The Quality of Life of the Filipino Elderly in Selected Cities and Provinces

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1. Introduction

The elderly population in the Philippines is steadily increasing in the past decade. As of the latest NSCB figures, the elderly dependent population (aged 65 and older) comprises 3.83 percent of the population; by 2025 it is expected that the elderly will be 10.25 percent of the population.

The implications of this on Philippine development are significant, specifically on social welfare dimensions. An important point in this regard is the quality of life of the elderly i.e., beyond ensuring their basic survival needs of food and health, an enabling environment should be nurtured by way of support services and opportunities for senior citizens to continue their self-development and to contribute to community and national development.

It is also important to note that at present, the heavier weight of the responsibility of caring for the elderly is on the shoulders of Filipino families, not on the State. The pension system benefits only those who have been employed in formal and regular work – something which comparatively few people enjoy. The majority, especially the marginalized groups of agricultural workers, fishers, laborers and informal workers (e.g. househelp, vendors, drivers), rely on the care of their children, grandchildren or relatives for their well-being in old-age. However, even this traditional support is failing in the changing times. Factors such as the family's economic and social instability contribute to this decline.

The limited range of public geriatric services alongside the rising cost of living also put much strain Filipino families to provide for a good quality of life for their elderly members. On the contrary, the elderly are often engaged in unpaid caring work (for instance, looking after their grandchildren) so that the household members of productive age can engage in income generating activities. It is also not unusual to see elderly persons engaged in paid work themselves to contribute to the household income or to support themselves. As a basic sector in society, the elderly constitute the eighth poorest sector in the Philippines, with a poverty incidence of 16.2 percent in 2006 (NSCB as cited in Ubalde, 2011).

The Philippine government has an obligation under the 1987 Constitution to promote the welfare of its senior citizens, specifically in terms of their health (Article XIII, Section 2). However, elderly welfare should go beyond that; global discourses and international movements on elderly concerns now emphasize the realization of "quality of life" and "active aging" as an integral part of the elderly population's human rights, and of social development in general. It was observed that the extent that the issues and concerns of the elderly population have been mainstreamed in discussions on Philippine development is minimal at best. Although social welfare actions have been initiated by the government – not in the least are the laws on senior citizen welfare – these continue to face challenges in its implementation, primarily because the appreciation of the issues of the elderly is low. As noted by Carlos (1999), research on elderly issues such as their social security and poverty, health concerns and abuse is relatively limited, perhaps owing to the fact that senior citizens are a small minority of the population as compared to the youth.

2. Background of the study

2.1. World Health Organization on Quality of Life and Active Aging

There are varying answers to the question "what is a good life?" or "what is a quality life?" in the context of the elderly. However what is common to literature is the answer goes beyond long life spans (thereby relating it to good health) and financial security, although these are also critical components. As observed by Alesii et al. (2006), current elderly quality of life measurements are more multi-dimensional, integrative of subjective measures, culturally sensitive and more nuanced to the elderly person's or group's life circumstances such as level of relationships or physical abilities (in contrast to a generalized approach). The definition of the World Health Organization (WHO) bears quoting in this regard (1991 as cited in WHO, 1997):

> [The quality of life is] individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, level of independence, social relationships, personal beliefs and their relationship to salient features of their environment.

Thus physical health is only one domain of in measuring the quality of life, and one which should be contextualized in a set of factors including the quality of family life, social networks, economic independence, spirituality and outlook in life, among others. The WHO also forwarded the concept of "active aging" which was added to its definition of quality of life of the elderly in 2002. Active aging is –

> "... the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age.... The word 'active' refers to continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labour force."

The framework of active aging identifies the following determinants of active aging: economic, health and social services, social determinants, physical environment, behavioural and personal factors. Gender and culture were also identified as cross cutting determinants for understanding the six previously mentioned determinants (see diagram below). Cultural meanings associated with aging which in turn influences social norms and the role of the elderly in their families and in society in general, are important variables in describing the their quality of life; gender on the other hand has a great influence in shaping people's position and access to resources and opportunities in their societies.

Figure 1: Determinants of Active Aging (WHO 2001)

2.2. United Nations Standards on the Human Rights of the Elderly

Parallel to the WHO concept of quality of life and active aging, the United Nations forwarded similar standards which are articulated in human rights terms i.e., quality of life for the elderly is one in which the elderly enjoy their basic rights and freedoms including active engagement in matters relating to themselves and to contribute to national development. These basic rights and freedoms are the right to life, liberty and security of persons, right to equality in the legal system, freedom of movement, right to a nationality (thereby, citizenship), right to property, right to political participation and participation in community life at all levels, right to religion, right to an adequate standard of living and health, right to education, and the right to work. These basic rights and freedoms are embodied in the International Bill of Human Rights composed of three instruments – the Universal Declaration of Human Rights, the International Convention on Civil and Political Rights and the International Convention on Economic, Social and Cultural Rights.

Specific to older persons, the UN Principles for Older Persons categorizes these rights and freedoms into the following concerns: independence, participation, care, self-fulfilment and dignity.

- Independence: older persons should have access to adequate food, water, shelter, clothing and health care through the provision of income, family and community support and self-help, including provision of employment opportunities for the elderly.

- Participation: the elderly should be integrated into society by ensuring venues and supports exist to enable them to participate in the political, social and cultural life of their communities.

- Care: institutional support and systems should be in place to ensure the adequate to optimal physical, mental and emotional wellbeing of the elderly, and to delay the onset of illness; self-determination is a key feature in this regard.

- Self-fulfilment: education, cultural, spiritual and recreational opportunities should be available for the elderly to continue developing themselves to their full capacity.

- Dignity: an enabling and non-discriminatory and non-violent environment for older persons should be encouraged and maintained.

2.3. Philippine Legal Framework on Elderly Welfare

The Philippine government's responsibility toward its senior citizens is stipulated in the Constitution, namely the prioritization of the elderly (and other marginalized sectors) in the provision of health care (Article XIII, Section 2), and health assistance and other benefits to war veterans and veterans of military campaigns and their families (Article XVI, Section 7).

In terms of specific policies what is the most notable and well-known is Republic Act 7432, or the Senior Citizens Welfare Act, in 1992. The formal title of the law is "An act to maximize the contribution of senior citizens to nation building, grant benefits and special privileges and for other purposes". It specifies the minimum benefits citizens aged 60 and above should receive from the government namely, subsidized fees on food, health care, transportation, training opportunities and recreation (by way of establishment

discounts); and tax exemptions for senior citizens earning less than PhP 60,000 per annum, among others. The law also mandated the establishment of Office for Senior Citizens Affairs (OSCA) in all cities and municipalities to ensure that the senior citizens' concerns are addressed and there are opportunities for the elderly population's community participation. This law was further strengthened by the succeeding amendments to provide more services to the elderly (e.g. continuing education and training through the TESDA) and expand the coverage of subsidies.

Apart from the Senior Citizens Welfare Act and related laws,[1] there is also the Philippine Plan of Action for Senior Citizens 2012-2016 which identified three major themes of elderly concerns:
senior citizens and development; advancing health and well-being into old age; ensuring enabling and supporting environments. This national action plan is solidly based on the active aging framework.

The national government also instituted selective welfare programs for the elderly, specifically the indigent elderly. Through the DSWD, an indigent elderly can access a monthly pension of PhP500. Priority is given to senior citizens who are 77 years old and above who are frail, sickly and without regular support from any family member family nor receiving pension from any government or private agency. The pensioners are identified through the National Household Targeting System which is the same process method used for identifying beneficiaries of the national conditional cash transfer program (i.e. the "poorest of the poor"). It is also mainstreaming home and community-based care programs.

However, a key to understanding the elderly situation in the Philippines is to locate them within their household units. That is, traditionally and at present, the care of the elderly population is largely on the shoulders of families rather than the State. This delegation is reflected in the Philippine Constitution which states 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" (*Article XV, Section 4). Thus, issues such as the rising cost of basic commodities, education, health care and recreation among others directly or indirectly affects the welfare of the elderly whose needs are often foregone by the household in favor of its younger or employed members. The lack of reproductive health information and services, which is a factor in the family size management, also impacts the welfare of the elderly. In one study, the analysis of its results shows that the probability of poverty increases by 6 percentage points when the elderly-headed household has a young dependent, controlling for other factors (Mapa et al., 2011).

The role of the family in elderly care and quality of life is also threatened by the domestic violence which can also be directed at them. In a study by Co et al. (2005, as cited in Social Watch Philippines and Alternative Budget Initiative 2014) on the elderly in urban poor communities, as much as 40.6 percent of the elderly said they have experienced abuse with their children and family as the main perpetrators; many of the respondents also said they did not do anything to address the violence or "left everything to God".

[1] These include the following:

- Republic Act 7876 (1995)
  The law strengthens the provision of RA 7432 by mandating the establishment of Senior Citizens Centers which can serve as venues for their socialization and recreational needs, among others.
- Republic Act 9257 (2003)
  This law broadens the coverage of the benefits and services available to senior citizens in the country. The law stated the responsibilities of specific government agencies to senior citizens' development such as the DSWD for social services, the DOLE for employment opportunities, the DOH for health and the DepED, TESDA and CHED for continuing formal and non-formal education.
- Republic Act 9994 (2010)
  This law is the second amendment to the original Senior Citizens Act. The law further details and broadens the scope of government subsidies for senior citizens , and expands them to include utilities (water and electricity) under certain conditions.

The local government units (LGUs) also play an important role in elderly welfare. Under the Senior Citizens Welfare Act, the LGUs have the primary task to ensuring the said policy's implementation (Section 8), including the establishment of the Office of Senior Citizens Affairs which shall plan, implement and monitor annual programs for the elderly in the area, among others (Section 7). The law also does not preclude LGUs from broadening the scope of subsidized services and goods for the elderly in consideration of the specific needs and issues of the population in their area.

3. Study Objective and Data gathering Method

The research examined the quality of life of the elderly based on their self-assessment of their household relations, health, community participation, access to local government programs and services for senior citizens, and general wellbeing, and along the lines of their area of residence (urban vs rural) and gender. Through the self-assessment, the study hopes to describe the current life situation of the elderly and identify policy recommendations to strengthen local and national government initiatives.

The study sought to answer the following questions:

(a) What is the demographic profile of the respondents in terms of age, gender, educational attainment, civil status, number of children and area of residence?
(b) How do respondents rate their quality of life in terms of household relations, health status, community participation, access to senior citizen benefits and government programs, and financial security
(c) How to respondents perceive themselves as senior citizens
(d) Are the respondents' qualities of life different when gender is considered as test factor?
(e) Is there a relationship between the respondents' quality of life and their demographic profile?
(f) What are the challenges in improving and / or enhancing the quality of life of senior citizens?

Data was collected through survey interviews which were conducted singly with the respondent or in groups of three to four in cases where the elderly was more comfortable answering together with companions. Responses to informal interviews with respondents (e.g. conducted while waiting for new respondents) were also documented. Field researchers also collected secondary data in the form of descriptions of LGU programs and services for senior citizens, and when accommodated, interviews with social workers and presidents of local senior citizen organizations to validate the data from the surveys.

3.1. Sampling and Sampling Procedure

There were 421 respondents from six areas covered by the study. These areas are Manila, Makati, Quezon City from the National Capital Region, and the rural areas of Cabiao (Nueva Ecija), Calapan (Mindoro) and Odiongan (Romblon). Logistical considerations, facility of data gathering and availability of volunteers were the primary criteria in the selection of study areas.[2] Except for Manila, where the LGU permitted the study's survey to be conducted in all its districts, selection of specific barangays in the aforementioned cities and municipalities were based on its accessibility to the researchers. Especially in the rural areas, the barangays covered are the *poblacion* or central barangays.

[2] Volunteers to the study included barangay volunteers (Cabiao, Calapan), Philippine School of Social Work students (Calapan, Manila, Romblon) and individual volunteers (Makati, Quezon City). All volunteer field researchers were given orientation on the study and its instruments, and a copy of the data gathering protocol.

The study used convenience sampling to identify respondents i.e., field researchers spent three to four hours in the barangay hall per day to survey people aged 60 years old and above until they have reached the target number of respondents (50) for the area. This target number was exceeded in some areas, notably in Manila where 165 elderly (39 percent of the total respondents) were surveyed. A major factor in this is the efficient coordination of the local Office of Senior Citizens Affairs (OSCA) office which ensured that senior citizens in all its seven districts are represented in the survey. The Quezon City survey covered 64 respondents (15.20 percent). The table below showed the breakdown of the number of respondents per area.

Table1: Number and Percentage of Respondents per Study Area

Area	No. of Respondents	Percentage
Makati	54	12.83
Manila	165	39.19
Calapan (Mindoro)	51	12.11
Cabiao (Nueva Ecija)	41	9.74
Quezon City	64	15.20
Odiongan (Romblon)	46	10.93
Total	421	100

3.2. Statistical Analysis

Survey data was processed using descriptive statistics (percentages, measures of central tendency). Correlations were also drawn between the quality of life and the respondents' demographic information, particularly their area of residence (urban vs rural) and gender, using the Pearson's chi-squared test.

4. Results and Discussion

4.1. Demographic Profile of the Elderly in the Selected Areas

The ages of the respondents ranged from 60, which is the minimum age to be categorized as a senior citizen in the Philippines, to 90 years old. Majority of the respondents are between the ages of 60 to 75 years old (83.14 percent), followed by those in 76 to 85 years old bracket (14.96 percent), and those above 85 years old (1.90 percent). Overall, female respondents (63.90 percent) also outnumber their male counterparts (36.10 percent); this is also true in the per area data.

With regard to civil status, majority of the respondents indicated that they are either married (42.99 percent) or widowed (42.51 percent). The rest indicated their civil status as single (7.36 percent) separated from their partners (4.99 percent), or in a common-law or "live-in" relationship (1.90 percent). One respondent did not indicate her civil status (0.5 percent). In terms of number of children, whether biological or adopted, 48 percent stated they have 1 to 4 children; 33 percent said they have 5 to 8 children; and 5 percent said they have nine or more children. There were 34 respondents (8 percent) who indicated they do not have children, and 26 respondents (6 percent) did not answer this item.

Educational attainment among the respondents is fairly high with 38.72 percent stating they have reached or graduated from college, while 18.53 percent have a high school diploma. The rest indicated having studied in high school (9.98 percent) and graduating from elementary school (11.64 percent); 82 respondents (19.48

percent) said they were not able to complete their elementary education. Moreover, 29 respondents (6.89 percent) said they took up vocational courses in addition to their high school or college level education. There were seven respondents (1.66 percent) who did not answer the survey item on educational attainment.

4.2. Quality of Life

The table below shows the results of the quality of the life self-assessment per area, and overall.

Table 2: Overall and Per Area Results of Elderly Quality of Life Self-Assessment

Items Considered	Overall (n = 421)		Makati (n = 54)		Manila (n = 165)		Quezon City (n = 64)		Mindoro (n = 51)		Nueva Ecija (n = 41)		Romblon (n = 46)	
	Mean Score	Descriptive Equivalent	Mean Score	Descriptive Equivalent	Mean Score	Descriptive Equivalent	Mean Score	Descriptive Equivalent	Mean Score	Descriptive Equivalent	Mean Score	Descriptive Equivalent	Mean Score	Descriptive Equivalent
Household Relations	4.55	Excellent	4.56	Excellent	4.28	Very Good	4.41	Very Good	4.53	Excellent	4.78	Excellent	4.74	Excellent
Health Status	3.84	Very Good	4.46	Very Good	3.59	Very Good	4.06	Very Good	3.69	Very Good	3.88	Very Good	3.33	Good
Community Life / Participation	4.08	Very Good	4.49	Very Good	3.78	Very Good	3.85	Very Good	4.11	Very Good	4.06	Very Good	4.16	Very Good
Financial Security	3.23	Good	4.19	Very Good	3.21	Good	3.75	Very Good	2.96	Good	2.51	Good	2.78	Good
Access to Programs and Benefits	3.85	Very Good	4.59	Excellent	3.71	Very Good	3.96	Very Good	3.46	Good	3.49	Good	3.91	Very Good
Overall Mean Score	3.91	Very Good	4.46	Very Good	3.71	Very Good	4.01	Very Good	3.75	Very Good	3.74	Very Good	3.78	Very Good

As can be noted from the table, the overall mean score for all items is "Very Good", indicating that the respondents are more than satisfied with their lives during the time of the survey. The sections below provide the context of the results per item.

4.2.1. Household Relations

The household, rather than the family, was taken as the reference point for the elderly's primary relationship in recognition of the various living arrangements of people. Survey data showed that the respondents generally live with other people, whether these people are their spouses, children, siblings, relatives or friends. Only 10 respondents out of the 421 (2.38 percent), all from the urban areas, said they live alone. On the other hand, there were also 25 respondents (5.94 percent) who said they live in households with more than 10 members. Out of these 25 respondents, 22 are from the urban areas as well.

Majority of the respondents reported living in households where they are the only senior citizens there (53.44%). This is followed by households where there are two senior citizens, counting themselves, the second one usually being their spouse (40.86%). In 2.61 percent of the households, respondents said they live with two or more senior citizens.

Many senior citizens also live in households where there are children i.e. people below 18 years old (54.87%). This is not surprising because majority of the respondents stated they live with their children and their children's family (54.87%). Overall, 63.90 percent of the surveyed senior citizens live with their children (including those who are single or have no family of their own). Furthermore, 14.25 percent of them live in households with people with disabilities.

Other members of the respondents' households include relatives (19.24%), househelp (13.78%), friend, sister-in-law and boardmate (0.71% combined). Three senior citizens who work as househelp said they live in their employer's house.

Among the respondents, 61.76 percent said they are the heads of their households which means they are major decision-makers in their families, they are the main breadwinners (or contribute significantly to the household income), or both.

Specific to the quality of the household relationships, 72.21 percent and 17.58 percent of the respondents strongly agreed and agreed, respectively, that it was "harmonious". Even so, only 9.98 percent of the respondents said they have no problems in the household which seriously impact the relationships in it. The rest identified problems in their household which involves or affects them as senior citizens. The most common of these issues are inadequate household income (58.67 percent), they are doing too much housework (28.74 percent) and they get sick too easily (13.78 percent). There were also responses indicating cases of disrespect by other members of the household (5.70 percent) and violence in the household (8 responses or 1.90 percent). With regard the latter, this does not necessarily point to violence against the elderly but other forms of domestic violence (e.g. between spouses, against children) which affects the elderly.

Related to household relationships, the survey also included an item on house ownership, this being identified in literature as one of the critical issues of the elderly. A large majority of the senior citizens surveyed (80.05 percent) said they owned the house they are living in. This is especially true in Nueva Ecija where 97.56 percent of the respondents said they own their house. A slightly smaller percentage of respondents from Makati (79.63 percent) and Manila (72.12 percent) said the same. Other housing arrangements include renting (5.94 percent), living with their children (2.85 percent), relatives (2.38 percent), in-laws (2.85 percent) or employers (1.67 percent). One respondent in Mindoro said they live in government land (i.e. informal settler). Some respondents did not specify their housing arrangements (4.04 percent).

4.2.2. Health Status

The general self-assessment of their health status is positive ("Very Good") is supported by the survey responses on the health-related items. The elderly are conscious to keep themselves healthy and reported the following ways of taking care of their health: eating healthily or moderately (80 percent), resting when tired (61 percent) and exercise (60.01 percent). In terms of health-seeking behaviour, only 10 respondents (2.38 percent) said they have regular physical check-ups. However, during the 12 months prior the survey, 58.67 percent of the respondents said they went to a health facility for a medical check-up or to consult a doctor about a health concern.

Other responses include going for physical check-ups, taking vitamins and maintenance medicines, praying and doing recreational activities. In informal interviews, praying and recreational activities, in particular, were cited by the elderly as a way of keeping stress away, indicating their awareness that mental health is related to and is just as important as physical health.

Out of the 421 respondents, 145 said they do not have a physical condition or ailment that affects their mobility or performance of regular activities (34.44 percent). Of those who indicated otherwise, the top responses were the following: heart-related problems and hypertension (17.34 percent), diabetes or high blood sugar (8.08 percent), arthritis (6.41 percent), rheumatism (6.41 percent), vision or eye problems (5.22 percent). There were 40 respondents (7.13 percent) who attributed their difficulty in movement to general lethargy ("*masama ang pakiramdam*", "*mahina na ang katawan*") and old age ("*matanda na ako*"). There were also 2 respondents (0.50 percent) who reported "mental problem" as their ailment.

Regarding health-related expenses, per their estimation, the respondents' reported monthly expenses for health services and medicines range from none to PhP 10,000. Respondents who reported spending nothing for personal health expenses (13 respondents, or 3.08 percent) said they rely on free health services and medicines given out by the local government unit or private organizations (civil society organizations, hospitals). On the other hand, the respondent from Quezon City who said he spends PhP 10,000 a month for personal health-related expenses has a heart ailment.

Majority of the respondents, though, spend less than PhP 1,000 (42.04%), followed by those who spend PhP 1,000 to 2,000 (32.78%). This includes medical consultations, maintenance medicines, vitamins and food supplements to keep themselves healthy. Half of the senior citizens surveyed rely on their family, especially their children, to support them in their health expenses (50.12%), while almost half spend their personal money (48.22%). Only 29.93 percent said they also draw from their health insurances or pensions. Borrowing money (specifically for visits to the doctor and medicines) is done by 15.91 percent of the respondents.

4.2.3. Community Life / Participation

Community participation is a right of all peoples regardless of age. In the context of older people, it is also a venue for socialization which strengthens their social capital and self-esteem, and invariably their physical and mental well-being. The extent of the elderly's participation in community life was measured in the items regarding their membership in local organizations, involvement in community development activities, and participation in national elections as an exercise of their right to vote.

As indicated in the overall mean score ("Very Good"), the respondents find their communities safe and are generally active in their communities. Regarding the former, 59.90 percent and 27.55 percent of the respondents indicated "strongly agree" and "agree", respectively, to the statement, "My community is a safe and secure place to live for senior citizens like me". Similarly, 54.63 percent and 26.13 percent of the respondent said they "strongly agree" and "agree", respectively, with the statement, "I can approach my neighbours for help whenever I need it."

However, the respondents also identified the following issues affecting the senior citizens in their area: limited availability and accessibility of health services and medicines (15.68 percent), need for broader coverage of subsidies for the elderly (13.54 percent), problems related to access of mandated senior citizen benefits such as pensions (9.74 percent), lack of economic opportunities and financial difficulties of senior citizens (8.78 percent), issues related to community dynamics (problems with neighbours, peace and order, cleanliness; 5.46 percent) and inadequate public infrastructure and services for the elderly (5.46 percent).

Only 35.87 percent of the respondents said that they are involved in actions addressing these issues. These are often the officers and members of local senior citizens organizations. In contrast, 43.47 percent of the respondents said they are not active in community actions on the identified issues because of various reasons including: physical health (5.70 percent), employment (4.75 percent), domestic responsibilities (2.37 percent), they were not aware of the activities (2.37 percent), and they already have too much to do (1.90 percent). There were six respondents (1.43 percent) who said they do not have money for transportation and other expenses which joining the activities will entail.

Nevertheless, 62.47 percent of the respondents reported being active members of local organizations. These organizations include faith-based organizations, LGU-based organizations (barangay volunteer groups), senior citizen associations, civic organizations and homeowners or neighbourhood associations.

The percentage of respondents participating in national affairs -- at least with regard to national elections and voting – is 81.95 percent.

4.2.4. Financial Security

Financial security is another critical issue for senior citizens, particularly in the country where elderly social protection is generally linked with formal employment (Manasan 2009). Out of the 421 respondents, only 160 (38 percent) reported enjoying regular pension. Another 53 respondents (12.59 percent) also indicated living off their savings in their old age. However, based on the survey data, none of these respondents depend solely on their pensions or savings. As with the rest, they also draw money for their personal expenses from their children (53.92 percent), income from current employment (36.34 percent), their spouses' income (9.74 percent), and relatives (9.26 percent).

Majority of the respondents are no longer engaged in paid work (59.86%), although some of them also said they do informal paid work when necessary. This includes, for instance, small time retail sale ("*nagtitinda*", "*naglalako*") and other work ("*suma-sideline*"). Among the respondents, 35.63 percent said they are still active fulltime in their paid work, likely because their income is important to their household budgets. These fulltime work are often in the informal sector (e.g. small retail sale) (9.26 percent), office-based work and consultancies for retired professionals (4.04 percent) and in agriculture and fisheries work (3.56 percent)

As presented earlier (section 4.2.1.), inadequate household income was the most commonly identified household issue affecting senior citizens. Based on the survey data the (assured) monthly household income of the respondents' households ranged from PhP 200 to 60,000. Particularly in very low income households which have irregular sources of livelihood (and usually the informal sector) , their income can go higher depending on the amount received from extra work or allowance received from other people (e.g. children, relatives). The table below shows more details on the monthly household income per area.

Table 3: Estimated Monthly Income of Respondents' Households

Estimated Monthly Household Income	Makati	Manila	Mindoro	Nueva Ecija	Quezon City	Romblon	Total
below PhP 10,000*	1	54	32	22	17	25	151
PhP 10,001 - 15,000	22	7	1	2	10	7	49
PhP 15,000 - 20,000	12	4	1	2	16	4	39
PhP 20,001 - 25,000	7	1	1	1	2	--	12
PhP 25,001 - 30,000	6	2		1	4	--	13
PhP 30,001 - 35,000	1	--	--	--	4	--	5
PhP 35,001 - 40,000	--	1	--	--	2	--	3
PhP 40,001 - 45,000	--	1	--	--	1	--	2
PhP 45,001 - 50,000	1	--	--	--	3	--	4
above PhP 50,000		--	--	--	1	--	1
other answers	0	12	1	1	0	2	16
did not answer	4	83	15	12	4	8	126
Total	54	165	51	41	64	46	421

* note: the 2011 national poverty line is roughly PhP 10,000 a month for a family of five.

Some respondents did not indicate a figure in their answer to the survey item on household income. These other responses include answers of "I don't know", "minimum wage", "only my pension", "irregular income" and "not enough".

With regard to number of household members contributing to the household income, 15 respondents (3.56 percent) said their households are dependent on money given by people not members of their households (e.g. children who do not live with them, relatives). Majority of the senior citizens live in households with one or two breadwinners (67.22 percent), while 17.58 percent of senior citizens' households depend on the income of three to six members.

4.2.5. Access to Senior Citizens Programs and Benefits

The senior citizen identification card is the single most important document of the elderly to access the mandated services and benefits for them. Almost all of the respondents have a senior citizen card at the time of the survey (97.62%); the others have already applied for the card but have yet to receive it.

Out of the 411respondents who said they have senior citizens cards, more than 60 percent said they have used it to claim discounts in transportation (77.13%), medicine purchases (72.99%) and food purchases (60.83%). Others have also used it for discounts in medical and dental services (33.82%), groceries (33.33%) and recreational centers (28.71). Some respondents reported using their card to avail of the local real estate tax discount, a yellow card (LGU-sponsored health insurance) and to claim their senior citizen pensions. Two respondents said they have not yet used their senior citizen cards.

Apart from their senior citizens cards and the privileges they have because of it, 18.29 percent of the respondents said they received additional benefits from the local senior citizens office (Office for Senior Citizens Affairs or OSCA), while 28.98 percent said they received other benefits from the government in general.

Table 4: Additional Senior Citizen Benefits and Services Received from the Local and National Government*

Benefits / Assistance from Local OSCA	Benefits / Assistance from the National Government
• discount on rent (1) • fund for programs for local senior citizens group (5) • groceries / cash gifts (e.g. birthday, Christmas) (3) • health insurance (Philhealth) (1) • health services (free or discounted medical services, hospitalization, medicines) (24) • pension (3) • financial assistance (1) • training (1) • did not specify (38)	• agricultural support(1) • allowance (as OSCA representative) (1) • food (1) • fund for local senior citizens programs (20) • groceries / cash gifts (e.g. on birthdays, Christmas) (58) • health insurance (Philhealth) (2) • health services (free or discounted medical services, hospitalization, medicines) (22) • pension (4) • relief goods during calamity (1) • rice allowance (1) • training (1) • did not specify (7)

*note: figures represent frequency of responses

4.3. Respondents' Perceptions of Life as Senior Citizens

As the overall mean scores in the table below shows, the respondents have a generally optimistic view of their life as senior citizens, despite the personal, household and community issues they reported experiencing.

For respondents who indicated living in conflicted households, they also stated the following as their ways of addressing the issues or as their coping mechanisms: asking for help from people close to them (9.98 percent), engaging in paid work to supplement household income (9.03 percent), facilitating family cooperation (8.79 percent) and praying (4.04 percent). Other responses include counselling household members, and "doing whatever to help" (both 3.80 percent). As can be gleaned from these responses, the elderly still take an active role in organizing their household members toward solutions to their issues by exercising their moral authority over them.

As shared in the informal interviews, some respondents also enjoyed the relatively freer time that they have now that they have retired from their paid employment. According to them they were able to pursue other interests such as joining local organizations and participating in recreational activities. The senior citizens particularly appreciate the subsidies provided under the Senior Citizen Welfare Act such as the discounts in groceries, medicine, transportation fares and health services. Because food subsidies for senior citizens also benefit their households in general, many elderly consider this as their tangible contribution to their households. In areas where the LGU shoulders the expense of movie tickets in full (Manila, Makati and Quezon City), the senior citizens are enabled to enjoy going to the cinema every now and then.

Table 5: Overall and Per Area Results of Respondents' Perceptions of Life as Senior Citizen

Items Considered	Overall (n = 421)		Makati (n = 54)		Manila (n = 165)		Quezon City (n = 64)		Mindoro (n = 51)		Nueva Ecija (n = 41)		Romblon (n = 46)	
	Mean Score	Descriptive Equivalent	Mean Score	Descriptive Equivalent	Mean Score	Descriptive Equivalent	Mean Score	Descriptive Equivalent	Mean Score	Descriptive Equivalent	Mean Score	Descriptive Equivalent	Mean Score	Descriptive Equivalent
My life is more relaxed now that I am a senior citizen	3.82	Moderately agree	4.61	Strongly agree	3.72	Moderately agree	4.22	Moderately agree	3.36	Agree	3.38	Agree	3.64	Moderately agree
I have a positive outlook in life	4.38	Moderately agree	4.64	Strongly agree	4.27	Moderately agree	4.42	Moderately agree	4.14	Moderately agree	4.46	Moderately agree	4.32	Moderately agree
Overall Mean Score	4.10	Moderately agree	4.63	Strongly agree	4	Moderately agree	4.32	Moderately agree	3.75	Moderately agree	3.92	Moderately agree	3.98	Moderately agree

4.4. Quality of Life and Area of Residence

The Pearson chi-square test on the quality of life mean scores in urban and rural study areas show significant differences in the responses. Specifically, significant differences were noted in Household Relations, Access to Programs and Services, and Financial Security (see Table 6)

Table 6: Results of the t-test on the Respondents' Quality of Life by Area of Residence

Attributes	Area of Residence	Mean ($\bar{x}$)	Std. Dev. (s)	t-value	Sig. p-value	Decision on Ho	Interpretation
Household Relations	Urban	4.40	1.206	2.426	.016	Ho_1 rejected	Significant
	Rural	4.67	0.803				
Health Status	Urban	3.87	1.319	1.798	.073	Ho_1 accepted	Not significant
	Rural	3.62	1.257				
Community Life/ Participation	Urban	3.93	1.064	1.738	.083	Ho_1 accepted	Not significant
	Rural	4.11	0.903				
Access to Programs and Benefits	Urban	3.93	1.097	2.795	.005	Ho_1 rejected	Significant
	Rural	3.62	1.061				
Financial Security	Urban	3.52	1.455	4.978	.000	Ho_1 accepted	Not significant
	Rural	2.77	1.431				
Overall t-test value				**1.994**	**.047**	**Ho_1 rejected**	**Significant**

The discussion below focuses on the attributes where there are significant differences.

4.4.1. Household Relations

The elderly in rural areas are more likely to report belonging to harmonious households than those in the urban areas. Some of the factors that may considered in this regard are the responses to household size (15.9 percent of urban respondents live in households with 10 or more members compared to 3.62 percent rural respondents), housing problems (5.30 percent in the urban compared to 0.72 percent in the rural area), and high costs of living (3.89 in the urban compared to 0.72 in the rural areas). There were also more urban elderly reporting problematic relationships, including interpersonal violence, among household members than their rural counterparts (13.43 percent compared to 4.35 percent). From the interviews and group discussions conducted, the rural elderly shared that living in a small, slow-paced community enables closer relationships among residents than in urban settings. Moreover the rural respondents live in communities where they are related in one way or the other to other residents which also facilitates assistance in times of household problems and conflicts.

4.4.2. Access to Programs and Benefits

The respondents in the urban areas than their rural counterparts are more likely to report satisfaction with the availability and accessibility of programs and benefits for senior citizens. Although the percentage of rural respondents with senior citizen cards is only slightly lower than the percentage of urban respondents having the same (96.38 percent and 98.23 percent, respectively), survey data shows that the urban elderly were able to use their senior citizen cards more widely (See Table 7).

Table 7: Percentage of Rural and Urban Respondents Using their Senior Citizen Cards for Mandated Subsidies

Subsidized Goods / Services	Rural (n=138)	Urban (n=283)
Food (e.g. purchased from restaurants)	37.68	69.96
Medicines	77.54	85.87
Transportation	58.70	83.89
Groceries	14.49	41.34
Recreation	6.52	38.51
Dental services	16.67	40.99

However, this data may be indicative of several situations: (1) availability of establishments such as grocery stores or recreation facilities (cinemas, museums) in the area; (2) elderly lifestyle and preference (e.g. the elderly grow their own food, they prefer eating at home than in restaurants); and (3) inaccessibility of the service itself. Particularly with regard to inaccessibility of services, it can be observed that urban areas have more facilities and establishments that provide the services covered by the Senior Citizens Welfare Act. Another consideration is the economic situation of the elderly. As one respondent said, 20 percent discounts on medicines and transportation do not mean anything if one is too poor. As will be discussed in 4.4.3, significantly more elderly in the rural area perceive themselves as financially insecure compared to respondents in the urban areas.

The data could also be indicative of the level of awareness of the elderly on the program and benefits covered by the Senior Citizen Welfare Law.

Also relevant to the responses of the rural and urban elderly is the LGU-specific programs and benefits for senior citizens which are provided in addition to what the law stipulated. Specifically, the urban LGUs are more able to provide a broader range of benefits to its senior citizens because of its higher revenues and greater access to a resources and networks, compared to their rural counterparts.

The LGU of Makati, for instance, has been cited by many respondents as a model in this regard (Lapeña 2013). The city being the central business district of the country enjoys a high local revenue (PhP 11.9 billion in 2013, as cited in Frialde 2014) which it uses to support social welfare programs for its residents, including the senior citizens. The list of additional benefits for senior citizens free movie passes and salon trips, a cake and groceries on one's birthday and golden wedding anniversaries, and cash gifts. On cash gifts, residents aged 60-69 years old receive an annual cash gift of PhP 2,000; 70 to 79 years old are given PhP 3,000; and PhP 4,000

is given to those 80 years old and above. Centenarians are also given a one-time PhP 100,000 cash gift. These cash gifts are meant to help the elderly meet some of their basic needs, particularly those relating to health.

While hospitalization in the other study areas are not institutionalized or are funded minimally by the LGU or from the Priority Development Assistance Fund (PDAF) of district representatives, the Makati elderly is entitled to a hospital subsidy of PhP 5,000. If the medical bill is more than PhP 5,000, a token payment of PhP 250 is charged, although this can be waived if the elderly is an indigent. A burial assistance of PhP 3,000 is also provided in Makati.

Recreation is largely subsidized, if not free, for Makati City elderly. There are also exercise classes, dancing and leisure tours around the city organized for the senior citizens.

Not surprisingly, Makati has been awarded as the country's "Most Retirement- and Aging-Friendly City" by the Philippine Retirement Authority in 2012.

4.4.3. Financial Security

Financial security in old age is an issue faced by more rural elderly than those living in the urban. There were more rural elderly who did not indicate having pensions (73.19 percent) or savings (65.22 percent) compared to urban elderly (56.54 percent and 59.36 percent, respectively)

Moreover, a larger percentage of rural elderly reported belonging to households with incomes less than PhP 10,000 (56.52 percent) compared to the urban elderly (27.92 percent) as well as reported that "insufficient household income" is a household issue which affects them as elderly (70.29 percent rural compared to 53 percent urban).

4.5. Quality of Life and Gender

Gender is not a significant variable in the present life situation of the elderly as indicated by the results of the t-test (See Table 7).

Table 7: Results of the t-test on the Respondents' Quality of Life by Gender

Attributes	Gender	Mean ($\bar{x}$)	Std. Dev. (s)	t-value	Sig. p-value	Decision on Ho	Interpretation
Household Relations	Male	4.47	1.073	.220	.826	Ho_1 accepted	Not significant
	Female	4.50	1.112				
Health Status	Male	3.78	1.192	.117	.907	Ho_1 accepted	Not significant
	Female	3.79	1.364				
Community Life/ Participation	Male	3.96	1.024	.521	.603	Ho_1 accepted	Not significant
	Female	4.01	1.014				
Access to Programs and Benefits	Male	3.81	1.082	.312	.755	Ho_1 accepted	Not significant
	Female	3.84	1.103				
Financial Security	Male	3.35	1.502	.807	.420	Ho_1 accepted	Not significant
	Female	3.23	1.480				
Overall t-test value				.016	.988	Ho_1 accepted	Not significant

This finding was validated in the informal and formal interviews conducted with the elderly, officers of local senior citizens organizations and social workers in the study areas. According to them, both female and male

elderly enjoy whatever services and benefits that the LGU provides, and that anyone is able to participate in community life and become organization leaders regardless of gender. Particularly in community participation, women are even the more visible group in elderly activities. Based on the survey data, there are indeed more female than male respondents who indicated membership in community organizations (66.47 percent compared to 55.92 percent), as well as participation in activities to address identified community issues (77.17 percent compared to 33.55 percent).

This was often attributed to the relatively freer time of elderly women compared to men. The social worker in Manila also observed that there are OSCA activities which seemed to be geared toward female interests than the male's, such as ballroom dancing and socials, thus more encouraging of females to join be more active in community events.

Gender differences in health issues (where most of the literature on gender and aging focus) was also insignificant based on the results of the self-assessment of the respondents. As survey data showed, except for diabetes and high blood sugar which more elderly men experience, the difference in the percentage of female and male respondents reporting having ailments and conditions affecting their mobility are small. A similar trend was also observed in the health-seeking behaviour of the respondents as indicated in the percentage of female and male elderly going for medical check-ups for their identified ailments (61.34 percent and 58.67, respectively)

Table 8: Ten Most Common Health Condition / Problems of Elderly by Gender

Health Condition / Problem	Female (n=269)	%	Male (n=152)	%	Total (n=421)	%
1. heart-related problems / hypertension	46	17.10	27	17.76	73	17.34
2. diabetes, high blood sugar	13	4.83	21	13.82	34	8.08
3. arthritis	16	5.95	11	7.24	27	6.41
4. rheumatism	16	5.95	11	7.24	27	6.41
5. vision / eye problems	16	5.95	6	3.95	22	5.23
6. asthma / difficulty breathing	7	2.60	4	2.63	11	2.61
7. stroke	3	1.12	5	3.29	8	1.90
8. dizziness / vertigo	5	1.86	2	1.32	7	1.66
9. kidney problem / UTI	5	1.86	2	1.32	7	1.66
10. knee problems	6	2.23	1	0.66	7	1.66

Based on international studies on gender and the elderly health, several studies showed that gender is a significant variable (WHO 2003). For instance, while it has already been established that women live longer than men, women's experience of discrimination from earlier ages (e.g. with regard to education and literacy, access to food, personal security) determines to a certain extent their diseases, physical and mental health, ailments and even health seeking behaviour in old age (Akanni and Aransiola 2010; Murtagh and Hubert 2004; Sobieszczyk, Knodel and Chayovan 2002). Another gender issue is violence and abuse of elderly women (UN DESA 2013). On the other hand, gender issues associated with men's aging include higher risk for life-threating diseases and conditions, worse survivorship, lower likelihood of receiving financial support from adult children, and debt and financial difficulties (Sobieszczyk, Knodel and Chayovan, 2002).

However there are also studies which found gender not a significant variable on senior citizen quality of life (for instance, in the study on Baguio City and benguet senior citizen's regrets and wellbeing by Maximo, Berlanga, Aquisay, Valencia and Daoen 2012).

The present study being confineed largely to the survey of the elderly's perception of their quality of life (i.e., self-assessment), did not cover in-depth qualititative data gathering which could have provided a richer descriptions of the response contexts along the lines of gender.

4.6. Quality of Life and Other Demographic Variables

Apart from area of residence and gender, the quality of life self-assessment results were also tested with other demographic information on the elderly for correlation. Specifically, these variables are age, educational attainment, civil status, number of children (See Table 9).

Table 9: Results of the t-test on the Respondents' Quality of Life by Age, Educational Attainment, Civil Status and Number of Children

Quality of Life	Demographic Profile			
	Age	Educational Attainment	Civil Status	Number of Children
Household Relations	.002	.126**	-.056	-.057
Health Status	-.089	.188**	.120*	-.150**
Community Life/Participation	.000	.096*	.048	.064
Access to Programs and Benefits	-.065	-.028	.106*	-.067
Financial Security	-.098*	.113*	.022	-.026

** Correlation is significant at the 0.01 level (2-tailed)
* Correlation is significant at the 0.05 level (2-tailed)

Significant correlations are found between the following: age and financial security; education and household relations, health status, community life and participation, and financial security; civil status and health, and access to programs and services; and number of children and health status.

Of the four demographic characteristics, education stands out as a significant factor in four out of the five dimensions of quality of life. This is not surprising as education and literacy is a major factor with regard to access and mobilization of material resources and economic opportunities, particularly in Philippine society where high premium is given to educational attainment. In many cases, access to and understanding health-related information, particularly medical information, is also facilitated when one has formal education.

As with education, (younger) age is also another significant factor in financial security primarily because younger senior citizens (60 to 75 years old is considered "young old") are still able to work and can opt not to retire yet from their formal employments if they have not yet reached 65 which is the age of mandatory retirement. The respondents also associate younger age with higher degree physical health which is requisite in undertaking paid work, and especially farming activities in the case of some rural respondents. Based on the survey data, 39.71 percent of the respondents aged 60 to 75 years old are still engaged in paid work, compared to 15.87 percent and 12.50 percent for those in the 76 to 85 years old bracket ("middle old") and above 85 years old bracket, respectively.

Interviews with the elderly and other local stakeholders did not point to any possible explanation on civil status and number of children as significant factors in elderly health, as well as access to programs and services in the case of civil status. However as Abejo (2004) noted, the Filipino elderly has been historically dependent on their families, particularly children, for economic, social and psychological support, and this is still the trend given the limitations of public social welfare to provide for the elderly's needs (Cruz and

Camhol, 2013). A large number of children – and related to this, marriage – may be viewed as a form of social security in Philippine society. With regard to civil status as a factor in elderly health, it was identified as one of the risk factors for neglect, violence and abuse among the elderly: while married older persons or older people in common-law relationships may be vulnerable to partner abuse, the single and widowed elderly are often dependent on other people for material and non-material support which increases their vulnerability (Carlos 1999).

4.7. Challenges in Improving the Quality of Life of the Elderly

Several challenges to improving the quality of life of older people are identified based on the findings of the survey and self-assessment, and as supplemented by informal and formal interviews with the elderly and local service providers.

4.7.1. Perceptions of the elderly on the quality of their life

The results of the self-assessments on the elderly's household relationships, health status, community life and participation, access to programs and benefits, and financial security showed that the respondents have a generally positive view of their life, despite the issues that they perceive threatens their sense of security, notably inadequate personal and household income and health concerns. Rather than indicative of the adequacy of public social welfare for the elderly, informal and formal interviews with the elderly and the local government social workers point to the long suffering attitude ("matiisin") of older people and their general optimism (often linked with spirituality) as explanation. These personal traits are not negative per se, but they may hinder the achievement of elderly quality of life when the needs of the younger or productive household members are prioritized over that of older persons (Lucentales n.d.) or when the elderly do not assert their rights to basic goods and services, specifically those which are already assured to them by law.

4.7.2. Access to basic goods and services, and benefits under the Senior Citizens Welfare Act due to supply side issues.

The high percentage of respondents with senior citizen cards and who have used this card to avail of subsidies and local and national government programs and benefits specific to the elderly is indicative of their having a general awareness of the national laws on senior citizen welfare, if not its full details. In Manila, apart from availing subsidies from commercial establishments, some respondents also took the opportunity to learn a vocational trade (e.g. cellphone and computer repair, automotive, soap making and food processing) for free in local TESDA centers; this is one of the senior citizen benefits under the law.

What was identified as a gap is the supply side i.e., the availability of programs and services for the elderly in their specific communities, and second, the accessibility of these if they are present in their areas. For instance, subsidies for health services and medicines are inadequate if these are absent due to lack of facilities (no nearby hospital or health center) or its realization is dependent LGU budgets which are not forthcoming. Related to this, not a few self-identified indigent respondents said that they have solicited financial assistance or referral (i.e. endorsement to a specific agency or individual who can provide the assistance sought) for their health needs from district representatives and LGU officials. This is problematic on at least three levels: first, it

reflects either non-provision of a basic service to indigent populations, or a flaw in service delivery process which renders it inaccessible to the elderly. The flaw often identified was the long application process for assistance. A second problem relates to the patron-client relationship developed during personal solicitation of assistance associated with traditional politics of backhanded vote-buying. Third and on the nature of the aid given itself, it is not part of congressional representatives to provide direct aid to their constituents using public funds.[3]

Based on the study data, it was shown that the area of residence of respondents is a significant factor in their access to senior citizen programs and benefits. Although the respondents self-assessments may relate more to having special or additional benefits rather than the implementation of the minimum provisions under the law, it the quality of the latter was also considered.

4.7.3. Limited coverage of general social security and social protection programs

Finally, the central role of the elderly's family or household in promoting their welfare and quality of life highlights the importance of support systems that will enable them to fulfil this responsibility.

It is also important to note that elderly issues essentially cut across population groups and sectors, and can be traced to the quality of life they have in their younger years. Financial insecurity and health conditions of the elderly, in some cases, are situations or processes which started in childhood when the primary issues are access to nutritious food and education. Reproductive health needs, including access to timely, scientific and culturally appropriate information, when unaddressed during the teenage years impact not only the physical health but also other dimensions of active aging such as economic independence, social life and interactions. This is particularly relevant to females who are disproportionally affected by the negative impact of early sexual experimentation, unplanned pregnancy and motherhood. The present system that social security and pension schemes are largely biased for those continuously employed in the formal sector also has implications to the quality of the life in senior age, especially for those engaged in informal labor (10.5 million in 2008, DOLE). Although voluntary contributions to the Social Security System (SSS) been instituted since 1997, voluntary members comprise on 13.28 percent of the total number of SSS members.[4]

The above only emphasizes the importance of viewing the quality of life of the elderly not as an isolated situation but as a continuing and continuous development of an individual's life situation.

5. Conclusion and Recommendations

In summary, the major findings of the study are as follows:

[3] On 19 November 2013, the Supreme Court has declared the Priority Development Assistance Fund and similar discretionary lump sum allocations to legislators and executive officials, ("pork barrel" funds as it is popularly known), as unconstitutional and to continue its practice a "grave abuse of discretion amounting to lack of or excess of discretion." (Torres-Tupas, 19 November 2013)

[4] Based on June 2014 membership statistics presented in the SSS website (www.sss.gov.ph)

- The respondents' self-assessments on the quality of their life as senior citizens is generally positive or an above average level of satisfaction with their household relationships, health status, community life and participation, access to programs and benefits, and financial security.
- Demographic variables affect their responses and in some cases, show a significant correlation with the quality of life concerns. These include area of residence, age, educational attainment, civil status and number of children. Gender did not significantly correlate with any of the quality of life concerns.
- Of these demographic characteristics, area of residence and educational attainment showed significant correlations to more quality of life concerns, specifically household relationships and financial security. Area of residence also correlated with access to programs and benefits, while educational attainment is also a significant factor in the health status of elderly.
- Structural factors relating to the coverage and implementation of national policies on senior citizen welfare, and public welfare in general were identified as the major challenges to elderly achievement of quality of life. Personal attitudes of the elderly such as long-suffering ("*matiisin*") and general optimism influenced by spirituality while not negative per se, were also regarded as barriers to the elderly's assertion of their rights.

In line with these findings, the study makes the following recommendations

- Further researches on the quality of life of the elderly and active aging in the country, particularly on non-physical health dimensions of household dynamics in the context of globalized cultures, socio-economic issues, and community participation and leadership. Another area of research is on the gendered dimensions of aging and realities of the elderly.
- A review of LGU development plans vis-a-vis international and national standards on elderly welfare, including the extent that the Philippine Plan Action Plan for Senior Citizens 2012-2016 is translated at the local level.
- The above recommendation should be part of the larger initiative to integrate concern related to aging in LGU and national development plans and programs. This will require a broader perspective and a more holistic analysis and response to social welfare issues (or social issues in general) in view of aging and differing needs through time as a factor.

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