

Concerns of the Elderly in the Philippines

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ABSTRACT

Ang patuloy na paglaki ng bilang ng mga matatanda ay nangangahulugan din ng paglawak ng mga kaakibat na isyu na dapat matugunan. Dahil ang mga matatanda ay mahalagang bahagi pa rin ng komunidad, ang kanilang mga pangangailangan ay dapat bigyan ng kaukulang pansin at malalim na pang-intindi. Ang pag-galang sa mga matatanda ay isa sa mga mahahalagang kaugaliang makakapagbigay ng inspirasyon sa pag-unawa ng kanilang kasalukuyang kalagayan. Ang mga isyu na hinaharap ng mga matatanda ay malawak at magkakaugnay. Bukod sa pensyon, at mga pangangailangang pinansiyal, mahalagang bagay rin sa kanila ang kalusugan at ang pagkakaroon ng tagapangalaga.

Ang mga matatanda ay hindi dapat tingnan bilang pabigat sa komunidad, sa halip ay maaari pa rin silang maging kapaki-pakinabang na mamamayan kahit sa pinakasimpleng paraan. Kailangang bigyang pansin ang mga programa at patakaran ng pamahalaan na mahalagang makakatulong sa kabuhayan ng mga matatanda, kinakailangang malaman at maintindihan ng maayos ang kanilang kalagayan at mga isyung kanilang kinakaharap at ito ang magiging pangunahing layunin nitong papel.

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INTRODUCTION

There were approximately 200 million persons 60 years of age and older throughout the world in 1950 as illustrated by United Nations estimates. Their number increased to 350 million in the year 1975. The projections of the United Nations indicate that by the year 2000 the number will increase to 590 million, and by the year 2025 to over 1.1 billion, that is an increase of 224 percent since 1975. The ageing population is projected to constitute 13.7 percent of the world's population 45 years from now.¹ The total population of the Philippines stands at 73,130,885 and the elderly population is considered to be totalling 4,280,364 or 5.8 per cent of our population.²

Respect for the elderly has always been the mark of Asian societies like ours. We put a high premium on preserving the dignity of our older person and put them in an exalted place in society.

Our history has witnessed the importance ancient Filipinos gave to elderly. During the pre-colonial period, the elderly were a source of wisdom. Customs and traditions were kept and passed by them to younger generations. Thus, their contributions in the enhancement of the country's institutions such as government, family, education, and religion cannot be ignored.

Significant concerns of the elderly have only recently been offered serious consideration. Perhaps because of the prevailing view that the local population is generally a young one, the research community has yet to give close attention to elderly issues.

One of the issues is the **security in old age**. Poverty is perceived as an obstacle to a secured old age. As such, the current pension system in the Philippines requires careful consideration and evaluation. The government offers welfare services such as homes for the aged and Senior Citizens Centers to better address the plight of the Filipino elderly. However, the effectiveness of such welfare services can only be confirmed by the level of satisfaction of their intended beneficiaries.

Another critical issue is the **occurrence of abuse committed** against the elderly in homes and in institutions. To make matters worse, many cases of elderly abuse in the Philippines are either not properly reported or not reported at all to the authorities. Abuse of the elderly may be in the form of physical violence, psychological abuse, financial exploitation and neglect.

A third issue is the **health status** of the elderly. As people age, their bodies undergo changes which can make them less resistant to chronic, debilitating and disabling conditions. Consequently, the elderly tend to be more at high risk of developing disabilities and contracting diseases.

With the growing awareness for elderly concerns and needs, there is a greater demand for appropriate **policies and legislative** initiatives to promote the welfare of the elderly. As a response, several bills on the elderly in both houses of the 11th Congress of the Philippines were already passed and still have to go through the legislative mill.

A **fourth issue** is the economic **impact of ageing** on overall welfare. Given their increasing number, the elderly pose a great economic challenge as their productivity declines. There is thus, a need for a strong commitment and a comprehensive policy that would respond to the various needs of the elderly.

This paper **aims** to present these crucial aspects of the situation of the elderly in its attempt to **identify** the many challenges that we need to address and contend with in the next century.

I. PHILIPPINE PROFILE

Considered as a “young” country, the total population of the Philippines according to the 1995 Census of Population as of September 1995 was 68,616,536. An increase of 548,655 elderly population over the 1990 census count of 3,187,967 persons 60 years and over was recorded bringing the elderly population to 3.7 million.³ The total population of the Philippines is now at 73,130,885 while the elderly population now stands at 4,280,364 or 5.8 per cent of our total population.⁴

TABLE 1. TOTAL AND ELDERLY POPULATION FROM 1980-1998⁵

YEAR	TOTAL POPULATION	ELDERLY POP.	% ELDERLY POP.
1980	48,098,460	2,541,831	5.2%
1990	60,703,206	3,187,967	5.2%
1995	68,616,536	3,736,622	5.4%
1998	73,130,885	4,280,364	5.8%

The aging world has become a female world. Feminization of the older population has been observed globally and more so in our country. Since 1980, the elderly women have outnumbered their male counterparts. This phenomenon may be due to women having longer life expectancy by five to seven years than males, thus having a tendency to outlive them.⁶

TABLE 2
SEX DISTRIBUTION OF ELDERLY IN THE PHILIPPINES⁷

YEAR	FEMALE	MALE
1980	1,306,864	1,233,798
1990	1,691,450	1,496,517
1995	1,996,054	1,740,568

II. ELDERLY CONCERNS

Poverty is the greatest obstacle to a secured old age. The United Nations Development Program has estimated that only 20 percent of people aged 60 or over in the world has any form of income security.⁸ Worldwide, only 30% of total elderly population are qualified for any form of pension and most of them live in more developed countries. Thus, older people continue to work for as long as they are physically able.

Fortunately, government officials and policy planners have recognized the rising need to address the predicament of the elderly sector. The 1986 Constitution, Article II, Section 9, provides that “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 through policies that provide adequate social services, promote full employment, a rising standard of living, and an improved quality of life for all”. Article 13, Section 11 also provides that “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 unprivileged, sick, elderly, disabled, women, and children.** The State shall endeavor to provide free medical care to paupers”. Article XV, Section 4 also stipulates

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”***. Further, Article XVI, Section 7, states that ***“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”***. Lastly, for the benefit of those who are retiring, Article XVI of Section 8 states that ***“The State shall from time to time, review and upgrade the pensions and other benefits due to retirees of both the government and private sector.”***

The Philippine Plan of Action for Older Persons 1999-2004 is a timely response of the Philippine government to respond to various key issues related to population aging in the Philippines. Covering a five year period, from 1999 to 2004, this document can serve as an important guide to strategic policymakers and decision-makers.

A. PENSION SYSTEM

The objective of pension systems is the provision of social security benefits for retired workers of the government, private offices, veterans, and very recently self-employed workers. Government Service Insurance System (GSIS) caters to government retirees, the Social Security System (SSS) renders services to private and self-employed retirees and the Philippine Veterans Affairs Office and United States Veterans Administration cater to Filipino Veterans.

1. Social Security System (SSS)

The SSS was organized in 1957 with seed money of only P 500,000 (U.S\$ 13, 157.89).⁹ They have been one of the main providers of social security protection to its members in times of economic and social distress. The SSS primarily covers all workers in the private sector. In 1980, self-employed workers or employees belonging to the informal sector were included as potential members. The institution's membership has risen from 12.5 in 1990 to over 16 million in 1995. Benefits such as death, disability, **retirement**, sickness, maternity, Medicare and loans for housing, salary, calamity and stock investments are services and privileges given to its members. Benefits such as funeral expenses amount to P 10,000 (U.S. \$ 263.15) in 1995, and minimum monthly pension in 1990 was P 500 (U.S. \$ 13.15) and later increased to P 1,000 (U.S. \$ 26.31) in 1995. Over the past 38 years, the SSS has granted P 95.6

billion (U.S. \$ 2,515,789,473.68) in benefits to members and their beneficiaries.¹⁰

Social Security System defines retirement benefit as a cash benefit paid to a member who can no longer work due to old age. In SSS, a member who is 60 years old and unemployed or has ceased to be self-employed and has paid at least 120 monthly contributions prior to the semester of retirement qualifies for a retirement pension benefit. A member who is 65 years old and has paid 120 monthly contributions, whether employed or not, can also qualify for a retirement pension benefit. There are two types of retirement benefits: the monthly pension, and the lump sum amount. The monthly pension is a lifetime cash benefit paid to a retiree who has paid at least 120 monthly contributions to the SSS prior to the semester of retirement. On the other hand, the lump sum amount is granted to a retiree who has not paid the required 120 monthly contributions. The monthly pension will be the highest of: (1) the sum of P 300 (U.S. \$ 7.89) plus 20 per cent of the average monthly salary credit plus 2 per cent of the average monthly salary credit for each credited year of service in excess of ten years; or (2) 40 per cent of the average monthly salary credit; or (3) P 1,200 (U.S. \$ 31.57), provided, that the monthly pension is paid for not less than 60 months. The lump sum amount is equivalent to the total contributions paid by the member and his employer, plus interest. The lowest monthly pension is P 1,200 if the member has 120 monthly contributions; or P 2,400 (U.S. \$ 63.15) if he has at least 20 credited years of service. The retirement benefit will be paid to the qualified member on the actual date of technical retirement provided that he submits the necessary documents six months before the actual date of retirement.¹¹

TABLE 3
SOCIAL SECURITY RETIREMENT PENSIONERS¹²
AS OF YEAR END

YEAR	NUMBER
1981	70,856
1985	99,077
1990	159,573
1995	250,469
1998	317,799

There is an increasing number of old age pensioners in the SSS. The highest increase occurred between 1990 and 1995 with an addition of 90,896 old age pensioners compared to the increase from 1985 to 1990 which only totals to 60,496. The significant increase in the SSS old age pensioners can be further emphasized by the fact that the total number in 1981 as the Table shows is 70,856, which is only less than one fourth of 317,799 being the latest count at the end of 1998.

2. Government Service Insurance System (GSIS)

From the time it was established on May 31, 1937, the GSIS continues to provide for the needs, in terms of benefits and services of its members, as a full-service social security agency for government employees. It covers essential services under different programs: social security benefits, loan windows for individual and institutional borrowers, economic empowerment, pre-need plans, and general insurance. The new GSIS Charter, Republic Act 8291, otherwise known as "The Government Service Insurance Act of 1997" was signed into law on May 30, 1997. This GSIS Act which amended PD 1146 not only increased and expanded the social security protection of the government workers, but it also enhanced the powers and functions of the GSIS to better respond to the needs of its membership. One dramatic change brought by the Act is the increase in monthly pensions of GSIS retirees from P 2,700 (U.S. \$ 71.05) to P 9,000 (U.S. \$ 236.84) or by a huge 233 percent.¹³

In GSIS, a member is eligible for retirement benefit when he has satisfied all the following conditions: he/she has rendered at least 15 years of service; he/she is at least 60 years of age at time of retirement and; he/she is not receiving a monthly pension benefit from permanent total disability. Under the new law, a retiree has two options: the five-year lump sum (60 x Basic Monthly Pension) plus the basic monthly pension for life starting at the end of the 5-year guaranteed period; or the cash payment (18 x Basic Monthly Pension) plus the basic monthly pension for life starting immediately upon retirement. Under P.D. No. 1146, no specific minimum basic monthly pension was mandated. However, with the periodic pension adjustment granted by the GSIS, a minimum monthly pension of P 1,200 (U.S. \$ 31.57) is given to regular retired and disabled pensioners. Retirement

shall be compulsory at age 65 and retirement benefits shall be paid on the last day of service in government if all requirements are submitted to the GSIS at least (30) days prior to the effective date of retirement.¹⁴

TABLE 4
GOVERNMENT SERVICE INSURANCE SYSTEM
RETIREMENT PENSIONERS¹⁵
AS OF YEAR END

Year	Number
1980	44,241
1985	59,409
1990	76,207
1995	87,943
1998	100,419

There is a significant increase in the number of old age pensioners in the GSIS. The highest increase occurred between 1990 and 1985 with an addition of more than 16,000 old age pensioners compared to the increase from 1990 to 1995 which only totaled to more than 11,000. The increase in the number of GSIS old age pensioners is important considering the fact that the total number in 1980 was only less than one half of the total number of old age pensioners as of year end 1998.

3. Philippine Veterans Affairs Office (PVAO)

Benefit programs for the veterans started as early as 1940 when Commonwealth Act No. 605 created the Board of Pensions for Veterans to provide the surviving members of General Emilio Aguinaldo's revolutionary forces with old age pension. On 18 October 1946, the Philippine Veterans Board under the Department of National Defense was created by R.A. 65, known as the Filipino Veterans Bill of Rights, which grants educational benefits, disability and death pension to veterans and their next of kin (spouse and children). Veterans of World War II were remembered through the creation of other veteran agencies for specific purposes under different laws and authorities such as the Veterans Back Pay Commission, Veterans Claims Commission and the Veterans Memorial Hospital (pursuant to US-RP Executive Agreements). In 1960, the Philippine Veterans Administration was created. It took over all functions of the Board of Pensions for

Veterans, the Philippine Veterans Board, the Back Pay Commission, and the Veterans Claims Commission. Under Martial Law, the Philippine Veterans Administration was phased out and was consolidated under one administrative authority now known as the Philippine Veterans Affairs Office (PVAO), under the Department of National Defense.¹⁶

The PVAO renders various types of benefits to our veterans. Benefits administered or readily available are Educational Benefits, Disability Pension, Old Age Pension, Death Pension, Medical Care and Treatment and Burial Benefits. However, not all veterans are eligible for all the benefits offered. The Educational Benefit and Disability Benefit are dependent on the number of years in service and assignment. All other benefits can be availed of by any veteran and his/her surviving unmarried spouses. To avail of the Old Age Pension, the veteran should at least be 65 years of age. The veteran beneficiary should not be receiving a similar pension for the same consideration from other government funds or from the United States government. Pension rates as of 1 January 1995 was P 1,500 (U.S. \$ 39.47) and was increased by at least P500 (U.S. \$ 13.15) every 1st of January, until it shall be at least P 5,000 (U.S. \$ 131.57). Today, pension rates have reached P 3,500 (U.S. \$ 92.10).¹⁷

TABLE 5.
STATISTICAL DISTRIBUTION BY CATEGORY
OF OLD AGE PENSIONERS¹⁸

CATEGORY	1995	1998*
WORLD WAR II		
Recognized Guerilla	52,682	59,203
USAFFE	31,609	8,775
Deserving Guerilla	10,009	5,178
Philippine Scout	1,048	2,860
NCPG	6,321	6,682
MPC	148	138
HUKVET Revolutionary	1,404	4,890
Sub-total	103,221	87,726
POST WORLD WAR II		
AFP	9,338	20,168
PEFTOK	276	236
PHILCAG	121	152
Sub-total	9,735	20,556
GRAND TOTAL	112,956	108,282

Note: *categories of veterans pensioners was already corrected as a result of the cleansing project of PVAO

Those who belong to the old age veteran pensioners are mostly recognized guerrillas who served during the World War II. At present, they are mostly the elderly belonging to the old-old age group (above 75 years old). A slight increase in the number of recognized guerrillas can be noticed last 1998 because either previous applications were only approved in that year or some guerrillas have just applied in the same year. Delay in processing papers may be due to lack of proof of service during the war or any paper documenting that they have served the country. There was a dramatic decrease of USAFFE veterans by 22,834 from 1995 to 1998 and a significant increase in membership of the AFP from 9,338 in 1995 to 20,168 in 1998.

The Philippine Veterans Administration Office uncovered certain anomalies and discrepancies pertaining to its pensioners. In a press conference in Camp Aguinaldo, Orlando Mercado, Secretary of the Department of National Defense, disclosed that checks amounting to 19 million pesos were being paid to 470 "surviving widows" of veterans who fought the war against Spain in 1898 and the Philippine-American War in 1899 and 1901.¹⁹

According to the Secretary, this situation seemed to be anomalous because if the spouses were first wives they would now be around 117 years old, assuming they were 16 years old during the war. The phenomenon of people reaching the age of one hundred years is possible, but having 470 of them is not. Moreover, records of spouses do not show any age, birth dates and some do not really have records but are continuously receiving pension. Some spouses on the other hand have registered birth dates as young as 1974 to 1979, thus their husbands would have been 100 by the time they got married.²⁰

B. WELFARE SERVICES

Public delivery of services to the disadvantaged population in the country is being undertaken mainly through the Department of Social Welfare and Development (DSWD), the government's social welfare arm. The elderly group is one of the 13 categories under the "Disabled Persons" along with released prisoners, negative Hansenites, mendicants, drug/alcohol users and former political detainees under the subheading, "Socially Disabled".²¹

The DSWD programs for the elderly include technical assistance, training, program development, licensing and accreditation of welfare agencies including public and private homes for the aged.

Programs and services planned for the elderly are based on the following guiding principles:

- a. The individual elderly's right to have access to services and opportunities that will help him achieve a productive, wholesome and satisfying life;
- b. Family and community responsibility in recognizing the potentials of elderly persons and the need to provide opportunities to make minimum use of such potentials;
- c. The government's responsibility to provide basic and essential services for the elderly's well-being through the provision of adequate care and relief from stress.

In accordance with these principles, the DSWD's services focus primarily on the **care for the elderly** and the **elderly volunteer program**. Care for the elderly is basically intended to provide care and assistance, while the second focus is aimed at tapping the elderly as resources for various socio-economic undertakings.²²

1. Homes for the Aged

Under the category care for the elderly, homes for the abandoned elderly were constructed. In 1999, there are 12 homes for the aged accredited by DSWD operated by both the government and other charitable or private institutions. These homes cater only to the abandoned, needy, neglected or unattached elderly. The government under DSWD are managing three residential facilities: 1) Golden Acres in Bago Bantay; 2) Tagum Home for the Aged-Davao; and 3) Home for the Elderly-Talon, Zamboanga City. These homes are generally small and over populated, but to the abandoned elderly these are their homes. Social workers and volunteers attend to the social, emotional, physical, occupational and recreational needs of the elderly residents. Elderly residents who are still able bodied are taught to do handicraft or gardening. Adult growth education development meetings are conducted, leaving no time for them to indulge in self pity.²³

On the other hand, the **Haven of Peace Foundation**, Inc. (HPFI), headed by former Justice Regina Benitez came up with the Haven of Peace Home. Their clientele are not from the depressed areas but from the middle class and elite classes who could contribute for their own well being. The concept of this home is to provide well-off elderly the same atmosphere as that of a real home. Unlike in government funded homes wherein they are cramped all together, in HPFI they are provided with their own bedrooms with spacious beds, social hall and dining rooms. Moreover, the elderly in HPFI can enjoy recreational activities and linkages or networking provided by the foundation. They are also provided with residential care services, medical, social and even third career development. However, this institution is not for free, the Haven of Peace Home requires residents a certain amount as a fee in exchange for services and the comfort given to them.²⁴

2. Senior Citizens Center

The enactment into law of the “Senior Citizens Center Act of the Philippines”, (R.A. No. 7876, An Act Establishing A Senior Citizens Center in all Cities and Municipalities of the Philippines and Appropriating Funds Therefor) is indeed very timely and significant given the different issues of aging faced by our elderly today. R.A. 7876 upholds and recognizes the Senior Citizens’ right to have access to vital facilities to be able to achieve a more productive, healthful and satisfying life. “Center” refers to the place established in this Act with recreational, educational, health and social programs and facilities designed for the full enjoyment and benefit of the senior citizens in the city or municipality”. It can be any available sheltered structure, a spacious room in a private or public building, a room attached to a community center, or a barangay hall or chapel. The establishment of the centers shall be jointly decided and implemented by the Local Government Unit, Department of Social Work and Development (DSWD) and Federation of Senior Citizens Association of the Philippines (FSCAP). The Senior Citizens Center aims to:

- a. provide opportunities where the senior citizens can participate in economic and social development activities in the country giving them feelings of fulfillment and self-esteem;
- b. serve as a place where the senior citizens share one’s knowledge, expertise, experiences, time and financial resources to help other needy people;

- c. provide a venue for the social, recreational and other needs that would suit the energy levels, abilities and interests of the senior citizens.

The Senior Citizen Center shall serve as a focal point in the delivery of an integrated and comprehensive social services to the senior citizens. The DSWD in coordination with the LGUs, Department of Health and other non-government organizations shall provide the necessary service to include but not limited to the following:

- a. Social and recreational services such as social interaction with peer counseling, active participation in sports, recreation and socio-cultural activities and holding of special celebration to recognize the contribution of the senior citizens.
- b. Health and personal care such as regular physical and dental check-up, eye care, lectures on proper health and nutrition and how to grow old gracefully.
- c. Spiritual services such as bible studies, special masses, retreats and other kinds of religious services, preparation for death and support services for the dying and their families.
- d. Livelihood services such as the provisions of self-employment assistance to supplement their earnings. This will include the provision of small capital loans or grants for their livelihood projects.
- e. Volunteer resource services such as identification/recruitment, training and mobilization of Senior Citizens for community volunteer works where they can share their time talent, resources and willingness to be involved in community development.
- f. Other services which the DSWD and other coordinating agencies may deem necessary for the benefit of the senior citizens.²⁵

According to the DSWD, there are 81 centers already completed and 48 centers are undergoing construction throughout the country.

3. Discounts and Privileges

Under the privileges and benefits of senior citizens, an emphasis is placed on the national identification card secured by a qualified senior citizen to be able to avail of the privileges provided for in the Senior Citizens Act.

Senior citizens refer to the resident citizens of the Philippines, at least 60 years old, including those who have retired from government offices and private enterprises and have a yearly income of not more than 60 thousand pesos, subject to review by NEDA every three years. As privileges for the Senior Citizens, they shall be entitled to the following:

- a. the grant of twenty percent discount from all establishments relative to the utilization of transportation services, hotels and similar lodging establishment, restaurants and recreation centers and purchase of medicine anywhere in the country: *Provided*, that private establishments may claim the cost as tax credit;
- b. a minimum of twenty percent discount on admission fees charges by theaters, cinema houses and concert halls, circuses, carnivals and other similar places of culture, leisure; and amusement;
- c. exception from the payment of individual income taxes; *Provided* that their annual taxable income does not exceed the poverty level as determined by the National Economic Development Authority (NEDA) for that year;
- d. exemption from training fees for socio-economic programs undertaken by the OSCA as part of its work;
- e. free medical and dental services in government establishment anywhere in the country, subject to guidelines to be issued by the DOH, the GSIS;
- f. to the extent practicable and feasible, the continuance of the same benefits and privileges given by the GSIS,SSS and PAG-IBIG, as the case may be, as are enjoyed by those in actual service.²⁶

Furthermore, the 20 percent discount privilege is exclusive and limited to the benefit of the senior citizen.

4. Medical Dental Care

A senior citizen is entitled to free medical and dental services in government establishments anywhere in the country subject to guidelines to be issued by the DOH GSIS, and SSS. The DOH shall direct the government establishments in the entire country to provide free medical/dental services where capability and facility for such services are available. The term "free" shall mean free of charge

on medical/dental services where capability and facility for such services are available. The term “medical services” shall refer to services pertaining to the medical care/attendance and treatment given to senior citizens. It shall include health examinations, medical/surgical procedures within the competence and capability of DOH establishments/hospitals/units and routine/special laboratory examinations and ancillary procedures as required. The term “dental services” shall refer to services pertaining to dental care/attendance and remedy given to senior citizens. It shall include oral examination, curative services like permanent and temporary fillings, extractions and gum treatment. Professional services shall refer to services rendered or extended by medical, dental and nursing professionals, which shall also include services rendered by surgeons, EENT practitioners, gynecologists, urologists, neurologists, psychiatrists, psychologists and other allied specialists. Counseling services shall refer to advices given by health professionals, e.g. psychologists, psychiatrists, nutritionists, nurses and other allied health professionals in support to specific treatment of illnesses.

The following are the health services that may be availed for free in any government establishments, subject to availability of facilities and manpower/technical expertise of the receiving government establishment:

- a. Medical and dental services
- b. Out-patient consultations
- c. Available diagnostic and therapeutic procedures
- d. Use of operating rooms, special units, and central supply items
- e. Accommodations in the charity ward
- f. Professional and counseling services.²⁷

5. Elderly Volunteer Programs

a. Resource Volunteer Service

Senior citizens who have the appropriate time, knowledge and skills could be tapped as resource persons in conferences or seminars. They could also be storytellers to children at day care centers, thus contributing to their value formation. Volunteer work can also be done by the senior citizens in community development-

related activities concerning the environment, health campaigns and other emerging issues.

b. Foster Grandparents Services

Senior citizens could be visiting grandparents to infants, children and youth in the institutions or to children who have no living grandparents in the community. This service taps the elderly to provide care and attention to institutionalized and handicapped children. This setup provides rehabilitation opportunities for both the elderly and the children. The elderly in this program can also give assistance to children whose parents are temporarily out of the house.

c. Peer Support Group

This program involves senior citizens who are trained in providing support to their peers. They would meet regularly to share their experiences and difficulties to bring together insights which can be replicated in future voluntary work.

d. Peer Outreach/Respite Services

Senior citizens can conduct organized activities where the elderly volunteers can provide comfort to their peers and make friendly visits especially to lonely and bedridden aged persons in the community. The senior citizen can also reach out and provide counseling to a peer who has recently lost a spouse or has family problems.

e. Family Enrichment Services

Senior citizens can be mobilized as marriage counselors or resource persons on parenting or provide counseling to married couples, youth, and on parenthood.

f. Neighborhood Watch

Senior citizens can report to authorities cases of abuses against peers, children, women and youth. They also can act as council leaders to advise and caution neglectful or abusive parents.

g. Sponsorship Program

Senior citizens who are well-off can financially support the studies of needy youth or may sponsor some community projects.

h. Assistance for Physical Restoration

This is the provision of financial assistance or devices for the physical restoration of the elderly (e.g. wheel chairs, crutches, etc.). This program is now under the supervision of local government units, but was first implemented by DSWD.²⁸

6. Training of Elderly

Livelihood Development Service

This program aims to develop economic self-reliance and social responsibility among the elderly. The senior citizens are given proper training and assistance by the DSWD or their barangay leaders. Financial assistance in the form of a loan without interest rate is also given to the elderly who want to engage in a particular business. They are assisted all throughout their endeavors to ensure that everything is done properly, from paper work to the business operations. Later on, they are left to run the livelihood program by themselves.²⁹

Coalition of Services of the Elderly (COSE) is one of the most active elderly organizations that promote community-based care for the elderly. COSE organizes the elderly in a community primarily those in the urban areas. The elderly together with COSE would assess their situation, learn from the experience of other organized elderly groups and plan for their own area and well-being. Income generating projects (i.e. soap making, small-scale production of herbal medicine and rice retail) that aim to make them productive and independent are highly encouraged by the organizers. In 1995, COSE already has 17 self-reliant, community-based elderly groups in Metro Manila.³⁰

In addition, COSE also organized community-based training for elderly health workers in urban poor areas. The elderly are trained to become "community gerontologist" (CG). The training includes a number of practical methods such as massaging, reflexology, herbal medicine, basic assessment and vital statistics check-up. The community gerontologist keeps index cards or records of every elderly in his area and encourages them to come for regular check-ups in real hospitals and medical professionals. The community gerontologist when necessary also accompanies the elderly to nearby hospitals for treatment. There is a clinic for the elderly in Cubao, where the elderly can visit for check-ups.³¹

According to a survey made by the DSWD, the number of elderly volunteers versus the total number of the elderly per region is very small in 1995. Moreover, the increase of participants from 1995 to 1997 is also very minimal.³² The full-blown volunteer program already started in 1992, but the level of awareness of the senior citizens regarding these programs seems to be low, resulting in their poor participation. The improper implementation of these volunteer programs and the small number of communities implementing them can also be the reason for the low level of participation of the elderly.

C. ELDERLY ABUSE

Elderly abuse has not been fully defined. Although researchers have not agreed on one definition, abuse of the elderly is divided into four categories: physical abuse or violence, psychological or emotional abuse, material or financial exploitation, and neglect.³³

Physical abuse are acts that are committed with intention of causing physical pain and injury. It can be in the form of being hit, sexually assaulted or burned. Any act leading to physical or bodily pain (i.e. bruises, sprains, welts, abrasions and fractures) and injury is classified under this. Psychological or emotional abuse involves verbal assaults, threats, humiliation, and ridicule. Such abuse is usually accompanied by physical abuse but may happen separately. Material or financial abuse includes misuse of property or money, theft, or forced signing of legal documents. Neglect may be referred to as passive or unintentional and active or intentional. Passive or unintentional neglect would mean isolation of the elderly or the elderly are left alone. The family, because of other duties, may not be able to meet the needs of the elderly or the caregiver is incompetent to provide care for the elderly. Active or intentional neglect involves the deliberate withholding of items needed for daily living (food, medicine, companionship and care) especially from those who are physically dependent.³⁴

“a seventy year old woman, scavenges at the garbage dump. Another 70 year old woman has been abandoned to live alone in a shanty where she slept on the cold moldy ground.”³⁵

Above are examples of abuse experienced by two elderly women, if investigated further, this predicament might turn out to be two of many disturbing cases of elderly abuse.

In 1991, the General Assembly adopted the Principles for Older Persons. This document has become a very useful guide for it details the actions that should be taken by member states to safeguard the rights of the elderly. Highlights of these principles are independence, participation, care, self-fulfillment, and dignity. Independence includes access to adequate basic needs such as food, water, shelter, clothing and health care. Included also is the opportunity to work and have access to other income generating activities. Further, education and training programs were also encompassed. In this document, participation of the elderly refers to being able to share their knowledge and skills with the young generation and remain integrated in society. It also means that the older person should be able to actively join in the formulation and implementation of policies that affect their well-being. In connection with “care”, the older person should be able to benefit from family care and health care to maintain the optimum level of physical, mental and emotional well-being. Furthermore, social and legal services should be available to them to enhance their autonomy, protection and care. Older people also as mentioned in this document should be able to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs, privacy and the right to make decisions about their health care and the quality of their lives. With regard to self-fulfillment, the older person should be able to pursue opportunities for the full development of their potential through access to the educational, cultural, spiritual and recreational resources of society. Dignity simply states that the older person should be able to live in dignity and security and be free of exploitation and physical or mental abuse. The elderly should also be treated fairly regardless of age, gender, racial or ethnic background, and other status and be valued independently of their economic contribution.³⁶

With the lack of clear cut definition of abuse, these Principles are enough to guide us in determining whether elderly abuse is being done in institutions, in their own homes or in other places.

A. Domestic Abuse

There has been no major local study of this incident. DSWD admitted receiving reports of such circumstances but no record or action has been made. Unlike child abuse, to be able to protect abused elderly, the elderly themselves should report such incident before any action could be taken. Many abuses occur in different forms in their own homes,

but only few would admit such circumstances. The victims are often silent or in denial. They are afraid to seek help and guidance from people who can help them. Thus, elderly abuse is still unrecognized in our country.

Being physically vulnerable, the elderly is one of the most usual preys and victims of abuse. Because of the frailty, such condition is taken advantage of. Moreover being single and widowed is another factor adding to their susceptible condition. Being dependent on the family, unfortunately, in a way has become a disadvantage as well. For some families, they see the state of the elderly as an opportunity to take over whatever wealth the elderly has and deliberately neglecting or ignoring the elderly.³⁷

A radio program called the Senior Citizen hour receives several calls and letters asking for advice regarding elderly abuse. Most of the abusers are the children themselves. Financial abuse is one of the frequent complaints accompanied by physical abuse. The children who still live with their parents, either employed or unemployed are oftentimes the perpetrators or abusers. The abusers extort money from them to support their needs or expenses, failure of the elderly to give money usually leads to physical abuse. There are also cases wherein the working parents would force their elderly parents to take care of their grandchildren even though the elderly have expressed their refusal. There are several cases being reported but do not really fall into any category of elderly abuse but still can be considered to be abusive. For instance, an elderly couple live together with their four children. The house belongs to the elderly couple, their children ages 27 to 45 are earning for themselves but have never contributed to the household expenses such as food, water and electricity bills. The mother earns through sewing while the father no longer works because of paralysis. Since the mother is earning by herself yet supporting everyone in the family, she has requested financial assistance from the children. The children ignored her request and continued with their own lifestyles. To make things worse, one of the children accepted a bed spacer, yet the mother does not profit from the said arrangement because the rent goes directly to the child. The bed spacer on the other hand uses the house facilities such as water and electricity that the mother shoulders.³⁸

Medical workers for a non-government agency also revealed that there are some elderly who would come for treatment of bruises and welts.

When asked how they got such injuries, they would explain that they either fell from the stairs or hit themselves accidentally. However, the specialist would speculate that accidental falling or bumping could not cause such injuries. In such cases wherein the elderly do not admit being victims of abuse, the medical workers could only treat, or try to give them unsolicited advice.³⁹

Ageism is another form of abuse that does not fall in any category. According to Dr. Schmerl, ageism denotes prejudice and discrimination that associates the old with hopelessness, gloom, debility, senility, poverty, and illness.⁴⁰ It also overlooks the capacity of the elderly to a prosperous and independent life without becoming an encumbrance on other people. Ageism can be found in our deteriorating values. Some people no longer regard the elderly the way they were regarded in the past while others have become insensitive to their needs and feelings as well.⁴⁰

B. Abuse in Institutions

In the Philippines, more often than not, the older person who goes to the hospital to avail of free medical services are led to so many people before they are given the attention needed. Although there are no hard evidences that there is refusal to give them medical attention, there have been reports of mistreatment especially among the poor elderly.

Even in institutions such as residential facilities that are tasked to provide basic care and support for the abandoned elderly, there is prevalence of abuse. A study made by Aged Care Extended Services in St. Luke's Medical Hospital in one of the country's residential facility shows evidence of abuse. They found out that age, civil status, educational background, health and economic status are among the risk factors that contribute to elderly abuse. In their study, active negligence has the highest incidence followed by psychological abuse, exploitation, violation of rights, and physical abuse. (See Table 6) There were reported cases of exploitation in terms of financial or material abuse and psychological maltreatment and provocation of fear or violence. Likewise violation of basic rights, physical abuse and maltreatment were also reported to have been occurring.⁴¹

Another case that was brought out in one of the discussions in the Senior Citizen's Hour was euthanasia.⁴³ Poor elderly who are terminally ill and cannot afford long-term hospital care are offered with euthanasia as an option. However the choice and the offer is of course not made to the elderly himself/herself but to the family. The family is made to

TABLE 6
ELDERLY ABUSE IN THE PHILIPPINES⁴²

FORMS OF ABUSE	No. of Elderly	Percentage
Active Negligence		
Indifference	13	34.2
Forsaking of the frail	11	28.9
Breach of Duty	9	23.7
TOTAL	33	86.8
Psychological Abuse		
Isolation	14	38.8
Verbal assault & name calling	8	21.1
Psychological maltreatment	6	15.8
Provoking fear violence	3	7.9
Blackmail	0	0
TOTAL	31	83.6
Exploitation		
Financial Exploitation	8	21.1
Material Abuse	5	13.2
Theft	5	13.2
Withholding of Income	3	7.9
Misrepresentation	2	5.3
Use of power of attorney	1	2.6
TOTAL	24	63.3
Violation of Rights		
Right to food & clothing	6	15.8
Right to live in a safe place	2	5.3
Right to decide	1	2.6
Right to health and medical services	1	2.6
Right to privacy	0	0
Freedom of Speech	0	0
Access to legal services	0	0
TOTAL	10	26.3
Passive Negligence	10	26.3
Physical Abuse		
Physical cruelty & Maltreatment	2	5.3
Restriction of movements	1	2.6
Sexual Abuse & International harm	0	0
TOTAL	3	7.9

believe that it is a better choice than prolonging the life of the elderly who is dependent on machines for life support. Moreover, if such practices are allowed, we will be giving the people who are not devoted to their parents an excuse to kill. In the end, the family believes that they are helping or ending the suffering of the elderly as well as saving money.

In China, they call it peaceful and happy death, however, doctors and politicians are still debating on this issue. Chinese supporters strongly feel that this (euthanasia) is better because ageing in China is very uncomfortable and being a poor country, the government cannot afford to provide institutional care.⁴⁴ On this issue, one needs to reflect whether abuse is being committed or not. People would think they are doing the elderly a favor because they are ending their suffering. Another case would be if the elderly himself requested for such action to be taken to avoid being a burden to the family and experience physical pain. And still another is if the elderly is in a coma and the family decides for him/her.

D. LEISURE ACTIVITIES

Leisure activities remain to be vital in the daily life of the elderly. According to a Philippine study by Virginia PB Samonte, et al, the two most frequent forms of recreation among the rural elderly respondents were radio listening and TV watching, which was reversed in the case of the urban elderly respondents. Aside from these two major leisure activities, both groups enjoyed reading comics, magazines and newspapers, socializing with neighbors, taking leisurely strolls and doing light handicraft, likewise, they engaged in backyard gardening, animal raising, and indoor games. Their full enjoyment of leisure activities are sometimes constrained by poor health and lack of financial resources for repair facilities and spare parts of appliances. To both the rural and urban elderly groups, the age old practice of simply chatting with others served as their major mode for satisfying their social needs.⁴⁵

Others prefer to stay at home to attend to their grandchildren, and do household chores. The elderly are also fond of sharing their experiences especially stories during the World War II. They also tend to compare the events and lifestyles of the present with those in the past decades. Aside from close association with relatives, the elderly also take time to visit and exchange pleasantries with friends and neighbors. Attending religious activities and gatherings like hearing mass and teaching

catechism is also one of the significant activities of the elderly in the Philippines. During religious activities like Holy Week, the elderly are at the forefront leading prayer sessions and processions. Membership in religious, civic, and political organizations is also a popular activity among the elderly which strengthens their self-esteem and enhances their participation. With the popularity of ballroom dancing among the Filipinos, some elderly have fondness for this activity as they also consider it a form of exercise.

Dychtwald and Flower stress that in the decades ahead, the range and scope of adult-focused recreational opportunities will blossom. Imagine all the new hobby-craft centers mind-expanding amusement parks, longevity training centers, adult sports camps, sophisticated computer games, adventure and travel clubs, theme-focused retirement communities, worldwide time-share lifestyle complexes, and recreation counseling centers that will proliferate in the years ahead. It is considered that these and other futuristic options will be the outgrowth of what today's retirees make of their new-found time off. Recreational activities like travel, card playing, exercising, socializing, dancing, fishing are central to the lives of many older Americans today.⁴⁶

E. ELDERLY DISABILITIES

The Methuselah Syndrome defines aging as an irreversible, inevitable change that occurs over time. It occurs in all organs, and has a major influence on the function of the organism or individual.⁴⁷ As years are added to our chronological age, years are added to our organs as well. Eventually our bodies are not able to withstand the rigors of life especially when we reach old age. Thus, an ageing population would mean that more people would reach an age wherein they are at high risk of developing certain chronic, debilitating and disabling conditions.⁴⁸

Disability on the other hand is defined as any reduction or lack of ability to perform an activity in the manner or under the range of what is considered as normal. The disability may be a result of an impairment or as a response to an impairment.⁴⁹

The heart for instance, loses some elasticity and becomes stiffer giving difficulty to older hearts to pump and relax. Age also reduces the ability of the cardiovascular system to respond to stress. Fat likewise begins to accumulate blocking valves and arteries enabling the heart to experience irregular beat. In severe cases, older people with unhealthy hearts who have suffered from a heart attack, more often than not becomes

paralyzed. Some lose their ability to speak, some become restricted in movement, thus become disabled or physically impaired.⁵⁰

Muscle loss also occurs along with the hardening of the bones. Consequently, the elderly becomes physically weak. Their height also shortens due to spinal column changes, cartilage degeneration and loss of connective tissues.⁵¹

Vision also weakens in several ways as people age. The speed at which the eyes are able to relax and focus at near or far objects diminishes. Although this problem can easily be fixed through prescription lens, there are some who totally lose their vision. Worldwide, 16 million cases of blindness are caused by cataracts which are usually associated with age.⁵²

Memory loss is not an impairment or disability but it is a sign associated with aging, severe conditions may lead to dementia or Alzheimer. Short-term events are easily forgotten compared to distant past experiences or events. Healthy individuals begin to experience memory loss slightly around the age of sixty.⁵³

In our country, aging is accompanied and associated with diseases. With the high standards of living, most of our elderly can no longer maintain the quality of life they have lived when they were still able and earning. Aside from the physical changes they are experiencing, they also have to adjust to their new life—from independent to dependent. Life has become harsh on them making aging quite a difficult process.

The environment has also become a problem for our elderly. Their tolerance for heat, cold and humidity decreases. For the elderly staying in urban areas, the air has been replaced by smog from smoke belching vehicles and air is filled with dust particles. The weather has become unpredictable, making the whole process of going to hospitals and enjoying the outdoors difficult. Moreover, given the high prices of medicines, some of our elderly cannot afford to buy vitamins even if discounts are given to them.

For the marginalized Filipino elderly, majority of them continue to work and push their bodies to the extreme in order to eat, live and provide for those who are still depending on them with the little income that they are earning.⁵⁴ Their exposure to stress can also be a factor affecting their health status. Since they are poor or marginalized, the elderly feel

pressured to help in any way they can especially if they are living with their children who are also supporting their own family. Because of this situation, they are overworked and undernourished making them more vulnerable to diseases and other ailments. Unfortunately, education on disease prevention is also lacking. In addition, very few elderly Filipinos are aware of the free medical assistance and discount on medicines provided by the government through the introduction of R.A. 7432-Senior Citizen's Act.⁵⁵

Majority of Filipino elderly who belong to the 60-64 and 65-69 age group suffer from low vision. An important number of the elderly belonging to the 60-64 age group suffer from paralysis brought about by stroke and heart failure at a very early stage of aging. On the other hand, partial deafness is commonly experienced by the elderly under the 70-74 and 75-79 age group. Total deafness is experienced by those who belong in the oldest-old category or the 80 years old and above age group. In all age groups, mental retardation registered the lowest incidence.

TABLE 7
PERCENTAGE DISTRIBUTION OF DISABILITIES
DEVELOPED BY FILIPINO ELDERLY⁵⁶

DISABILITY	60-64	65-69	70-74	75-79	80 & OVER
TOTAL (919,292)	7.92	7.65	7.32	6.13	8.55
Total Blindness	7.30	7.95	8.87	8.77	15.77
Partial Blindness	8.05	8.19	7.76	6.65	8.25
Low Vision	12.10	11.50	9.89	7.32	8.18
Total Deafness	5.83	7.59	10.45	11.64	26.74
Partial Deafness	7.01	9.37	12.28	13.07	21.91
Poor Hearing	6.45	7.87	10.57	11.88	21.40
Muteness	1.81	1.37	1.02	0.78	0.78
Speech Defect	2.11	1.92	1.42	0.96	1.09
Loss of one/both arms	6.26	4.28	3.44	2.22	1.67
Loss of one/both feet/legs	6.43	5.32	3.53	2.65	2.50
Paralysis of one/both arms	9.13	7.22	5.75	3.81	8.33
Paralysis of one/both feet/legs	6.22	5.78	5.21	4.36	6.36
Paralysis of one arm and one leg	11.78	10.51	8.61	6.08	5.96
Paralysis of all four limbs	7.51	7.93	8.04	6.71	10.78
Mental Retardation	1.29	0.97	0.71	0.52	0.76
Mental Illness	2.88	2.14	1.46	1.10	1.45
Others	5.75	5.52	5.25	4.42	7.05

Cockerham (1991) further confirms the situation of the marginalized elderly. According to his study, persons living in poverty have less of everything including health. These persons are exposed greatly to risk factors that may lead to poor health.⁵⁶

F. CURRENT LEGISLATION ON ELDERLY

In the 11th Congress as of March 1999, there are continuous calls for the amendment of the RA No.7432 also known as Senior Citizens Act. These calls for amendment are mainly aimed at strengthening and maximizing the benefits and special privileges that are being accorded by the government to senior citizens. The remaining House Bill that seeks amendment focuses on the Local Government Code of 1991 in pushing for the Representation of Senior Citizens in the Sanggunians of Barangays, Municipalities, Cities and Provinces.

It can be inferred that majority of the measures presented are local in scope seeking to establish and construct Senior Citizens Center, Senior Citizens Assistance Center and Senior Citizens' Day Care. These bills that are local in scope are mainly intended for some areas in the following provinces/cities: Mountain Province, Quezon City, Agusan del Sur, Surigao del Norte, Agusan del Norte, Leyte, Manila, and Northern Samar. Some of the measures have been subject to initial deliberations. Nevertheless, majority are still pending with the committees.

An Act establishing a Commission for Senior Citizens is also being pushed as well as a Magna Carta for Older Persons. One of the two House Resolutions calls for the immediate implementation of a Senior Citizen Center Act of the Philippines. While the other House Resolution pushes for an inquiry on the alleged non-compliance of drug companies and drug merchandisers of the provision on the twenty percent (20%) discount benefit granted to senior citizens under Republic Act Numbered 7432. The latter House Resolution can be considered as a response to the usual complaints of some senior citizens who encountered difficulties in availing of the 20% discount.

In the Senate, there are three bills filed by different authors that seem to focus on a similar subject which is the providing for the maintenance and support of elderly members of the family and for other purposes. Three bills call for the amendment of the Republic Act No.7432 also known as the Senior Citizens Act, while increased penalties for violations of this act are also being pushed.

TABLE 8
CURRENT LEGISLATION ON ELDERLY 11TH CONGRESS OF THE
REPUBLIC OF THE PHILIPPINES HOUSE OF REPRESENTATIVES
As of March 2, 1999⁵⁷

HB/ HR NO.	TITLE	AUTHOR/S	STATUS/REMARKS
HB 69	An Act Amending Section 4 of RA No.7432, Known as 'An Act to Maximize the Contribution of Senior Citizens to Nation Building, Grant Benefits and Special Privileges Granted to Senior Citizens, Provide Additional Penalties for Violators and for Other Purposes	Hon. Bernardo M. Vergara, Hon. Julio Ledesma IV	Pending with Committee on Population and Family Relations >Initial deliberation held on Nov. 18, 1998 >2nd deliberation held on Nov. 26, 1998 >3rd deliberation held on Dec. 16, 1998
HB 234	An Act Establishing a Commission for Senior Citizens, and for Other Purposes	Hon. Heherson Alvarez Hon. J.R. Nereus Acosta Hon. Ma. Victoria L. Locsin	Pending with Committee on Government Reorganization on Nov. 11, 1998
HB 365	An Act Providing for the Establishment of a Senior Citizens Assistance Center in Every Municipality and City, and Appropriating Funds Therefor	Hon. Dante V. Liban Hon. Julita Lorenzo-Villareal	Pending with the Committee on Population and Family Relations
HB 431	The Magna Carta for Older Persons	Hon. Edgar R. Lara Hon. Dante V. Liban Hon. Francis Joseph G. Escudero	Pending with Committee on Population and Family Relations >Initial deliberation held on 18 November 1998 >Approved on Nov. 26, 1998 >Referred to the Committee on Ways and Means
HB 1913	An Act Establishing A Senior Citizens Assistance Center in the ten (10) Municipalities of the Mountain Province and Appropriating Funds Therefor	Hon. Josephine de Castro Dominguez	Pending with the Committee on Population and Family Relations
HB 2520	An Act Appropriating the Sum of Two Million Pesos (P 2,000,000.00) or so much thereof out of the unappropriated Funds of the National Treasury for the Construction and Operation of a Senior Citizens Center in Barangay Baesa, Quezon City	Hon. Dante V. Liban	do

HB 3312	An Act Providing for the Establishment of a Senior Citizens Assistance Center in the Municipality of Sta. Josefa, Province of Agusan del Sur and Appropriating Funds Therefor	Hon. Alex G. Bascug	do
HB 3313	An Act Providing for the Establishment of a Senior Citizens Assistance Center in the Municipality of Bayugan, Province of Agusan del Sur and Appropriating Funds therefor	Hon. Alex G. Bascug	do
HB 3314	An Act Providing for the Establishment of a Senior Citizens Assistance Center in the Municipality of Sibagat, Province of Agusan del Sur and Appropriating Funds Therefor	Hon. Alex G. Bascug	do
HB 3316	An Act Providing for the Establishment of a Senior Citizens Assistance Center in the Municipality of San Francisco, Province of a Agusan del Sur and Appropriating Funds Therefor	Hon. Alex G. Bascug	do
HB 3317	An Act Providing for the Establishment of a Senior Citizens Assistance Center in the Municipality of Talacogon, Province of a Agusan del Sur and Appropriating Funds Therefor	Hon. Alex G. Bascug	do
HB 3318	An Act Providing for the Establishment of a Senior Citizens Assistance Center in the Municipality of San Luis, Province of a Agusan del Sur and Appropriating Funds Therefor	Hon. Alex G. Bascug	do
HB 3319	An Act Providing for the Establishment of a Senior Citizens Assistance Center in the Municipality of Esperanza, Province of Agusan del Sur and Appropriating Funds Therefor	Hon. Alex G. Bascug	do
HB 3320	An Act Providing for the Establishment of a Senior Citizens Assistance Center in the Municipality of Trento, Province of Agusan del Sur and Appropriating Funds Therefor	Hon. Alex G. Bascug	do

HB 3616	An Act Increasing the Discount From All Establishments. Amending for the Purpose Section 4 of Republic Act No. 7432 Otherwise Known as An Act to Maximize the Contribution of Senior Citizens to Nation Building, Grant Benefits and Special Privileges	Hon. Salvio B. Fortuno	Pending with the Committee on Population and Family Relations Initial deliberation held on Dec. 16, 1998
HR 379	Resolution Urging the Department of Social Welfare and Development (DSWD) to Immediately Implement Republic Act No.7876 Otherwise known as the Senior Citizens Center Act of the Philippines Particularly in Surigao City and all the Municipalities of the Second District of Surigao del Norte	Hon. Robert Ace S. Barbers	Pending with the Committee on Population and Family Relations
HB 4186	An Act Providing for the Construction and Operation of the Senior Citizens Center in the Municipality of Las Nieves, Province of Agusan del Norte and Appropriating Funds Therefor	Hon Leovigildo B. Banaag	do
HB 4358	An Act Providing for the Construction of a Senior Citizens Day Care Center in Barangay Poblacion, Municipality of San Isidro, Province of Leyte, Providing Funds Therefor and for Other Purposes	Hon. Eduardo K. Veloso	do
HBS 4384 4386	Acts Establishing Senior Citizens Assistance Centers in Certain Municipalities in the Province of Leyte and Appropriating Funds Therefor	Hon. Ma. Catalina L. Loreto Go	do
HB 4611	An Act Providing for the Establishment of a Senior Citizen Center in Barangay 50, Zone 4 in the First Congressional District of Manila	Hon. Ernesto Nieva	do
HB 4650	An Act Exempting Senior Citizens Whose Income is not more than ninety-six thousand pesos (P96,000.00) per annum, from payment of real property tax of their family homes and the land on which it is situated, amending for the purpose Republic Act No. 7432	Hon. Harlin Cast Abayon	Pending with the Committee on Population and Family Relations Initial deliberation held on Dec. 16, 1998

HR 546	Resolution Directing the Committee on Population and Family Relations to Conduct An Inquiry, in Aid Of Legislation, on the Alleged Non-Compliance of Drug Companies and Drug Merchandisers of the Provision on the Twenty Percent (20%) Discount Benefit Granted to Senior Citizens Under Republic Act Numbered 7432	Hon. Jesli A. Lapus	do
HB 5951	An Act Providing for the Strengthening of the Protections Accorded to Senior Citizens, Amending for the Purpose RA 7432	Hon. Ninfa Garin	do
HB 5953	An Act Providing for the Representation of Senior Citizens in Local Legislative Bodies and Appropriating Funds Therefor	Hon. Ninfa Garin	do
HB 6184	An Act Establishing a Day Care Center for Senior Citizens in the Municipality of San Navar, Province of Northern Samar, and Appropriating Funds Therefor	Hon. Romualdo T. Vicencio	do
HB 6640	An Act Amending Certain Sections of Republic Act No. 7432 entitled "An Act to Maximize the Contribution of Senior Citizens to Nation Building, Grant Benefits and Special Privileges Granted to Senior Citizens, Provide Additional Penalties for Violators and for Other Purposes"	Hon. Ma. Victoria Locsin	do
HB 6154	An Act Granting Free Hospitalization to Senior Citizens in any Government Hospital, Amending for the Purpose Section Four (e) of Republic Act Numbered Seventy-Four Hundred and Thirty-Two	Hon. Narciso D. Monfort, Hon. Manuel P. Parcon	Pending with the Committee on Health
HB 5655	An Act Providing for the Representation of Senior Citizens in the Sanggunians of Barangays, Municipalities, Cities and Provinces, Amending for the Purpose the Local Government Code of 1991	Hon. Jesli A. Lapus	Pending with the Committee on Local Government
HB 6862	An Act Increasing the Minimum Monthly Pension for Old Age to 2,500 and Increasing it to 5% Thereafter	Hon. Gerardo Espina	Referral to the Committee on Government Enterprises and Privatization

For an increased participation and representation of the elderly, there is a call for the creation of a Council for the Welfare of Senior Citizens as well as a special polling place for the disabled and the elderly. A sectoral representative from the senior citizens in every Sangguniang Barangay, Sangguniang Bayan, Sangguniang Panlungsod, and Sangguniang Panlalawigan is also being advocated as well as a Magna Carta for Older Persons.

Two of the three Senate Resolutions are concerned with the enforcement and implementation of R.A. No. 7432 also known as the Senior Citizens Act of the Philippines. While the other Senate Resolution calls for a conduct of a study, in aid of legislation, on the practice of insurance providers of denying outright the senior citizens and other elderly health insurance coverage and the possibility of the government providing medical subsidy or financial and other assistance to senior citizens and the elderly seeking health insurance coverage and protection

G. ECONOMIC IMPACT OF DEMOGRAPHIC AGING IN THE PHILIPPINES

Demographic changes resulting from rising life expectancy and falling fertility rates have made an impact on different economic concerns including poverty, inflation, and growth. More recently, the prevalent view in media and the research community especially in the industrialized west is that the “graying of the population” in the coming millennium will usher in new burdens to the members of the labor force as the sector takes charge of supporting the income requirements and health-care needs of the growing retired population.

Such a portentous view is based on three seemingly logical assumptions. First, the slowdown in population growth will result in a significantly reduced number of new labor force entrants. Second, the increased ratio of the elderly to below-retirement-age workers will make it increasingly difficult for the labor sector to maintain productivity levels to support the growing aged population. Third, current trends such as rising life expectancy, and spiraling medical costs will make it more arduous for the labor force to maintain present standards of living.⁵⁹

These premises are not without merit. Past experience generally supports the assumption that the growth of the elderly population will lead to a decline in the number of entrants to the labor force. Recent trends, meanwhile, back up the assertion that medical costs will

TABLE 9
CURRENT LEGISLATION ON ELDERLY 11TH CONGRESS
OF THE REPUBLIC OF THE PHILIPPINES SENATE
As of March 4, 1999⁵⁸

BILL/ RES. NO.	TITLE	AUTHOR/S	STATUS
SBN 242	An Act Providing for the Maintenance and Support of Elderly Members of the Family and For Other Purposes	Sen. Sergio R. Osmeña III	Pending in the Committee on Social Justice, Welfare and Rural Development, and Committee of Youth, Women and Family Relations
SBN 496	An Act Increasing Penalties for Violations of Republic Act No. 7432, Otherwise known as the "Senior Citizens Act"	Sen. Blas F. Ople	Pending in the Committee on Social Justice, Welfare and Rural Development
SBN 590	An Act Creating the Council for the Welfare of Senior Citizens	Sen. Franklin M. Drilon	Pending in the Committee on Social Justice, Welfare and Rural Development and Committee on Finance
SBN 624	An Act Providing for the Maintenance and Support of Elderly Members of the Family, and for Other Purposes	Sen. Ramon B. Magsaysay Jr.	Pending in the Committee on Social Justice, Welfare and Rural Development, and Committee of Youth, Women, and Family Relations
SBN 719	An Act Providing for a Sectoral Representative from the Senior Citizens in Every Sangguniang Barangay, Sangguniang Bayan, Sangguniang Panlungsod, and Sangguniang Panlalawigan; Amending for the Purpose Republic Act No. 7160	Sen. Vicente C. Sotto III	Pending in the Committee on Local Government, and Committee on Social Justice Welfare and Rural Development
SBN 808	An Act Providing for a Special Polling Place for the Disabled and the Elderly	Sen. Miriam D. Santiago	Pending in the Committee on Constitutional Amendments, Revision of Codes and Laws and Committee on Social Justice, Welfare and Rural Development

SBN 1022	An Act Providing for the Maintenance and Support of Elderly Members of the Family and for Other Purposes	Sen. Ramon B. Revilla	Pending in the Committee on Social Justice, Welfare and Rural Development, and Committee of Youth, Women and Family Relations
SBN 1140	An Act Amending Republic Act No. 7432, Otherwise Known as the Law Maximizing the Contribution of Senior Citizens to Nation Building, Grant Benefits and Special Privileges	Sen. Renato L. Cayetano	Pending in the Committee on Social Justice, Welfare and Rural Development
SBN 1227	An Act Exempting Senior Citizens From the Payment of Real Property Tax on their Family Homes and the Land on Which it is Situated, Amending for Purpose Republic Act No. 7432	Sen. Gregorio P. Honasan	Pending in the Committee on Social Justice, Welfare and Rural Development and Committee on Ways and Means
SBN 1334	An Act Granting All Qualified Senior Citizens Twenty Percent (20%) Discount on Gasoline, Kerosene, Liquefied Petroleum Gas (LPG) and other Petroleum Products, Amending for the Purpose Sections 4 and 10 of Republic Act No. 7432 and for Other Purposes	Sen. Anna Dominique Coseteng	Pending in the Committee on Social Justice, Welfare and Rural Development
SBN 1483	The Magna Carta for Older Persons	Sen. Franklin M. Drilon	Pending in the Committee on Social Justice, Welfare and Rural Development, Committee on Ways and means, and Committee on Finance
SRN 14	Resolution Urging the Senate Committee on Social Justice and Human Rights and Other Appropriate Committee/s to Conduct a Study, in Aid of Legislation, on the Practice of Insurance Providers of Denying Outright the Senior Citizens and Other Elderly Health Insurance Coverage and the Possibility of the Government Providing Medical Subsidy or Financial and Other Assistance to Senior Citizens and the Elderly Seeking Health Insurance Coverage and Protection	Sen. Ramon B. Magsaysay	Pending in the Committee on Social Justice, Welfare and Rural Development

SRN 21	Resolution Directing the Senate Committee on Social Justice, Welfare and Development and Other Appropriate Committee/s to Conduct an Oversight Review of the Enforcement of Republic Act Numbered Seventy Four Hundred and Thirty Two (R.A. No. 7432), Popularly Referred to as the "Senior Citizens Act of the Philippines" with emphasis on the Reported Refusal of Some Establishments to Extend the Privileges and Similar Entitlements to Senior Citizens Afforded Under the Law, and to Chart Remedial Legislative Policies and Measures and For Other Purposes	Sen. Ramon B. Magsaysay	Pending in the Committee on Social Justice, Welfare and Rural Development
SRN 33	Resolution Directing the Committees on Justice and Human Rights and on Tourism to Look into the State of Implementation of Republic Act 7432 Otherwise known as the Senior Citizens Law	Sen. Gregorio B. Honasan	Pending in the Committee on Social Justice, Welfare and Rural Development

continue to rise in line with the life expectancy improvements. Most importantly perhaps, if recent macroeconomic indicators such as inflation and unemployment are to be taken into account, questions regarding the ability of government and the private sector to maintain spending patterns amidst aging populations certainly need to be asked.⁶⁰

In the Philippines, the economic implications of aging have only recently gained serious consideration. Perhaps because of the prevailing view that the local population is generally a young one, the research community has yet to turn its eye towards the issue. However, the topic is likely to gather more attention as the elderly in the Philippines increases from a projected 5.9 percent of the national population in 2000 to 13.5 percent in 2030. Philippine elderly figures are generally similar to those of its ASEAN neighbors Vietnam and Thailand, and reflect a general global demographic trend.⁶¹

While it is a notable argument that the problem of a strained old-age financial security system is not likely to be felt by government in the medium term given the lack of emphasis accorded to retirement and pension schemes, it would be prudent to consider strategic studies on the matter. A well-developed pension system may well be a necessity for the achievement of NICHood.

Studies by Schulz, et al. (1994) on the effects of economic advancement on the role of individuals and families in Japan, for instance, show that the rate of replacement of multigenerational families by nuclear households is directly proportional to the improvement in state of the economy. This despite the emphasis Japanese society places on filial piety. Schulz and company generalize further by saying that a general decline in the popularity of joint households in the US, Australia and Japan can be associated with factors such as the advancing economy, the improved role of women and broadening of living arrangements.⁶⁶

Theoretical studies undertaken in more developed nations have shown that the early analyses of the problems pertaining to the impact of demographic aging on areas such as the population savings rate, tax reform, and labor supply are likely to lead to a more enlightened view on policy formulation regarding such issues.⁶³ The question of raising savings rates for capital formation, for instance, should be asked with the view that increased capital would be needed to finance the income

and health-care needs of the elderly in the mid- and long-term. On another issue, that of tax reform, perhaps concerns should be raised as to the need to allocate more tax pesos for pension system in anticipation of the growth in the elderly population.

From these issues, perhaps we can surmise that economic questions posed as a result of population aging are wide ranging indeed. And while there have been many studies on the topic abroad, the Filipino research community is yet to undertake the amount of investigation necessary for the formulation of a comprehensive economic policy that addresses the needs of the elderly while also answering the call for sustained economic growth.

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