

Chapter 1

Introduction

Grace T. Cruz

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Introduction

Grace T. Cruz

The 2030 Agenda for Sustainable Development sets out a universal plan of action that seeks to ensure development for all segments of society, with a focus on the most vulnerable, including older persons (OPs) (UNDESA Population Division, 2015). This coincides with other global frameworks and agreements on ageing, such as the Political Declaration and Madrid Plan of Action on Ageing (United Nations, 2002) and the World Health Assemblies on Strengthening Active and Healthy Ageing (World Health Organization, 2005). Recently, the 20th Association of Southeast Asian Nations (ASEAN) Plus Three Statement on Active Ageing (ASEAN, 2016) reaffirmed member countries' commitment to active ageing, with the aim of developing a regional plan of action to implement the Kuala Lumpur Declaration on Ageing: Empowering Older Persons in the ASEAN (ASEAN, 2015).

These policies are in response to the challenges of an unprecedented global ageing trend resulting from the decline in fertility and mortality rates in many countries. Further fertility transitions in countries that still have relatively high fertility levels will ensure that the population ageing momentum will be sustained. Such a demographic revolution, accompanied by an epidemiologic transition marked by an increasing preponderance of noncommunicable illnesses resulting from further extensions in life expectancies, can seriously undermine a country's social and economic development. These transitions impose a heavy burden on individuals, families, and governments, particularly with respect to ensuring the OPs' healthcare, social security, housing, retirement benefits, and employment, amongst others. The situation becomes even more acute in less developed economies such as the Philippines, which face this demographic phenomenon with limited resources.

Because of its young population structure, the Philippines is not yet considered an ageing society. As of the last census, in 2015, a third of the country's population was below 15 years old, with merely 8% aged 60 years and over. As we anticipate further improvements in longevity and a sustained fertility decline, the demographic landscape is projected to slowly transition to an ageing population. From 2025 to 2030, older Filipinos aged 60 years and over are projected to account for at least 10% of the total population, making the Philippines an ageing society based on the United Nations (UN) definition.¹ The older population is the fastest-growing sector of the Philippine population, with the trend expected to hold. This demographic eventuality provides an opportune time to invest in ageing research, which is a prerequisite for anticipatory policies and programmes that will ensure the fulfilment of the country's 2030 Agenda pledge to leave no one behind.

The government has made significant advances in policy and programme initiatives that guarantee the rights of OPs. The most comprehensive law by far providing entitlements for older Filipinos and prescribing the government's duties and obligations is the Expanded Senior Citizens Act of 2010 (Republic Act [RA] 9994)² (Dumpit, 2019). The law entitles senior citizens to a 20% discount on the purchase of medicines, food, and other expenditure items; it also exempts them from paying value-added tax (VAT). In fulfilment of the law, the Department of Health (DOH) has allotted funds to set up geriatric health facilities in selected DOH hospitals and to build the capability of medical and nursing staff in the proposed geriatric centres (DOH Department Order No. 2018-0357, 2018).

Another milestone was attained with the passing in July 2019 of RA 11350, which created the National Commission of Senior Citizens. The commission will ensure the full implementation of laws, policies, and government programmes pertaining to senior citizens and formulate policies to promote and protect the rights and well-being of senior citizens, amongst others.

Another new law is the Universal Health Care Law (RA 11223), which guarantees equitable access to quality and affordable healthcare services for all Filipinos,

¹ The UN defines ageing societies as those with 10%–19% of the population aged 60 and over (UNDESA Population Division, 2015).

² RA 9994 is the third version of the Senior Citizens Act. It aims to augment existing programmes and services for older people.

including OPs. The law automatically enrolls all Filipino citizens in the National Health Insurance Program and expands Philippine Health Insurance Corporation (PhilHealth) coverage to include free medical consultations and laboratory tests. If properly implemented, the new law is expected to improve older Filipinos' access to healthcare, especially in rural and other medically underserved areas. Related to this is the provision of the Tax Reform for Acceleration and Inclusion (TRAIN) Law of 2017 (RA 10963) that extends VAT exemption to medications for diabetes, high cholesterol, and hypertension – the three most common maladies of OPs – beginning in January 2019 (TRAIN Law, 2017).

The Plan of Action for Senior Citizens has been crafted, with the Department of Social Welfare and Development as the lead agency, to ensure that population ageing challenges are met. The Commission on Human Rights has initiated efforts to protect the rights and well-being of older Filipinos through its participation in the UN Open-Ended Working Group on Ageing (Dumpit, 2019).

The government has launched a social protection programme to curb old-age poverty; the programme includes the provision of PhilHealth coverage and monthly pension amounting to PHP500 (about US\$10) for indigent senior citizens (National Economic and Development Authority, 2017). Pensions of senior war veterans have been increased (RA 11164, 2018). The Centenarians Act of 2016 (RA 10868, 2016) gives centenarians a cash gift of at least PHP100,000 (about US\$2,000).

Congress and the Senate are discussing a wide range of policy issues to promote the well-being of OPs, including a bill to protect OPs from elder abuse (House Bill 7030, 2019), provide a universal social pension, and institutionalise senior citizen funds (Senate Bill 2138, 2019). To a large extent, the election of OP party list³ representatives to Congress has helped amplify OPs' concerns in policymaking.

³ The party-list representation in the House of Representatives of the Philippines is a 1987 constitutional provision providing 20% of the elected slots to the underrepresented community sectors or groups, including labour, peasant, urban poor, indigenous cultural, women, youth, older people, and other such sectors as may be defined by law (except the religious sector).

State of Ageing Research in the Philippines

A systematic consolidation of published and grey literature on ageing in the Philippines indicates a growing academic interest in OPs. A comprehensive review of ageing studies (De la Vega, 2016) showed that substantial research on ageing was conducted from 1980 to 2013. Many of these studies covered health-related areas, specifically the '5D' outcome measures of death, disease, disability, discomfort, and dissatisfaction. Most of the studies are quantitative investigations that used large-scale sample surveys of older respondents (Cruz et al., 2016; Knox-Vydmanov, Horn, and Sevilla, 2016; Ogena et al., 2018).

The increase in ageing studies in the country has largely been driven by the availability of data on OPs. Over the past 2 decades, three nationally representative surveys on OPs have been conducted and have served as the basis for a substantial number of publications. These surveys are the 1996 Philippine Elder Survey, the 2007 Philippine Study on Aging, and the 2018 baseline survey of the Longitudinal Study of Ageing and Health in the Philippines (LSAHP), which is the focus of this report. Other than these surveys, the Philippine Census of Population and Housing (CPH), albeit limited in scope, provides data used in monitoring the size, growth, and basic socioeconomic profile of the older population. The 2010 CPH was the first time the country collected data on disability using the Washington Group (WG) Short Set on Functioning. The WG Short Set includes a six-item measure of difficulty in six domains of health: seeing, hearing, walking or climbing steps, remembering or concentrating, self-caring, and communicating using one's usual language. The inclusion of these questions was a response to the new global framework for action to address ageing and disability issues. Another major data source that is useful in assessing the health of older Filipinos is the first National Disability Prevalence Survey (Model Functioning Survey) conducted by the Philippine Statistics Authority in 2016. The survey provides detailed information for measuring the health and functioning abilities of OPs, which is needed in monitoring the country's progress toward the Sustainable Development Goals.

Although a pool of diverse research by specialised academic and research institutions is beginning to emerge, an important area that has been neglected is the assessment of transition amongst a variety of defined health states or incidence rates (particularly between health and function problems and/or disability), the mechanism that explains the pathway of such health transitions, and the factors affecting these

transitions. This limitation can be addressed only by collecting appropriate data through longitudinal or panel studies on ageing.

Longitudinal Data for Ageing Research

The ideal design for studies on ageing is the longitudinal or panel study, where the same group of survey respondents is followed through time (Birren and Schaie, 2001; Fozard, Metter, and Brant, 1990). The benefit of a longitudinal study is that it enables researchers to detect developments or changes in the characteristics of the target population, at group and individual levels, which are difficult to establish in cross-sectional studies. A longitudinal study overcomes one important limitation of the cross-sectional design: the cohort bias. The bias is associated with the failure of cross-sectional data to take into account the different conditions of people born in different generations, which may influence their current condition. Although they are more expensive than cross-sectional studies, panel studies focusing on OPs are becoming common in ageing societies. Most ageing societies have established strong databases for the analyses of longitudinal ageing studies that shed light on old-age health-related issues such as cognitive function, socioeconomic status, health status and physical performance, morbidity and mortality predictors, healthcare costs, and genetics (Stanziano, Whitehurst, Graham, and Roos, 2010). The longest-running panel survey, the Panel Study of Income Dynamics, began in 1968 in the United States and is directed by faculty at the University of Michigan (Panel Study of Income Dynamics, n.d.).

Longitudinal data have been widely used to understand health transitions such as the timing of the emergence of various health problems, the progression of diseases, loss of functioning, cognitive decline, and the factors that determine these life trajectories (National Academies of Sciences, Engineering, and Medicine, 2018; Newsom, Jones, and Hofer, 2013). Panel data have been useful in revealing the financial and social costs of these late-life health problems, as well as in identifying key protective factors and how they contribute to the attainment of healthy ageing.

A review of 25 low- and middle-income Asia-Pacific countries, including the Philippines, showed key data gaps across the region and a need for more longitudinal data (Teerawichitchainan and Knodel, 2015). The study underscored the lack of scientific data infrastructure that can inform key life domains at older ages, including health status and healthcare. Such infrastructure is essential in formulating evidence-

based policies to address the changing situation of OPs over time. The Philippines is one of the few countries in the region that do not have panel data on ageing (Table 1.1).

Table 1.1. Countries with Longitudinal Surveys on Ageing: ASEAN, China, India, Japan, and Republic of Korea

With Longitudinal Surveys on Ageing		Without Longitudinal Surveys on Ageing	
Country	% of the Population 60+ Years	Country	% of the Population 60+ Years
Japan	32.8	Vietnam	10.3
South Korea	18.4	Myanmar	8.9
Singapore	17.9	Philippines	7.3
Thailand	15.6	Brunei	7.1
China	15.4	Cambodia	6.8
Malaysia	9.1	Lao PDR	6.1
India	8.9		
Indonesia*	8.1		

Note: *The Indonesian Family Life Survey (IFLS) is not specific to ageing population; it covers a wide range of ages. Source: Saito, 2018; Teerawichitchainan & Knodel, 2015; UNDESA Population Division, 2017.

The LSAHP is expected to fill some of the data gaps in ageing research. Longitudinal data on relevant health and other outcomes in the Philippines will enable a comparison with ASEAN and other ageing countries and will allow the formulation of better intervention programmes. Comparative studies are essential to learning about the success and failure of each country in their attempts to deal with population ageing (Smith, 2012).

Structure of the Report

This report updates the description of older Filipinos, with a focus on their health and well-being, based on the 2018 baseline survey of the LSAHP. The report draws from a rich, multidisciplinary data source emanating from interviews of multiple actors, including older Filipinos and their caregivers, children, and household members. Household members were chosen from amongst the responsible adult members of the household, mainly the household head, who is in the best position to provide information on the OP respondent's household context. All data presented in this

report are from the OP's perspective. The analysis focuses on the outcome indicators of the various dimensions of health and well-being, categorised by fundamental demographic variables: age and sex of the OP respondent. Age is a key characteristic because it is the main driver of biological maturation, whilst a person's sex has been established as a source of significant variation amongst major demographic processes such as mortality (Lutz, Butz, and KC, 2014).

The report has 14 chapters covering the core issues in population ageing. The study design, sampling procedure, and a description of the proxy respondents are in Annexes A and B.

The first three chapters provide the background of the study (chapter 1); description of the study (chapter 2); and a discussion on the demography of ageing in the Philippines, the characteristics of OPs, their household composition, and their family (chapter 3). The subsequent chapters focus on the main study findings. Given the centrality of health in the ageing process, three chapters are devoted to health and health utilisation. Chapter 4 describes the various dimensions of general health: self-assessed health, diagnosed illnesses, oral health, sleep, the experience of pain, falls, incontinence, anthropometric measures, lifestyle practices such as smoking and drinking and mental health. Mental health amongst the older population is a major public health concern that has not yet been fully studied in the country.

The multiple disability measures, which have been formulated to be consistent and comparable internationally, are presented in chapter 5. The discussion covers the comprehensive functional assessment measures that are predictors of survival. These measures are the Global Activity Limitation Index, WG Short Set on Functioning, Nagi functioning measures, activities of daily living, and instrumental activities of daily living. Healthcare and healthcare utilisation are covered in chapter 6.

Chapter 7 presents the economic status of OPs, measured in terms of their sources of income, most important source of income, income levels, assets and liabilities, and self-assessed economic well-being. Chapter 8 focuses on the OPs' attitudes and beliefs on a range of topics such as falling in love and marriage in later years, living arrangements, family life, and gender issues. It discusses generativity, which is associated with life meanings and considered an important indicator of successful ageing.

Activities, social isolation, and information technology (IT) are tackled in chapter 9, which introduces leisure activities enjoyed by OPs, their involvement in religious activities, and their membership in religious and other organisations, which are important components of OPs' well-being. The chapter assesses OPs' life satisfaction and evaluates the extent to which feelings of loneliness and social isolation from family and friends prevail amongst Filipino OPs. It ends with a discussion of related issues such as the use of IT, which is relevant in measuring the OPs' online connectedness and their knowledge and consumption of IT.

Older Filipinos' knowledge of and access to privileges and services such as discounts for senior citizens and social pension schemes for indigent senior citizens are discussed in chapter 10, which also reveals OPs' preferred living arrangements. Chapter 11 investigates OPs' family support as indicated by intergenerational exchanges of financial, emotional, and material support. The chapter examines OPs' social contact with co-resident and non-co-resident children and their level of satisfaction with the contact and support derived from their children. It assesses OPs' attitudes towards reliance on children for financial support.

The lack of institutional care in the Philippines means that family members often care for older Filipinos at home. Chapter 12 explores the level and nature of informal care provision for older Filipinos. The chapter provides details on the profile of caregivers, their relationship with the OP, their living arrangement with the OP, their self-assessed health, and their views on the difficulty of their roles as caregivers. Also discussed is the caregiver's assessment of the OP respondent's functional health status and the OP's level of difficulty in performing activities of daily living. The discussion is culled from data from the caregiver questionnaire, which distinguishes between the primary caregivers (i.e. those providing care at the time of the study) and potential caregivers (i.e. those identified by the OP as possible future caregivers).

Using data generated from the adult-child questionnaire, chapter 13 examines the characteristics of children of OPs in terms of their relationship, living arrangement, and exchange of support with the OP respondent. The children's perceptions of the cognitive decline of their parent respondent are reported. This section includes adult children's perception of their parent's health status and their attitudes and beliefs on the issues that their older parent respondents were asked about. The perspectives of the children and caregivers will be useful in cross-validating data collected from the OP respondent on the same issues.

Each chapter discusses the concepts and measures adopted for the analysis, such as living arrangement, functional health, depression, generativity, loneliness, and social isolation. Each chapter ends with a summary of findings, discussion, and policy recommendations.

The report concludes with a discussion of the main findings of the study, underscoring possible policy and programme implications (chapter 14). Annex A lists sample areas covered in the study, discusses the sampling procedure, and sampling weights. Annex B describes the differences between proxy and non-proxy respondents.

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