



STATE OF THE NATION REPORTS

THE FILIPINO ELDERLY

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THE FILIPINO ELDERLY

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Foreword

Although the 1987 Constitution has enshrined the state's responsibility to safeguard the interests of the elderly by stipulating the review and upgrade of benefits due to retirees and giving older citizens priority in the state's comprehensive health plans, concern for the elderly as a subgroup of the population has yet to figure significantly in academic research and government programs. This relative neglect is due to the country's demographic structure and the fact that Filipinos take the cultural precept ensuring the care of the elderly by members of their families for granted.

While indeed the proportion of the elderly to the total population is small, recent studies reveal an increase in their number and percentage. Some of these studies have also explored their changing status within the family and its implications for the future care of the Filipino elderly. Cognizant of the demographic trends in the Philippines and the projection that by the year 2000, more than 60 percent of the world's elderly population will be from developing countries, the University of the Philippines-Center for Integrative and Development Studies (UP-CIDS) helped convene the experts on the Filipino elderly to inquire into their status as part of the UP State of the Nation Assessments Project: A Multi-disciplinary Research and Outreach Program (SONAP).

This *State of the Nation Report* presents the SONAP discussion on the elderly held in 1988. Although the data is dated, some of the trends gleaned at that time still hold. Furthermore, the recommendations of the authors continue to be relevant. The discussion was led by Dr. Lita Domingo of the UP Population Institute, a leading researcher on the aged, Professor Belen Medina, a sociologist specializing on the Filipino family, and Professor Maria Fe Domingo, a psychologist involved in studies on the elderly.

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The assessments and recommendations published in this Report are those of the authors whose academic freedom is upheld by the University.

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THE FILIPINO ELDERLY

ISSUES AND POLICY IMPLICATIONS*

The Philippines has been undergoing gradual shifts in its age structure due to fertility reductions and improvement in mortality. With the projected moderation of population growth through further declines in fertility (as depicted in the medium series projection), the 1980 figure of 2.5 million population 60 years old and over will double by the year 2000. This sector would have grown at a rate faster than the general population.

The increase in the number of the elderly and its potential for high growth make it imperative that they be addressed as a distinct sector in the economy. There is a need to plan for their inclusion in the various socioeconomic development programs that provide services to meet basic human needs.

For a more informed response to the requirements of this emerging demographic concern, basic information on the current status and condition of the elderly are required. With this report, we hope to be able to provide some direction for policy and program design. We tried to pull together what have been written about the Filipino elderly and highlighted some findings that could be significant for policy. We likewise utilized the 1980 Census to provide a basic regional socioeconomic and demographic profile of the elderly.

The regional data brought out the variability in the age structure of the areas. The highest concentrations of elderly are found in the Ilocos region followed by the Visayas region. They are mostly in rural areas although it is noted that the proportion living in urban areas has been increasing through the years. The analysis likewise showed gender and urban-rural differences.

Examining the characteristics of the elderly, some potentially problematic groups were identified. One such group is composed of widows who are numerically significant. While the census data could not offer direct information on their living conditions, survey data show that only a small

*A summary prepared by Dr. Lita J. Domingo of the Population Institute, College of Social Sciences and Philosophy, University of the Philippines, Diliman, Quezon City.

segment of this group have their own means of livelihood thus suggesting a high dependency status. Another subgroup that would need some assistance are those with no children. Given the high fertility rate of this cohort, this is a relatively small group but nevertheless worthy of attention. The high illiteracy rates among the elderly suggest another area of concern. Since those who cannot read nor write comprise about half of this population, it is important that this characteristic be taken into consideration in the design of programs and services for the elderly. It should likewise be noted that this problem is more prevalent in the rural areas.

To gain some insights into the status and roles played by the elderly, past studies on the Filipino elderly were used to supplement the analysis. From these sources, indications of the relatively high status enjoyed by the elderly within their families are derived. It has been noted, however, that some changes brought about by continued social change and development can negatively affect their status.

Their living arrangements generally suggest that most of the elderly are well-situated with their families. Only about three percent are living alone. Their relatively high fertility seems to have increased the probability that they would be sharing residence with their children. With sustained high fertility even with the succeeding cohorts and with the continued practice of traditional family norms of caring for the elderly, institutionalization will perhaps remain to be required only by the destitute and those without families. (However, there are some reports from key informants indicating an increase in interest among the well-to-do families for services such as those offered by the Golden Acres). With co-residence, the elderly therefore also share in the difficulties and inconvenience of poor housing. Though there is mixed report on how the elderly assess their living condition, the low socioeconomic status which characterizes most of the Filipino households would necessarily apply to the elderly themselves. Caretakers seem to be widely available as indexed by the presence of adolescent and adult women in most households.

There are current trends, however, that may affect this arrangement. One such pattern is the increasing participation of women in economic activities that bring them out of the household and the other, migration of the young to the urban centers.

The examination of the economic status of the elderly revealed a variable picture of activity and inactivity, of dependence and self-sufficiency. The national figures suggest that the participation of the elderly in the work

force is still significant (42%) especially in the agricultural sector, among the males and the young-old groups. Given the importance of agricultural work for the elderly, the growing importance of nonagricultural production and modern technology can pose as a possible threat to their economic well-being that could lead to increasing dependence among the future elderly. It may be argued, however, that the change in the industrial structure has been very gradual. Unless drastic changes in economic policies and programs are implemented, it may be expected that agriculture will continue to play an important role in the economy. In this sense, therefore, the displacement of the elderly may not come within the short term.

The majority who do not have their own earnings are found to be relying on their children for their financial requirements. Reliance on money from children is observed to be more prevalent among the urban dwellers (60% versus 32% among the rural). While this directly measures the dependence of some elderly, the surveys likewise show situations wherein the elderly are the providers of support for their children. For some cases too, there is an exchange of support between the parents and their children.

One of the major determinants of economic activity among the elderly is health. The relatively high participation rate observed can be partly attributed to the generally positive assessment of health among this group. A closer examination of health indicators, however, reveals what is expected, and that is, health has become a major problem affecting the lives of many. Compounding the deterioration of their health status is the fact that health services are found to be either lacking or costly. Cases of the old folks needing the assistance of doctors but who could not avail of their services were recorded in the surveys. Medical aids are likewise lacking. The unavailability of medical services can partly account for the reported enduring popularity of traditional or herbal doctors in the rural areas. It could be important to look into them as possible vehicles for service delivery (say, train herbal doctors for certain basic skills in handling common illness of the old).

Shifting the analysis to the roles the elderly play in the family and community, the surveys reveal a generally positive picture. The high household headship rate among the elderly (56%) attests to the high status and important role that the elderly play in the household. This has been linked not only to the traditional family norm of according respect to the elderly but also to the economic role they play in the household. Ownership of the house is fairly high among this group and the earning capacity of many could have been the source of their having been accorded such title and role in the family.

The elderly are likewise found to play supporting roles in the household and one significant role they play is that of caring for the younger members of the family, in most cases, their grandchildren. Their presence in the household greatly facilitates economic activity or involvement in the community of the other members of the household. Their role as caretakers of the house is also reflected in the surveys.

The studies analyzed offer very limited insight into the nature and quality of the relationship of the older with the younger generations (although, clearly the data sets can further be examined to produce more detailed information). From the information generated, some of the elderly play the adviser role suggesting that communication seems to be open between the generations, however, perhaps due to divergence of interests, the areas for discussions are limited.

Participation in decision-making is likewise high, although, the studies are unanimous in observing that the rural elderly tend to have an edge over their urban counterparts on this aspect. However, the level of participation and nature of decisions made by the rural elderly tend to be higher and more substantive.

It may be claimed that this indicates that traditional norms are practiced more in the rural areas. It may likewise be possible that this pattern suggests a confirmation of a hypothesis that modernization leads to status decline among the elderly. Cowgill (1974) advances the theory that four integrated aspects of modernization undermine the social standing of older persons. First, modern health technology leads to an aging of the population for jobs. Second, new economic technologies make the jobs of the aged obsolete. Coupled with the keener competition fostered by demographic shifts in the age structure, this obsolescence leads to the institutionalization of retirement practices and ultimately to economic dependence of the old. Third, urbanization promotes both social and geographic mobility, resulting in the social segregation of the aged from the younger generations. Finally, the rise of mass education for children leaves the elderly intellectually segregated from the mainstream. Modern values —the work ethic and the glorification of youth— reinforce processes that strip the old of claims to respect, power and independence.

From the data and reports that we examined, we learn of the movement of the younger members of the family away from their families of origin to seek greener pasture in the urban centers. This phenomenon coupled

with the increasing participation of women, even those who are married, in the workforce, imply not only the depletion of available caretakers for the aged in the homes but also of the segregation of generations as observed by Cowgill.

The sustained work participation of the elderly in agriculture is notable. The importance of agricultural work in maintaining the status of the elderly may partly be the reason for the observation that the rural elderly tend to be more active in decision-making within the family compared with their urban counterparts. However, if this source of economic sufficiency and of status for the elderly is threatened by the introduction of new technology and increasing importance of nonagricultural production the scenario suggested by the above theory may be realized. With low educational and formal preparation, the present cohorts do not present themselves as competition to the young in the nonagricultural job market. However, with the entry of individuals from the younger and more educated cohorts, there could occur a potential conflict.

What we have seen so far are some signs which may lead to the erosion of the position of the elderly in society. The implications of changes brought about by modernization on this sector should form part of the factors considered in the planning process.

Their role in the community is less explored but from key informants, we learn that there seems to be some recognition of the value of their participation in various community activities. There are still limited numbers of associations and organizations where the elderly could affiliate themselves. However, a subgroup of the elderly have taken to participating in such organizations, are active in community affairs, and therefore have not let old age hamper their involvement. The survey data can be used for further analysis to determine what type of elderly is more likely to get involved in community affairs. Perhaps if their participation is understood better, the elderly can be tapped to form a dynamic pool of community workers. The nature of their participation can likewise be more substantive and could entail more responsibility. With the wisdom derived from age, it may be expected that they could handle work with more ability and confidence. As the elderly derive an increased sense of fulfillment from their involvement, the community benefits from their experience and expertise as well.

Given this preliminary knowledge, current plans and programs of the government as well as proposed bills designed to benefit the elderly were

examined and some gaps were identified. The 1987 Constitution declares the State's concern for the elderly among the population and provides the guiding principles by which policies and programs are to be designed and implemented. The document, however, also emphasizes that "the family has the duty to care for its elderly members although the state may also do so through just programs of social security".

The Department of Social Welfare and Development which has been tasked to handle public delivery of services to the elderly has designed various programs that can help address their health, social and economic needs. However, their full implementation has been hampered by lack of adequate resources.

The pension systems which have been in operation for several decades now benefit only a small segment of the population (estimated to be about eight percent of the elderly). While the coverage of government employees seems to be fairly high, its implementation in the private sector is more problematic given noncompliance of some employers and difficulty in tracking down the self-employed. One other problem that the social security schemes face is the constant clamor for an upgrading of the benefits in order for the pensioners to cope with rising costs of living and inflation. Both the Government Service Insurance System (GSIS) and the Social Security System (SSS) have been responding to this need with adjustments in the minimum benefits of beneficiaries as well as across the board increases. Since the schemes are mainly relying on the contributions of members, the adjustments that could be made are limited.

It is important to emphasize that this sector should not simply be viewed as that which requires assistance but that it also has potentials for productive endeavor and community participation which are important factors for development.

It is clear that some of the program implementors need to be apprised on the current status and needs of the elderly as well as given indication of future requirements. Though clearly preliminary in nature, we offer in this report some facts which can be useful in designing truly responsive programs and policies for the elderly.

INTRODUCTION

Scientific concern for the elderly in the Philippines is new. This is probably due to two factors, namely, the relatively small size of the elderly population; and the cultural perception that the elderly do not pose a problem to society because they are taken care of by the family. While the proportionate size of the elderly group is comparatively low because of the youthfulness of the Philippine age structure, the rate of growth of the elderly population has been substantially and progressively high. The population aged 60 and above that numbered less than a million in 1948 has increased to 2.5 million in 1980. Based on official population projections, there will be 4.6 million elderly Filipinos 10 years from now. This is almost double the number of elderly we have in our country today. They will still have their potential contributions to our development efforts as well as special needs for social services (Domingo and Feranil, 1987). This demographic shift coupled with economic development processes has tremendous social, psychological and economic implications for social planning and policy.

This report aims to contribute to the growing body of literature on the Filipino elderly and, hopefully, provide a more empirical basis for sectoral planning. Findings of various researches including some student reports form the basis of this paper. Some analytical tables have likewise been generated from the 1984 ASEAN Survey on the Filipino elderly as well as the 1988 Demographic Survey.

FILIPINO CULTURE AND THE ELDERLY

Who is defined as an "aged" or "elderly" person in Filipino culture? Aging is commonly measured in terms of chronological age or the number of years a person has lived since birth. A person is usually referred to as "aged" or "elderly" when he reaches 60 or 65 years of age. However, there are three types of aging (Neuhaus and Neuhaus, 1982):

1. **Biological Aging.** This refers to progressive anatomical and physiological changes in the body, *e.g.* changes in cells, alterations in chemical activity, and decrease in hormone production.

2. Psychological Aging. This refers to changes in behavior which reflect the level of maturity and ability to cope with the stresses of life, *e.g.* cognition and personality adjustments.
3. Social Aging. This refers to age-related changes as a result of defined roles or other social forces, *e.g.* modifications pertaining to social roles, personal interaction, and status.

These three types of aging do not necessarily coincide with each other. A person, for instance, may be biologically old, but psychologically and emotionally immature. On the other hand, a person may be biologically young but considered "aged" by society in which case his/her expected role and behavior are described accordingly.

It is the social aspect of aging which is very important to consider in the analysis of the condition and needs of the elderly. Each society has its own age norms, based on what people of various age groups are perceived to be capable of and what are viewed as appropriate for them (Atchley, 1987). In other words, the status of the elderly, the roles they are expected to play, and the standard of behavior used to apply to them are culturally defined. What we refer to as "old age" is a result of institutional and social attitudes. The social and legal definition of the age of retirement, for instance, is an imposition on elderly behavior because a 60 or 65-year-old person is compelled to retire, not due to physical or psychological constraints, but due to society's definition of "old age."

In the Philippines, the classification of people according to age is a social reality traditionally recognized by all. The social responsibility and expectations of a person are relative to his/her age. Behavior tolerated among adolescents, for instance, may be taboo for the elderly, while behavior expected of an adult may be prohibited for a child. The traditional categorizations based on age were found by Agaton P. Pal (1956 in his barrio study in Leyte) as follows:

AGE CATEGORIES

Local Term	English	Approximate Age
<i>Poya</i>	Infant	up to 5 years old
<i>Bata</i>	Child	5 to 15 years old
<i>Batan-on</i>	Adolescent	15 to 25 years old
<i>Dakung Tawo</i>	Adult	25 to 55 years old
<i>Tigulang</i>	Old	55 and over

According to Pal, the "*poya*" receives great care and attention but does not have social influence. His/her actions are not punished but tolerated. It is during this period that he/she is taught the proper social habits.

When the child is able to do errands, he/she is called a "*bata*". He/she is not accountable for his/her actions but he/she is punished for grave offenses. This period is one of apprenticeship for adult roles. Above all, the "*bata*" is taught respect and obedience to elders. He/she is not allowed to talk or cut in on the conversation of older persons. In the evenings he/she is expected to pay homage to the elders with the proper terms and forms of respectful address.

The "*batan-on*" is entrusted with more responsibility but given more freedom from parental control. However, he/she is accountable for the consequences of his/her behavior. It is during this period that parents give more concessions to the son or daughter to enjoy some frivolities and luxuries in life because by the time they get married or become more mature, they are expected to be more serious in economic pursuits.

"*Dakung tawo*" literally means "big person." This is the age when a man becomes responsible for the support of others, and a woman ceases to be dependent on her parents. The "*dakung tawo*" has the authority to command the "*batan-on*" and the "*bata*." He/she can scold or beat not only his/her own children but also his/her nephews/nieces and godchildren. However, he/she also has the duty to rear them materially and morally. The "*dakung tawo*" can represent or speak for the family in community affairs. He/she can discuss matters with the elderly and his/her opinions carry weight.

According to Pal, the "*tigulang*," which literally means "old" is defined in the *barrio* as a person who retires from active work because of declining physical strength. Retirement from active work, however, may be delayed or hastened by one's economic circumstances. Furthermore, some men retire even if they are still physically strong because their sons have taken over their place on the farm or at home. The "*tigulang*" is highly respected. He/she is economically dependent on his/her children, but he/she is never treated as a burden. He/she is always informed of family happenings and is sought after to grace special occasions.

Filipino society is said to be divided into generations characterized by a subordination-superordination relationship. In what F. Landa Jocano (1969) calls the "principle of generation," members of the same generation are set apart from the others, each group following certain prescribed rules of

behavior with assigned rights and obligations. The older the generation, the higher the position in the hierarchy. Members of each generation are expected to be obeyed and respected by those belonging to the younger generation.

Deference to, and respect for, elders are two of the most important values in traditional Filipino society. The esteem and respect accorded the elderly date back to the pre-Spanish period. Age was then equated with wisdom. To qualify as a "*datu*" one had to meet the age requirement; moreover the "*datu*" in turn, consulted a council of elders in trying and deciding legal cases and other important matters (Fernandez, 1943).

Traditionally, the polite way to speak to an elderly person is to use "*po*" and "*ho*" and to use the plural form of the second person, "*kayo*," instead of the singular form "*ka*" for "you." There are also certain respect terms used in addressing or referring to older persons. For instance, those who belong to the grandparent generation are called or referred to as "*lolo*" (grandfather) or "*lola*" (grandmother), whether or not there is any consanguineal or affinal relation. Those who belong to the parent generation are addressed as "*Tiyo*" or "*Tata*" (uncle) or "*Tiya*" or "*Nana*" (aunt). Again, irrespective of actual blood ties, those who belong to the same generation but older than the speaker are addressed as "*Kaka*" or "*Ka*" followed by the first name as in *Ka* Pedro. Among the Ilocanos, it is "*Manong*" for the male and "*Manang*" for the female. A young person may never address an older one, much less an aged person, by his/her first name only (Medina, 1991).

Aside from terms of address and reference, the "*mano*" tradition is another way of showing respect for age. The young person either kisses the elder's hand or places it on his/her forehead. The elderly, in turn, gives the youth his/her blessing by making the sign of the cross with his/her hand towards the latter. This "*mano*" tradition is a form of greeting which is practised whenever a young person meets an elderly, but more especially in the evening after praying the traditional Angelus.

Another very important traditional practice is to take care of, and support aged parents and grandparents. Children take their parents and grandparents into their custody not only out of genuine love but also as a matter of filial obligation. It is a disgrace to neglect the elderly and leave them in the care of strangers. The elderly are supposed to be showered with the same love and attention that they gave to their children. Thus it is the duty of children to care for their elderly out of a sense of gratitude (*utang na loob*).

The elderly are traditionally regarded as authority figures in the family and in the community. Because of their many years of experience, they are often consulted on important matters. Thus they are considered part of the family decision-making process (Samonte and Obordo, 1983) and are involved in such concerns as purchase of household items, assignment of household chores, division of labor in the farm or business, and location of residence (Sarmiento, 1988).

These traditional values and practices regarding the elderly are reflected in the provisions of the Philippine Constitution and the Family Code. The role of the family in caring for the elderly, for instance, is underscored in Article XV Section 4 of the 1987 Constitution which states that "the family has the duty to care for its elderly members..." Aside from the expectation of support from the family, the Constitution also recognizes the duty of the government to provide assistance. Thus, Article XV Section 4 states that while the family is tasked with the care of the elderly, "the State may also do so through just programs of social security."

The Constitution has three other provisions relevant to the elderly, namely: (1) "The State shall provide immediate and adequate care, benefits, and other forms of assistance to war veterans and veterans of the military campaigns, their surviving spouses and orphans" (Art. XVI, Sec. 7); (2) "The State shall, from time to time, review policies to upgrade the pensions and other benefits due to retirees of both the government and private sectors" (Art. XVI, Sec. 8); and (3) "The State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and social services available to all people at affordable cost. There shall be priority for the needs of the underprivileged, sick, elderly, disabled, women and children" (Art. XIII, Sec. II).

Although the Family Code does not have any provision which mentions the elderly specifically, there are references to parents, grandparents, and ascendants. For instance, the following are obliged to support each other: (1) the spouses; (2) legitimate ascendants and descendants; (3) parents and their legitimate and illegitimate children and the legitimate and illegitimate children of the latter; and (4) legitimate brothers and sisters, whether full or halfblood. Support comprises everything indispensable for sustenance, dwelling, clothing, medical attendance, education, and transportation (Articles 194-195). Article 199 also states that whenever two or more persons are obliged to give support, the liability shall fall on persons in the following order: (a) the spouse; (b) the descendants in the nearest degree; (c) the

ascendants in the nearest degree; and (d) the brothers and sisters. Article 211 provides that "Children shall always observe respect and reverence toward their parents and are obliged to obey them as long as the children are under parental authority." Article 215 states that "No descendant shall be compelled, in a criminal case, to testify against his parents and grandparents, except when such testimony is indispensable in a crime against the descendant or by one parent against the other."

PROFILE OF THE FILIPINO ELDERLY

Previous studies have characterized the elderly using the 1980 census as well as data from special surveys (Domingo, Feranil, *et.al.*, 1990; Domingo, 1989; Andrews, 1985; Samonte and Obordo, 1983; Pedro, 1988; Abenoja, 1990). For this paper the 1988 National Demographic Survey was utilized to provide an update on the socioeconomic and demographic profile of the Filipino elderly.

Adopting the United Nations (UN) definition of elderly population as those who are 60 years and older (those 50-59 are included for comparison), Tables 1 to 4 generally confirm some of the basic observations about the aged. The higher life expectancy for the females has consistently been reflected by the excess of females over the males in the various censuses and surveys. The 1988 data likewise shows this pattern — 53 percent of the 60 and over population are females. The aged are mostly found in the rural areas (65%).

Table 1
Elderly Classified by Marital Status
by Age and Sex, 1988

Age	Never married	Married	Widow/er	Separated/ Divorced	(N)
MALE					
50-54	3.0	92.0	3.6	1.4	1611
55-59	2.9	90.5	6.0	.6	1284
60-64	1.9	88.1	9.4	.6	988
65-69	2.2	86.2	10.7	.9	710
70-74	2.4	78.0	18.3	1.4	509
75-79	2.3	76.4	20.6	.7	349
80+	2.4	56.8	39.3	1.2	240
Total 60+	2.1	81.6	15.3	.8	2796
FEMALE					
50-54	5.1	79.9	12.6	2.3	1826
55-59	6.1	72.8	18.4	2.6	1431
60-64	6.8	61.4	29.9	1.9	1044
65-69	8.6	51.7	38.2	1.4	803
70-74	8.4	42.9	47.2	1.5	588
75-79	10.7	34.8	53.8	.7	374
80+	7.7	21.9	68.6	1.5	365
Total 60+	8.1	47.8	42.5	1.5	(3174)

Source : 1988 National Demographic Survey

Table 2
Elderly Population Classified by Education
by Age and Sex, 1988

Age	None	Grades: 1-5	Grade 6	1st-3rd year High School	4th year High School	College+	No Information	(N)
MALE								
50-54	4.4	33.4	23.6	11.9	12.2	14.4	.2	1611
55-59	6.3	34.8	19.4	11.6	13.2	14.3	.4	1284
60-64	11.7	40.5	19.3	7.4	8.4	12.2	.6	988
65-69	16.1	42.0	19.8	4.7	6.9	10.1	.5	710
70-74	22.7	40.8	20.3	4.8	6.0	4.4	.9	509
75-79	20.8	44.3	16.5	4.4	6.0	7.2	.8	349
80+	29.3	38.2	13.0	3.8	4.4	8.8	2.5	240
Total 60+	17.4	11.2	18.7	5.5	7.0	9.3	1.5	2796
FEMALE								
50-54	6.8	35.3	26.4	10.5	10.2	10.6		1826
55-59	12.1	41.5	18.4	8.0	8.2	11.5		1431
60-64	16.2	41.7	20.6	5.8	5.3	9.6		1044
65-69	21.4	44.5	19.6	2.5	3.6	7.9		803
70-74	31.0	39.4	18.4	3.9	3.1	3.5		588
75-79	25.9	47.0	15.2	2.3	4.2	4.2		374
80+	36.5	37.5	12.0	3.2	2.3	5.3		365
Total 60+	23.7	42.1	18.3	3.9	4.0	7.0		(3174)

Source: 1988 National Demographic Survey

Table 3
Elderly Classified by Occupation
by Age and Sex, 1988

Age	Profes- sional	Cleri- cal	Sales	Service	Agri- culture	Produc- tion	None	House- keepers	Pension- ers	Dis- abled	(N)
MALE											
50-54	5.8	2.6	7.8	4.7	51.2	21.6	4.4	.2	.7	.7	1611
55-59	5.5	2.9	8.2	3.3	50.0	20.6	5.4	.4	3.2	.5	1284
60-64	4.1	1.6	5.0	3.0	55.0	13.4	7.2	2.1	8.8	1.1	988
65-69	2.0	1.4	4.8	1.9	54.5	8.4	12.1	1.2	12.0	1.2	710
70-74	.9	1.0	3.3	.4	52.0	11.4	16.1	1.2	11.3	1.1	509
75-79	3.1	1.1	3.2	1.5	35.0	4.5	28.7	2.7	17.4	1.7	349
80+	.3	—	1.5	1.0	28.5	3.6	39.8	3.1	16.2	4.5	240
Total 60+	2.5	1.2	4.1	1.9	49.5	9.8	15.5	2.5	11.8	1.5	2796
FEMALE											
50-54	4.1	1.8	14.5	5.4	11.7	6.2	1.3	54.1	.2	.1	1826
55-59	5.8	1.1	12.0	4.1	11.3	5.1	2.4	57.0	.5	.4	1431
60-64	4.1	.5	10.8	2.1	12.1	4.3	3.7	58.9	2.9	.2	1044
65-69	1.2	.6	8.0	1.8	11.0	3.0	7.3	61.0	4.7	.5	803
70-74	.8	—	7.2	1.0	8.0	4.4	13.7	57.5	4.8	1.1	588
75-79	2.1	—	6.5	.4	4.5	3.0	18.0	56.5	5.5	1.7	374
80+	.7	—	1.3	.9	3.8	1.3	33.5	41.9	10.6	4.3	365
Total 60+	.8	2.1	7.8	1.5	9.3	3.4	11.6	55.9	4.9	1.1	(3174)

Source: 1988 National Demographic Survey

Table 4
Elderly Population Classified by Relationship
to Household Head by Sex, Locale and Age, 1988

Age	:	Head	:	Spouse	:	Others	:	(N)
MALE/URBAN								
50-54		92.1		.7		7.1		570
55-59		90.6		1.5		7.9		480
— — —								
60-64		88.9		.1		11.0		322
65-69		87.9		.4		11.7		235
70-74		82.9		—		17.1		161
75-79		79.8		—		20.2		125
80+		65.6		—		34.4		75
Total 60+		84.5		.1		15.4		918
MALE/RURAL								
50-54		94.1		.5		5.5		1042
55-59		95.0		.1		4.9		804
— — —								
60-64		90.6		—		9.4		666
65-69		91.3		.2		8.5		475
70-74		86.7		—		13.3		349
75-79		79.9		.5		19.6		224
80+		61.6		—		38.4		165
Total 60+		86.2		.1		13.6		(1879)

Table 4 (continued)

Age	:	Head	:	Spouse	:	Others	:	(N)
FEMALE/URBAN								
50-54		14.5		17.1		14.4		682
55-59		22.8		59.6		17.6		536
60-64		28.6		46.3		25.1		386
65-69		27.0		42.0		31.1		304
70-74		30.0		31.7		38.3		196
75-79		24.5		21.1		54.4		142
80+		24.8		13.7		61.5		117
Total 60+		27.5		35.2		35.3		1145
FEMALE/RURAL								
50-54		13.7		77.6		8.7		1144
55-59		18.0		70.4		11.6		895
60-64		21.6		59.9		18.5		658
65-69		31.3		49.6		19.1		498
70-74		30.3		37.3		32.5		349
75-79		28.5		29.9		41.7		232
80+		28.5		11.7		59.8		248
Total 60+		27.3		43.6		28.9		2028

Source: 1988 National Demographic Survey

Distinct sex differentials are shown in the tables. Distribution by marital status (see Table 1) reveals that most of the males in the sample are married (82%). The women, on the other hand, have almost the same proportion of married (48%) and widowed (43%). This difference in pattern has been attributed to various factors. One is the greater tendency for males to remarry. Another is the combined effect of the relatively younger ages at marriage of women and their longer life expectancy. Another pattern which has likewise been established based on other data is that there are generally more spinsters than bachelors (8% versus 2%).

Educational improvements are clearly shown in Table 2 for both sexes. The proportions of those with no education among the younger groups are much lower than among the older population. The disadvantage in education of those 60 and above is clearly shown when compared with the educational levels of those 50-59 years of age. The male elderly have had more education than their female counterparts — 17 percent had no education while close to a quarter of the female elderly did not have any formal schooling. For both sexes, most of those with education did not complete the elementary grades (about 40%). Eighteen percent graduated from the elementary grades. About fifteen percent of the females had more than elementary education while the males exceeded this estimate (22%).

One indicator of the economic status of the elderly is their gainful activity. It is expected that labor force participation declines with age. This may be inferred by comparing the proportion of those with no occupation among the aged 60 and above with the younger age groups in Table 3. The males, for example register about 16 percent with no occupation while the corresponding proportion for the 50-59 group is about five percent. While these figures suggest a diminished economic role for the elderly it is noteworthy that even at those old ages, economic participation among the elderly males is still significant — more than 80 percent are still economically active. The table further shows that about half of the male farmers are engaged in agricultural work. The data suggest the higher level of activity of the rural folk who are likely to be involved in such endeavors. The table shows that most of the elderly women are housekeepers (56%; none 12%) but among them nine percent are engaged in agricultural work and about eight percent in sales.

The same table shows some rare data on pensioners and disabled elderly. The difference in past occupational activities between the sexes is evidenced by the higher proportion of pensioners among the males (12%

versus 5 %). Very minimal numbers were reported as disabled. This could have been a function of the questions asked — there was no special attempt to probe for such a condition in the survey.

One indicator of the status enjoyed by the elderly in the household is headship. Male-female as well as urban-rural differentials in headship are shown in Table 4. The data bear out the traditional roles that males and females play in the household wherein the head is more likely to be male than female. This has been associated with the male breadwinner role. Data show that more than 80 percent of the males are reported as heads of household while only about a quarter of the females have that distinction. One difference between the sexes is that while headship rates tend to decline with age for the males (more than 90 % of those 50-59 are reported as heads of household), for the females the rates tend to increase up to about 74 beyond which the rates start to decline. This pattern suggests that there could be a different set of factors that determine the headship status of the sexes. In another survey, it was suggested that while headship status is an indicator of deference to the individual's seniority, this can actually be power-based (Domingo and Feranil, 1987). It may be hypothesized that to a large extent, headship among the males is directly affected by their economic status; thus as they start to withdraw from the labor force, their position in the household is likewise affected. The fact that the levels remain high could be the result of the traditional respect accorded the older person by the younger household members. The females, on the other hand, tend to enjoy increased headship rates up to about age 74. This could be another manifestation of the effect of differences in mortality rates at older ages as more of them outlive their spouses.

CURRENT STATUS OF THE ELDERLY

This section shall review some of the findings on three aspects of the status of the elderly — their living arrangements, economic security and their health. Among the studies reviewed were those based on various surveys including the following: the Philippine component of the Association of Southeast Asian Nations (ASEAN) project, "The Socioeconomic Consequences of the Aging of the Population" implemented by the Demographic Research and Development Foundation (ASEAN); "Aging in Asia/Oceania," a four-country study sponsored by the World Health Organization (WHO) and conducted by the Institute of Public Health (IPH) of the University of the Philippines (UP); "The Elderly in the Philippine Society" conducted by the Department of Social Science of the UP at Los Baños

(UPLB); and "A Comparative Study of the Filipino Elderly in a Rural and Urban Community" conducted by the Social Research Center of the University of Santo Tomas (UST). New analytical tables have likewise been generated for this report based on the ASEAN survey and the 1988 National Demographic Survey (NDS). Supplementing these findings and data are papers based on the Census and smaller studies including student papers which helped provide some of the qualitative data lacking in most of the surveys.

Living arrangements

As in most countries in the developing world, the family has taken on the care and provisions for the needs of the elderly in the Philippines. A clear indicator of the central role played by the family in the lives of the elderly is the very low proportion of elderly living alone or living without relatives. In an analysis based on a 20 percent sample of the Census, Morada *et al.* (1986) reported that only six percent of the population 65 and over are living alone. This observation is generally validated by the various surveys conducted although the estimates vary mainly because of differences in the definition of elderly. The corresponding estimates from the ASEAN and WHO studies which used 60 as the age cutoff are three and two percent, respectively. The UST study reports an even lower 1.7 percent based on their 65 and older sample. As expected, the ASEAN data show that those who are not currently married run the highest risk of living alone — about 13 percent of the never married, five percent of the widowed and the divorced.

The most common arrangement is for the elderly to live with the spouse and other family members (46%) or with other family members (47%). Given the relatively high fertility experience of this cohort (Domingo, 1989), children figure significantly in such living arrangements. The ASEAN study shows that among those with children, 82 percent are living with their children and therefore about 18 percent are living in "empty nests" when all the children have established their own homes away from their parents. The proportion co-residing with children increases with the number of children (Table 5). Co-residence is further examined in Table 6 which gives a detailed cross tabulation of the number of children the elderly has and the number of children living with him/her in the same house. One way to read the table is to focus on the diagonal which gives the proportion of the elderly who are living with all their children — *e.g.* 20 percent of those with two children are living with all of them or that seven percent of those with seven or more children have all their children in the same household. On the other hand, 41 percent of those with five children are living with only one child.

Table 5
Percentage Living with a Child,
Among Those with One or More Living Children

Variable and Category	Male	(n)	Female	(n)	TOTAL	(n)
Total	83.9	(564)	80.4	(629)	82.1	(1193)
Age						
60 - 64	88.5	(217)	80.9	(209)	84.7	(426)
65 - 69	81.9	(155)	82.7	(179)	82.3	(334)
70 - 74	80.0	(90)	82.8	(116)	81.6	(206)
75+	80.4	(102)	74.4	(125)	77.1	(227)
60 - 69	85.8	(372)	81.7	(388)	83.7	(760)
70+	80.2	(192)	78.4	(241)	79.2	(433)
Number of Living Children						
1	66.7	(39)	56.7	(67)	60.4	(106)
2-3	71.0	(93)	71.3	(150)	71.2	(243)
4+	88.2	(432)	87.6	(412)	87.9	(844)
2+	85.1	(525)	83.3	(562)	84.2	(1087)
Marital Status						
Currently Married	83.4	(439)	77.9	(231)	81.5	(670)
Formerly Married	85.6	(125)	81.9	(398)	82.8	(523)

Source: 1984 ASEAN Survey (Philippines)

Table 6
Number of Living Children by Number of Children in the Household

ROW PERCENTAGES

Number of Living Children	Number of Children in the Households									Total (n)
	0	1	2	3	4	5	6	7+		
0	100									100.0 (128)
1	40	60								100.0 (106)
2	32	48	20							100.0 (116)
3	26	46	17	10						100.0 (127)
4	15	53	18	12	3					100.0 (148)
5	16	41	21	14	6	2				100.0 (173)
6	8	46	24	8	4	5	4			100.0 (133)
7	15	28	19	13	9	7	5	7		100.0 (128)
8	11	28	20	17	14	4	4	2		100.0 (110)
9+	7	22	18	18	10	7	10	5		100.0 (152)
Total	26	37	16	10	5	3	2	1		100.0
(n)	(342)	(490)	(213)	(129)	(62)	(35)	(31)	(19)		(1321)

Source: 1984 ASEAN Survey (Philippines)

While it would be interesting to examine the consequences of separation of the children from the elderly parents, the surveys have not yet been adequately examined on this issue. Some indication may, however, be derived from data on most recent contact with children. Table 7 gives the distribution of the ASEAN respondents who are not living with a child classified according to proximity of children and whether or not they saw their children recently, or the week prior to the survey. The distribution suggests that the elderly who are not living with their children are not greatly disadvantaged since about 60 percent have children nearby, that is, in the same *barangay*. Furthermore, 17 percent have children who are farther away but manage to visit the elderly recently.

A related observation is that in 30 percent of the households surveyed, the UST and UP studies reported the significance of three and four generation families residing in one household. Though this can be indicative of familial attachment among the Filipinos, it may actually be a strategy to address housing problems which affect a large majority of the population. That this living arrangement is more common in the urban areas which have been attracting the migrants, is evidence of this problem. About 72 percent of the urban and 64 percent of the rural sample of the UST study reside in three generation family households.

These findings imply that to evaluate the status of the elderly by examining their living arrangements is a complex task. It is not immediately clear from the data who choose to live with whom, for example, or if choices are being made at all. What factors determine types of living arrangements? While the data suggest a positive situation wherein the elderly are with family, much still needs to be done to look into the consequences of varying types of living arrangements. For example, what are the differences between living with single children and with married children? Are there differences between residing with sons and with daughters or with older versus younger children?

To illustrate this complexity, the popular notion that old people are the dependents in the Filipino household is refuted by such information as the following: more than 80 percent of the UPLB sample own their houses, 90 percent of the male ASEAN respondents are considered heads of their household and more than a third of them are the main breadwinners. In all the Philippine surveys, figures on ownership of house and headship are higher for the rural area.

Table 7
Proximity of Children and Contact with Children, Among Those
with One or More Living Children but not Living with a Child

Variable and Category	Proximity and Contact				Total	(n)
	Nearby		Distant			
	Recent	Not Recent	Recent	Not Recent		
Total	48.6	8.9	17.3	24.8	100.0	(214)
Age						
60-64	46.2	7.7	21.5	23.1	100.0	(65)
65-69	49.2	10.2	11.9	28.8	100.0	(59)
70-74	52.6	7.9	13.2	26.3	100.0	(38)
75+	48.1	9.6	21.2	21.2	100.0	(52)
60-69	47.6	8.9	16.9	25.8	100.0	(124)
70+	50.0	8.9	17.8	23.3	100.0	(90)
Number of Living Children						
1	16.7	—	28.6	52.4	100.0	(42)
2-3	51.4	4.3	12.9	31.4	100.0	(70)
4+	59.8	15.7	15.7	8.8	100.0	(102)
Marital Status						
Currently married	48.4	14.5	17.7	18.5	100.0	(124)
Formerly married	48.9	1.1	16.7	33.3	100.0	(90)
Sex						
Male	49.5	15.4	13.2	20.9	100.0	(91)
Female	48.0	4.1	20.3	27.6	100.0	(123)
Stratum						
Urban	33.7	9.8	27.2	28.3	100.0	(92)
Rural	59.8	8.2	9.8	22.1	100.0	(122)

Source: 1984 ASEAN Survey (Philippines)

Co-residence does not necessarily mean that the elderly are the ones on the receiving end of the flow of support. On the other hand, those not residing with their children are not necessarily disadvantaged either. An example is the study of Maria Fe A. Domingo (1990) in a fishing village in La Union which indicated that old people are generally integrated with the families of their married children. Integration, however, does not necessarily mean living in the same house. There are some old people who still maintain their old residences and at the same time receive some economic and psychological support from their children. For example, two of the participants in this study, an 86-year-old widow and an 82-year-old widower live near the homes of their married children in the family compound. The old woman takes her meals with any of her children's family who happen to have the food that she likes (mostly fish and vegetables) while the old man is usually sent home-cooked food. These old people usually sleep in their respective huts, although occasionally, the old woman sleeps in one of her married children's homes, especially when there is a TV program that she wants to see. On the other hand, the old man sleeps with two grandsons who take turns in keeping him company. Both elderly persons prefer this life of semi-independence and find the arrangement satisfactory.

The arrangement described above emphasizes the benefits for the elderly. In an agricultural setting, another picture is reported by one of the participants of an ongoing study using the focused group discussion technique. One participant from Bulacan described his housing arrangement as similar to that of the "*talaba*" (oyster). He says:

... one of my children decided to live on his own. What I did was to let him build an extension at the side of my house. Since they are just living beside us, I know when they are in need and if the children are hungry. For example, my grandchildren came to me because their mother had not prepared their supper. I gave them what I had originally saved for my breakfast so they could have their supper. We would rather not have breakfast at all.

Another limitation of the existing survey data on the elderly is the difficulty of capturing some of the qualitative aspects of living arrangements. In looking into some of the dynamics within the households, the studies based on these survey data have highlighted the role of the elderly as baby-sitters. Given the increasingly significant pattern of women working outside of the home, this arrangement benefits the old as well as the young members of the household and, therefore, should be underscored. Another advantage

of living with other family members that has been discussed is the availability of caregivers for the elderly. The presence of adult females has been used as one indicator of this (Domingo, 1988). The statistical indicators are complemented by case studies which revealed that while the spouse and adult children are the primary caregivers of the Filipino elderly, an extensive network of kin provide the elderly ready assistance when immediate family members are absent (Barcelon, 1985).

Other aspects of the relationship with other members of the household are perhaps better drawn from small qualitative studies. M.E. Tulbe's (1989) study is an example. When a sample of 30 youths were asked regarding their willingness to accommodate their grandparents in their homes, the majority indicated willingness. However, a significant 30 percent said that they were hesitant about letting them stay at home with them. Their complaints were that the elders were "*makulit*" (inquisitive or intrusive) and sometimes even cranky. The above example suggests the need to examine more closely the quality of the relationship between the young and old generations. While it has been assumed that there is a generally positive attitude toward the elderly, there may be an undercurrent of resentment toward them in a few families. It is probable that these resentments of long-standing are born out of chronic frictions between the young and the elderly rather than simply out of one party being old. Some of the aged persons described as "*makulit*" or persistently inquisitive may be suffering from some form of memory impairment due to aging so that they become repetitive. All these indicate the need for further analysis of the issue of living arrangements.

The issue of what is the "preferred arrangement" for the elderly was not covered in the past surveys. Perhaps this omission resulted from the assumption that living with children is what is desired. However, some observations from the fishing village study suggest that there is variability in what is considered a preferred living arrangement. Most of the participants said that they would choose to live with one of their married children, usually their daughter, when their spouses die. Otherwise old married couples still prefer to live independently but usually near the residences of their children (M.F. Domingo, 1990). It would be interesting, for example, to explore how the preferences change with the age of the elderly or their health status and with the changes in the life cycle of the children. These are areas that can be explored further in future studies.

As an alternative arrangement, the ASEAN respondents were asked about their opinions on institutionalization. The respondents, though not totally adverse to the idea (75%) said having "Homes for the Aged" was a

good idea but they would not like to live in such "Homes for the Aged" because they expected to be cared for by their children or other relatives. This expectation is clearly articulated in the UST study in which the respondents were asked: "Aside from your spouse, whom do you expect would help and care for you in your old age?." Ninety seven percent (97%) of the rural and 71 percent of the urban sample replied: "children." Given the observed living arrangements, it may be said that the expectation has generally been met.

Economic security of the Filipino elderly

One area of concern related to the phenomenal growth of the number of aged is the economic security of this subsector. Given their reduced capacity for gainful work, aging increases the dependency of the elderly on their families. The welfare of the elderly will, therefore, be largely determined by the economic resources of the family. Those who choose to be economically active, on the other hand, are threatened with obsolescence given the changing occupational requirements of development.

This section of the paper examines the economic status of the Filipino elderly by looking into three major sources of economic security — their own gainful work, their families and the pension system.

The economically active elderly

Based on a one percent sample of the 1980 Census, the labor force participation rate of those 60 years old and older is computed at about 42 percent suggesting that there are more than a million elderly workers in the country. This clearly indicates that they continue to play a significant role in the economy. Table 8 shows that their contributions are mainly in the field of agriculture. A small percentage of the elderly are engaged in white-collar jobs (3%), sales (5%), services (2%), production-related and other occupations (7%). The dominance of the elderly women in sales and services occupations is also recorded by the census (Domingo, 1989).

The corresponding work participation rate for the sample of respondents of the ASEAN survey is lower at 39 percent (this should be the effect of the design where 50 percent are from Metro Manila). With this richer data source, interesting differentials can be highlighted in Table 9. Higher rates are observed for the males (56%), the married (49%) and the young-olds (50%). Consistent with higher rates for the rural group (50%) are the higher rates for those with lower education (40%).

Table 8
Distribution of Population 60 and Over
in Agricultural and Nonagricultural Industry, 1980

	Agriculture	Nonagriculture	None	Total
Philippines	31.2	10.8	58.0	100.0
Stratum				
Urban	12.8	19.4	67.8	100.0
Rural	41.7	5.8	52.5	100.0
Age				
60-64	34.7	14.6	50.7	100.0
65-69	33.9	11.3	54.8	100.0
70-74	29.5	8.2	62.3	100.0
75+	22.4	5.0	72.6	100.0
Sex				
Male	58.7	14.1	27.2	100.0
Female	6.0	7.7	86.3	100.0

Source: One percent sample of 1980 Census.
 Tables 42,44 and 47 (Domingo, 1989).

Table 9
Work Participation Rate of Filipino Elderly
Classified by Selected Characteristics (%)

Sex		Locale	
Male	55.6(592)	Urban	27.7(660)
Female	25.4(729)	Rural	50.1(661)
Age		Marital Status	
60-64	49.6(464)	Never Married	30.7(75)
65-69	44.7(358)	Married	48.7(696)
70-74	31.3(233)	Widowed	27.1(531)
75-79	21.5(149)	Divorced/	
80+	16.2(117)	Separated	42.1(19)
Education		Relationship to Household Head	
None	40.2(341)	Head	51.1(769)
Elementary	41.7(714)	Spouse	27.2(213)
High School	33.5(170)	Others	18.6(339)
College+	22.9(96)		
Giving Support to Children		Health Self-Assessment	
Yes	53.4(672)	Good	48.4(465)
No	22.2(522)	Fair	37.4(709)
No Living Children	30.7(127)	Poor	16.3(147)
Receiving Support from Children		Number of Children Still Living	
Yes	34.8(897)	0	30.8(52)
No	54.9(297)	1	28.3(106)
		2	31.0(116)
		3	35.4(127)
		4-5	38.9(321)
		6-8	43.1(371)
		9+	52.0(152)
Total	38.9(1321)		

Source: 1984 ASEAN Survey (Philippines)

The perspective that equates old-age with dependency is challenged given the high work rates among the elderly who remain the heads of their households (51%). Economic need could be the driving force among those who are not receiving any support from their children — more than half of whom are economically active compared to only 35 for those who are receiving support from their children. These patterns suggest the need for a more in-depth examination of the issue of dependency as these figures imply highly active workers among the aged. On the other hand, full understanding of the significance of their work participation requires an examination of the level of productivity of the elderly workers as well as the adequacy of their economic gains for their needs as well as those of their families.

The family as source of economic support

As shown above, while a significant proportion of the aged remain economically active, the majority are not gainfully employed. When asked about their sources of income, more than a third of the ASEAN sample said from their “own earnings” or those of their spouses. Among the rural respondents, earnings from farm or other agricultural production were important sources of income (65%). Government pension was cited as a source by 23 percent of the urban group. Very few (less than 2%) cited savings. Finally, a significant category that surfaced especially for the urban dwellers is “money from children”. About 65 percent of the female and 65 percent of the male urban respondents said they received financial support from the children (Table 10).

Focusing on those with children still living, Table 11 shows that three-fourths are receiving some support from their children. The table likewise reveals interesting differentials among those living with children. Gender difference is notable — about 81 percent of the females and a lower 69 percent of the male respondents said that they received support from their children. The difference in the level of support from children between the urban and rural dwellers (81 percent and 69 percent, respectively) indicate the greater capacity of the children from the former to provide support to their parents. Alternatively, this pattern can be viewed as implying the higher dependency among the urban aged.

For some special subgroups among the elderly, this system of support could be quite crucial for their survival. One category comprises the “old-old” whose individual capacity for work is greatly hampered by poor health. It can be seen that those beyond 70 years of age are not neglected as more than 75 percent are given support by their children.

Table 10
Percentage of Respondents Aged 60 and Over
by Sources of Income, by Age and Sex*

Sources of Income	Males	Females	Total
URBAN			
None	0.0	0.0	0.0
Earnings from current job	34.8	16.3	24.1
Earnings from spouse's current job	7.5	9.4	8.6
Savings	0.0	2.6	1.5
Earnings from farm/other agricultural production	5.4	2.6	3.8
Money from children	53.0	64.6	59.7
Pension **	32.3	15.7	22.7
RURAL			
None	0.3	1.4	0.9
Earnings from current job	41.8	17.3	29.2
Earnings from spouse's current job	4.2	8.3	6.4
Savings	0.0	1.4	0.8
Earnings from farm/other agricultural production	71.2	59.5	65.0
Money from children	24.6	38.8	32.1
Pension **	7.0	5.5	6.2

* multiple responses

** Include all Government Service Insurance System (GSIS), Social Security System (SSS) and other pensions received by respondent and his/her spouse.

Source: 1984 ASEAN Survey (Philippines)
Table 6 (Domingo, 1989)

Table 11
Elderly with Living Children Receiving Support
from Children, Classified by Selected Characteristics (%)

Sex		Locale	
Male	69.0(564)	Urban	80.8(616)
Female	80.6(629)	Rural	69.0(577)
Age		Marital Status	
60-64	75.1(426)	Married	70.0(670)
65-69	69.2(334)	Widowed	81.9(504)
70-74	80.1(206)	Divorced/Separated	73.7(19)
75-79	74.6(126)		
80+	85.2(101)		
Education		Relationship to Household Head	
None	70.0(305)	Head	69.7(710)
Elementary	78.9(639)	Spouse	72.8(207)
High School	77.8(158)	Others	90.4(281)
College+	61.5(91)		
Number of Children Still Living		Health Self Assessment	
1	64.2(106)	Good	67.0(421)
2	68.1(116)	Fair	78.3(651)
3	63.0(227)	Poor	86.0(121)
4-5	76.6(321)		
6-8	79.0(371)		
9+	85.5(152)		
Giving Support to Children			
		Yes	69.6(671)
		No	82.8(522)
Total	75.1(1193)		

Source: 1984 ASEAN Survey (Philippines)

The widows comprise another vulnerable group. The 1980 Census showed that a significant proportion of the female elderly (41%) are in that category. Unlike most of the married women who can also count on their spouses for their living, the ASEAN survey shows that the majority of the widows (82%) rely mainly on their children's support for their subsistence. Further analysis of their status reveals that only 14 percent have independent means of support either from their earnings (12%) or pensions (2%) (Domingo, Feranil *et al.*, 1990).

Classification of the elderly by their assessment of their own health shows a clear gradient — the largest percentage are recorded for those with poor health (86%) positively indicating the flow of support to those in most need within the Filipino families. These patterns tend to affirm the Filipino children's adherence to norms of filial obligation and of providing support to their parents in their old age.

Closer examination of the ASEAN data shows that the flow of support within Filipino households is not unidirectional. Table 12 illustrates this. Among those with living children, more than half reported that they continue to provide support to their children. Very similar patterns as those observed regarding work activity (see Table 9) can be noted, *i.e.*, more active support to children are given by the males (64%), the rural dwellers (63%) and the relatively young-olds (67% among the 60-64-year-olds). Continuing family responsibility appears to be closely related to this flow of support to children who are the currently married (66%), heads of households (62%) and those with more children (proportions increase from 42 percent among those with only one living child to 69 percent among those with nine or more children still living). The fact that close to 70 percent of those not receiving support from children are actually providing them support is further proof of the significance of the elderly worker in the family.

Retirement and support from pensions

As discussed earlier, the majority of the elderly engaged in economic activities are in the agricultural and informal sectors and as such, the concept of "retirement" may be vague to most of the workers. From the ASEAN survey, it was initially reported that there were only 10 percent of retirees in the sample. The majority said they were working (39%) and about a quarter were doing housework. A large group said that they were not doing anything (27%). If one were to redefine retirement loosely to include those who used to work but have ceased to work, there would be a total of 53 percent of such retirees among the ASEAN people.

Table 12
Elderly with Living Children Giving Support to Children,
Classified by Selected Characteristics (%)

Sex		Locale	
Male	63.6(564)	Urban	49.7(616)
Female	49.6(629)	Rural	63.3(577)
Age		Marital Status	
60-64	66.7(426)	Married	65.8(670)
65-69	61.4(334)	Widowed	43.6(504)
70-74	48.5(206)	Divorced/Separated	52.6(19)
75-79	39.7(126)		
80+	31.7(101)		
Education		Relationship to Household Head	
None	58.7(305)	Head	62.1(710)
Elementary	53.2(639)	Spouse	61.4(202)
High School	59.5(158)	Others	37.7(281)
College+	63.7(91)		
Number of Children Still Living		Health Self-Assessment	
1	41.5(106)	Good	63.4(421)
2	46.6(116)	Fair	54.5(651)
3	55.1(127)	Poor	40.5(121)
4-5	53.0(321)		
6-8	61.5(371)		
9+	69.1(152)		
Receiving Support from Children			
		Yes	52.1(896)
		No	68.7(297)
Total	56.2(1193)		

Source: 1984 ASEAN Survey (Philippines)

About half of the retirees stopped working by "choice while the other half did so by "force." Most of those in the latter group said that they had to stop working because of health reasons (56%). This problem is reported by more of the female retirees (64%) than the males (46%). Among the men 42 percent said they reached the compulsory retirement age. The significantly lower proportion for the women (5%) giving the same reason reflects their lower participation in the formal sector where retirement becomes mandatory once a particular age is reached. Family-related reasons, including family obligation and objection of the spouse or children, also surfaced as important for 17 percent of the females who were forced to retire (Silverio, 1987).

The ASEAN data further show that for more than half of those who reported that they had to retire, their withdrawal from economic activity had been disadvantageous and thus they expressed their wish to rejoin the work force. This group represents a significant pool of unutilized manpower and is mostly composed of the relatively younger ones and the males in the sample.

In terms of timing of retirement, Imelda Z. Feranil (1988) reports that urban workers tend to exit earlier from the work force than the rural workers and this is mostly due to the informal work conditions in the rural areas where physical capacity largely determines the length of time of participation. While about a quarter retired even before age 60 in the urban areas, the corresponding estimates for the rural sample is lower, about 20 percent.

There are distinct sex differentials in age of retirement. As expected, women ceased economic involvement at relatively younger ages. Slightly over 30 percent retired before age 54 compared to only 11 percent of the males at similar ages (Feranil, 1988).

There is a debate on whether or not the retirement age should be lowered (optional at age 60 and compulsory at age 65). The experience of the retirees and their attitude towards retirement as determined by the ASEAN survey should be instructive and would help clarify some of the issues. The ASEAN sample were asked at what age a person should stop working. While a few said "as long as a person can work" or "depends on the person's health," the average suggested age was 67.9 which exceeds the compulsory age of retirement. Rommel Jacinto D. Silverio (1987) reports that the rural mean

(69) exceeds that of the urban by two years. The data in Table 13 also show that while those who retired at age 60 or over tend to suggest ages close to their own actual ages at retirement, more than half of those who retired before age 60 suggest that retirement should be between 60 and 65 and more than a third feel that they could keep on working even beyond 65. While the question posed was meant to elicit a general comment, it is likely that their own experiences directly influenced their answers. The data imply that there could have been negative experiences related to their early retirement leading to their recommendation that retirement be at older ages.

Findings of L. Aspeli, C. De Jesus and R.C. Pablo (1990) based on their interview of 23 members of *Gintong Samahan ng UP* indicated that the participants felt that retirement should be based on productivity and quality of performance rather than age alone (65 years is the age of compulsory retirement in the UP). They observed that some retirees are still fit to work at age 65 and over. They recommend that cognitive ability and behavioral indicators should be considered in retiring faculty members as well as nonacademic workers. Unfortunately, chronological age seems to be the main basis for retirement in the UP and as a result there is wastage of highly trained manpower.

Given the predominantly agricultural nature of the work of the Filipino elderly which is largely uncovered by government pension schemes, it is no surprise that only 14 percent of the ASEAN respondents stated that they receive pensions. Expected patterns are shown in Table 14 — there are proportionately more pensioners among the males (19%), urban residents (23%), and particularly among those with high school (26%) and college education (57%). Though the amounts received as pensions are below what might be required for an average family,² they clearly constitute a significant contribution to household expenses. For some groups, like those who are not receiving support from their children, pensions are a way of ensuring their economic welfare. For the ASEAN sample, 24 percent of this group are assured of such support. It is possible that one reason that these elderly are not being supported by their children is the pension benefit that they are enjoying, thus freeing the younger workers from the additional burden of providing for them.

Table 13
Distribution by Suggested and Actual Retirement Ages

Actual Retirement	Suggested Retirement Age			Total (N)
	Below 60	60-65	Over 65	
Below 60	8.68	55.99	35.33	100.0(334)
60 to 65	3.45	58.62	37.93	100.0(174)
Over 65	2.56	31.62	65.81	100.0(117)

Source: 1984 ASEAN Survey (Philippines)
Table 5 (Domingo, 1989)

Table 14
Pensioner Among the Filipino Elderly
Classified by Selected Characteristics (%)

Sex		Locale	
Male	18.9(592)	Urban	22.7(660)
Female	10.8(729)	Rural	6.2(661)
Age		Marital Status	
60-64	11.9(464)	Never Married	8.0 (75)
65-69	16.8(358)	Married	18.7(696)
70-74	10.3(233)	Widowed	10.0(531)
75-79	23.5(149)	Divorced/Separated	10.5(19)
80+	14.5(117)		
Education		Relationship to Household Head	
None	7.9 (341)	Head	16.4(769)
Elementary	9.0 (714)	Spouse	17.4(213)
High School	25.6 (170)	Others	8.3(339)
College+	57.3 (96)		
Giving Support to Children		Health Self-Assessment	
Yes	17.0(672)	Good	18.7 (465)
No	11.5(522)	Fair	12.7 (709)
No Living Children	13.4(127)	Poor	9.5 (147)
Receiving Support from Children		Number of Children Still Living	
Yes	11.4(897)	0	19.2(52)
No	24.2(297)	1	27.4(106)
No Living Children	13.4(127)	2	12.9(116)
		3	16.5(127)
		4-5	11.5(321)
		6-8	13.8(371)
		9+	13.8(152)
Total	14.5(1321)		

Source: 1984 ASEAN Survey (Philippines)

Old age and health

One major problem of old age is deteriorating health. It has been said that the proportion of a population enjoying good health gradually declines from age 40, and the decline accelerates from about 60 onwards. Similarly, the proportion of those who are neither sick nor disabled declines steadily.

Morbidity and mortality

Data from the National Health Survey conducted by the then Ministry of Health give the morbidity profile of the population. It is reported that rheumatism or arthritis affects a sizeable number of elderly. The prevalence rate suggests that this disease affects nearly one out of every five senior citizens. High blood pressure, peptic ulcer and heart trouble are among the leading degenerative diseases. Of the various chronic communicable diseases, tuberculosis was most prevalent with rates of 5,850 per 100,000 population. Relatively high prevalence can also be noted for asthma, skin diseases and deafness.

Some sex differentials are noted in morbidity data. The incidence of high blood pressure and pulmonary tuberculosis is higher for elderly women, while peptic ulcer and deafness are more common among men (Domingo and Feranil, 1987).

Data on mortality rates by leading causes of death derived from the Philippine Vital Statistics Report show that communicable diseases are highly prevalent for both the males and females at the "younger" old ages of 60-64. The slightly lower albeit notable prevalence of cardiovascular diseases among the elderly of the same age group can also be noted. At the succeeding ages, however, deaths due to cardiovascular diseases lead. Despite this reversal in leading causes of deaths for the elderly, communicable diseases still account for a large number of the deaths occurring among the elderly population. This pattern actually reflects the national pattern where infections and respiratory problems are reported as major health concerns.

Comparing the sexes, the data show that males register higher mortality rates by major cause of death for all elderly age groups up to age 80-84. It is only in the oldest age group that mortality risks for certain causes (*e.g.* cardiovascular diseases) are higher among women than men (Domingo and Feranil, 1987).

As the aged grow in number, strategies to help postpone infirmities would be essential to extend the longevity and improve the quality of life of the population. One issue that would be of interest is the implication of this demographic trend on the relative share in health costs of the various age groups.

A projection exercise conducted at the UP Population Institute provides some preliminary answers to the question (UPPI, 1990). Using population projections based on recent demographic trends and morbidity assumptions based on the 1986 trends as well as projected targets of the Department of Health, varying morbidity profiles were generated.³ In order to focus attention on diseases that are generally associated with old age, a simple dichotomy was used — infectious and degenerative diseases. The results are summarized in Tables 15 to 17. The results show that through the year 2000, communicable diseases will continue to be the leading cause of morbidity. However, when change is measured it is noted that while very slight declines will be registered for the infectious diseases, the proportion of degenerative diseases will dramatically increase compared to the 1986 base figures. A more important dimension is the absolute numbers of sick population through time inasmuch as these will be the basis for determining the level of support for the sector. Focusing on the degenerative diseases and the elderly, Table 17 shows that assuming that 1986 rates will hold, there will be 84,000 reported cases in the year 2000 or an increase of 52 percent from the 55,000 reported in 1986 among those 60 years old and older.

Notable too is the projected contribution of the younger cohort age 40-59. The rate of change for this cohort who are approaching old age will exceed that of the 60 years old and over. The absolute number of sick individuals will increase dramatically through the years which would be a joint function of the entry of the larger younger cohorts into the older age groups and the assumption of a slight increase in the incidence of degenerative diseases.

The results suggest that perhaps the issue is not so much whether larger proportions of the health budget should be allocated to the elderly versus the children. The more crucial concern is the increasing financial allocation for the health sector in view of the increasing percentage change and absolute numbers of the sick population even on the most optimistic assumption of realizing great strides in the health front and the continuation of the reduction in the rate of increase of population.

Table 15
Projected Proportion of Sick Population
by Type of Disease, 1986-2000
Moderate Fertility Decline

ASSUMPTION/ Type of disease	PROPORTION				PERCENT CHANGE		
	1986	1990	1995	2000	1986-90	1986-95	1986-2000
ASSUMPTION 1							
Infectious	95.3	95.3	95.0	94.5	0.0	(0.3)	(0.8)
Degenerative	4.7	4.7	5.0	5.5	0.0	6.4	17.0
ASSUMPTION 2							
Infectious	95.3	95.2	94.6	93.7	(0.1)	(0.7)	(1.7)
Degenerative	4.7	4.8	5.4	6.3	2.1	14.9	34.0
ASSUMPTION 3							
Infectious	95.3	95.4	94.5	93.1	0.1	(0.8)	(2.3)
Degenerative	4.7	4.6	5.5	6.9	(2.1)	17.0	46.8
ASSUMPTION 4							
Infectious	95.3	95.1	94.3	93.4	(0.2)	(1.0)	(2.0)
Degenerative	4.7	4.9	5.7	6.6	4.3	21.3	40.4
ASSUMPTION 5							
Infectious	95.3	95.3	94.3	92.7	0.0	(1.0)	(2.7)
Degenerative	4.7	4.7	5.7	7.3	0.0	21.3	55.3
ASSUMPTION 6							
Infectious	95.3	95.0	94.2	93.1	(0.3)	(1.2)	(2.3)
Degenerative	4.7	5.0	5.8	6.9	6.4	23.4	46.8
ASSUMPTION 7							
Infectious	95.3	95.3	94.1	92.4	0.0	(1.3)	(3.0)
Degenerative	4.7	4.7	5.9	7.6	0.0	25.5	61.7

Source: University of the Philippines-Population Institute (UPPI). 1990. "An Analysis of Age-Specific Demographic Events in the Philippines: Trends and Prospects" (Table 9)

Table 16
Projected Number of Sick Population
Aged 40 Years old and Over, 1986-2000
Moderate Fertility Decline

ASSUMPTION/ Age Group	NUMBER OF CASES				PERCENT CHANGE		
	1986	1990	1995	2000	1986-90	1986-95	1986-2000
ASSUMPTION 1							
40-59	200,823	228,094	278,282	336,308	13.6	38.6	67.5
60+	155,659	180,180	206,779	244,002	15.6	32.8	56.8
ASSUMPTION 2							
40-59	200,823	218,393	251,786	286,500	8.7	25.4	42.7
60+	155,659	175,085	194,023	220,578	12.5	24.6	41.7
ASSUMPTION 3							
40-59	200,823	249,770	267,327	278,106	24.4	33.1	38.5
60+	155,659	167,978	175,669	186,895	7.9	12.9	20.1
ASSUMPTION 4							
40-59	200,823	218,814	252,950	288,983	9.0	26.0	43.9
60+	155,659	175,966	196,308	224,768	13.0	26.1	44.4
ASSUMPTION 5							
40-59	200,823	250,137	268,492	280,289	24.6	33.7	39.6
60+	155,659	168,859	177,954	191,085	8.5	14.3	22.8
ASSUMPTION 6							
40-59	200,823	219,236	254,105	291,167	9.2	26.5	45.0
60+	155,659	176,853	198,590	228,964	13.6	27.6	47.1
ASSUMPTION 7							
40-59	200,823	250,559	269,646	282,472	24.8	34.3	40.7
60+	155,659	169,747	180,236	195,280	9.1	15.8	25.5

Source: University of the Philippines-Population Institute (UPPI). 1990. "An Analysis of Age-Specific Demographic Events in the Philippines: Trends and Prospects" (Table 9)

Table 17
Projected Number of Population Sick of Degenerative Diseases
Among the 40 Years Old and Over, 1986-2000
Moderate Fertility Decline

ASSUMPTION/ Age Group	NUMBER OF CASES (DEGENERATIVE)				PERCENT CHANGE		
	1986	1990	1995	2000	1986-90	1986-95	1986-2000
ASSUMPTION 1							
40-59	25,610	29,588	36,098	43,364	15.5	41.0	69.3
60+	55,259	61,841	71,035	83,822	11.9	28.5	51.7
ASSUMPTION 2							
40-59	25,610	29,588	36,098	43,364	15.5	41.0	69.3
60+	55,259	61,841	71,035	83,822	11.9	28.5	51.7
ASSUMPTION 3							
40-59	25,610	29,588	36,098	43,364	15.5	41.0	69.3
60+	55,259	61,841	71,035	83,822	11.9	28.5	51.7
ASSUMPTION 4							
40-59	25,610	30,010	37,263	45,847	17.2	45.5	79.0
60+	55,259	62,722	73,320	88,012	13.5	32.7	59.3
ASSUMPTION 5							
40-59	25,610	30,010	37,263	45,847	17.2	45.5	79.0
60+	55,259	62,722	73,319	88,012	13.5	32.7	59.3
ASSUMPTION 6							
40-59	25,610	30,431	38,417	48,031	18.8	50.0	89.5
60+	55,259	63,610	75,601	92,206	15.1	36.8	66.9
ASSUMPTION 7							
40-59	25,610	30,431	38,417	48,031	18.8	50.0	89.5
60+	55,259	63,610	75,601	92,206	15.1	36.8	66.9

Source: University of the Philippines-Population Institute (UPPI). 1990. "An Analysis of Age-Specific Demographic Events in the Philippines: Trends and Prospects" (Table 9)

At the micro level, the surveys revealed some interesting patterns. When respondents were asked to rate their own health, the pattern of responses was consistent. Results showed that most elderly perceive themselves as generally of good health. In the ASEAN survey, only 11 percent gave themselves a "bad" rating while the rest said their health was either "good" or "fair." This finding is consistent with the WHO study where 84 percent regarded themselves as quite healthy. The same is true of the aged respondents in the UST study, although a majority admitted being weak and inactive. Contrary to these findings, the UPLB survey showed that 90 percent and 97 percent of urban and rural elderlies, respectively, were of poor health or were not physically fit. This contradictory results may be due to some methodological differences or the phrasing of the questions.

The ASEAN and WHO studies validated the respondents answers through follow-up questions regarding other aspects of their health. A cross-check using the ASEAN data revealed that a majority of those who reported that they either had accidents, injuries or suffered from chronic diseases or some form of disability had actually rated themselves as having good or fair health. This suggests another area for research, and that is to examine the concept of health and what constitutes good health among the elderly. Given this limitation, perhaps it is sufficient at this point to regard this indicator as reflecting a general feeling of well-being among the elderly which is an important indicator of their assessment of their status.

Among the various studies under review, the WHO had the most extensive coverage on the issue of health. One aspect that it inquired into was the mental health status of the aged. Using a measurement of cognitive functions from 0 to 15 representing normal cognitive functions and 0 as complete absence of cognitive function, Andrews *et al.* (1985) found that in the Philippines the elderly obtained a fairly high score in the cognitive test. Even among the oldest groups, 91 percent of the men and 86 percent of the women studied scored 12 to 15 on the cognitive function test. The study also found that the prevalence of all the five mental health problems (sleep difficulties, worry and anxiety, loss of interest, tiredness and forgetfulness) increased with age.

Utilization of health services

With the health problems that afflict the elderly, the need for medical services is expected to be high. The actual level of utilization of medical services is, however, a function of the availability of services. All the studies show that

doctors and other health professionals are most commonly consulted by the elderly for various health problems. It is interesting to note, however, that a significant proportion of the rural sample of the UST study (45%) reported that they sought the help of traditional or herbal doctors for their health needs. The proportion was much lower for the ASEAN sample (9%) but like the UST sample, they were mostly the rural residents.

Indicators of unmet needs were also derived by the ASEAN survey. More than 16 percent of the sample said that they needed to consult a doctor but failed to do so. When probed on the reasons for nonconsultation, 54 percent said it was too expensive, while others, about 29 percent, believed that they were not sick enough to consult one. Expectably, more rural elderly expressed these unmet medical needs than the urban elderly. The WHO study validated this result citing inadequate finances and transportation as the main reasons for not availing of the services of medical doctors.

On the issue of cost of health services the UPLB study asked if their subjects had any kind of health insurance. Unfortunately, a majority did not have any. For this majority, more than half said it was their children who shouldered their medical expenses, although around a third said they took care of their own medical expenses.

Given the eventuality of an increasing number of elderly seeking special medical attention, the issue of availability of health services and access for the elderly will be increasingly serious. The quality of health care for the elderly will become so important that the state and level of skills in geriatric health and service to older people in the Philippines should be examined. In a survey of 11 medical schools, it was found that a majority of the deans thought that while there was a need for inclusion of gerontology and geriatrics in the curriculum, there were too many other priority areas that needed attention. The country's geriatric problems were not considered as important as other problems (SRC, 1986). It was only in October, 1990 when the first geriatric center was opened at the St. Luke's Hospital in Metro Manila.

Such comments would probably be echoed by planners in most developing societies who have to deal with competing demands on limited resources and budgetary constraints. Reinforcing this attitude may be the stereotypical view that family loyalties and respect for the aged in these societies are such that the aged do not constitute a significant social or economic problem to the state (Hugo, 1985).

IMPLICATIONS OF SOCIOECONOMIC CHANGE FOR THE STATUS OF THE ELDERLY

The Philippines, just like other developing societies in the world, is experiencing a process of modernization and change. Concomitant with this are the interrelated processes of urbanization and industrialization, as well as scientific and technological advancement and the development of transportation, communication and mass media. Urbanization draws people from the rural to the urban areas due to increased economic opportunities associated with the development of trade, business, and manufacturing. The city is also attractive as a center of culture, education and recreation. Industrialization brings about modern technology and machinery designed to improve agricultural production, as well as manufacturing. Improved transportation and the development of railroads and highways enable people and goods to move easily, while the development of mass media helps marketing and business activity over large distances through advertisements.

Improved transportation has increased the mobility of young people for recreation and leisure, for education, and for employment. They usually move from the rural to urban areas, especially towards the National Capital Region. There are also many young people who, for economic reasons, go overseas to such countries as the United States, Japan, Singapore, Hongkong, the Gulf Region, and European countries.

According to surveys, a majority of the elderly live with their families. What will happen if the migration of young people continues unabated? The aged will not only be residentially separated but also socially and psychologically segregated. This may have implications not only for urban housing policies but also for the provision of sociocultural and other recreational programs for the elderly.

As contact between the young and the old diminishes in the urban industrial society, the traditionally close ties will begin to loosen and the elderly left alone, eagerly waiting for the next occasional visit, telephone call, letter, money order, message, or presents sent through friends or other relatives. This can widen the generation gap which can affect adversely the relationships between the generations.

Another possible effect of migration especially of the females, and the breakup of the extended family, is the problem of availability of caregivers for the elderly. Caregivers in the family are usually women; *e.g.* the most likely caregiver of an old man is his wife, of a widow her daughter or daughter-in-law, of a single woman her sister or niece whom she helped raise (Medina, 1991). Thus female dominance in urban migration and the increasing female participation in the labor force would mean a loss of potential caregivers or possible alternative living arrangements to assure continued care of the elderly.

It may be argued that, because of the solidarity of the Filipino family and kingroup, contact between members are not cut off even with separate residences. However, a regular visit is certainly different from living together. The need is for a constant companion who will be there twenty-four hours a day especially if the elderly is incapacitated or suffering from a chronic illness.

Thus with the younger members of the family having migrated, and because of increased longevity of the Filipino, the only caregiver available in the house may be one who is just as old or even older than the person he or she is caring for an 80 or 90-year-old parent, or an elderly woman caring for her older sister (Medina, 1991).

Modernization also affects the power structure in the family. While the elderly traditionally had unquestioned authority over all the younger members in a modern society, power and influence may be shared or diminished. This is due to the fact that young people have more opportunities for educational advancement than the older generation had during their time. Furthermore, the shift from farm activities to outside employment gives the young people increased independence from their parents. The daily process of commuting and working away from home contributes to the decline of authority of the elders. The outside contacts of the young in the factory, office, school, commercial malls, and recreational establishments compete with the elderly for attention. Thus young people begin to deviate from traditional behavior and demand more freedom to make decisions independently. This is borne out in various surveys suggesting the elderly's diminishing role as adviser and decision-maker as urbanization progresses (Domingo, 1988).

Modernization also brings about changes in traditional values, attitudes and expectations with regard to relationships with the elderly. Thus Anita Beltran Chen's (1985) study showed some degree of reluctance on the part of grandchildren to provide accommodation to the elderly in their own

homes. Similarly, respondents from Metro Manila, Bulacan, and Laguna in the UST study (1986) generally agreed that aged parents should be taken care of, but 15 percent thought that the elderly should be committed to institutions, if they could no longer work. These changes in values and attitudes have implications for policies and programs for the institutionalization of the elderly.

Another problem of the elderly is widowhood which is brought about by gender differentials in life expectancy. The problem of role-shifting and role overload can be very strenuous not only physically but also mentally. Widowhood can bring about a severe disruption of social and household functions. A widow may find it difficult to adapt to a new life where she has to earn a living, if she is not used to working. There are also activities which she probably did not do before but which she has to do now, such as preparing income tax returns, *etc.* Moreover, a surviving spouse has to make difficult decisions as to where to live, how to dispose of the late spouse's things, *etc.* (Lolarga, 1982). This means that attention should be directed to welfare programs not only for the elderly in general but also particularly for widows who comprise the bulk of the elderly population.

Our data show that the major contribution of the elderly to the process of development in the country has been in their sustained participation in agriculture. Aside from the predominance of this mode of production, the fact that in this sector the pace of work can readily be adapted to the capabilities of the elderly has greatly facilitated their involvement. Trend data, however, show that the share of employment in agriculture has been declining. In 1986, for example, 45 percent of the workers were employed in agriculture compared to 52 percent in 1980. Given the importance of the agricultural sector in providing work to Philippine manpower, and the elderly in particular, this pattern may be taken as a sign of a potential problem that may crop up in the future. The experience of some countries shows that various changes in the labor economy, including the declining role of agriculture and the increasing importance of specialized skills and training have made it difficult for elderly workers to adapt to different jobs (Binstock *et al.*, 1982). If the observed declining trend in agricultural production persists and proceeds at a fast rate in the Philippines, this may mean that in the future there will be further reductions in economic opportunities for older persons. This could lead to increasing dependency on their families and eventually to increasing pressure on the government to provide for their economic needs.

There are some indications and trends, however, that may help offset the negative effect of these changes. One is the improvement in the education

of the younger cohorts. This could mean that the noted increase in the participation in the more formal sector of the workforce will continue. This also implies that more of the workers will be covered by pension plans which could provide a regular source of income for the future elderly. But as discussed earlier, the issues of limited coverage and inadequacy of support from the system need to be constantly addressed to help ensure the economic security of the retirees.

Change in the nature of work, that is, increase in nonagricultural work, may also mean a possible increase in the earnings and savings of workers some of which can be earmarked for their retirement years. Related to this is a finding from the 1993 National Demographic Survey which shows that there is a decreasing expectation of support from children among the younger cohort (Domingo and De Guzman, 1984). This suggests that among the young, there is an increased desire to be self-sufficient in old age. If the pattern reported is indicative of a trend, then the cohorts who are approaching the older ages may be expected to deal with the problem of self-sufficiency early in their lives.

On the part of the government as well as the private sector, these expected changes will mean increased pressure on employment generation in the nonagricultural sector and on the social security system. It is not clear what changes or how fast the changes will occur. In the meantime, the economic and educational profile of the elderly and those approaching the older ages suggest that their changing composition need to be considered when planning for the economic well-being of the elderly.

Viewed within the context of the family, available data provide a mixed picture of the economic status and income security of the elderly. While some tend to project self-sufficiency and continued capacity for gainful work, others are in great need of economic assistance. Our data show that this has been provided mainly by their families. Though the adequacy of income sources has not been examined here, it may be stated that the generally low socioeconomic status of most Filipino families would necessarily affect adversely the well-being of each household member including the elderly. It is therefore not surprising that more than 80 percent of the ASEAN sample report that "not having enough money to live on" is a "very serious problem" for them.

PROGRAMS FOR THE ELDERLY⁴

Public delivery of services to the disadvantaged populace in the country is being undertaken primarily through the Department of Social Welfare and Development (DSWD), the government's social welfare arm. Other government agencies, particularly the Department of Health (DOH), are also involved, in addition to private welfare organizations.

The DSWD has five major programs addressing the needs of the following sectors:

1. Children and Youth;
2. Disabled Persons;
3. those requiring Emergency / Assistance; and
4. Women's Welfare.

The elderly comprise one of the 13 categories under the "Disabled Persons" and are grouped together with released prisoners, negative Hansenites, mendicants, drug/alcoholic users and former political detainees under the subheading, "Socially Disabled" (the other disabled persons fall under either the "Physically Disabled" or the "Mentally Handicapped").

In line with the promotion of disability prevention and rehabilitation of the physically, mentally and socially disabled persons, the following types of services are provided to the elderly by the social workers based in various unit offices all over the country :

1. Assistance for Physical Restoration
2. Self-Enhancement Services
3. Livelihood Development Service
4. Substitute Family Care
5. After Care and Follow-up Service
6. Elderly Volunteer Programs
 - a. Resource Volunteer Service
 - b. Foster Grandparent Service
 - c. Peer Outreach Service
 - d. Senior Aides Services
 - e. Sponsorship Services
 - f. Home Management Development and Home Aides Service
 - g. Family Life Enrichment Services
 - h. Neighborhood Child Protection Services
 - i. Special Social Services

As of this writing, there were no data available for evaluating the level of operation of this project. Key informants from the DSWD (Mrs. Catalina Fermin, Assistant Regional Director for the National Capital Region ; Mrs. Veneranda Carado, Social Welfare Specialist in Prevention and Rehabilitation of Disabled Persons), report that due to limited resources and manpower, implementation of this project as well as other DSWD projects for the elderly has been hampered.

An interesting development is the growing interest in forming senior citizens' associations. The President of the Federation of Senior Citizens Associations of the Philippines, Dr. Felix Gabriel, reported that the total number of senior citizens associations throughout the country has increased from 1,780 in 1987 to 2,011 in 1988. The membership has likewise increased from 76,863 to close to 120,000 during the same period (Gabriel, 1989).

One of the main features of these organizations is that they are found not only in the urban areas but in rural *barangays* as well. If this pattern persists, it can be expected that the elderly will continue to grow as a significant and potent group who can work for their welfare and interests. The continued support of DSWD seems to guarantee this development. Every year, regional and cluster conventions are held sponsored by the DSWD where the elderly discuss issues and problems that concern them and come up with recommendations. During the 1988 convention held in Cebu City, the following resolutions were recommended by the national federation :

1. that a *bonafide* member of a certain Senior Citizens Association be included as a sectoral representative in Congress with the same benefits and privileges as other members;
2. that the age of beneficiaries of the various bills filed in Congress be lowered from 65 to 60 and that priority be placed on health services and discounts on transportation fares considering the present economic situation;
3. that a Bureau of Senior Citizens Welfare be created under the DSWD and the necessary funds be appropriated;
4. that the subject of aging be included in the school curriculum;
5. that pension benefits of retirees be upgraded and adjusted to the current salary rates of the same positions once held by the retirees.

Homes for the aged

Currently, there are 21 Homes for the Aged operated by both government and religious or charitable institutions in the Philippines and they mainly cater to those at least 60 years of age, needy, dependent, neglected, unattached with no relatives and free from communicable diseases. Though some provide permanent residential and custodial care, others are only rehabilitative in nature.

These institutions are generally small and always filled to capacity. Oftentimes, the number of residents exceed their normal maximum limit. It is estimated that around 900 to 1,000 elderly are housed in such Homes. Considering that there are close to three million elderly in the country, this estimate is very minimal.

While it is true that culturally, the institutionalization of the elderly does not seem to be acceptable, the growing pressures of living especially in highly urban areas greatly affect the capacity of the families to care for their elderly. Some of these caregivers of the elderly are beginning to consider the option of institutionalization perhaps to help ensure the provision of better care for their elderly. In an interview, the administrator of the Golden Acres stated that there seems to be an increasing demand for facilities such as those offered by the Golden Acres from the well-to-do sector of the society. Requests for accommodation for potential paying clientele had to be turned down not only because of lack of facilities but also because of existing policies regarding qualifications.

Philippine Retirement Authority (PRA)

While the current level of services provided by these institutions to local elderly has not been expanded, there are related developments which are aimed at the affluent elderly particularly those from other countries. The Philippine Retirement Authority (PRA), also known as the Philippine Retirement Park System, was created through Executive Order No. 1037 in 1985. The PRA is tasked to: (1) develop and promote the Philippines as a retirement haven; (2) encourage foreign investments in retirement projects; (3) provide effective supervision, regulation and control in the development and establishment of retirement communities in the country; (4) make optimum use of existing facilities and/or assets of the government and private sector; and (5) adopt the integrated approach in the development or establishment of retirement communities in the country.

The Retirement Program is open to all foreign nationals who are 50 years old or over (with exceptions to age), and former Filipino citizens here and abroad who wish to acquire permanent and special resident status via the Special Resident Retiree's Visa (SRRV), and to overseas Filipinos who have gone abroad as immigrants or under a visa category allowing legal stay and have resided there continuously for at least seven years. This program was created in recognition of the "potentials of a retirement industry" and is expected to be a major strategy for foreign exchange generation and domestic market expansion (PRA, Primer on the Philippine Retirement Programs). A news item early this year reports that there are now 920 retirees from 37 countries enlisted in the program. Davidica E. Salaya, the general manager was quoted as saying that the growing enlistment in the program has made both local and foreign investors keenly interested to develop retirement villages in the Philippines and that the total commitment to build retirement communities currently amounts to \$5.6 billion (*Philippine Daily Inquirer*, 1990). These communities will provide not only homes for retirees but also facilities and social amenities for comfortable living (Ronquillo, 1990).

Pension system

Among the various types of services rendered to the elderly is the provision of social security benefits for the retired workers of government and private agencies, the veterans and self-employed who practised their professions. Various benefits are provided through the Government Service Insurance System (GSIS) for the government retirees, the Social Security System (SSS) for private agency retirees including the self-employed who have made voluntary contributions, the Philippine Veterans Affairs Office for veterans and the United States Veterans Administration for Filipino Veterans of the United States.⁵

These pension schemes have been in place for quite some time (the GSIS started in 1937 and the SSS in 1957). However, the beneficiaries comprise only a very small part of the elderly population. As of the end of 1988, there were a total of 68,740 regular GSIS pensioners receiving an average monthly pension of 568 pesos (\$26). The SSS, on the other hand, provided an average monthly pension of 665 pesos (\$30) to 133,372 retirees from the private sector in 1989. Roughly, therefore, through these two systems, social security is provided to about 200,000 or about eight percent of the total elderly population. The majority (especially the farmers) do not qualify for such benefits. It is also believed that some may have lost their privileges due to nonpayment of contributions or dues, while others are simply not aware of

these benefits or are constrained by distance or perceived difficulties regarding procedures for membership (Abaya, 1981).

The 1980 Census gave a higher count of 440,057 individuals who were reported as "pensioners or retirees." It is not known what proportion of the reported number was accounted for by those actually receiving pensions regularly. Part of the discrepancy of the Census estimate and the administrative figures from the GSIS and SSS may be due to misreporting by respondents who may not be the pensioners themselves. It may be speculated that the figures could also include those who are actually receiving regular monetary support from their children or other relatives which are loosely considered "pensions" and reported as such.

One of the goals of these pension systems is universal coverage of their target beneficiaries. In 1988, there were a total of 927,147 GSIS members. Considering that there were an estimated 1.7 million government employees in 1986, not all of whom were permanent employees (therefore are not subject to mandatory enrollment in the GSIS), it may be inferred that in terms of coverage, the GSIS has been fairly successful.

With the compulsory coverage of certain groups of self-employed persons under Presidential Decree No. 1636 which took effect in January 1980, the SSS moved closer to its ultimate goal. Currently, the SSS concentrates on the urban employed sector; however, there are now efforts directed at studying the feasibility of including employed farmers in its coverage. Another approach is to address the problem of lack of information and understanding of the social security scheme. The SSS has launched a vigorous information campaign through mass media and has also packaged materials for the legislators.

A common complaint among the pensioners is the amount of pension received, given the rising cost of living and inflation. In response to this, Presidential Decree No. 712 provides for the indexing of pensions to allow the beneficiaries to catch up with the rising cost of living. The minimum pension has been constantly adjusted such that at the beginning of 1989, the amount was pegged at 400 pesos (\$18), an increase of 100 pesos (\$4.50) from the previous year. In 1988, 37 percent of the pensioners were receiving less than 400 pesos (\$18) a month; therefore raising the minimum affects a significant proportion of the pensioners. While the amounts remain small considering the constantly rising cost of living, the GSIS cannot afford bigger adjustments without altering the system since the social security program is

based on salary contributions. Administrators have suggested that other programs should be supported or designed like providing free medical care to retirees as another form of assistance to the pensioners.

On the part of SSS, several adjustments in the retirement benefits to their members have also been made and during the increase in 1987, the minimum monthly pension was set at 400 pesos (\$18). As shown in Table 18, close to a third of the total 133,372 pensioners fall within this bracket. At the other extreme are those who are receiving 1,000 pesos (\$45) or more every month comprising about 16 percent of the total.

Table 19, based on the data on GSIS pensioners, reveals essentially the same pattern and the amounts received by the different groups of pensioners are even lower. The generally lower rates received by the government workers relative to the workers from the private sector is likewise revealed. In 1988, only five percent were receiving pensions of 1,000 pesos (\$45) or more.

One issue that has arisen is the desirability of giving lumpsum pensions instead of 60 regular monthly payments. While the GSIS provides this benefit, the SSS does this only for those who have contributed for less than 120 months. Requests from some SSS pensioners usually cite as justification their need for starting capital to finance small livelihood projects or business. The SSS, however, believes that while a few might succeed in such enterprises, actual experience has shown that the majority fail. A study of a sample of retirees from the GSIS office documents this observation. Letty G. Kuan (1985) reports that while a few of the retirees had some knowledge of accounting and business investment, the majority did not know how to make the money earn. Some reported hearing about the money market business but they did not know how to go about it. Furthermore, several beneficiaries who lent a substantial portion of their lumpsum pension to relatives often found themselves with inadequate reserves for any business venture. Part of the recommendation given by Kuan is that the preretirement preparation should include knowledge and techniques of accounting and investing in business enterprises.

The administrators believe that the need for capital could be better met by an employee-employer retirement plan sponsored by the company rather than by a social security scheme. While the GSIS has been implementing this mode of payment, there is a plan to discontinue this practice.

Table 18
Distribution of Social Security System (SSS) Pensioners
by Monthly Pension as of March 1989

	Monthly Pension		% Distribution
	Pesos	US Dollars	
-400		-18.2	28.9
401-500		18.2-22.7	14.9
501-600		22.8-27.3	10.6
601-700		27.3-31.8	9.0
701-800		31.9-36.4	8.5
801-900		36.4-40.9	7.0
901-1000		41.0-45.4	5.2
1001+		44.5+	15.9
Total			100.0
Number of Pensioners			(133,372)
Average Monthly Pension			(\$30)

Exchange Rate: US\$ 1=P22

Source: SSS Actuarial Department

Table 57 (Domingo, 1989)

Table 19
Distribution of Government Service Insurance System (GSIS) Pensioners
by Monthly Pension as of December 1988

Pesos	Monthly Pension US Dollar	% Distribution
-199	-9.04	
200-399	9.09-18.14	37.2
400-499	18.18-22.68	17.6
500-599	22.73-27.23	11.8
600-699	27.27-27.23	11.4
700-799	31.82-36.32	6.8
800-899	36.36-40.86	4.9
900-999	40.91-45.41	2.7
1000-1099	45.45-49.95	2.2
1100+	50+	5.2
Total		100.0
Number of Pensioners		(68,739)
Average Monthly Pension		(\$22)

Exchange Rate: US\$ 1 = P22

Source: GSIS Actuarial Department
Table 58 (Domingo, 1989)

RECOMMENDATIONS

The tentativeness of government support for the elderly as depicted by the types of bills filed in the legislative branch is evident in the fact that aside from those pertaining to upgrading of pensions, some aid to the Homes of Assistance and establishing centers for the elderly, these bills do not require budgetary outlays on the part of the government. On this issue, the DSWD comments that "difficulties may be encountered in securing approval of these bills due to the absence of funding provisions and possible opposition by private enterprises which may be affected by such generous provisions" (DSWD, 1988).

Given the deteriorating health of most of the elderly, any medical benefits would be of great help. But perhaps, rather than just focus on discounts for medical care and professional fees, attention might be directed to improving preventive care for the elderly which could partly be achieved through an extensive information and educational campaign. These efforts may have greater impact if those approaching old age, say those 40 and above, could likewise be targeted. Some assistance to the present primary health care system to expand services to cover the elderly in the community might also be considered.

The upgrading of the pensions of retirees is certainly laudable and from the point of view of most prospective beneficiaries long overdue. As discussed earlier, both the GSIS and the SSS have been adjusting the amounts as well as percentage increases across the board. Since the system is mainly built on the contributions of the members, it is not clear how the current status of the GSIS would be able to absorb the requirements of the proposed bill.

The nature and scope of benefits that are encompassed by the bills filed is quite limited when viewed in relation to the range of problems and needs of the elderly. It will be recalled, for example, that a majority of the elderly population rely on their families for their care and needs. An important area for legislation might therefore be that which can provide benefits that can help ease the burden of the families who care for their elderly. The experiences of other countries can be studied to see if there are approaches that can be adopted given the resources that are available. The present tax deductions allowed for having a dependent parent in the household may be reevaluated with the aim of giving some form of assistance to families. The relatively high labor force participation rate of this sector coupled with the

desire to be economically active among those who have retired, emphasize the need to address the issue of economic self-sufficiency of the elderly. Given the labor force problems of unemployment and underemployment, it may not be feasible nor advisable to encourage the elderly to compete against the younger cohorts for scarce job opportunities. As some writers have observed, this will cause intergenerational conflicts. Alternative approaches will have to be formulated. At the same time, proposals such as those which will lower the age at retirement to provide more employment opportunities for the younger cohorts need to be studied very carefully because of their economic, social and psychological implications for the elderly.

Support for community-based projects very much like what has been partly implemented by the DSWD could be encouraged and funded to draw out those elderly who are still willing and able to contribute to development. Economic self-sufficiency can be achieved at the same time.

In the Philippines, therefore, the elderly sector is still low priority of the government. This may be partly because we are just beginning to recognize their demographic significance. A more important reason may be the faith that given the traditions and values of the Filipinos, the family is expected to take care of their elderly. Adel G. Abaya (1982) writes, for example, that the "social services for the aging population are not organized more extensively because families have provided for their needs if they are unproductive. It is also worth repeating that in this country, there are more pressing social issues other than old age problems which demand priority from the government."

Recognizing the existence of competing demands and the limited resources available to the government, it would be advisable to consider directing resources not to all elderly but rather to those with special needs. It is hoped that the report will help provide some clues as to which groups should be considered high priority.

NOTES

¹ Focused group discussions (FGDs) were being conducted for the project "Comparative Study of the Elderly in Four Asian Countries".

² For a family of six, the National Statistics Office defines the poverty threshold at P2,709 or \$123 (NSO, 1989); based on this definition, poverty incidence was 49.5 percent in 1988.

³ The following fertility and mortality assumptions were used in the UPPI (1990) study:

- (a) Moderate population assumption or moderate decline in fertility; and
- (b) Low population assumption or rapid decline in fertility.

Morbidity assumptions are as follows:

Assumption	Infectious	Degenerative
1	1986 rates	1986 rates
2	moderate decline (impact programs will reach 50% of targets* others by 10%)	1986 rates
3	rapid decline (impact programs will reach targets* others by 20%)	1986 rates
4	moderate decline (as in Assumption 2)	slight increase (5% in 2000)
5	rapid decline (as in Assumption 3)	slight increase (5% in 2000)
6	moderate decline (as in Assumption 2)	moderate increase (10% in 2000)
7	rapid decline (as in Assumption 3)	moderate increase (10% in 2000)

* Per Department of Health (DOH) Philippine Health and Development Program (PHDP) plan.

⁴ This represents an update of the section "Programs for the Elderly of the DSWD" in the paper by Domingo, 1989.

⁵ An article in the *Manila Bulletin*, dated 5 November 1990, reports about the signing of the Filipino Veterans Naturalization Bill into law. The bill gives former members of the United States Armed Forces in the Far East (USAFFE) and other recognized guerillas who served in the Philippines during World War II the chance to become American citizens and enjoy the benefits granted to US war veterans.

REFERENCES

- Abaya, Adel G. 1982. "The Elderly in the Philippine Population." In *The Elderly of Asia*. Manila: Social Research Center and UNITAS.
- Abenoja, Macrina K. 1990. "World's Apart? Gender Divide in the Conditions of Elderly Filipinos." *Phil. Quarterly of Culture and Society*. Vol.18.
- Andrews, Gary R. *et al.* eds. 1985. "Aging in Asia/Ocenia." A four-country study sponsored by the World Health Organization (WHO) Regional Office of the Western Pacific.
- Aspeli, L., De Jesus, C. and R.C. Pablo. 1989. "Activity in Old Age." Unpublished empirical paper submitted in partial fulfillment of the requirements of Psychology 118 (Field Psychology), Department of Psychology, College of Social Sciences and Philosophy, University of the Philippines (CSSP-UP).
- Atchley, Robert C. 1987. *Aging: Continuity and Change*, 2nd ed., Belmont, California: Wadsworth Publishing Company.
- Barcelon, Teresita L. 1985. "The Family Support System of the Elderly in an Urban Community of Metro Manila: A Case Study Approach." Unpublished doctoral dissertation. University of Santo Tomas.
- Binstock, Robert H., Chow, Wing-Sun and James H. Shultz. eds. 1982. *International Perspectives On Aging: Population and Policy Challenges*. New York: United Nations Fund for Population Activities.
- Chen, Anita Beltran. 1985. "Attitude Towards Grandparents: The Case of Filipino High School Students." In Anita Beltran Chen (ed.) *Contemporary and Historical Perspective in Southeast Asia*. Ottawa: Carleton University Print Shop.
- Cowgill, Donald O. 1974. "Aging and Modernization: A Revision of the Theory." In Jay Gubriano (ed.). *Late Life*. Illinois: Charles C. Thomas.

Domingo, Lita J. 1988. "The Filipino Elderly: An Emerging Demographic Concern." A Professorial Chair Lecture delivered at the Faculty Center (FC) Audio-Visual Room, University of the Philippines, Diliman, Quezon City.

_____. 1988. "Ageing in the Philippines: An Overview." Paper prepared for the Seminar-Workshop on "Development Implications of Urbanization, Aging, and Morbidity and Mortality," Population Commission and Demographic Research for Development Foundation, Inc.

_____. 1989. "The Filipino Elderly: Issues and Policy Implications." Paper prepared for the project "Interrelationships of Population, Human Resources, Development and the Philippine Future," University of the Philippines-Center for Integrative and Development Studies, Quezon City.

_____ and Eliseo A. De Guzman. 1984. "Family Influence and Nuptiality: A Preliminary Application of Calfwell's Wealth Flow Theory." 1983 National Demographic Survey Paper No. 3. UPPI.

_____ and Imelda Z. Feranil. 1987. *The Filipino Elderly: A Review of Related Literature and Existing Data*. Quezon City: Demographic Research and Development Foundation.

_____ Imelda Z. Feranil and Associates. 1990. *Socioeconomic Consequences of the Aging Population: Insights from the Philippine Experience*. Quezon City: Demographic Research and Development Foundation.

Domingo, Maria Fe A. 1990. "Old Age : Meanings, Perceptions and Situations." Submitted for publication to the *Philippine Journal of Psychology*.

Family Code of the Philippines, Executive Order No. 209 as amended by Executive Order No. 227, 17 July 1987.

Feranil, Imelda Z. 1988. "Economic Status and Needs of the Elderly." In *Socioeconomic Consequences of the Aging Population: Insights from the Philippine Experience*. Quezon City: Demographic Research and Development Foundation.

- Fernandez, Leandro. 1943. "A Historical Study of the Evolution of Family Life in the Philippines." Manila (mimeographed).
- Gabriel, Felix. 1989. "President's Report." Federation of Senior Citizens Associations of the Philippines.
- Hugo, Graeme. 1985. "Population Aging: Some Demographic Issues in Developing Countries." Background paper prepared for International Congress of Gerontology. New York, 12-17 July 1985.
- Jocano, F Landa. 1969. *Growing Up in a Philippine Barrio*. New York: Holt, Rhinehart and Winston.
- Kuan, Letty G. 1985. "Retirement and Role Discontinuities." Unpublished doctoral dissertation, Department of Counselor Education, College of Education, University of the Philippines.
- Lolarga, Elizabeth. 1982. "Aging in the Philippines: The Ways of Growing Old." *Initiatives in Population* 6(3-4) : 2-20.
- Medina, Belen T.G. 1991. *The Filipino Family: A Text with Selected Readings*. Quezon City : University of the Philippine Press.
- Morada, Marietta P, Hector B. Morada and Estela T. De Guzman. 1986. "The Elderly Population of the Philippines, 1980: Characteristics and Concerns." *Philippine Population Journal*. Vol. II.
- Neuhaus, Robert Henry and Ruby Neuhaus. 1982. *Successful Aging*. New York: John Wiley Sons.
- Pal, Agaton P. 1956. "A Philippine Barrio: A Study of Social Organization in Relation to Planned Cultural Change." U.M. *Journal of East Asiatic Studies*, 5(4) : 337-486.
- Pedro, Amor. 1988. "A Comparative Study of the Filipino Elderly in Rural and Urban Community." Paper prepared for the Seminar-Workshop on "Development Implications of Urbanization, Aging, and Morbidity and Mortality" at the Mandarin Hotel, Makati in October 1988.
- Philippine Daily Inquirer*. 1990 . "Retirement Program Has 920 Retirees."

- Philippines (Republic) Laws, Statutes, etc. *The Constitution of the Republic of the Philippines*. Adopted by the Constitutional Commission of 1986.
- Philippine Retirement Authority. "Primer on the Philippine Retirement Program."
- Ronquillo, Bernardino. 1990. "Building Homes for Retirees, A Major Industry." *Manila Bulletin*. (February 28): 35.
- Samonte, Virginia PB and Angelita S. Obordo. 1983. "The Aged: Their Roles, Problems, Potential and Influence in Various Institutional Areas." A research report submitted to the National Research Council of the Philippines.
- Sarmiento, Eileen M. 1988. "Family Structure and Relations of the Elderly." Paper presented for the Seminar-Workshop on "Development Implications of Urbanization, Aging, and Morbidity and Mortality." Population Commission and Demographic Research and Development Foundation Inc.
- Silverio, Rommel Jacinto D. 1987. "Factors Affecting the Participation of the Elderly in the Labor Force: A Case Study of Selected Areas of the Philippines, 1984." Unpublished masteral thesis. Population Institute, University of the Philippines.
- Social Research Center. 1986. "Gerontology/Geriatrics in Medical and Nursing Schools in the Philippines," *Social Council Research Newsletter*. June, No. 12.
- Tulbe, M.E. 1989. "The Attitudes of Young People Towards the Elderly." Unpublished study submitted in partial fulfillment of the requirements of Psychology 251, Department of Psychology, College of Social Sciences and Philosophy, University of the Philippines, Diliman, Quezon City.
- University of the Philippines. 1990. "An Analysis of Age-Specific Demographic Events in the Philippines: Trends and Prospects." Population Institute, University of the Philippines.

Appendix A

Rights of the Elderly

Values Expressed as Rights	Possible Research Area/ Problem	Mechanisms Instituted by the Government	References/ Researches
A. CONSTITUTION/FAMILY CODE			
1. <u>On the rights of the elderly</u>			
1.1 The state values the dignity of every human person and guarantees full respect for human rights	Updated research on the elderly		- Samonte, Obordo & Salacup, 1984 - Domingo & Peranil 1987 - Social Research Center, Sto. Tomas, 1982
1.2 The state shall promote a just and dynamic social order that will ensure the prosperity and independence of the nation and free the people from poverty, full employment using standard of living and improved quality of life for all	A study on the status, needs and participation of the elderly in a rural community in the Philippines		- Social Research Center - University of Sto. Tomas, n.d. - Amor Pedro, 1984
1.3 The state recognizes the sanctity of family life and shall protect and strengthen the family as a basic autonomous social institution	Conduct studies/research on the dynamics of the different categories of elderly; including the dynamic of the Filipino family		- Sevilla, 1982 - Pineda-Schultz, 1988 - Makil, 1982 - Sharon Rose R. de Vera, 1979
	Images of the elderly		- UST
1.4 The family has the duty to care for its elderly members but the State may also do so through just programs of social security	Studies on the Elderly and the Family		- Samonte, et al., 1984 - Domingo, M.F., 1986
	- Living arrangements - Availability of caretakers - Kinship structure - Psychological aspects		- Sevilla, J., 1986
	Studies on youth organization and group care services for the elderly	YWCA, YMCA	ASEAN, WHO, UST
	Studies on programs of the government specifically for the elderly	DSWD Philippine Retirement Authority 1985 (Executive Order No. 1037)	- Domingo, L.J., 1989
	Effects of Geo-counselor training program on attitudes towards elderly	Private institution	- Umali, 1984

Values Expressed as Rights	Possible Research Area/ Problem	Mechanisms Instituted by the Government	References/ Researches
1.5 The State shall provide immediate and adequate care, benefits and other forms of assistance, to war veterans and veterans of military campaigns, their surviving spouses and orphans. Due consideration shall be given them in the disposition of agricultural lands of the public domain and in appropriate cases, in the utilization of natural resources.	Settlement of war veterans; postwar adjustment of veterans Aging war veterans: Satisfactions and dissatisfactions and adjustments	Philippine Veterans Association	
1.6 The State shall from time to time, review policies to upgrade the pensions and other benefits due to retirees of both the government and private sectors.	Continuities, discontinuities in retirement Mental health and retirement Preparation for old age		- Kuan, Letty G., 1985 - Domingo, L.J., 1989 - Galang, M. Christina - Philippine Retirement Authority - The Social Security Law - Revised Gov't. Service Insurance Act of 1977
1.7 The State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all people at affordable cost. There shall be priority for the needs of the underprivileged sick, elderly, disabled, women and children.	- Community Health Services for the Elderly - Incidents of Alzheimer's disease as featured in the records of the PGH - Health problems of the elderly - Symptoms of sexuality as perceived by community members - Explication of some indigenous labels about the elderly: " <i>Ulianin</i> ," " <i>nagmumuring kamatis</i> ," " <i>pangalawang pagkabata</i> ."		- WHO, ASEAN

Values Expressed as Rights	Possible Research Area/ Problem	Mechanisms Instituted by the Government	References/ Researches
B. MEDIUM TERM DEVELOPMENT PLAN, 1987-1992			
Policies and Strategies			
4.1 Improved provision and utilization of accessible, appropriate and adequate basic health, nutrition, and family planning services especially to the poor, unserved, underserved and high-risk groups.		- Primary Health Care/ Department of Health	
4.2 Integration of efforts within the health, nutrition, and family planning sector and ensuring multi-sectoral consistency and support.		PHC/DOH	
—Upgrading the system of benefits for workers	- Pensioners: agricultural workers - Preparation for old age	GSIS, SSS	- Domingo, L.J., 1989
—Provision of appropriate privileges and benefits for the elderly	- ID needs of elderly - Analysis of legislative action	Legislation DSWD programs	- Domingo, L.J., 1989
—Greater participation in community development activities			

Appendix B
Profile of the Filipino Elderly
1990 Census (%)

Characteristics	Male	Female	Total
Marital Status			
Single	3.09	8.18	5.79
Married	81.20	49.06	64.15
Widowed	14.71	41.50	28.93
Divorced/Separated	0.76	1.01	0.89
Others	0.16	0.11	0.13
Unknown	0.07	0.13	0.11
Headship	86.89	27.72	55.50
Literacy	81.29	76.04	78.52
60-64	85.67	81.99	83.78
65-69	82.17	77.36	79.60
70-74	77.56	72.48	74.86
75-79	75.70	70.51	72.89
80 and over	70.54	62.05	65.74
Disability	3.91	3.86	3.88
Deafness	29.07	27.41	28.19
Blindness	16.28	21.08	18.81
Orthopedic Handicap	16.69	13.46	14.98
Multiple Disability	9.67	8.63	9.12
Mental Illness	2.83	4.33	3.62
Employment Status			
In the Labor Force			
Employed	64.40	25.87	43.96
60-64	75.53	32.19	53.20
65-69	67.83	26.44	45.70
70-74	60.46	23.05	40.59
75-79	50.19	19.09	33.31
80 and over	34.86	15.91	24.22
Unemployed	2.12	2.61	2.38
Not in the Labor Force	33.48	71.52	53.66

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