

Chapter 14

Discussion, Conclusions, and Recommendations

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Discussion, Conclusions, and Recommendations

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The Longitudinal Study of Ageing and Health in the Philippines (LSAHP) is the first multi-actor longitudinal study on ageing in the Philippines, with information gathered from older Filipinos and their caregivers and adult children. The baseline data provide comprehensive information on the health, economic, and overall well-being of a nationally representative sample of older adults aged 60 and older. Successive rounds of the LSAHP will further deepen our understanding of the trajectory of ageing in the country, at the individual and societal levels. The data will be a valuable resource in crafting evidence-based policies and programmes for older persons (OPs).

Whilst the Philippines' population is not yet ageing, worldwide demographic trends indicate it will. The population of older Filipinos is increasing significantly as part of overall population growth. In 2000–2010, Filipinos aged 60 and over had the highest growth rate at 3.2%, compared with those in the age group 15–59 at 2.0%, and children (below 15) at 0.9%. Older Filipinos, recorded at 6 million in 2010, are projected to increase to 12 million by 2025 based on the medium-term assumption of the 2010 census-based population projection by the Philippine Statistics Authority and Inter-Agency Working Group on Population Projections (2016). With the certain rise in the number of older Filipinos in the near future comes the need to prepare now. Amongst the areas that will require judicious planning and preparation are health and general well-being, economic and social support, and, with advanced population ageing, long-term care (LTC). Although the needs of the current cohort of older Filipinos in those areas are being partly met, they are likely, as in many developing countries, mostly borne by family and kin in an informal support network. The formal pillars of support (e.g. short- and long-term healthcare, pension systems) are still under development. Studies such as the LSAHP are a valuable source of data to help guide what, where, and how such systems and structures can be put in place.

The following are some important study findings that can help inform policies and programmes for the current and future cohorts of OPs in the Philippines.

Many older Filipinos are in poor health

The study found that physician-diagnosed illnesses such as hypertension, arthritis, cataracts, diabetes, and angina, amongst others, are prevalent. Their true prevalence is likely to be higher because of undiagnosed cases amongst those with less access to healthcare. Generally, a poor level of oral health is indicated by the low number of natural teeth and lack of dentures. Underweight is highly prevalent whilst obesity is low. Average grip strength is poor and much lower than in comparative older adult samples in Singapore (Malhotra et al., 2016) and Hong Kong (Auyeung, Lee, Leung, Kwok, and Woo, 2014).

A considerable proportion of older Filipinos have some functional difficulty as measured in terms of self-care functional disability (difficulty in performing activities of daily living [ADL]), independent living disability (difficulty in performing independent ADL), and bed disability. Related instruments developed based on the International Classification of Functioning, Disability and Health, such as the Washington Group Short Set of Questions on Disability and the Global Activity Limitation Indicator, confirm the functional health challenges of older Filipinos. Despite the high prevalence of poor health status measured in diverse ways, the highest proportion of older Filipinos assess themselves to be of average health. Of those who do not, more assess themselves to be in poor health than those who report their health status to be better than average.

All the objective and subjective measures of health indicate a worsening health status as age increases. Generally, more females than males exhibit higher prevalence of functional difficulty but have more positive self-rated health.

Many older Filipinos have limited access to healthcare as well as limited awareness of some government health programmes that can benefit them

Evidence indicates significant gaps in health-seeking behaviours of OPs, with about 30% reporting an unmet need for medical attention, mainly because of lack of financial means. About 27% of OPs diagnosed with hypertension and 32% with

diabetes are not taking medications for their condition. Although a government programme provides free medications for hypertension and diabetes at public health facilities such as rural health units, our results indicate that only 31% of hypertensives and 18% of diabetics obtain free medication from health centres all the time. More is to be desired regarding the Department of Health's programme that provides indigent senior citizens free vaccinations against the influenza virus and pneumococcal disease. Study findings show that 41% are aware of the free pneumococcal vaccination programme and 30% know about the flu vaccination programme. Future rounds of the LSAHP can explore further why so few OPs avail themselves of free medications for hypertension and diabetes. The limited awareness of free influenza and pneumococcal vaccines for indigent older Filipinos should also be looked into.

Whilst 80% of older Filipinos say they are covered by health insurance, nearly all of them under PhilHealth, the benefits remain inadequate to cover the full cost of healthcare, especially outpatient care. About half of older Filipinos who sought in-patient care said their children paid for most of the cost of their hospitalisation. Another fourth said they themselves and their spouses paid their medical expenses. Evidently, a high level of out-of-pocket expense remains even with PhilHealth coverage.

That some OPs say they have no health insurance coverage may mean they are unaware of their health insurance privileges or coverage status. Republic Act (RA) No. 9994 or the Expanded Senior Citizens Act of 2010 provides mandatory PhilHealth coverage to all indigent OPs. RA No. 11223 or the Universal Health Care Act guarantees the automatic enrolment of all Filipino citizens in PhilHealth (UHC Law, 2018). RA No. 1096 exempts from value-added tax medications for diabetes, high cholesterol, and hypertension – three of the most common chronic conditions amongst OPs (TRAIN Law, 2017). The law also provides free medical and dental services at all government facilities for all senior citizens. These findings suggest the need for further dissemination of information to OPs on their rights and privileges. Information dissemination may need to be site-specific since privileges vary across local government units, and rich ones tend to provide more privileges to their senior citizen constituents.

Long-term care is mostly in the hands of family and kin

At this juncture of the country's transition towards an ageing society, OPs who require daily care for a debilitating illness or physical condition are mostly under family care as institutional care facilities are not yet widely available (Duaqui, 2013). About 8% of OPs are currently receiving daily care because of a continuing health condition and are thus classified as receiving LTC. LTC for an older family member takes place under the family's auspices, and the main caregiver is most commonly a female family member, either a spouse or a daughter. A significant study finding is the lack of formal caregiving training of almost all current caregivers, with only 5% reporting that they received any training. This finding supports a study on dementia care needs in the country, which showed that most of those caring for a patient with dementia have received no formal training (De la Vega, Cordero, Palapar, Garcia, and Agapito, 2018).

Providing LTC in the home can have repercussions not only for the caregiver but also for the household, as 42% of caregivers reported that they stopped working completely when they became the main caregiver.

Many older Filipinos are poor and highly dependent on their children

More than half of older Filipinos appear to be experiencing economic difficulty as gauged from their self-assessed income sufficiency, with 43% reporting some difficulty in meeting household expenses and 14% considerable difficulty. Poverty seems to have been highly prevalent even when this cohort of OPs were young. About 49% assessed their family's economic status as 'poor' whilst they were growing up (up to age 16).

Economic dependence on children is high, with 30% reporting children as their main source of income, more so amongst women (37%) than men (22%). More than half report transfers from children to be a source of income, along with earnings from own work and pension, amongst others. Children who provide economic support are either living in the country or abroad. Older Filipinos plan to continue relying on their children for financial support, believing that children should support and care for their parents in their old age. Whilst adult children who were interviewed expressed near-universal support (99%) for the idea of children having the obligation to take care of

their ageing parents, it remains to be seen whether the idea translates into practice that can be sustained.

The proportion of OPs receiving financial support from their children increased slightly between the 2007 Philippine Study of Aging (85%) (Cruz, Natividad, Gonzales, and Saito, 2016) and the 2018 LSAHP (86%). The proportion of OPs who plan to rely on their children for financial support slightly declined (40% in 2007 vs. 36% in 2018).

Of all OPs, 42% receive income from pension, and only 20% consider pension as their most important source of income, suggesting low levels of pay-outs in general. In the Philippines, pension for private sector employees is from the Social Security System (SSS) which provides lower pension than the Government Service Insurance System (GSIS) for public sector employees. The government has a social pension scheme for indigent OPs, but at PHP500 per month (about US\$10) it is insufficient to cover even the most basic expenses. Nevertheless, by targeting the most economically vulnerable, the social pension provides some economic relief, although a large proportion of poor OPs fail to meet the strict eligibility criteria (Knox-Vydmanov et al., 2017) and thus are not able to access this government support.

Their poor economic situation possibly explains why many OPs continue to work in old age, particularly males, most of whom consider income from work to be their most important source of income. Another probable reason for continuing to work in old age is the lack of eligibility for pension, the OPs having failed to enrol and pay into the system during their younger working years. The 2007 PSOA found that men who continued to work in old age were predominantly working in farming and fishing, mostly in the informal sector, and were not likely to be covered by the SSS (Natividad, Saito, and Cruz, 2014). Although policies have since been instituted to allow informal sector workers to contribute to the SSS to qualify for pension in their older years, such policies were not yet in place when the current cohort of OPs were in their economically productive years (below 60).

Grandparenting is a common role amongst older Filipinos

The study found that the flow of support between older parents and their children is not one way. Grandparenting, where the OP assumes either a supportive or dominant role in the care of one or more grandchildren, is highly prevalent. Amongst the more common reasons for being the sole caregiver of a grandchild is that the parents

of their grandchildren are working outside the household, either in the country or abroad. The caregiver role is performed more by grandmothers than grandfathers. The surrogate parent role of older Filipinos in the face of labour migration, either internal or international, was corroborated by the 2018 National Migration Survey. Of female international migrants with minor children at the time of their move, 37% left their children with their parents, compared with only 4% of male international labour migrants. Male migrants most often leave children with their spouses whilst female migrants leave their children with their parents (Philippine Statistics Authority [PSA] and University of the Philippines Population Institute [UPPI], 2019).

Older Filipinos have high life satisfaction and are socially integrated

One bright spot in the bleak picture of health and economic well-being is that older Filipinos are engaged in active intergenerational exchange of visits, communication, and help with childcare. Beyond their family, OPs have close social ties with friends. The great majority feel they can share problems and worries with family and friends who are willing to listen to them. The social connectedness of OPs may help explain their high level of life satisfaction. They also report the importance of religion in their lives. Religion and spirituality may enhance the outlook on life of OPs and help them overcome hardship. Older workers who experience stress in the workplace and at home turn to prayer and social support to help them cope (De Jose, 2014).

Awareness of programmes for senior citizens is high but levels of use are low

The first law to grant privileges to senior citizens in the Philippines was enacted in 1992. Privileges have been revised and expanded through amendments to RA No. 9994. Many OP respondents are highly aware of the privileges under these laws, mainly in the form of discounts on medicines, transportation, and lodging; and free medical and dental services at public health facilities. However, awareness of their privileges does not automatically translate into use of the privileges. For example, whilst almost all OPs report owning a senior citizen's card, only two in three say they use it to receive discounts on the purchase of medicines and only one in two use it to receive dental services at government health facilities. The system of discounts benefits the rich, who have the means to purchase items and services that can be discounted, more than the poor, who may lack purchasing power.

There are newer programmes, mainly in the health sector, for which awareness is low and their use even lower. These include free influenza and pneumococcal vaccination for OPs and free antihypertensive and anti-diabetes medications at public health facilities such as health centres.

Policy Recommendations

On Health

Since the passage of the Senior Citizens' Act of 1992 (RA No. 7732), a series of amendments have expanded the privileges of senior citizens. The law implicitly recognises the two main areas of concern of older adults – their health and economic well-being – and directly or indirectly addresses these needs. Both concerns are directly addressed with the use of discounts and, more recently, exemption from the 12% value-added tax. These measures recognise that health problems are likely to be more prevalent in old age as is diminished earning capacity. Discounts are a way to lessen the burden of healthcare costs for older adults, although this privilege has been criticised as being pro-rich.

Other laws have been passed, such as RA No. 9994, which provides integrated health service for OPs. The Universal Health Care Law of 2019 guarantees equitable access to quality and affordable healthcare services for all Filipinos, including older adults. RA No. 11350, passed in July 2019, 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. A related law is RA No. 11036 or the Mental Health Law, which seeks to provide affordable and accessible mental health services for Filipinos down to the barangay level. One major programme for economic well-being is the social pension for the indigent elderly, which recognizes the economic needs of the elderly poorest of the poor.

These overlapping policies need to be streamlined and harmonised to create a holistic view of critical issues on ageing and to fashion an integrated policy response. Whilst health and economic well-being are the two critical concerns of the current cohort of older adults, the policy response so far seems heavily concentrated on health, predominantly on providing curative services and lessening the burden of

healthcare cost. These are solutions to existing problems, but policies should also be crafted to promote healthy and active ageing, to lessen the burden of curative care by promoting programmes that will prevent the occurrence of chronic conditions in the first place. Active and healthy ageing is increasingly being adopted as a framework by many ageing societies, as highlighted in the recent G20 Health Ministers' Meeting held in Japan, where active and healthy ageing was a key theme (Asia Health and Wellbeing Initiative [AHWIN], 2019). This concern is also underscored in the World Report on Ageing and Health, which outlines a framework for action to foster healthy ageing built around the new concept of functional ability (World Health Organization [WHO], 2015).

The government is on the right track in investing more in human capital formation, particularly in education and health in the early years, to promote health throughout the life course, including in the older years. Greater attention should be focused on encouraging healthy eating habits; good oral health practices; and a healthy lifestyle through proper diet, exercise, and stress management at all stages of life.

To be able to respond more holistically, the government should consider the increasing number of older Filipinos, rising life expectancy, occurrence of functional disability, and likely rise of chronic conditions that will require LTC.

Government and private efforts for elderly care are in place. RA No. 9994 provides for the establishment of a geriatric ward in every government hospital. Centres specialising in providing medical care for OPs have been established. Foremost is the National Center for Geriatric Health (NCGH), a government facility that provides LTC, palliative care, and respite care to patients, including those with dementia. NCGH provides community-based geriatric health services and training to senior citizens and their families; post-graduate training and short-term courses to medical doctors and allied medical professionals in geriatrics and related fields; programme development and research on ageing-associated diseases; and consultancy and technical advice to geriatric wards, nursing homes, and residential centres for senior citizens (NCGH, n.d.). Members of the Philippine College of Geriatric Medicine, a professional organisation of subspecialists in geriatric medicine, pioneered, established, and currently run the charity outpatient geriatric clinics at the Philippine General Hospital and NCGH (PCGM, n.d.).

Generally, however, little available data show the concrete implementation indicators of the law, such as the number of existing geriatric wards, services, and size of workforce established in hospitals. A few studies, including one on dementia, reveal the lack of dementia facilities, services, and workforce; and of day care and temporary inpatient care for families with a dementia patient (De la Vega, Cordero, Palapar, Garcia, and Agapito, 2018).

The reality of a possible increase in the number of older Filipinos requiring LTC as the population ages must be confronted now by preparing human resources and facilities to provide the needed services. Current family-based, female-dominated home-based LTC may not be sustainable because of falling fertility and smaller family size, participation of women in the labour force, and labour migration, amongst others.

Not everyone can afford institutional care and there will always be families that will opt to provide LTC themselves. Short-term training for informal home-based caregivers is needed, perhaps provided by the Technical Education and Skills Development Authority (TESDA), to improve their caring skills and indirectly improve the quality of life of those they care for. Training will help caregivers cope with the mental, emotional, and physical strain of caring for an elderly loved one. Currently, TESDA courses are seen as providing caregiving skills primarily to those who intend to work abroad.

On Economic Well-being

The high prevalence of economic instability in old age and, consequently, heavy reliance on children for economic support is a common phenomenon in developing countries, which still do not have a formal pillar of economic support in the form of a well-developed, highly subscribed pension system. An integrated holistic response is needed. As with the recommended strategy to achieve healthy and active ageing through interventions earlier on in the life course, improvement of the economic well-being of future cohorts of older Filipinos will require them to actively prepare for ageing by paying into the government pension system during their economically productive years, by actively saving, and by trying to accumulate greater physical wealth or capital (Mapa, Davila, and Albis, 2010). Programmes on financial literacy in the basic education curriculum can instil appreciation for long-term planning and financial preparation for old age.

Women should be encouraged to enter the labour force and contribute to their own pension to lessen their reliance on their children in the future.

Current pension rates should be reviewed to see how the system can be changed to increase the pensions of private sector retirees so they can be independent of their children and other kin.

Other Recommendations

Whilst the notion of strong family ties exists, with co-residence with a child remaining a norm, no studies to date have explored the nature and dynamics of filial piety amongst Filipinos. In Asian cultures such as Japan and the Republic of Korea, which are at an advanced stage of population ageing, the shrinking level of intergenerational support may be attributed to changing attitudes towards filial piety. In Japan (Ogawa, Mason, Maliki, Matsukura, and Nemoto, 2007) and Korea (Harlan, 2014), children no longer deem it necessary to support older parents, whilst parents have lowered their expectations for fear of burdening their children.

The lower proportion of OPs relying on children for financial support from 2007 to 2018 and the finding that a large majority of older Filipinos desire financial independence suggest that we may be going down the same path. In line with this, the state may consider promoting the establishment of more homes for OPs, and not just for the abandoned and destitute, as well as providing incentives for elderly care.

More analysis of the 2018 LSAHP data is needed to further our understanding of the current state of health and well-being of older Filipinos and its determinants. Studies of healthy life expectancy, sarcopenia, falls, and the like should be pursued to better understand the dimensions of health of older people. Validation studies to determine the appropriate cut-off scores for older Filipinos for depression and cognitive functioning need to be undertaken. Analysis is also needed to explore the possible protective effects of social connectedness and active engagement with family and friends – face to face or via technology-mediated means – on health and well-being.

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