041$, $B=-0.203$, $t=-2.56$, $p=0.011$). Regression analysis assessed whether ageism could predict quality of life while controlling for age as a variable. Analysis showed that 4.1% of the variance in the quality of life variance could be

Table 2 Means (M), standard deviations (SD), and correlations: everyday ageism scale (EAS) and quality of life scale (QLS)

	<i>M</i>	<i>SD</i>	EAS	QLS
EAS	14.7	5.63	1	–
QLS	88.7	12.26	–0.203*	1

N = 155, *correlation is significant at the 0.01 level (1-tailed)

explained by ageism. The findings demonstrate the significant association between ageism and quality of life when controlling for age.

Phase 2

Phase 1 suggested that LGBT older adults' experience of everyday ageism may impact their quality of life. Guided by these results, we developed specific and probing questions for Phase 2, anchored on the central question: *What are the lived experiences of Filipino LGBT older adults regarding ageism and overall quality of life?* In the interviews with nine participants on their experiences of ageism and quality of life, six main themes emerged: (1) *Empowerment through Advocacy and Visibility*, (2) *Health and Autonomy*, (3) *Integrated Support System*, (4) *Social Interaction and Connectivity*, (5) *Professional Fulfillment and Community Engagement*, and (6) *Quality of Life and Aging Perspectives*. The identified themes indicate how unique experiences of ageism in the LGBT community influence participants' quality of life. Moreover, this interconnectedness illustrates how ageism and the process of aging intersect with various dimensions of identity.

Empowerment Through Advocacy and Visibility

This theme highlights the plight LGBT older adults' experience due to age and sexual identity discrimination as well as the actions they have taken to overcome these, which involves focusing on building oneself through career and involvement in LGBT community advocacy. Furthermore, this theme also includes participant encouragement towards equality and dismissiveness of remarks that say otherwise. Five participants revealed that they felt empowered by contributing to the LGBT community. Two sub-themes emerged from this theme: (1) *Raising LGBT Voices in Aging*, and (2) *Respect and Equality in Later Life*.

The first sub-theme, *Raising LGBT Voices in Aging*, centers on the active engagement of LGBT older adults in the LGBT community. This sub-theme stemmed from the participants' willingness to personally elevate the profile of LGBT individuals in the society, focusing on personal development and placing irrelevance on discriminatory remarks of other people. Participants were also vocal about increasing advocacy for the benefit of aging LGBT individuals. Four participants provided insight on how aging aids their ability to express themselves more freely and confidently, while furthering their dedication to advocacy that contributes to the well-being of aging LGBT individuals.

Table 3 Regression of everyday ageism to quality of life

	R Square	Adjusted r square	Partial correlation	p value	B	t
EAS	0.041	.0348	-0.209*	0.011	-0.203	-2.56

Controlling for age, *correlation is significant at the 0.01 level (1-tailed)

“I’m comfortable with the idea that I’m an LGBT person who is getting old. And I’m also comfortable with the idea that I’m part of a certain movement right now that’s trying to provide for the older and aging LGBT population.” (P3-TM)

The second sub-theme, *Respect and Equality in Later Life*, revolves around the participants’ belief in mutual respect and understanding. Responses indicate that concerns focus on upholding equality and addressing the struggles of aging LGBT individuals as a whole, rather than advocating for personal benefit. Moreover, they believe that a person is neither defined by age or sexual orientation; thus, all should be treated with respect. Three participants attested to this, imparting that personal worth is also defined by other aspects of identity and behavior.

“Respect from others is an important thing to boost my self-respect of being LGBT. I didn’t include the word “only/just” in LGBT. I will always be an LGBT member who is proud that the LGBT can do things even through aging, and an aging LGBT finds purpose.” (P7-G)

Moreover, there is also an understanding of the reciprocal nature of social relations and how that might affect people in later life.

“Maybe what we did to another person, maybe they will do the same to us.” (P5-L)

(2) Health and Autonomy

This theme explores the complexity of aging and its effects on participants’ overall health. This theme emerged from the participants’ experiences in dealing with the physical effects of getting older, and also developing the awareness and acceptance of the changes that may occur within the participants. Three participants shared that as aging brings about inevitable health-related challenges, they learn to adapt and endure by tapping into their inner strength. This theme brought about two sub-themes: (1) *Adapting to Health Challenges*, and (2) *Inner Strength and Solitude*.

The *Adapting to Health Challenges* sub-theme highlights the growing concern of the participants towards potential health problems they may encounter as they age, such as medication expenses and access to treatment. Three participants acknowledged the inevitability of these issues; thus, they have started to take action to adapt to these physical and health demands, such as promoting routines and accepting the need to take care of one’s aging self.

“When I aged, I got a lot of health problems, so I changed all of that. Now I just work and stay at home.” (P8-G)

The *Inner Strength and Solitude* sub-theme stems from the participants’ ability to persist in a variety of life challenges despite not having a partner. This includes discovering personal satisfaction and happiness through engaging in solitary activities, as well as strengthening faith and spirituality. One participant shared that spirituality provides the strength needed to cope with aging despite having no partner or allies.

“I don’t get discriminated against because I can take it and the Lord is always there. I always ask for help.” (P8-G)

(3) Integrated Support System

This theme highlights the role of both community and family in providing support to the participants as aging LGBT individuals. According to them, the continuously changing culture and perception of the society regarding aging has encouraged widespread acceptance of LGBT older adults through and programs that promote equality. Meanwhile, strong involvement in familial matters and treating family members as sources of strength were expressed by the participants. This includes having additional roles in families such as contributing financially and taking care of sick loved ones. Together, community acceptance and family engagement provide a holistic support system that fosters well-being. Seven participants narrated their experiences regarding this theme. Two sub-themes also emerged, namely: *Community Acceptance and Advocacy*; and *Familial Roles and Caregiving Responsibilities*.

The first sub-theme, *Community Acceptance and Advocacy* entails the participants’ perception of society’s growing openness and inclusivity towards members of the LGBT community. According to them, they are witnessing the efforts of society to promote equality and uphold the rights of aging LGBT individuals through a variety of campaigns and policies. Six participants indicated their experiences of belongingness in changing society. They expressed perceptions of workplace freedom and equality; government promotion of gender sensitivity; and a push for eradication of societal stigmas and stereotypes with regards to both age and sexual orientation. This sub-theme also highlights the significance of being treated with value, respect, and acceptance by families and society. As one participant shared:

“I feel more accepted now. Because before, at work, on occasions, I feel like I’m not accepted. Discrimination comes in. When I went into public service, I became more eager that there should be no discrimination when it comes to public service. Whatever you are, as long as you have purpose, you should not be left behind. You should think about inclusivity, that everyone is equal.” (P7-G)

Meanwhile, the *Familial Roles and Caregiving Responsibilities* sub-theme features the importance of family relations in nurturing strong support systems, and the roles LGBT older adults perform as family members. Five participants expressed their happiness with having a caring and supportive familial environment, where they are treated with acceptance and care.

On the other hand, participants also indicated negative experiences as caregivers and providers, such as compromising desires to focus on responsibilities, the strain of caring for both older and younger family members, and encountering economic problems leading to dilemmas between social life and caregiver obligations. Two participants expressed these issues as follows:

“The culture of a family will never fade. The family will be the cornerstone of an LGBT even if their partner won’t be.” (P7-G)

“Your ability to mingle is also affected by your economic situation. And now, I’m the one who supports my sister and her child.” (P1-G)

(4) Navigating Social Interaction and Connectivity

This theme focuses mainly on developing resilience and maturity in the midst of aging and encountering ageist and negative comments from peers and others. This entails under-reactivity or diminishing reactivity, and, instead, having a sense of fulfillment and happiness with identifying as an LGBT individual who is getting older. Participants perceived resilience to ageism as related to a strong sense of identity, life satisfaction, and enduring social relationships as they age. Eight participants considered the evolving and changing dynamics and their improved resilience with age. Two sub-themes are evident in this key theme: *Fighting Ageism with Resilience; and Self-Identity and Aging Contentment*.

The first sub-theme, *Fighting Ageism with Resilience*, describes the persistence and endurance of the participants in mitigating the negative psychological impacts of ageism. This includes developing a dismissive reaction to ageist remarks, and seeing aging and ageism as a diminishing factor when it comes to creating new connections and relationships. Five participants expressed psychological factors that positively influence their resilience such as greater self-confidence, inattention to discriminatory remarks, and reduced salience of age and sexual orientation in social interactions. One participant shared:

“Before, I couldn’t wear tassles. Now, I can wear them because, what do I care? This is who I am. I think that was the good part about LGBT and at the same time aging.” (P6-G)

The second sub-theme of *Self-Identity and Aging Contentment* features the self-acceptance and positive emotions participants embraced as they age. Six participants expressed their happiness and contentment with their non-conformist, LGBT selves. They focused on building inner strength and positive self-regard as both an LGBT individual and an aging adult. This sub-theme also underscores the priority of aging gracefully with dignity and self-love. One participant expressed:

“For me, I don’t care if they call me old. I don’t care. As long as for myself, I’m beautiful.” (P4-BW)

(5) Professional Fulfillment and Community Engagement

This theme exemplifies the found purpose of the participants as LGBT individuals that transcends themselves and extends towards the betterment of their workplace and community. With this, participants respond that different opportunities to serve people (through public service and personal advocacy) provide personal fulfillment by enabling them to showcase their talents, thus further boosting their self-esteem and confidence. Moreover, their presence and active involvement in their own professional endeavors created more LGBT visibility, promoting widespread

acceptance of the community. Their reports revealed two sub-themes: (1) *Service Beyond Self* and (2) *Workplace Adaptation and Acceptance*.

The first sub-theme, *Service Beyond Self*, describes overcoming personal boundaries and limitations by contributing to the community despite getting older. Four participants shared the importance of advocating for the betterment of oneself and the community and having the opportunity to engage in societal advancements to empower others. Venturing beyond their boundaries allowed them to experience a sense of fulfillment. As shared by a participant:

“I’m happy. Maybe because I achieved success in my ambitions, from education to advocacies. Because that’s what’s important in my advocacies.” (P2-TW)

The second sub-theme, *Workplace Adaptation and Acceptance*, revolves around the improvements within the workplace with regards to the treatment towards aging LGBT individuals. This sub-theme emerged from the participants’ satisfaction with the recognition and acceptance they received from their colleagues. Instances where their contributions are being acknowledged and included have provided them insights that the workplace is inclusive of LGBT older adults. Two participants discussed the employment opportunities available to older adults. As shared by a participant:

“My contributions are welcomed in the office. So, we’re all equal.” (P1-G)

(6) Quality of Life and Aging Perspectives.

This last essential theme encapsulates stability and grace in aging, including promoting an enhanced self-awareness on the realities of aging and, at the same time, having a strong sense of self to battle age- and gender-based discrimination. This theme emerged from six participants’ insights about promoting a stable and enhanced quality of life. Considering the challenges related to aging, they emphasized a need to maintain a positive outlook and an agile mentality to be able to adapt to new situations. Two sub-themes emerged from this main theme: (1) *Consistency and Enhancement of Life Quality* and (2) *Positive Outlook and Mental Agility*.

The first sub-theme, *Consistency and Enhancement of Life Quality*, stemmed from the participants’ commitment to improving their quality of life as they age, dismissing any beliefs and expectations on the limitations associated with aging. These include promoting steadiness of one’s life and the processes that further enhance life quality such as focusing more on personal careers and contributions and less on reminiscing on their younger years. Four participants mentioned the necessity of having a retirement plan to live a comfortable life. Examples of this are:

“We recognize our challenges as people who are getting older, as we need to stock up on a good retirement plan to live comfortably. My concern is we are just starting now. So, every time we see an opportunity to put something extra in our bank accounts, we grab it.” (P3-TM)

“Age nowadays, it doesn’t matter with the LGBT community.” (P6-G).

The second sub-theme, *Positive Outlook and Mental Agility* emerged from the absence of fear towards aging that the participants reported. This sub-theme entails the positive and agile mentality that they have, despite having to deal with the effects of aging. This outlook includes developing fortitude and being at peace with aging, and having a sense of urgency to attain achievements and milestones as they get older. Furthermore, five (5) participants expressed that strong social support has a positive influence on the eradication of the notion that getting older as an LGBT individual means being solitary. One participant shared:

“I’m not scared of getting older. I will not age alone because now, they show care towards me. There are already people saying “they will take care of you” that is what’s happening. I’m not afraid of getting old.” (P9-G)

In Phase 1, we found that experiences of everyday ageism predict poor quality of life. In Phase 2 we found that, despite encountering ageism, Filipino LGBT adults in our study are still able to maintain a high quality of life. Our participants revealed a number of factors that may counter the impact of everyday experiences of ageism on quality of life, thereby buffering ageism’s negative influence on quality of life.

Our overall findings led us to develop Fig. 1, a simulacrum that depicts a treasure map, wherein LGBT older adults navigate ageism in order to achieve a high quality of life. In this treasure hunt, Filipino LGBT older adults embark on different paths as they collect valuable treasures to combat everyday ageism along the roads (*empowerment through advocacy and visibility; health and autonomy; integrated support systems; social interaction and connectivity; professional fulfillment and community engagement; quality of life and aging perspectives*) eventually leading to greater quality of life.

Discussion

This study aimed to assess the relationship between Filipino LGBT older adults’ experiences of ageism and quality of life. Both hypotheses in the first phase were confirmed:

Perceived ageism is negatively correlated with quality of life, and ageism is a significant predictor of quality of life among LGBT older adults. These results align with previous research, which suggests that ageism negatively influences aspects of LGBT older adults’ lives (Lytle et al., 2018). In the second phase, we examined how LGBT adults cope with the adverse psychological effects of ageism. To our knowledge, the current study is the first quantitative and qualitative investigation of ageism and quality of life in Filipino older adults.

Results show that Filipino LGBT participants experienced moderate ageism; however, they were still able to attain a relatively high quality of life. Maintaining a high quality of life despite experiencing ageism supports research on older LGBT individuals aging well (Fredriksen-Goldsen, 2014). The qualitative findings support six essential themes that participants reported to address everyday ageism (*empowerment through advocacy and visibility; health and autonomy; integrated support systems; social interaction and connectivity; professional fulfillment and*

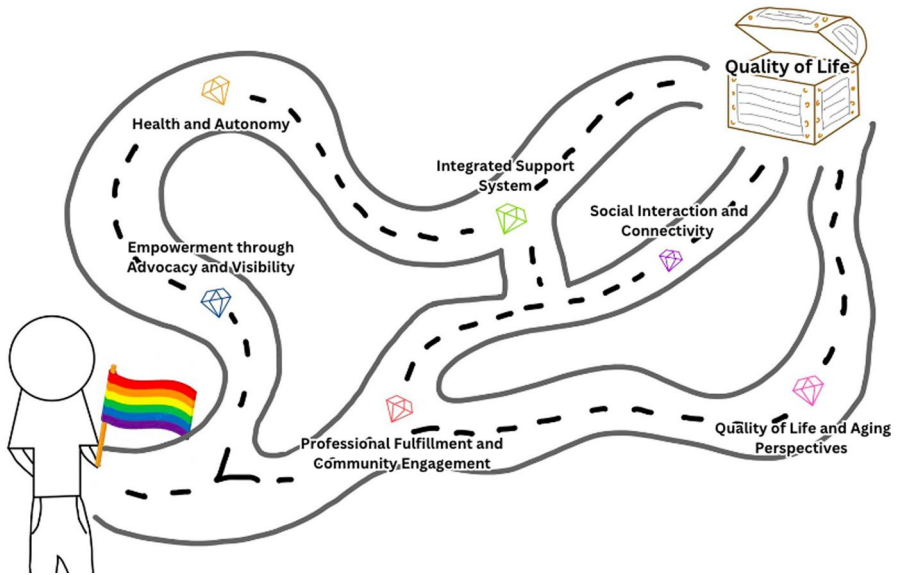


Fig. 1 A Filipino LGBT older adult's treasure map: navigating through ageism roads to attain a quality of life of life

community engagement; quality of life and aging perspectives). Quality of life consists of broad yet dynamic interrelations between many domains (van Leeuwen et al., 2019), including physical, emotional, and mental wellness, as well as social participation and engagement with the environment (American Psychological Association, 2023). Despite enduring ageism, participants indicated using a diverse set of social, psychological, and physical strategies to maintain well-being. Practically, the results suggest that the act of combating ageism and its effects is vital in improving the quality of life for LGBT older adults. Specifically, policies and interventions focused on reducing ageism in healthcare and social services are needed. More than acknowledging, addressing stereotypes and promoting of inclusive practices to foster supportive culture and environment must be at play to properly mitigate the negative effects. The negative association serves as a call to action that prioritizes and develops comprehensive plans to increase and maintain equity and inclusivity regardless of sexual orientation and gender identity.

Most LGBT older adults in Phase 2 reported active participation in issues that concern the LGBT community, especially for the aging minority. They reported a sense of empowerment from advocacy and a purpose in contributing to broader societal matters. This finding aligns with the study of Rosati et al. (2021), who found that older LGB individuals are inclined to practice generative behaviors, one of which is the desire to make a meaningful impact in society and to the LGBT community. The involvement and confidence in self-expression expressed by our participants appears to counter the notion of van Leeuwen et al. (2019), who found that older individuals become highly vulnerable members of society. These divergent findings suggest various manifestations of ageism in different contexts. There remains some gaps

in literature such as in providing context-specific interventions that can effectively reduce ageism. These gaps can be enhanced by longitudinal studies observing how perceptions of ageism develop over time along with their impact on overall life satisfaction. Health issues inevitably arise with age. Although aging is part of normal human development, people often perceive the changes it brings forth negatively (Allen et al., 2022). Participants in this study recognized health challenges and expressed the need to take a proactive stance, responding to their personal health issues by adapting daily routines. They found empowerment through external support systems and spirituality, further strengthening their resilience and supporting successful aging in terms of having good holistic health (Brett et al., 2018).

LGBT older adults reported experiencing openness and inclusivity concerning both aging and sexual orientation. Gradual changes in culture and societal beliefs and norms created avenues for institutional reforms and new perceptions that led to strengthened social support for the participants. According to participants, family played a vital role in their current conditions – providing them with care and support and treating them as valuable and worthy of respect. This aligns with the familial and collectivistic culture of the Philippines, which highlights the interconnectedness of family including respect for individual experiences and opinions despite familial interconnectedness (Badana & Anel, 2018, as cited by Tolentino, 2021). Most participants reported family acceptance as an LGBT individual, regardless of family differences in ideals and perspectives. Multiple studies have found that older LGBT adults often become distant from their families (Poll & Espinoza, 2014; Hsieh, 2021) and feel uncertain whether their family members will take care of them as they age (Guevara, 2016). On the contrary, the findings of Phase 2 of this study show strong familial connections. LGBT older adults reported assuming family roles, such as providing financially for relatives and physically taking care of their parents. These results concur with Fredriksen-Goldsen et al. (2011), which reports that LGBT members are likely to become caregivers of their own families. Furthermore, participants conveyed that they are not apprehensive about aging and being alone due to the support they obtain from their families. Badana and Anel (2018, as cited by Tolentino, 2021) emphasized that the opinions of Filipinos on aging are relative to their experiences and interactions within the family and community. Thus, a supportive relationship and environment give an individual a more positive understanding and outlook on the aging process.

Participants also expressed how their workplace environments have become inclusive, recognizing their contributions and efforts. This stands in contrast to the studies of Jalandoni et al. (2020), who found that workplace discrimination is one of the identified challenges faced by LGBT older adults in the Philippines. However, our participants did not report inclusion in their workplace. They felt included and valued in their fields, and report that their professions add meaning to their lives. They also mentioned the growing employment opportunities for older adults, further fostering an inclusive workplace that can boost productivity by enhancing team performance (OECD, 2020).

The findings from this study show that LGBT older adults engage in community endeavors and advocacy. This is in line with the study of Fredriksen-Goldsen et al. (2017), who found that involvement in anti-discrimination activism can reinforce a

positive sense of identity and purpose. Moreover, the participation of LGBT members in community affairs is associated with higher levels of well-being among LGBT older adults (Pereira & Silva, 2021). On the other hand, our findings show some of the social struggles encountered by aging LGBT individuals. Individuals who identify as LGBT are at greater risk of experiencing discrimination and abuse (Abesamis & Alibudbud, 2023). As reported in the qualitative interviews, our findings indicate that older LGBT adults experiencing age- and gender-based discrimination, have grown to be dismissive or passive in their response. More specifically, they have learned to overcome society's negative stereotyping by focusing on self-preservation and embracing one's identity.

According to Guevara (2016), quality of life includes self-preservation and establishing one's self-worth around values, health, and a successful recollection of a lifetime's worth of experiences. Furthermore, Crane et al. (2018) highlight the dismissiveness and stability of personal belief systems in developing resilience and maturity to channel energy and attention to other important life areas such as self-confidence, life satisfaction, and healthier social relationships. Our findings suggest that participants are committed to improving themselves and have a positive mindset despite the influences of ageism.

Limitations and Future Directions

A primary limitation in our study is the generalizability of our findings. We were not able to attain our target sample size due to time constraints and challenges in recruiting older adult LGBT participants and the sample of participants, mainly composed of members from LGBT organizations. Findings based on the 155 participants in this study may have low generalizability and may not adequately represent the entire older LGBT population, potentially leading to a partial view of their experiences and challenges.

Moreover, the limited sample representation for each subgroup within the LGBT community prohibited us from completing more detailed analyses in examining the intersectionality with the community's diverse sexual orientations, gender identities, and gender expressions. This limitation led us to statistically treat the LGBT participants as a single unit (monolithic). As such, our analysis did not sufficiently consider the differences within the LGBT community. Treating participants as a monolithic group without exploring the diversity of sexual orientation, gender identity, and gender expression limits the depth in the understanding the nuances of individual experiences within the diverse LGBT community in the Philippines.

Future research should consider the differences between diverse subgroups to ascertain their different influences on experiences on ageism and quality of life. Other factors affecting quality of life, such as geographic region, family structure, support groups, and financial security, were also not measured. Future studies may benefit from examination of these variables to comprehensively address other factors that may influence quality of life, which are crucial elements for a complete assessment of the living conditions of older LGBT adults in the Philippines.

Scores of participants in Phase 1 of the study were not considered as a criteria or basis for selecting the participants for Phase 2 of the study. Therefore, participants in Phase 2 may not represent typical Filipino LGBT adults. The study found ageism to be a weak predictor of quality of life among Filipino LGBT older adults. Future studies are encouraged to explore the strength of its relationship and its intersection with other factors. It is important to note that participants' high civic engagement may stem from involvement in the LGBT organizations from which many were recruited, further compromising generalizability of this finding.

Finally, the English-language, digitally administered Quality of Life Scale and Everyday Ageism Scales proved to be challenging for many older Filipino participants. Although both tests showed good reliability in the present study, future researchers may benefit from translating both scales into Filipino language(s) or develop measures of the research variables designed specifically for LGBTQ+ or Filipino populations.

Despite some areas that require further elaboration, our research provides a significant contribution to understanding the challenges faced by older LGBT adults and offers valuable insights for the creation of supportive policies and programs. However, it would be beneficial for future studies to address the highlighted limitations by expanding the sample's representativeness and considering in more detail the internal diversity of the LGBT community and other influencing factors. This study could stimulate further research and discussions, thereby contributing to the improvement of the living conditions of older LGBT adults in the Philippines and globally.

Conclusion and Implications

The overall quality of life of Filipino LGBT older adults is determined by the interplay of their unique experiences and perceptions of everyday ageism as well as their adaptation and accommodation to their new circumstances. Shifts in cultural and normative ideologies, alongside experiences of gender and age-based discrimination, have contributed to LGBT perspectives of their own selves and influenced how they navigate their daily lives, leading to adaptability to health and personal problems, maturity, and resilience – aspects that elevate quality of life despite the difficulties brought upon by ageism. Although living conditions and apprehensive views on aging and ageism can diminish quality of life, LGBT older adults see themselves as individuals capable of self-preservation and aging with grace and dignity.

The practical and theoretical implications of discovering that everyday ageism negatively predicts the quality of life among LGBTQ+ older adults are multifaceted. This finding can be considered in the creation of inclusive policies that combat ageism and support LGBTQ+ elders, ensuring their well-being is protected at both community and governmental levels. Healthcare providers can also be educated about the unique challenges faced by LGBTQ+ older adults, enabling them to offer more sensitive and appropriate care that addresses the impacts of ageism. The findings can inform the development of community programs and services aimed at reducing social isolation and increasing social support for LGBTQ+ older adults. Our results

can further lead to increased efforts to educate the general public to reduce stigma and promote a better understanding of the experiences of LGBTQ+older adults. Further research should continue to investigate the specific needs and experiences of LGBTQ+older adults to develop targeted interventions. Programs can be designed to empower older LGBTQ+ individuals, fostering resilience and helping to develop the strategies needed to cope with ageism.

Policymakers, healthcare providers, community organizations, and other stakeholders might consider the following implications derived from our findings:

- (1) **Policy Formulation.** Policymakers should consider drafting and enacting anti-discrimination laws that explicitly include protections for both sexual orientation and age, ensuring that all individuals, regardless of their LGBT status or age, have equal access to opportunities and resources.
- (2) **Healthcare Training.** Healthcare providers should implement training programs that emphasize cultural competence and sensitivity towards the specific needs of LGBT elders, focusing on mitigating ageism and creating an inclusive environment.
- (3) **Inclusive Community Programs.** Community resources should be devoted to developing and supporting community programs and services tailored for LGBT older adults that foster social inclusion, provide emotional support, and facilitate access to resources.
- (4) **Awareness Campaigns.** Advocacy groups should consider initiating awareness events to cultivate a societal shift towards greater acceptance and respect. Events should highlight the challenges faced by LGBT older adults and address stereotypes associated with both sexual orientation and aging.
- (5) **Support Networks.** Community resources should be allocated toward establishing and promoting support networks and advocacy groups that empower LGBT elders, enabling them to voice their concerns, share their experiences, and engage in policy advocacy.
- (6) **Research and Data Collection.** Our preliminary findings should be followed up with further research focusing on the lived experiences of LGBT older adults, particularly in the Filipino context, to generate data that can inform better-targeted interventions.

By implementing these strategies, we can create a more supportive environment that actively combats ageism, values the contributions of LGBT older adults, and ultimately improves their quality of life. These comprehensive steps, when collectively implemented, can significantly reduce ageism and create a more inclusive and supportive environment within the LGBT community.

The insights gleaned from this research offer profound implications for advancing social justice, equity, and inclusivity, especially within the rich

tapestry of marginalized communities confronted with the realities of aging and ageism. By examining the specific intersection of challenges faced by aging LGBT individuals, this work not only illuminates the often overlooked struggles within this group, but also underscores the universal need for dignity, respect, and equality at all stages of life.

The broader implications of this study serve as a clarion call for societal and systemic change. They compel communities, organizations, and governments to take to heart the intrinsic value of each individual, irrespective of age, sexual orientation, gender identity, or any other social categorization that may contribute to their marginalization. This research beckons a reevaluation and restructuring of policies, practices, and cultural norms that have historically perpetuated disparities and discrimination.

Reflecting on this research stimulates a commitment to fostering environments where diversity is celebrated, contributions of all individuals are recognized, and the unique challenges of aging populations—particularly those from marginalized backgrounds—are met with tailored, compassionate solutions. It is a step toward a future where ageism is eradicated, and equitable treatment is not an aspiration but a reality for all.

Appendix

Interview Protocol

A. Robofoto:

For statistical purposes only, please answer the following. Kindly choose only one answer for each item.

Are you a Filipino citizen who identifies as a member of the lesbian, gay, bisexual, and transgender (LGBT) community?

- Yes
- No

How old are you right now?

- specify age _____

Assigned Sex at Birth (I was born as...)

- Male
- Intersex
- Female

Gender Identity (I self-identify as a ...):

- Cisgender Man
- Cisgender Woman
- Transgender man
- Transgender woman
- Nonbinary
- Gender nonconforming
- Gender not listed/Prefer to self-describe as (please specify _____)

Sexual Orientation (I self-identify as a...):

- Lesbian
- Gay
- Bisexual man
- Bisexual woman
- Queer
- Others (please specify _____)

B. Aide Memoire:

Central Question: *What are the lived experiences of LGBT adults on ageism that influence their overall quality of life?*

Probing Questions:

About Ageism:

1. **In what specific ways do you believe ageism has shaped your overall quality of life now?**
2. **What aspects of the quality of your life have been influenced by the aging process?**

About Quality of Life:

3. **Are there aspects of your life that you feel have been enhanced or diminished due to ageism experiences?**
4. **What has made you perceive its impact (as enhancing or diminishing) this way?**

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Availability of Data and Material Not applicable.

Code Availability Not applicable.

Declarations

Conflicts of Interest The authors have no conflicts of interest to declare relevant to the content of this article.

Ethics Approval All procedures performed in the present study that involved human participants were per the ethical standards of The Philippine Social Science Council-Social Science Ethics Review Board (PSSC-SSERB) with Reference Code: CA-23–24.

Consent to Participate The current study gave informed consent before voluntary participation. In addition, participants were briefed on the nature of the study, assured that all data collected would be kept confidential, and that participation was voluntary without remuneration.

Consent for Publication Not applicable.

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