

Chapter 10

Services for the Older Persons

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The care for older Filipinos is guaranteed by the fundamental law of the land. The 1987 Philippine Constitution ensures the promotion and protection of the rights and welfare of Filipino senior citizens as a minority population sector. Laws and programmes focusing on services for older Filipinos have developed incrementally over the past 40 years, although much remains to be done to ensure their full implementation (Chalkasra, 2014; Commission on Human Rights, 2019; Salenga et al. 2016).

As an integral part of society, older Filipinos are entitled to certain benefits and privileges through the enactment of Republic Act No. (RA) 9994 or the Expanded Senior Citizens Act of 2010, as explained in Chapter 1 of this report. Aside from entitlements – such as the 20% discount on medicine purchases, transportation, hotels, restaurants, recreational facilities, places of leisure, and funeral services, as well as individual income tax exemption – the law also covers the right to long-term and palliative care; the right to education, training, lifelong learning, capacity building; and the right to social security and social protection (Commission on Human Rights, 2019).

Related to the privileges accorded to older Filipinos is the provision for institutional forms of living arrangement. Such facilities are not well developed in the Philippines, hence, the concept of the ‘home for the aged’, as commonly used in Western countries, is rarely used in the country (Chalkasra, 2014). A few geriatric care homes cater to older people.

Statistics from the Department of Social Welfare and Development (2019) show that of around 33 homes for the aged, 4 are government-owned facilities, and 29 are accredited non-governmental organisations or private social welfare agencies including Church-led home-care institutions. In addition, the Department of Social Welfare and Development (DSWD) also manages a temporary shelter for the stranded, vagrants, and mendicants located in Metro Manila, and a processing centre in Zamboanga City for Filipino deportees/repatriates from neighbouring countries in Zamboanga City, who may include 60 years and over (Cleofe, 2019).

Despite the disproportionate ratio of homes for the aged to the number of older Filipinos, this is not yet seen as a major problem in the country since the family continues to be the primary provider of support for its members in all stages of the life cycle. Moreover, a stigma is attached to the institutionalisation of OPs in home-care facilities as intergenerational family solidarity remains strong and co-residence with family members is still the most common living arrangement for many older Filipinos. Accordingly, the dependency-co-residence paradigm holds true and is based on the widespread expectation that the OPs will be taken care of by their children. The Filipino conception of this is the debt of gratitude or *utang na loob*.

While the family continues to be the main provider of care for OPs, changes in social and cultural norms pose different challenges to the traditional Filipino family structure and have gradually weakened the traditional old-age support mechanism that OPs need. These challenges have been amplified by the rise in the number of OPs who suffer from chronic diseases, functional limitations, and severe disabilities. This begs the question of how older Filipinos perceive the idea of homes for the aged. Thus, in the 2018 LSAHP, OP respondents who passed the brief cognitive screening instrument were asked the following questions: Do Filipino OPs think it is a good idea to have homes for the aged? If there were homes for the aged near the OP's current residence, would the OP ever want to live in such a place?

This chapter provides an initial analysis of the LSAHP baseline data on older Filipinos' awareness and use of services for OPs, as well as their attitudes towards homes for the aged, by sex and age. Other services such as health care services and free vaccination against certain diseases are discussed in previous chapters of this report.

Government Privileges for OPs

Past surveys on older Filipinos showed an increasing proportion of OPs who are aware of the government's programme that provides privileges to their sector; from 56% in the 1996 Philippine Elderly Survey, the proportion increased significantly to 89% in the 2007 Philippine Study on Ageing (PSOA). The 2018 Longitudinal Study of Ageing and Health in the Philippines (LSAHP) indicates that the proportion who are aware of the different privileges provided for them by the government slightly increased to 92%, with a slim difference between older males and females aware of such privileges (91% vs 92%) (Table 10.1).

Table 10.1. Awareness and Use of Services by Sex and Age

Awareness and Use of Services	SEX			AGE GROUP				TOTAL
	Male	Female	Sig	60-69	70-79	80+	Sig	
% who have heard about the government's program that provides privileges to senior citizens 60 years and over	90.5	92.2	n.s.	91.1	94.1	87.5	***	91.5
<i>N</i>	2,411	3,574		3,760	1,551	673		5,985
% with a senior citizen ID card	95.8	98.4	***	96.4	98.6	99.5	***	97.4
<i>N</i>	2,182	3,293		3,426	1,460	589		5,475
% who have availed of the following privileges:								
20% discount on purchase of medicine	64.0	69.4	n.s.	61.7	77.5	73.3	***	67.3
20% discount from all establishments for transportation services, hotels and similar lodging establishment, restaurants and recreation centers	75.1	78.9	n.s.	76.4	82.7	70.0	***	77.4
20% discount on admission fees charged by theaters, cinema houses, concert halls, circuses, carnivals and other similar places of culture, leisure, and amusement	10.4	14.2	***	13.0	13.2	9.6	n.s.	12.7
Exemption from the payment of individual income taxes	5.8	6.1	n.s.	6.1	5.4	6.5	n.s.	6.0
Exemption from training fees for socio-economic programs undertaken by the Office for Senior Citizens Affairs	11.7	8.8	n.s.	9.6	10.7	9.4	n.s.	9.9
Free medical and dental services in government health facilities anywhere in the country	48.3	49.6	n.s.	46.7	53.7	51.0	n.s.	49.1
<i>N</i>	2,089	3,241		3,305	1,440	586		5,331

Awareness and Use of Services	SEX			AGE GROUP				TOTAL
	Male	Female	Sig	60-69	70-79	80+	Sig	
% of older person who are recipient of the ₱500 monthly social pension given by DSWD	46.5	47.0	n.s.	39.2	56.4	67.3	***	46.8
<i>N</i>	2,411	3,574		3,760	1,552	673		5,985

***p < 0.001, n.s. = not significant.

Source: Calculated by DRDF using original LSAHP data.

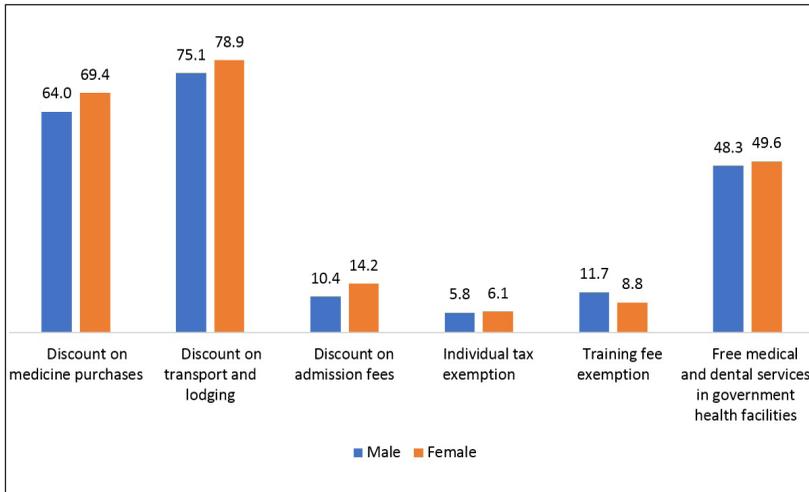
While there is no clear pattern in terms of age, as expected, more OPs belonging to the younger cohorts are aware of these privileges relative to their older counterparts (70–79 and 80+).

More female older people have a senior citizen ID card, which OPs need to avail themselves of the privileges. The proportion of OPs who registered for a senior citizen ID card significantly rose from 6 in 10 in 2007 to more than 9 in 10 in 2018. More females than males are reportedly being listed as senior citizens in their respective barangays, the proportion of which increases as OPs advance in age.

Questions pertaining to the privileges accorded to OPs were of multiple responses. Amongst the list of privileges, OPs most commonly avail discounts on transportation, restaurants, and recreational services, followed by discounts on the purchase of medicines and the free medical and dental services in government health facilities. The least commonly used privileges are income tax exemption, exemptions from training fees for socioeconomic programmes undertaken by the office for senior citizens affairs, and discounts on admission fees charged by theatres, cinemas, and the like. However, discounts on admission fees are given only by some well-to-do local government units (LGUs). For instance, senior citizens in Makati City continue to enjoy benefits and privileges that other LGUs are yet to replicate (The Manila Times, 2015), some of which are beyond what the national law requires. Makati OPs with a BLU card receive age-bracket-based cash gifts twice a year, burial assistance, free birthday and golden wedding anniversary cakes, free Christmas groceries, unlimited free movies in any cinema in the city, exemption from vehicle colour coding, free tours to provincial tourist spots, and a one-time 100,000 peso (₱) cash gift to centenarians on top of the mandatory ₱100,000 gift. Other LGUs in Metro Manila, Cebu, and Davao City also provide notable privileges to their senior citizen residents.

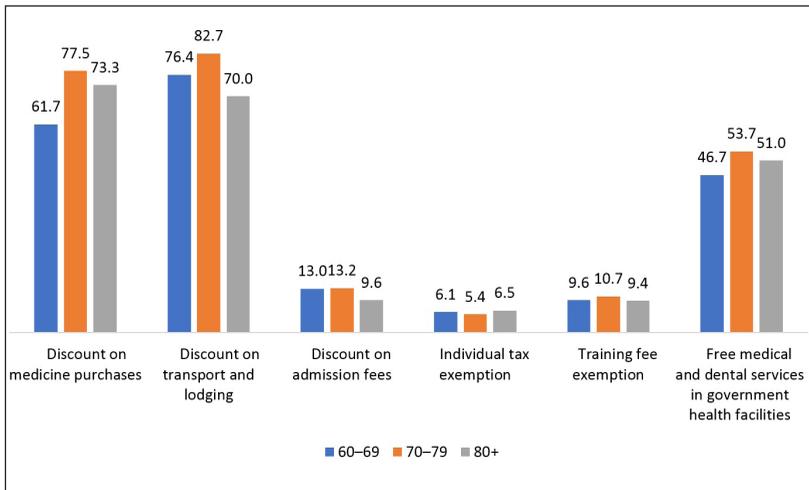
There are gender differences in the use of privileges. Figure 10.1 shows that amongst those who have a senior citizen ID card, the proportion of females who used the senior citizen privileges is consistently higher than that of males, particularly the discounts on the purchase of medicines; the discounts for transportation services, hotels, and similar lodging establishments, restaurants, and recreation centres; the discounts on admission fees charged by places of culture, leisure, and amusement; exemption from the payment of individual income taxes; and free medical and dental services in government health facilities anywhere in the country.

Figure 10.1. Use of Privileges, by Sex



Source: Calculated by DRDF using original LSHP data.

Figure 10.2. Use of Privileges, by Age



Source: Calculated by DRDF using original LSHP data.

While there is no clear age gradient for most of the services used, a higher proportion of those aged 80 and above, compared to those in their 60s, took advantage of the 20% discount on medicines and the free medical and dental services in government health facilities. Figure 10.2 shows the use of different privileges by age group.

Generally, the proportion of OPs who availed themselves of the privileges substantially increased from 2007, except for the proportion who availed themselves of the income tax exemption.

The 2018 LSAHP also asked about the proportion of indigent OPs who receive the ₱500 monthly social pension. Per RA 9994, indigent OPs are those who are identified as frail, sickly, or disabled; those who do not receive any pension from other government agencies; and those who do not have a permanent source of income or of financial assistance or compensation to support their basic needs. As of the second quarter of 2018, close to 3 million indigent OPs received the monthly social pension (DSWD, 2018). On the other hand, results from the LSAHP indicate that nearly half (47%) of OPs are recipients of the monthly social pension, with significantly more recipients amongst the oldest cohort (67% compared to 39% of OP belonging to 60–69 and 56% of those belonging to 70–79). However, there is no significant difference amongst females and males in receiving the social pension.

Attitudes towards Homes for the Aged

Table 10.2 summarises the distribution of OP respondents' attitudes towards homes for the aged. About 8 in 10 OPs think it is a good idea to have homes for the aged. Amongst those who think it is a good idea to have these homes, the majority think such facilities are beneficial for those who have no one to take care of them. Other reasons cited are the OP's health would be better taken care of in such a facility and would have a better chance to socialise with people of his/her age.

The 15% of OPs who think it is not a good idea to have homes for the aged cited the following reasons: that the family should take care of the OP (68%), that the OP will miss his/her family, that the OP would not want to live with strangers (28%), and that placing the OP in a nursing home is shameful for the family (19%). Interestingly, a higher proportion of males said that being in a nursing home would bring shame to the family.

**Table 10.2. Attitudes Towards Homes for the Aged
by Sex and Age**

Attitudes	SEX			AGE GROUP				TOTAL
	Male	Female	Sig	60-69	70-79	80+	Sig	
% who think it's a good idea to have Homes for the Aged								
Yes	84.4	79.4		81.6	81.7	78.8		81.4
No	12.2	16.0	n.s.	13.2	16.1	20.0	***	14.5
Depends	3.5	4.6		5.3	2.2	1.1		4.2
<i>N</i>	2,196	3,259		3,615	1,400	439		5,454
Among those who think it's a good idea to have Homes for Aged								
Spare the family from burden of caring for the older person	32.0	32.2	n.s.	32.2	32.5	30.1	n.s.	32.1
Health will be better taken care of	36.4	34.5	n.s.	36.6	31.7	35.4	n.s.	35.3
Better chance to socialize with people of same age	10.2	10.8	n.s.	9.0	12.8	16.5	***	10.5
Beneficial for those who have no one to care for them	73.4	79.0	n.s.	77.6	74.7	75.2	n.s.	76.7
Others (better facilities, life is easier, etc.)	3.1	3.9	n.s.	2.9	4.8	4.9	n.s.	3.6
<i>N</i>	1,852	2,587		2,950	1,144	345		4,439
Among those who think it is not a good idea to have Homes for the Aged								
The family should take care of the older person	59.5	72.3	n.s.	68.0	69.8	62.7	n.s.	67.9
Older person will miss family	39.0	31.0	n.s.	35.0	35.0	23.2	n.s.	33.7
Older person will not want to live with strangers	37.4	22.5	n.s.	26.5	28.3	30.8	n.s.	27.5
Expensive	10.3	8.8	n.s.	9.4	9.8	8.0	n.s.	9.4
Shameful for the family	34.1	11.4	***	22.4	12.6	18.0	n.s.	19.1
Others (feels like in prison, will be sickly there, etc.)	5.1	6.6	n.s.	7.3	2.8	7.8	n.s.	6.1
<i>N</i>	267	522		476	225	88		789
Among those who said it depends whether Homes for the Aged is a good idea								
If older person is abandoned	51.8	36.7	n.s.	40.2	54.3	26.6	n.s.	41.8
If children do not want to care of their elderly parents	11.8	34.2	n.s.	24.8	38.3	26.2	n.s.	26.6
If children do not treat their elderly parents well	8.1	15.5	n.s.	12.5	17.7	2.2	n.s.	13.0
If older person has no children or grandchildren	11.8	31.2	n.s.	24.9	21.3	37.1	n.s.	24.7
If the conditions and treatment in the Home for the Aged is good	36.6	30.6	n.s.	36.5	11.0	20.8	**	32.6
Others (not sure what is there, if it becomes a law, etc.)	4.4	0.7	n.s.	0.9	8.7	1.0	**	2.0
<i>N</i>	76	150		190	31	5		226

Attitudes	SEX			AGE GROUP				TOTAL
	Male	Female	Sig	60-69	70-79	80+	Sig	
Desire to live in a Home for the aged if near the current residence								
Yes	17.6	16.6	n.s.	17.6	16.7	12.6	n.s.	17.0
No	75.1	75.7		74.8	74.9	83.0		75.5
It depends	7.3	7.7		7.6	8.4	4.4		7.5
<i>N</i>	2,185	3,238		3,597	1,389	436		5,422
If desire to live in a Home for the Aged is conditional, it depends on the ff:								
If older person is abandoned	24.1	27.8	n.s.	25.8	25.9	36.4	n.s.	26.3
If children do not want to care of their elderly parents	28.5	52.5	*	35.2	61.3	45.1	*	43.1
If children do not treat their elderly parents well	21.5	12.3	n.s.	16.4	14.9	14.4	n.s.	15.9
If older person has no children or grandchildren	10.3	6.8	n.s.	6.5	11.6	10.7	n.s.	8.2
If the conditions and treatment in the Home for the Aged is good	13.1	16.4	n.s.	18.7	5.2	24.2	n.s.	15.1
Others (if near home, if older person is no longer comfortable living with family, etc.)	14.0	4.8	n.s.	9.6	4.1	17.6	n.s.	8.4
<i>N</i>	159	249		273	117	19		409
Older persons who want to live in a Home for the Aged now if it is near their current residence								
Yes	42.5	40.5	n.s.	42.9	35.1	52.0	n.s.	41.4
No	45.4	45.7		43.9	52.5	33.1		45.6
It depends	12.1	13.8		13.2	12.4	14.9		13.1
<i>N</i>	539	796		909	350	75		1,334
If desire to live in a Home for the Aged now is conditional, it depends on the ff:								
If older person is weak and sickly	3.0	8.3	n.s.	6.5	6.4	03.6	n.s.	6.3
If older person has no place to live/abandoned	12.6	18.4	n.s.	7.6	36.3	30.8	**	16.2
If children do not want to care of their elderly parents/if older person becomes a burden	53.1	31.6	n.s.	41.2	41.8	13.7	n.s.	39.6
If children do not treat their elderly parents well	11.2	21.6	n.s.	9.9	39.7	16.2	**	17.7
If older person has no children or grandchildren	6.9	7.9	n.s.	7.6	8.6	3.4	n.s.	7.5
If the conditions and treatment in the Home for the Aged is good	18.7	30.1	n.s.	32.0	10.5	20.0	n.s.	25.9
If children will allow	7.5	35.4	*	31.9	10.6	8.1	n.s.	25.0
Others (if no one cares, if many older persons will also live there, etc.)	4.4	1.9	n.s.	1.2	3.2	18.8	**	2.8
<i>N</i>	65	110		120	43	11		174

*p < 0.05, **p < 0.01, ***p < 0.001, n.s. = not significant.

Source: Calculated by DRDF using original LSAHP data.

Four percent of OPs said that whether having homes for the aged is a good idea depends on grounds such as if the OP is abandoned (42%), if children do not want to take care of their old parents (27%), if the OP has no children or grandchildren (25%), and if the conditions and treatment in the home for the aged are good (33%).

Even though most OPs think having homes for the aged is a good idea, more than three quarters do not want to live in a care facility. Those who desire to live in a home for the aged cited the following conditions: if children do not want to take care of their OP parents (43%), if the OP is abandoned (26%), if children do not treat their old parents well (16%), if the conditions and treatment in the home for the aged are good (15%), and if the OP is no longer comfortable living with family (8%).

When asked whether OPs would want to live in a home for the aged now if it were near their current residence, only two in five said yes. Those who said their desire to reside in such a facility was conditional cited the following reasons: if children do not want to take care of their elderly parents or if the OP becomes a burden (40%), if the conditions and treatment in the home for the aged is good (26%), and if children will allow them to live in such a facility (25%).

Summary, Conclusions, and Recommendations

The study demonstrates a high level of awareness amongst older Filipinos about the government programmes that provide privileges to senior citizens. However, awareness of these privileges does not automatically translate to the use of services. Benefits and privileges most used by OPs are those that they readily and deliberately need such as the discounts on medicine and transportation and lodging, as well as free medical and dental services. The percentage with a senior citizen ID card was highest amongst older women and those belonging to the oldest age cohort. Under RA 9994 and RA 10645, the ID card entitles the owner to benefits, privileges, and government assistance. From 2007 to 2018, the proportion of OPs who registered for an ID card notably rose.

Assessment studies of RA 9994 at the national and institutional levels have demonstrated that the law and its implementation leave much to be desired (Chalkasra, 2014; Salenga et al., 2016). The law intends to provide older Filipinos socioeconomic and health assistance through discounts on basic necessities. However, viability and feasibility issues pervade some of the law's provisions, on top

of the capability limitations of LGUs to execute the law (Chalkasra, 2014). Generally, the provisions of the law only benefit OPs who have the purchasing power to avail themselves of certain privileges; they leave out the neediest OPs who cannot afford privileges such as the purchase of medicine. Clearly, privileges based on discounts or those that require financial capability are advantageous only to the richer and more educated OPs (Cruz and Laguna, 2010; Natividad, 2000).

While the ₱ 500 (about US\$10) social pension provided to indigent OPs has somehow eased the poverty gap amongst vulnerable older Filipinos, still, this is inadequate to meet the current market prices of even the basic commodities (Javier et al. 2019). In addition, a large proportion of poor OPs fail to meet the strict eligibility criteria for the current social pension (Knox-Vydmanov et al., 2017).

The findings also reveal a greater predisposition towards institutional living, particularly amongst the older males and those in the younger cohort (60–69). Most think that living in a home for the aged is beneficial for OPs who do not have anyone to care for them and that the OP's health would be better taken care of under such a setup. The minority who do not approve of this living arrangement believes that family members should take care of OPs and that OPs will miss their family if they live with strangers. There are also those who perceive this practice as shameful, implying that the value of *utang na loob* remains strong amongst older Filipinos. These social and cultural norms and the expected rise in illnesses requiring long-term care accompanying the trend towards further extensions in life expectancy suggest the need for more government support, particularly in promoting long-term care and institutional forms of living arrangement for OPs.

In sum, while the Philippine government has put in place social protection policies and programmes intended to secure the well-being of older Filipinos, greater effort must be exerted to cater to the needs of the poor and vulnerable OPs.

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