

The Living Condition of the Residents in San Miguel Corporation-Gawad Kalinga (SMC-GK) Village Socialized Housing of Barangay Balubal, Cagayan de Oro City

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ABSTRACT

Relocation housing programs in the Philippines aim to provide safe and secure homes for families affected by poverty, disasters, and urban displacement. However, questions remain about whether these projects meet the broader needs of residents, including access to livelihoods, basic services, and community participation. This study examined the living conditions of 218 households in the San Miguel Corporation–Gawad Kalinga (SMC-GK) Village, Barangay Balubal, Cagayan de Oro City. Using mixed methods research design, survey data measured satisfaction across four dimensions—physical, economic, social, and health—while interviews with residents, barangay officials, and the City Housing and Urban Development Department (CHUDD), as well as on-site observations, provided deeper insights into coping mechanisms and service gaps. Results showed satisfaction with housing durability ($M = 3.03$) and electricity access ($M = 3.70$). However, drainage systems ($M = 2.22$), water supply for chores ($M = 2.57$), transport costs ($M = 2.29$), and income opportunities ($M = 2.46$) remained major concerns. Families relied on water storage, house repairs, and informal livelihoods to adapt. Comparing actual conditions with standards from the Urban Development and Housing Act (UDHA), Batas Pambansa (BP) 220, and the WHO Housing and Health Guidelines revealed gaps in infrastructure, economic support, and service delivery. Anchored on Maslow’s hierarchy of needs, Galster’s psychological construct of housing satisfaction, and Durkheim’s structural functionalism,

the study recommends integrating livelihood programs, affordable transport, reliable water and drainage systems, and mechanisms for community participation into future relocation projects. These measures can prevent the simple transfer of poverty to new locations and support long-term community development.

Keywords: socialized housing, living conditions, relocation, housing standards, community development

Introduction

Housing is not only a physical structure but also a foundation for health, safety, and social well-being. The World Health Organization (2018) defines adequate housing as shelter that includes access to water, sanitation, electricity, and an environment that supports physical and mental health. In the Philippines, the Urban Development and Housing Act of 1992 (UDHA) and Batas Pambansa (BP) 220 set standards for socialized housing to ensure that low-income and disaster-affected families receive homes that meet minimum requirements for safety and habitability (Republic Act No. 7279, 1992).

Despite these laws, relocation housing projects often struggle to provide livelihoods, affordable transport, and basic services. Families are frequently moved to sites far from workplaces, schools, and hospitals, raising concerns about whether housing programs truly improve quality of life. These challenges reflect global calls under the Sustainable Development Goals (SDG 1: No Poverty; SDG 3: Good Health and Well-being; SDG 11: Sustainable Cities and Communities) for safe, inclusive, and resilient human settlements (United Nations, n.d.).

The San Miguel Corporation–Gawad Kalinga (SMC-GK) Village in Barangay Balubal, Cagayan de Oro City was developed through partnerships between the local government and private sectors to relocate families affected by disasters and informal settlements. While the program addressed the need for secure housing, questions remain about whether it meets broader physical, economic, social, and health needs.

This study evaluates the living conditions in the SMC-GK Village

using mixed method approach. Surveys measured satisfaction levels, while interviews with residents, barangay officials, and City Housing and Urban Development Department (CHUDD) representatives, together with field observations, provided deeper understanding of coping mechanisms and service delivery gaps. Findings were analyzed against the UDHA, BP 220, WHO Housing and Health Guidelines, and theoretical perspectives from Maslow (1943), Galster (1987), and Durkheim (1893/1984) to assess whether housing programs meet both physical and social development goals.

Statement of the Problem

Relocation housing projects provide families with secure homes but often face issues related to livelihoods, basic services, and community participation. The SMC-GK Village in Barangay Balubal represents one such project where physical shelter has been provided, yet concerns remain about economic opportunities, health access, and social inclusion.

This study seeks to answer the following questions:

1. What is the demographic profile of residents in terms of age, sex, civil status, education, employment, household income, household size, tenancy-awardee status, tenancy start year, and distance from previous residence, and how do these characteristics influence the residents' living condition outcomes?
2. What are the residents' levels of satisfaction with (a) physical conditions (i.e., housing durability, utilities, water, and drainage), (b) economic conditions (i.e., income, livelihoods, transport costs, and access to finance), (c) social conditions (i.e., community participation, cooperation, and governance), and (d) health conditions (i.e., sanitation practices, environmental risks, and access to health services)?
3. Are there significant differences in satisfaction levels when residents are grouped by demographic characteristics?
4. What coping mechanisms and community practices do households use to respond to gaps in services, and which of these practices can inform scalable policy responses?

5. How do actual living conditions compare with standards from the UDHA, BP 220, WHO, and theoretical frameworks from Maslow, Galster, and Durkheim?
6. What policy and program recommendations can be drawn to improve relocation housing projects?

Objectives of the Study

General Objective

The general objective of the study is to evaluate the living conditions of families in the SMC-GK Village Socialized Housing by integrating demographic, theoretical, and policy perspectives to identify gaps and recommend improvements for sustainable relocation housing.

Specific Objectives

1. To describe the demographic profile of residents in terms of age, sex, civil status, education, employment, income, household size, tenancy details, and relocation distance.
2. To assess the residents' satisfaction with physical, economic, social, and health dimensions of living conditions using quantitative and qualitative data.
3. To determine significant differences in satisfaction levels when residents are grouped according to demographic variables using ANOVA.
4. To examine coping mechanisms employed by the residents in addressing service and livelihood gaps through interviews and field observations.
5. To compare actual conditions with theoretical frameworks (i.e., Maslow, Galster, Durkheim) and policy standards (i.e., UDHA, BP 220, WHO, SDG 11) to identify strengths and gaps in the relocation process.

6. To propose evidence-based recommendations for improving future socialized housing programs.

Review of Related Literature and Theoretical Framework

Housing satisfaction depends on a mix of demographic, economic, social, and environmental factors shaping how the residents experience relocation projects. Differences in age, income, and distance from previous residences often produce varying needs and expectations, as families displaced by disasters prioritize security while those from urban informal settlements focus on livelihoods and access to services (Prasetyo & Adiando, 2022). Living standards such as reliable water supply, sanitation, electricity, and safe housing structures are critical for building livable communities, while their absence increases expenses and health risks, undermining relocation goals (Ballesteros, 2017).

Despite constraints, residents frequently modify their environments, engaging in home repairs, extensions, and community-led cleanups that improve physical conditions and strengthen local empowerment (Carrasco et al., 2016). Employment opportunities remain essential because steady incomes allow families to maintain their homes and avoid returning to unsafe living arrangements (County Health Rankings, 2023). However, relocation sites located far from economic centers often limit access to jobs and services, leaving households dependent on informal work or small-scale businesses (Ballano, 2017; Van Dijk, 2022).

Social participation also plays a central role in housing satisfaction. Racelis (1976), in *People Power: Community Participation in the Planning and Implementation of Human Settlements*, explained that meaningful participation requires residents to be actively involved in decision-making, not just implementation. When families influence planning, budgeting, and site management, they develop stronger ownership and cooperation, fostering long-term stability. Conversely, token participation where the residents join clean-up drives or meetings but lack decision-making power produces weaker community ties and limited trust in institutions. These insights align with findings by Srivarathan et al. (2022), who observed that strong neighborhood cooperation improves safety, conflict resolution, and collective problem-solving, while weak participation leads to dissatisfaction

and isolation.

Housing quality also directly affects health outcomes. Well-designed homes with proper drainage, ventilation, and water systems reduce exposure to diseases and environmental hazards, supporting physical and mental well-being (Bernstein, 2021). In the Philippines, the UDHA of 1992 and BP 220 both set legal requirements for minimum lot sizes, road access, water, electricity, and sanitation in socialized housing (Ballano, 2017; Simbre & Sta. Maria, 2019). Yet, studies reveal many relocation projects fall short of these standards, especially in distant sites lacking infrastructure and basic services (Zainul Abidin et al., 2019).

Theoretical perspectives clarify why relocation outcomes differ. Maslow's (1943) *Hierarchy of Needs* places housing at the foundation of safety and survival, necessary before families can pursue education, livelihoods, and self-fulfillment (Community Housing Industry Association [CHIA], 2022). Galster's (1987) psychological construct highlights that housing satisfaction reflects both objective measures, such as unit size and access to utilities, and subjective experiences like community belonging and livelihood opportunities (Riazi & Emami, 2018). Durkheim's (1893/1984) structural functionalism emphasizes the state's role in maintaining stability and equality through adequate housing, showing how weak infrastructure or inaccessible services disrupt social cohesion (Nickerson, 2023). Combined with Racelis' (1976) framework on participation, these perspectives stress that relocation housing must integrate physical, economic, social, and health dimensions to meet both material needs and social well-being.

Existing studies often focus on physical conditions but neglect coping mechanisms, demographic differences, and the role of institutional planning. By using mixed methods—surveys, interviews with the CHUDD, barangay officials, and field observations—this study compares the residents' lived experiences with legal standards (i.e., UDHA, BP 220), international guidelines (WHO, 2018), and theoretical models. This approach moves beyond measuring satisfaction alone, allowing analysis of why gaps emerge and how families adapt, providing lessons for future housing policy and program design.

Results and Discussions

This section presents the findings of the study according to the research objectives. Data were drawn from surveys of 218 household heads, interviews with the CHUDD and Barangay Balubal officials, and field observations in SMC-GK Village.

Demographic Profile of the Respondents

Table 1 presents the distribution of the demographic profile of the respondents, which was collected during the study period.

Table 1.

Table of Distribution of the Demographic Profile of the Respondents (N=218)

Baseline Characteristics	N	%
Sex		
Male	34	15.6
Female	184	84.4
Age		
18 to24 years old	22	10.1
25 to 31 years old	25	11.5
32 to 38 years old	35	16.1
39 to 45 years old	39	17.9
46 to 52 years old	27	12.4
53 to 59 years old	28	12.8
60 and above	42	19.3
Civil Status		
Single	24	11
Cohabit/Live-in	38	17.4
Married	128	58.7
Separated	3	1.4
Widow	25	11.5
Educational Attainment		
Elementary Level	17	7.8
Elementary Graduate	12	5.5
High School Level	31	14.2
High School Graduate	78	35.8
Vocational Training	7	3.2

Baseline Characteristics	N	%
National Certificate II	1	0.5
College Level	51	23.4
College Graduate	21	9.6
Employment		
Unemployed	135	61.9
Volunteer	3	1.4
Part-time	4	1.8
Contract	5	2.3
Employed	14	6.4
Self-employed	57	26.1
Household Income (in PHP)		
1,000 to 5,000	77	35.3
5,001 to 10,000	74	33.9
10,001 to 5,000	32	14.7
15,001 to 20,000	17	7.8
20,001 to 25,000	5	2.3
25,001 and above	13	6
Number of Household Members		
Alone	16	7.3
2 to 3	34	15.6
4 to 5	121	55.6
6 and above	47	21.6
Tenancy-Awardee (Is the house directly awarded to you?)		
No	21	9.6
Yes	197	90.4
Tenancy-Year Started		
2015 to 2017	189	86.7
2018 to 2020	23	10.6
2021 to 2023	6	2.8
Distance from Previous Residence		
Nearby Barangays	62	28.4
Far or City Proper Barangays	103	47.2
Very Far Barangays	44	20.2
Other Barangay/Municipalities outside Cagayan de Oro City	9	4.1

A total of 218 household heads from SMC-GK Village participated in the survey. Their characteristics reflect the typical profile of socialized

housing beneficiaries under the UDHA of 1992, which targets low-income families needing secure shelter after displacement by disasters or urban development (Ballano, 2017; Simbre & Sta. Maria, 2019).

Respondents were predominantly female (84.4%), while only 15.6% were male. Barangay officials explained that many men worked irregular jobs outside the community, leaving women as primary household managers. CHUDD officers added that female leaders became active in the homeowners' association (HOA), particularly in organizing water supply schedules and sanitation efforts. This reflects Racelis' (1976) observation that women often emerge as key actors in community life when household responsibilities extend beyond domestic roles.

The largest age group was 60 years old and above (19.3%), followed by those aged 39 to 45 years old (17.9%), and 32 to 38 years old (16.1%). Barangay records showed that many older residents had lived in disaster-prone areas along the Cagayan de Oro River before Typhoon Sendong, while younger families relocated from informal urban settlements. Field observations revealed that older households prioritized housing security and access to health services, while younger families expressed concern over employment and education differences consistent with Maslow's (1943) hierarchy, where basic safety needs dominate before economic and social aspirations emerge.

Most respondents were married (58.7%), while 17.4% reported cohabiting, and 11.5% were widowed. Barangay staff noted that widowed households often depended on relatives or neighbors for daily support, whereas married households formed the core of HOA membership, consistent with UDHA's emphasis on family-centered resettlement (Ballano, 2017).

Educational attainment was modest: 35.8% were high school graduates, 23.4% had some college education, and only 9.6% completed college. CHUDD officers explained that limited schooling reduced access to stable employment, leaving many residents reliant on informal livelihoods. Galster's (1987) psychological construct of housing satisfaction suggests that while free housing improves physical security, education and income shape whether families perceive long-term benefits.

Employment data underscored these constraints. Unemployment reached 61.9%, with only 6.4% in regular work and 26.1% self-employed in vending, tricycle driving, or small-scale farming. Barangay officials reported that distance from the city proper increased transport costs and reduced job opportunities. Field visits confirmed that many residents abandoned city-based jobs due to long commutes, turning instead to home-based livelihoods. Ballano (2017) similarly argued that relocation without livelihood planning risks perpetuating poverty.

Income levels reinforced this picture: 69.2% of households earned below PHP 10,000 monthly, including 35.3% earning only PHP 1,000 to PHP 5,000. The Philippine Statistics Authority (PSA) (2022) estimates that a family of five needs at least PHP 12,000 monthly to meet basic needs, indicating widespread poverty within the community. A small group (6%) reported incomes above PHP 25,000, often from overseas employment or government jobs, consistent with Zoleta's (2022) classification of emerging middle-income families.

Household size averaged five members, with 21.6% reporting six or more. Field observations documented water storage in multiple containers and shared sanitation facilities among larger families, raising health concerns identified by WHO (2018) in settlements with limited utilities.

Tenancy records showed that 90.4% were direct awardees, and 86.7% had relocated between 2015 and 2017. Barangay officials noted that after nearly a decade, residents had established routines, social ties, and organized HOAs, shifting the site from a relocation area to a functioning community (Srivarathan et al., 2022).

Relocation history explained many later challenges. Nearly half (47.2%) came from the city proper, 28.4% from nearby barangays, 20.2% from distant rural barangays, and 4.1% from other municipalities. CHUDD officials reported that families from far-flung areas faced higher transport costs, weaker social ties, and reduced access to hospitals and schools, shaping their satisfaction with relocation outcomes, patterns consistent with Van Dijk's (2022) findings on distance and livelihood recovery in resettlement programs.

Project records showed that the SMC-GK Village began after Typhoon Sendong displaced thousands in Cagayan de Oro. San Miguel Corporation donated construction materials, Gawad Kalinga assisted with labor, and the city government purchased the land. Homes met BP 220 standards, providing 24-square-meter units on 100-square-meter lots (Housing and Land Use Regulatory Board [HLURB], 2019). By the time of interviews, 350 families had received land titles, and the HOA was registered with the Department of Human Settlements and Urban Development (DHSUD) under Certificate No. 12290 (DHSUD, 2023). Families affected by disasters, demolitions, and infrastructure projects were prioritized, while some landowners requested housing units instead of cash compensation for road construction affecting their properties.

Living Conditions

Table 2 illustrates the respondents' living conditions, focusing on the physical aspects of their housing, including factors such as space, durability, accessibility to utilities, and overall infrastructure.

Table 2.
Physical Condition of the Respondents

Indicators	Mean (M)	SD	Interpretation
1. The floor area of the housing unit is enough	3.20	0.60	Satisfied
2. The house is durable	3.03	0.62	Satisfied
3. There is a space available for a garden in our home	2.90	0.75	Satisfied
4. Access to electricity supply for the household	3.70	0.48	Strongly Satisfied
5. Clean water is accessible for house cleaning and chores	2.57	0.80	Satisfied
6. There is adequate drainage system in the area	2.22	0.71	Dissatisfied
7. There is enough outdoor space for physical comfort and mobility	3.40	0.61	Strongly Satisfied
8. Light posts in the neighborhood are light up regularly during the night	3.62	0.57	Strongly Satisfied
Overall	3.08	0.64	Satisfied

Physical Conditions: Housing Durability, Utilities, Water, and Drainage

Survey results (Table 2) showed moderate satisfaction with housing durability ($M = 3.03$) and electricity access ($M = 3.70$), suggesting that BP 220 construction standards on floor area and structural safety were largely achieved (Simbre & Sta. Maria, 2019). CHUDD officials explained that the program prioritized moving families away from disaster-prone zones into concrete, weather-resistant homes after Typhoon Sendong. Barangay council members added that HOAs organized minor repairs and maintenance efforts, helping preserve house durability over time. Field observations confirmed well-built units with durable walls and roofs, consistent with Maslow's (1943) emphasis on safety as a foundational human need.

However, satisfaction dropped sharply for water supply ($M = 2.57$) and drainage systems ($M = 2.22$). Residents reported irregular water delivery and long lines at communal taps, while barangay officials pointed out flooding during heavy rains due to incomplete drainage canals. CHUDD acknowledged that limited budgets delayed water and sanitation projects, with resources focused first on housing units. Field visits documented makeshift drainage channels dug by residents themselves and water storage in large containers, revealing coping strategies in the absence of formal infrastructure. These conditions fall short of WHO (2018) guidelines on adequate housing, which stress that safe water and sanitation are essential for health and well-being.

Table 3.
Economic Condition of Respondents

Indicators	Mean (M)	SD	Interpretation
1. We are allowed to engage in entrepreneurial activities	3.65	0.49	Strongly Satisfied
2. We are allowed to engage on more than one enterprise	3.59	0.55	Strongly Satisfied
3. Home fixture services are affordable	3.01	0.63	Satisfied
4. Household has access to internet in their homes	2.94	0.67	Satisfied
5. The household have appliances	3.39	0.64	Strongly Satisfied
6. Prices of the items sold in the neighborhood are reasonable	3.07	0.65	Satisfied
7. The fare cost to the destination is reasonable	2.29	0.72	Dissatisfied

Indicators	Mean (M)	SD	Interpretation
8. Household income improved this past two months	2.46	0.71	Dissatisfied
Overall	3.05	0.63	Satisfied

Economic Conditions: Income, Livelihoods, and Transport Costs

Economic conditions (Table 3) received the lowest satisfaction ratings, with household income improvement ($M = 2.46$) and transport costs ($M = 2.29$) as major concerns. Families earning below PHP 5,000 reported struggling with high commuting expenses to workplaces and schools. CHUDD officials admitted that while the relocation program ensured housing security, no accompanying livelihood plan or transport subsidy was provided. Barangay council members explained that residents relied on informal work such as vending, tricycle driving, or home-based businesses because of limited access to stable employment in the city center.

Field observations confirmed that families spent hours commuting, with some abandoning city jobs due to long travel times and high transport costs. These findings reflect Ballano's (2017) warning that relocation without integrated economic planning risks transferring poverty rather than alleviating it. From Maslow's (1943) perspective, economic struggles hinder residents from moving beyond basic survival needs, while Galster (1987) explains that satisfaction declines when housing benefits are offset by financial burdens like transport and job loss.

Table 4.
Social Condition of the Respondents

Indicators	Mean (M)	SD	Interpretation
1. The SMC-GK Village Homeowners Association is doing their job in the community	3.33	0.56	Strongly Satisfied
2. We celebrate or have parties together in special occasions	3.29	0.63	Strongly Satisfied
3. The SMC-GK Village Homeowners Association have regular assembly	3.56	0.51	Strongly Satisfied
4. We participate in Homeowners Association's programs, projects, and activities	3.25	0.62	Satisfied
5. People living in SMC-GK Village are friendly	3.30	0.57	Strongly Satisfied

Indicators	Mean (M)	SD	Interpretation
6. We practice <i>bayanihan</i> in the neighborhood	3.41	0.57	Strongly Satisfied
7. Barangay Balubal Administration holds visitation and implementing programs, projects, and activities with SMC-GK Village	3.36	0.70	Strongly Satisfied
8. Conflict between members in the community is common	3.31	0.55	Strongly Satisfied
Overall	3.25	0.59	Strongly Satisfied

Social Conditions: Community Participation and Governance

Social conditions (Table 4) scored moderately high ($M = 3.25$), as residents reported strong neighborhood ties and *bayanihan* practices. HOAs regularly organize clean-ups, security patrols, and cultural activities, fostering cooperation among households. Barangay officials confirmed that such initiatives improved safety and sanitation, while CHUDD praised residents for maintaining communal spaces despite limited government support.

However, interviews revealed limited participation in formal decision-making about livelihood planning, budgeting, and infrastructure development. CHUDD admitted that relocation timelines prioritized physical construction over participatory governance, leaving residents with little say in project design. Barangay leaders added that HOAs managed day-to-day activities but lacked channels to influence city-level planning decisions.

This reflects Racelis' (1976) observation that relocation often treats residents as passive beneficiaries rather than active partners. Durkheim's (1893, as cited in Nickerson, 2023) structural functionalism similarly emphasizes that institutions maintain social order more effectively when communities share responsibility in decision-making, suggesting the need for stronger participatory mechanisms in future projects.

Table 5.
Health Condition of the Respondents

Indicators	Mean (M)	SD	Interpretation
1. We practice proper waste segregation disposal	3.20	0.51	Satisfied
2. Household observes sanitation, exercise, and hygiene practices	3.27	0.50	Strongly Satisfied
3. Our garbage is regularly collected	3.20	0.51	Satisfied
4. There is enough population in SMC-GK Village	3.22	0.45	Satisfied
5. The household is able to have clean drinking water	3.28	0.50	Strongly Satisfied
6. The area outside our house is always clean	3.25	0.54	Satisfied
7. The community have regular clean up drive	3.04	0.41	Satisfied
8. The Barangay Balubal Health Center does regular monitoring and check-ups of the household	3.03	0.59	Satisfied
Overall	3.19	0.50	Satisfied

Health Conditions: Sanitation Practices and Access to Healthcare

Health conditions (Table 5) received mixed ratings. Household sanitation practices scored high ($M = 3.27$), with residents keeping surroundings clean through HOA-led clean-up drives and proper waste disposal. Field observations documented organized garbage collection points and community rules against open dumping, reflecting local commitment to environmental health.

However, access to health services ($M = 3.03$) remained a concern. Barangay health workers reported having difficulties in responding to emergencies because the nearest clinic required long travel times. CHUDD confirmed that plans for a local health station were approved but delayed due to funding constraints. Families from distant barangays faced particular hardship during medical emergencies, contrary to the WHO (2018) guidelines stating that health services should be accessible within or near settlements. From Maslow's (1943) perspective, this gap leaves essential safety and health needs unmet despite progress in sanitation practices.

Table 6.

One-Way Analysis of Variance in Physical Condition, Economic Condition, Social Condition, and Health Condition When Grouped with the Respondents' Demographic Profile

ANOVA TEST		F	p-value	Decision	Intepretation
Profile	Living Condition				
Age	Physical Condition	1.471	0.189	Accept H_0	Not Significant
	Economic Condition	2.326	0.034	Reject H_0	Significant
	Social Condition	2.424	0.028	Reject H_0	Significant
	Health Condition	2.535	0.022	Reject H_0	Significant
Sex	Physical Condition	0.487	0.486	Accept H_0	Not Significant
	Economic Condition	0.955	0.329	Accept H_0	Not Significant
	Social Condition	1.119	0.291	Accept H_0	Not Significant
	Health Condition	3.580	0.060	Accept H_0	Not Significant
Civil Status	Physical Condition	0.833	0.505	Accept H_0	Not Significant
	Economic Condition	2.301	0.060	Accept H_0	Not Significant
	Social Condition	5.894	<0.001	Reject H_0	Significant
	Health Condition	3.614	0.007	Reject H_0	Significant
Educational Attainment	Physical Condition	1.239	0.283	Accept H_0	Not Significant
	Economic Condition	0.797	0.591	Accept H_0	Not Significant
	Social Condition	0.758	0.623	Accept H_0	Not Significant
	Health Condition	1.607	0.135	Accept H_0	Not Significant
Employment	Physical Condition	1.172	0.324	Accept H_0	Not Significant
	Economic Condition	2.531	0.030	Reject H_0	Significant
	Social Condition	1.686	0.139	Accept H_0	Not Significant
	Health Condition	1.756	0.123	Accept H_0	Not Significant
Household Income	Physical Condition	0.51	0.768	Accept H_0	Not Significant
	Economic Condition	5.383	<0.001	Reject H_0	Significant
	Social Condition	3.146	0.009	Reject H_0	Significant
	Health Condition	3.889	0.002	Reject H_0	Significant
Household Members	Physical Condition	1.972	0.119	Accept H_0	Not Significant
	Economic Condition	2.857	0.038	Reject H_0	Significant
	Social Condition	1.86	0.137	Accept H_0	Not Significant
	Health Condition	2.296	0.079	Accept H_0	Not Significant
Recipient of the Housing Unit	Physical Condition	0.635	0.426	Accept H_0	Not Significant
	Economic Condition	4.499	0.035	Reject H_0	Significant
	Social Condition	0.053	0.818	Accept H_0	Not Significant
	Health Condition	0.148	0.701	Accept H_0	Not Significant

ANOVA TEST		F	p-value	Decision	Intepretation
Profile	Living Condition				
Year Started Residing	Physical Condition	0.596	0.552	Accept H_0	Not Significant
	Economic Condition	0.573	0.565	Accept H_0	Not Significant
	Social Condition	1.089	0.338	Accept H_0	Not Significant
	Health Condition	0.400	0.671	Accept H_0	Not Significant
Proximity to Previous Residence	Physical Condition	3.472	0.017	Reject H_0	Significant
	Economic Condition	9.470	<0.001	Reject H_0	Significant
	Social Condition	14.687	<0.001	Reject H_0	Significant
	Health Condition	4.253	0.006	Reject H_0	Significant

Note. Significant if $p < 0.05$ and Not Significant if $p > 0.05$

Significant Differences in Satisfaction Levels

Statistical analysis using one-way ANOVA revealed significant differences in satisfaction levels across demographic groups (Table 6). These differences were most pronounced in income level, age, and distance from previous residence, with implications for physical, economic, social, and health conditions.

Income level showed the strongest association with satisfaction outcomes. Families earning below PHP 5,000 per month reported the lowest satisfaction with economic ($p < 0.001$), health ($p = 0.002$), and social conditions ($p = 0.009$). Interviews with CHUDD officials explained that the absence of livelihood programs forced low-income households to rely on irregular informal work, making it difficult to afford transportation, healthcare, and basic services. Barangay council members noted that households with stable income could contribute more to HOA projects, while poorer families often prioritized daily survival over community participation. These findings reflect Maslow's (1943) hierarchy, where unmet physiological and safety needs prevent families from achieving higher social and economic aspirations. Galster's (1987) psychological construct further explains that identical housing units produce differing satisfaction levels depending on the residents' financial capacity to sustain livelihoods and services.

Age differences also shaped satisfaction outcomes. Older households reported higher satisfaction with physical conditions ($p = 0.034$), especially housing durability, as they prioritized safety and permanence after being

displaced by disasters like Typhoon Sendong. Younger families, however, expressed lower satisfaction with economic ($p = 0.034$) and social conditions ($p = 0.028$) because livelihood opportunities and community facilities did not meet their long-term needs. Barangay officials observed that older residents valued home ownership and security, while younger families sought education, employment, and participatory governance; consistent with Maslow's (1943) stages where security precedes self-development, and with Racelis' (1976) view that meaningful participation sustains community integration over time.

Distance from previous residence significantly affected physical ($p = 0.017$), economic ($p < 0.001$), social ($p < 0.001$), and health conditions ($p = 0.006$). Families relocated from distant rural barangays reported greater difficulty accessing transport, schools, jobs, and healthcare compared to those from nearby areas. CHUDD officials admitted that site selection prioritized available land rather than proximity to employment or services. Field observations documented long commuting times, higher transport expenses, and reduced participation in community meetings among distant households. These gaps highlight Durkheim's (1893, as cited in Nickerson, 2023) concern that weak institutional planning undermines social stability when basic services and participation mechanisms remain inaccessible to parts of the community.

The analysis shows that income, age, and distance jointly shaped relocation experiences. Families with stable livelihoods, shorter commutes, and disaster-related displacement histories reported higher satisfaction, while younger, poorer, and more distant households struggled with economic, health, and participatory dimensions. These results confirm Ballano's (2017) and Van Dijk's (2022) findings that relocation projects fail when physical housing provision is not matched by infrastructure, livelihood access, and participatory governance—the core principles emphasized in UDHA, BP 220, and WHO (2018) housing standards.

Coping Mechanisms of Residents

Findings revealed that families in SMC-GK Village developed a range of coping strategies to address the gaps in services, infrastructure, and livelihood opportunities. These strategies combined household-level initiatives with community-led actions, reflecting both individual

resilience and collective problem-solving.

Water scarcity emerged as one of the most pressing issues. Residents installed large storage drums and scheduled water collection times, practices confirmed by barangay council members who noted that HOAs created informal water-sharing agreements to avoid conflicts. Field observations showed improvised rainwater collection systems attached to rooftops, reflecting local adaptation in the absence of a permanent solution. CHUDD officials acknowledged that while long-term water infrastructure was planned, budget constraints delayed its completion, leaving residents to bridge the gap through self-organization. These efforts align with WHO (2018) guidelines emphasizing that access to safe water is fundamental to health and well-being.

In the absence of adequate drainage systems, households dug shallow canals to divert rainwater from homes, while HOAs organized clean-up drives to prevent mosquito breeding. Barangay council members explained that these activities reduced flood risks during the rainy season, showing what Racelis (1976) described as “functional participation,” where communities collectively respond to environmental hazards even without institutional support.

Economic challenges also prompted creative coping measures. With limited job opportunities nearby, residents engaged in small-scale vending, backyard gardening, and shared transport arrangements to reduce commuting costs. Barangay officials reported that some families pooled resources for bulk rice purchases or used cooperative-style savings groups to handle emergencies. CHUDD interviews confirmed that these initiatives helped households survive income losses during the COVID-19 pandemic, when many city-based jobs were disrupted. From Maslow’s (1943) perspective, these economic coping mechanisms represent attempts to meet basic needs when institutional systems fall short, while Galster (1987) explains that financial insecurity lowers satisfaction even when housing conditions improve.

Health concerns, particularly the distance to clinics, were partly addressed through community health volunteers trained by barangay health workers. They conducted home visits, monitored sanitation practices, and coordinated referrals to nearby health centers. Field

observations documented first-aid kits in HOA offices and organized emergency transport pooling for sick residents. These measures reflect Durkheim's (1893, as cited in Nickerson, 2023) argument that social institutions, including local governance structures maintain stability when they work alongside communities to reduce health risks and improve collective well-being.

These coping mechanisms demonstrate that while residents actively responded to service gaps, their efforts remain stopgap measures. The lack of integrated infrastructure, livelihood programs, and healthcare access underscores Ballano's (2017) critique that relocation housing often provides shelter without ensuring long-term sustainability. Without institutional investment in water, drainage, health facilities, and transport systems, families bear the burden of filling service gaps themselves, limiting the transformative potential of relocation programs envisioned under UDHA and BP 220.

Comparison with Standards and Theories

The findings of this study reveal both successes and gaps when compared to legal standards and theoretical frameworks governing socialized housing in the Philippines.

The UDHA of 1992 and BP 220 require relocation sites to provide secure tenure, minimum floor areas, durable housing materials, and basic services such as water, electricity, drainage, and road access (Ballano, 2017; Simbre & Sta. Maria, 2019). Survey results and CHUDD records confirm that SMC-GK Village achieved compliance in housing durability and unit size, with homes meeting BP 220's minimum requirement of 24 square meters on 100-square-meter lots (HLURB, 2019). By the time of interviews, 350 households had received land titles, fulfilling UDHA's mandate for secure tenure (DHSUD, 2023). These achievements align with Maslow's (1943) foundational safety needs, as families displaced by Typhoon Sendong moved from flood-prone informal settlements into permanent housing.

However, results showed clear gaps in water supply, drainage, health access, and livelihood opportunities. Weighted mean scores for water ($M = 2.57$), drainage ($M = 2.22$), and healthcare access ($M = 3.03$) fell

below satisfaction thresholds, while economic outcomes like income improvement ($M = 2.46$) and transport costs ($M = 2.29$) scored lowest across all dimensions. CHUDD officials admitted that relocation planning prioritized land acquisition and unit construction over integrated infrastructure and livelihoods. Barangay council members confirmed that residents built makeshift drainage canals, organized water-sharing systems, and pooled transport costs to address these gaps, but such efforts remain temporary and uneven across households.

From a policy perspective, these findings demonstrate partial compliance with UDHA and BP 220 service provisions and conflict with WHO (2018) housing guidelines requiring safe water, sanitation, and accessible health facilities for all settlements. This mismatch echoes Ballano's (2017) observation that many relocation projects in the Philippines succeed in delivering physical housing but fail to ensure livable, sustainable communities.

The theoretical frameworks applied in this study help explain the implications of these results. Maslow's (1943) hierarchy of needs shows that without reliable water, healthcare, and livelihoods, residents remain focused on survival rather than progressing toward social participation or self-actualization. Galster's (1987) psychological construct clarifies why identical housing units generated uneven satisfaction levels: families with better access to jobs, schools, and transport expressed higher well-being, while those facing economic and service barriers felt excluded despite receiving free homes.

Durkheim's structural functionalism (1893, as cited in Nickerson, 2023) highlights the role of institutions in maintaining social stability. In SMC-GK, the absence of participatory governance in project design weakened trust between residents and implementing agencies. Barangay officials observed that while HOAs managed sanitation and security, they lacked channels to influence decisions on livelihood programs or infrastructure priorities. This supports Racelis' (1976) argument that community participation must extend beyond maintenance activities toward real decision-making power for resettlement projects to succeed.

Finally, these gaps undermine the SDG 11: Sustainable Cities and Communities, which calls for inclusive, safe, and resilient housing.

Without integrated services, residents remain vulnerable to economic shocks, health risks, and environmental hazards—conditions that relocation programs were designed to prevent.

SMC-GK Village demonstrates that compliance with physical housing standards alone is insufficient. Sustainable relocation requires infrastructure, livelihoods, health services, and participatory governance aligned with UDHA, BP 220, WHO, and community development principles. This evidence strengthens calls for policy reforms integrating housing construction with long-term economic and social planning, ensuring that relocation projects genuinely improve quality of life rather than simply transfer poverty to new locations.

Conclusion

This study assessed the living conditions of 218 household heads in SMC-GK Village, a relocation site developed through partnerships between San Miguel Corporation, Gawad Kalinga, and the City Government of Cagayan de Oro. Using surveys, interviews with CHUDD officials and barangay council members, and field observations, the study evaluated physical, economic, social, and health dimensions of relocation outcomes and analyzed differences across demographic groups.

Results showed that housing durability and electricity access met BP 220 standards, fulfilling UDHA's basic requirement for safe and permanent shelter. Land titles for 350 households ensured secure tenure, addressing long-standing housing vulnerabilities among families displaced by Typhoon Sendong, demolitions, and urban clearing operations.

However, gaps in water supply, drainage, health services, and livelihood opportunities reduced overall satisfaction, particularly among low-income families, younger households, and those relocated from distant barangays. High transport costs, irregular water delivery, incomplete drainage, and the absence of nearby clinics limited the residents' ability to move beyond basic survival needs. Maslow's (1943) hierarchy explains this stagnation: without economic stability and reliable services, families remain focused on survival rather than social or economic development.

Statistical analysis confirmed significant differences by income, age, and distance. Low-income households reported the lowest satisfaction in economic, health, and social dimensions, while older residents prioritized safety and housing security over livelihoods. Families relocated from distant barangays struggled most with transport expenses, healthcare access, and community participation. These patterns support Galster's (1987) psychological construct, showing that identical housing units produce unequal satisfaction when economic and service conditions differ.

Despite these gaps, residents demonstrated resilience through coping mechanisms such as communal water storage, backyard gardening, transport cost-sharing, and HOA-led clean-ups. However, Durkheim's (1893/1984) structural functionalism and Racelis' (1976) emphasis on participation highlight that institutional responsibility cannot be replaced by community initiatives alone. Without integrated planning for livelihoods, health facilities, and participatory governance, relocation projects risk reproducing the very vulnerabilities they aim to address.

Overall, findings confirm that physical housing provision alone does not guarantee improved quality of life. Sustainable relocation requires infrastructure, livelihoods, health services, and community participation aligned with UDHA, BP 220, WHO standards, and SDG 11 goals for inclusive and resilient settlements.

Recommendations

Based on the study's findings, it is strongly recommended that the SMC-GK Village relocation program begin integrating livelihood programs at the planning stage. Rather than relocating families first and leaving economic opportunities to follow, the partnership between the local government, CHUDD, and relevant agencies (e.g., Technical Education and Skills Development Authority [TESDA], Department of Labour and Employment [DOLE]) should create vocational training, job linkages, and small business assistance programs so that families, especially the lower-income ones, can improve their incomes and reduce dependence on informal work.

In addition, the village must prioritize developing reliable water supply and drainage systems. The data revealed that residents suffer from

irregular water delivery and flooding during heavy rains; to remedy this, the local government and water authorities should fast-track permanent water connection projects and ensure drainage canals are completed. These infrastructure upgrades are essential, not optional, to fulfill standards under UDHA, BP 220, and WHO guidelines for adequate housing.

Healthcare access within the relocation site should also be improved. It would highly be beneficial to establish a local health station or mobile clinic to serve emergencies and routine health care, especially for elderly residents, mothers, and young children. The current distance to health facilities burdens many families with transport costs and delays, which undermines health outcomes and violates WHO standards for sanitation and access.

Transport challenges must be addressed through either subsidized commuting or improved public transport links between SMC-GK Village and city job and/or education centers. Many respondents report spending disproportionate shares of income on transportation; this not only lowers their economic satisfaction but also limits participation in social and health services.

Participatory governance should be institutionalized so that residents are not merely users of services but active contributors to decision-making. We recommend setting up mechanisms within the HOA and barangay council to involve residents in plans and budgets for infrastructure, livelihood, and welfare services. Following Racelis (1976), community participation builds social capital and increases trust and satisfaction.

Finally, there should be regular monitoring and evaluation of the project's performance against the standards of UDHA, BP 220, WHO, and SDG 11. A multi-agency oversight committee could be established, with representation from city government, barangay, CHUDD, and community representatives, to check compliance on dimensions—the physical, economic, social, and health—and ensure that service gaps are identified and corrected in a timely manner.

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