THE FILIPINO ELDERLY

Findings from the 1996 Philippine Elderly Survey

Demographic Research and Development Foundation, Inc.
University of the Philippines Population Institute

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Preface

The 1996 Philippine Elderly Survey is the first nationally representative survey on older Filipinos. It was part of a multi-country study of aging in Asia that included Singapore, Taiwan, and Thailand and was spearheaded by the University of Michigan Population Studies Center and funded by the US National Institute on Aging.

Since then, two other national surveys on aging have been conducted by the UP Population Institute and the Demographic Research and Development Foundation Inc. These are the 2007 Philippine Study on Aging (PSOA) and the 2018 Longitudinal Study of Ageing and Health in the Philippines (LSAHP). More than three decades since the landmark study was undertaken, there have been significant changes in the aging research landscape – from evolving use of technologies to the emerging trend towards an aging population across societies in Asia. In the 1996 PES, the study subjects, those 60 years and over were referred to as "elderly." In succeeding surveys, they were referred to as "older people."

When the 1996 PES was conducted, the concept of an aging Filipino population was still a distant reality. In hindsight, this trailblazer study provided early evidence for a better understanding of the status of older people and the aging issues. It highlighted relevant policies and programs necessary to address the needs of the aged population sector. This is particularly significant in the context of limited resources and prevalent poverty in the Philippines, where other health and social services for the growing older population sector can further stress the existing system.

While the data from the 1996 PES have been used to explore various issues of aging and have resulted in the publication of several journal articles, the full report never saw the light of day, unlike the 2007 PSOA and the 2018 LSAHP.

Dr. Lita J. Domingo, the 1996 PES Project Investigator, passed on without seeing the completion of the study. Two UPPI faculty members took on the project – Dr. Aurora E. Perez and later, Dr. Josefina V. Cabigon. Both were also unable to see the report's publication because of their untimely demise.

Those of us who are currently carrying on aging research at the Institute felt the imperative to publish the 1996 PES report. This is not only to complete the information on aging research in the country but, more importantly, to honor the legacy of our UPPI predecessors, particularly, Dr. Domingo, Dr. Perez, and Dr. Cabigon. They paved the way in establishing aging as an important demographic issue, both for research, policy, and program consideration.

Aging research has become increasingly relevant as the Philippines transitions to an aging society. As the first nationally representative study of older Filipinos, this report is an essential part of the growing literature on aging in the Philippines.

All chapters in this report were written independently by the various authors. Thus, there was diversity in the analytical approach employed. Six of the seven chapters used the respondents' data file, while one chapter (Chapter 6) used the respondents' child file. Some of the chapter authors have either retired from the university or have passed on. No effort was made to update their chapters. As a way to contextualize the results of the various chapters, we have added a postscript describing the current landscape of aging research in the Philippines and the policy undertakings for older Filipinos.

GRACE T. CRUZ AND ELMA P. LAGUNA
UP Population Institute
2022

Foreword

In Memoriam:

Dr. Lita J. Domingo

IT HAS BEEN a decade since the unexpected demise of Dr. Lita J. Domingo, to whom this monograph is dedicated. After her return from doctoral studies at Harvard University in 1982, Dr. Domingo assumed her duties as a faculty member of the Population Institute. At around this time, the Association of Southeast Asian Nations (ASEAN) Population Programme received a grant from the Australian Government to undertake research relevant to the member countries' population programmes. ASEAN then was comprised of Brunei, Indonesia, Malaysia, the Philippines, Singapore, and Thailand. The Population Programme Heads decided on five research topics, one of which was population aging, a topic which greatly interested Singapore. As country coordinator of the ASEAN Population Programme, I assigned Dr. Domingo to take charge of this topic on behalf of the Philippine Population Programme. Each of the member countries undertook a survey of their elderly populations. Lita took charge of the Philippine survey, the first ever conducted in the country. A report of this survey was published in 1989 by Singapore's Institute of Southeast Asian Studies authored by Chen Ai Ju and Gavin Jones, in collaboration with Lita Domingo, Pitchit Pitaktepsombati, Hananto Sigit and Masitah Bte Mohd Yatim under the title Ageing in ASEAN: Its Socio-economic Consequences. A year later, Dr. Domingo, together with Prof. Imelda Zosa-Feranil and Associates, published "Socio-Economic Consequences of the Aging Population: Insights from the Philippine Experience" using the same data collected in 1986.

Since then, Dr. Domingo had written a series of articles, alone or with others based on the survey, which has been published both locally and internationally. Among these are:

The Family and Welfare of the Filipino Elderly (1996);

The Elderly and the Family in Selected Asian Countries (1995);

(with Maruja Milagros Asis) Living Arrangements and the Flow of Support between Generations in the Philippines (1995);

(with Maruja Milagros Asis, John Knodel, and Kalyani Mehta) Living Arrangements in Four Asian Countries: A Comparative Perspective (1995);

(with Linda Williams). The Social Status of Elderly Women and Men Within the Filipino Family (1993);

(with John B. Casterline) Living Arrangements of the Filipino Elderly (1992); and

(with Elizabeth M. King) The Changing Status of Filipino Women Across Family Generations (1986).

She participated in the planning of the 1996 Philippine Elderly Survey and would doubtlessly have been active in its analysis if not for her untimely death. In dedicating this monograph to her memory, the Population Institute pays tribute to Dr. Lita J. Domingo for spearheading the knowledge and interest on aging.

MERCEDES B. CONCEPCION
University Professor Emeritus (Retired)
College of Social Sciences and Philosophy, UP Diliman
2006

01

Introduction

JOSEFINA V. CABIGON

DEMOGRAPHICALLY SPEAKING, the aging of the population is caused by the sharp decline in fertility and substantial reduction in mortality in middle and old age, thereby producing substantial changes in the age structure. Given that fertility has stronger effects than mortality, those countries who have completed their demographic transition (i.e., have attained low fertility and mortality) now have the largest percentage of the "graying" or people 60 years and over. On the other hand, those countries still at the early or slow transition from high to low levels of fertility and mortality have smaller proportions of their population 60 years and over; thus, have yet to experience significant aging of their population. In Japan, the population of older persons 60 years old and over was 27 percent in 2006 and is projected to rise to 42 percent in 2050; for the Philippines, the corresponding percentages are 6 and 20, respectively. Moreover, while Japan had chalked up higher percentages than the corresponding proportions for the world and for Asia, the Philippines had consistently registered far lower percentages.

Nonetheless, even as her aging process still lags behind Japan, in time the Philippines will follow the course of population aging in the developed world. More importantly, because of her relatively high fertility level, fast population growth, and the fact that the number of elderly at any given point in time is essentially the outcome of past fertility and mortality levels, a sharp increase in the number of elderly is expected (Knodel et al., 2002). Further, the rate of her population aging will surpass that of developed countries because of the drastic decline in mortality but a slow decline in fertility. Due to the considerably reduced mortality rate among women in particular, she is likely to be up against not only a greater increase in the number of elderly women than elderly men but also a more rapid increase in the population aged 75 or 80 years and over. In the next several decades, more and more older persons will be integrated into a society for people of all ages which signifies both more opportunities and challenges to policymakers, to stakeholders working for the welfare of older persons, and to the older persons themselves.

A positive note is that, as a member of the Economic and Social Commission for Asia and the Pacific (ESCAP), the Philippine government has committed to implement the actions agreed upon in the Macau Declaration for a Plan of Action on Ageing for Asia and the Pacific. With the Department of Social Welfare and Development (DSWD) at the forefront, the 1999-2004 Philippine Plan of Action for Older Persons (PPAOP) was formulated, approved,

and adopted by virtue of Executive Order No. 255. It is an excellent and comprehensive government document addressing the broad interests of Filipino older persons and also specifying general courses of action helpful to all stakeholders working for the welfare of older persons. Apart from the government, there are also non-government or private entities in the service of and for older people.

There is then a need to define the precise demographic, socioeconomic, and health-related standing of the Filipino older persons as a whole in the context of these opportunities and challenges to gain insights into the programs designed to improve their well-being. This entails collating scientific data to refute the prevailing myths about aging. Indeed, policymakers, program implementers, other stakeholders, and the older persons themselves are clamoring for more evidence-based information about the Filipino older persons on which to ground policy and program development for the establishment of a society for people of all ages.

AIMS OF THE MONOGRAPH

This monograph aims to respond to the concerns delineated above. It attempts to complement the comprehensive, scholarly, and comparative work on the same 1996 Philippine Elderly Survey (PES), edited by Albert I. Hermalin (2002). Four countries (Philippines, Singapore, Taiwan, and Thailand) are compared in terms of (1) the demographic, socioeconomic, and cultural context, (2) policies and programs in place or under development, (3) patterns and determinants of living arrangements, (4) intergenerational support and transfers, (5) work, retirement and leisure, (6) economic well-being based on multiple measures of income and assets, (7) physical and mental health, (8) patterns of health services utilization, (8) the vulnerable groups and their potential disadvantages, (9) transitions at older ages and cohort succession, and (10) policies and research for the coming years.

The present monograph undertook the bivariate and descriptive level of analysis; the Hermalin-edited work extended the bivariate and descriptive to cover a multivariate analysis of the well-being of the elderly in the four countries. However, despite its simple analytic approach and limited subject matter, this present monograph makes several unique contributions as will be explicated in the succeeding sections. In brief, the present monograph is confined to the analysis of the 1996 PES for the Philippines only; hence, there are more specific and detailed insights gained about the Filipino older persons than in the Hermalin report.

THEORETICAL FRAMEWORK AND ANALYTICAL TOOLS

Each of the chapters in this monograph takes up several dimensions of the well-being of the older persons. The approach is multi-disciplinary, involving both the social sciences and health sciences and treating well-being as a multidimensional concept. Chapters 2 to 6 explore the social science aspects, covering political economy, life course, macro-structural, and exchange perspectives. Chapter 7 deals more with the health sciences, particularly physical, mental, and emotional health, as well as utilization of health services and its costs. These perspectives help shape and determine the well-being of the Filipino older persons viewed specifically from the point of view of profile, labor force participation, migration, living arrangements, intergenerational support, health status, and availment of healthcare services. The

individual chapters develop the thesis that the aging of the Philippine population offers opportunities even as it poses major challenges to policymakers at all levels of government, public and private practitioners, researchers, members of all existing organizations for older persons, and the Filipino older persons themselves in the attainment of a society for people of all ages.

The Filipino older persons are consistently defined as 60 years old and over while the 50-59 years old are designated either as near older ages or younger older ages. When the Filipino older persons are further classified into 60-69 and 70+, they are called older old and oldest old, respectively. Throughout the monograph, we adopted core independent variables, including sex (male or female), education (no schooling, elementary, high school, college), current residence (Metro Manila, other urban areas, rural), marital status (never married, currently married, widowed, divorced/separated), and work status (currently working or otherwise).

However, some of the chapters considered other variables in addition to the aforementioned core variables.

OPPORTUNITIES AND CHALLENGES

Chapter 2 provides the overall profile of the Filipino older persons or elderly defined as 60 years and older and that of a comparator group, the near older persons or near elderly (50-59 years old). It describes their increasing dependency ratios, increased life expectancy and gender trends, and the marital status, education, and occupation, living arrangements, and health status and leisure profiles of the near older adults and the older adults. Knowing about the Filipino elderly in greater detail can certainly provide valuable insights into the design of programs for the promotion of their well-being.

Chapter 3 looks at the patterns of and differentials in labor force participation, the working process, the attitudes toward work, and the patterns of informal work of the younger elderly, older elderly (60-69 years old), and the oldest elderly (70 years old and over). The implications of these findings on issues such as employment, pensions, retirement, and mandatory retirement age are crucial especially in relation to the need to boost the economic activity and increase the participation of older workers in the labor market and thus enable them to become more active partners in national development. The analysis may indeed yield facts contradicting some of the myths enumerated above.

Chapter 4 deals with the migration patterns of the Filipino elderly throughout the lifespan, an area incidentally not covered by the Hermalin work. It addresses such questions as: Who are more likely to be lifetime, recent, and future migrants among the elderly Filipinos? What types of moves do they make and why do they migrate (or plan to) in the first place? This is the study cited by Concepcion and Perez (2006:300) in their analysis of Filipino older persons' migration. Findings may debunk some of the prevailing myths surrounding the elderly.

The elderly's patterns of and differentials in living arrangements and social contact with their children are taken up in Chapter 5. One of the unique contributions of this chapter to the literature on living arrangements (Martin, 1989; Casterline et al., 1991; Domingo & Casterline, 1992; Asis et al., 1995; Domingo & Asis, 1995) is the differential analysis of the composition of the household (reckoned in terms of size, adult-kid ratio, highest education of relative members, number of working relative members)

where the Filipino elderly belong. The latter were analyzed according to sex, current residence, and ethnicity contrasting the younger elderly (50-59 years old and the elderly (60 years old and over) before proceeding to the analysis of patterns of and differentials in living arrangements and coresidence with children and contact with children. The conclusions of this chapter should help stakeholders discern the character of the dominant social support networks for the Filipino elderly.

Chapter 6 seeks to provide some evidence of the strong sense of filial obligation within Filipino families. Identifying the nature of family exchange in terms of love, care, cash, and other tangible things yields empirical evidence adducing to the force of this relationship among Filipino families.

The health status and healthcare utilization of the elderly are covered in Chapter 7. Its findings are relevant to appreciating the fact that while dealing with the aging process themselves, the new generations of younger and older elderly persons today often need to cope with aging parents (70 years old or over) who are becoming frail, especially those in the oldest old (80 years old or over) category. The insights gained on the health status of the elderly in the more specific age groups (50-59, 60-69, 70-79, and 80 and over) by gender, residence, education, marital status, and work status are immensely helpful in determining the best mix of health strategies for them. In addition, the analyses of smoking and alcohol consumption, as well as menopause, are rich sources of the type of future health promotion activities. On the other hand, the assessment of healthcare utilization brings to the fore important issues needing the particular attention of policymakers, program implementers, and the Filipino elderly themselves.

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02

Who are the Filipino Elderly?

GRACE T. CRUZ

I like spring, but it is too young. I like summer, but it is too proud. So I like best of all autumn, because its leaves are a little yellow, its tone mellower, its colors richer, and it is tinged a little with sorrow and a premonition of death. Its golden richness speaks not of the innocence of spring, nor of the power of summer, but of the mellowness and kindly wisdom of approaching age. It knows the limitations of life and is content…

– Lin Yutang

INTRODUCTION

IN THE PAST, population aging, which refers to an increase in the number and percentage of elderly people (those 60 years old and over), was a major issue confronting countries that have gone farthest in the demographic transition. This is no longer the case today, however. Recent rapid social changes, accompanied by massive diffusion of technology, have brought about a dramatic drop in fertility rates and a steady improvement in life expectancy in developing countries, which are expected to change the tempo of aging in the future. The current demographic configuration suggests that the process of aging in developing counties will far outpace that of the West. United Nations (UN) estimates show that the world elderly population is expected to hit the billion-mark by 2020, most of whom will be found in the developing world. Asia, where the demographic transition has been more rapid than in any part of the world, is at a critical juncture in this phenomenon. Over half of the world's elderly population are in Asia and the proportion can be expected to increase in the decades to come (East-West Center, 2002).

Like some of its Asian neighbors, the Philippines has yet to see significant aging of its population. However, the prospect looms large on the horizon as the rising elderly population trend is expected to accelerate in the future. This scenario raises concern particularly since it is expected to occur at a much earlier stage of economic development than it did in Western countries. This will be true not only for the Philippines but for the whole Asian region as well (East-West Center, 2002). Even as the consequences of the aging process in the country may come gradually, there is a need to look forward to and appreciate the implications of this future scenario, particularly as it pertains to health, family support systems, employment

opportunities, pension, and health programs for the elderly in order to ensure the quality of their lives. This is also in part because the transition will play out in the context of rapid socioeconomic change and widespread poverty. Failure to understand the full range of implications of this demographic phenomenon may lead to foreclosing important options, with a detrimental long-term effect on the quality of life of our older population (ASEAN Phase III Population Project Report).

This introductory chapter presents an overview of the demographic and socioeconomic profile of the elderly (defined as 60 years and over) and a comparator group that will soon move into the elderly category, i.e., the near elderly who are 50-59 years old (also referred to as the 'successor generation').

Table 2.1. ***Basic measures of the elderly population, 2000***

% of population aged 60+	
1970	4.6
1975	4.7
1980	5.3
1990	5.3
1995	5.4
2000	6.0
2020*	10.2
Percent of population	
40-49	9.8
50-59	5.9
60 and over	6.0
Percent of female	
40-49	49.1
50-59	50.0
60 and over	54.1
Age distribution of population	
50-54	28.8
53-59	20.9
60-64	18.0
65-69	12.5
70-74	8.8
75+	11.0
Percent living in urban areas**	
50-59	48.0
60+	46.6

**1995 census-based population projections – medium assumption (NSO, Manila)*
***Based on the 1990 Philippine census data*

DEMOGRAPHY OF AGING

Increasing number and growth of elderly Filipinos

The Filipino population has not yet aged significantly.[1] Based on the 2000 census, the number of people 60 years old and over accounted for 6 percent of the country's total population (Table 2.1).

This proportion is far less than that of Japan (24% in 2002), which has the oldest population in Asia and one of the most rapidly aging populations in the world (UN, 2002). While the proportionate share of the older Filipino population appears moderate compared to that of developed countries, the sheer magnitude of the elderly is significant. In 2000, the total number of older Filipinos stood at 4.6 million (Table 2.2).

Although the aging of the population may not be very pronounced at present, this is expected to accelerate in the future, with the current size projected to swell to 10.7 million in 2020. The maturing age structure is also indicated by the rapid growth rate of the elderly population, which had already exceeded that of the general population as early as the 1960s—making it the fastest-growing sector of the population today (Figure 2.1). The upsurge is likewise suggested by the increasing number of incoming cohorts of elderly people who are expected to join the ranks of the elderly within the decade. From the 4.5 million new elderly (aged 50-59) recorded in 2000, the number is projected to almost double to 9.7 million in 2020 (under a medium-assumption rate of growth).

The extent to which the number of incoming elderly will impinge on the productive sector of the population may be disclosed in part by the levels of old age dependency[2]

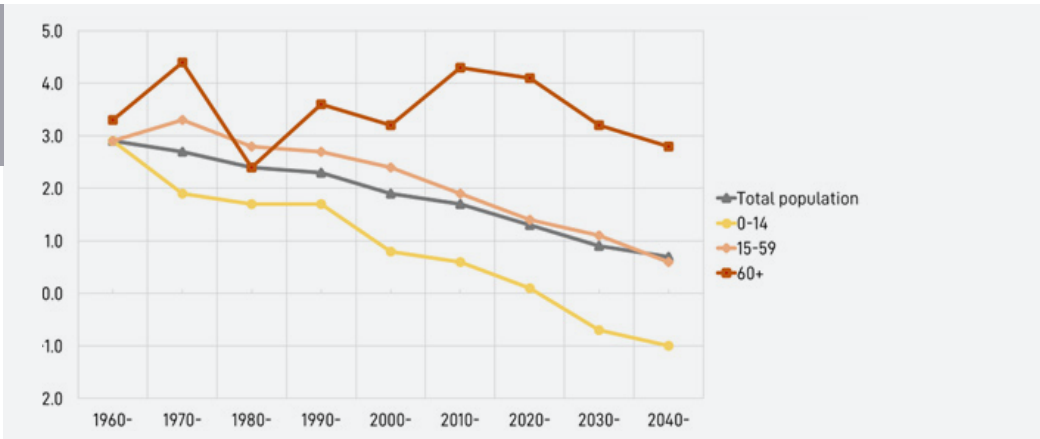
and potential support[3] ratios. These two measures provide an indication of the level of old-age dependency ratio through time. In 1970, for example, the potential support ratio is 18, which means there were 18 economically active people for every elderly; in 2000 this was reduced to 15. By 2020, the number is projected to drop further to 10 economically active persons for every elderly person. The increasing old-age dependency is a major concern given the low and insufficient social security coverage for the elderly in the Philippines. The 1996 Philippine Elderly Survey found that no more than a tenth of the current cohort of the elderly depended primarily on their social security for financial support. Because the amount from social security is much too small to provide full economic support, the cost for caring for the elderly is expected to be shouldered by the younger family members.

Table 2.2. ***Population size ('000) by sex, dependency and potential support ratios, 1970-2020***

	1970	1975	1980	1990	1995	2000	2020*
Near elderly (40-49)							
Both Sexes	2,767	3,206	3,737	4,975	6,137	7,493	13,030
Males	1,357	1,625	1,871	2,503	3,114	3,817	6,466
Females	1,409	1,581	1,866	2,472	3,022	3,676	6,563
Sex Ratio	96	103	100	101	103	104	99
Near elderly (50-59)							
Both Sexes	1,823	2,065	2,481	3,345	3,778	4,525	9,694
Males	904	1,051	1,211	1,650	1,877	2,261	4,766
Females	918	1,013	1,269	1,694	1,901	2,264	4,927
Sex Ratio	99	104	95	97	99	100	97
Elderly (60+)							
Both Sexes	1,646	1,994	2,541	3,187	3,736	4,565	10,749
Males	817	1,013	1,236	1,496	1,740	2,095	5,035
Females	829	980	1,305	1,691	1,996	2,470	5,713
Sex ratio	99	103	95	88	87	85	88
Population 60+ dependency ratio							
Total	94	88	83	76	72	69	49
Youth	89	83	77	70	66	63	39
Old age	5	5	6	6	6	6	10
Potential support ratio	18	19	16	17	17	15	10

*Source: *1995 census-based population projections – medium assumption (NSO, Manila)*

Figure 2.1. ***Growth rates of total population and subgroups, Philippines, 1960-2020***



Increasing life expectancy

The last few decades have seen unprecedented gains in health benefiting all population sectors, including the elderly. This is evident in the greater proportion of people who now reach advanced ages. Among the many contributing factors for the higher life expectancy are improved living conditions, better nutrition, wider access to information and education, as well as the discovery and rapid diffusion of medicines and other life-enhancing technologies.

Various studies have shown that a Filipino can now expect to live to increasingly old age (Flieger & Cabigon, 1994). In 1995, a Filipina who celebrated her 60th birthday could look forward to another 19 years, on average, compared to 17.1 years two and a half decades earlier. The corresponding figures for the male elderly increase are 16.8 and 16.3 years, respectively (Table 2.3).

Data in Table 2.3 also show that females' life expectancy increased more readily than that of males, suggesting that women benefited more from advanced medical technology and overall development than men. In 1995, older women were expected to live 2.2 years longer than older men, on the average, as compared to 0.8 years in 1970. The gender discrepancy was more pronounced among the near elderly who showed a 3-year differential in 1995. These gender gaps in life expectancy are also observed in developing countries, where the discrepancy was found to be much higher at 7.5 years for the same period (1996 World Population Data Sheet). However, caution should be exercised in assessing life expectancy without due regard to the quality of life of the population. For instance, findings in many countries including the Philippines show an increasing probability of disability among those who continue to live to older ages, and that while women are expected to live longer lives, they are more likely to experience disability relative to the males (Crimmins & Saito, 1993; Cruz, 2005; Ofstedal et al., 2004).

Table 2.3. ***Life expectancy at birth, age 50 and 60 by sex, 1970 – 1995***

Life Expectancy	Year	Male	Female	Female-Male Difference
At Birth	1970	57.3	61.5	4.2
	1980	59.7	65.1	5.4
	1990	62.2	67.4	5.2
	1995	62.6	67.9	5.3
At age 50	1970	23.2	25.0	1.8
	1980	23.3	26.2	2.9
	1990	24.0	27.0	3.0
	1995	23.7	27.0	3.3
At age 60	1970	16.3	17.1	0.8
	1980	16.5	18.2	1.7
	1990	17.0	19.0	2.0
	1995	16.8	19.0	2.2

Source: Life Table Estimates for the Philippines by Sex (Flieger and Cabigon, 1994 and 1999)

SOCIO-DEMOGRAPHIC PROFILE

Gender trends

One notable characteristic of the older population in the Philippines as in the rest of the world is the overrepresentation of women relative to men. This feature is particularly pronounced in the developed regions of the world. In 2000, the sex ratio was 51, which means there were about two females for every male among the oldest old (75 years old and over) (Table 2.4). The surplus of elderly females is less marked in the least developed regions where the corresponding sex ratio stood at 78 (Table 2.4). These findings suggest significant gender differentials in lifespan among those who survive to advanced ages. Most research attributed this phenomenon of longer female life expectancy to the lower mortality among women relative to men in every age group and for most causes of death (Kinsella & Gist, 1995). While the female advantage may be explained by biological factors, other considerations also shape a population's age structure. For instance, the low proportion of males observed in Western countries reflects a history of extensive male war losses in Europe, Japan, and the Soviet Union (Concepcion, 1988).

One other important aspect of aging and gender is the increasing rate of feminization with advancing age. In 2000, for example, there were 87 males aged 60-64 per 100 females of the same age group in the developed countries as compared to only 51 among those aged 75 years and over. In the Philippines, the corresponding figures are 94 and 76, respectively. This pattern is expected to change in the developed world as indicated by the projected improvement in sex ratios for all age groups between 2000 and 2020. This trend towards a more balanced sex ratio cannot be said of the less developed and least developed countries, however, where the current levels of sex ratios are expected to essentially remain unchanged. That means that the number of elderly females in the regions will continue to increase faster than that of their male counterparts, particularly those who will survive to the oldest ages.

Marital status

Older Filipinos are not homogenous in terms of marital status, which varies considerably by age and sex. Table 2.5 shows that most males in both elderly and near elderly groups were married at the time of the survey. Nearly three-quarters (73.9%) of the male elderly claimed to be married at the time of the study, nearly twice the proportion among females (40.2%). In contrast, older females are mostly widowed (53.1% vis-à-vis 23.5% among elderly men). This significant disparity affirms the longer life expectancy of females, the fact that they generally marry older males, and that males tend to remarry after being widowed.

Table 2.4. *Sex ratio of population age 60 and over by age group*

Age group	World		Developed countries		Less developed countries		Least developed countries		Philippines	
	2000	2020	2000	2020	2000	2020	2000	2020	2000	2020
60-64	94	95	87	91	97	97	93	91	94	97
65-69	89	90	82	86	93	92	90	89	91	94
70-74	81	84	72	80	86	87	85	86	84	89
75+	61	65	51	58	72	71	78	79	76	75

Source: World Population Prospects: 1998 Revision, Volume II (United Nations, 1999)

The prevailing conservative view that regards marriage as a lifetime commitment and the fact that divorce is not legal in the country may explain the very low level of divorce or separation, i.e., only 2.5 percent of the near elderly and elderly (lower than the proportion of never-married at 3.3%). A relatively low percentage of male and female elderly reported being single (i.e., never married), with the older single females outnumbering their male counterparts (3.6% and 0.9%). The pattern is observed among the near elderly at 6.3 percent and 2.6 percent, respectively.

Education

Although the Filipino elderly are generally viewed as being more educated than their cohorts in other Asian countries, a relatively high proportion (16.1%) did not receive any formal education (Table 2.6). Most of the population (64.6% of elderly and 61.3% of the near elderly) had an elementary education (including preschool referred to as 'katon'). Less than a tenth of the elderly (7.0% and 5.6% of men and women, respectively) had a college degree.

A comparison of the successor generation to the elderly shows that the 50-59-year-olds are better educated, as indicated by the proportion who have completed college (9.4% versus 6.1%) and high school (19.4% and 13.1%, respectively). A smaller proportion of the incoming cohort of elderly also had no schooling (9.4% versus 16.1%) or with elementary education (61.3% versus 64.6%). This differential is more pronounced among women than among men and will likely continue to prevail and possibly accelerate given the increasing female participation in education, particularly among the younger sector of the population today, as evident in the recent adolescent studies (1994 YAFS & 2002 YAFS). This may reflect the success of the Philippine government's basic education program.

Table 2.5. ***Marital status of population 50 and above by age and sex***

Marital Status	Age								
	50-59			60+			Total		
	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes
Never married	2.6	6.3	4.3	0.9	3.6	2.5	1.8	4.7	3.3
Currently married / living in	93.8	65.2	80.3	73.9	40.2	54.3	83.9	50.2	65.9
Separated / divorced	0.9	3.9	2.4	1.7	3.1	2.5	1.3	3.4	2.5
Widowed / widower	2.6	24.5	10.1	23.5	53.1	40.7	13.0	41.6	28.3
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
(N of cases)	(531)	(489)	(1018)	(528)	(731)	(1258)	(1059)	(1220)	(2276)

Table 2.6. ***Percentage distribution of near elderly and elderly, by highest educational attainment***

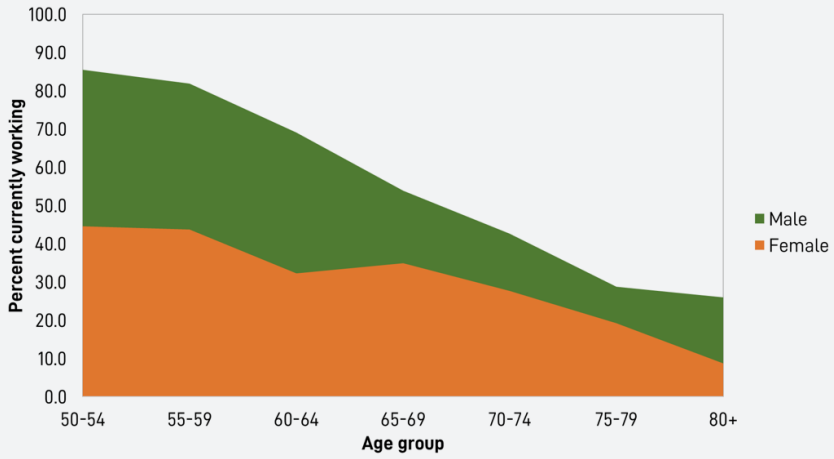
Highest educational attainment	Age								
	50-59			60+			Total		
	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes
No schooling	2.6	6.3	4.3	0.9	3.6	2.5	1.8	4.7	3.3
Elementary	93.8	65.2	80.3	73.9	40.2	54.3	83.9	50.2	65.9
High school	0.9	3.9	2.4	1.7	3.1	2.5	1.3	3.4	2.5
College+	2.6	24.5	10.1	23.5	53.1	40.7	13.0	41.6	28.3
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
(N of cases)	(528)	(491)	(1018)	(529)	(736)	(1264)	(1057)	(1227)	(2282)

Occupational status

More older males were employed than were females, although employment rates decreased with increasing age regardless of sex (Figure 2.2). Women had a greater share of those who had never worked at all, but those who did were concentrated in the fields of sales/trade/commerce. On the other hand, majority of elderly males were found in agriculture and related occupations. They were also more likely to be retired. The small proportion of the elderly in professional and administrative occupations is consistent with their educational background, wherein only a few managed to reach college (Table 2.7). Interestingly, a tenth (9.6%) of females ages 50-59 are holding professional jobs, a finding associated with the former's better educational preparation.

The relatively low reported retirement levels (11.5% among the elderly and 1.2% among the succeeding generation) are consistent with the high proportion of the Filipino elderly who are mostly in agriculture and related fields. For most of them, retirement from work is more likely to be associated with poor health than with any specific mandatory age of retirement. The preponderance of informal sector activities may help explain the absence of a clear drop in employment rates after age 65.

Figure 2.2. ***Employment levels among older people, by age and sex***



DISCUSSION AND CONCLUSION

Past mortality and fertility regimes point to an irreversible future scenario marked by an increasing elderly population in the Philippines. This change will entail not only a structural reconfiguration of the population but a qualitative one as well. The results of the 1996 PES suggest that the future generation of near elderly will represent a different qualitative profile than that of their forebears. Owing to past policies expanding educational opportunities, the incoming cohort will be better educated and thus are expected not only to be more active in the labor force but to penetrate new occupational domains as well. Already the data show indications of an increased level of women's participation in professional and administrative roles that are traditionally dominated by males. Concomitant with their improving economic condition is their increasing longevity due to better health practices and conditions. Hence, the future elderly are expected to outlive their predecessors.

While improved longevity particularly among elderly women is welcome news, it may not necessarily be good news. Recent findings associate greater disability with longer life expectancy. This is empirically

supported by the greater proportion of women who claimed to experience higher levels of functional disabilities, which increase with advancing age.

Elderly women outnumber their male counterparts, especially in the advanced ages, but this supposed advantage is coupled with their apparent disadvantages in education, employment, and health. Moreover, the widowhood and their little financial resources compound the plight of the current cohort of elderly women in the country. Understanding their current conditions have important implications on the kind of care they need.

Table 2.7. ***Occupational status of the elderly and the near elderly, by sex***

Occupation group	Age								
	50-59			60+			Total		
	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes
Professional	2.3	9.6	5.2	2.2	2.0	2.1	2.3	5.3	3.7
Administrative	2.3	1.5	2.1	1.7	1.0	1.3	2.0	1.4	1.7
Clerical	1.1	0.9	1.0	-	-	-	0.6	0.4	0.5
Sales	5.3	28.9	14.0	5.9	20.6	13.6	5.4	24.3	14.3
Commerce Trade									
Service	9.5	6.9	8.5	1.7	2.2	2.1	6.3	4.3	5.4
Agriculture	62.4	11.7	41.6	57.3	18.7	36.8	60.3	16.6	39.3
Low Level Workers / Farmers									
Production	11.0	8.7	10.1	7.5	9.3	8.5	9.5	9.1	9.3
Skilled Salary Craftsmen									
Out of Work	0.2	0.6	0.2	0.6	0.2	0.3	0.2	0.4	0.3
Never Worked	0.4	28.6	12.1	2.5	36.0	20.6	6.3	33.0	16.2
Retired	1.5	.09	1.2	16.5	7.1	11.5	7.9	4.3	6.3
Others (NEC)	4.0	1.5	3.0	4.2	2.2	3.1	4.1	1.9	3.1
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
(N of cases)	(474)	(332)	(803)	(258)	(407)	(763)	(831)	(739)	(1566)

ENDNOTES

1. By UN standards, a country is considered an aging society if its proportion aged 65 years or older comprises over 7 percent while it is considered a super-aging society if it comprises over 14 percent.

2. Old age dependency ratio refers to the number of elderly 60 years old and over for every 100 people in the working ages 15-64 years old.

3. Potential support ratio is the inverse of the old age dependency ratio. It is calculated as the number of people in the working ages 15-64 years per every person 60 years old and over.

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03

Labor Force Participation

JOSEFINA V. CABIGON

Ageing is not lost youth but a new stage of opportunity and strength.
– Betty Friedman

INTRODUCTION

GROWING CONCERN with the quality of life of the elderly has led to the need for empirical research on the elderly and their work. Interestingly, the role of work in their lives is a well-researched subject (e.g., Wise, 1998). However, most of the literature on the elderly and their work are to be found in developed countries, where pension and formal retirement programs are important areas of interest (e.g., Hurd, 1990; Costa, 1998; Dynan, Skiner, & Zeldes, 2004). In developing countries, on the other hand, studies on the elderly and their work are few. In South Africa for example, Lam Leibbrandt and Ranchhod (2004) looked at marital status, living arrangements, the pension system, education, and geography that may affect the economic activity of the elderly. In their study of the employment behavior of the elderly in rural China, Pang, de Brauw and Rozelle (2004) found that the rural elderly continue to work for as long as possible because it is the only way they could earn an income to save for old age. Using the 1996 PES to compare the Philippine situation with that of the other countries covered by the study (Singapore, Taiwan, and Thailand), Hermalin et al. (2002) also arrived at the same finding as in the case of rural China; that is, that the Filipino elderly leaned strongly toward continued employment as long as they were in good health, with the majority of them also being engaged in one form of leisure (physical and social) or other. Another study that used the 1996 PES was that of Sorita (2004), who demonstrated that Filipino older persons are more a resource than a liability.

Why do Filipino older persons continue to work, therefore being effectively a resource rather than a liability? This question needs to be addressed in greater detail because it has a direct bearing not only on the well-being of the elderly but, to a large extent, also on the problem of dependency on the younger economically productive sector of the population. Elderly participation in the labor force not only ensures financial independence but also contributes

overall to the economy of the nation, although expectedly in modest proportions. Moreover, insights on the patterns and differentials in work (formal and informal) will undoubtedly help academic and local stakeholders engaged in promoting the welfare of the elderly in the Philippines. In addition, a closer study of the elderly's working arrangements (the type of current occupation and industry, kind of main employer, length of time spent in the formal workplace, kind of compensation from the current formal work, perceptions as to when to stop working, and attitude toward work) as well as their engagement in informal work provides more detailed information about their elderly working activities. The clamor from local stakeholders for more specific and evidenced-based information about Filipino older persons and the work they do has been increasing since 1999, the International Year of Older Persons. The response to the need for empirical research on the Filipino elderly in measuring the economic and non-economic well-being of the elderly Filipino underscored by Domingo and Casterline (1992) has remained low.

This chapter focuses on employment behavior (formal and informal), perception, and attitudes toward work of the near elderly and elderly in the Philippines even as it sets out to achieve a twofold purpose. The first is to address the question: How large is the number of economically active near older and older Filipinos? This is answered by looking at their formal work in the context of labor force participation according to one of three categories. The first category refers to those who are currently in the labor force; that is, either currently working for a living or employed during the last month but are temporarily laid off or absent from work. This category is henceforth termed 'currently working'. The second category includes those who are not currently working or were not working during the last month but had worked for a living sometime in the past and are looking for work. This category is referred to as 'had worked but not currently working'. The third category covers those who have never worked for a living. This scheme of classification resulted in a total of 2,274 cases (out of 2,443 respondents) analyzed in greater detail in the succeeding section. The second purpose is to examine informal work in terms of household tasks performed by the near-older and older persons.

The first goal involves several analytic tasks. The first of these is to establish the working patterns of the Filipino near elderly and elderly as a whole, the 50-59 years old, the 60-69 years old, and the 70 years old or over. The second is to examine the differentials in labor force participation of the Filipino near elderly and elderly according to other selected demographic, socioeconomic, and health-related characteristics such as sex, marital status, current residence, education, father's occupation, father's education, and health status, and then differentiating the near elderly, the 60-69 years old and the 70 years old and over from one another on the basis of the same attributes. The third is to study and map the patterns of relationship between family living arrangement and working for the whole sample and using sex, current residence, and health status as controls for the broad age groups. This strategy should help disclose whether the near elderly and elderly living with their children are less likely to be currently working than their counterparts who are either living alone or living with their spouses only. The fourth task is to examine in greater detail the working process in light of: (a) type of occupation and industry (current and past for those not currently working); (b) type of main employer of the currently working near elderly and elderly; (c) number of hours per week in the current job; and (d) kind of compensation from the current job. The fifth step in the analysis is to take cognizance of the prevailing perception of when to stop working completely. Then should the current job run out, the sixth task would be to document the action taken. Finally, the attitudes of the near elderly and elderly toward work are determined. The second to sixth analytical strategies under the first objective take into account such factors as age group, sex, marital status, current residence, education, father's occupation, father's education, and health status.

Table 3.1. ***Labor force participation status of the near elderly and elderly (total) according to selected background characteristics***

Background Characteristics	Labor force participation status				
	Currently working	Had worked but not currently working	Never worked	Total	
				%	N of cases
Age Group					
50-59 years old	66.5	23.7	9.8	100.0	1017
60-69 years old	47.0	41.8	11.3	100.0	711
70+ years old	26.7	57.1	16.1	100.0	546
Chi-square (p-value)	244.8 (0.00)				
Gap (largest-smallest)	39.8	33.4	6.3		
Sex					
Male	69.5	29.6	0.9	100.0	1052
Female	34.8	44.1	21.1	100.0	1222
Chi-square (p-value)	412.4 (0.00)				
Gap (larger-smaller)	34.7	14.5	20.2		
Marital status					
Never married	46.0	40.8	13.2	100.0	76
Currently married	57.4	32.3	10.3	100.0	1494
Divorced/separated/widowed	37.3	47.8	14.9	100.0	705
Chi-square (p-value)	79.6 (0.00)				
Gap (largest-smallest)	20.1	15.5	4.6		
Current residence					
Metropolitan	40.0	53.2	6.8	100.0	205
Other urban	49.8	38.4	11.8	100.0	818
Rural	53.2	34.1	12.7	100.0	1253
Chi-square (p-value)	28.5 (0.00)				
Gap (largest-smallest)	13.2	19.1	5.9		
Education					
Primary and below	51.6	35.5	12.9	100.0	1030
Elementary	48.2	39.5	12.3	100.0	708
High school and over	52.7	38.2	9.1	100.0	537
Chi-square (p-value)	8.0 (0.09)				
Gap (largest-smallest)	4.5	4.0	3.8		
Father's occupation					
Farm	52.1	35.4	12.5	100.0	1411
Non-farm	48.8	40.6	10.6	100.0	863
Chi-square (p-value)	6.2 (0.05)				
Gap (larger-smaller) *	3.3	5.2	1.9		
Father's education					
Primary and below	50.4	37.3	12.3	100.0	1765
Elementary and over	52.3	37.6	10.1	100.0	510
Chi-square (p-value)	2.3 (0.32)				
Gap (larger-smaller)	1.9	0.3	2.2		
Health status					
Excellent/very good	60.4	29.8	9.8	100.0	460
Good	55.3	31.4	13.3	100.0	857
Fair/poor/DK/NI	42.2	46.3	11.5	100.0	960
Chi-square (p-value)	64.7 (0.00)				
Gap (largest-smallest)	18.2	16.5	3.5		

**Because the Chi-square test is not robust when the cells are very uneven or the number of cases is 2,000 or more, any gap below 10 percentage points in at least two of the categories of labor force participation status is another test used to determine the unimportance of a given variable. In this case, even though the Chi-square value is significant at 0.05 level, the farm and non-farm gaps less than 10 percentage-points for each category of labor force participation status are taken to indicate that father's occupation is not important in explaining the observed differentials.*

To attain the second objective, the household tasks performed daily by the Filipino near elderly and elderly classified according to the three categories as defined earlier (currently working, had worked but not currently working, and never worked) are examined. Discovering whether those currently working 60-69 years old and 70 years old and over are still burdened with informal work, and if so, with what type of informal work mostly, would be instructive indeed. Information on the frequency of performing informal work, with sex as a control variable, defines the magnitude of the burden they tend to carry in old age.

FORMAL WORK

Level of labor force participation

A little more than half of Filipinos 50 years old and over were economically active in the labor force (Table 3.1). The percentage of those currently working aged 50 and over significantly decreased with age group ($\chi 2 = 244.8$; $p < .001$) and the gap in percentage points between the largest and smallest is about 40 for the currently working and 33 for those who had worked but are not currently working.1 Among the near elderly, 2 in 3 were still working for a living. Meanwhile, among those who were 60-69 years old, a little less than half (47%) were still active in the work force. Of the population aged 70 years old and over, about 27 percent were still active on the job.

A very small proportion (12%) of the surveyed Filipinos 50 years old and over had never worked for a living, and their number increased with age, ranging from about 10 percent among the near elderly to around 16 percent among those 70 years old and over. The focus in the succeeding differential analyses, except for sex, is the 'currently working' category because it is the main interest of this chapter. Moreover, it has the largest number of cases; therefore, it yields more meaningful and stable patterns from which inferences regarding the other two categories can be safely drawn.

Taking the elderly as a whole, 38 out of every 100 elderly were working for a living (Figure 3.1). Those who used to have jobs but were not currently working made up another 49 percent. A small fraction (13 percent) of the surveyed elderly had never worked for a living.

Differentials in active labor force participation by other selected background characteristics

The differentials in active participation in the formal labor force across the seven background characteristics enumerated in Table 3.1 (first column) indicate that near-elderly and elderly males were

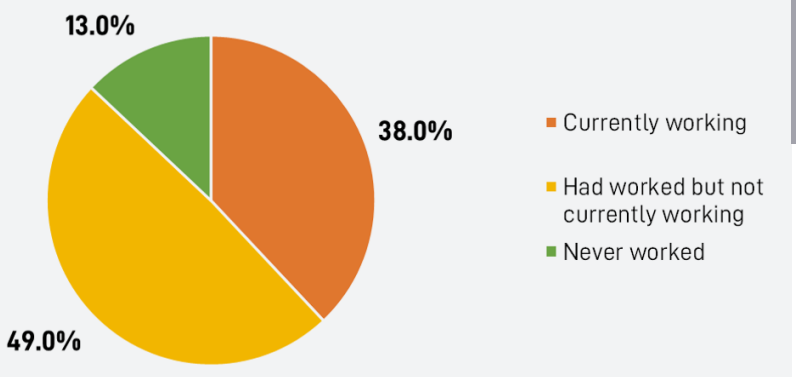


Figure 3.1. ***Level of labor force participation of the older persons 60 years old and over***

about twice more likely than their female counterparts to be active in the labor force during the reference period (69% versus 35% or a ratio of about 2 or a gap of 35 percentage points, $\chi 2 = 412.4$, $p < .001$). In fact, one striking pattern is that among those who had never worked for a living, women outnumbered men 23 times. This could be explained partly by the Filipino tradition of domesticating married women as plain housewives.

As expected, currently married near elderly and elderly showed the highest level of active labor force participation (57%) while the divorced/separated or widowed registered the lowest (37%). The gap between the currently married and divorced/separated/widowed for the currently working status came to 20.1 percentage points ($\chi 2 = 79.1$, $p < .001$).

The proportion of the near elderly and elderly currently residing in rural areas and currently or recently engaged in the labor force was much higher (53%) than that of their counterparts in the metropolitan areas (40% with a gap of 13.2 percentage points). There was not much numerical difference between those in other urban areas (50%) and those in rural areas who were working at the time of the survey.

There was less differentiation in active economic participation by education, father's occupation, and father's education. The gaps observed were far below 10 percentage points and the Chi-square values were insignificant except for that of the father's occupation. However, because the Chi-square statistic is not robust if the cases under consideration are highly skewed, this observation should be treated with reservation.

Expectedly, over half of those who perceived themselves in excellent or very good health were active in the labor force. On the other hand, a little more than 40 percent were currently working among those who rated their health fair or poor, with a percentage point gap of 18.2 ($\chi 2 = 64.7$, $p < .001$).

Do these observed differential patterns remain unchanged when the 50-59 years old, 60-69 years old, and 70 years old and over are considered separately? Tables 3.2a to 3.2c reveal varying differential patterns by the factors considered except sex in which all age groups showed significantly much higher male rates than female rates. Marital status was a significant differentiating factor for the 50- 59 and 60-69 years old wherein the currently married were the most economically active. Current residence substantially differentiated the economically active 50-59 and 60-69 years old but not the 70 years old and over with those in the rural areas showing the largest percentages.

Figure 3.2. ***Main reason for stopping work among those who have worked***

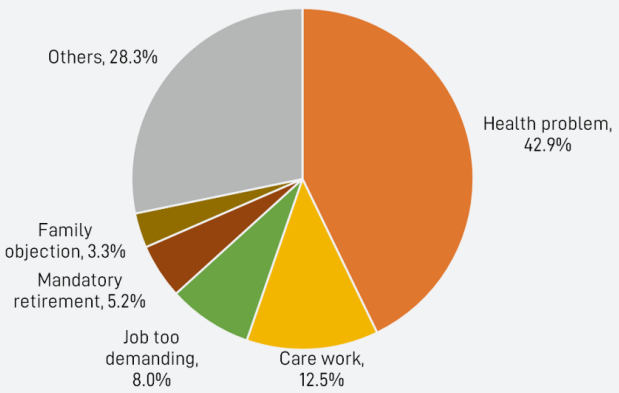


Table 3.2a. *Labor force participation status of the near elderly according to selected background characteristics*

Background Characteristics	Labor force participation status				
	Currently working	Had worked but not currently working	Never worked	Total	
				%	N of cases
All near elderly (50-59 years old)	66.5	23.7	9.0	100.0	1017
Sex					
Male	86.6	13.2	0.2	100.0	528
Female	44.8	35.0	20.2	100.0	489
Chi-square (p-value)	255.2(0.00)				
Gap (larger-smaller)	41.8	21.8	20.0		
Marital status					
Never married	53.3	40.0	6.7	100.0	45
Currently married	68.0	22.4	9.6	100.0	814
Divorced/separated/widowed	61.6	25.8	12.6	100.0	159
Chi-square (p-value)	8.9 (0.06)				
Gap (largest-smallest)	14.7	17.6	5.9		
Current residence					
Metropolitan	50.0	43.3	6.7	100.0	90
Other urban	67.5	23.5	9.0	100.0	388
Rural	68.1	20.7	11.2	100.0	540
Chi-square (p-value)	20.3 (0.00)				
Gap (largest-smallest)	18.1	19.8	4.5		
Education					
Primary and below	71.3	17.1	11.6	100.0	363
Elementary	63.0	27.5	9.5	100.0	357
High school and over	64.0	27.5	8.1	100.0	298
Chi-square (p-value)	15.4 (0.00)				
Gap (largest-smallest)	8.3	10.4	3.5		
Father's occupation					
Farm	67.3	22.5	10.2	100.0	636
Non-farm	65.1	25.7	9.2	100.0	381
Chi-square (p-value)	1.5 (0.48)				
Gap (larger-smaller) *	2.2	3.2	1.0		
Father's education					
Primary and below	66.6	23.2	10.2	100.0	730
Elementary and over	66.2	25.1	8.7	100.0	287
Chi-square (p-value)	0.85 (0.65)				
Gap (larger-smaller)	0.4	1.9	1.5		
Health status					
Excellent/very good	69.0	23.0	8.0	100.0	274
Good	67.4	20.2	12.4	100.0	429
Fair/poor/DK/NI	63.0	29.1	7.9	100.0	316
Chi-square (p-value)	11.6 (0.02)				
Gap (largest-smallest)	6.0	8.9	4.5		

**Because the Chi-square test is not robust when the cells are very uneven or the number of cases is 2000 or more, any gap below 10 percentage points in at least two of the categories of labor force participation status is another test used to determine the unimportance of a given variable. In this case, even though the Chi-square value is significant at 0.05 level, the farm and non-farm gaps less than 10 percentage-points for each category of labor force participation status are taken to indicate that father's occupation is not important in explaining the observed differentials.*

Table 3.2b. ***Labor force participation status of the 60-69-year-old, by background characteristics***

Background Characteristics	Labor force participation status				
	Currently working	Had worked but not currently working	Never worked	Total	
				%	N of cases
All 60-69 years old	47.0	41.8	11.3	100.0	711
Sex					
Male	63.9	35.1	1.0	100.0	310
Female	33.9	46.9	19.2	100.0	401
Chi-square (p-value)	72.2 (0.00)				
Gap (larger-smaller)	30.0	11.8	18.2		
Marital status					
Never married	40.0	40.0	20.0	100.0	10
Currently married	49.7	39.0	11.3	100.0	461
Divorced/separated/widowed	41.7	47.0	11.3	100.0	240
Chi-square (p-value)	5.2 (0.26)				
Gap (largest-smallest)	9.7	8.0	8.7		
Current residence					
Metropolitan	39.1	56.8	4.1	100.0	74
Other urban	41.0	46.3	12.7	100.0	229
Rural	51.7	36.5	11.8	100.0	408
Chi-square (p-value)	17.2 (0.00)				
Gap (largest-smallest)	12.6	20.3	8.6		
Education					
Primary and below	54.3	35.2	10.5	100.0	315
Elementary	40.3	45.4	14.3	100.0	216
High school and over	42.6	48.6	8.8	100.0	181
Chi-square (p-value)	15.2 (0.00)				
Gap (largest-smallest)	14.0	13.4	5.5		
Father's occupation					
Farm	48.7	39.8	11.5	100.0	425
Non-farm	44.3	44.6	11.1	100.0	287
Chi-square (p-value)	1.7 (0.43)				
Gap (larger-smaller) *	4.4	4.8	0.4		
Father's education					
Primary and below	49.5	38.6	11.9	100.0	554
Elementary and over	38.2	52.9	8.9	100.0	157
Chi-square (p-value)	10.09 (0.01)				
Gap (larger-smaller)	11.3	14.3	3.0		
Health status					
Excellent/very good	50.8	37.7	11.5	100.0	122
Good	51.5	38.5	10.0	100.0	270
Fair/poor/DK/NI	41.7	46.1	12.2	100.0	319
Chi-square (p-value)	6.7 (0.15)				
Gap (largest-smallest)	9.8	8.4	2.2		

**Because the Chi-square test is not robust when the cells are very uneven or the number of cases is 2000 or more, any gap below 10 percentage points in at least two of the categories of labor force participation status is another test used to determine the unimportance of a given variable. In this case, even though the Chi-square value is significant at 0.05 level, the farm and non-farm gaps less than 10 percentage-points for each category of labor force participation status are taken to indicate that father's occupation is not important in explaining the observed differentials.*

Table 3.2c. *Labor force participation status of the 70-year-old and over, by background characteristics*

Background Characteristics	Labor force participation status				
	Currently working	Had worked but not currently working	Never worked	Total	
				%	N of cases
All 70 years old +	26.7	57.1	16.1	100.0	546
Sex					
Male	35.5	61.7	2.8	100.0	214
Female	21.1	54.2	24.7	100.0	332
Chi-square (p-value)	60.1 (0.00)				
Gap (larger-smaller)	14.4	7.5	21.9		
Marital status					
Never married	30.0	45.0	25.0	100.0	20
Currently married	34.1	54.5	11.4	100.0	220
Divorced/separated/widowed	21.2	59.8	19.0	100.0	306
Chi-square (p-value)	14.8 (0.01)				
Gap (largest-smallest)	12.9	14.8	13.6		
Current residence					
Metropolitan	19.5	68.3	12.2	100.0	41
Other urban	25.4	58.2	16.4	100.0	201
Rural	28.5	54.8	16.7	100.0	305
Chi-square (p-value)	3.1 (0.55)				
Gap (largest-smallest)	9.0	13.5	4.5		
Education					
Primary and below	29.0	54.5	16.5	100.0	352
Elementary	22.1	61.8	16.1	100.0	136
High school and over	25.0	60.0	15.0	100.0	60
Chi-square (p-value)	3.0 (0.56)				
Gap (largest-smallest)	6.9	7.3	1.5		
Father's occupation					
Farm	28.5	53.6	17.9	100.0	351
Non-farm	23.5	63.3	13.2	100.0	196
Chi-square (p-value)	5.0 (0.08)				
Gap (larger-smaller) *	5.0	9.7	4.7		
Father's education					
Primary and below	26.9	57.3	15.8	100.0	480
Elementary and over	25.8	56.1	18.1	100.0	66
Chi-square (p-value)	0.23 (0.89)				
Gap (larger-smaller)	1.1	1.2	2.3		
Health status					
Excellent/very good	42.9	42.9	14.2	100.0	63
Good	29.1	49.4	21.5	100.0	158
Fair/poor/DK/NI	22.5	63.6	13.9	100.0	324
Chi-square (p-value)	18.0 (0.00)				
Gap (largest-smallest)	20.4	20.7	7.6		

**Because the Chi-square test is not robust when the cells are very uneven or the number of cases is 2000 or more, any gap below 10 percentage points in at least two of the categories of labor force participation status is another test used to determine the unimportance of a given variable. In this case, even though the Chi-square value is significant at 0.05 level, the farm and non-farm gaps less than 10 percentage-points for each category of labor force participation status are taken to indicate that father's occupation is not important in explaining the observed differentials.*

Surprisingly, education and father's education turned out to be important factors affecting labor force participation among the 60-69 years old only, with those with primary and below education registering the highest rates. This phenomenon is explained in the subsection on the type of current work the elderly are engaged in. As observed with the total cases in question, work status did not differ by father's occupation.

The health status differential was significant among the 70 years old and over with those who rated their health fair or poor depicting the lowest percentage (22%). This further explains why the Filipino elderly are prepared to work until they are physically unable to do so. In fact, the emerging main reason for leaving their last job among those who had worked but were looking for work was their health problem (Figure 3.2).

Active labor force participation and living arrangement

As a later chapter will show, most elderly Filipinos live with their children, spouse, or other relatives. But the issue of consequence here is to determine whether living arrangement affects the elderly's participation in the formal workforce. To this end, the emerging important determinants (age, sex, current residence, and health status) cited in the preceding subsection are also examined. Marital status as a separate factor has been dropped because it is covered in the types of living arrangement analyzed here.

As a whole, the near elderly and elderly Filipinos (Table 3.3a, first panel) who are living with one or more single children recorded the highest labor force participation rate (about 61%) while those co-residing with one or more married children showed the lowest (around 32%). Those living alone or with spouse only and other arrangement registered a little over 50 percent. However, further analysis of the living arrangement-work nexus by age and sex disclosed that those living alone among the near elderly and 60-69 years old showed the highest rate of employment (87% and 60%, respectively) followed by those living with one or more single children (71% and 52%, respectively). Although those living with married children manifested the lowest rate, their active participation in the labor force was not trivial. As expected, among the 70 years old or over, those living with spouse only showed the highest percentage (42%), followed by those living alone. The least active were those living with one or more married children irrespective of age group.

Among the males, the percentage in the labor force was highest among those living with one or more single children followed by other arrangements and with spouse only, thereby implying the important role of males as household head and breadwinner. Among the elderly females, those living alone (a reflection of the higher survivorship of females than males) and others living with one or more single children revealed the highest labor force participation rates, vis-à-vis those living with one or more married children who scored the lowest though substantial participation rate.

Because of the insignificant number of Filipino near elderly and elderly living alone, they have been left out of the account here with residence and health status as controls. Otherwise, those living with one or more single children turned out to be the most active in the labor force regardless of where they were residing (metropolitan, other urban, and rural areas) or whether their health status was excellent or fair (Table 3.3b). These patterns indicate that the Filipino elderly are more a resource (for family members, especially single children) than a liability in the household.

Table 3.3a. *Labor force participation status of the near elderly and elderly, by age group and sex, by their living arrangements*

Living Arrangement	Labor force participation status				
	Currently working	Had worked but not currently working	Never worked	Total	
				%	N of cases
All					
Alone	50.6	38.8	10.6	100.0	85
With spouse only	52.0	35.1	12.8	100.0	148
With other/no spouse & children	37.5	48.9	13.6	100.0	176
With 1 or more single children	60.8	28.2	11.0	100.0	875
With 1 or more married children	31.8	52.5	15.7	100.0	459
Other arrangement	54.9	35.9	9.2	100.0	532
Chi-square (p-value)	124.7 (0.00)				
Gap (Largest-smallest)	29.0	24.3	6.5		
AGE GROUP					
50-59 years old					
Alone	30.0	45.0	25.0	100.0	20
With spouse only	34.1	54.5	11.4	100.0	220
With other/no spouse & children	21.2	59.8	19.0	100.0	306
With 1 or more single children	30.0	45.0	25.0	100.0	20
With 1 or more married children	34.1	54.5	11.4	100.0	220
Other arrangement	21.2	59.8	19.0	100.0	306
Chi-square (p-value)	14.8 (0.01)				
Gap (Largest-smallest)	12.9	14.8	13.6		
60-69 years old					
Alone	30.0	45.0	25.0	100.0	20
With spouse only	34.1	54.5	11.4	100.0	220
With other/no spouse & children	21.2	59.8	19.0	100.0	306
With 1 or more single children	30.0	45.0	25.0	100.0	20
With 1 or more married children	34.1	54.5	11.4	100.0	220
Other arrangement	21.2	59.8	19.0	100.0	306
Chi-square (p-value)	14.8 (0.01)				
Gap (Largest-smallest)	12.9	14.8	13.6		
70+ years old					
Alone	30.0	45.0	25.0	100.0	20
With spouse only	34.1	54.5	11.4	100.0	220
With other/no spouse & children	21.2	59.8	19.0	100.0	306
With 1 or more single children	30.0	45.0	25.0	100.0	20
With 1 or more married children	34.1	54.5	11.4	100.0	220
Other arrangement	21.2	59.8	19.0	100.0	306
Chi-square (p-value)	14.8 (0.01)				
Gap (Largest-smallest)					
SEX					
Male					
Alone	30.0	45.0	25.0	100.0	20
With spouse only	34.1	54.5	11.4	100.0	220
W/ other/no spouse & children	21.2	59.8	19.0	100.0	306
With 1 or more single children	30.0	45.0	25.0	100.0	20
With 1 or more married children	34.1	54.5	11.4	100.0	220
Other arrangement	21.2	59.8	19.0	100.0	306
Chi-square (p-value)	14.8 (0.01)				
Gap (Largest-smallest)	5.0	9.7	4.7		
Female					
Never married	30.0	45.0	25.0	100.0	20
Currently married	34.1	54.5	11.4	100.0	220
Divorced/separated/widowed	21.2	59.8	19.0	100.0	306
Never married	30.0	45.0	25.0	100.0	20
Currently married	34.1	54.5	11.4	100.0	220
Divorced/separated/widowed	21.2	59.8	19.0	100.0	306
Chi-square (p-value)	18.0 (0.00)				
Gap (largest-smallest)	20.4	20.7	7.6		

Table 3.3a. *Labor force participation status of the near elderly and elderly, by age group and sex, by their living arrangements*

Living Arrangement	Labor force participation status				
	Currently working	Had worked but not currently working	Never worked	Total	
				%	N of cases
CURRENT RESIDENCE					
Metropolitan					
Alone	66.7	33.3	-	100.0	3
With spouse only	40.0	60.0	-	100.0	5
With other/no spouse & children	36.8	47.4	15.8	100.0	19
With 1 or more single children	52.4	44.4	3.2	100.0	63
With 1 or more married children	33.3	57.9	8.8	100.0	57
Other arrangement	35.1	59.6	5.3	100.0	57
Chi-square (p-value)	10.4 (0.40)				
Gap (Largest-smallest)	33.4	26.7			
Other urban					
Alone	29.2	62.5	8.3	100.0	24
With spouse only	50.0	38.6	11.4	100.0	44
With other/no spouse & children	34.3	50.0	15.7	100.0	70
With 1 or more single children	62.5	28.2	9.3	100.0	333
With 1 or more married children	30.7	48.8	20.5	100.0	166
Other arrangement	53.0	39.2	7.7	100.0	181
Chi-square (p-value)	64.6 (0.00)				
Gap (Largest-smallest)	33.3	34.3	12.8		
Rural					
Alone	59.3	28.8	11.9	100.0	59
With spouse only	54.1	31.6	14.3	100.0	98
With other/no spouse & children	40.2	48.3	11.5	100.0	87
With 1 or more single children	61.1	25.9	13.0	100.0	478
With 1 or more married children	32.3	53.6	14.0	100.0	235
Other arrangement	59.9	29.3	10.9	100.0	294
Chi-square (p-value)	74.8 (0.00)				
Gap (Largest-smallest)	28.8	27.7	3.4		
HEALTH STATUS					
Excellent / very good					
Alone	55.6	44.4	-	100.0	9
With spouse only	45.8	20.8	33.3	100.0	24
W/ other/no spouse & children	44.0	48.0	8.0	100.0	25
With 1 or more single children	68.4	22.4	9.2	100.0	228
With 1 or more married children	36.5	52.4	11.1	100.0	63
Other arrangement	64.3	28.6	7.1	100.0	112
Chi-square (p-value)	40.0 (0.00)				
Gap (Largest-smallest)	31.9	31.6	26.2		
Good					
Never married	56.7	40.0	3.3	100.0	30
Currently married	71.7	26.1	2.2	100.0	46
Divorced/separated/widowed	37.1	45.7	17.1	100.0	70
Never married	62.7	24.2	13.1	100.0	343
Currently married	40.9	42.2	16.9	100.0	154
Divorced/separated/widowed	56.3	30.0	13.6	100.0	213
Chi-square (p-value)	44.9 (0.00)				
Gap (largest-smallest)	34.6	19.6	14.9		
Fair / poor / DK / ni					
Never married	45.7	37.0	17.4	100.0	46
Currently married	42.3	44.9	12.8	100.0	78
Divorced/separated/widowed	35.8	51.9	12.3	100.0	81
Never married	53.0	36.8	10.2	100.0	304
Currently married	24.7	59.3	16.0	100.0	243
Divorced/separated/widowed	48.8	45.4	5.8	100.0	207
Chi-square (p-value)	60.3 (0.00)				
Gap (largest-smallest)	28.3	22.5	11.6		

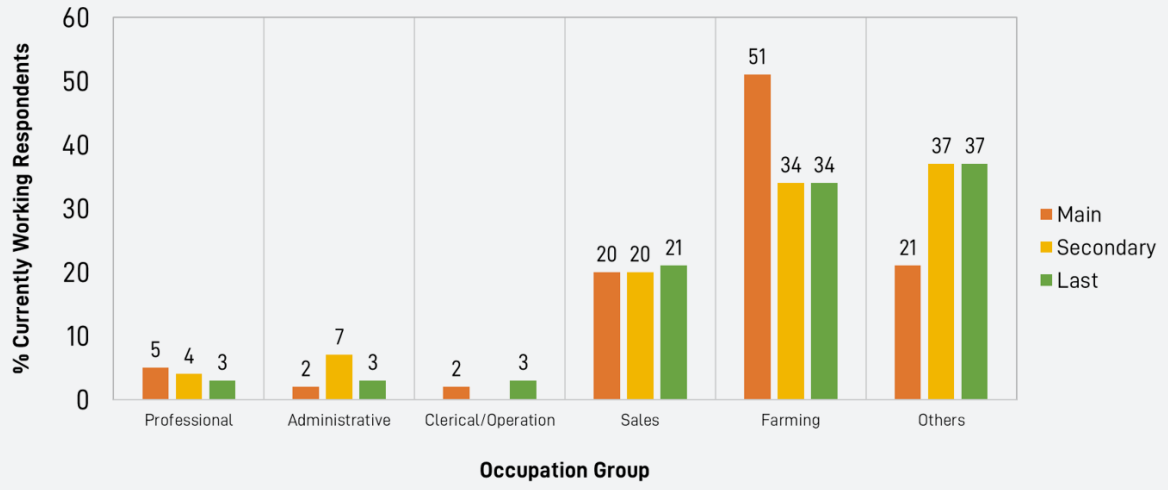
Work process

Almost all of the 1,156 respondents currently working had only one main job; only about 7 percent had a second job. About half were mainly engaged in farming; a fifth in sales and in other means of livelihood (Figure 3.3). The currently working near elderly and elderly were engaged in the same types of occupation as second jobs (secondary) as those who were temporarily laid off or absent from work during the last month. The latter were last involved predominantly in other economic endeavors (e.g., mining, transportation, communication, carpentry) and in farming although of a slightly lower magnitude. This may partly explain why education and father's education are potential determinants of active labor force participation among the 60-69 years old as observed earlier.

Grouped according to some of the selected background characteristics under consideration (Table 3.4a), it is in sales and farming where substantial differentials are exhibited. The males predominated in farming, the females in sales. Most of the currently married near elderly and elderly were also in the farming occupation, while their currently unmarried counterparts were mostly in sales. The metropolitan near elderly and elderly were also mostly engaged in sales, the rural near elderly and elderly in farming. The elderly who were farmers did not have much education just like their fathers. In the same manner, father farmers tended to have children who would eventually also take up farming. The health status differential is insignificant in all types of current occupation of the near elderly and elderly.

In terms of the type of industry, half of the currently working near elderly and elderly were in agriculture, hunting, forestry and fishing (Table 3.4b), a fact emphasizing the predominance of farming as their occupation. A fifth were in services, about 18 percent in commerce, and only 10 percent in the industrial sectors. Significant differentials in terms of sex, marital status, and father's occupation emerged in the agriculture, commerce, and service sectors as did substantial current residence differentials in all four types of industry. The educational attainment of the near elderly and elderly and that of their fathers produced substantial differences in agriculture and in service sectors, consistent with that observed with the type of current occupation. Again, no substantial health status differences were observed in any of the four industry types.

Figure 3.3. ***Type of occupation, current (main and secondary) and last for those temporarily laid off or absent from work during the last month***



As to the type of main employer in the current main job, six in ten near elderly and elderly Filipinos were either self-employed or working for the spouse or the family (Table 3.4c). About a fourth worked for a private individual. Less than 10 percent worked for the government or a private company. When the main employer is a private individual, the rural residents and those with only elementary or lower educational attainment show the highest percentages. There was substantial differentiation in educational attainment among those self-employed or working for the spouse or the family. Of the 152 near elderly and elderly with a second job, 66 percent were either self-employed or working for the spouse or the family; 22 percent worked for the government, and the remaining 12 percent worked for a private company (Table not shown). About 52 percent had two jobs at the same time. The remaining 48 percent alternated between the main and second jobs. Around 45 percent had continuously taken on the second job for 0-5 years, a fourth for 6-20 years and a third for 21 years and over. Of the 852 who had worked but were not currently working, about 46 percent were either self-employed or worked for the spouse or the family, while 8 percent last worked in the government (Table not shown). About 45 percent last worked for a private company or individual.

With respect to the duration of work hours, of the 1,142 currently employed in the four types of industries, 67 percent spent 40 hours or more per week at their jobs (Table 3.4d). The median number of working stood at 42. Differentials in time devoted to the current job per week only became appreciable when education and health status were taken into account; that is, the lower-educated near elderly and elderly, particularly those who assessed themselves in fair or poor health, worked less than 40 hours per week compared to their higher-educated and healthy counterparts. Of the 1,132 currently working, only a fourth absented themselves from work in the past month. The modal number of days absent was seven. Half offered health-related reasons (either the elderly or a family member was sick); the remaining half personal reasons, which were not health-related. Of the 852 who had worked but were not currently working, only 7 percent worked less than 40 hours a week on the average in their last job.

Table 3.4e reveals that most of the near elderly and elderly were compensated in their first or main current job (60%). Substantial differentiation (all background characteristics except health status) emerged from the analysis of both kinds of compensation (cash only and other types of remuneration). The value of all cash and material compensation received by the near elderly and elderly from their main current job during the last 12 months ranged from P500 (5%) to P20,000 (3.6%). They reported that food products purchased from the market would cost them about P10,000; around 9 percent estimated P3,000 and 7 percent P5,000. Hence, instead of buying, they produced the goods they needed for their own consumption and sold their extra products for cash. The 152 near elderly and elderly who had a second job during the last 12 months made anywhere from P500 to P10,000. Among the 852 who had worked but were not currently working, cash compensation from their last job during the last year of employment ranged from P500 to P20,000 (percentages ranging from 2.2 to 4.8).

The modal age at start of work among the 1,156 currently working near elderly and elderly was 15, but the median age which is 26.5 indicates the irregularity or seasonality of their employment. When asked whether they would have to stop working at a certain age because of rules and regulations connected to their jobs, 89 percent responded negatively, 10 percent positively. In fact, the latter 10 percent or 112 respondents cited age 60 or 65 because by then they would be entitled to retirement benefits, mostly Government Security Insurance System and Social Security System. On the other hand, the 852 who had worked but were not currently working started working at their last job at varying ages, with 49 percent

beginning before they were 24 years old and 42 percent starting between ages 25-40. They commonly stopped working to earn a living at ages 40 (4.5%), 45 (4.3%), 50 (7.8%), 55 (4.5%), 60 (8.3%) and 65 (4%).

Of the 112 currently working near elderly and elderly with retirement benefits, 34 percent expected to receive their retirement benefits in lump sum and stream of payments, whereas 11 percent did not know how they would get their entitlements. Those who expected to receive pension benefits differed in their perception as to the earliest age they could qualify for pension: 67 percent claimed age 60 to merit retirement benefits; 9 percent 60 or 55. The near elderly and elderly also had different ideas about the required minimum number of years in employment to merit retirement benefits: 25 percent thought it was 20 years, 16 percent 15 years, and 12 percent 30 years. However, only 3 in 8 (38 percent) claimed that their employer offered an early retirement plan allowing them to retire before they had put in any of these number of years of service. Again, 60 and 55 years were the modal ages at which they qualify for early retirement. Very few reported that their employers offered incentives for early retirement although 55 percent claimed a special bonus served as such. Among those who had worked but were not currently working, only 9 percent received a pension or a severance pay on leaving their last job. Most of them

Table 3.4a. *Type of first or main current occupation of the currently working near elderly and elderly (total), by background characteristics*

Background characteristics	Type of current occupation						Total	
	Professional	Adm. / Officer	Clerical / Operator	Sales	Farmers	Miners / Transpo / Comm. / Crafts-men / House-keeper	%	N of cases
All	5.0	2.5	1.6	19.7	50.4	20.8	100.0	1156
Sex								
Male	2.3	2.6	2.2	6.0	67.4	19.5	100.0	730
Female	9.6	2.1	0.7	43.2	21.5	22.9	100.0	426
Gap (larger-smaller)	7.3	0.5	1.5	37.2	45.9	3.4		
Marital status								
Never married	8.6	2.9	-	40.3	22.9	25.3	100.0	37
Currently married	4.8	2.3	2.0	15.1	56.6	19.2	100.0	859
Divorced / separated / widowed	5.7	3.0	0.8	31.9	33.5	25.1	100.0	263
Gap (largest-smallest)	3.8	0.7	1.2	24.9	33.7	6.1		
Current residence								
Metropolitan	1.2	3.7	6.2	46.9	-	42.0	100.0	82
Other urban	7.9	2.9	2.0	23.8	40.8	22.6	100.0	407
Rural	3.7	1.8	0.7	14.0	62.7	17.1	100.0	667
Gap (largest-smallest)	6.7	1.9	5.5	32.9	22.7	24.9		
Education								
Primary and below	1.1	0.8	0.8	15.4	65.0	16.9	100.0	531
Elementary	1.5	1.8	0.6	24.0	50.7	21.4	100.0	341
High school and over	16.8	6.3	4.6	22.5	22.8	27.0	100.0	284
Gap (largest-smallest)	15.7	5.5	3.8	8.6	42.2	10.9		
Father's occupation								
Farm	4.3	1.6	0.7	15.1	62.0	16.3	100.0	736
Non-farm	6.2	3.8	3.3	27.6	30.5	28.6	100.0	420
Gap (larger-smaller)	1.9	2.2	2.6	12.5	31.5	12.3		
Father's education								
Primary and below	3.1	1.8	0.7	18.8	56.6	19.0	100.0	889
Elementary and over	11.2	4.5	4.5	22.8	30.5	26.5	100.0	267
Gap (larger-smaller)	8.1	2.7	3.8	4.0	26.1	7.5		
Health status								
Excellent/very good	9.0	2.2	2.5	15.9	53.4	17.0	100.0	277
Good	4.2	2.7	1.7	20.3	52.5	18.6	100.0	473
Fair/poor/DK/NI	3.2	2.5	0.7	21.7	46.0	25.9	100.0	406
Gap (largest-smallest)	5.8	0.5	1.8	5.8	7.4	8.9		

received half of it in lump sum ranging from P2,000 to P200,000 and the remaining half either in monthly payments (an average of P1,000) or a yearly payment (P12,000-P18,000).

There was a strong tendency among the near elderly and elderly Filipinos to continue working as long as they were healthy enough to do so. Most (82%) of the currently working elderly with retirement benefits planned to work until they reach the mandatory retirement age of 65; 73 percent were certain of working until mandatory retirement and 64 percent would stop working altogether then. However, the remaining 36 percent were planning to find another job after retiring in such areas as trading, farming, and livestock or poultry raising. Almost all of the 63 percent who were self-employed wanted to manage or work in their business or farm actively for as long as their health allowed. About 61 percent foresaw that when they could no longer do so, someone in the family would take over.

Perceptions about and attitude towards work

Among the 1,083 currently working near elderly and elderly who were intending to find another job after mandatory retirement, 14 percent did not plan to stop working and 72 percent claimed that working

Table 3.4b. ***Type of main employer in first or main job of the currently working near elderly and elderly (total), by background characteristics***

Background characteristics	Type of industry				Total	
	Agriculture, hunting, forestry, fishing	Manufacturing, mining, electronics, construction, transport	Commerce	Services	%	N of cases
All	48.7	10.5	18.1	22.8	100.0	1156
Sex						
Male	60.1	14.1	6.4	19.3	100.0	730
Female	21.0	8.6	39.8	30.5	100.0	426
Gap (larger-smaller)	39.1	5.5	33.4	11.2		
Marital status						
Never married	21.1	21.1	31.6	26.3	100.0	35
Currently married	50.2	11.7	15.9	22.2	100.0	859
Divorced / separated / widowed	29.1	10.8	31.3	28.7	100.0	262
Gap (largest-smallest)	29.1	10.3	15.7	6.5		
Current residence						
Metropolitan	1.0	24.1	38.9	36.1	100.0	83
Other urban	31.0	10.1	23.6	35.3	100.0	407
Rural	58.9	10.6	15.3	15.3	100.0	666
Gap (largest-smallest)	57.9	14	23.6	20.8		
Education						
Primary and below	56.6	10.7	18.2	14.5	100.0	531
Elementary	39.5	11.7	25.7	23.1	100.0	340
High school and over	19.1	14.8	17.2	48.8	100.0	284
Gap (largest-smallest)	37.5	4.1	8.5	34.3		
Father's occupation						
Farm	61.8	8.0	13.0	17.2	100.0	736
Non-farm	24.0	15.1	27.4	33.4	100.0	420
Gap (larger-smaller)	37.8	7.1	14.4	16.2	100.0	
Father's education						
Primary and below	56.1	9.5	16.9	17.5	100.0	889
Elementary and over	31.2	12.0	21.2	35.7	100.0	267
Gap (larger-smaller)	24.9	2.5	4.3	18.2		
Health status						
Excellent/very good	46.6	10.4	17.3	25.7	100.0	278
Good	44.1	10.8	19.6	25.5	100.0	475
Fair/poor/DK/NI	41.8	13.7	23.1	21.4	100.0	403
Gap (largest-smallest)	4.8	3.3	5.8	4.3	100.0	406

after retirement would depend on their health (Table 3.5). Significant differentials in perception about work emerged by education. The higher the educational level of these near elderly and elderly, the smaller the proportion of those among them who cited health as a determining factor in deciding when to stop working completely.

Of the 362 employees who were asked what they would do should they lose their current job, 52 percent would stop working, the remaining 48 percent would look for another job (Table 3.6) in other establishments or agencies. Significant differentials existed by marital status, education, and health status. The single, the lowly educated, and of fair or poor health would stop working while the married, highly educated, and of good health would look for another job.

The near elderly and elderly who were currently working were asked whether they agreed or disagreed with some statements about their job. Table 3.7 reveals that most agreed that:

1. Their job requires a lot of physical work.

2. They could do better at their job if they received training to update their job skills.

Table 3.4c. ***Type of main employer in first or main job of the currently working near elderly and elderly (total), by background characteristics***

Background characteristics	Type of main employer					
	Self, spouse, family	Gov't	Private		Total	
			Company	Individual	%	N of cases
All	63.0	8.5	4.0	24.5	100.0	1156
Sex						
Male	59.6	8.4	4.8	27.2	100.0	730
Female	69.2	8.7	2.3	19.8	100.0	426
Gap (larger-smaller)	9.6	0.3	2.5	7.4		
Marital status						
Never married	54.2	8.6	8.6	28.6	100.0	37
Currently married	63.2	9.5	4.0	23.3	100.0	859
Divorced / separated / widowed	64.1	5.3	3.0	27.6	100.0	263
Gap (largest-smallest)	9.9	4.2	5.6	5.3		
Current residence						
Metropolitan	64.0	9.6	10.8	15.6	100.0	82
Other urban	62.0	12.0	4.9	21.1	100.0	407
Rural	63.8	6.1	2.5	27.6	100.0	667
Gap (largest-smallest)	2.0	5.9	8.3	12.0		
Education						
Primary and below	67.7	2.4	2.3	27.6	100.0	531
Elementary	66.0	3.5	2.6	27.9	100.0	341
High school and over	51.1	26.1	8.4	14.4	100.0	284
Gap (largest-smallest)	16.6	23.7	6.1	13.5		
Father's occupation						
Farm	63.7	6.7	3.1	26.5	100.0	736
Non-farm	62.1	11.7	5.2	21.0	100.0	420
Gap (larger-smaller)	1.6	5.0	2.1	5.5		
Father's education						
Primary and below	65.0	5.5	3.0	26.5	100.0	889
Elementary and over	56.3	18.3	7.5	17.9	100.0	267
Gap (larger-smaller)	8.7	12.8	4.5	8.6		
Health status						
Excellent/very good	58.3	12.6	6.1	23.0	100.0	277
Good	66.5	8.0	4.0	21.5	100.0	473
Fair/poor/DK/NI	62.4	6.1	2.5	29.0	100.0	406
Gap (largest-smallest)	8.2	6.5	3.6	6.0		

3. Their job involves a lot of stress.

4. Even if they did not need the money, they would probably keep on working.

Among the 830 currently married near elderly and elderly respondents, less than 30 percent agreed that they looked forward to retiring if their spouse would retire at about the same time. Among the 509 who worked for someone else, most disagreed with the following statements:

1. If I were to lose my job, I would probably stop working.

2. With respect to promotions, my employer gives younger people preference over older people.

3. My employer would let older workers move to less demanding jobs with less pay if they wanted to.

When asked what they thought would be their most important source of income when they retire or stop working, about 60 percent referred to their own savings as their primary source of income while 52 percent cited money from children or relatives as their second most important source. As to their opinion regarding the elderly remaining engaged in paid work, about 88 percent thought an elderly person should

Table 3.4d. ***Time (in hours) spent per week in the first or main current job of the near elderly and elderly (total), by background characteristics***

Background characteristics	Time (in hours) spent per week in the job			
	Less than 40 hours	40 hours or more	Total	
			%	N of cases
All	32.8	67.2	100.0	1142
Sex				
Male	32.1	67.9	100.0	725
Female	34.0	66.0	100.0	417
Gap (larger-smaller)	1.9	1.9		
Marital status				
Never married	28.6	71.4	100.0	35
Currently married	31.4	68.6	100.0	851
Divorced / separated / widowed	38.1	61.9	100.0	257
Gap (largest-smallest)	9.5	9.5		
Current residence				
Metropolitan	25.3	74.7	100.0	83
Other urban	31.8	68.2	100.0	403
Rural	34.4	65.6	100.0	657
Gap (largest-smallest)	9.1	9.1		
Education				
Primary and below	39.2	60.8	100.0	521
Elementary	30.6	69.4	100.0	340
High school and over	23.8	76.2	100.0	281
Gap (largest-smallest)	15.4	15.4		
Father's occupation				
Farm	33.8	66.2	100.0	724
Non-farm	31.0	69.0	100.0	416
Gap (larger-smaller)	2.8	2.8		
Father's education				
Primary and below	34.1	65.9	100.0	877
Elementary and over	28.7	71.3	100.0	265
Gap (larger-smaller)	5.4	5.4		
Health status				
Excellent/very good	29.7	70.3	100.0	273
Good	29.0	71.0	100.0	465
Fair/poor/DK/NI	39.5	60.5	100.0	403
Gap (largest-smallest)	10.5	10.5		

continue to work for as long as he/she can. Only 12 percent thought that the elderly should stop working completely at a certain age.

INFORMAL WORK

Among those currently working near elderly and elderly, about 3 in 10 still performed the daily household tasks of cooking, doing light housework, managing money for the household, and taking care of children (Table 3.8a). The percentage of respondents attending to these four household tasks increased with age (Table 3.8b). Clearly, those currently engaged in formal work were overburdened as they still must perform these household tasks. Of those who had worked but were not currently working, about 4 in 10 also perform the same tasks every day. Of those who had never worked, 6 in 10 cooked every day, 5 in 10 did light housework every day, and 4 in 10 managed household finances and took care of children.

On the whole, more of the currently working near elderly and elderly performed such household tasks as cooking, doing light housework, heavy cleaning, doing laundry, managing household finances and

Table 3.4e. ***Kind of compensation from the first or main current job of the near elderly and elderly (total), by background characteristics***

Background characteristics	Kind of compensation			
	Cash only	Noncash/cash-noncash	Total	
			%	N of cases
All	60.5	39.5	100.0	1156
Sex				
Male	52.0	48.0	100.0	731
Female	75.3	24.7	100.0	425
Gap (larger-smaller)	23.3	23.3		
Marital status				
Never married	74.3	25.7	100.0	35
Currently married	56.4	43.6	100.0	859
Divorced / separated / widowed	71.9	28.1	100.0	262
Gap (largest-smallest)	17.9	17.9		
Current residence				
Metropolitan	97.5	2.5	100.0	81
Other urban	68.4	31.6	100.0	408
Rural	51.3	48.7	100.0	667
Gap (largest-smallest)	46.2	46.2		
Education				
Primary and below	51.2	48.8	100.0	531
Elementary	57.2	42.8	100.0	341
High school and over	82.0	18.0	100.0	284
Gap (largest-smallest)	30.8	30.8		
Father's occupation				
Farm	52.4	47.6	100.0	531
Non-farm	74.8	25.2	100.0	341
Gap (larger-smaller)	22.4	22.4		
Father's education				
Primary and below	55.0	45.0	100.0	889
Elementary and over	78.7	21.3	100.0	267
Gap (larger-smaller)	23.7	23.7		
Health status				
Excellent/very good	58.2	41.8	100.0	278
Good	59.6	40.4	100.0	473
Fair/poor/DK/NI	63.1	36.9	100.0	405
Gap (largest-smallest)	4.9	4.9		

taking care of children irregularly rather than on a regular daily basis, compared to those who were not currently working and never worked (Table 3.9a). Among the 60-69 years old (Table 3.9b), those who were currently working undertook cooking, light housework and taking care of children in the household on an irregular basis instead of daily. Among the currently working 70 years old and over (Table 3.9c), there was no difference in frequency of performing all the household tasks except household repairs and maintenance, which was mostly done irregularly. These patterns clearly show that the currently working elderly were economically active and were productive in terms of informal and formal work.

DISCUSSION

This chapter reveals that about 38 percent of the elderly were currently working for a living during the month preceding the survey. Forty-nine percent of the elderly had worked but were not currently working and about 13 percent had never worked. Contrary to the prevailing notion that they are discounted and helpless, the Filipino elderly have participated actively in the economic life of the country.

Table 3.5. ***Perception as to when to stop working completely for the currently working near elderly and elderly (total), by background characteristics***

Background characteristics	Perception			
	No plan	It depends	Total	
			%	N of cases
All	14.0	72.2	100.0	1083
Sex				
Male	14.7	71.5	100.0	681
Female	12.9	73.4	100.0	402
Gap (larger-smaller)	1.8	1.9		
Marital status				
Never married	6.4	80.6	100.0	31
Currently married	15.4	71.0	100.0	799
Divorced / separated / widowed	10.6	75.2	100.0	253
Gap (largest-smallest)	9.0	9.6		
Current residence				
Metropolitan	20.0	65.3	100.0	75
Other urban	16.0	69.6	100.0	369
Rural	12.0	74.6	100.0	639
Gap (largest-smallest)	8.0	9.3		
Education				
Primary and below	13.7	75.3	100.0	519
Elementary	12.5	73.8	100.0	335
High school and over	16.5	63.5	100.0	229
Gap (largest-smallest)	4.0	11.8		
Father's occupation				
Farm	13.8	74.5	100.0	705
Non-farm	14.5	68.1	100.0	378
Gap (larger-smaller)	0.7	6.4		
Father's education				
Primary and below	13.7	74.1	100.0	855
Elementary and over	15.2	65.2	100.0	228
Gap (larger-smaller)	1.5	8.9		
Health status				
Excellent/very good	18.3	67.7	100.0	251
Good	13.0	74.7	100.0	438
Fair/poor/DK/NI	12.7	72.5	100.0	394
Gap (largest-smallest)	5.6	7.0		

This finding is quite consistent with the findings of the October 2000 Labor Force Survey, although the age groupings are not similar. Available published reports from the October Labor Force Survey grouped the older population into 55-64 years old and 65 years old and over. Of the 48.1 million persons 15 years old and over, 3.6 million were 65 years old and over. Of these 3.6 million older persons 65 years old and over, 1.5 million were in the labor force and 1.4 million or about 38 percent were employed. Of these 1.4 million employed older persons, 0.83 million (about 60%) were males and 0.54 million (around 40%) were females.

The plans, perceptions, and attitudes of the near elderly and elderly Filipinos were consistent with their economic behavior. There was a strong tendency to continue working as long as their health would enable them to. Those with retirement benefits planned to work until they reach the mandatory retirement age of 65 or planned to find another job after retiring from their current job. The kinds of work most often cited were trading, farming, and livestock or poultry raising. As to their opinion regarding the elderly remaining in paid work, about 88 percent thought an elderly person should continue to work for as long as he/she could. Such findings justify the strong recommendation of the Inter-American Commission on Human Rights Organization of American States (1988) for governments to "undertake work programs

Table 3.6. ***Action following job loss of the currently working near elderly and elderly (total), by background characteristics***

Background characteristics	Action			
	Look for another job	Stop working	Total	
			%	N of cases
All	48.1	51.9	100.0	362
Sex				
Male	50.8	49.2	100.0	252
Female	41.7	58.3	100.0	110
Gap (larger-smaller)	9.0	9.1		
Marital status				
Never married	25.0	75.0	100.0	12
Currently married	50.6	49.4	100.0	262
Divorced / separated / widowed	43.2	56.8	100.0	88
Gap (largest-smallest)	25.6	25.6		
Current residence				
Metropolitan	52.0	48.0	100.0	25
Other urban	47.5	52.5	100.0	120
Rural	47.9	52.1	100.0	217
Gap (largest-smallest)	4.5	4.5		
Education				
Primary and below	43.8	56.2	100.0	160
Elementary	42.5	57.5	100.0	112
High school and over	62.2	37.8	100.0	90
Gap (largest-smallest)	19.7	19.7		
Father's occupation				
Farm	48.3	51.7	100.0	242
Non-farm	47.9	52.1	100.0	120
Gap (larger-smaller)	0.4	0.4		
Father's education				
Primary and below	45.9	54.1	100.0	279
Elementary and over	54.9	45.1	100.0	83
Gap (larger-smaller)	9.0	9.0		
Health status				
Excellent/very good	51.1	48.9	100.0	92
Good	54.7	45.3	100.0	128
Fair/poor/DK/NI	40.1	59.9	100.0	142
Gap (largest-smallest)	14.6	14.6		

specifically designed to give the elderly the opportunity to engage in a productive activity suited to their abilities and consistent with their vocations and desires."

Noteworthy, however, is the case of the overburdened currently working elderly who still had to perform such daily household tasks as cooking, light housework, managing household finances, and taking care of children. Also interesting is that the same tasks were also performed by those who had worked but were not currently working and who had never worked. These tasks constitute nonmaterial and nonmonetary support to their children, unmarried or married. Indeed, this study shows that the Filipino elderly are economically active and productive.

As expected and consistent with the United Nations (UN) finding (1999, 2006) that older men all over the world are more likely to be active in the labor force than their older women counterparts, Filipino elderly males were about twice more likely to be active in the labor force than Filipino elderly females (69% versus 35% in 1999 and 65% versus 34% in 2006). The level is much higher, however, than that of Japan (49% for men compared to 21% for women in 1999, and 41% for men compared to 19% for women in 2006), the whole of Asia (51% for men and 19% for women in 1999 and 48% for men and 18% for women in 2006) and the world (42% for older men in contrast to only 16% for women in 1999 and 40% for older men in contrast to only 16% for women in 2006). On the other hand, among those who had never worked for a living, the women outnumbered the men 23 times, thus reflecting the Filipino tradition of keeping married women as plain housewives.

Aside from males, who were the most active in the labor force? They were the currently married near elderly and 70 years old and over, the near elderly and 70 years old and over currently residing in the rural areas, the 60-69 years old with less than primary and primary education, the 70 years old and over who perceived themselves in excellent or very good health, and those living with one or more single

Table 3.7. ***Attitudes toward work of the currently working near elderly and elderly (total) according to specific statements about their job***

Statements about their job	Agree	Disagree	NI/DK	Total	
					N of cases
All respondents					
1. My job requires a lot of physical effort	80.1	19.0	0.9	100.0	1164
2. I could do my job a lot better if I received training to update my job skills	61.0	33.9	5.1	100.0	1164
3. My job requires me to do more difficult things than I used to be	47.7	48.6	3.7	100.0	1164
4. My job involves a lot of stress	70.0	27.7	2.3	100.0	1164
5. Even if I didn't need the money, I would probably keep on working	76.3	22.5	1.2	100.0	1164
Currently married respondents					
6. I look forward to retiring (stop working) only if my spouse can retire (stop working) at about the same time	9.7	66.6	23.7	100.0	830
Respondents who worked for someone else					
7. If I were to lose my job, I would probably stop working	24.7	64.8	10.5	100.0	509
8. In decisions about promotion, my employer gives younger people preference over older people	16.3	54.6	29.1	100.0	509
9. My employer would let older workers move to less demanding jobs with less pay if they wanted to	16.8	57.1	26.1	100.0	509

children. It is then understandable that farming was the main activity of those currently and not currently working male and currently married near elderly and elderly. This is consistent with the general picture in which agricultural work is one of the most important sources of economic activity for the elderly in developing countries (Martin & Kinsella,1994). In fact, among the 63 percent who were self- employed and spending 40 hours or more per week in their job, almost everyone planned to actively manage or work in their business or farm as long as their health would allow. About 61 percent anticipated that when they could no longer manage or work in their business or farm, someone in the family would take over. Hence, there is a need to assess further the overall levels of aging of agricultural landowners. Stloukal (2000) stressed the potential of agricultural censuses for providing more detailed information about the rural elderly in developing countries. This certainly is another potential area of research.

While agriculture was dominated by Filipino elderly males, sales and services were dominated by elderly females and non-currently married elderly in the metropolitan area, irrespective of their reported health status. Incidentally, Mat and Taha (2003) also found that Malaysian female elderly tend to take on service and sales jobs.

Those living with one or more single children were more likely to be economically active, implying that the Filipino elderly were more a resource than a liability in the household. Could the elderly be better off than their single children? Unfortunately, there is no Philippine data comparable with the U.S. data analyzed by Johnson (2000) which revealed that the American elderly were richer than their children. One possible explanation for regarding the elderly more as a resource than a liability though is the important role of the Filipino male as head and breadwinner of the household.

The Philippines has a social security system with two types of coverage. One relates to mandatory basic coverage of the defined benefit type from two sources. The other coverage pertains to voluntary supplementary coverage. The first source of the first coverage is the Government Service Insurance

Table 3.8a. ***Labor force participation status of the near elderly and elderly (total) according to household tasks performed daily***

Household task performed daily	Currently working	Had worked but not currently working	Never worked
Cooking	37.9	47.3	63.4
Light housework	29.7	38.9	52.4
Heavy cleaning	13.0	17.0	21.5
Laundry	15.1	17.7	27.5
Household repairs & maintenance	5.4	3.2	2.2
Shopping for household	14.3	12.6	13.8
Managing money for household	38.1	39.6	47.8
Taking care of children in the household	30.4	38.8	42.3
(N of cases)	(1156)	(850)	(268)

System (GSIS) created in 1936 and administered by the Department of Budget and Management. It is a retirement benefit scheme for selected government employees. Benefits under the GSIS cover the following contingencies: retirement, separation, unemployment, disability, and death (through both a compulsory and optional life insurance feature). Retirement benefits are available to those who have rendered 15 years of service and are at least 60 years of age. Compulsory age at retirement is 65 years. Those reaching 65 with 35 years of service can obtain a pension of close to 80 percent of their last salary, up to a special wage ceiling. Retirees can claim benefits under two basic options, each of which combines a lump sum plus a lifetime annuity. The other source is the Social Security System (SSS) created in 1954, which covers those in the private sector and is also of the defined benefit type. The contributions come from both the employee and employer, but the government is responsible for the solvency of the funds and guarantees the mandated benefit levels. The SSS program also provides benefits for death, disability, sickness, and maternity (healthcare privileges).

As was pointed out in this chapter, however, very few of the currently working and those who had worked but were not currently working had retirement benefits. Furthermore, not all the self- employed availed of the SSS because most of them were self-employed as farmers, fishermen, carpenters and laborers who are not covered by the program. When they get old and become a liability, they would very likely depend on their children or relatives for support. Workers in the informal sector should thus be especially considered when devising plans and interventions for financial freedom during retirement.

Reported health status is not a deterrent to active participation in the labor force. When asked what they thought would be their most important source of income when they retired or stopped working, about 60 percent said they would rely primarily on their own savings and 52 percent claimed they would expect cash assistance from their children or relatives as their second most important means of support.

Table 3.8b. ***Labor force participation status of the near elderly and elderly (total) according to household tasks performed daily***

Household task performed daily	Currently working			Ever worked and currently looking for work			Never worked		
	50-59	60-69	70+	50-59	60-69	70+	50-59	60-69	70+
Cooking	27.2	32.3	35.6	47.3	44.8	26.9	65.0	49.4	39.8
Light housework	11.5	15.5	13.1	21.6	19.2	11.3	27.0	21.0	15.7
Heavy cleaning	14.6	16.8	13.7	24.9	21.5	8.7	39.0	22.2	19.3
Laundry	6.2	5.7	0.7	4.1	3.4	2.2	0.0	2.5	3.4
Household repairs & maintenance	13.7	16.8	11.0	19.0	12.5	7.7	15.0	15.0	11.2
Shopping for household	36.1	43.0	36.6	52.7	43.9	25.3	65.3	43.8	31.8
Managing money for household	27.9	33.9	35.8	53.7	41.2	24.4	53.6	51.7	21.1
Taking care of children in the household	27.2	32.3	35.6	47.3	44.8	26.9	65.0	49.4	39.8
(N of cases)	(677)	(334)	(146)	(242)	(297)	(312)	(100)	(81)	(546)

CONCLUSION

The Filipino elderly are productive and are an important resource in the household and the Philippine economy at large. There is a very strong inclination and perception that they would continue to work for as long as they could or as long as their health would allow them. What drives them to be economically active at high intensity? Apart from considerations associated with poverty, the decreasing real value of their pension and poor quality of life, the imperatives of economic independence from and economic support to children prod them to continue earning a living. Furthermore, working may as well be a desirable way to keep themselves healthy. These findings point to the need to design and implement specific measures to sustain the economic self-sufficiency of older people and to empower them to be agents for change. Equally compelling is to foster an appreciation of the concept of healthy aging as a holistic approach to health, in which a balance between physical, intellectual, social, emotional and mental well-being of the elderly is maintained.

Table 3.9a. ***Current labor force participation status of the near elderly and elderly (total) according to frequency of household task performance***

Household task performed daily	Currently working	Had worked but not currently working	Never worked	Total	
				%	N of cases
All	50.8	37.4	11.8	100.0	2274
Cooking					
Everyday	43.4	39.8	16.8	100.0	1010
Several times/once a week/as need arises	61.7	31.3	7.0	100.0	882
Not at all/NI	45.5	45.0	9.5	100.0	382
Light housework					
Everyday	42.1	40.6	17.3	100.0	815
Several times/once a week/as need arises	57.0	33.7	9.3	100.0	958
Not at all/NI	53.1	39.1	7.8	100.0	501
Heavy cleaning					
Everyday	42.5	41.1	16.4	100.0	352
Several times/once a week/as need arises	58.0	31.7	10.3	100.0	1280
Not at all/NI	40.9	46.7	9.5	100.0	642
Laundry					
Everyday	43.8	37.7	18.5	100.0	400
Several times/once a week/as need arises	54.2	34.9	10.9	100.0	1159
Not at all/NI	49.2	41.3	9.5	100.0	715
Household repairs & maintenance					
Everyday	65.3	28.4	6.3	100.0	95
Several times/once a week/as need arises	61.4	29.8	8.8	100.0	1428
Not at all/NI	28.7	52.8	18.5	100.0	751
Shopping for household					
Everyday	53.4	34.6	12.0	100.0	309
Several times/once a week/as need arises	55.9	31.8	12.3	100.0	1399
Not at all/NI	36.9	52.7	10.4	100.0	566
Managing money for household					
Everyday	48.7	37.2	14.1	100.0	906
Several times/once a week/as need arises	61.2	28.6	10.2	100.0	860
Not at all/NI	37.2	52.6	10.2	100.0	508
Taking care of children in the household					
Everyday	44.7	40.1	15.2	100.0	597
Several times/once a week/as need arises	62.9	26.7	10.4	100.0	699
Not at all/NI	41.5	46.2	12.3	100.0	414

ENDNOTES

1. Because the Chi-square test is not robust when the cells are very uneven or the number of cases is 2000 or more, any gap below 10 percentage points in at least two of the categories of labor force participation status is another test used to determine the insignificance of a given variable.

2. Because of the highly uneven cell distribution of cases in some tables, the Chi-square statistic is no longer calculated.

Table 3.9b. ***Current labor force participation status of the 60-69 years old according to frequency of household task performance***

Household task performed daily	Currently working	Had worked but not currently working	Never worked	Total	
				%	N of cases
All	47.0	41.8	11.3	100.0	711
Cooking					
Everyday	41.1	45.4	13.5	100.0	348
Several times/once a week/as need arises	53.9	36.6	9.4	100.0	254
Not at all/NI	49.1	41.8	9.1	100.0	110
Light housework					
Everyday	38.4	47.3	14.2	100.0	281
Several times/once a week/as need arises	52.6	37.2	10.2	100.0	285
Not at all/NI	52.1	39.7	8.2	100.0	146
Heavy cleaning					
Everyday	41.3	45.2	13.5	100.0	126
Several times/once a week/as need arises	51.2	39.0	9.8	100.0	387
Not at all/NI	42.5	44.5	13.0	100.0	200
Laundry					
Everyday	40.6	46.4	13.0	100.0	138
Several times/once a week/as need arises	48.0	39.8	11.5	100.0	364
Not at all/NI	48.1	41.9	10.0	100.0	210
Household repairs & maintenance					
Everyday	61.3	32.3	6.5	100.0	31
Several times/once a week/as need arises	56.1	36.4	7.6	100.0	462
Not at all/NI	25.6	54.3	20.1	100.0	219
Shopping for household					
Everyday	53.3	35.2	11.4	100.0	105
Several times/once a week/as need arises	47.9	40.7	11.5	100.0	445
Not at all/NI	40.4	49.1	10.6	100.0	161
Managing money for household					
Everyday	46.6	42.1	11.3	100.0	309
Several times/once a week/as need arises	52.7	36.4	10.9	100.0	275
Not at all/NI	36.2	52.0	11.8	100.0	127
Taking care of children in the household					
Everyday	40.3	45.1	14.6	100.0	206
Several times/once a week/as need arises	51.2	40.6	8.2	100.0	207
Not at all/NI	48.3	42.2	9.5	100.0	116

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04

Migration

NIMFA B. OGENA AND LINDY WILLIAMS

. . . I've never

stopped wanting to cross
the equator, or touch an elk's
horns, or sing Tosca or screw
James Dean in a field of wheat.
To hell with wisdom. They're all wrong:
I'll never be through with my life.
– Rita Dove

INTRODUCTION

THIS CHAPTER aims to describe the migration experience of the elderly (60 years old and over) and the near elderly (50-59 years old) population in the Philippines using the 1996 Philippine Elderly Survey. The first section describes the residential moves of elderly respondents, their duration of residence in their current household and barangay, the average age of migrants at their most recent change of residence and most recent barangay level move, and reasons for the most recent move by selected socioeconomic characteristics. The second section deals with migration types (lifetime, recent and future) and migration streams based on moves across municipal boundaries. Correlates of recent and future migration will be identified in the third sector and policy implications of important findings will also be discussed in section four.

Migration is defined in this chapter as any type of residential move involving the crossing of a geopolitical and/or administrative boundary by an individual. Two geographical references (municipal and barangay) and two time references (previous 2 years and previous 5 years) are used in this chapter. However, because of lack of information on birthplace at the barangay level, the municipal definition of migration is used at the second half of the chapter for the estimation of the volume and direction of various migration measures.

ELDERLY MIGRATION AT THE BARANGAY LEVEL

Migration literature has provided ample evidence on the age selectivity of migration. Like other countries in the world, Filipinos in younger adult ages are more migratory than their elderly counterparts. Table 4.1 reveals that while over 90 percent of respondents had moved at least once in their lifetimes, over a third had always lived in the same barangay. This indicates that about one of every five elderly respondents made short-distance moves without leaving the confines of their barangay where they were born.

Table 4.1. ***Frequency distribution of migration variables***

Migration variables	%	N of cases
Lived in the same house always		
Yes	8.3	189
No	91.7	2093
Lived in the same barangay always		
Yes	35.0	863
No	65.0	1415
Distance of most recent move		
Same barangay, same municipality	32.8	672
Diff. barangay, same municipality	25.8	529
Diff. municipality, same province	17.5	359
Diff. province, same region	5.6	115
Diff. region	18.2	373
Abroad	0.1	3
Age moved most recently		
0-14	2.9	61
15-19	5.2	110
20-49	59.7	1247
50-59	17.8	372
60 or older	14.4	300
Type of place moved from		
Farm/rural	56.2	701
Town	23.4	292
City	20.4	255
Type of move		
Urban-urban	27.7	346
Rural-urban	22.4	280
Urban-rural	16.1	201
Rural-rural	33.8	422
Moved in with anyone?		
No	84.1	1757
Yes	15.9	332
Moved in with a son	15.6	52
Moved in with a daughter	19.6	65
Moved in with son and daughter	4.0	13
Moved in with parent/in-laws	27.4	90
Total	100.0	2282

About 65 percent of the elderly respondents were lifetime migrants, a figure very close to the 67 percent reported in the 1984 ASEAN Study on the Elderly Survey (Mercado, 1990). Among those who reported to have crossed barangay boundaries in their most recent moves, over a third moved to locations within the same municipality. In comparison, slightly more than a quarter of such moves involved the crossing of regional boundaries or involved cross-country moves. The majority of these moves occurred between the ages of 20 and 49 years, which suggests that for these older persons, migration has not been a recent experience.

What types of places did they move from and to? Table 4.1 shows that over half of the migrants left their farms or rural areas, with slightly more going to rural than urban destinations. In contrast, those who left urban areas were also more likely to go to urban areas than rural areas.

At the time of their most recent move, the vast majority (84%) did not move in with anyone. Of the few migrants who moved in with family members, close to 40 percent moved in with a son and/or daughter, and over a quarter joined their parents or in-laws.

Other indicators of population mobility/immobility are the average number of years spent in the current household and the average number of years spent in the barangay. Lower values of these measures, as shown in Table 4.2, suggests greater residential movement. Logically, the duration of stay in a barangay should equal or exceed the duration in current household except in the case of a reclassification. For nearly every subgroup, that is indeed the case, with the exception of those

Table 4.2. *Average number of years spent in household and average number of years spent in the barangay, by background characteristics*

Migration variables	Average years in house	N of cases	Average years in barangay	N of cases
All	24.8	2282	38.4	2082
Sex	**			
Female	25.9	1223	38.5	1113
Male	23.6	1059	38.3	969
Age	***		***	
50-54	20.1	615	30.6	566
55-59	23.8	406	34.3	366
60-64	26.1	387	39.6	343
65-69	26.3	326	42.4	300
70-74	26.8	254	42.8	235
75 and older	31.3	294	50.6	271
Marital status	***		***	
Never married	32.8	76	37.7	53
Currently married	23.4	1499	37.0	1393
Widowed	27.5	651	42.2	588
Divorce/separated	21.2	57	34.8	48
Education	*		***	
No formal schooling	23.8	342	45.8	313
1-4 years elementary	23.3	620	38.2	583
5-7 years elementary	25.4	718	38.3	648
1-4 years high school	25.6	409	34.6	373
1+ year college	27.7	191	34.2	162
Ethnicity	***		***	
Tagalog	29.6	473	43.9	405
Cebuano	20.9	450	35.7	433
Ilonggo	19.1	198	26.2	195
Ilocano	26.3	221	43.5	210
Pangasinense	32.1	303	44.4	251
Bicol	18.8	31	23.4	28
Waray	23.2	391	37.2	362
Region of birth	***		***	
National capital region	37.1	84	33.6	58
Luzon (outside ncr)	28.3	962	43.7	859
Visayas	21.9	1016	34.5	962
Mindanao	18.6	212	36.4	195
Type of area where born	***		***	
Rural/farm	24.9	1653	41.2	1509
Town	23.6	442	31.9	415
City	29.3	161	29.0	133
Current residence	***		***	
National capital region	28.9	204	28.1	164
Luzon (outside NCR)	29.6	827	46.7	733
Visayas	22.8	729	37.9	681
Mindanao	18.5	523	30.4	504
Type of area of residence	*		***	
Urban	25.9	1025	34.4	918
Rural	24.0	1256	41.6	1164
Who owns house	***		***	
Respondent and/or spouse	26.2	1781	40.1	1631
Other family part/all	21.4	401	35.0	354
Other	13.1	98	22.1	95
Most recent move	*		*	
Rural-rural	18.6	422	28.2	422
Rural-urban	21.3	280	26.3	279
Urban-rural	18.7	201	27.1	201
Urban-urban	20.6	345	24.6	337

*$p < .05$; ** $p < .01$; *** $p < .001$

born in a city, and specifically the National Capital Region (NCR), and those currently living in the NCR. On average, respondents had spent 25 years in the house in which they were living at the time of the interview, and 38 years in the barangay in which they were interviewed. The results for time in the same barangay were essentially invariant between women and men, and although women had, on average, spent more years in the same house than had men, the difference is small (2 years) and may be accounted for by differences in longevity.

The duration variables are clearly age-related. As expected, older respondents generally had spent years both in the same house and the same barangay in which the interview took place. While the youngest group had spent an average of 31 years in the same barangay, those aged 75 and above had spent over 50 years in the same barangay on average.

Interestingly, the average number of years spent in the household or barangay were lowest among the divorced or separated compared to other categories of marital status, which indicates that the divorced or separated were relatively more migratory than the never married, currently married and widowed.

When one looks at the level of education and average years spent in the house and barangay, one would surmise that those with low levels of education are slightly more likely to change residence than their more educated counterparts. However, those with higher education are more likely to cross barangay boundaries, on average, when they change residence.

Those living in a house owned solely or jointly by the respondent and/or her/his spouse had longer durations both in the house and the barangay. Those living in a home owned at least partially by other family members may have joined others, either because they themselves could no longer manage on their own, or because their relatives requested their help for one reason or another (e.g., respondent getting old, parents need help, children need help with grandchildren, etc.).

While rural-urban and urban-urban migrants had the longest durations within the house in which they were interviewed, rural-rural migrants and urban-rural migrants had the longest durations within the same barangays. Table 4.3 shows the average age at last move as well as average age at last move between barangays by selected variables. The data comparing the two suggest that more of the recent moves of the elderly respondents were short distance moves.

Marital status is expectedly associated with movement. Those whose marriages had been disrupted moved most recently at older ages compared to those who were currently married at the time of the interview.

There were higher means for age at last move and age at last inter-barangay move for those who had less than five years of schooling than among the more educated respondents. This suggests that attainment of five years or more of schooling would reduce the chance of migration at higher ages.

Region of birth and current residence are clearly both strongly associated with age at most recent move, with Visayan and Mindanao natives and current residents being more apt to move at older ages than those from Luzon. Ownership of the house by the respondent or his/her spouse is associated with most recent migration at younger ages. This probably again reflects the relative residential stability of those who own the house where they live.

Table 4.3. *Average age at most recent change of residence and at most recent move outside the barangay, by background characteristics*

Background characteristics	Average age at most recent change of residence	N of cases	Average age at most recent move outside the barangay	N of cases
All	41.0	2093	35.5	1409
Sex				
Female	41.0	1120	35.9	776
Male	41.0	973	35.1	633
Current age	***			
50-54	34.4	568	30.5	394
55-59	36.5	369	32.2	256
60-64	39.7	347	33.4	227
65-69	43.7	302	37.0	199
70-74	48.8	235	44.4	154
75 and older	52.8	371	44.7	178
Marital status				
Never married	40.3	53	34.3	37
Currently married	39.1	1398	34.1	938
Widowed	44.9	593	38.4	403
Divorce/separated	48.2	48	43.2	30
Education	***			
No formal schooling	47.4	313	38.1	177
1-4 years elementary	43.5	584	38.0	403
5-7 years elementary	39.0	654	34.3	426
1-4 years high school	36.8	375	32.9	281
1+ year college	37.0	164	34.4	120
Ethnicity	***		***	
Tagalog	38.2	412	34.4	227
Cebuano	44.0	435	37.2	323
Ilonggo	42.1	195	34.8	193
Ilocano	38.2	210	34.9	114
Pangasinense	36.9	251	31.3	147
Bicol	48.0	29	40.5	28
Waray	43.1	362	38.0	247
Region of birth	***		*	
National Capital Region	34.5	59	33.7	50
Luzon (outside NCR)	38.5	864	34.0	482
Visayas	43.0	966	36.5	746
Mindanao	43.8	195	35.7	122
Foreign	65.4	3	50.3	3
Type of Area Where Born				
Rural/farm	41.1	1516	35.7	905
Town	41.4	418	34.9	366
City	38.0	134	35.9	119
Current residence	***		***	
National Capital Region	38.6	175	37.2	151
Luzon (outside NCR)	37.6	732	32.6	364
Visayas	43.7	682	38.4	457
Mindanao	43.1	504	34.3	437
Type of residence	*		*	
Urban	40.1	930	36.4	402
Rural	41.7	1163	34.7	707
Who owns house	***		***	
Respondent and/or spouse	38.6	1637	33.2	1507
Other family owns part/all	49.7	359	41.8	267
Other	49.9	96	44.4	84
Most recent move	**		*	
Rural-Rural	43.7	422	34.1	422
Rural-Urban	40.6	280	35.5	279
Urban-Rural	44.0	201	35.5	201
Urban-Urban	41.2	345	37.2	337
Reasons for recent move	***		***	
Changed job/found work	40.6	325	33.6	288
Other economic reasons	41.2	176	35.9	129
To be with children	54.3	170	46.9	128
To be with parents	43.0	170	36.3	160
Amenity/lifestyle	42.2	346	35.0	206
Other house/land owner	39.9	425	33.3	245
Independence-related	31.0	228	28.0	117
All other reasons	43.3	163	39.9	111

*p < .05; ** p < .01; *** p < .001

Worth noting are the reasons for the recent move. Not surprisingly, independence-related moves occurred at the youngest average ages, while moves to live with children occurred at the oldest average ages. Inter-barangay moves mainly for land ownership and employment occurred at somewhat earlier average ages than moves to be with parents or amenity-related moves. Although the differences are quite small, it seems logical that longer distance moves for employment or property ownership would occur earlier than amenity or associational moves.

Table 4.4 shows the results according to the reason for the most recent move after age 50. Men's moves were more likely than women's to be related to work or other economic motivations, or to be related to home/land ownership, while women's moves were more likely than men's to be related to the desire to join children or other relatives. Similarly, younger respondents were more likely than older respondents to report their most recent move to be work-related or to have been motivated by other economic reasons, while older respondents reported the highest percentages of moves to join children and other relatives.

Never-married respondents were much more likely to have moved to be with parents or other relatives than they were to have moved for any other reason, probably because they are the most likely candidates for caregivers, but also likely because they would be eventually needing some support themselves. Married respondents moved for the full range of reasons, but it is interesting that they were more likely than respondents in any other marital status category to report amenity as the reason for their most recent move. Widowed respondents were particularly apt to report their most recent move as a move to join children, and the same is true of the few divorced/separated respondents.

Highly educated respondents were more likely to move for reasons related to land or home ownership, other reasons, and job-related reasons, while those with the least education were most apt to have moved to join children or for amenity reasons. Although the relationship between education and reasons for the most recent move is statistically significant, the pattern is not straightforward for economic and family related moves. However, there is an apparent increase in the proportion of moves due to land/house ownership and other reasons as level of education increases, while the proportion of moves for amenities/lifestyle decreases with levels of education.

Those living in Mindanao were especially apt to have moved for work-related reasons, and to a lesser extent, to live with children. Those living in the National Capital Region were most apt to have moved to join children, and to a lesser extent, for issues to do with housing and land ownership. Home and/or land ownership was the most cited reason for moving after age 50 among respondents from the Visayas region, followed by house and land ownership issues.

Relatively high percentages of respondents who were currently living in an urban place at the time of the interview, particularly those whose most recent move was urban to urban, cited land or home ownership issues as the main reason for their move. Those living in rural areas, particularly those who had moved from an urban place, were especially likely to classify their last move as work-related, but also were quite likely to describe the move as primarily to be with children. The high percentage of those moving for work reasons provides some support for the pattern described in the literature regarding labor force participation after return-migration.

Table 4.4. *Reasons for most recent move, by background characteristics*

Migration variables	Reasons (%)							N of cases
	Change job / Found work	Other economic reasons	To be with children / other child-related	To be with parents, rels, or others	Related to Amenity/	Owning/access to land/house	Other reasons	
All	13.2	8.8	17.6	12.2	17.6	17.7	12.8	666
Sex	**							
Male	10.0	7.5	20.4	14.5	17.7	16.5	13.3	389
Female	17.9	10.4	13.6	8.9	17.5	19.4	12.3	277
Age at move * **								
50-54	17.1	11.6	8.8	12.0	19.9	19.4	11.2	216
55-59	15.8	9.9	19.7	10.5	11.8	17.1	15.2	152
60-69	10.2	5.8	20.4	11.1	20.3	19.0	13.2	226
70 and older	5.6	2.8	32.4	19.7	14.1	8.6	16.8	71
Marital status * **								
Never married	8.5	2.8	2.1	46.6	6.1	26.7	7.2	21
Married	16.9	11.5	12.0	6.5	20.7	19.4	13.0	355
Widowed	8.3	6.4	25.7	17.0	15.2	14.8	12.5	264
Divorced/separated	17.4	2.0	23.6	13.5	9.1	17.6	16.7	26
Education								
No formal	14.1	8.4	20.6	13.8	19.7	12.7	10.7	150
1-4 years	14.2	11.8	16.2	10.6	17.7	17.9	11.6	218
5-7 years	8.7	7.3	22.3	14.9	16.9	17.5	12.4	182
1-4 years H.S.	18.1	7.5	10.2	10.1	16.8	20.3	17.0	86
1+ years college	17.1	3.0	6.2	5.2	9.3	38.3	20.9	28
Region of residence * **								
NCR	15.3	11.4	26.0	9.7	6.1	18.2	13.4	51
Other Luzon	4.8	8.8	17.3	13.1	15.3	24.2	16.6	193
Visayas	4.8	8.6	13.4	11.7	24.4	20.0	17.1	248
Mindanao	33.9	8.5	21.5	12.6	13.8	7.2	2.5	175
Most recent move *								
Rural-rural	18.3	11.3	20.4	14.2	14.7	10.7	10.3	151
Rural-urban	14.7	11.4	19.5	11.5	15.7	19.2	8.0	80
Urban-rural	25.0	7.8	20.5	11.3	14.5	8.8	12.2	71
Urban-urban	16.0	6.6	18.3	9.2	7.8	25.2	17.0	108

*$p < .05$; ** $p < .01$; *** $p < .001$

MIGRATION TYPES AND STREAMS

This section deals with the municipal-level migration. There are three types of migration examined here: lifetime migration, recent migration and future migration. When a person's current residence is different from his/her birthplace, he/she is considered a lifetime migrant. A lifetime migrant, therefore, includes any person who has changed his/her residence across municipal boundaries from birth to the time of the survey. Municipal migration is deemed appropriate for estimating migration types and streams for comparability with traditional migration measures.

Recent migration is investigated using two-time frames: two years and five years. Future migration uses the municipal boundary as geographical reference and two years as time reference. This variable is derived directly from the questions "Do you expect to move in the next two years?" which is answerable by Yes or No, and "Where do you expect to move?" which indicates the boundaries to be crossed for such moves.

Lifetime migration

Slightly more than half of the 2,278 respondents in the 1996 Philippine Elderly Survey (PES) migrated across municipal boundaries within their lifetime. Among the lifetime migrants, about 52 percent were females and 49 percent were males (see Table 4.5).

Indeed, higher percentages of women than men reported lifetime migration at all survey sites. While this result provides support for Filipino women being at least as mobile as their male counterparts in both internal and international migration (Smith & Go, 1992), this runs counter to the findings of Mercado (1990) that males outnumbered females among the elderly respondents in the 1984 ASEAN elderly study. The twelve years difference between the two surveys may have been enough to flush out cohort differentials in migration. Hence, the 1996 PES may be more reflective of the feminization trend, which has been documented in migration literature.

Table 4.5. ***Percentage distribution of lifetime migrants among the elderly in the Philippines, by current residence and sex***

Sex	NCR	Pangasinan	Batangas	Leyte	South Cotabato	TOTAL
Males						
Non-migrant	26.9	73.2	69.6	57.7	25.3	50.7
Migrant	73.1	26.8	30.4	42.3	74.7	49.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
(N of cases)	(74)	(200)	(141)	(336)	(304)	(1055)
Females						
Non-migrant	17.9	65.2	65.2	53.8	15.0	47.7
Migrant	82.1	34.8	34.8	46.2	85.0	52.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
(N of cases)	(128)	(288)	(198)	(393)	(216)	(1223)
All						
Non-migrant	21.2	68.5	67.1	55.6	21.0	49.1
Migrant	78.8	31.5	32.9	44.4	79.0	50.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
(N of cases)	(203)	(488)	(339)	(729)	(520)	(2278)

Interestingly, most elderly respondents of the National Capital Region (NCR) and of South Cotabato were lifetime migrants. These belong to traditional in-migration regions, which have experienced positive net migration over the past two to three decades (Perez, 1996; Raymundo et al., 1998; Cabegin & Kabamalan, n.d.) A much smaller percentage of lifetime migrants were recorded in the three other survey areas, i.e., Pangasinan, Batangas, and Leyte.

Where did the elderly migrants go? Among those who were born in a farm or rural area, slightly more were residing in rural areas at the time of the survey. In the same manner, those who were born in towns or cities were more likely to be living in towns or cities in 1996, thereby confirming an earlier finding. One possible explanation for the predominance of migration streams that have similar types of origin and destination areas is that elderly migrants may have returned to their birthplace or to more familiar places, i.e., similar to the place where they grew up.

Of the 1,166 lifetime migrants, about 52 percent moved to urban areas, i.e., cities and towns (see Table 4.6). However, urbanward migration is more pronounced among elderly females (55%) than among their male counterparts (48%). This may be due to differentials in occupational opportunities by geographical location. The industrial development strategy in the Philippines may also have contributed to higher demand for female jobs in industrial firms, most of which are located in urban areas.

Data on lifetime migrants' type of last move (see Table 4.7) reveals that more than half of the elderly migrants had a short-distance move (i.e., crossed barangay or municipal boundaries only), while slightly more than a fourth of the elderly respondents crossed regional or country boundaries. Much reduced agility in advanced age may be partly responsible for such short distance moves. However, the influence of the proximity of relatives and friends who can provide them with care and attention on determining these types of moves should not be discounted.

Recent Migration

We considered two definitions for recent migration, namely: any migration during the two years before the survey, and any migration during five years prior to the survey. Using the first definition for migration, there were 98 percent non-migrants and 2 percent recent migrants in the last two years. To be expected, the second definition of migration yielded a slightly higher proportion of migrants. About 5 percent migrants and 95 percent non-migrants were recorded using the five-year definition (Table 4.8).

Table 4.6. ***Percentage distribution of lifetime migrants, by type of migration stream and by sex***

Type of Migration Stream	Male	Female	All
Farm/rural-urban	25.9	27.0	26.4
Farm/rural-rural	36.0	32.3	34.0
Town-urban	16.0	19.7	18.1
Town-rural	11.7	11.2	11.4
City-urban	6.1	6.8	6.5
City-rural	3.1	1.5	2.2
Others-urban	0.4	1.3	0.9
Others-rural	0.8	0.2	0.5
Total	100.0	100.0	100.0
(N of cases)	(524)	(643)	(1166)

Because the former definition will likely lead to very small proportions in subsequent tables, the five-year definition will be used from here onward to describe recent migration.

Among migrants who migrated between 1991 and 1996, 56.5 percent moved to urban destinations while 43.5 percent moved to rural destinations (Table 4.9). Female elderly migrants (58.1 percent) were slightly more likely than male elderly migrants (53.9 percent) to move to urban areas. A possible explanation for this pattern is the need for health services, which are more accessible in urban areas, and the tendency for more males to be more optimistic with their health status than females (Domingo, 1994). As noted earlier, this may also be associated with women living longer than men, so they are apt to have disrupted marriages and move to be with family members or other relatives in the city.

Future migration

The elderly sample respondents were also asked whether they have any plan to migrate in the next two years. Of the 2,266 respondents, only about 4.5 percent indicated their intention to move to a different

Table 4.7. *Type of last move among lifetime migrants, by type of last move and by sex*

Type of Migration Stream	Male	Female	All
From a different barangay, same municipality	38.4	38.3	38.3
From a different municipality, same province	23.9	27.8	26.0
From a different province, same region	8.9	7.9	8.4
From a different region in the Philippines	28.3	26.0	27.1
From abroad	0.5	0.0	0.2
Total (%)	100.0	100.0	100.0
(N of cases)	(624)	(757)	(1381)

Table 4.8. *Percentage distribution of recent migrants (1991-1996) among the elderly in the Philippines, by current residence and sex*

Sex	NCR	Pangasinan	Batangas	Leyte	South Cotabato	TOTAL
Males						
Non-migrant	90.7	96.6	97.4	96.2	94.3	95.6
Migrant	9.3	3.4	2.6	3.8	5.7	4.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
(N of cases)	(54)	(176)	(127)	(317)	(295)	(969)
Females						
Non-migrant	91.1	95.8	96.1	94.1	93.6	94.4
Migrant	8.9	4.2	3.9	5.9	6.4	5.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
(N of cases)	(109)	(253)	(177)	(364)	(210)	(1113)
Total						
Non-migrant	90.9	96.1	96.6	95.1	94.0	94.9
Migrant	9.1	3.9	3.4	4.9	6.0	5.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
(N of cases)	(164)	(429)	(304)	(681)	(504)	(2082)

municipality within the next two years. The percentage distribution of future migrants among the elderly by current residence and sex reveals that a slightly higher proportion of females than males planned to move out of their current municipality at the time of the survey during the next two years (Table 4.10). This pattern is also observed after adjusting for gender.

The future migration plans of the elderly reveal that the majority of the elderly (74.4%) were heading for urban destinations (Table 4.11). A higher proportion of elderly males (80.6%) than females (70%) intended to move toward urban areas. This is opposite of the pattern observed for lifetime and recent migration by gender.

Table 4.9. ***Percentage distribution of recent migrants among the elderly in the Philippines, by type of migration stream and by sex***

Type of Migration Stream	Male	Female	All
Farm/rural-urban	18.0	15.7	16.6
Farm/rural-rural	22.7	14.2	17.7
Town-urban	11.0	15.8	13.9
Town-rural	16.8	11.0	13.4
City-urban	18.0	22.5	20.7
City-rural	6.5	13.1	10.4
Others-urban	7.0	4.1	5.3
Others-rural	0.0	3.6	2.0
Total	100.0	100.0	100.0
(N of cases)	(43)	(62)	(105)

Table 4.10. ***Percentage distribution of future migrants among the elderly in the Philippines, by current residence and sex***

Sex	NCR	Pangasinan	Batangas	Leyte	South Cotabato	TOTAL
Males						
Non-migrant	82.5	99.2	95.4	96.3	96.8	95.9
Migrant	17.5	0.8	4.6	3.7	3.2	4.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
(N of cases)	(73)	(200)	(141)	(336)	(301)	(1051)
Females						
Non-migrant	81.0	98.9	97.1	95.9	95.3	95.2
Migrant	19.0	1.1	2.9	4.1	4.7	4.8
Total	100.0	100.0	100.0	100.0	100.0	100.0
(N of cases)	(123)	(285)	(198)	(393)	(216)	(1215)
Total						
Non-migrant	81.5	99.1	96.4	96.1	96.1	95.5
Migrant	18.5	0.9	3.6	3.9	3.9	4.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
(N of cases)	(196)	(486)	(339)	(729)	(517)	(2266)

Table 4.11. ***Percentage distribution of future migrants among the elderly in the Philippines, by type of migration stream and by sex***

Type of Migration Stream	Male	Female	All
Farm/rural-urban	18.0	15.7	16.6
Farm/rural-rural	22.7	14.2	17.7
Town-urban	11.0	15.8	13.9
Town-rural	16.8	11.0	13.4
City-urban	18.0	22.5	20.7
City-rural	6.5	13.1	10.4
Others-urban	7.0	4.1	5.3
Others-rural	0.0	3.6	2.0
Total	100.0	100.0	100.0
(N of cases)	(43)	(62)	(105)

SOCIODEMOGRAPHIC CORRELATES OF MIGRATION

Besides some gender selectivity in migration revealed in earlier tables, what other socioeconomic characteristics distinguish migrants from non-migrants? Selected socioeconomic factors were cross-tabulated with the dichotomous variables on recent and future migration to address this question.

Correlates of recent migration

Table 4.12 reveals that there was not much variation in the proportion of migrants by most of the selected socioeconomic factors, except by marital status, living arrangement and provision of material support. There was a slightly higher proportion of recent migrants among the never married elderly (10.3%) compared to those in other categories of marital status. This particular group, as shown earlier, was more likely to move for associational reasons, i.e., to join their parents or other relatives to provide and/or receive care.

There was also a slightly higher proportion of recent migrants among the elderly not living with any immediate relatives (7.4%), or those living with one or more married children (7.8%) compared to those who are in other living arrangements. Other groups, which have shown slightly higher proportions of recent migration, are those who are taken care of by siblings and/or in-laws and by non-relatives. This indicates that those without close family members who can take care of them when they become sick may require a geographical move to destination areas where their potential caregivers reside.

Material support is important in influencing recent migration among the elderly. The data reveal that the elderly who provide material support were slightly less likely to have migrated recently than those who do not provide this type of support.

Correlates of future migration

What are the distinguishing characteristics of the elderly and near elderly population that are related to future migration plans? There were slight differences in the proportions of elderly respondents with future migration plans by level of education, work status and source of healthcare. Survey results reveal

that those with at least high school education were slightly more likely to have migration plans for the next two years (7.8%) than the elderly with less than high school education (3.4%). There was also a slightly high proportion of future migrants, on average, among those who were being taken care of either by their sponsors and/or kids with others (10.3%) compared to those who receive elderly care from other types of sources.

In addition, the elderly who were not working during the survey were nearly twice as likely to think of moving in the future than those who were working. This implies that even at older ages, economic motives for moving, especially those related to work, cannot be ignored. Nevertheless, it is also plausible that this migration relates to retirement or separation from the labor force. Those who are still working are less likely to be in a position to move.

SUMMARY AND CONCLUSION

As expected, results in this study are consistent with much of the literature about migration among the elderly. While about half of the elderly respondents experienced migration, only about 1 in 20 have done so during the past 5 years. Recent migration of the elderly was associated with not being currently married, not providing material support, and living with one or more children. Because of the greater difficulty often associated with residential movements at older ages, many respondents had chosen to make shorter moves.

For the most recent move after age 50, men's moves were more likely than women's to be work-related or to have other economic motivators, or to be related to home/land ownership. On the other hand, women's moves were more likely to be aimed at reuniting with children or other relatives. In comparing moves after age 50 of younger and older respondents, it was found that moves of the former group were more associated with economic reasons, while for the latter group moves after age 50 were more associated with family-related reasons.

A relatively low proportion (4.5%) of the elderly respondents planned to move during the two years after the survey. Slightly higher proportions of the elderly who planned to move were observed among those who were not working at the time of the survey, those with at least high school education, and those who received healthcare services from their spouse and/or children with others. Although health status did not have a significant influence on future migration plans, findings suggest that those most apt to move were either in excellent health (facilitating the move) or poor health (necessitating the move).

Finally, despite the trend toward the nuclearization of Filipino families (De Guzman, 1985) and the decline in the proportion of elderly coresidence with a child (Domingo & Casterline, 1992), institutionalization of the elderly as family members remains unacceptable (Medina, 1991). Can migration be viewed as a change agent for these recent social dynamics? Studies on elderly migration remains few and rarely do they touch on this important issue. While this chapter has taken an objective assessment of the mobility behavior of this often-neglected segment of the population, a direct answer to the question posed above remains a critical issue that requires more focused analysis in the future.

Table 4.12. *Socioeconomic correlates of recent and future migration*

Background characteristics	Recent migration status during the past 5 years				Future migrant status for the next 2 years			
	Non-migrant	Migrants	Row %	N of cases	Non-migrant	Migrants	Row %	N of cases
Age								
50-54 years	95.4	4.6	100.0	566	95.6	4.4	100.0	612
55-64 years	94.7	5.3	100.0	709	95.0	5.0	100.0	786
65 years and over	94.8	5.2	100.0	807	95.9	4.1	100.0	868
Education								***
No schooling	96.4	3.6	100.0	274	98.0	2.0	100.0	296
Elementary	94.8	5.2	100.0	1325	96.3	3.7	100.0	1429
High school	95.0	5.0	100.0	331	92.7	7.3	100.0	363
College and over	93.3	6.7	100.0	151	91.0	9.0	100.0	177
Marital status								
Never married	89.7	10.3	100.0	53	97.7	2.3	100.0	74
Married	96.0	4.0	100.0	1393	95.4	4.6	100.0	1492
Widowed	93.3	6.7	100.0	588	95.2	4.8	100.0	644
Divorced/separated	91.1	8.9	100.0	48	98.6	1.4	100.0	56
Work status								*
Not working	94.5	5.5	100.0	1047	94.3	5.7	100.0	1133
Working	95.5	4.5	100.0	1033	96.7	3.3	100.0	1131
Spouse currently working								
Yes	96.3	3.7	100.0	684	95.9	4.1	100.0	742
No	95.6	4.4	100.0	709	94.9	5.1	100.0	750
Self-evaluation of health status								
Excellent	94.1	5.9	100.0	91	94.5	5.5	100.0	96
Very Good	95.5	4.5	100.0	326	96.3	3.7	100.0	363
Good	96.3	3.7	100.0	763	96.0	4.0	100.0	854
Fair	93.6	6.4	100.0	651	95.0	5.0	100.0	696
Poor	94.1	5.9	100.0	248	94.3	5.7	100.0	253
Health situation of current Spouse/partner								*
Excellent	96.1	3.9	100.0	87	95.9	4.1	100.0	95
Very good	95.1	4.9	100.0	250	96.8	3.2	100.0	277
Good	95.7	4.3	100.0	572	95.4	4.6	100.0	619
Fair	97.1	2.9	100.0	360	94.4	5.6	100.0	378
Poor	95.1	4.9	100.0	122	95.1	4.9	100.0	121

*p < .05; ** p < .01; *** p < .001

Table 4.12. *(Continued) Socioeconomic correlates of recent and future migration*

Background characteristics	Recent migration status during the past 5 years				Future migrant status for the next 2 years			
	Non-migrant	Migrants	Row %	N of cases	Non-migrant	Migrants	Row %	N of cases
Living arrangement								
Alone	97.8	2.2	100.0	74	96.9	3.1	100.0	85
W/ spouse only	97.2	2.8	100.0	146	97.7	2.3	100.0	149
W/ other, no spouse & kids	92.6	7.4	100.0	143	94.9	5.1	100.0	174
W/ 1 + single kid	96.2	3.8	100.0	811	95.5	4.5	100.0	871
W/ 1 + married kid	92.2	7.8	100.0	414	94.9	5.1	100.0	541
W/ both single & married kids	95.3	4.7	100.0	277	93.5	6.5	100.0	309
Other arrangement	94.0	6.0	100.0	216	97.8	2.2	100.0	226
Co-residing with children								
Yes	94.8	5.2	100.0	1612	95.1	4.9	100.0	1747
No	95.4	4.6	100.0	470	96.9	3.1	100.0	519
Everyday contact with non-coresident child								
Yes	95.8	4.2	100.0	545	94.8	5.2	100.0	592
No	94.6	5.4	100.0	1537	95.8	4.2	100.0	1674
Takes care of R when sick								
Children/(in-law)	94.5	5.5	100.0	719	96.3	3.7	100.0	789
Spouse	96.0	4.0	100.0	1000	96.3	3.7	100.0	1068
Spouse & kids	96.6	3.4	100.0	39	89.6	10.4	100.0	43
Sibling/(in-law)	88.4	11.6	100.0	38	94.3	5.7	100.0	49
Grandchildren	95.3	4.7	100.0	57	97.1	2.9	100.0	61
Other relatives	93.7	6.3	100.0	42	95.6	4.4	100.0	50
Others	91.9	8.1	100.0	186	89.7	10.3	100.0	206
Child as a source of income								
Yes	95.5	4.5	100.0	1166	94.9	5.1	100.0	1250
No	94.3	5.7	100.0	916	96.2	3.8	100.0	1016
Provided financial support								
Yes	95.4	4.6	100.0	1593	95.1	4.9	100.0	728
No	93.6	6.4	100.0	489	96.8	3.2	100.0	538
Provided material support								
Yes	95.4	4.6	100.0	1738	95.3	4.7	100.0	1892
No	92.6	7.4	100.0	344	96.5	3.5	100.0	374
Received financial support								
Yes	95.2	4.8	100.0	1719	95.4	4.6	100.0	1876
No	93.6	6.4	100.0	362	96.2	3.8	100.0	390
Received material support								
Yes	95.2	4.8	100.0	1795	95.3	4.7	100.0	1961
No	93.5	6.5	100.0	287	96.7	3.3	100.0	305

*p < .05; ** p < .01; *** p < .001

ENDNOTES

1. Since only moves that occurred after age 50 are considered here, independence-related moves are collapsed into the category for "other reasons."

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05

Social Support Networks and Living Arrangements

ELISEO A. DE GUZMAN

Listen to your father, who gave you life,
and do not despise your mother when she is old.

Proverbs 23:22 (NIV)

INTRODUCTION

MOST ANALYSES of the elderly's living arrangements and social contact with their children usually revolve around their care and welfare, especially within the context of a developing society where co-residence is viewed to favor an aged person in terms of financial and physical support or furtherance of psychosocial well-being (Chayovan & Knodel, 1997). Thus, studies of the social implications of population aging in developing countries have focused on the availability of old-age support from kin as well as on the factors determining the living arrangements of the elderly and the nature of assistance they receive (Jiang, 1994). The dependency perception is based on the widespread expectation that the elderly would be taken care of by their children (e.g., Pramualratana, 1990). Irrespective of socioeconomic status, Filipino parents prefer to live with their children when they get old and usually choose to stay with a daughter (single or married) (Medina et al., 1996).

Coresidence may entail sharing of resources with the elderly to such an extent as to satisfy the obligations and expectations of continued coresidence sufficiently. De Vos and Holden (1988) assert that living together increases the chances of sharing incomes, and for the aged with meager cash income, contributions to the household economy take different forms, such as providing childcare, house care, housing repair, stewardship, or home ownership. Based on rural Chinese household data, Jiang (1994, p. 437) posited that when "one considers the non-income contribution of old parents toward housework and childcare and the economics of scale inherent in extended living arrangements, the resident child probably does not fare any worse than his or her siblings." On the other hand, Perez (1995) suggests that the most likely

choice of coresidence with the eldest child in the Philippines may be due to other factors like transfer of household headship or inheritance of parental possessions.

The benefits of coresidence can be best viewed as flowing both ways intergenerationally, the direction depending on the age of the elderly. In Japan, an old person at age 60 could expect to live about 19 more years in functional independence or active life and about 4 years in relative disability for his or her remaining life (Liu et al., 1995). In the Philippines, the corresponding figures have not been determined but the number of years the elderly spend in active life is certainly longer than their years in disability. During the longer period of active life when they make contributions benefiting their coresidents, they have more leeway with respect to the choice of living arrangements. It is during the remaining shorter period of disability that the elderly is pushed into dependency.

Within the "dependency-coresidence" paradigm, elderly coresidence is expected to diminish because of the weakening traditional family system of old-age support. This may arise from the increased involvement of women and other caregivers in economic activities outside the home, physical separation of parents and adult children due to urbanization and age-selective migration, and ideational change brought about by mass media and public education (Knodel et al., 1992; Mason, 1991). Without doubt, these determinants are also intertwined with declines in fertility, which reduce the availability of children for support and care of the future elderly (Knodel et al., 1992). On the other hand, while today's elderly may have relatively fewer children, almost all the children will survive to adulthood and be potentially available to support their parents (Hammel et al., 1991). In addition, they may have greater capability to provide assistance which suggests that the traditional model for old-age support—the multi-generational household—may be best realized under modern demographic conditions.

The living arrangement of elderly parents vis-à-vis their children may undergo a transition as in the experience of three countries of varying developmental conditions. In the late 1980s, coresidence with children among the elderly Chinese (two-generation and three-generation households) was very pervasive: 72 percent among the urban elderly and 85 percent among the rural elderly (Jiang, 1994). About the same period, 68 percent of Filipino parents were co-residing with one or more children (Domingo & Casterline, 1992). In contrast, in 1990, only 52 percent of the Japanese elderly aged 65 years and over were living with their children (Ogawa & Retherford, 1997).

FOCUS OF PRESENT ANALYSIS

The living arrangements of the Filipino elderly and their social contact with their children as gleaned from the latest available data are analyzed in this chapter. While the nature of their living arrangements and social contact with their children may suggest family support for them or their contributions to other family members as coresidents and vice versa, the analysis will not cover the flow of support between generations which is the subject of another chapter in this monograph. In that chapter, an examination of living arrangements is made, the unit of analysis being the elderly's coresident child and the non-resident children.

The analysis used data from the 1996 Philippine Elderly Survey (PES), conducted jointly by the University of the Philippines Population Institute and the Demographic Research and Development Foundation. The survey recorded the members of the household of the elderly, their characteristics and relationship to the

respondent, which made possible a detailed examination of the composition of the households of which the elderly respondents were part. The number and location of each of the respondent's living children also made possible an indication of the living arrangements of the elderly in relation to their children. Their contact with children outside was assessed based on data on how often they visited or were visited by these children.

HOUSEHOLD COMPOSITION

The number of persons in the household of the elderly averaged 5.4, a size slightly larger than the number of members in an average Filipino household as reported in the 1995 Census (5.1 members). This could be due to the presence of elderly persons in addition to the regular members of the average household.

Table 5.1 shows that more male elderly were found in larger households than their female counterparts. This is not surprising in view of the much greater likelihood for males to serve as heads of bigger households (Medina et al., 1996) and the much higher work participation rate among males (Chapter 3), including the elderly, thereby enhancing the household's ability to accommodate more members. The male advantage in mean number of household members persists even when the elderly are disaggregated into younger (50-59 years) and older (60 years and over) age groups. Moving from the more urbanized to the rural areas, the mean number of household members decreased, a relationship more evident among the households of those aged 60 years and over. Within this group, the Metro Manila-rural differential was about 2 persons (1.5 persons) while among the younger ones (50-59 years), the corresponding figure was about 1 person (1.1 persons). The preponderance of large-sized households in Metro Manila and in "other urban" areas might be due to limited housing space in these areas and the lack of alternative places of accommodation for migrant relatives or acquaintances.

The younger elderly (50-59 years) were living in generally bigger households than those aged 60 years and over (6 versus 5 members). The smaller household size of the older ones might have resulted from the migration of their children or their separation due to marriage, thereby creating an "empty nest" situation (De Guzman, 1985). In contrast, in the younger elderly households, the children were still growing or were only about to enter the marriageable age.

Table 5.1 also shows that the Tagalog and Pangasinan elderly belonged to relatively larger-sized households than those of other ethnic groups. The Tagalogs were found in Metro Manila and urbanized places of Southern Luzon where the household size is enlarged by in-migration flows despite the small number of children per household due to lowered fertility. Pangasinan exhibits a traditionally elevated mean household size owing to its high total fertility rate and the large number of children because of the higher survival rate of infants and young children. These features are consistent with those distinguishing households in societies which had undergone the demographic transition (United Nations, 1973; De Guzman, 1985).

Only a small percentage of the respondents (about 4%) were living alone or maintaining a one-person household. However, the number rose to 6 percent among those aged 60 years and over. The corresponding figure for 1988 was 4 percent (Domingo & Casterline, 1992), which signified an increase in single-person households among the elderly. Overall, the female elderly displayed a higher tendency than their male counterparts to live alone, although the difference was very minimal (4.2% versus 3.2%).

Among the 50-59-year-olds, the proportion of males living alone slightly exceeded that of females. However, the reverse was true among the 60 and over age group, the gap widening in favor of females (6.4% versus 4.3%).

The increased incidence of single households among the female elderly resulted from both the empty nest phenomenon and the dissolution of the marital union because of the death of the male spouse, a condition exacerbated by the flight of children to the cities or more urbanized areas. Single-person households among the elderly, particularly among the elders 60 years old and over, seemed to be more

Table 5.1. ***Mean number of household members and percentage distribution by household size, by selected characteristics of the elderly***

Background characteristics	Mean	Household size						Total	N of cases
		1	2	3	4	5	6+		
All	5.4	3.7	11.2	13.7	12.9	13.4	45.1	100.0	2285
Sex									
Male	5.6	3.2	8.5	14.2	13.3	12.3	48.5	100.0	1059
Female	5.2	4.2	13.5	13.1	12.6	14.4	42.2	100.0	1226
50-59	5.8	1.1	7.1	12.5	13.9	16.5	48.9	100.0	1020
Sex									
Male	6.1	2.0	4.7	13.0	12.1	15.1	53.1	100.0	531
Female	5.5	0.8	9.6	11.7	15.7	18.0	44.2	100.0	489
Residence									
Metro Manila	6.8	1.0	7.8	7.8	7.8	17.8	57.8	100.0	90
Other Urban	5.8	0.2	6.7	13.4	15.5	16.5	47.7	100.0	388
Rural	5.7	2.4	7.0	12.5	13.7	16.2	48.2	100.0	542
Ethnicity									
Tagalog	6.0	1.0	4.0	13.1	11.0	21.1	49.8	100.0	199
Cebuano	5.2	1.6	11.4	17.9	13.0	15.3	40.8	100.0	184
Ilonggo	5.5	0.9	9.4	13.1	10.4	14.2	52.0	100.0	106
Ilocano	5.2	-	10.5	11.6	16.8	18.9	42.2	100.0	95
Pangasinan	6.5	-	2.2	8.1	13.3	13.3	63.1	100.0	135
Bicol	5.7	-	28.6	7.1	21.4	7.1	35.8	100.0	14
Waray	5.7	2.3	9.8	11.5	17.8	15.5	43.1	100.0	174
Others	6.6	5.4	-	8.2	13.6	16.4	56.4	100.0	110
60 years and over	5.1	5.5	14.5	14.8	12.2	11.0	42.0	100.0	1264
Sex									
Male	5.2	4.3	12.3	15.9	14.4	9.5	43.6	100.0	528
Female	5.0	6.4	16.0	14.0	10.6	12.1	40.9	100.0	736
Residence									
Metro Manila	6.3	1.6	3.5	7.9	12.2	14.8	60.0	100.0	115
Other Urban	5.3	5.3	11.5	15.2	13.6	9.0	45.4	100.0	433
Rural	4.8	6.3	18.0	15.5	11.3	11.6	37.3	100.0	716
Ethnicity									
Tagalog	5.4	2.9	13.7	13.7	13.7	9.4	46.6	100.0	277
Cebuano	4.6	6.0	20.0	18.5	10.9	10.2	34.4	100.0	265
Ilonggo	5.3	4.1	10.3	12.4	11.3	13.4	48.5	100.0	97
Ilocano	5.2	4.7	15.9	12.7	7.9	16.7	42.1	100.0	126
Pangasinan	5.6	3.4	9.1	13.1	13.1	12.6	48.7	100.0	175
Bicol	5.0	16.7	-	22.2	5.6	11.1	44.4	100.0	18
Waray	4.6	9.8	15.5	17.1	15.1	8.1	34.4	100.0	245
Others	6.2	5.3	10.7	5.4	8.9	14.3	55.4	100.0	56

pervasive in rural areas (6.3%) than in Metro Manila (1.7%). Compared to more urbanized areas, living alone in the rural areas may be less problematic because support for the aged is readily available and relatives and friends are nearby.

A significantly larger proportion (35%) of those 60 years old and over were staying in small-sized households (1-3 members), vis-à-vis only a fifth of the elderly aged 50-59 years old in the same type of household. Almost half (49%) of the younger elderly and 2 out of 5 of the older elderly were part of large-sized households (6 members and over).

Among certain ethnic groups, the elderly tended to live in large households. In fact, irrespective of age group, larger percentages of the Pangasinan, Ilonggo, and Tagalog elderly were living in large households with 6 or more members.

One learns more about the composition of the elderly households by examining their adult-kid and sex ratios (Table 5.2). The adult-kid ratio expresses the number of adults (persons aged 15 years old and over) per 100 persons aged 14 years or below. The higher the adult-kid ratio, the more resources for the household or the better able it is to generate resources for household support. The sex ratio denotes the number of males per 100 female members in the total number of elderly households.

Overall, the number of adults exceeded that of young people by more than 2 to 1. As expected, there were more adults vis-à-vis young persons in the households of the elderly aged 50-59 than those of elders aged 60 and over (an adult-kid ratio of 260 to 226) for the same reasons previously cited. The households of the female elderly were found to have more favorable adult-kid ratios than those of their male counterparts aged 50-59. For the elderly aged 60 and over, however, the ratios were about the same.

The ratios rose to as much as 3 adults per 1 youngster in Metro Manila, with the values receding as one moved to the rural areas. This phenomenon appears to have arisen from differences in migration and fertility patterns between urban and rural areas.

In contrast to the Tagalog, Bicol, and Ilocano households where the adult-kid ratios were much higher than average, low adult-kid ratios were found in the Waray, Cebuano, Pangasinan, and Ilonggo households. It is interesting to note that while the households of the older elderly were smaller sized than those of the younger elderly, the proportion of kids among them was bigger, thus resulting in lower adult-kid ratios. This means child dependency is comparatively higher in the households of the elderly aged 60 and over because they are more likely to co-reside with married children, hence the presence of grandchildren in their households.

On the whole, the sex ratios indicate the presence of more male than female members in the households of the elderly, which diminishes slightly as the elderly advance in age. The lower sex ratios among the elderly female households, on the other hand, suggest fewer male members in such households. The sex ratio deteriorates to less than 100 in the households of the older elderly females, thereby denoting a preponderance of female members over male members, which again might have derived from the effects of lower survivorship among males and of the older elderly's preferred coresidence with daughters. An equal number of male and female members were residing in the relatively large Metro Manila elderly households. The balance tips in favor of male members as one shifts to the less urbanized areas then to the rural areas. The Tagalog, Waray, and Bicol older elderly households registered low sex ratios.

In general, the average age of the members of elderly households was 37 years (Table 5.3). Although there were more adults relative to kids in the households of elders aged 50-59 than in those of elders aged 60 and over (see Table 5.2), the average age of the members in the former was usually younger (32 years) than in the latter households (42 years). This indicates that in addition to having adults in more advanced ages in the latter households, their co-residing children were also relatively older.

The members of the elderly male households were also younger than those in the elderly female households. Table 5.3 also shows that the members of the households in Metro Manila were much younger than their counterparts in the rural areas. Given the greater number of adults than kids in the city households, one could conclude that these households also have the advantage in terms of age composition, hence the lower dependency of their members relative to their rural counterparts. Among the ethnic groups, the Ilonggo and Pangasinan households had the youngest members (mean of 35.7 and 35.5 years, respectively).

Another dimension of the composition of the elderly household is the educational status of its household members. Table 5.4 presents the percentage distribution of the elderly respondents according to the highest educational level obtained by a household member, classified by selected characteristics. Around 40 percent of the elderly females had a college-educated household member in contrast to a little over a third among their male counterparts. Likewise, fewer females than males were found in households where the highest educational level attained by members was either only an elementary education or none at all (one-fifth of the females versus one-fourth of the males). This proportion was obtained irrespective of age group and in fact became more apparent in the older ages (60 years and over). Given that there were relatively more working members in the female elderly households (Table 5.5), it appears that the females were slightly better situated. This observation is consistent with the findings by Medina, De Guzman, Roldan and Bautista (1996) and the studies cited by Miralao (1992) which showed that female heads more often headed rich households. They also found that their households belonged to the highest income decile, almost half of which were in the urban areas.

Majority (62%) of the older elderly households in Metro Manila had a college-educated member compared to 43 percent in other urban areas and only 27 percent in the rural areas. This situation reflects the observation that the population follows a gradient of increasing educational attainment as one moves from a rural to a city community. It also implies the relatively better position of the city elderly vis-à-vis their rural counterparts. Table 5.4 reveals that the elderly among the Tagalog, Ilonggo, Pangasinan, and Bicol ethnic groups were better situated in relatively higher-educated households.

Table 5.5 discloses the more favorable circumstances of the same groups. The absence of nonworking relatives was more marked among the members of the male elderly households than in those of the female elderly. Among the older elderly, Metro Manila households had the least proportion with nonworkers. Compared by age group, the female elderly 60 years and older appear to be more disadvantaged than their younger counterparts (50-59 years old) since they preponderated in households with no working relatives. This situation translates into the burden of higher economic dependency given that comparably more of the female elderly were widows and were probably heads of household.

Table 5.2. *Adult-kid ratio and sex ratio in the households of the elderly, by age and other background characteristics*

Background characteristics	All		50-59		60 and over	
	Adult-kid ratio	Sex ratio	Adult-kid ratio	Sex ratio	Adult-kid ratio	Sex ratio
All	243	122	260	130	226	115
Sex						
Male	233	148	239	144	226	151
Female	251	101	283	115	227	91
Residence						
Metro Manila	274	108	281	116	269	102
Other Urban	250	119	277	127	223	111
Rural	231	126	244	135	220	120
Ethnicity						
Tagalog	275	111	292	117	261	107
Cebuano	241	125	260	138	226	116
Ilonggo	258	131	273	130	239	132
Ilocano	262	124	270	129	255	121
Pangasinan	253	132	294	148	216	120
Bicol	266	98	253	125	272	75
Waray	220	119	245	137	199	106
Others	168	120	188	107	125	146

Table 5.3. *Mean age of the members of the households of the elderly, by selected characteristics of the elderly*

Background characteristics	All	50-59	60+
All	37.2	31.9	41.6
Sex			
Male	36.1	31.0	41.3
Female	38.2	32.8	41.9
Residence			
Metro Manila	33.7	31.5	35.5
Other Urban	36.7	31.4	41.3
Rural	38.2	32.2	42.8
Ethnicity			
Tagalog	37.5	32.2	41.3
Cebuano	40.5	34.4	44.7
Ilonggo	35.7	31.5	40.1
Ilocano	37.4	32.7	41.0
Pangasinan	35.5	29.9	39.8
Bicol	38.1	32.7	42.7
Waray	38.5	32.7	42.7
Others	29.7	27.6	33.8

Table 5.6 shows the types of persons an elderly resides with. In general, the most common coresident person of the elderly was his/her child (77%), with the spouse coming in next (63%). A few had nieces or nephews (6%) and siblings (4%).

Large variations in household membership by type of persons emerged as specific age groupings and gender were scrutinized. Among the elderly aged 50-59 years, 6 out of 7 were found to be living with a child and 7 out of 9 lived with their spouse. Among the elderly 60 years old and over, the most common coresident was still the child, followed by the spouse as far second (70% and 52%, respectively). The much lower proportion of elderly in these ages living with their spouses could be explained partly by the

Table 5.4. ***Percentage distribution of respondents by highest education of relative living in household, by background characteristics***

Background characteristics	Highest education of relative				Total	N of cases
	None	Elementary	High school	College		
All	3.2	20.1	39.4	37.3	100.0	2285
Sex						
Male	3.3	21.4	40.1	35.2	100.0	1059
Female	3.0	18.9	38.7	39.4	100.0	1226
50-59	1.9	18.0	43.4	36.7	100.0	1020
Sex						
Male	1.5	19.3	43.1	36.1	100.0	531
Female	2.3	16.5	43.8	37.4	100.0	489
Residence						
Metro Manila	-	1.1	37.1	61.8	100.0	90
Other Urban	-	18.3	38.7	43.0	100.0	388
Rural	3.6	23.8	44.6	28.0	100.0	542
Ethnicity						
Tagalog	-	7.7	41.8	50.5	100.0	199
Cebuano	0.5	26.9	36.9	35.7	100.0	184
Ilonggo	-	11.8	53.9	34.3	100.0	106
Ilocano	3.2	11.6	54.7	30.5	100.0	95
Pangasinan	-	4.5	45.9	49.6	100.0	135
Bicol	-	6.6	26.7	66.7	100.0	14
Waray	1.7	23.4	42.7	32.2	100.0	174
Others	11.4	44.8	38.1	5.7	100.0	110
60 years and over	4.2	21.9	35.9	38.0	100.0	1264
Sex						
Male	5.1	23.7	37.0	34.2	100.0	528
Female	3.5	20.6	35.1	40.8	100.0	736
Residence						
Metro Manila	-	2.6	31.3	66.1	100.0	115
Other urban	2.2	16.4	33.8	47.6	100.0	433
Rural	6.2	28.5	38.0	27.3	100.0	716
Ethnicity						
Tagalog	2.2	14.7	34.0	49.1	100.0	277
Cebuano	5.7	28.3	34.0	32.0	100.0	265
Ilonggo	1.1	20.4	34.4	44.1	100.0	97
Ilocano	1.7	16.9	44.9	36.5	100.0	126
Pangasinan	3.5	10.0	44.7	41.8	100.0	175
Bicol	-	6.7	40.0	53.3	100.0	18
Waray	4.1	32.6	32.1	31.2	100.0	245

higher mortality rate of the male partners, thus leaving most of the women widowed. As children leave the parental household, the percentage of those living with children goes down. The tendency of the elderly to rejoin their children after the latter have married or migrated and the practice of some children, particularly the youngest child, single or married, of coresiding with their parents have resulted in an elevated rate of coresidence with children in old age.

Table 5.5. ***Percentage distribution of respondents by number of working relative members in the household, by background characteristics***

Background characteristics	Household size						N of cases
	0	1	2	3	4	5+	
All	23.9	39.8	21.9	9.0	3.8	1.6	2285
Sex							
Male	29.9	37.4	19.2	7.1	4.8	1.6	1059
Female	18.6	41.9	24.3	10.7	3.0	1.5	1226
50-59	23.3	40.2	20.7	10.4	3.4	2.0	1020
Sex							
Male	30.6	36.8	18.3	8.7	3.3	2.3	531
Female	15.5	43.9	23.3	12.2	3.5	1.6	489
Residence							
Metro Manila	12.5	28.4	31.8	19.3	3.4	4.6	90
Other Urban	23.7	40.6	21.9	8.9	2.3	2.6	388
Rural	25.0	42.0	18.0	10.0	4.0	1.0	542
Ethnicity							
Tagalog	10.3	41.8	26.5	14.8	3.1	3.5	199
Cebuano	23.8	46.4	19.9	7.7	1.7	0.5	184
Ilonggo	21.6	40.2	21.6	14.6	1.0	1.0	106
Ilocano	33.7	44.2	16.8	4.2	-	1.1	95
Pangasinan	17.0	41.5	22.2	12.6	5.2	1.5	135
Bicol	6.6	40.0	26.7	6.7	13.3	6.7	14
Waray	31.2	34.7	20.0	8.8	4.7	0.6	174
Others	28.8	38.5	13.5	8.7	6.7	3.8	110
60 years and over	24.4	39.3	22.9	7.9	4.2	1.3	1264
Age group							
60-69	24.6	39.0	23.0	8.2	4.7	0.5	714
70+	23.9	40.4	23.0	7.5	3.6	2.0	551
Sex							
Male	29.1	37.9	20.2	5.4	6.4	1.0	528
Female	20.9	40.4	25.0	9.7	2.6	1.4	736
Residence							
Metro Manila	8.8	30.1	34.5	14.2	7.1	5.3	115
Other urban	25.4	37.3	22.0	9.0	4.9	1.4	433
Rural	26.3	42.3	21.5	6.2	3.3	0.4	716
Ethnicity							
Tagalog	18.6	36.4	28.4	8.7	6.0	1.9	277
Cebuano	27.1	39.7	22.3	6.1	3.6	1.2	265
Ilonggo	18.3	33.3	32.3	7.5	5.4	3.2	97
Ilocano	18.5	45.4	24.4	5.9	4.1	1.7	126
Pangasinan	26.0	38.5	18.3	12.4	3.0	1.8	175
Bicol	7.9	33.3	40.0	13.3	6.7	-	18
Waray	33.0	41.3	17.4	6.0	2.3	-	245
Others	24.5	49.2	7.5	9.4	9.4	-	56

The pattern of coresidence with the spouse by sex of respondent turned out as expected. The higher percentage of the elderly living with a spouse among the males could be explained by the fact that a living male is also more likely to have a living spouse than the other way around. On the other hand, this also reflects the men's inclination to marry younger women and to remarry when widowed.

As presumed, more males than females co-resided with a child. In contrast, relatively more females co-resided with a child-in-law or a grandchild regardless of age group. This state of affairs is again a function of the difference in mortality rates between the sexes and the greater preference among women to live with married children, particularly married daughters. The higher percentage of those living with their spouses as one moves from Metro Manila to the rural areas arose mainly from the preponderance of elderly females in the metropolitan area, as a result of historically female-dominated migration flows to this area. This phenomenon is compounded by a bias against the higher mortality among husbands. The elderly households in Metro Manila were more likely to have a co-residing child, nephew, niece, or sibling than those in other places, which indicates the presence of extended households in Metro Manila and the greater capacity of city households to support such members.

LIVING ARRANGEMENTS

A clearer picture of the living arrangements of the elderly in terms of the presence of spouse, children or other persons is depicted in Table 5.7. For all the elderly, the most common living arrangement was with the mix of spouse, children, and others (25%). Among the young elderly (50-59 years), living with a spouse and children only was the most common setup (41%), whereas among the older elderly (60 years and over), it was living with a child and others only (26%). In the latter case, "others" usually meant a child-in-

Table 5.6. ***Percent of respondents living with other members, by background characteristics***

Background characteristics	Type of household member							N of cases
	Spouse	Child	Nephew / niece	Parent	Sibling	Other relative	Non-relative	
All	63.4	77.2	5.8	2.4	4.2	0.9	3.4	2285
Sex								
Male	80.1	80.8	4.7	2.5	3.4	0.8	3.2	1059
Female	48.9	74.0	6.7	2.4	5.0	1.1	4.0	1226
50-59	77.5	86.6	7.0	4.4	5.6	1.1	2.9	1020
Sex								
Male	90.0	89.1	5.8	3.8	4.5	0.9	3.2	531
Female	63.9	81.8	8.2	5.1	6.7	1.2	2.7	489
Residence								
Metro Manila	66.7	84.8	14.4	8.9	13.3	2.2	4.4	90
Other Urban	75.0	88.4	7.2	4.6	5.7	0.5	2.4	388
Rural	81.0	83.6	5.5	3.5	4.2	1.3	2.2	542
60 years and over	52.0	70.4	4.8	0.9	3.2	0.8	4.2	1264
Sex								
Male	70.1	72.6	3.6	1.3	2.3	0.6	3.2	528
Female	39.0	68.8	5.7	0.5	3.8	1.0	4.9	736
Residence								
Metro Manila	45.2	83.5	13.0	-	8.7	0.9	7.0	115
Other urban	51.2	70.0	4.8	0.7	3.9	1.2	6.0	433
Rural	53.7	68.4	3.4	1.1	1.8	1.8	2.8	716

law or a grandchild. Very few lived alone, about 4 percent overall, but the percentage of those living alone increased with advancing age (rising from 1.5% in the ages 50-59 to 9% in the ages 70 and over).

An evaluation of living arrangements by gender shows that majority of the males aged 50-59 years old co-resided with a spouse and children only (54%). The next most common setup was coresidence with a spouse, a child and others only (29%). The other types of living arrangements accounted for very small percentages. Among the females of the same age, the same kind of arrangement appeared dominant but to a much lesser extent (27%), with the rest of the percentages more evenly distributed among the other types.

Residence and age determine varying dominant living arrangements. The elderly aged 50-59 from Metro Manila were most likely to live with a spouse, a child and others (43%). Otherwise, only in the "other" urban and rural areas were they likely to live with a spouse and children only. Among those aged 60 and over, more Metro Manila elderly tended to live with only a child and others only (40%). The same arrangement predominated among the other urbanites and rural residents, although on a much smaller scale (26% and 24%, respectively). The elderly in the city and other urban areas were also observed to be less likely to live alone or live with a spouse only compared to their rural counterparts.

Table 5.7. ***Percentage distribution of respondents by type of living arrangement defined by spouse, children, and others, by background characteristics***

Background characteristics	Type of household member								N of cases
	Alone	Spouse only	Child only	Others only	Spouse & child only	Spouse & others only	Child & others only	Spouse, child, & others	
All	3.7	6.5	7.2	7.5	26.9	5.0	18.2	25.0	2285
Sex									
Male	3.2	6.4	4.0	3.3	38.7	6.2	9.4	28.8	1059
Female	4.1	6.6	9.9	11.2	16.6	4.0	25.8	21.8	1226
50-59	1.5	4.8	8.2	4.7	42.5	3.3	8.0	27.0	1020
Sex									
Male	2.1	4.0	3.0	2.3	55.7	2.6	2.6	27.7	531
Female	0.8	5.7	13.9	7.4	28.0	4.1	13.9	26.2	489
Residence									
Metro Manila	1.0	4.4	7.7	7.7	16.5	3.3	16.5	42.9	90
Other Urban	0.3	4.1	11.1	5.2	45.9	2.0	8.2	23.2	388
Rural	2.4	5.4	6.3	4.0	44.1	4.4	6.5	26.9	542
60 years and over	5.5	7.9	6.3	9.8	14.2	6.4	26.4	23.5	1264
Age group									
60-69	2.8	8.4	6.3	6.6	19.0	6.7	21.7	28.5	714
70+	9.1	7.3	6.3	14.0	7.8	6.1	32.3	17.1	551
Sex									
Male	4.4	8.9	5.1	4.4	21.4	9.8	16.1	29.9	528
Female	6.4	7.2	7.2	13.7	9.0	3.8	33.8	18.9	736
Residence									
Metro Manila	1.7	1.7	4.3	9.6	6.1	3.5	40.1	33.0	115
Other urban	5.2	6.5	5.8	11.3	13.6	6.9	26.7	24.0	433
Rural	6.3	9.9	7.0	9.0	15.8	6.4	24.1	21.5	716

CORESIDENCE WITH CHILDREN

The modes of coresidence with children are shown in Table 5.8. Living with children, especially with unmarried children, was the dominant arrangement. Still, a large proportion of the elderly, irrespective of age group, sex, or residence, were found to be living alone or co-residing with persons other than their children. Coresidence with unmarried children was most notable among the elderly aged 50-59 years, an arrangement indicative of the dependency of young children on their parents. On the other hand, among elders 60 years and over, coresidence with a married child was more common than with unmarried children, thus denoting elderly dependency during these advanced ages. The younger elderly tended to resort less to coresidence with married children. Table 5.9 shows that the elderly were more likely to take up coresidence with an unmarried son than with an unmarried daughter. But when a child is married, an elder was more likely to live with a married daughter than with a married son. This tendency is in keeping with the preference of parents to live with a married daughter in old age. The sex differentials in coresidence with single and married children reflect the dependency status of children or that of the elderly.

As the main provider of the family and presumed household head, the male elderly exhibited a higher tendency to live with dependent unmarried children and a lower inclination to live with married children. The reverse held among the female elderly who exhibited higher tendency to live with married children for old-age support or assistance.

Coresidence with single children did not correlate with place of residence, whereas a more distinct pattern of relationship was defined by coresidence with married children. Metro Manila residence, for instance, was associated with higher coresidence with married children.

Table 5.8. ***Percentage distribution of the elderly by living arrangement, by background characteristics***

Background characteristics	Highest education of relative						N of cases
	Alone	With spouse only	With other persons	With at least one single child	With at least one married child	Other arrangements	
All	3.7	6.5	7.7	38.4	20.1	23.5	2285
Sex							
Male	3.2	6.4	3.2	44.6	15.1	27.4	1059
Female	4.2	6.6	11.6	33.1	24.5	20.1	1226
50-59							
Sex	1.5	4.8	4.8	53.5	9.6	25.8	1020
Male							
Female	2.1	4.0	2.2	58.4	6.8	26.6	531
Residence	0.9	5.7	7.6	48.1	12.7	24.9	489
Metro Manila							
Other Urban	1.1	4.5	7.3	37.0	22.4	27.7	90
Rural	0.2	4.1	5.2	60.6	8.1	21.7	388
60 years and over	5.5	7.9	10.0	26.3	28.6	21.6	1264
Sex							
Male	4.4	8.9	4.3	30.7	23.4	28.3	528
Female	6.3	7.2	14.2	23.1	32.3	16.9	736
Residence							
Metro Manila	1.6	1,3	10.9	26.0	31.8	28.3	115
Other urban	5.3	6.4	11.4	23.1	31.2	22.6	433
Rural	6.3	9.9	9.1	28.3	26.5	20.0	716

As may be gleaned from Table 5.10, among the elderly with at least one child, majority claimed that the child living closest to them was a coresident (90% among those aged 50-59 years and 74% among those aged 60 or over). The child living in closest proximity who was not a coresident could be described largely as "just around the corner" – that is, living next door or living in the same village or barangay. Only a small proportion of the elderly reported the child living nearest to them to be living outside the village or barangay. The proximity of children underlies the support system made available to the nearest kin, particularly elderly parents. This support system seems to be more prominent in urban areas compared to the rural areas and may also reflect the relative geographic immobility of children in the urban areas. In the metropolis, coresidence with the child living closest to them was over 90 percent, irrespective of the age group of the elderly respondent.

Consistent with foregoing observations, the data on the educational and employment status of the child living nearest to the elderly in Tables 5.11 and 5.12 show that most of them co-resided or lived near children who were better educated (high school or college) or were earning an income.

The proximity of residence begins from the time the children pursue higher education until they have completed it or begun working. The increased proportions of elderly staying with better-educated children could be explained partly by the improved educational status of the population which benefited mostly the young generation. The female elderly seemed to be slightly more favorably placed in terms of the educational status of the children residing nearest to them; that is, higher proportions of them were co-residing or living with college-educated daughters and sons. The sex differentials among those co-residing or living with a working child living nearest to them were rather minor.

Table 5.9. ***Percentage of respondents living with children among those with at least one living child, by background characteristics***

Background characteristics	Any single			Any married		
	Child	Sons	Daughters	Child	Sons	Daughters
All	51.9	40.3	38.8	33.5	16.5	19.5
Sex						
Male	57.5	46.5	32.9	28.0	14.1	16.4
Female	47.0	35.0	29.0	38.2	18.7	22.2
50-59	67.1	54.8	42.3	23.1	12.1	13.6
Sex						
Male	70.4	58.5	43.4	18.7	10.9	10.4
Female	63.5	50.8	41.0	28.0	13.7	17.1
Residence						
Metro Manila	56.7	44.4	38.9	43.3	20.0	31.1
Other Urban	73.5	58.2	48.2	20.2	10.3	12.4
Rural	64.4	54.1	38.7	21.8	12.3	11.6
60 years and over	39.6	28.6	21.5	41.9	20.0	24.3
Sex						
Male	44.5	34.5	22.3	17.2	17.2	22.5
Female	36.0	24.5	20.9	22.0	22.0	22.5
Residence						
Metro Manila	50.4	37.4	33.0	56.5	24.6	37.4
Other urban	35.9	25.6	19.8	44.2	24.2	22.8
Rural	39.9	29.1	20.6	38.0	16.6	23.1

Table 5.10. *Percentage distribution of the elderly by location of residence of nearest child, by background characteristics*

Background characteristics	Same house	Same compound / next door	Same barangay	Same city	Same province	Outside of province	Abroad	Total	N of cases
All	81.2	4.4	8.1	1.1	2.8	2.1	0.3	100.0	2285
50-59	90.3	2.0	3.4	1.0	1.5	1.7	0.1	100.0	1020
Sex									
Male	92.8	1.2	2.8	0.6	0.8	1.8	-	100.0	531
Female	87.3	3.1	4.0	1.5	2.2	1.5	0.4	100.0	489
Residence									
Metro Manila	90.4	1.2	1.2	6.0	1.2	-	-	100.0	90
Other Urban	92.2	2.2	2.7	-	1.9	1.0	-	100.0	388
Rural	88.7	2.3	5.2	-	2.8	1.0	1	100.0	542
60 years and over	74.0	6.2	12.0	1.1	3.8	2.4	0.5	100.0	1264
Sex									
Male	74.2	7.0	9.7	0.8	5.2	2.5	0.6	100.0	528
Female	73.9	5.7	13.6	1.3	2.8	2.3	0.4	100.0	736
Residence									
Metro Manila	92.3	1.2	1.8	2.7	-	1.0	1.0	100.0	115
Other urban	74.7	7.9	8.1	-	6.4	2.5	0.4	100.0	433
Rural	66.8	6.1	17.6	-	6.2	2.5	0.4	100.0	716

Table 5.11. *Percentage distribution of respondents according to the highest education of nearest child aged 15 years and over, by background characteristics*

Age of child / highest education	All	50-59 years			60 years and over		
		Total	Male	Female	Total	Male	Female
15-24 years							
None	1.7	1.7	2.0	1.3	1.8	2.7	-
Elementary	20.3	20.0	16.6	25.1	21.6	24.3	16.2
High school	49.2	48.5	53.5	40.9	51.4	56.8	40.5
College	28.8	29.8	27.9	32.7	25.2	16.2	43.3
25 years and over							
None	3.5	3.2	3.8	2.8	3.5	3.2	3.8
Elementary	31.3	25.6	21.6	28.6	33.9	31.6	35.3
High school	39.1	44.6	47.0	42.8	36.6	40.1	34.4
College	26.1	26.6	27.6	25.8	26.0	25.1	26.5
All ages							
None	3.0	2.5	2.7	2.2	3.0	3.2	3.6
Elementary	28.4	22.9	18.8	27.3	33.0	30.4	34.2
High school	41.7	46.5	50.7	42.0	38.1	42.8	34.8
College	26.9	28.1	27.8	28.5	25.9	23.6	27.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0

CONTACT WITH CHILDREN

In addition to living close to their children, the elderly also maintained close contact with them through visitations (table not shown). Majority of the elderly visited their children at least once a month. Only a little less than a fifth did not visit their children living far away from home. These visits did not include those made by children and thus are not an adequate index of their frequency of contact with children not living in their household. Based on a study of the most frequent types of visits, it appears that the female elderly were more inclined than their male counterparts to make frequent visits, although the differences are small. The younger elderly also exhibited a greater tendency to visit their children more frequently. Both metropolitan and rural residence were associated with higher probability of frequent visits. The former might be partly due to the availability of good means of transportation. Among the elderly rural residents, frequent visits might be motivated by the need for support and the ease with which such support could be obtained.

Writing children or calling them by phone once a month or once every few months seemed to be the norm (table not shown). Older elderly in Metro Manila showed a greater tendency to contact their non-coresident children than the younger elderly. The reverse pattern emerged among those in other urban areas. Very slight differences by age and gender surfaced, but a large percentage (less than half) of the elderly never tried to contact their non-coresident children irrespective of age, gender, and residence.

PERCEPTIONS OF LIVING ARRANGEMENTS

Seven in 10 elderly believe that the best living arrangement for an elderly nowadays is to co-reside with his or her children or live near them (Table 5.13). The previous chapters have indicated that this expressed reference is motivated by the need for support and the perception that it is readily available or

Table 5.12. ***Percentage distribution of respondents according to the work status of nearest child aged 15 years and over, by background characteristics***

Age of child / work status	All	50-59 years			60 years and over		
		Total	Male	Female	Total	Male	Female
15-24 years							
Working	38.8	37.5	39.0	35.2	43.8	46.7	37.8
Housewife	5.2	4.9	4.5	5.6	6.3	5.3	8.1
Student	32.7	34.3	38.2	28.4	26.8	26.7	27.0
Unemployed	13.3	13.0	11.4	15.4	14.3	13.3	16.2
25 years and over							
Working	63.5	62.7	63.6	62.2	63.5	62.7	63.6
Housewife	17.2	14.9	13.6	15.9	17.2	14.9	13.6
Student	0.6	1.4	1.6	1.2	0.6	1.4	1.6
Unemployed	10.2	12.2	13.6	11.2	10.2	12.2	13.6
All ages							
Working	56.9	50.5	49.5	51.6	61.8	62.0	61.6
Housewife	14.0	10.1	8.4	11.9	17.0	16.2	19.1
Student	9.2	17.3	22.6	11.9	2.9	4.7	7.7
Unemployed	11.0	12.6	12.4	12.8	9.8	10.2	9.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0

obtainable. These elderly persons claim that they co-reside with a child, rotate their visits to the various residences of their children, or live alone but near their children.

A large proportion of the elderly reported that living alone would be considered ideal (45%), but the size diminishes with the advancing age of the respondent (48% among those aged 50-59 years and 43% among those aged 60 and over). This underscores the increasing dependence among the elderly as they advance in age.

Table 5.13. ***Percentage distribution of respondents by their perceived best living arrangement for elderly couples today, by background characteristics.***

Background characteristics	Living Arrangement					N of cases
	Live alone	Live alone but near children	Rotate among children	Live with child	Depends	
All	45.5	24.7	7.7	20.1	2.0	2199
Sex						
Male	46.1	27.1	6.3	18.8	1.7	1009
Female	44.0	22.7	8.9	22.0	2.4	1190
50-59	47.9	26.9	6.2	17.2	1.9	999
Sex						
Male	49.3	30.2	5.0	13.9	1.6	517
Female	46.4	23.4	7.5	20.7	2.0	482
Residence						
Metro Manila	46.6	21.6	8.0	19.3	4.5	88
Other Urban	44.4	31.1	4.9	18.0	1.6	383
Rural	50.3	24.8	7.0	16.3	1.6	529
Ethnicity						
Tagalog	32.6	36.4	6.8	20.0	4.2	190
Cebuano	51.7	21.7	5.5	18.3	2.8	180
Ilonggo	37.9	35.0	7.8	17.5	1.8	103
Ilocano	62.5	16.7	2.1	17.7	1.0	96
Pangasinan	39.7	33.8	4.4	20.6	1.5	136
Bicol	53.4	20.0	13.3	13.3	-	15
Waray	59.7	19.3	5.8	14.0	1.2	171
Others	54.6	23.6	10.9	10.9	-	110
60 years and over	42.6	22.8	9.0	23.3	2.3	1200
Sex						
Male	42.7	23.8	7.7	24.0	1.8	492
Female	42.6	22.2	9.9	22.9	2.4	708
Residence						
Metro Manila	32.5	23.1	17.6	20.4	6.4	108
Other Urban	41.1	25.1	10.2	21.0	2.6	410
Rural	45.7	21.4	6.4	25.2	1.3	683
Ethnicity						
Tagalog	35.2	30.0	10.7	20.6	3.5	253
Cebuano	46.1	19.4	7.9	25.0	1.6	252
Ilonggo	42.6	23.4	7.4	26.6	-	94
Ilocano	40.5	26.4	7.4	24.0	1.7	121
Pangasinan	36.3	24.6	11.0	24.6	3.5	171
Bicol	29.4	17.5	23.5	29.5	-	17
Waray	57.6	14.8	6.2	19.2	-	229
Others	28.1	24.6	12.2	35.1	-	57

The perception of living alone as the ideal setup slightly differs by sex and residence among the younger elderly. Among the ethnic groups, the Tagalogs, Ilonggos and Pangasinenses are less receptive to the idea than their other ethnic counterparts. Among the older elderly, residence and ethnicity matter, with those in Metro Manila, the Tagalogs, Pangasinenses and Bicolanos least receptive to the idea of living alone as the ideal living arrangement. These findings may reflect the impact of the economic and psychological costs of living in an institutional setting on their perceptions. One who does not have to worry about defraying possible financial costs may be more inclined to favor living in a "home for the aged." Moreover, reluctance about living alone may be higher among respondents who see institutionalized care as taking them away from their children or making it hard for the children to visit them because of distance or difficulty of communication and transportation. These considerations are seen to be more salient in a city setting than in a less urbanized or rural location.

SUMMARY

The elderly live in households with slightly more members than the average Filipino household. The characteristics of such households seem to be beneficial to the Filipino elderly. Only a small percentage of them maintain a one-person household or live alone. The adult-kid ratios in their households denote the preponderance of adults vis-à-vis dependent children. The sex ratios came up according to the expected configuration. In general, the members of the elderly's households were well-educated, with a large percentage of the elderly, particularly the females, living in households with college-educated members. Moreover, the elderly households have a relatively low number of non-working members. The predominant living arrangement is coresidence with a child, and for the elderly not co-residing with a child, there is a child almost always living nearby. The study thus underscores the relevance of the nature and characteristics of the living arrangement of the elderly to existing old-age support systems pervasive in Philippine society.

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06

Intergenerational Support

AURORA E. PEREZ, PH.D.

Let parents bequeath to their children not riches, but the spirit of reverence.

– Plato

INTRODUCTION

THE LIFE of the Filipino near elderly and elderly, traditionally reckoned as such from age 50 and over, was captured by the 1996 Philippine Elderly Survey (PES). Born in the late 1940s, these near elders or elders spent most of their young and middle years at a time when the country was recovering from the ravages of the Second World War. Now in their twilight years, they know only too well the many changes that have come and gone with time.

Individualism fostered by urban and industrialized economies in an age of globalization is threatening to shatter the old order of things. Parents are losing their authority over their mature children. Conflicts arise between the older and younger family members. The changing environment of family life poses new challenges.

Has the tight grip of the Filipino exchange system of parents taking care of their children when they are small—and children paying back their parents by taking care of them when they get old—loosened? Should the bond between Filipino parents and their children be kept or severed?

This chapter addresses these questions. It is an initial analysis of the intergenerational support flows between near elderly and elderly and their children on a limited scale, using selected characteristics of near elderly and elderly persons that might influence the type and the direction of the flow of support.

THE HOME BINDS FAMILY MEMBERS

The home remains the most important place where affection and kinship ties draw family members close together all their lives. It is also a pivotal point of exchange of support and care between the old and the young generations. When a family includes children, working parents,

and grandparents, financial support and other types of care flow in many directions. Such is the case in most Filipino families.

The survey results show that one in three (34.5%) of the children of persons aged 50 and over were living with their parents (Table 6.1). One in five (23.2%) had near elderly and elderly parents living next door (8.1%) or in the same community (15.1%). One in seven children (14.0%) had parents aged 50 and over residing a little farther but in the same city or province where the children live, and about one in three (28.2%) had near elderly and elderly parents living in another province.

The "empty nest" stage in the lives of older persons shows up in the differing proportions of near elderly and elderly parents. While more than half (51.6%) of the children of near elderly (50-59 years) were still co-residing with their parents, a significantly lower proportion was observed among those children of 60 years old and over. This may indicate that near elderly parents have greater chances of having unmarried adult children living with them. Elderly parents, on the other hand, have older adult children with their own families in homes away from the former. The usual arrangement found was that children were in the same vicinity as their parents, either next door (9.4%), the same community (17.9%), the same city (4.3%), or the same province (13.0%). All told, this setup accounted for 44.6 percent. By contrast, only 33.2 percent of children of those aged 60 years and over were outside the province where their parents were residing.

Greater female mobility even in the older ages was evident. Only about three in ten (29.7%) of children of near elderly and elderly females resided with their parents compared with four in ten (39.7%) of children of near elderly and elderly males similarly situated. The same female edge in mobility is observed among the children of near elderly and elderly males (25.9%) and females (30.6%) residing outside the province of residence of their parents. The near elderly and elderly female parents living separately from their children were farther removed from them, particularly women in their sixties who were still working far away from their families as laundry women or household help, unlike most of the men who persisted in agricultural work even as they aged.

Coresidence among children and near elderly and elderly parents was more prevalent in urban areas (38.1%) than in rural areas (31.9%). In the latter, children and their near elderly and elderly parents stayed within the same community (18.2%) at a comfortable distance from one another. The corresponding

Table 6.1. ***Percentage distribution of children of persons aged 50 and over according to location of child, by age, sex, and residence of parent***

Place of residence (relative to the elderly)	All	Characteristics of near elderly or elderly parent (respondent)					
		Age		Sex		Residence	
		50-59	60+	Male	Female	Urban	Rural
Coresident	34.5	51.6	22.1	39.7	29.7	38.1	31.9
Next door	8.1	6.4	9.4	6.9	9.2	8.8	7.6
Same community	15.1	11.2	17.9	13.9	16.2	10.9	18.2
Same city	3.6	2.7	4.3	2.9	4.2	4.7	2.8
Same province	10.4	6.7	13.0	10.7	10.0	10.1	10.6
Outside province	28.3	21.5	33.2	25.9	30.6	27.4	29.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
(N of cases)	(12620)	(5306)	(7312)	(6074)	(6545)	(5347)	(7273)

proportion in urban areas is lower at 10.9 percent. This may be due to less crowding and greater availability of space in rural areas compared to urban areas.

Among co-residing near elderly or elderly parents and children, the parents owned the homes they were residing in, close to eight in ten (78.7%) of them declaring so (Table not shown). A lower proportion (56.1%) reported ownership of the lot where their home was standing irrespective of age and area of residence of the near elderly and elderly persons. A notable finding is that the elderly persons in rural areas had the highest proportion (90.5%) claiming ownership of the house while their urban counterparts had the lowest proportion (51.6%) of owners of the home plot.

Almost all of the children of persons aged 50 and over were the near elderly and elderly's own (93%), while 7 percent were the near elderly and elderly's stepchildren or adopted children (Table 6.2). Very few of the children were under 15 years old, and most of them are of majority age at 20 years or older. Most of them were then married (65.5%) while a smaller proportion (30.9%) were yet to be married.

There were more unmarried children of the near older or older persons in urban places (32.4%) than in rural areas (29.7%). As expected, the proportion (49.3%) of unmarried children is larger among near older parents compared to the proportion (20.1%) of single children of those 60 years and over. Since alternative sources of support for the older persons are still limited in Philippine society, there is a strong likelihood that adult children, especially those who are not married, will provide support to their older parents. In a developing country where poverty prevails, the prospect of increased government welfare aid to the older persons appears low. The strong family ties binding the older persons with their coresident adult children and their families are clearly a more socially reliable source of support for the care of older persons.

Table 6.2. ***Percentage distribution of children of persons aged 50 and over according to selected characteristics of the child, by age, sex, and residence of the parent***

Characteristics of child	All	Characteristics of near elderly or elderly parent (respondent)					
		Age		Sex		Residence	
		50-59	60+	Male	Female	Urban	Rural
Type of child							
Own	93.2	93.1	93.3	91.8	94.5	92.4	93.2
Step/Adopted	6.8	6.9	6.7	8.2	5.5	7.6	6.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
(N of cases)	(13619)	(5487)	(8132)	(6356)	(7263)	(6094)	(13619)
Age of child							
Under 15	8.2	17.4	2.1	13.3	3.9	8.1	8.4
15-19	6.7	13.6	2.0	8.8	4.9	6.6	6.7
20+	85.1	69.0	95.9	77.9	91.2	85.3	84.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
(N of cases)	(12733)	(5129)	(7604)	(5858)	(6875)	(5650)	(7083)
Marital Status							
Single	30.9	49.3	20.1	35.5	27.3	32.4	29.7
Currently married	65.5	48.8	75.2	61.7	68.4	63.7	66.9
Previously married	3.6	1.9	4.6	2.8	4.3	3.9	3.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N of cases	(11753)	(4341)	(7412)	(5144)	(6609)	(5200)	(6553)

Note: Total N of cases varies due to cases with no information on each of the variables.

LOVE AND CARE FLOW IN MANY STREAMS

In Philippine society, filial loyalty expressed by children through care and support for the older persons is generally taken for granted. The continued support and care by their adult children are thus practically assured. But how many Filipino homes are there where generations of grandparents, parents and grandchildren are living together? Changing fortunes have driven many Filipinos to work overseas, particularly among the poor. This often leads to changes in family structures which result in parents supporting their children again. The life situation of the elderly indicates that the flow of support is not always one way from children to parents.

Support strings of the Filipino family

Due to large family sizes in the past, it is very likely that the Filipino elderly had exchanged support with the children they live with as well as with those not living with them. This practice strengthens the family's strong support strings whose reach goes well beyond the household door. Committing time to attend to the physical and emotional needs of the old folks is the principal form of support co-residing children give. In return, the old folks take care of their grandchildren. Among Filipino grandparents who did so, 3 in 10 (30%) took care of three or more grandchildren. On the average, they spent 44 hours a week rendering childcare. In an extended household setting common in Philippine society, older persons double as parents and grandparents. Such nurturing roles further strengthen the familial support strings.

Help in kind

In situations where near elderly and elderly parents and children do not live together in the same house, the two-way flow of support comes in the form of exchange of food, clothes and other gifts, and money (Table 6.3). Overall, close to 3 in 10 (29.5%) of the children of male or female near elderly and elderly received food, clothing and other personal gifts from their parents, living with them or not, within the past year prior to the survey. More than six in 10 (62.7%) of the children of those 50-59 years old reported having received so in the past year. In contrast, only one in three of the children of older folks 60 years old and over received such support. Thus, the ability of near elderly and elderly parents to give gifts to their children declines as they get much older. This mode of support did not differ by the sex and urban or rural residence of near elderly and elderly.

On the other hand, the survey also disclosed that more help proceeded from children to elderly parents. Close to six in ten (55.8%) of the children gave their parents food, clothing, and other "favorite" things in the past year. This seemed more to have been the case among the elderly (64%) than among the near elderly (44.8%), who may be better able to buy things for themselves. The data likewise indicated that assistance from their children was greater for mothers (62.9%) than fathers (48.1%). The children in the urban areas (57.4%) were slightly more likely to give gifts to their parents than their rural counterparts (54.7%).

Cash support

One in three of the elderly's children received monetary assistance from their parents within the past year. About one-fourth (24.4%) of this financial help involved small sums totaling less than P1,000 for the whole year. Expectedly, older persons' capacity to help their children financially diminished with age. Only one in five of the senior citizens' children, compared to a little more than half of the near elderly's

Table 6.3. *Percentage distribution of older parents aged 50 and over according to material exchanges with their children, by age, sex, and residence of parent*

Material exchanges	All	Characteristics of near elderly or elderly parent (respondent)					
		Age		Sex		Residence	
		50-59	60+	Male	Female	Urban	Rural
Respondent gave child material things within the past year							
Yes	29.5	62.7	33.4	49.1	42.5	47.5	44.3
No	70.4	37.2	66.5	50.8	57.4	52.5	55.5
Total	99.9	99.9	99.9	99.9	99.9	100.0	99.8
(N of cases)	(12493)	(5213)	(7281)	(5973)	(6521)	(5280)	(7213)
Child gave respondent material things within the past year							
Yes	55.8	44.8	63.7	48.1	62.9	57.4	54.7
No	44.2	55.2	36.3	51.9	37.1	42.6	45.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
(N of cases)	(12445)	(5190)	(7255)	(5942)	(6503)	(5259)	(7186)
Respondent gave child money within the past year							
Yes, Php 1000+	9.7	14.4	6.3	10.8	8.8	12.0	8.0
Yes, < Php 1,000	24.4	37.1	15.1	29.5	19.6	24.1	24.5
No	65.9	48.4	78.5	59.7	71.6	63.9	67.4
Total	100.0	99.9	99.9	100.0	100.0	100.0	99.9
(N of cases)	(12776)	(5369)	(7406)	(6115)	(6661)	(5433)	(7343)
Child gave respondent money within the past year							
Yes, Php 1000+	15.1	12.2	17.2	13.2	16.8	16.3	14.2
Yes, < Php 1,000	32.8	26.7	37.3	29.3	36.1	30.0	34.8
No	52.1	61.2	45.6	57.6	47.1	53.7	51.0
Total	100.0	100.1	100.1	100.1	100.0	100.0	100.0
N of cases	(12777)	(5369)	(7406)	(6116)	(6661)	(5434)	(7343)

Notes: Material support includes food, clothing, or personal belongings.
Total N of cases varies due to cases with no information on each of the variables.
Some percentages do not equal to 100% due to rounding error and cases with no information on each of the variables.

children, received cash from their parents. It was also found that the older men were better able to extend cash support to their children than older women. In the same manner, older persons in the urban areas had a slight edge over their counterparts in the farming villages in terms of their ability to support their children in their sunset years.

The expected flow of cash help from children to elderly parents was borne out by the survey data. Overall, less than half (47.9%) of the children gave their parents money in the past years. A great many of them gave no more than P1,000 at a time to their parents. The amount given to parents did not vary very much between the near elderly and the elderly. However, children tended to give more to their mothers: about 53 percent to mothers vis-à-vis 42.5 percent to fathers. There was no apparent difference between the rural and urban parents' cash assistance from children.

Rapid changes in modern life have altered the size and lifestyles of Filipino families. Nuclear families made up of just the couple and their children living in one-family households are on the rise, a phenomenon threatening the existence of traditionally large families composed of grandparents down to their grandchildren. At least for now, Filipino children remain constant caretakers, providers, and sources of financial support of their aging parents. The 1996 PES data showed that 37.4 percent of the elderly received support only from their children, slightly up from 35.1 percent in 1984. This pattern is expected to persist until elderly parents see themselves as a burden to their families and would choose to live alone instead in institutions for the aged, and children would have learned to detach themselves from their parents, having grown accustomed to that alternative arrangement. While tenacity of filial duty and support among Filipino families is not expected to be eroded so easily, there is no saying whether it will eventually succumb to the pressures of modern life.

Visits continue when living apart

The practice of visiting between elderly parents and non-co-resident children remains strong. Daily visits to one another appeared to be the most popular mode, with about the same frequency of visits (21.1% and 22.6%) both ways (Table 6.4). Of slightly lower proportion (12.0%) were non-coresident children visited by their elderly parents weekly/every few weeks, compared to the proportion of elderly parents who visited their children weekly/every few weeks (14.7%).

The data also revealed a higher proportion (35.1%) of children not visited by their elderly parents. This was expected as mobility declines with age. In contrast, a lower proportion (20.8%) of non-coresident children never visited their near elderly and elderly parents. In fact, the proportion of parents aged 60+ who were not visited by their children at all in the past year exceeded that of parents aged 50-59. On the other hand, it appears that among children who had not been visiting their parents, the latter's age was not a decisive factor in their not visiting.

Gender had no bearing on the proportion of children not visited by their near elderly and elderly parents (estimated at 35%) and vice versa (estimated at 20%). This was also true for those able to make visits irrespective of frequency of visits.

In general, the type of residence did not result in significant differentials in the frequency of visits to children by their near elderly and elderly parents. The only significant difference was found in daily/every few days visits by children to parents. The practice of visiting daily was also higher among those in rural areas (24.2%) than those in urban areas (20.0%). This may be due to the lower costs of transportation in the rural areas and proclivity for walking long distances.

Support exchange transcends physical separation

Table 6.5 examines the exchange between near elderly and elderly parents and non-coresident children, particularly in terms of food and clothing, in the last twelve months prior to the survey (Table 6.5). The analysis is focused on contrasting the near elderly and elderly, males and females and urban and rural residents as a whole to supplement the findings based on Table 6.3. Near elderly and elderly parents differed in their ability to help their children. More than half (57.3%) of non-coresident children received food and clothing from parents aged 50-59, while the corresponding proportion receiving from parents aged 60 years and over was over two-fifths (42.7%). An opposite pattern is observed when the elderly parents were at the receiving end. Whereas 7 in 10 (70.6%) of children gave their elderly parents food

Table 6.4. Percentage distribution of older parents aged 50 and over according to frequency of visits to and from their non-coresident children, by age, sex, and residence of parent

Frequency of visits	All	Characteristics of near elderly or elderly parent (respondent)					
		Age		Sex		Residence	
		50-59	60+	Male	Female	Urban	Rural
To children							
Daily/every few days	21.1	22.4	20.5	20.6	21.5	19.7	21.9
Weekly/every few weeks	12.0	13.4	11.4	11.8	12.1	11.6	12.3
Monthly	6.3	6.2	6.3	6.8	5.8	6.8	5.9
Several few months	14.5	14.2	14.7	14.7	14.4	16.5	13.3
Special occasions	11.0	10.4	11.3	10.8	11.2	10.4	11.4
Never/not visited in the past year	35.1	33.4	35.8	35.2	35.0	34.9	35.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
(N of cases)	(7184)	(2217)	(4968)	(3208)	(3976)	(2799)	(4384)
From children							
Daily/every few days	22.6	23.4	22.2	21.5	23.4	20.0	24.2
Weekly/every few weeks	14.7	16.3	14.0	14.6	14.8	15.8	14.1
Monthly	8.0	36.6	8.6	7.8	8.1	7.7	8.1
Several few months	16.0	16.3	15.9	15.5	16.4	17.0	15.4
Special occasions	18.0	16.8	18.5	19.5	16.7	18.7	17.5
Never/not visited in the past year	20.8	20.6	20.9	21.1	20.5	20.8	20.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
(N of cases)	(7156)	(2217)	(4940)	(3199)	(3958)	(2779)	(4377)

Note: Total N of cases varies due to cases with no information on each of the variables.

and clothing, only close to 3 in 10 (29.4%) of children of the near elderly did. This difference may be due to the fact that parents in advanced ages become more dependent on children. In addition, children regard parents in advanced old age as confronting shorter years of survival, thus enhancing their desire to make their aging parents feel loved and cared for.

The elderly's involvement in the exchange also seemed to have been influenced by gender. There were, in fact, more non-coresident children of male near elderly and elderly parents (51.4%) than their female counterparts (48.6%) who received food and clothing from their parents. It appears that the social norm of the male partner as the principal breadwinner is alive even in old ages. In contrast, more than half (54.7%) of the children of near elderly and elderly mothers gave food and clothing vis-à-vis less than half (45.3%) of children of near elderly and elderly fathers. This pattern of exchange portrays the inclination among children to expect more from their elderly fathers and live up to the expectation of giving more to their elderly mothers than to their fathers. This finding seems to underscore the observation that with mothers, age begets privilege, as though the aging process evokes the desire in children to return their mother's sacrifices when they were growing up.

The survey data also indicated that the urban and rural residence of the near elderly and elderly parent impacts on the exchange patterns between elderly parents and non-coresident children. It is clear that in the rural setting, more exchanges of goods took place between the near elderly and elderly parents and

their non-coresident children, respective of the flow of support. This was especially true when the flow was from children to near elderly and elderly parents. More than 5 in 10 (56%) children of near elderly and elderly parents in rural areas received food and clothing from their parents not living with them. The corresponding proportion among the children of near elderly and elderly in urban areas was much lower, with only 4 in 10 (44%) of them receiving. The proportion of rural children giving to their parents even increased to 58.8 percent, while that among their urban counterparts decreased to 41.2 percent. This observed pattern of exchange may be accounted for by difference in cost of living between urban and rural areas, which determines the amount of disposable income of both near elderly and elderly parents and children.

POLICY IMPLICATIONS

In the context of growing urbanization and the changes it has entailed on the living arrangements of family members, the trend towards institutionalized care of the elderly outside the family setting has to be addressed. There is some comfort, nonetheless, in the persistence of the bond that keeps multi-generational families together in one household. The 1996 PES data indicate that even physical separation does not alter the caregiving practices of adult children toward their elderly parents. This speaks well of the strong filial values that the elderly parents of the 1990s have instilled in their adult children.

A challenge for the near elderly and elderly parents of the 2020s and beyond looms large in the horizon. Will they succeed in instilling the same values in the face of the trends in urbanization and the rise of the nuclear family and individualism in the 21st century?

Table 6.5. ***Percentage distribution of older parents aged 50 and over who exchanged food and clothing with their non-coresident children during the past year, by age, sex, and residence of older parents***

Characteristic of older parent	All	Exchange of food and clothing	
		Giving to non-coresident children	Receiving from non-coresident children
Age			
50-59	42.0	57.3	29.4
60+	58.0	42.7	70.6
Total	100.0	100.0	100.0
(N of cases)	(12668)	(5703)	(6965)
Sex			
Male	48.0	51.4	45.3
Female	52.0	48.6	54.7
Total	100.0	100.0	100.0
(N of cases)	(12668)	(5686)	(6982)
Residence			
Urban	42.5	44.0	41.2
Rural	57.5	56.0	58.8
Total	100.0	100.0	100.0
(N of cases)	(12668)	(5699)	(6969)

One strategic response to this challenge might be to integrate elderly concerns in the school curriculum on the Filipino family, with emphasis on the care and welfare needs of elderly parents. Another would be to advocate putting a "high premium" on Filipino family values through 3-minute TV spots on filial piety and strong family ties, for instance. An equally responsive move would be to promote module development on filial piety in community-based youth development workshops held outside the school setting by nongovernment and government entities. The National Youth Commission could spearhead these workshops in partnership with the private sector youth organizations in different communities, especially in areas with a high population of adolescent youth.

There are other initiatives the government might take. For instance, it could initiate action at the community level, such as a home-based form of care for the elderly. This early on, it could also prepare for sustainable social protection programs for the growing number of elderly people by reviewing existing pension schemes, for example, to examine whether the better strategy might be reduced benefits or increased contribution rates, which can have implications on the level of support between older parents and their children.

07

Healthcare Utilization

JOSEFINA N. NATIVIDAD, SC.D.

To resist the frigidity of old age, one must combine the body, the mind, and the heart. And to keep these in parallel vigor one must exercise, study, and love.

– Charles-Victor de Bonstettin

INTRODUCTION

ONE OF THE common misconceptions about the elderly is that they are a homogeneous group of frail individuals uniformly progressing toward worsening health. In truth, as people age, their differences actually become more distinct as other factors like heredity, lifestyle, and long-term dietary habits assert their cumulative effects independent of age. Hence, at any given age, older people are as likely to have different levels of health as they did at younger ages. But due to the natural consequences of physiological aging, the probability of finding a health problem in an older person is usually higher than in a younger person. Consequently, health problems are more likely to be of increasing concern as one grows older. Yet the predictive value of age alone for mortality and morbidity is limited, for health status is a product of many other interrelated factors.

One way to study these factors affecting health status is to examine individual characteristics and their relationship to health. These characteristics may be classified into the physiological, like age; the sociocultural, like education and place of residence; and those that combine both, like gender. The effect of these factors can be direct in terms of health outcomes as in the effect of age, or indirect as when they influence behaviors associated with certain health outcomes, both adverse and beneficial. For example, being male is more likely to be associated with smoking, a risk factor for lung and heart diseases. Being a rural resident may be associated with a low-fat diet, a protective factor against heart disease.

The higher occurrence of health problems among older people compared with those at younger ages also means that as a sector the former has more need for health services both for acute and long-term care. Similarly, many factors act upon health-seeking behaviors aside from age and the other individual characteristics. Access to health services plays a key role in

determining whether or not those who need healthcare actually get them. Access issues refer not only to the physical accessibility of healthcare facilities but also access to the means to avail of and utilize health services, such as economic resources at the individual or family level. The world over, the overall level of development of the health infrastructure of a country also generally affects health-seeking and health service utilization. While in developed countries with aging populations health insurance takes away much of the immediate burden of healthcare costs from the individual and the family, in the Philippines as in other developing countries healthcare costs are mostly borne by the elderly themselves and their families. This situation can severely affect patterns of health-seeking and health service utilization among older people.

This chapter presents findings from the 1996 PES on two major issues of primary concern to older persons: their health status and their health service utilization. By definition, older persons refer to those aged 50 and over; the elderly those aged 60 and over. Having covered persons aged 50 and higher, the 1996 PES is thus a survey of older persons, not only the elderly. In this paper we refer to those aged 50-59 as the near elderly and when relevant, their experience is contrasted with that of the elderly (aged 60 and higher). The distinction is apropos because expectedly, there are qualitative differences between these groups conditioned by their being at different stages in the life course, even if as one group they all belong to the older population. These differences may impact differently on their health status and health service utilization. For example, most of those in the near elderly group would still be active in the labor force and may still have minor children to care for. The elderly, on the other hand, would have a higher proportion who are no longer economically active; it is also expected that more of them will be widowed and with adult children.

The first part of the paper presents a number of measures of health status, namely: self-assessed health, current illness, limitations in activities of daily living, despondency indicators, and cognition. Two health risk behaviors are also examined: smoking and alcohol consumption. The first section concludes with a presentation of findings on symptoms of menopause.

The second part looks at healthcare utilization. Health services are categorized into two major types: the curative and the preventive. Within curative services, further distinction is made between inpatient or hospitalization services and outpatient care. Finally, the issue of unmet need for healthcare is explored by looking at those who reported that they felt the need to seek healthcare but did not because of access-related problems (Ofstedal & Natividad, 2002).

The same predictors associated with differentials in health status and health service utilization are examined. These are age, gender, rural-urban residence, education, marital status, and working status. Age represents physiological factors, while residence, education, marital status, and working status signify sociocultural factors. Gender represents a blend of both physiological and sociocultural factors, as differential risks of illness may be a function of inherent differences between the sexes as well as differences associated with the social construction of gender roles in society. Data are presented in the form of cross-tabulations with age as an intervening variable because it strongly bears upon health, independent of the effect of the other factors. This enables the reader to examine differentials in the effect of a specific factor, say gender, as age increases. Also, comparison between the near elderly (age group 50-59) and the elderly (age group 60 and over) can be made.

In interpreting the results of the cross-tabulations by age levels, caution should be taken specifically for some categories of education and marital status because the number of cases involved (e.g., those with no schooling and the college-educated for the education factor, and the separated and never-married for marital status) is small and parceling out cases against age produces unstable results. This is especially true for age group 80 and over. Moreover, because data analysis consists of simple cross-tabulations, it may well be that some of the findings of differential association between a specific predictor, say education or residence, and outcome, say self-assessed health, will disappear when a multivariate analysis is done. The results presented here are therefore to be interpreted as merely indicative of the likely effects of specific predictor variables across varying levels of age. In reality, these predictors affect the respective outcomes simultaneously. Unless otherwise indicated, all cross-tabulations refer to total respondents (N=2285).

HEALTH STATUS

Self-assessed health status

Self-assessed health is a common measure in elderly surveys. It has been reported to be related to objective health status and seems to tap into various aspects of health, not just physical illness but the emotional, cognitive, and functional dimensions of health and well-being as well (Zimmer et al., 2002). To determine self-assessed health status, the respondents were asked to rate their health at the time of the survey according to a 5-point scale (excellent, very good, good, fair, and poor) and to compare their current health status with that of the previous year (better, about the same, worse).

In general, there was a negative relationship between favorable health status and age (Table 7.1). While the two most common health assessments were “good” and “fair”, those who reported good health tended to decrease with age, while the percentage reporting “fair” increased correspondingly. Also, there was a remarkable rise in percentages that reported poor health in the older age groups of 70-79 and 80+. About a third of 80-year-old males and a fourth of 80-year-old females reported their status to be poor. Females under 80 tended to report poorer health status than males (Table 7.1).

There were more rural residents and respondents with no schooling who reported their health status to be “poor” at all ages compared with urban residents and those who had elementary, high school, and college education, respectively. However, there was no clear pattern of relationship between self-assessed health and marital status at each age level in question nor at all ages combined. A higher proportion of those who were not currently working reported themselves to be in poor health at all ages. This indicates that poor health could be a major reason for having stopped working in the first place.

Table 7.2 shows that compared with their health status in the past year, the highest percentages of all respondents reported that their current health status was about the same as in the past year. However, this percentage generally decreased with age while those who reported their health to be “worse” than in the past year increased correspondingly. In effect, as with self-assessed health, there was a self- perception of worsening health with age.

Table 7.1. *Self-assessed health status, by age and other background characteristics*

Background Characteristics	Excellent	Very good	Good	Fair	Poor	N of cases
All	4.2	16.0	37.7	30.8	11.3	2285
Gender						
50-59						
Male	7.0	20.3	43.2	22.5	7.0	529
Female	5.6	20.8	41.1	26.7	5.9	490
60-69						
Male	3.2	17.9	37.8	30.8	10.3	312
Female	3.5	10.7	38.1	34.8	12.9	402
70-79						
Male	-	12.7	31.9	38.6	16.9	166
Female	2.0	9.7	27.0	43.1	18.1	248
80+						
Male	2.0	8.0	22.0	36.0	32.0	50
Female	1.2	8.1	32.6	33.7	24.4	86
All ages						
Male	4.5	17.7	38.8	28.0	10.7	1059
Female	3.8	14.3	36.5	33.1	12.0	1226
Residence						
50-59						
Urban	7.8	21.7	40.2	24.6	5.7	475
Rural	5.0	19.6	44.0	24.4	7.0	541
60-69						
Urban	3.0	13.5	41.9	32.7	8.9	303
Rural	3.7	14.1	35.1	33.4	13.7	410
70-79						
Urban	1.1	10.7	29.8	44.1	14.0	178
Rural	1.3	11.0	28.4	39.0	20.3	236
80+						
Urban	1.5	7.6	34.8	34.8	21.2	66
Rural	1.4	8.6	22.9	34.3	32.9	20
All ages						
Urban	4.8	16.4	38.4	31.0	9.1	1027
Rural	3.7	15.6	37.0	30.6	13.1	1258
Education						
50-59						
No schooling	-	20.2	52.1	26.0	11.5	96
Elementary	5.3	20.8	40.6	27.1	6.3	623
High school	8.2	17.9	43.9	20.4	5.1	196
College	14.9	10.7	-	15.8	3.0	101
60-69						
No schooling	-	12.7	42.0	40.7	12.3	81
Elementary	4.7	9.7	34.8	33.7	12.0	451
High school	0.8	8.0	48.5	26.2	10.8	130
College	4.0	8.1	34.0	32.0	12.0	50
70-79						
No schooling	-	17.7	24.4	45.1	25.6	82
Elementary	1.8	14.3	27.9	40.6	17.3	283
High school	-	21.7	44.4	33.3	7.4	27
College	-	19.6	45.5	45.5	-	22
80+						
No schooling	-	13.5	21.4	42.9	31.0	42
Elementary	1.2	14.1	29.6	32.1	28.4	81
High school	-	10.7	40.0	20.0	10.0	10
College	25.0	11.0	50.0	25.0	-	4

Table 7.1. (Continued) *Self-assessed health status, by age and other background characteristics*

Background Characteristics	Excellent	Very good	Good	Fair	Poor	N of cases
All ages						
No schooling	-	7.6	37.5	37.5	18.3	300
Elementary	4.2	8.6	35.7	32.1	11.5	1441
High school	4.7	16.4	45.5	23.4	7.4	363
College	10.2	15.6	39.5	24.3	4.5	179
Marital Status						
50-59						
Never married	1.0	20.5	46.1	22.3	10.1	44
Currently married	6.2	19.9	42.7	24.5	6.6	817
Widowed	7.4	23.2	33.9	32.1	3.4	134
Separated/Divorced	8.3	24.2	38.8	24.4	4.3	25
60-69						
Never married	-	8.7	32.7	48.0	10.5	11
Currently married	3.9	15.2	39.8	30.4	10.7	463
Widowed	-	21.3	25.7	40.1	12.3	224
Separated/Divorced	2.8	10.7	35.7	37.0	13.8	16
70-79						
Never married	7.8	4.2	41.8	37.5	8.6	15
Currently married	0.9	12.8	28.1	42.8	15.4	183
Widowed	-	11.6	14.9	39.1	34.4	203
Separated/Divorced	1.3	9.6	30.3	40.5	18.3	14
80+						
Never married	-	-	48.2	21.1	30.8	5
Currently married	-	15.1	25.3	34.9	24.7	38
Widowed	2.3	6.3	28.6	36.9	25.9	91
Separated/Divorced	-	-	-	-	-	2
All ages						
Never married	2.1	14.1	43.4	29.0	11.3	76
Currently married	4.7	17.5	39.6	28.8	9.4	1500
Widowed	3.2	18.8	25.5	34.8	17.7	652
Separated/Divorced	3.4	12.5	33.7	35.5	14.9	57
Work Status						
50-59						
Currently working	6.0	21.5	43.1	25.3	4.2	669
Not working	6.8	18.8	40.6	23.1	10.7	349
60-69						
Currently working	3.4	15.2	41.9	33.3	6.1	341
Not working	3.3	12.6	34.7	32.8	16.5	373
70-79						
Currently working	1.0	17.6	29.1	40.2	12.2	123
Not working	1.4	8.0	29.1	41.7	19.8	292
80+						
Currently working	10.0	9.3	37.2	40.0	3.4	20
Not working	-	8.2	27.2	33.8	30.9	115
All ages						
Currently working	0.5	19.0	41.1	29.5	5.6	1153
Not working	3.6	12.9	34.4	32.2	17.0	1129

Table 7.2. *Current vs. past year's health status, by age and other background characteristics*

Background Characteristics	Excellent	Fair	Poor	N of cases
All	4.2	30.8	11.3	2285
Gender				
50-59				
Male	11.1	60.3	28.6	529
Female	15.1	56.6	28.3	490
60-69				
Male	10.2	53.0	36.7	312
Female	11.7	44.3	44.0	402
70-79				
Male	11.4	42.8	45.8	166
Female	11.6	39.8	48.6	248
80+				
Male	8.0	32.0	60.0	50
Female	15.1	32.6	52.3	86
All ages				
Male	10.8	54.1	35.2	1059
Female	13.3	47.5	39.3	1226
Residence				
50-59				
Urban	16.3	58.4	25.3	475
Rural	10.1	58.7	31.2	541
60-69				
Urban	14.1	45.2	40.7	303
Rural	8.6	50.1	41.3	410
70-79				
Urban	14.6	38.8	46.6	178
Rural	9.3	42.4	48.3	236
80+				
Urban	15.2	37.9	47.0	66
Rural	10.0	27.1	62.9	20
All ages				
Urban	15.3	49.8	35.0	1027
Rural	9.5	51.1	39.5	1258
Education				
50-59				
No schooling	6.2	48.5	45.4	96
Elementary	13.4	58.7	27.8	623
High school	16.8	56.9	26.4	196
College	8.9	71.3	19.8	101
60-69				
No schooling	9.9	40.7	49.4	81
Elementary	9.3	47.2	43.5	451
High school	16.9	50.0	33.1	130
College	11.8	62.7	25.5	50
70-79				
No schooling	8.5	40.2	51.2	82
Elementary	11.3	39.8	48.9	283
High school	22.2	37.0	40.7	27
College	13.6	63.6	22.7	22
80+				
No schooling	7.1	31.0	61.9	42
Elementary	9.9	35.8	54.3	81
High school	55.6	-	44.4	10
College	25.0	50.0	25.0	4

Table 7.2. (Continued) *Current vs. past year's health status, by age and other background characteristics*

Background Characteristics	Excellent	Fair	Poor	N of cases
All ages				
No schooling	7.9	41.7	50.3	300
Elementary	11.5	50.1	35.4	1441
High school	18.2	51.5	30.3	363
College	10.7	67.4	21.9	179
Marital Status				
50-59				
Never married	20.0	44.4	35.6	43
Currently married	12.2	58.3	29.5	815
Widowed	14.9	63.4	21.6	135
Separated/Divorced	16.0	60.0	24.0	26
60-69				
Never married	33.3	16.7	50.0	11
Currently married	12.1	50.1	37.8	463
Widowed	7.6	45.1	47.3	223
Separated/Divorced	6.3	56.3	37.5	15
70-79				
Never married	6.3	62.5	31.3	15
Currently married	11.4	42.4	46.2	182
Widowed	11.8	38.4	49.8	203
Separated/Divorced	14.3	35.7	50.0	14
80+				
Never married	33.3	33.3	33.3	5
Currently married	10.8	27.0	62.2	37
Widowed	13.2	34.1	52.7	91
Separated/Divorced	-	50.0	50.0	2
All ages				
Never married	20.0	44.4	35.6	76
Currently married	12.2	58.3	29.5	1500
Widowed	14.9	63.4	21.6	652
Separated/Divorced	16.0	60.0	24.0	57
Work Status				
50-59				
Currently working	15.1	52.5	32.4	356
Not working	11.9	61.7	26.5	662
60-69				
Currently working	11.2	43.5	45.3	384
Not working	10.6	53.5	35.9	328
70-79				
Currently working	13.7	38.8	47.4	289
Not working	14.3	45.9	47.5	123
80+				
Currently working	12.9	44.0	42.8	1147
Not working	14.3	33.3	52.4	21
All ages				
Currently working	13.2	44.0	42.8	1147
Not working	11.0	57.1	31.9	1136

Current illness

Major disease

A list of fourteen diseases was presented to the respondents who were then asked if they ever had any of those diseases. Those who said they did were asked a follow-up question of whether they still had it at the time of the survey. The results presented in Table 7.3 show the prevalence of current illness by subcategory of age, gender, residence, education, marital status, and working status. The numerator is the number of respondents who had and still had the disease. The denominator is the total number of respondents in each subcategory.

In interpreting these results it should be borne in mind that self-reports on illness such as those obtained in a survey are prone to bias for a number of reasons. For one, not all who actually have a disease may be aware of it; thus, those who report that they have a specific illness could represent only a portion of those who are truly sick of that particular disease. Examples of such diseases for which the tendency of nonawareness is high are hypertension, diabetes, and heart disease. A common reason is the lack of discernible symptoms especially at the early stages. Cancer is another case for which nonawareness is higher for similar reasons and also for cultural reasons. For one, among Filipinos a diagnosis of cancer is usually concealed from the patient. Moreover, to the extent that awareness of disease is a function of access to healthcare facilities where diagnosis can be made, differences in reported prevalence may be access-related rather than reflective of true differentials in prevalence. For example, higher rates of hypertension in urban areas may be the result of a combination of a truly higher prevalence and the higher likelihood of diagnosis because of better access to health facilities in urban areas.

Table 7.3 shows that, of the diseases in the list, the most reported was arthritis/rheumatism (40.1%). Furthermore, among all the diseases listed the prevalence of arthritis and cataracts showed a clear age-related pattern. Since these two diseases are fairly self-evident and do not require diagnosis by health professionals to be noticed by the patient, the reported prevalence rates are probably the least prone to reporting errors and thus truly reflective of existence of these diseases in the population of older persons.

Other illnesses with high reported prevalence were lung problems other than tuberculosis (e.g., bronchitis, emphysema), hypertension, gastrointestinal problems, and cataracts. Except for cataracts, no consistent age-related pattern was observed among them. This lack of an age connection may be due to differentials in survivorship for these diseases which, unlike arthritis and cataracts, are life- threatening. This means that those who say they have a disease, like diabetes or hypertension at the older ages, say 80 and over, may represent those who managed their illness well enough to survive to these advanced ages; those who did not would have died at the relatively younger ages (50-59, 60-69, 70-79) where prevalence appears to be higher. The prevalence rates are also subject to reporting bias because they require a formal diagnosis.

Taking the prevalence of these self-reported illnesses at face value, more males appeared to have hypertension and lung problems than females while more females reported having arthritis/rheumatism and heart disease. The higher percentage among males of those who reported having lung problems might be attributable to differences in risk behavior between the sexes, specifically smoking.

More urban residents reported having hypertension, diabetes, and heart disease than rural residents. Generally, the more highly educated had higher reported prevalence of hypertension, diabetes, and heart

disease, which as noted previously might be partly related to differential access to medical diagnosis and survivorship. Meanwhile, those with lower educational attainment reported higher prevalence of lung problems. It is interesting to note that among the near elderly, those with no schooling reported a prevalence of lung problems three times higher than the next highest prevalence, which was among those who had a high school education. The small number of cases for lung problems precluded a meaningful interpretation. There was also an overall pattern of negative association between level of education and prevalence of gastrointestinal problems and fractures other than in the hip especially among the near elderly.

Elderly respondents who were not working at the time of the survey generally reported higher disease prevalence for most of the diseases compared with the employed. This is probable as older people who are sick are less likely to continue active employment. However, among the near elderly the same pattern did not hold; in fact, there was a slightly higher prevalence of certain diseases among the currently employed, specifically lung problems, cataracts, other fractures, UTIs, and renal diseases.

Health complaints and symptoms

In addition to the diseases, the respondents were also asked whether they experienced a list of symptoms or health complaints in the month prior to the survey (Table 7.4). Overall, the three most reported health complaints in the past month were joint pains, headaches, and back pain, each reported by over half of the respondents. The next most common health complaints were chest pains and fever.

Except for trembling hands which showed a distinctly increasing incidence with age, there was no other consistent age-related pattern among the other symptoms. More females reported having headaches, joint pains, dizziness/fainting at all ages, and chest pains at ages 50-59 and 70-79 than males, while more males reported skin disorders at all ages. There was no apparent sex-linked differential for the other symptoms. On the whole, rural residents had higher incidence for all health complaints compared with their urban counterparts. Evidently, rural residents felt sicker than did urban residents.

Education had a clear inverse relationship with the incidence of all symptoms; the better educated reported fewer health complaints in general. Meanwhile there was no discernible pattern for marital status. As to working status, currently working respondents had slightly lower reported incidence of chest pains, fainting/dizziness, and trembling hands than the nonworking but a slightly higher incidence of diarrhea, skin disorders, and back pain.

Functional limitations

The ability to function physically without difficulty is often taken for granted at younger ages but becomes an increasing concern as one grows older. Physical limitations associated with aging seldom occur at a dramatic pace except when associated with a catastrophic event such as stroke. Rather these are manifested in small incremental steps that slowly limit one's functioning and for some, ultimately undermine the capacity to live an independent life. While aging does not automatically imply increased functional limitations, it is nonetheless true that many older persons are subject to these problems. This section of the report deals with two measures of functional limitations associated with the older person's ability to move about and to perform basic tasks for independent living: Nagi functioning measures and indicators of activities of daily living (ADLs).

Table 7.3. *Percentage of respondents with self-reported disease, by age and other background characteristics*

Background Characteristics	High blood pressure	Diabetes	Heart disease	Cataracts	Lung problem	Arthritis / rheuma-tism	Liver / gall bladder	UTI, RTI, Kidney	Cancer	Tuber-culosis	Stroke / CVA	Gastro-intestinal problem	Hip Fracture	Other fractures	N of cases
All	20.6	3.8	8.3	11.1	12.8	40.1	1.0	6.8	0.4	2.0	2.1	10.5	4.4	5.5	2285
Gender															
50-59															
Male	18.5	2.8	6.0	6.4	13.7	27.7	0.9	7.5	0.4	2.8	1.5	12.1	3.2	5.9	529
Female	17.6	2.4	8.2	5.5	10.4	40.0	0.8	6.5	0.6	1.8	1.4	11.2	4.3	4.9	490
60-69															
Male	20.6	4.5	7.0	10.9	17.9	38.1	0.3	9.3	0.6	2.6	2.9	9.6	5.1	5.1	312
Female	26.9	5.7	10.4	14.4	11.4	45.5	1.0	5.5	0.5	0.7	3.0	11.2	4.5	6.0	402
70-79															
Male	18.0	6.6	8.4	15.1	9.6	40.4	1.8	9.0	-	3.0	4.2	5.4	5.4	6.0	166
Female	23.0	2.8	11.2	9.3	9.7	53.4	2.0	5.2	-	0.8	1.2	10.1	4.8	6.5	248
80+															
Male	24.0	2.0	2.0	20.0	25.5	52.0	4.0	4.0	-	2.0	4.0	8.0	4.0	6.0	50
Female	18.6	4.7	11.6	19.8	14.0	53.5	-	3.5	-	3.5	-	7.0	8.1	2.3	86
All ages															
Male	19.3	3.9	6.5	9.7	14.9	33.9	1.0	8.1	0.4	2.7	2.5	10.1	4.2	5.7	1059
Female	21.8	3.8	9.8	12.2	10.8	45.5	1.1	5.7	0.4	1.4	1.8	10.7	4.7	5.4	1226
Residence															
50-59															
Urban	20.3	4.0	7.1	5.2	10.3	35.1	1.3	6.3	0.6	1.5	1.7	10.2	3.6	4.8	475
Rural	16.0	1.5	7.0	6.4	13.8	32.2	0.4	7.7	0.6	3.0	1.1	13.1	3.9	5.9	541
60-69															
Urban	29.8	9.5	12.1	15.1	11.9	40.3	-	6.9	0.3	1.0	5.3	8.2	2.0	4.9	303
Rural	19.8	2.0	6.6	11.5	16.3	43.8	1.2	7.1	0.7	2.0	1.5	12.2	6.8	6.1	410
70-79															
Urban	24.0	6.7	10.6	17.3	8.9	44.7	1.1	7.2	-	2.2	2.2	7.8	5.1	2.8	178
Rural	18.6	2.5	9.3	17.8	10.6	51.3	2.6	6.4	-	1.3	2.5	8.9	4.7	8.9	236
80+															
Urban	21.2	6.1	6.2	20.0	13.6	53.0	-	4.6	-	1.5	3.0	7.6	9.2	3.1	66
Rural	21.4	1.4	10.0	20.0	22.9	54.3	2.9	2.9	-	5.6	-	8.5	4.2	4.2	20
All ages															
Urban	23.9	6.2	9.2	11.2	10.7	39.5	0.8	6.5	0.4	1.5	2.9	9.0	3.7	4.4	1027
Rural	18.0	1.8	7.5	11.0	14.5	40.8	1.2	7.0	0.7	2.5	1.4	11.8	5.0	6.4	1258
Education															
50-59															
No schooling	10.4	1.0	3.1	10.4	31.3	13.5	-	10.4	-	7.3	3.1	16.7	4.2	7.2	96
Elementary	16.0	2.2	7.7	6.6	9.9	36.2	1.0	6.6	0.8	1.4	2.7	12.8	4.2	5.9	623

Background Characteristics	High blood pressure	Diabetes	Heart disease	Cataracts	Lung problem	Arthritis / rheuma-tism	Liver / gall bladder	UTI, RTI, Kidney	Cancer	Tuber-culosis	Stroke / CVA	Gastro-intestinal problem	Hip Fracture	Other fractures	N of cases
High school	23.9	4.1	8.1	3.0	11.2	31.5	-	5.6	-	2.0	3.1	8.1	3.0	4.1	196
College	26.7	4.0	5.0	4.0	8.9	39.6	2.0	8.0	-	2.0	4.0	7.8	2.0	2.9	101
60-69															
No schooling	13.8	-	5.0	5.0	21.3	33.3	2.5	6.3	-	2.5	3.7	8.6	3.7	4.9	81
Elementary	23.7	5.5	7.7	14.6	12.4	45.8	0.4	7.1	0.4	1.3	5.5	12.4	5.3	6.4	451
High school	26.7	6.9	11.5	13.1	16.9	39.2	0.8	9.2	0.8	3.1	7.6	8.4	4.6	5.3	130
College	37.3	3.9	11.8	9.8	11.8	33.3	-	3.9	2.0	-	7.8	2.0	-	-	50
70-79															
No schooling	17.1	3.7	7.4	15.9	14.6	49.4	1.2	4.9	-	-	3.7	7.4	5.7	9.8	82
Elementary	21.1	2.5	10.2	18.2	8.8	49.8	2.1	6.3	-	1.8	5.6	8.4	5.3	6.3	283
High school	30.8	11.5	11.1	26.9	7.7	46.2	3.8	19.2	-	3.7	3.8	7.4	11.5	-	27
College	22.7	19.0	14.3	4.5	4.5	27.3	-	4.5	-	4.5	4.5	13.6	-	-	22
80+															
No schooling	14.3	2.4	14.3	19.0	16.7	58.5	2.4	4.9	-	2.4	2.4	4.8	7.1	4.8	42
Elementary	27.2	3.7	6.3	21.3	21.0	48.8	1.3	3.8	-	2.5	10.0	11.1	7.5	4.9	81
High school	-	11.1	-	11.1	11.1	55.6	-	-	-	11.1	-	-	-	-	10
College	25.0	-	20.0	25.0	-	75.0	-	-	-	-	25.0	-	-	-	4
All ages															
No schooling	13.7	1.7	6.4	11.7	22.0	34.8	1.3	2.0	-	3.3	3.3	10.3	4.3	7.0	300
Elementary	20.1	3.4	5.1	12.2	11.5	42.6	1.0	6.5	0.5	1.5	4.6	11.7	4.9	6.1	1441
High school	24.8	5.8	10.4	8.6	13.0	35.9	0.6	7.7	0.3	2.8	4.7	8.0	4.1	4.1	363
College	29.3	6.2	8.4	6.2	8.9	37.1	1.1	6.7	0.6	1.7	5.6	6.7	1.1	1.7	179
Work Status															
50-59															
Currently working	21.8	2.8	7.0	5.3	11.2	36.4	1.1	5.3	0.6	4.2	5.0	11.5	4.8	4.2	356
Not working	16.0	2.6	6.9	6.3	12.7	32.0	0.6	8.0	0.5	1.2	1.7	11.8	3.0	6.0	662
60-69															
Currently working	29.4	6.0	11.5	16.7	16.1	47.9	-	6.5	0.6	2.3	8.8	10.4	5.7	5.7	384
Not working	17.9	4.2	5.8	8.8	12.2	35.6	1.2	7.9	0.3	0.6	2.4	10.6	3.6	5.5	328
70-79															
Currently working	23.4	4.5	10.7	19.2	8.9	49.8	2.1	6.2	-	1.4	6.2	8.9	5.5	6.6	289
Not working	14.6	3.3	8.1	13.0	10.7	43.9	0.8	6.5	-	0.8	2.4	7.3	4.1	5.7	123
80+															
Currently working	19.0	4.3	10.3	20.9	17.2	53.9	0.9	4.3	-	3.5	7.8	8.6	7.8	1.7	115
Not working	35.0	-	-	15.0	25.0	50.0	5.0	4.8	-	-	5.0	4.8	-	14.3	21
All ages															
Currently working	24.5	4.4	9.8	14.2	12.9	45.4	1.0	5.8	0.4	2.8	6.9	10.2	5.6	5.1	1147
Not working	16.7	3.1	6.6	7.9	12.5	34.6	0.9	7.7	0.4	1.0	2.0	10.8	3.3	6.0	1136

Table 7.4. *Percentage of respondents with self-reported health complaint, by age and other background characteristics*

Background Characteristics	Headache	Vomiting	Fever	Diarrhea	Skin disorder	Chest pain	Joint pain	Fainting	Back pain	Trembling hands	N of cases
All	59.8	15.5	36.4	19.8	15.9	41.6	65.7	30.8	56.9	25.3	2285
Gender											
50-59											
Male	54.2	13.8	35.3	21.7	18.1	35.7	58.3	19.4	55.0	21.3	529
Female	68.0	15.5	34.6	18.3	14.3	41.4	62.9	33.9	56.6	22.2	490
60-69											
Male	52.2	15.0	40.6	19.2	15.4	45.5	66.0	27.9	58.1	25.3	312
Female	63.9	16.7	36.1	22.6	14.9	42.3	71.4	36.3	57.0	28.0	402
70-79											
Male	50.6	15.6	32.5	12.6	19.8	38.6	65.1	24.0	52.1	29.3	166
Female	62.5	16.5	38.7	21.3	13.7	46.4	73.0	42.3	54.7	29.4	248
80+											
Male	56.0	14.0	39.2	16.0	20.0	48.0	80.0	32.0	62.0	32.0	50
Female	66.3	18.6	39.5	16.3	12.9	48.8	70.9	49.7	62.8	31.4	86
All ages											
Male	53.2	14.4	36.6	19.3	17.7	39.6	62.7	23.2	55.8	24.2	1059
Female	65.4	16.3	36.3	20.2	14.3	43.2	68.3	37.4	57.8	26.2	1226
Residence											
50-59											
Urban	59.6	13.0	31.2	16.3	15.1	33.9	57.9	24.3	52.5	19.7	475
Rural	62.1	16.0	38.2	23.4	17.3	42.5	62.8	28.4	58.6	23.4	541
60-69											
Urban	54.1	12.5	32.5	18.8	12.8	40.5	65.6	28.2	50.8	22.4	303
Rural	62.3	18.3	42.2	23.0	16.9	46.0	71.9	35.7	62.4	30.1	410
70-79											
Urban	58.7	15.6	34.1	17.9	16.7	45.2	66.5	31.8	53.6	27.4	178
Rural	56.8	16.5	37.9	17.4	15.7	41.5	72.5	37.3	59.1	30.9	236
80+											
Urban	58.5	15.2	39.4	18.2	10.6	40.9	69.9	34.8	62.1	21.2	66
Rural	66.2	19.7	39.4	14.3	21.4	55.7	77.1	42.1	64.3	41.4	20
All ages											
Urban	57.8	13.4	32.6	17.4	14.4	38.3	62.5	27.4	52.8	21.9	1027
Rural	61.4	17.1	39.6	21.6	17.1	44.2	68.4	33.5	60.3	28.0	1258
Education											
50-59											
No schooling	75.3	15.6	54.2	38.1	20.6	44.8	55.2	22.9	64.9	16.5	96
Elementary	60.7	15.7	38.1	20.0	17.0	40.2	64.1	30.2	60.3	25.2	623
High school	58.4	10.7	21.9	14.7	14.2	35.0	53.3	20.3	45.9	18.3	196

Background Characteristics	Headache	Vomiting	Fever	Diarrhea	Skin disorder	Chest pain	Joint pain	Fainting	Back pain	Trembling hands	N of cases
College	54.5	14.9	21.8	14.0	11.9	27.7	57.4	18.8	38.6	16.5	101
60-69											
No schooling	69.1	24.7	56.8	30.9	22.5	56.8	79.0	46.9	72.8	32.1	81
Elementary	61.1	17.2	38.0	21.9	14.8	43.8	70.6	34.3	58.2	29.0	451
High school	47.7	9.3	33.8	15.4	11.5	39.2	68.5	25.4	51.5	21.5	130
College	51.6	6.0	19.6	15.7	17.6	32.0	43.1	15.7	43.1	32.1	50
70-79											
No schooling	9.1	15.9	40.7	19.5	20.7	43.9	69.5	40.7	63.4	35.4	82
Elementary	58.2	17.2	37.9	18.2	14.4	45.1	73.2	36.1	58.2	29.1	283
High school	33.3	18.5	25.9	11.5	14.8	34.6	59.3	25.9	44.4	29.6	27
College	36.4	4.5	13.6	9.5	19.0	27.3	40.9	9.1	27.3	35.4	22
80+											
No schooling	69.1	21.4	45.2	21.4	19.0	50.0	71.4	47.6	73.8	40.5	42
Elementary	65.0	17.5	37.0	13.8	15.0	52.5	71.6	41.3	60.5	30.9	81
High school	33.3	-	44.4	20.0	11.1	22.2	88.9	22.2	33.3	11.1	10
College	26.7	-	20.0	-	20.0	20.0	100.0	20.0	75.0	40.5	4
All ages											
No schooling	1.1	18.9	50.0	28.8	20.9	48.5	67.8	37.7	67.9	29.1	300
Elementary	60.6	16.6	38.0	19.9	15.7	43.0	68.4	38.3	59.2	27.5	1441
High school	52.1	10.5	27.1	14.9	13.2	36.2	60.1	22.6	47.5	20.1	363
College	50.3	10.7	20.1	13.6	14.6	28.7	52.5	16.8	39.3	29.1	179
Work Status											
50-59											
Not working	68.6	14.3	38.1	19.6	14.3	42.9	58.3	31.4	51.8	22.1	356
Currently working	56.6	14.7	33.2	20.2	17.4	36.0	61.6	23.7	58.1	21.4	662
60-69											
Not working	59.1	17.2	37.5	19.8	14.3	44.9	71.4	35.7	57.0	26.8	384
Currently working	58.8	14.2	38.5	23.0	16.4	42.2	66.6	29.1	58.4	27.1	328
70-79											
Not working	56.6	18.2	37.2	17.5	16.5	42.4	69.4	36.4	55.5	30.7	289
Currently working	60.2	11.4	34.1	17.9	13.8	44.3	69.9	30.9	60.2	26.0	123
80+											
Not working	64.7	14.7	37.9	13.8	13.8	50.9	71.3	40.9	62.6	32.8	115
Currently working	50.0	30.0	47.6	30.0	28.6	35.0	90.0	45.0	65.0	25.0	21
All ages											
Not working	62.0	16.3	37.7	18.6	14.8	44.3	66.8	35.0	55.5	26.9	1147
Currently working	57.4	14.4	35.1	21.0	16.9	38.7	64.4	26.4	58.5	23.6	1136

Nagi functioning measures

Four measures of physical mobility were adopted from the scale developed by Saad Z. Nagi for the US Social Security Disability Surveys (Nagi, 1965). These are crouching/squatting, lifting/carrying a 5- kilogram bag of rice, walking 200-300 meters, going up/downstairs with 3-5 steps and grasping with fingers. The results presented in Table 7.5 show the proportions reporting any difficulty with each of these measures.

The ability to perform each of the Nagi measures of mobility generally decreased with age. In addition, at all age levels females and those not working were more likely to report difficulty with all measures compared with males and the currently working, respectively. For work status, difficulty with mobility might be one cause for discontinuing work, hence, the higher percentage with mobility problems in the nonworking group. Slightly more urban residents reported difficulty in crouching/squatting than rural residents at all ages and with going up/downstairs among the elderly. Since squatting bodily position is more common in rural areas, the higher level of difficulty with this function in urban areas may be at least partly related to their lack of practice in squatting. Crouching is also a common movement for farmers who are likely to be rural residents.

There was no clear pattern of differences in Nagi measures by educational attainment. Those who had no schooling had the lowest percentages reporting any difficulty at the near elderly ages (50-59), but the pattern shifted immediately upon reaching the elderly (60 and over). Generally, among the elderly respondents, those with no schooling or with elementary education had slightly higher percentages reporting difficulty with all measures compared with those who had high school and college education. But these overall differences were not consistently manifested across age.

With regard to marital status, the widowed had the highest overall percentages who reported difficulty with crouching, carrying 5-kilogram weights and walking 200-300 meters while the currently married had the lowest percentages reporting difficulty with all four measures. But as with educational attainment, the differences were not consistent across age groups.

Activities of Daily Living

Another common indicator used in the study of functional limitations among the elderly is self- reported data on activities of daily living (ADLs). These are basic personal activities performed without help if fully able. Difficulties in executing these actions weaken the older person's capacity to carry on a self-sufficient life. The ADLs included in the survey were walking around the house, eating, putting on clothes, and taking a bath/going to the bathroom (Table 7.6).

On the whole, as seen in Table 7.6, the percentages of respondents who reported difficulty performing ADLs were low but expectedly rose dramatically with age. Those who reported difficulty were generally concentrated at the older ages (70-79, 80+). The activity which those at the oldest ages (80+) found most difficult to perform was walking around the house, followed by taking a bath/going to the bathroom. They had the least difficulty with eating.

There was no outstanding difference in difficulty with ADLs between males and females, while a slightly higher percentage of urban residents reported difficulty with putting on clothes and taking a bath/going to the bathroom. Slightly more of those with no schooling had difficulty walking around the house; more

of the college-educated had difficulty with putting on clothes, while more of those with elementary schooling reported difficulty with going to the bathroom. The never-married had slightly higher percentages reporting difficulty with all four activities, followed by the widowed. Expectedly, those who were not currently working at the time had more difficulty with all ADLs compared to those working.

Mental health: despondency measures

Past surveys on the elderly in the Philippines were confined to physical health indicators in examining health status. In the 1996 PES, a list of questions indicating despondency were included to gain insights into the mental health status of older persons through self-reported positive and negative feelings in the week prior to the survey. Six items in the 10-item list were adopted from the 16-item Center for Epidemiologic Studies - Depression (CES-D) Scale, a screening test for depression developed by Radloff (1977), while the remaining four items were locally formulated and concerned worries over economic status and status of the respondent's children (which were only asked among those who have at least one child). The sample size for this section was slightly lower than 2,285 as it excluded those who were interviewed via a proxy who could thus not answer for what the respondent would have been feeling. The sample size for the despondency segment of the interview was 2,228 cases.

Of the 10 items in the list, three described positive feelings and seven negative ones. Those who had reported having felt each of the described emotional states were further asked for the frequency with which these were felt, whether seldom, sometimes, or most of the time. The following cross-tabulations across the predictor variables of age, gender, residence, education, marital and working status show the percentages of those who felt these emotions in the week prior to the survey (Table 7.7a).

In general, there was a high percentage of respondents who felt each of the feelings described in the 10-item list. Except for two: "I felt I was a burden to others: and "I could not shake off the blues even with the help of family and friends", more than half of all the respondents reported feeling these emotions in the week prior to the survey.

It is worth noting that very high percentages reported positive emotions. A high 90.3 percent said that in the week prior to the survey, they felt happy; 90.3 percent said they enjoyed doing something, and 66 percent of those who had children said they felt proud of their children's accomplishments. There was no consistent pattern associated with age for both negative and positive feelings. Unlike physical health status, the extent of despondency did not appear to be age-related.

Overall, females were slightly more likely to have felt negative emotions than males, except for worrying about financial status which concerned more males than females. This might be because males are expected to be the family providers. Meanwhile, slightly more rural residents reported both negative emotions and positive emotions compared with urban residents, except for feeling proud of their children's accomplishments in which urban residents had a slightly higher percentage of those who did, compared with the rural residents. This overall pattern held true for all ages except the oldest, thereby indicating substantially more rural than urban residents reporting to be worried about finances and their children's future and feeling sad.

On the whole, there was generally an inverse relationship between level of education and percentage of respondents who had felt a negative emotion. But no such clear pattern was associated with positive emotions. Less educated respondents (with no schooling and with elementary education) appeared

Table 7.5. *Percentage of respondents reporting any difficulty performing selected Nagi functioning measures, by age and other background characteristics*

Background Characteristics	Crouching/ squatting	Carrying 5-kg package	Walking 200-300 meters	Going up & down stairs	Grasping with fingers	N of cases
All	28.2	23.3	21.7	15.5	9.5	2285
Gender						
50-59						
Male	15.0	9.4	9.4	6.4	4.5	529
Female	21.6	18.0	14.9	9.6	6.1	490
60-69						
Male	25.6	15.7	15.7	13.8	5.1	312
Female	29.1	24.4	22.4	13.9	11.9	402
70-79						
Male	29.5	26.3	30.1	21.0	18.0	166
Female	51.2	29.2	41.5	31.5	16.9	248
80+						
Male	58.0	52.0	60.0	44.0	20.0	50
Female	66.3	66.3	58.1	46.5	20.9	86
All ages						
Male	22.3	16.0	16.0	12.6	7.5	1059
Female	33.2	29.8	25.9	18.0	11.2	1226
Residence						
50-59						
Urban	19.9	12.4	12.4	7.7	5.6	475
Rural	16.9	14.5	11.8	7.9	4.8	541
60-69						
Urban	27.5	21.0	18.7	9.2	9.2	303
Rural	27.1	20.3	20.0	8.8	8.8	410
70-79						
Urban	47.5	39.7	36.9	14.0	14.0	178
Rural	38.6	40.3	37.3	19.5	19.5	236
80+						
Urban	72.7	69.7	61.5	25.8	25.8	66
Rural	54.3	51.4	55.7	16.9	16.9	20
All ages						
Urban	30.3	23.4	21.6	9.4	9.4	1027
Rural	26.4	23.3	21.7	9.5	9.5	1258
Education						
50-59						
No schooling	8.3	6.2	5.2	3.1	4.2	96
Elementary	18.9	15.2	12.8	7.2	4.8	623
High school	17.3	10.7	12.2	9.6	5.6	196
College	26.5	15.8	14.9	12.9	8.8	101
60-69						
No schooling	28.4	21.3	20.0	11.3	3.7	81
Elementary	26.8	20.8	19.9	13.7	8.8	451
High school	31.5	21.5	19.8	17.6	11.5	130
College	19.6	13.7	13.7	11.8	13.7	50
70-79						
No schooling	45.1	41.5	37.8	27.2	32.1	82
Elementary	44.2	41.2	37.9	28.4	13.3	283
High school	30.8	33.3	30.8	23.1	11.5	27
College	22.7	27.3	31.8	18.2	18.2	22
80+						
No schooling	61.9	45.2	54.8	47.6	22.0	42
Elementary	62.5	68.8	65.0	45.0	21.3	81
High school	55.6	55.6	33.3	33.3	20.8	10
College	100.0	50.0	50.0	50.0	-	4

Table 7.5. (Continued) *Percentage of respondents reporting any difficulty performing selected Nagi functioning measures, by age and other background characteristics*

Background Characteristics	Crouching/ squatting	Carrying 5-kg package	Walking 200-300 meters	Going up & down stairs	Grasping with fingers	N of cases
All ages						
No schooling	31.2	25.2	25.0	18.1	14.0	300
Elementary	28.8	25.1	22.9	15.5	8.7	1441
High school	24.3	17.4	16.8	14.0	8.5	363
College	26.1	17.4	17.4	14.0	11.1	179
Marital Status						
50-59						
Never married	27.3	8.9	13.3	11.1	9.1	43
Currently married	17.0	1.5	11.9	7.6	4.5	815
Widowed	29.2	16.7	8.3	8.3	8.3	135
Separated/Divorced	20.1	14.9	14.2	8.3	7.5	26
60-69						
Never married	36.4	27.3	9.1	18.2	-	11
Currently married	26.1	18.1	18.1	14.0	9.1	463
Widowed	40.0	13.3	18.8	18.8	12.5	223
Separated/Divorced	28.4	25.7	22.5	12.6	9.5	15
70-79						
Never married	33.3	40.0	46.7	40.0	26.7	15
Currently married	40.8	32.8	31.7	24.0	18.0	182
Widowed	21.4	23.1	21.4	7.1	7.1	203
Separated/Divorced	45.8	46.8	42.0	30.3	15.5	14
80+						
Never married	80.0	80.0	60.0	80.0	60.0	5
Currently married	52.6	48.6	51.4	40.5	15.8	37
Widowed	50.0	50.0	100.0	100.0	-	91
Separated/Divorced	66.3	64.0	60.7	42.7	21.3	2
All ages						
Never married	33.3	22.4	22.4	22.4	14.7	76
Currently married	23.6	18.1	17.2	12.4	7.9	1500
Widowed	30.9	18.5	17.9	14.3	8.9	652
Separated/Divorced	37.3	35.3	32.1	21.4	12.6	57
Work Status						
50-59						
Currently working	24.4	21.0	18.5	13.2	9.2	356
Not working	14.9	9.4	8.6	4.8	2.9	662
60-69						
Currently working	31.3	27.6	26.3	18.8	12.2	384
Not working	22.7	12.4	11.2	8.2	5.2	328
70-79						
Currently working	50.2	48.1	45.0	34.4	20.7	289
Not working	24.4	20.3	17.9	10.6	8.9	123
80+						
Currently working	64.3	66.1	63.5	47.0	21.7	115
Not working	57.1	28.6	30.0	35.0	19.0	21
All ages						
Currently working	37.2	34.6	32.3	23.8	14.4	1147
Not working	19.0	11.8	10.7	7.0	4.5	1136

Table 7.6. *Percentage of respondents reporting any difficulty performing activities of daily living, by age and other background characteristics*

Background Characteristics	Walking around the house	Eating alone	Putting on clothes	Bathing / going to the bathroom	N of cases
All	7.6	3.5	4.4	5.1	2285
Gender					
50-59					
Male	3.0	1.9	2.5	2.6	529
Female	3.9	2.9	2.9	2.6	490
60-69					
Male	7.1	4.2	4.5	4.5	312
Female	6.5	3.7	4.2	3.7	402
70-79					
Male	12.0	5.4	6.0	10.2	166
Female	13.3	4.4	5.6	6.8	248
80+					
Male	24.0	4.1	16.3	16.3	50
Female	24.1	7.0	11.6	19.8	86
All ages					
Male	7.0	3.2	4.4	5.0	1059
Female	8.1	3.8	4.5	5.0	1226
Residence					
50-59					
Urban	4.2	2.9	2.9	3.3	475
Rural	3.7	1.8	2.2	2.0	541
60-69					
Urban	4.9	3.0	4.3	3.3	303
Rural	8.1	4.6	4.4	4.7	410
70-79					
Urban	13.3	5.6	8.4	11.2	178
Rural	12.3	4.2	3.8	5.9	236
80+					
Urban	29.2	4.5	18.5	21.5	66
Rural	18.8	7.1	8.5	15.5	20
All ages					
Urban	7.6	3.5	5.3	5.8	1027
Rural	7.5	3.5	3.6	4.4	1258
Education					
50-59					
No schooling	3.1	2.1	3.1	3.1	96
Elementary	3.8	2.4	2.4	2.1	623
High school	4.1	3.0	1.7	3.5	196
College	4.0	2.0	3.9	3.9	101
60-69					
No schooling	3.7	2.5	-	-	81
Elementary	6.9	4.0	4.9	4.2	451
High school	6.9	3.8	1.1	5.4	130
College	10.0	5.8	7.8	7.8	50
70-79					
No schooling	18.3	6.1	4.9	11.0	82
Elementary	11.6	3.5	5.7	7.4	283
High school	15.4	11.5	.6	7.7	27
College	4.5	9.1	9.1	9.1	22
80+					
No schooling	16.7	9.5	14.3	16.7	42
Elementary	29.6	4.9	12.3	18.5	81
High school	-	-	-	11.1	10
College	50.0	-	50.0	50.0	4

Table 7.6. (Continued) *Percentage of respondents reporting any difficulty performing activities of daily living, by age and other background characteristics*

Background Characteristics	Walking around the house	Eating alone	Putting on clothes	Bathing / going to the bathroom	N of cases
All ages					
No schooling	9.3	4.3	4.3	6.3	300
Elementary	7.8	3.3	4.4	14.7	1441
High school	5.8	3.9	3.3	4.7	363
College	6.8	2.9	6.7	6.7	179
Marital Status					
50-59					
Never married	6.7	2.2	4.4	9.1	43
Currently married	3.9	2.4	2.7	2.4	815
Widowed	4.0	-	-	2.2	135
Separated/Divorced	3.0	2.2	1.5	-	26
60-69					
Never married	9.1	-	9.1	9.1	11
Currently married	6.3	3.9	3.9	3.9	463
Widowed	-	-	-	-	223
Separated/Divorced	8.0	4.5	4.9	4.9	15
70-79					
Never married	6.7	6.7	13.3	13.3	15
Currently married	14.1	4.9	9.8	9.8	182
Widowed	7.1	7.1	7.1	7.1	203
Separated/Divorced	12.8	4.4	6.4	6.4	14
80+					
Never married	33.3	33.3	33.3	33.3	5
Currently married	26.3	5.3	13.2	13.2	37
Widowed	50.0	50.0	50.0	50.0	91
Separated/Divorced	23.1	4.4	19.8	19.8	2
All ages					
Never married	7.9	3.9	6.7	11.8	76
Currently married	6.4	3.3	3.6	4.0	1500
Widowed	3.5	1.8	5.8	3.5	652
Separated/Divorced	10.6	4.1	5.3	7.0	57
Work Status					
50-59					
Currently working	6.4	3.9	4.5	4.5	356
Not working	2.3	1.5	1.7	1.5	662
60-69					
Currently working	9.1	4.7	6.3	3.0	384
Not working	4.0	2.7	2.1	1.8	328
70-79					
Currently working	15.1	5.5	7.2	9.3	289
Not working	7.3	3.3	2.4	5.7	123
80+					
Currently working	27.6	7.0	15.7	21.9	115
Not working	4.8	-	-	-	21
All ages					
Currently working	11.7	4.9	6.9	7.9	1147
Not working	3.3	2.0	1.8	2.0	1136

Table 7.7a. *Percentage of respondents with self-reported depressive symptoms, by age and other background characteristics*

Background Characteristics	Poor appetite	Could not sleep	Felt happy	Felt like a burden	Worried about finances	Felt proud of children	Felt sad	Worried about children	Could not shake off the blues	Enjoyed doing something	N of cases
All	59.8	15.5	36.4	19.8	15.9	41.6	65.7	30.8	56.9	25.3	2285
Gender											
50-59											
Male	54.2	13.8	35.3	21.7	18.1	35.7	58.3	19.4	55.0	21.3	529
Female	68.0	15.5	34.6	18.3	14.3	41.4	62.9	33.9	56.6	22.2	490
60-69											
Male	52.2	15.0	40.6	19.2	15.4	45.5	66.0	27.9	58.1	25.3	312
Female	63.9	16.7	36.1	22.6	14.9	42.3	71.4	36.3	57.0	28.0	402
70-79											
Male	50.6	15.6	32.5	12.6	19.8	38.6	65.1	24.0	52.1	29.3	166
Female	62.5	16.5	38.7	21.3	13.7	46.4	73.0	42.3	54.7	29.4	248
80+											
Male	56.0	14.0	39.2	16.0	20.0	48.0	80.0	32.0	62.0	32.0	50
Female	66.3	18.6	39.5	16.3	12.9	48.8	70.9	49.7	62.8	31.4	86
All ages											
Male	53.2	14.4	36.6	19.3	17.7	39.6	62.7	23.2	55.8	24.2	1059
Female	65.4	16.3	36.3	20.2	14.3	43.2	68.3	37.4	57.8	26.2	1226
Residence											
50-59											
Urban	59.6	13.0	31.2	16.3	15.1	33.9	57.9	24.3	52.5	19.7	475
Rural	62.1	16.0	38.2	23.4	17.3	42.5	62.8	28.4	58.6	23.4	541
60-69											
Urban	54.1	12.5	32.5	18.8	12.8	40.5	65.6	28.2	50.8	22.4	303
Rural	62.3	18.3	42.2	23.0	16.9	46.0	71.9	35.7	62.4	30.1	410
70-79											
Urban	58.7	15.6	34.1	17.9	16.7	45.2	66.5	31.8	53.6	27.4	178
Rural	56.8	16.5	37.9	17.4	15.7	41.5	72.5	37.3	59.1	30.9	236
80+											
Urban	58.5	15.2	39.4	18.2	10.6	40.9	69.9	34.8	62.1	21.2	66
Rural	66.2	19.7	39.4	14.3	21.4	55.7	77.1	42.1	64.3	41.4	20
All ages											
Urban	57.8	13.4	32.6	17.4	14.4	38.3	62.5	27.4	52.8	21.9	1027
Rural	61.4	17.1	39.6	21.6	17.1	44.2	68.4	33.5	60.3	28.0	1258
Education											
50-59											
No schooling	75.3	15.6	54.2	38.1	20.6	44.8	55.2	22.9	64.9	16.5	96
Elementary	60.7	15.7	38.1	20.0	17.0	40.2	64.1	30.2	60.3	25.2	623
High school	58.4	10.7	21.9	14.7	14.2	35.0	53.3	20.3	45.9	18.3	196
College	54.5	14.9	21.8	14.0	11.9	27.7	57.4	18.8	38.6	16.5	101
60-69											
No schooling	69.1	24.7	56.8	30.9	22.5	56.8	79.0	46.9	72.8	32.1	81
Elementary	61.1	17.2	38.0	21.9	14.8	43.8	70.6	34.3	58.2	29.0	451
High school	47.7	9.3	33.8	15.4	11.5	39.2	68.5	25.4	51.5	21.5	130
College	51.6	6.0	19.6	15.7	17.6	32.0	43.1	15.7	43.1	32.1	50
70-79											
No schooling	9.1	15.9	40.7	19.5	20.7	43.9	69.5	40.7	63.4	35.4	82
Elementary	58.2	17.2	37.9	18.2	14.4	45.1	73.2	36.1	58.2	29.1	283
High school	33.3	18.5	25.9	11.5	14.8	34.6	59.3	25.9	44.4	29.6	27

Background Characteristics	Poor appetite	Could not sleep	Felt happy	Felt like a burden	Worried about finances	Felt proud of children	Felt sad	Worried about children	Could not shake off the blues	Enjoyed doing something	N of cases
College	36.4	4.5	13.6	9.5	19.0	27.3	40.9	9.1	27.3	35.4	22
80+											
No schooling	69.1	21.4	45.2	21.4	19.0	50.0	71.4	47.6	73.8	40.5	42
Elementary	65.0	17.5	37.0	13.8	15.0	52.5	71.6	41.3	60.5	30.9	81
High school	33.3	-	44.4	20.0	11.1	22.2	88.9	22.2	33.3	11.1	10
College	26.7	-	20.0	-	20.0	20.0	100.0	20.0	75.0	40.5	4
Work status											
50-59											
Not working	59.7	67.6	90.7	24.1	84.1	70.5	66.6	65.4	51.8	91.2	352
Currently working	59.5	52.9	92.3	14.9	78.1	68.1	58.4	58.2	40.9	93.5	649
60-69											
Not working	57.3	61.6	59.2	24.8	66.9	68.9	57.1	62.9	44.3	88.8	375
Currently working	51.7	58.1	91.6	18.5	71.5	63.2	62.2	63.5	50.6	91.3	323
70-79											
Not working	62.6	66.2	89.7	30.4	62.6	61.6	57.1	56.4	48.8	87.2	281
Currently working	65.0	60.8	90.0	28.3	60.0	59.5	61.7	66.1	50.0	90.8	120
80+											
Not working	65.7	62.9	83.8	36.2	61.9	55.2	62.5	50.5	45.2	76.2	105
Currently working	55.0	65.0	95.0	30.4	80.0	60.0	80.0	70.0	45.0	90.0	20
All ages											
Not working	60.2	64.8	88.6	27.0	70.8	66.3	60.6	60.9	47.9	88.0	1113
Currently working	52.5	55.4	91.9	16.7	74.3	65.6	60.3	60.8	44.8	92.5	1112
Marital status											
50-59											
Never married	66.7	55.8	88.4	31.0	83.7	-	54.8	-	48.8	83.7	42
Currently married	51.1	54.8	91.8	16.0	80.1	71.2	60.0	64.0	44.2	92.9	801
Widowed	45.8	66.7	79.2	45.8	83.3	70.8	87.5	66.7	62.5	95.8	24
Separated/divorced	67.9	71.6	94.7	23.1	79.7	75.4	66.4	57.9	55.6	94.7	134
60-69											
Never married	50.0	54.5	100.0	36.4	54.5	-	54.5	-	45.5	100.0	12
Currently married	51.5	57.1	87.9	21.2	69.0	67.7	58.5	64.4	46.2	88.7	452
Widowed	53.3	62.5	100.0	20.0	73.3	50.0	73.3	37.5	68.8	93.8	15
Separated/divorced	61.3	65.4.	90.4	23.5	70.0	68.5	60.6	65.9	50.2	91.2	217
70-79											
Never married	73.3	57.1	86.7	40.0	73.3	-	53.3	-	33.3	86.7	15
Currently married	59.0	58.2	92.1	22.0	60.7	68.5	55.4	62.1	48..9	88.1	178
Widowed	64.3	71.4	92.9	40.0	71.4	46.7	71.4	71.4	42.9	42.9	14
Separated/divorced	66.2	70.3.	88.1	29.2	61.0	59.5	61.3	60.8	46.7	88.2	195
80+											
Never married	60.0	40.0	100.0	40.0	40.0	-	40.0	-	40.0	-	5
Currently married	51.4	58.3	91.9	32.4	63.9	66.7	67.6	69.4	44.4	91.7	37
Widowed	100.0	100.0	50.0	50.0	100.0	-	0	-	100.0	50.0	2
Separated/divorced	70.0	65.4	82.5	37.0	67.5	56.8	65.4	51.9	-	78.0	80
All ages											
Never married	64.9	54.8	90.4	34.2	74.3	-	53.4	-	44.6	82.2	72
Currently married	52.2	56.5	90.6	18.7	73.9	69.7	59.2	64.1	45.4	91.0	1467
Widowed	54.5	67.9	87.5	37.5	78.2	56.1	80.0	57.1	60.7	92.9	56
Separated/divorced	65.3	68.3	89.6	27.0	69.0	65.7	62.7	60.8	51.2	89.3	625

to worry more. More of them also reported having sleep disturbance, poor appetite, and feelings of profound sadness ("could not shake off the blues") compared with the better educated. As to marital status, feelings of sadness ("I felt sad") and profound sadness ("I could not shake off the blues even with the help of family and friends") were more commonly reported by the separated. Also, more separated and never married respondents felt they were a burden to others.

Compared with nonworking respondents, those currently working had slightly lower percentages reporting poor appetite, sleep disturbance, profound sadness, and feeling of being a burden, but slightly more of them worried about their financial status, a condition that might have led them to work at their age in the first place. Slightly more of the currently employed also reported feeling happy and enjoying doing something, but slightly less said they felt proud of their children's accomplishment.

Having felt a negative emotion is by no means a sign of a poor emotional state. But persistently being in a negative emotional state may indicate a mental health problem such as depression. To get a glimpse of those who may be at risk of being in this state, the frequency of occurrence of each feeling was explored. Table 7.7b presents the percentages of respondents who reported feeling each of the despondency indicators "most of the time." The reference period was the week prior to the survey.

Of all the negative emotions in the list, worrying over economic or financial status was the most prevalent, with a third of all respondents reporting that they worried over their financial status most of the time in the week preceding the survey. Given such a high incidence, this finding reveals the very real concern among older people about unstable finances, although this is more of an economic than a mental health issue. The same holds true for the feeling of worry and disappointment about the economic status of their own children that is reported by a fifth of all the respondents. Such prevalent worry over economic matters is especially acute in light of the near absence of a social security system that will adequately take care of their economic needs at a time when earning capacity is diminished and health problems begin to manifest at a higher rate.

The other negative emotions did not have nearly as high an incidence. Yet those who felt them with more frequency than most could represent a sector of the elderly in need of mental health services, currently almost nonexistent in the country.

Table 7.7b. ***Percentage of respondents with self-reported depressive symptoms "most of the time" in the week prior to the survey***

Symptom	Percent of total respondents (N = 2285)	N of cases
I did not feel like eating, my appetite was poor.	13.3	303
My sleep was fitful, could not sleep.	17.1	390
I felt happy. *	13.1	298
I felt I was a burden to others.	3.1	72
I worried about my financial status.	32.4	741
I felt proud of my children's accomplishments. *	11.5	263
I felt sad.	9.5	217
I worried/was saddened that my children did not have economically better lives.	21.7	486
I could not shake off the blues even with the help of family and friends.	12.0	274
I enjoyed something. *	12.8	292

** For these positively worded items, scoring was reversed. Included in the count are those who reported feeling these positively worded emotions seldom in the week prior to the survey.*

Cognition

One of the more common observations about aging is the seemingly declining ability to remember as one grows old. This is particularly true for short-term memory. Short-term memory loss may also be an early indicator of Alzheimer's disease, a condition not yet a matter of common knowledge in the Philippines but probably not necessarily uncommon occurrence. In the 1996 PES, the ability to recall was used as an indicator of cognitive functioning. To test it, a list of 10 common words was read to the respondent at a steady interval of one word every two seconds. Proxy respondents were excused from answering this item. Of the non-proxy respondents, 89 percent or 2,028 agreed to participate in the word-recall exercise (Table 7.8).

The overall mean number of words recalled from the 10-word list was 3.8 (s.d. = 1.52). As expected, this decreased monotonically with age, from 4.3 among the near elderly to 3.1 among the 80 and over. It also decreased with decreasing education, from 4.7 among the college-educated to 3.0 among those who had no schooling. Urban residents and the currently working recalled more words than did rural residents and the non-working, respectively. The separated respondents recalled the greatest number of words (4.1), while the widowed had the lowest mean (3.5). Except for the gender difference, all these differences were statistically significant.

Table 7.8. *Mean number of words recalled from a 10-word list, by background characteristics*

Background Characteristics	Mean	s.d. [a]	N of cases	P value
All	3.8	1.52	2028	
Age				
50-59	4.2	1.53	948	< .0001
60-69	3.7	1.49	643	
70-79	3.3	1.29	351	
80+	3.1	1.48	86	
Gender				
Male	3.9	1.51	921	n. s. [b]
Female	3.8	1.53	1107	
Residence				
Urban	3.9	1.5	927	< .0001
Rural	3.7	1.5	1101	
Education				
No schooling	3.0	1.35	226	< .0001
Elementary	3.8	1.46	1289	
High school	4.2	1.45	347	
College	4.7	1.66	166	
Marital status				
Never married	3.9	1.85	67	< .0001
Currently married	3.9	1.51	1344	
Separated	4.1	1.28	51	
Widowed	3.5	1.48	559	
Work status				
Not working	3.7	1.48	990	< .0001
Working	4.0	1.54	1037	

a standard deviation
b nonsignificant difference

Health risk behaviors

The 1996 PES investigated two behaviors commonly associated with increased risk for certain diseases: smoking and alcohol consumption. It will be recalled that in the early part of the chapter, the category "lung problem" and "hypertension" were two of the most prevalent illnesses reported. Both are linked to these risk behaviors, either as a direct cause (lung problems caused by smoking) or as an exacerbating factor (hypertension aggravated by smoking or by excessive drinking).

Smoking

Respondents were asked whether they currently smoked and how many cigarettes/cigars they smoked per day. They were also asked at what age they started smoking. Table 7.9 shows the profile of current smokers by age, gender, residence, education, marital status, and working status. Of the 37.2 percent who said they currently smoke, a small percentage (1.7 percent) actually chewed rather than smoked tobacco. The profile presented here refers to respondents who smoked and those who chewed tobacco, hereby collectively referred to as smokers. Table 7.9 also shows which of the differences in number of sticks consumed and mean age at smoking onset were significant.

While the highest percentage of smokers was found among the near elderly, there was no clear age-related pattern in smoking prevalence. But a clear inverse relationship between age and number of sticks consumed per day was observed; older smokers smoked fewer sticks. With regard to gender difference, it was clear that smoking is a male-dominated behavior. Half of the males were current smokers compared to only a quarter of females. In addition, the average daily consumption of cigarettes of male smokers was almost twice that of female smokers (11.2 vs. 6.3 sticks) and they started smoking at an earlier age than did females. In terms of education, there was a monotonic decline in percentage smoking by education but, interestingly, the number of sticks tended to increase with improving educational level. Thus, relatively fewer among the better educated currently smoked, but these individuals smoked more heavily.

Similarly, the percentage of smokers was higher in rural areas, but they consumed fewer sticks than urban residents. More of the currently working were current smokers; they also consumed more sticks. This was likely because those who had stopped working might be sicklier and more likely to have given up smoking. The currently married had the highest percentage of current smokers; they also smoked more than all the others.

Alcohol consumption

As with smoking, the respondents were asked whether they drink alcohol and how often. Those who said they drink almost every day or once every two or three days were classified as heavy drinkers, those who drank once a week or once or twice-a-month moderate drinkers, and those who drank less than once a month light drinkers. In all, 60 percent of respondents said they never drink (Table 7.10). By our definition, most of those who drank were moderate drinkers (23% of total respondents) while 10 percent drank heavily.

Generally, the percentage of those who did not drink at all increased with age as the percentage of heavy drinkers decreased correspondingly. This was plausible as health problems begin to manifest with age. Those who drank at younger ages had given up the habit. About three-fourths of females never drank compared with 42 percent of males. In terms of heavy drinking, the proportion of males

Table 7.9. *Profile of current smokers, by background characteristics*

Background Characteristics	Percent current smokers	Mean no. of sticks/day	s.d.[a]	Mean age when smoking started	s.d.[a]	N of cases
All	37.2	9.51	8.84	21.9	11.24	2285
Age						
50-59	42.0	11.2	9.01	23.1	9.72	1021
60-69	36.0	8.7	9.18	26.0	12.30	714
70-79	28.9	6.3	6.30	24.1	13.25	415
80+	32.4	5.9	5.84	28.8	11.95	136
p-value		< .0001		.036		
Gender						
Male	52.5	11.1	8.96	19.11	7.74	1059
Female	24.0	8.6	7.66	27.55	14.53	1226
p-value		< .0001				
Residence						
Urban	31.1	11.1	9.90	22.5	11.12	1027
Rural	42.1	8.6	8.00	21.6	11.31	1258
p-value		< .0001		n.s.[b]		
Education						
No schooling	59.5	6.6	7.20	21.2	11.09	300
Elementary	36.2	9.5	8.54	22.1	11.30	1441
High school	30.9	13.7	11.04	20.0	10.53	363
College	20.8	11.2	7.29	26.1	12.46	179
p-value		< .0001		n.s.[b]		
Marital status						
Never married	30.3	7.4	6.01	20.6	12.24	76
Currently married	41.1	10.8	9.10	21.0	9.98	1500
Separated	30.1	7.0	7.79	25.5	14.08	652
Widowed	26.8	7.8	7.24	22.4	10.05	57
p-value		< .0001		< .0001		
Work status						
Not working	27.7	9.4	14.6	27.5	21.26	1047
Working	46.7	11.1	11.2	22.6	14.34	1136
p-value		< .0001		.012		

[a] *standard deviation*
[b] *nonsignificant difference*

who reported drinking heavily was about three times more than that of females (16.5 versus 5 percent).

In terms of residence, there were slightly more who drank in the rural areas than in urban areas for all categories of light, moderate, and heavy drinking. Similarly, those who were working had a much higher percentage of moderate and heavy drinkers than those who were not working. As with many of the observed differentials between the working and the non-working, the manifestation of more health problems among the non-working might have something to do with their lower prevalence of drinking. As to education, those who had no schooling had the highest percentage of non-drinkers. The percentage of heavy drinkers, on the other hand, was consistent across all educational levels (at 10 percent at each education level). The never married and the widowed had the highest percentage of non-drinkers, most

probably due to the higher percentage of females in these categories. Meanwhile, the currently married had the highest percentage of heavy drinkers, followed by those separated.

All told, the prevalence of these risk behaviors at such advanced ages calls attention to the need for health promotion campaigns that will increase awareness of their potential adverse effects before they become manifest.

Menopause

In recent years, interest in menopause has grown as research points toward the increased risk of a host of diseases among older women, risks associated with the cessation of the menses. Among these are heart disease, osteoporosis, and certain cancers. Furthermore, the symptoms normally associated with the onset of menopause such as hot flushes, mood swings, and irritability can be relieved with medication. This has led to the medication of menopause, i.e., the tendency to consider menopause as a medical condition requiring treatment with drugs or other forms of therapy and the consequent emergence of hormone replacement therapy (HRT) designed to replace the hormones the body stops producing with menopause.

The 1996 PES is a pioneering study in this area because it is the first study to examine the experience of menopause among a nationally representative sample of older women. To do this a list of symptoms

Table 7.10. ***Percentage distribution of respondents by drinking behavior, by background characteristics***

Background Characteristics	Non-drinkers (Did not drink at all)	Light (Less than once a month)	Moderate (Once a week or once / twice a month)	Heavy (Everyday or once every 2-3 days)	N of cases
All	60.0	6.9	22.9	10.2	2285
Age					
50-59	54.0	6.8	27.4	11.8	1021
60-69	60.9	6.7	22.6	9.8	714
70-79	68.6	7.7	15.5	8.2	415
80+	73.1	6.7	13.4	6.7	136
Gender					
Male	42.2	8.4	32.9	16.5	1059
Female	74.6	5.7	14.7	5.0	1226
Residence					
Urban	62.8	6.5	21.0	9.7	1027
Rural	57.7	7.3	24.5	10.6	1258
Education					
No schooling	75.7	8.1	10.8	5.4	76
Elementary	54.5	7.5	26.0	12.1	1500
High school	50.0	7.4	31.5	11.1	652
College	71.0	5.4	17.0	6.5	57
Marital status					
Never married	65.1	3.1	21.1	10.7	300
Currently married	59.7	7.9	22.4	10.0	1441
Separated	57.6	7.2	24.8	10.4	363
Widowed	58.4	5.2	26.0	10.4	179
Work status					
Not working	71.5	6.1	15.8	6.5	1047
Working	47.7	7.7	30.4	14.1	1136

normally associated with menopause was read to the female respondents who were then asked whether they recalled having felt these symptoms around the time they went through menopause. To minimize recall bias, only the experience of near elderly women (50-59) was analyzed. Moreover, only those who had experienced menopause or were experiencing irregular periods, a prelude to the cessation of the menses were covered by the analysis.

Of the 490 near elderly women in the sample, 485 answered the menopause questions. For 428 cases or 88.5 percent of these women, the menses had ceased completely; 32 were experiencing irregular periods, 22 still had regular periods, 2 had premature menstruation because of hysterectomy, and 1 gave no answer. The finding in Table 11b refers to the 428 women in Table 11a who experienced menopause plus the 32 cases who reported irregular periods, for a total of 460 cases. Furthermore, for Tables 7.11a and 7.11b, the reference period for the symptoms was variable and depended on the time at which menopause occurred for each woman as well as the length of time during which these symptoms were felt.

Table 7.11a shows that among the near elderly women who had reached menopause, the mean age at which this stage was reached was 47.2 years (s.d. = 6.04). The median age at menopause was 48 years. There were no significant differences in mean age at menopause by residence, education, marital status, and working status.

In terms of the experience of symptoms associated with menopause, Table 7.11b shows that the most reported (i.e., each by half or more of the women respondents) were irritability, fatigue, back pain, mood swings, irregular periods, and declining interest in sex, in descending order. Hot flushes, one of the symptoms normally associated by the layman with menopause, were mentioned by less than half of the women (48.7 percent). The least mentioned symptom was "feeling of unworthiness" at 19.8 percent.

Table 7.11a. ***Mean and median age at menopause among near elderly women (50-59), by background characteristics***

Background Characteristics	Mean	s.d.	Median	N of cases
All	47.2	6.0	47	428
Residence				
Urban	47.7	7.1	48	199
Rural	46.7	5.0	47	229
Education				
No schooling	48.4	3.5	49	26
Elementary	46.9	5.4	48	296
High school	46.8	7.8	46	66
College	49.0	8.1	48	40
Marital status				
Never married	47.1	4.9	49	26
Currently married	47.1	5.2	48	274
Separated	47.7	8.0	48	113
Widowed	44.6	5.5	4	16
Work status				
Not working	46.7	6.5	48	243
Working	46.7	5.4	48	186

Table 7.11b. Percentage distribution of near elderly women who reported having experienced specific symptoms associated with menopause, by background characteristics

Background Characteristics	Hot flushes	Decline in interest in sex	Vaginal dryness	Mood swings	Irritability	Back pain	Abdominal pain	Fatigue	Nausea	Irregular period	Feelings of depression	Feelings of uniworthi-ness	N of cases
All	48.4	51.0	43.5	57.1	66.6	58.4	45.4	63.7	36.5	54.5	32.1	19.8	460
Residence													
Urban	44.0	47.9	44.2	57.4	65.7	58.6	39.8	68.4	35.5	53.0	33.3	19.4	216
Rural	52.2	53.9	42.9	57.0	67.3	58.8	50.4	63.1	37.3	55.7	30.6	20.1	244
Education													
No schooling	75.0	56.3	48.5	21.9	54.5	33.3	68.8	75.8	40.6	36.4	12.1	24.2	33
Elementary	47.6	51.1	45.5	59.0	67.1	59.4	44.5	62.6	35.8	54.8	33.5	20.7	310
High school	38.9	53.5	39.4	63.9	70.4	59.2	34.7	63.4	42.3	59.2	25.0	12.5	72
College	50.0	44.7	31.9	58.7	65.2	71.7	53.3	61.7	28.3	58.7	47.8	23.4	46
Marital status													
Never married	35.7	11.1	32.1	59.3	63.0	75.0	57.1	64.3	42.9	60.7	35.7	14.8	28
Currently married	50.7	57.8	45.3	56.1	66.0	57.1	4.3	63.2	38.5	54.2	31.8	20.5	296
Separated	45.0	45.0	40.5	58.3	66.7	57.0	45.5	62.8	28.3	53.3	31.4	16.7	120
Widowed	47.1	35.3	47.1	62.5	68.8	64.7	43.2	75.0	50.0	62.5	35.3	37.5	16
Work status													
Not working	51.0	50.0	42.6	59.1	68.9	57.4	46.1	65.1	38.1	50.2	31.5	22.7	257
Working	44.8	51.9	44.6	54.4	63.2	59.9	44.3	61.6	34.7	60.1	32.8	16.7	203

Overall, the differences in the percentages reporting each specific symptom within the categories of residence, education, and marital and working status were small. Where substantial differences were observed, the small number of cases in a specific category precluded meaningful interpretation. Nonetheless, some differences are worth pointing out. Higher percentages of rural women, those with no schooling, the currently married and not working reported experiencing hot flushes and declining interest in sex. For the rest of the changes, the differences were minimal and followed no discernible pattern if the categories with a small number of cases were excluded (e.g., those with no schooling and the college educated, never married, and separated). Focusing on the currently married and widowed categories, both with sufficient cases, Table 7.11b shows that more of the currently married women reported experiencing hot flushes, declining interest in sex, vaginal dryness, and nausea than their widowed counterparts. Since currently married women were the most likely to still be sexually active and to be less reluctant to talk about the topic, their report probably reflects the real prevalence of these three specific symptoms in menopausal women in general compared with the other marital statuses. The currently married and widowed did not greatly differ in their experience of the other symptoms.

In conclusion, the symptoms associated with menopause are likely to be of increasing interest in the future in the Philippines as trends in Western healthcare eventually become popular in the country. For this reason, the 1996 PES could provide the baseline information on the level of occurrence of these symptoms prior to the acceptance of the idea that instead of treating these symptoms as a natural part of the aging process, something could or should be done about them medically.

HEALTH CARE UTILIZATION

Notwithstanding individual differences in health status and healthcare needs, the elderly ages are generally characterized by increasing number of health problems requiring some type of healthcare. The focus of this part of the chapter now shifts to the health-seeking behaviors of the near elderly and elderly as it examines the patterns in healthcare utilization both in terms of levels and factors associated with the utilization of healthcare services. As in the previous discussion on health status, such factors as age, gender, residence, education and working status are investigated. Healthcare utilization is divided into two major components: the curative and preventive. The curative refers to healthcare sought as a result of actual illness such as hospitalization and outpatient visits, while preventive care refers to routine and/or preventive services for disease screening, monitoring, or management. The chapter also presents findings on unmet need for healthcare.

Curative services: hospitalization

Of the 2,285 respondents, 393 or 17.2 percent reported being confined in a hospital facility at least overnight in the past year (Table 7.12a). It is worth noting that, except for working status at the older ages (70+), no consistent pattern in incidence of hospitalization could be observed across the factors of age, gender, residence, education, and marital status. The effect of poorer health was evident in the differential hospitalization rates of the currently working and the non-working. This supports the contention that for many of the elderly and near elderly, not working is associated with having more health problems. These results provide contrary evidence to the commonly held notion that rural residents have poorer access to health facilities as the incidence of confinement of rural residents is in

fact slightly higher than that of urban residents. Evidently, when illness is serious enough to warrant a hospital stay, physical access is not as limiting a factor as commonly believed.

Viewing education as a proxy for socioeconomic status, another common belief that the poor have less access to medical care is not borne out by the hospitalization rates which showed no marked education effect. In fact, those with no schooling had the highest hospitalization rate, a likely effect of poorer health in this group.

With hospitalization come attendant costs. As noted in the introduction to the chapter, much of the cost incurred when a person stays in a hospital in countries with more advanced healthcare is still paid out-of-pocket. Medicare, which in 1996 was the existing health insurance program for those employed in the formal sector and their dependents, only partly covers costs of inpatient care.

The 1996 PES asked respondents who paid the most for their last hospitalization. The results presented in Table 7.12b refer to the 393 respondents who were hospitalized in the year before the survey. As expected, a very small percentage (1 percent) reported that health insurance, specifically Medicare through SSS or GSIS membership, paid for most of their hospitalization expenses. For over half of the hospitalized (51.7%), the patient and/or the spouse paid for hospitalization costs while 34.6 percent said their hospitalization expenses were borne by their children. Relatives, friends, and charitable groups, like the church or mission hospitals, were other sources of funds to cover hospital costs.

Table 7.12a. ***Percentage of respondents who stayed overnight in hospital for the past year, by background characteristics and age***

Background Characteristics	Age				All	N of cases
	50-59	60-69	70-79	80+		
All	15.4	18.7	17.0	23.1	17.2	2285
Gender						
Male	16.6	18.6	20.5	14.0	17.8	1059
Female	14.1	18.7	14.5	27.9	16.6	1226
Residence						
Urban	15.5	16.8	14.5	24.6	16.4	1027
Rural	15.1	20.0	18.6	21.4	17.8	1258
Education						
No schooling	29.2	20.0	17.3	23.8	22.7	300
Elementary	13.0	19.1	16.8	18.8	16.0	1441
High school	15.8	16.2	11.5	66.7	17.1	363
College	14.9	19.6	22.7	20.6	16.9	179
Marital status						
Never married	15.9	9.1	6.7	-	12.0	76
Currently married	15.4	20.1	21.3	26.3	17.9	1500
Separated	12.0	-	7.7	24.2	17.0	652
Widowed	15.6	17.8	14.3	-	7.0	57
Work status						
Not working	17.4	19.8	20.3	24.3	19.7	1147
Working	14.2	17.3	8.1	15.0	14.4	1137

Curative care: outpatient services

Health-seeking behavior for other health problems not serious enough to warrant a hospital stay was also investigated. In all, 1,005 or 43.5 percent of all the respondents received/sought healthcare at least once in the year before the survey. Table 7.13a presents the differentials in seeking outpatient health services by age and background characteristics.

At all ages there was some gender difference in utilization of outpatient services, with slightly more females seeking healthcare than males. On the contrary, residence, working status, education, and marital status did not show any age-related pattern. The differences among categories of each of these characteristics were too small to be remarkable.

As to health facilities most often visited by those who sought outpatient care, the results in Table 17.3b show that the most visited health facilities were private clinics at 40.4 percent, followed by public health centers (27.4%) and public hospitals (23.2%), together accounting for over 90 percent of all health visits. Houses of traditional healers accounted for only 1.5 percent of the most often visited facility. Considering such a small variability in the type of health facility most often visited, cross- tabulations across age and background characteristics were not pursued.

Given the overwhelming percentage of those who sought healthcare services from private and public health facilities offering Western medical care, it is not surprising that, as seen in Table 7.13c, the types of health practitioner most often seen by those who sought outpatient care were physicians (79.2%) and midwives (8.9%), together accounting for 88.1 percent of all responses. But for 57 respondents (5.7 percent) the practitioner most often visited was a traditional healer.

Preventive/routine services

As part of a worldwide epidemiologic transition, many of the health problems plaguing humans today have less to do with infection and more with chronic causes. This is most apparent among the elderly, for whom common diseases are more likely to be associated with lifestyles than with infectious agents. Diseases highly prevalent in an aging population are chronic diseases like hypertension, heart disease, and diabetes

Table 12b. ***Who paid the most for hospitalization among those hospitalized in the past year***

Who paid the most for hospitalization	Percent	N of cases
Respondent and/or spouse	51.7	203
Children	34.6	136
R and children	2.3	9
Relatives other than children	2.5	10
Friends	0.8	3
Employer	1.3	5
GSIS/SSS/Medicare	1.0	4
Mission hospital/church	2.3	9
Others [a]	1.5	5
NI	2.0	1
Total	100.0	393

a Mayor (n = 1); person responsible for accident or crime (n = 4)

Table 7.13a. *Percentage of respondents who received outpatient care in the past year, by background characteristics and age*

Background Characteristics	Age				All	N of cases
	50-59	60-69	70-79	80+		
All	41.5	46.0	45.0	42.6	43.5	2285
Gender						
Male	37.7	43.6	41.3	40.0	40.1	1059
Female	45.5	47.8	47.4	43.0	46.5	1226
Residence						
Urban	38.1	45.6	46.9	50.0	42.6	1027
Rural	44.3	46.5	43.4	34.3	44.2	1258
Education						
No schooling	37.5	48.8	36.6	35.7	40.0	300
Elementary	40.2	48.0	45.4	42.5	43.8	1441
High school	44.2	40.8	59.3	66.7	44.6	363
College	45.5	37.3	52.4	50.0	44.1	179
Marital status						
Never married	31.1	63.6	46.7	-	36.8	76
Currently married	40.8	44.8	44.5	44.7	42.6	1500
Separated	47.8	46.9	44.8	42.9	45.9	652
Widowed	46.2	60.6	50.0	50.0	50.9	57
Work status						
Not working	40.6	47.9	45.9	41.7	44.5	1147
Working	41.9	43.8	43.1	47.8	42.7	1137

Table 7.13b. *Health facility visited most often by those who sought outpatient care in the past year*

Health facility	Percent	N of cases
Private clinic	40.4	406
Public health center	27.4	275
Public hospital	23.2	233
Private hospital	3.2	32
General clinic	2.2	22
House calls	1.8	18
House of traditional healer	1.5	15
Faith healer	0.1	1
No information	0.3	3
Total	100.0	1005

Table 7.13c. *Health practitioners seen most often by those who sought outpatient care in the past year*

Type of health practitioner	Percent	N of cases
Physician	79.2	796
Midwife	9.0	90
Traditional practitioner	5.7	57
Nurse	2.5	25
Health worker	3.3	33
No information	0.4	4
Total	100.0	1005

– diseases that do not completely go away with medication. They require constant monitoring and proper management that may include personal adjustments in lifestyle. Their onset can also be prevented with individual-level changes in long-term habits of diet and activity and the cessation of risk behaviors like smoking and excessive alcohol consumption. An integral component of a healthcare system in an aging population is preventive care, which includes health services for screening, monitoring, and management of disease via monitoring of vital indicators like blood pressure, blood sugar, and cholesterol among others. In the 1996 PES, near elderly and elderly respondents were asked if they availed of routine or preventive services in the year prior to the survey. A list of 15 tests and procedures was presented.

The results shown in Table 7.14a reveal that 59.8 percent of all the respondents availed of at least one of these services. Examining differentials by the characteristics under consideration, the better educated had substantially higher utilization rates than their counterparts in each age category. Differentials by gender, residence, marital status, and working status were very small and did not hold when examined across age thereby suggesting that these factors were not related to utilization of preventive services.

Turning to Table 7.14b which shows the types of preventive services reported to have been received (the denominator is all respondents), it is clear that the overall high utilization rate of 59.8 percent was really due to one type of service: blood pressure check. All other services had comparatively low utilization rates. Very likely, except for health education/promotion, this lopsided utilization picture is related to the cost entailed in these other procedures, as well as the facilities (e.g., laboratory facilities) they require, unlike blood pressure measurement, which is relatively easy to administer, needing only a trained practitioner using a highly portable sphygmomanometer.

Table 7.14a. ***Percentage of respondents who received preventive or routine health services in the past year, by background characteristics and age***

Background Characteristics	Age				All	N of cases
	50-59	60-69	70-79	80+		
All	59.1	62.7	58.9	52.9	59.8	2285
Gender						
Male	56.0	59.6	58.4	58.0	57.6	1059
Female	64.0	65.2	58.9	51.2	56.7	1226
Residence						
Urban	61.3	64.1	62.0	48.5	61.4	1027
Rural	57.3	61.9	56.4	57.1	58.5	1258
Education						
No schooling	53.1	60.0	47.6	56.1	54.0	300
Elementary	54.6	63.3	59.6	51.9	58.2	1441
High school	66.5	60.8	77.8	44.4	64.7	363
College	76.2	68.6	63.6	75.0	72.6	179
Marital status						
Never married	50.0	72.7	56.6	-	50.7	76
Currently married	58.8	59.7	57.9	52.6	58.8	1500
Separated	64.9	67.6	60.1	57.1	63.2	652
Widowed	56.0	75.0	57.1	-	59.6	57
Work status						
Not working	61.6	68.8	60.0	50.9	62.5	1147
Working	57.8	55.8	55.3	66.7	57.0	1137

Table 7.14b. ***Percentage of respondents who received preventive/routine health services in medical facility or health center in the past year, by type of service***

Type of service	Percent	N of cases
Blood pressure check	52.8	1205
Urine test	12.7	291
Blood sugar test	7.9	180
Health education/promotion	7.3	166
Cholesterol test	4.5	104
Heart test	10.7	244
Ear exam	4.0	90
Eye exam	10.0	229
Lung x-ray/other x-ray	12.3	281
Skin exam	2.4	54
Fecal check	2.8	64
Rectal exam	1.2	27
For women (N = 1226)		
Breast exam	2.3	28
Pelvic exam	1.0	12
Pap smear	1.5	18

Unmet need

A composite picture of health status and healthcare utilization that one gets after going through this chapter is one of increasing need for healthcare in response to various healthcare needs in the face of a healthcare system where costs are mainly borne by those who need the care themselves, their families, and support networks because of the absence of adequate health insurance to absorb these expenses. Against this backdrop one of the issues this chapter explores is the unmet need for healthcare.

Unmet need for healthcare takes off from the concept of unmet need for family planning which refers to women who want no more children but are not using contraception. In this paper unmet need for healthcare refers to those who reported that they felt ill, thought about seeing a doctor but did not go. To be considered as having unmet need, the reason for not going should be access-related. Access can be hampered by lack of company, transportation, money to pay for the service, and physical distance from a health facility.

Out of the total 2,285 respondents, 727 or 31.8 percent said they felt ill, thought about seeing a doctor but did not at least once in the year prior to the survey (Table 7.15). Of the 727 respondents, 536 or 73.7 percent (23.4% of a total 2,285) provided reasons for not seeking medical service which readily met our criteria for estimating the overall level of unmet need for healthcare services. Table 7.15 also presents the percent distribution of those with unmet need by background characteristics.

There was no clear age-related pattern, but the oldest (80+) elderly appeared to have the highest unmet need. Males, rural residents, and the not working had slightly higher unmet need than their respective counterparts, while separated/divorced, followed by the widowed, had the highest unmet need within marital status. Of all the factors, education had the most dramatic effect. Not only did unmet need rise consistently with decreasing education but the differences in levels were quite remarkable. Among the college educated the unmet need was 26.7 percent; the comparative figure for those with no schooling was more than three times higher at 89.5 percent.

Table 7.15. Percentage of respondents with unmet need* among those who felt ill and thought about seeing a doctor but did not, by background characteristics

Background Characteristics	With unmet need	N of cases
All	60.0	2285
Age		
50-59	54.0	1021
60-69	60.9	714
70-79	68.6	415
80+	73.1	136
Gender		
Male	42.2	1059
Female	74.6	1226
Residence		
Urban	62.8	1027
Rural	57.7	1258
Education		
No schooling	75.7	76
Elementary	54.5	1500
High school	50.0	652
College	71.0	57
Marital status		
Never married	65.1	300
Currently married	59.7	1441
Separated	57.6	363
Widowed	58.4	179
Work status		
Not working	71.5	1047
Working	47.7	1136

** Classified as having unmet need for health services are those who gave any of the following reasons for not going to a doctor: not enough money, could not find a doctor, no transportation, no one to accompany me, too far and don't know how to get there.*

SUMMARY AND CONCLUSION

The 1996 PES survey explored health status as a multidimensional construct using a range of indicators, from a global indicator such as self-assessed health, to self-reports of various indicators of physical and mental health and measures of physical and mental functioning. Each of these indicators was examined across the basic characteristics of age, gender, education, residence, marital status, and working status. Health services utilization was likewise examined across these same characteristics. Because the analysis consisted of simple cross-tabulations, caution must be taken in interpreting the relationships reported because, in reality, all these factors affect the given outcome simultaneously. Consequently, multivariate analysis might reveal that some of the observed relationships between a factor, say rural/urban residence and self-assessed health, would no longer hold when the effect of residence is taken in conjunction with the other factors, but the value of this cross-tabulation is that it presents in simple terms the effect of single factors, layered with age.

As expected, self-assessed health tended to become worse with increasing age. Furthermore, in terms of health measures relying on respondents' self-reports of symptoms, feelings, functional abilities, and word recall, some common factors tended to be more often (though not always) associated with poor or less favorable health outcomes. These were rural residence, lower education, and not currently working.

Gender and marital status did not show a consistent effect but being female was associated with having more physical health complaints/symptoms and depressive symptoms than being male, and being widowed or separated with poor self-assessed health.

Patterns of disease prevalence are more prone to reporting bias when derived from self-reports not cross-validated with other data sources such as medical records. Reporting bias is more likely for asymptomatic diseases especially at early stages like diabetes and heart disease and less likely for those whose symptoms are readily perceived such as arthritis or cataracts. Given these, the results tend to show an age-related pattern for arthritis and rheumatism and to a less consistent degree, cataracts, but none for the other diseases. Moreover, there are some counterintuitive findings, such as higher prevalence of diabetes and heart disease among the better educated (at least high school), which may be traced to a higher awareness of this condition among this group due to better access to diagnostic facilities. It may also be a case of higher survivorship of a chronic disease among the better educated.

Health service utilization was explored as two major topics: the curative and the preventive, the former further divided into inpatient care or hospitalization and outpatient services, while the indicator of preventive care was utilization of health services for disease screening, monitoring, and management. The findings show that contrary to common knowledge that health service utilization is hampered by access issues related to distance and availability of financial resources, hospitalization rates are no different between rural and urban residents and across categories of education, a proxy for socioeconomic status. This suggests that people will find the means if the need for this type of health service is deemed urgent. The source of these means is invariably the family, either within the patient's own family of orientation or that of children and other kin in the absence of an adequate health insurance system.

The same patterns were observed, though not as keenly, with outpatient services. Yet there is reason to believe that, despite people making the effort to seek healthcare when deemed necessary, there is evidence of a high level of unmet need for health services as indicated by the high proportion of respondents who said they failed to see a doctor even when they felt ill enough to want to see one, for reasons related to access like lack of money, transportation, company, or the physical distance. Most affected by unmet need are the less educated and, to a lesser extent rural, residents, the not working, and the separated.

On the other hand, for preventive services, except for the easily available blood pressure measurement, utilization rates were uniformly low. In light of the higher prevalence of chronic diseases among the ages in question, promoting the use of preventive services is one area that needs more attention than it currently receives. However, cost considerations again play an important role in whether preventive services would be used even if they were made available.

In conclusion, this chapter presents evidence of the nature and extent of health problems of the near elderly and elderly in the country. It also raises the fact that there are common issues linking the health status and health utilization scenarios. Chief of these is the issue of healthcare costs as an economic burden currently shouldered almost exclusively by the elderly and their kin. The fact that most health-related expenses are paid out-of-pocket affects health behaviors including those that lead to a clear diagnosis of disease. Another issue is the relative dearth of appropriate health services addressing other dimensions of health, not just physical disease. Mental health is one area for which there is still no notable health system response of the same scale as physical health. A third issue is the need to develop health

awareness among the citizenry, not just the elderly, in the preventive aspects of chronic disease. The high prevalence of smoking behavior among males and the relatively higher prevalence of self-reported lung problems among them and rural residents point to an area of preventable risk among older (and younger) people who may be targeted by better health promotion activities. In general, there is an overall need to shift perspectives on chronic disease from a curative to a preventive one.

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Postscript

Aging research in the Philippines:

Gains and Prospects

SANNY BOY D. AFABLE, ELMA P. LAGUNA, and GRACE T. CRUZ

For age is opportunity no less
Than youth itself, though in another dress,
And as the evening twilight fades away
The sky is filled with stars, invisible by day.

– Henry Wadsworth Longfellow

The 1996 Philippine Elderly Survey is the first study to offer a comprehensive, nationally representative appraisal of the status of older Filipinos, particularly their labor force participation, migration experience, social support network and living arrangements, intergenerational support, and healthcare utilization. Following this initial research undertaking came two other nationally representative surveys on older Filipinos: the 2007 Philippine Study on Ageing (PSOA) and the 2018 Longitudinal Study of Ageing and Health in the Philippines (LSAHP). The 2007 PSOA focused on older people's health and well-being, including more objective health measures, such as anthropometric measurements and biomarkers. In 2018, the baseline survey for the first longitudinal study of aging was also undertaken to explain better the determinants of health and health transitions.

The more than two decades-worth of data from these three studies have done well to improve our understanding of aging as a demographic and social phenomenon, particularly shedding light on prevailing notions about older Filipinos. Among these notions is that of old age as a stage of frailty and dependency. Such an ageist representation of older people, reinforced by popular media, has even found its way into academic discourse. The old-age dependency ratio, for example, while a convenient metric linking the population age structure and the economy, unfortunately can convey the notion that older persons are not productive and are a burden to the working population aged 15-64. But from 1996 PES to the 2018 LSAHP, the results are consistent: a sizeable proportion of the Filipino older people is still economically productive, would want to work for as long as they are healthy enough to do so, and indeed provides for their family. They also give invaluable, unpaid child-rearing support and are involved in the life of their respective communities and organizations.

However, it is equally dangerous to think that older persons can do well on their own. This report shows a high level of unmet healthcare needs and probably a high proportion with undiagnosed conditions among the old despite the increasing number of ailments and poorer perception of health as they age. The same situation was highlighted in 2007 PSOA and the most recent 2018 LSAHP. In the absence of an adequate health financing system, older persons and their children are left to shoulder the high cost of getting curative and preventive health services. Many older people currently live in economic insecurity, with less than half of them receiving pensions. Older women, in particular, depend mainly on informal sources such as remittances from their children.

All this is to say that there is no one picture of older people: a diverse, non-monolithic group at the crossroads of their lives and of the times. The Filipino older people find themselves navigating the contradiction between the increasing nuclearization of Filipino families and the continuing stigma against institutionalized care for the aged, between the tradition of filial piety in collectivist Asian societies and the growing individualism among today's younger generations, and between their poor health and their desire to support themselves and their families.

Since 1996, when the PES was designed and until now, the goal has been to let older people spend the remaining years of their lives on their terms by helping them overcome the many barriers to successful aging. The overarching theme of surveys on older people in the country has been to tease apart these structural barriers, including disparities of opportunities and challenges in gender, age, socioeconomic status, residence, marital and working status, among others. The interaction of these factors with one's agency, circumstances, environment, and larger social forces defines the success of one's aging.

Based on population projections, the Philippines will become an aging society between 2025-2030. The government must prepare to meet this rapid demographic change with the right set of policy choices for older people and their children. The 1996 PES, 2007 PSOA, and 2018 LSAHP have served as bases for the formulation of such policies and programs to promote healthy aging in the Philippines, underscoring the importance of reliable databases for developing effective interventions for older Filipinos.

There have been significant government initiatives to promote the health and well-being of the growing number of aging Filipinos. Since 1996, national policies, mainly the Expanded Senior Citizens Act (Republic Act No. 9994) and Universal Health Care Act (RA 11223), have been instituted to promote and protect the rights and well-being of senior citizens. These policy frameworks guided the formulation of the 2015 Department of Health Administrative Order on the National Policy on the Health and Wellness Program for Senior Citizens (HWPSC), which was renamed Healthy and Productive Aging Program in 2018. This aims to achieve quality health for senior citizens by providing focused service delivery packages integrated into various healthcare settings. Another relevant policy is Republic Act No. 10645, which mandates PhilHealth, the country's national health insurance program, to cover all senior citizens. The most recent is Republic Act No. 11350, which in 2019 created the National Commission of Senior Citizens, a government body tasked to ensure the full implementation of the government's laws, policies, and programs for senior citizens.

At the global level, the United Nations declared 2021-2030 as the Decade of Healthy Aging, with the goal of promoting greater collaboration of various sectors such as governments, civil society, international agencies, professionals, academia, the media, and the private sector to improve the lives of older people, their families, and the communities in which they live.

Still, much needs to be done to raise the well-being of older Filipinos. Foremost, the country's healthcare and pension system must be improved and expanded to increase benefits and to cover those without insurance and those in the informal sector. Health services particularly need to give attention to the specific needs of the older people, including their mental health, an area of health almost totally sidelined at present. In this light, interventions may also be introduced to tap into older people as an active resource for the community, such as volunteer opportunities and formations. After all, taking care of the older population sector should be viewed as an investment more than as a burden. On the one hand, a well-functioning healthcare and social welfare system will free older people and their children of substantial financial worries; on the other, a healthy older population contributes to the economy through productivity growth and consumption.

Annex

1996 PES Study Design

This monograph is based on data provided by the 1996 Philippine Elderly Survey (PES). The PES is the first study to gather a nationally representative sample of elderly in the Philippines and was part of a bigger project, Comparative Study of Elderly in Four Asian countries, which included the Philippines, Singapore, Taiwan and Thailand. This research series was designed to investigate and compare the effects of rapid demographic changes in these societies on their elderly. The PES was conducted under the auspices of the University of Philippines Population Institute and was funded by a Grant from the US National Institute of Aging.

Adopting a cross-sectional design, the PES intended to take a snapshot of the status of the elderly and near elderly at one point in time. It collected a nationally representative sample of 2285 respondents aged 50 years and older, of whom 1,264 were aged 60 years and older. The study defined the elderly as those aged 60 years and over, while those 50-59 years old were referred to as the near elderly.

Two survey instruments were employed in the study, namely, the household questionnaire and the individual elderly's questionnaire. The main survey questionnaire covered a vast array of topics designed to explore the many facets of aging. The major blocks in the survey questionnaires are as follows:

- Identification
- Respondent's Background, migration and residence history
- Parents, grandchildren and other relatives
- Children and exchange of support
- Despondency Measurement
- Healthcare and healthcare utilization
- Labor force participation
- Tasks and activities
- Income and assets
- Attitudes and beliefs
- Services to the elderly

To minimize non-sampling errors, the questionnaires were translated to six major languages, including Ilocano, Tagalog, Pangasinense, Ilonggo, Waray and Cebuano.

Generally, the analysis done in this monograph made use of the respondent's data file, except in the chapter on intergenerational support which made use of the child file. The latter is a data file generated from the children (both coresident and non-coresident) of all

the respondents in the study. Co-resident children's characteristics were collected in the household questionnaire while those of the non-coresident children were collected using the main questionnaire. Because we utilized a nationally representative sample, they also provide estimates of population-level rates.

Sampling Design

The study adopted a multi-stage stratified cluster sampling design, generated by first subdividing the country into four strata, namely: (1) Luzon minus the National Capital Region (NCR); (2) the NCR; (3) Visayas, and (4) Mindanao. In each stratum, sampling regions were selected using sampling proportional to size. In each region, sample provinces were drawn from which sample barangays were selected. The PES covered a total of 5 regions, 25 provinces and 228 barangays or sub-barangays.

Based on the regional ratios of the number of households to the number of elderlies, a total of 5,896 households were drawn from the updated household listing of the Integrated Survey of Households (ISH), conducted by the National Statistics Office. Out of these households, a total of 2,285 had completed interviews, 2702 had no eligible respondents, and the rest either refused or could not be located or reached. Some 8 percent of the completed interviews among respondents aged 60 or older were done with the partial or full assistance of a proxy.

Owing to this sampling design, sampling weights were computed and accordingly applied in the estimation. For ease of analysis, these weights were also standardized to equal the total sample size.

For a more detailed discussion of the sampling design of the PES and similar surveys in Asia, please refer to Hermalin et al. (2002).

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