

Executive Summary

The Longitudinal Study of Ageing and Health in the Philippines (LSAHP) is the first nationally representative panel study focusing on older individuals in the country. It is designed to (i) examine the health status and well-being of older Filipinos aged 60 years and over and the factors influencing these outcomes, and (ii) analyse the factors associated with health transitions. The LSAHP is part of a comparative study of the Philippines and Viet Nam. It is funded by the Economic Research Institute for ASEAN and East Asia and implemented by the Demographic Research and Development Foundation, Inc.

The LSAHP now has two waves of data collection. The baseline or Wave 1 (W1) was collected from December 2018 to March 2019 with a sample of 5,985 respondents and a 94% response rate. The follow-up survey or Wave 2 (W2) was collected 4 years after, from January to April 2023, with a response rate of 93%. The initial plan was to conduct the follow-up study 2 years after the baseline, but the fieldwork was disrupted by the COVID-19 pandemic. The W2 survey included 4,397 still alive; 1,579 deceased; and 9 lost to follow-up. A total of 4,011 surviving respondents and 1,514 informants of deceased respondents were interviewed in the W2 survey.

This report focuses solely on the W2 dataset. It presents the profile of surviving older Filipinos aged 64 years and older. Discussions cover the health and well-being of older Filipinos, similar to what was provided in the W1 report, with additional W2 topics such as nutrition, new measures of well-being, and experiences related to the COVID-19 pandemic. In addition, this report provides insights into the context of older adult mortality in the country.

The Philippine population is ageing. The country is projected to transition to an ageing society by 2030. This shift is facilitated by significant demographic changes marked by a recent sharp decline in fertility rates and an increase in life expectancy. The older population growth rate is increasing and will maintain its momentum even as other age groups are expected to experience a declining relative share in the future.

The increasing number of older people will be marked by an increasing numeric dominance of women, suggesting feminisation amongst survivors. Most surviving older women are widowed, in contrast to surviving older men, who are mostly married. The education profile of older Filipinos remains low, with no significant difference between males and females. However, there is a visible improvement in the education profile of younger cohorts relative to older cohorts. The anticipated improvements in the education profile of future generations of older Filipinos are expected to have a profound positive impact on their health and well-being.

DEMOGRAPHIC AND SOCIOECONOMIC CONTEXT

Older Filipinos maintain extensive intergenerational family networks. Coming from a generation with high fertility, older Filipinos have an average of about 5.5 children, 4.7 of whom are still alive. The majority (59%) live with at least one child, whilst 12% live alone. Most of those who live alone have children living within the same barangay. Nine in ten (91%) have at least one grandchild, most of whom co-reside with them; a fourth of these older Filipinos take care of their grandchildren either fully or partially. Besides their immediate family, older people have about seven siblings, three of whom are still living. On average, older Filipinos live in households with an average of four members.

Older Filipinos are economically disadvantaged, relying on unstable sources of income. Older Filipinos are heavily reliant on remittances from children living in the country (58%) and abroad (18%), pensions (54%), and income from work (26%) for their support. Monetary support from relatives outside the household (19%), income from farming (17%), and family businesses (12%) serve as additional financial sources. Amongst these sources, income from work and pensions are considered the most important for males, whilst pensions and remittances from children within the country are the primary sources of support for females.

Most older Filipinos possess at least one asset, most commonly the house where they currently reside (77%), followed by appliances (40%) and other real estate properties (13%). Only a few reported having financial assets, with 7% having cash and less than 5% having savings in the bank. About one in five older persons (18%) have liabilities, most commonly loans from moneylenders (e.g. loan sharks, pawnshops, credit unions, and cooperatives; 44%) and personal loans (30%), with no significant differences between sexes and age groups.

Older Filipinos experience significant unmet economic needs. When asked to assess the adequacy of their household income, the majority of older Filipinos reported experiencing some difficulty (34%) and considerable difficulty (25%) in meeting household expenses. A third (33%) think that their combined household income is just enough to cover their needs without difficulty, whilst only about a tenth (9%) reported having leftover money. Household indicators also suggest a high level of economic difficulty, with about 12% belonging to households that are recipients of the government poverty alleviation programme through the conditional cash transfer programme or the *Pantawid Pamilyang Pilipino Program*. About 7% reported that their households experienced hunger in the 3 months before the survey, of which a quarter (25%) experienced severe hunger.

HEALTH STATUS, HEALTHCARE, AND HEALTHCARE UTILISATION

Older Filipinos encounter various health challenges. Older Filipinos experience a high prevalence of physician-diagnosed illnesses, primarily noncommunicable diseases, poor oral health, pain, and falls. Hypertension is the most commonly diagnosed illness (48%), followed by cataracts (19%) and arthritis, neuralgia, or rheumatism (18%). Nearly 5% have had a heart attack, with the first attack occurring at an average age of 58 years. Amongst those who experienced heart attacks, only two in five (42%) are presently taking medication for their heart condition, with the highest proportion (61%) being in the youngest age group (<70). One in three older individuals (33%) often experience pain, with 58% describing it as moderate and 9% reporting severe pain. Nearly a quarter of older individuals experienced a fall in the past 12 months. Those who experienced a fall in the past year reported an average of two falls, with 15% requiring medical treatment.

Functional difficulties are prevalent. One in five older persons (20%) reported experiencing difficulties performing at least one of the seven activities of daily living (ADL). The most prevalent ADL difficulties for older people are going outside or leaving the house (15%) and standing up from a bed or sitting down in a chair (11%). Physical functioning deteriorates with advancing age, with 44% of the oldest age cohort encountering at least one ADL difficulty. A higher proportion of older individuals (32%) are experiencing at least one difficulty in the seven instrumental activities of daily living (IADL). The Washington Group Short Set of Questions on Disability, another measure of functioning, shows that climbing steps is the most commonly reported difficulty, affecting 45% of older persons. The Global Activity Limitation Indicator, which assesses persistent limitations in various activities within the 6 months preceding the survey, indicates that 15% of older persons are severely limited because of health problems. The experience of being bedridden is a measure of extreme disability. Four percent of older respondents were bedridden within 2 weeks before the survey. The Nagi measures of physical functioning, another measure of functional limitations, reveal that 65% of older persons have encountered difficulties doing at least 1 of the 10 identified activities. Older persons find lifting an object weighing approximately 10 kg (44%) and standing or going without sitting for 2 hours (42%) the most difficult activities to perform. Generally, there is no gender difference in functional difficulties except for specific IADL items (e.g. taking care of financial matters and using transportation) and Nagi functioning, which show greater difficulty amongst females than males. However, more males (7%) than females (2%) experienced being bedridden.

Females have poorer oral health than males. Older people have an average of eight remaining teeth, with about a third (32%) experiencing edentulism. Females have poorer oral health than males, with the latter having significantly more teeth than the former (11 vs 7). As expected, the number significantly declines with advancing age, from an average of 10 remaining original teeth amongst those aged 70 and below to about 5 amongst those aged 80 and over.

Health risk behaviors persist in older ages. Fifteen percent of older Filipinos are current smokers, consuming seven cigarettes per day on average. More males than females currently smoke (29% vs 8%). Twenty-two percent of older Filipinos are current drinkers. Like smoking, a higher proportion of males than females are currently alcohol drinkers (44% vs 9%). The prevalence of smoking and drinking decreases with advancing age.

There are gaps in diet, nutrition, and weight loss. Data from the Rapid Diet Screener indicate that older Filipinos generally consume protein sources relatively frequently, with about 42% eating chicken, fish, or beans three or more times per week, with no significant differences by age or sex. Their intake of less nutritious foods, such as soft drinks, fried food, instant noodles, fast food, and sweets, appears to be relatively controlled. However, their consumption of fruits and vegetables is notably lower. The Mini Nutritional Assessment data reveal that whilst the majority (73%) reported no decrease in food intake in the 3 months preceding the interview, approximately a quarter experienced moderate (25%) to severe (2%) declines in food intake. Additionally, about 19% reported weight loss of 1–3 kg, and 5% lost more than 3 kg within the 3 months preceding the survey.

The utilisation of formal healthcare is limited. About 8% and 36% of older people availed of inpatient and outpatient care, respectively, in the past 12 months due to illnesses or accidents. Most of them sought care at private health facilities, with 50% using private facilities for inpatient care and 65% using such facilities for outpatient care. Amongst those who stayed overnight in public health facilities, provincial or city hospitals (23%), and district hospitals (13%) were preferred. Those who availed themselves of outpatient services in public facilities mostly visited barangay health stations. Most of the hospitalisation costs (61%) were covered by the older person's children. Older people and their spouses spent much less, covering 15% and 7%, respectively, of the hospitalisation costs. During their confinement, about 82% availed of Philippine Health Insurance Corporation (PhilHealth) benefits as a member, and 8% availed of such benefits as a dependent of a PhilHealth member in their family.

Informal care and long-term care are gendered. Women are more likely to provide informal care and long-term care for both male and female older persons. The daughter and spouse are commonly cited as the people who take care of the older persons, whether they are momentarily sick or have a continuing ill-health condition or disability. Males are more likely to be cared for by their spouses, whereas females are more likely to be cared for by their daughters. Twelve percent of surviving older persons are receiving long-term care. Most of these individuals (93%) receive care daily, with food preparation being the most common form of care provided (97%).

Notably, the proportion of older persons receiving long-term care from the oldest age cohort is five times that of those from the youngest cohort (30% vs 6%).

Older Filipinos have an unmet need for health services. About a fifth of older people face difficulties accessing healthcare services when needed, mostly due to financial reasons. Significant proportions are not aware of government programmes aimed at promoting the health of older people, such as the free vaccination programme for pneumococcal disease and influenza, as well as free medicines for hypertension and diabetes. Only 84% of those diagnosed with hypertension and 76% of those with diabetes are on maintenance medicines. Those with high blood pressure reported limited access to the government's free medicine for hypertension. Nineteen percent of those with high blood pressure and 11% of older persons with diabetes obtain their medicine from health centres all the time. More than half of older people are aware of the pneumococcal vaccine (52%) and influenza vaccine (53%). Amongst those who are aware, a little more than half (55%) have received the pneumococcal vaccine, whilst 57% have received the flu vaccine since turning 60. Most older persons (82%) received their vaccinations at barangay health stations. However, only 63% have health insurance, mostly PhilHealth, indicating a significant gap in coverage despite the universal healthcare law.

The typical older Filipino has a moderate self-assessed health status but a positive sense of well-being. Whilst faced with gaps in health and health utilisation, older people generally have a favourable self-assessment of their health. About half (46%) rate their health as average, although a greater proportion reported being in below-average health than being very healthy or healthier than average. Older Filipinos also have a highly positive subjective assessment of their well-being based on the World Health Organization Well-Being Index. Over 70% of respondents agreed that they experienced various positive feelings more than half of the time in the 2 weeks before the survey. These feelings include cheerfulness, calmness, activeness, waking up refreshed, and finding daily life interesting. A very small percentage (<2%) reported not experiencing these feelings at all. Their mental well-being score, using the 11-item Center for Epidemiologic Studies Depression Scale, which has three response categories (rarely/not at all, sometimes, often), shows that older Filipinos have an average score of 5 out of a possible 22.

GEOGRAPHIC CONTEXT

A significant disparity exists in access to essential social infrastructures. Geospatial data show that 11% of older people live at least 10 kilometre (km) from the nearest main road, 21% live at least 10 km from their city or municipal centre, 16% live at least 10 km from the nearest health facility, 29% live at least 10 km from the closest pharmacy, and 24% live at least 10 km from the nearest financial institution. There is a significant disparity in older people's access to services between urban and rural areas and across major area groups. Those living in remote rural settings face greater challenges than those in urban areas. A consistently higher proportion of rural residents reside at least 10 km from any identified social structure. Those residing in the Visayas region and Mindanao also display poorer access to social infrastructures such as main roads, municipal or city centres, health facilities, pharmacies, and financial facilities. This sharply contrasts with the situation of those from the National Capital Region, which displays better accessibility indicators. These findings of a significant geographic disparity in the distribution of health facilities within the country are confirmed by data showing that certain regions, such as Eastern Visayas, are underserved.

MORTALITY

There are high mortality rates with notable disparities. About one in five respondents from W1 (1,579 individuals) had died by the follow-up survey, with higher mortality amongst females than males (52% vs 48%) and amongst the widowed (54%) compared to those with a spouse or partner (35%). The majority of deceased older persons (60%) lived in rural areas. The mean age of those who died was 77 years.

Older Filipinos die in the company of their family members. Older people do not die in isolation. Those who died were typically living with at least four people, mostly family members, with only about 6% dying in the company of non-family members. Females generally lived with more people than males at the time of their deaths. Whilst most males (57%) resided with their spouses at the time of death, a significant proportion of females cohabited with extended family, particularly granddaughters (39%) and grandsons (35%). Additionally, older individuals exhibited a strong preference for residential stability, with almost all respondents who died (94%) having lived at the same address for the 4 years preceding their death or since the W1 data collection.

The majority of those who died were cared for by a family caregiver before their death. About two-thirds of older persons (68%) had a caregiver prior to their death. This is significantly more common amongst females (74%) than males (62%). Daughters (39%) and spouses (26%) were the most common caregivers. Males were predominantly cared for by their spouses (53%), whereas females typically had their daughters (52%) as their primary caregivers. Only about 12% had a non-family caregiver prior to death; this figure was significantly higher amongst females than males.

There is limited access to healthcare prior to death. Less than half of the older persons who died (43%) consulted a health professional in the week before death. In the 12 months before the time of death, nearly two in five (39%) of those who died availed of inpatient care, with a higher proportion of males hospitalised than females (49% vs 30%). On average, those who died were hospitalised twice in the past year, with the majority (59%) receiving care at public health facilities. Most of the hospitalisation costs were covered by their children (67%). A significant portion of these individuals utilised PhilHealth benefits (89%) and senior citizen discounts for medical expenses (90%) during their hospitalisation. Outpatient care utilisation for the same period preceding the older person's death was about 42%, with no significant age or gender disparity. In contrast to inpatient care, which was predominantly provided by public health facilities, outpatient care was mostly availed of in private health facilities, namely, hospitals (33%) and clinics (22%).

Nearly all deaths have been registered. The results indicate a 94% level of death registration, although only around half of those registered (56%) had a copy of the death certificate. Amongst the registered deaths, the home is more commonly reported than a health facility as the place of death (73% vs 26%).

COVID-19 PANDEMIC EXPERIENCES

Very few older persons have ever tested positive for COVID-19. Only 3% of surviving older persons have tested positive for COVID-19. Amongst those who tested positive for the disease, one in five has been hospitalised (20%), with increasing levels of hospitalisation with advancing age.

A substantial proportion of older people manifested vaccine hesitancy. Approximately one-third of older persons have not been inoculated with any of the COVID-19 vaccines since the start of the vaccination campaign in March 2021. A great majority of them (82%) reported that they do not want to be vaccinated. Nearly a third did not agree with the government's decision to ask all senior citizens aged 60 years and older to self-isolate in their homes, commonly referred to as quarantine.

Older persons' access to medical services was unhampered by the COVID-19 pandemic. During the lockdowns that restricted mobility, a small proportion delayed or cancelled essential medical treatment (5%), non-essential medical treatment (5%), and preventative or primary medical treatment (2%). Very few (8%) had any problems accessing medication for their health conditions during the pandemic. Only 4% had a medical condition that worsened due to the inability to see a healthcare professional because of the COVID-19 outbreak.

There is a gendered dimension to the activities undertaken by older people whilst in isolation during the COVID-19 pandemic. More women than men spent more time on hobbies and activities (61% vs 52%), watched more television (50% vs 48%), talked more with close friends and family via phone or video calls (14% vs 7%), exchanged more text messages with close friends and family (6% vs 4%), and used social media and other forms of online entertainment (7% vs 2%). Males were more engaged in physical activities than their female counterparts (40% vs 31%). More older persons below 80 years old spent time on hobbies and activities as well as exchanged text messages with close friends and family than those aged 80 and above.

Declines and changes in older persons' sources of funds or income were observed during the pandemic. Almost a quarter (23%) said their income from work decreased compared to their pre-pandemic income. Significantly more males than females experienced this change (29% vs 20%). The age gradient also indicates an expectedly decreasing proportion with advancing age. Although very few said their pension decreased during the pandemic, more males than females felt this decrease (5% vs 1%). One in ten said their income from farming decreased amidst the pandemic; significantly more males experienced this reduction (13% vs 8%). Income from family businesses and money from children within the country diminished significantly more for younger cohorts compared to those in the older age groups.

Almost all older persons received some kind of support during the pandemic. More than half of older persons (51%) received a combination of in-kind and cash support from the government. Thirty-five percent received in-kind support whilst 5% received cash from the government. Nearly a quarter of older persons also reported receiving support from nongovernmental or humanitarian organisations. No significant gender or age differences were noted.

