

## Ageing Rural Farmers: Knowledge, Access, and Utilization of the Senior Citizens Benefits

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**ABSTRACT.** Much is to be improved in implementing the Senior Citizens Laws in the Philippines, more so that the Filipino elderly did not fully realize their benefits and privileges. Using a descriptive-survey design, this study determined the knowledge, access, and utilization of the programs under Republic Act 9994 of the aging rural household farmers in Bukidnon. The researchers employed systematic sampling of the 80 respondents in Barangay Imbatug, Baungon, and Bukidnon. Results showed the majority of the respondents were 72 years old, mostly females (65%), married (53%), and did not finish elementary education (53%). The respondents were either farmer-owner (43%) or laborers (45%). Their monthly income is less than 5,000 (82%). The majority were Catholics (68%) and had good health conditions (43%). The aging farmers had limited knowledge of their benefits. The majority of the respondents had low and minimal knowledge due to low educational attainment, low income, and delicate health condition. Their access to the benefits and privileges is hampered due to the distance of their homes and lack of money to pay for transportation, the absence of big establishments in their area, and the limited information they acquire; thus, they fail to enjoy their benefits. Their sex, education, health condition, and income had a significant relationship to their knowledge score. However, their socio-demographic profile was unrelated to their benefits access. This means that the respondents' knowledge had something to do with their gender, education, health condition, and income.



Submitted: 6 January 2021

Revised: 3 March 2021

Accepted: 14 March 2021

Published: 28 June 2021

<https://davaoresearchjournal.ph>



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**Keywords:** Older people, RA 9994, senior citizens, senior citizens act, social pension, rural farmers

How to cite: Dupa, H.J.P, Cagas, R.R.L. (2021). Ageing Rural Farmers: Knowledge, Access, and Utilization of the Senior Citizens Benefits. *Davao Research Journal*, 12(1), 40-53. <https://doi.org/10.59120/drj.v12i4.112>

## INTRODUCTION

The Philippine Government enacted into law the Republic Act No. 7432, otherwise known as the “Senior Citizens Act,” effective in 1992. The Act aims to maximize the contribution of senior citizens to nation-building, giving benefits and special privileges. It gives them a 20 percent discount from all establishments connected to public transport services, hotels and similar lodging establishments, restaurants, and recreation centers, and purchase of medicine nationwide (Reyes, 2010). By 2004, RA 9257 amended the provisions in RA 7432, thus granting added privileges, including some provisions on employment, free skills training, and education, among others. Consequently, the Department of Health issued an Administrative Order as guidance to drug stores, hospitals, and other medical or healthcare-providing establishments catering to the needs of senior citizens. In 2010, another law was enacted as an amendment to RA 7432. This law is known as the “Expanded Senior Citizens Act of 2010” or RA 9994, which further enlarges the span of benefits and privileges of RAs 7432 and 9257, expanding the list of goods and services of the 20 percent discount entitlement and the 12 percent Value Added Tax (VAT) exemption among elderly Filipinos. These amendments are mainly aimed at strengthening and maximizing the benefits and special privileges that the government is, according to senior citizens (Carlos, 1999).

According to Asian Development Bank (ADB, 2012), this “formal social protection remains in its infancy in Asia and the Pacific. Despite the enormous potential of social pensions, they remain an underutilized instrument for achieving just and equitable societies.” Research mostly concentrates on the design and effectiveness of social policies and social protection programs in developing countries. ADB explored the purposes and influential factors that prompted Asian countries to adopt programs for social

pensions.

In the Philippines, Sarol (2016) made an impact study on the implementation of RA 9994, which revealed that the elderly did not fully realize their benefits and privileges due to a lack of awareness or noncompliance on the part of the drug stores. As such, the DOH concludes there is much to be improved in implementing the Senior Citizens Laws for satisfaction purposes from the perspective of the retailers and manufacturers.

This paper focused on the senior citizens who were farmers of Barangay Imbatug, Baungon, Bukidnon, during the second semester of 2016-2017. The results of this study provide evidence of their awareness of the privileges and benefits accorded to them by the Philippine Government, which will serve as a basis for government intervention regarding aging farmers’ concerns on the provisions in Senior Citizens laws and the problems of its implementation.

The purpose of this paper was to explore the knowledge of the senior citizens in the rural area about the privileges and benefits granted to them by the Philippine government, their access to these government programs, and their actual utilization of these opportunities in their locality. Specifically, this paper aimed to:

1. Determine the socio-demographic profile of the aging rural farmers in terms of age, civil status, gender, education, occupation, income, religion, and health condition;
2. Determine the extent of knowledge, access, and utilization of the Senior Citizens Act among the aging rural farmers in terms of the following:

### I. Knowledge

- a. Discount on the following services: Health Services; Transportation Services; Food, Recreation, Leisure, and Hotel Services; and Death Benefits;
- b. Individual Income Tax Exemption
- c. Discount on household bills
- d. Exemption from training fees for Socio-

economic programs

- e. Free Medical Laboratory Services
- f. Professional Enhancement Privilege
- g. Continuity of GSIS, SSS, and Pag-ibig Benefits
- h. Priority Lanes
- i. Burial Assistance

## II. Access

- a. Distance of house from to Service Center (Commercial Center, Municipal Hall, Terminal, etc.)

## III. Utilization

- a. Discount on the following services: Health Services; Transportation Services; Food, Recreation, Leisure, and Hotel Services; and Death Benefits;
- b. Individual Income Tax Exemption
- c. Discount on household bills
- d. Exemption from training fees for Socioeconomic programs
- e. Free Medical Laboratory Services
- f. Professional Enhancement Privilege
- g. Continuity of GSIS, SSS, and Pag-ibig Benefits
- h. Priority Lanes
- i. Burial Assistance

3. Determine the relationship between socio-demographic profile to knowledge and access; knowledge and access to utilization of the Senior Citizens Act among the aging rural farmers.

## METHODOLOGY

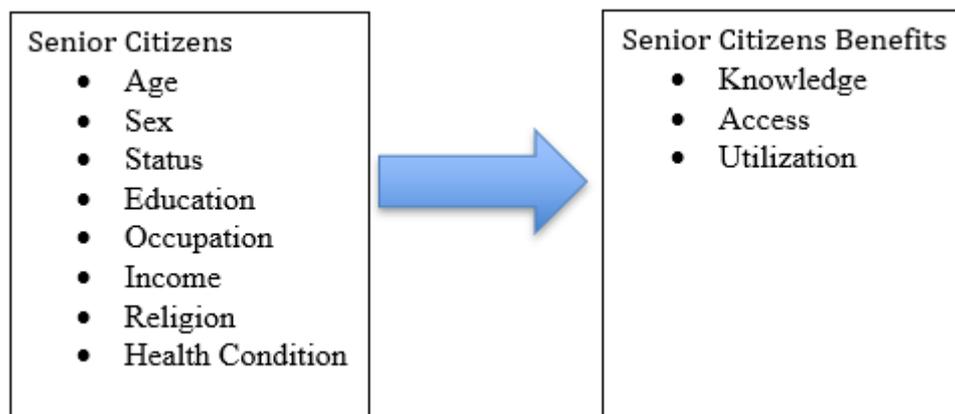
### *The Area of Study*

Baungon Bukidnon is one of the municipalities of Bukidnon Province, founded in 1956. It is located in the northernmost part of Bukidnon, about 132 km North of Malaybalay City, the provincial capital of the area. It is bounded on the east by the Municipality of Libona; at the northwest is the bustling City of Cagayan de Oro and on its southwest by the Municipality of Talakag. The Baungon name was given by its ancestors due to the abundance of the fruit-bearing tree called POMELO, which is, of course, locally known as Baungon.

According to the 2010 Census, Baungon has a population of 32 868. It has 16 barangays with 7 453 total households that are mostly Visayan-speaking and whose main source of income is farming/ agriculture. According to the Office of the Municipal Social Welfare and Development, there are around 270 senior citizens officially enlisted who are basically coming from its sixteen barangays. Its total land area is 32,834 hectares, where 55 percent of which is considered forestland. Its amenities include schools, medical and recreational facilities. There are 5 public primary schools, 13 public elementary schools, one national high school, 2 private secondary schools and 1 tertiary school. Its medical facilities comprise the 16 Barangay Health Services and 1 Municipal Health Office Provincial Hospital annex. Its recreational facilities are composed of basketball courts, a municipal gymnasium, school-covered courts, and a municipal plaza or playground with a tennis court and a fitness gym.

### *Entry Protocol*

This paper went through the usual procedures of germinating, planning, conducting, and analyzing a study. With the aim in mind to study the aging rural farmers, the researchers went thru proper protocol. They sought approval from the Mayor's Office by personally handing in the permission letter. Then, as per instruction from the mayor's office, the researchers visited and informed the office of the Local Police force for security reasons. Then, they went to the Office of the Senior Citizens. They particularly had a short briefing and orientation with the President of the Association of Senior Citizens of Baungon. After which, they went to the office of the Municipal Social Welfare and Development to seek an official copy of the master list of the Senior Citizens of Baungon, Bukidnon. During this trip, they conducted scoping and mapping of the prospective respondents of the study.



**Figure 1.** Conceptual framework of the study.

### ***Respondents of the Study***

The unit of enumeration was the households of the farmers in Barangay Imbatug, Baungon, and Bukidnon, and the unit of analysis was the aging farmers. The researchers employed systematic sampling to develop the 80 sample size from 267 lists of senior citizens given by the Municipal Social Welfare and Development. During the enumeration or conduct of the survey, the researchers used the adopted-enhanced questionnaire base on the benefits and privileges cited in R.A. 9994 (Appendix A and B). Then, followed the data weeding or cleaning, encoding, and data processing. After which, data analysis and interpretation were made.

### ***Analysis of data***

This study used a descriptive-survey design. It is considered an exploratory study since nothing or very little has yet beendone to conduct an evaluative study mainly focused on aging farmers regarding their knowledge, access, and utilization of their intended privileges and benefits.

To establish profiling of the study, frequency, and percentage distribution are employed with the mean to describe the respondent's socio-demographic and health characteristics. To show a significant relationship of variables, T-test is used for variables sex and religion;

Anova is used for variables education, occupation, and health condition; and Correlation is used for age, income, household size, knowledge scores, access, and utilization.

## **RESULTS AND DISCUSSION**

This section presents and analyzes the socio-demographic profile of the aging rural farmers in terms of age, sex, status, education, occupation, income, religion, health condition, and household size. It also presents the knowledge, access, and utilization concerning the benefits and privileges stipulated in the Senior Citizens Act.

### ***Socio-demographic Profile of the Respondents (N=80)***

Table 1 presents the respondents' profiles according to age, sex, marital status, education, occupation, income, religion, health, and household characteristics.

The majority of the respondents were 72 years old, mostly females (65%) Most of the respondents are married (52.5%) and reached Grades 5 to 6 in their education (52.5%). This result is the same as Italia's (2012) findings on the age, sex, marital status, and educational attainment of senior citizens. However, according to Albert, Monje, and Nuñez (2021), the ages of these respondents were considered

**Table 1.** Percent distribution of respondents according to age, sex, status, education, occupation, income, religion, and their health and household characteristics.

Age	Frequency	Percent (%)
60-64	14	17.5
65-69	18	22.5
70-74	18	22.5
75-79	20	25.0
80-85	10	12.5
<b>Sex</b>		
Male	28	35.0
Female	52	65.0
<b>Status</b>		
Married	42	52.5
Unmarried	6	7.5
No living partner	32	40.0
<b>Education</b>		
Grade 3-4	22	27.5
Grade 5-6	42	52.5
High School Level	10	12.5
College Level	6	7.5
<b>Occupation</b>		
Farmer (owner)	34	42.5
Farmer (laborer)	36	45.0
Farmer (tenant)	10	12.5
<b>Monthly Income</b>		
5000 below	66	82.5
5,001-10,000	2	2.5
10,001-15,000	2	2.5
Dont Know	10	12.5
<b>Religion</b>		
Catholic	54	67.5
Baptist/Born Again	26	32.5

overly qualified senior citizens.

The table shows respondents are either farmer-owners or laborers in the place (87.5%). Their monthly income is less than 5,000 (82.5%), and a majority are Catholics (67.5%). Furthermore, the majority of the respondents did not get sick (43%), while the rest of them got arthritis (12.5%), cough and colds (27.5%), or hypertension/stroke/liver diseases (17.5%).

Table 2 displays the health

characteristics of the respondents. Although aging people are prone to sicknesses and comorbidities (Reyes et al., 2019), the illnesses commonly experienced by the respondents in this study were coughs and colds (27.5%), followed by hypertension (17.5%) and arthritis (12.5%). The common health service they availed for those who got sick is a laboratory with 15 percent, followed by a check-up to any health care provider (2.5%). Most who got sick do not seek medical care because they rely on herbal medicines (27.5%), while others consider it

a mild illness (12.5%). According to Albert et al. (2021), senior citizens could have availed of medical care had they had enough finances to expend on it. This can be the reason why access to health care services remains low based on the report from Philippine Statistics Authority (2019).

Data in Table 3 shows the household

characteristics of the respondents. The average household size of the respondents is 4. More than half of the respondents (62.5%) have no dependents, while 32.5 percent said they have one to two dependents at home. In terms of housing conditions, the roof is mostly of strong materials (80%), the walls are made of light materials (40%), and the floor is made of sand and earth (47.5%).

**Table 2.** Health characteristics of the respondents.

Illnesses Experienced	Frequency	Percent (%)
Did not get sick	34	42.5
Arthritis	10	12.5
Cough and Colds	22	27.5
Hypertension/Stroke/Liver Problem	14	17.5
<b>Availment of Healthcare Services</b>		
Did not get sick	34	42.5
Sick but did not avail health care services because if mild illness	10	12.5
Sick, but did not avail health care services due to herbal treatment	22	27.5
Sick and had check-up in the medical facility	2	2.5
Sick and undergone laboratory services	12	15.0

**Table 3.** Household characteristics of the respondents.

Dependents	Frequency	Percent (%)
No dependents	50	62.5
One to two dependents	26	32.5
Four to five dependents	4	5.0
<b>Housing Condition (Roof)</b>		
Strong Materials	64	80.0
Salvaged/Makeshift Materials	16	20.0
<b>Wall</b>		
Strong materials	30	37.5
Light Materials	32	40.0
Salvaged/ Makeshift	18	22.5
<b>Floor</b>		
Basic (Sand and Earth)	38	47.5
Rudimentary	12	15.0
Advanced (Cement)	30	37.5

**Table 4.** Frequency distribution of respondents based on their knowledge and utilization of the senior citizen's benefits.

Benefits (N=80)	Knowledge	Utilization
Purchase of Medicine	54	20
Purchase of vaccine and pneumococcal vaccine	24	6
Purchase of Medical Supplies	26	2
Purchase of Medical Equipment and Accessories	20	0
Professional fees of doctors in private hospitals	32	8
Medical facilities	26	6
Outpatient clinics	28	0
Home health services	12	0
Professional fees of professional health care providers	26	0
Laboratory fees in medical services	38	12
Laboratory fees in medical services and dental	30	2
Actual fare (and advance booking) on jeepneys, buses, ships, airplanes, and train	60	46
Hotel and lodging services	28	0
Food, restaurants and recreation	30	2
Funeral and Burial Services	46	8
Individual Income Tax Exemption	22	4
5% discount on household bills	32	12
Exemption from training fees for socioeconomic programs	22	10
Free Medical and dental laboratory services (x-ray,blood test, etc.)	24	14
Free vaccination (DOH)	26	6
Professional enhancement	22	0
Continuity of GSIS, SSS, and Pag-ibig Benefits	16	6
Priority lane privilege	48	36
Burial Assistance (minimum of PhP2,000) care of DSWD	46	12

Table 4 data shows the frequency of the Senior Citizen's benefits and privileges according to their knowledge and utilization. The top three benefits and privileges that respondents are mostly knowledgeable about are the following: 20% Fare discount (60), Medicine purchase in health care stores with 20% discount (54), and Priority lane privilege (48).

It also follows that based on the respondent's knowledge of the top three

benefits, they utilize, however, showing lesser frequency. The top three benefits and privileges mostly utilized are the following: the 20% Fare discount (46), Priority Lane privilege (36), and Medicine purchase with 20% in healthcare stores (20).

Table 5 stipulates the knowledge index and utilization index of the respondents according to the benefits and privileges of the Senior Citizens Act. The index shows which of the following

benefits their knowledge and utilization is high or low. Data shows they have a high knowledge and utilization of the 20% Fare discount but low knowledge in terms of Home Health Services and no utilization at all in terms of purchase of medical equipment, hotel and lodging services, outpatient clinics, and professional fees of health care providers. This result is supported by Albert et al. (2021), who mentioned that senior citizens lack knowledge about the different processes

of their benefits as implemented by DSWD. Also, budget allocations starting 2014 were least utilized.

Table 6 displays the knowledge score of the respondents about the Senior Citizen's Benefits. Fifty percent (50%) of the respondents have low knowledge, and 28 percent have average knowledge. This means that half of the respondents claim little knowledge of their benefits and privileges.

**Table 5.** Knowledge and utilization distribution index of the senior citizens benefits.

Benefits (N=80)	Knowledge Index	Utilization Index
Purchase of Medicine	(2.25)	(.83)
Purchase of vaccine and pneumococcal vaccine	(1.0)	(.25)
Purchase of Medical Supplies	(1.08)	(.08)
Purchase of Medical Equipment and Accessories	(.83)	(0)
Professional fees of doctors in private hospitals	(1.33)	(.33)
Medical facilities	(1.08)	(.25)
Outpatient clinics	(1.17)	(0)
Home health services	(.5)	(0)
Professional fees of professional health care providers	(1.08)	(0)
Laboratory fees in medical services	(1.58)	(.5)
Laboratory fees in medical services and dental	(1.25)	(.08)
Actual fare (and advance booking) on jeepneys, buses, ship, airplane, and train	(2.5)	(1.92)
Hotel and lodging services	(1.17)	(0)
Food, restaurants and recreation	(1.25)	(.08)
Funeral and Burial Services	(1.92)	(.33)
Individual Income Tax Exemption	(.92)	(.17)
5% discount on household bills	(1.33)	(.5)
Exemption from training fees for socioeconomic programs	(.92)	(.42)
Free Medical and dental laboratory services (x-ray, blood test, etc.)	(1.0)	(.58)
Free vaccination (DOH)	(1.08)	(.25)
Professional enhancement	(.92)	(0)
Continuity of GSIS,SSS, and Pag-ibig Benefits	(.67)	(.25)
Priority lane privilege	(2.0)	(1.5)
Burial Assistance (minimum of PhP2,000) care of DSWD	(1.92)	(.5)

**Table 6.** Percent distribution of respondents' knowledge index score when grouped (N=80).

Knowledge Score	Frequency	Percent (%)
Low Knowledge (8.00 and below)	40	50.0
Average Knowledge (8.01 to 14.00)	22	27.5
High Knowledge (14.01 and above)	18	22.5
<b>Total</b>	<b>80</b>	<b>100</b>

**Table 7.** Access to service centers (Commercial Center, Municipal Hall, Health Facility, Terminal, Market, etc.).

Distance of housing	Frequency	Percent (%)
.5 to 1 km	16	20.0
1.5 to 2 km	28	35.0
3 to 4 km	26	32.5
above 5 km	10	12.5
<b>Total</b>	<b>80</b>	<b>100</b>

Table 7 indicates the access of the respondents to service centers that will cater to their benefits and privileges. The majority of the respondents (67.5%) are living about 2 to 4 km from the service areas, like municipal halls, terminals, markets, medical facilities, and commercial establishments.

The table below display percent distribution of utilization score. Majority of the respondents claimed low utilization (52.5%) and medium utilization (25%). This shows that many were constrained to apply their privileges.

Data in table 9 stipulates the common reasons why they fail to avail the benefits even if they know their privileges. Thirty percent (30%) said the municipal welfare office does not totally inform them of their benefits. Thirty-five percent (35%) said it is because they are ashamed to demand what is intended for them, and they experience unfair treatment of the benefits being rendered. The rest said that their house is very far from the Poblacion and that they are inactive community members.

**Table 8.** Percent distribution of utilization score.

Utilization Score	Frequency	Percent (%)
Low Utilization (2.00 and below)	42	52.5
Medium Utilization (3.00 to 5.00)	20	25.0
High Utilization (6.00 and above)	18	22.5
<b>Total</b>	<b>80</b>	<b>100.0</b>

**Table 9.** Percent distribution of not availing of the benefits and privileges.

Reasons	Frequency	Percent (%)
I availed it	6	7.5
Ashamed to apply the privilege	14	17.5
Because No I.D. and no booklet	10	12.5
Do not know what is it for	24	30.0
Inactive member of the community	6	7.5
Distance (house is very far)	6	7.5
Unfair treatment	14	17.5
<b>Total</b>	<b>80</b>	<b>100.0</b>

**Table 10.** Percent distribution of not availing of the benefits and privileges.

Reasons	Frequency	Percent (%)
Conditional benefit for pension	34	42.5
Distance	4	5.0
Age inclusion for pension should be 60 yrs.	10	12.5
Not properly informed	30	37.5
Provide booklet automatically and not whenever needed	2	2.5

Table 10 specifies problems regarding the utilization of the Act. Forty-two percent (42.5%) said that one of the main problems regarding utilization of their benefits is the many conditions for the provision of the pension amounting to Php 1500 quarterly; thirty-eight percent (38%) said that they are not properly informed by the OSCA office and Municipal Welfare Office; and twelve percent (12%) stated that due to specific age inclusion which is 60 years old hamper them to enjoy their pension, such is a guideline imposed by MSWD. The rest said they were not provided with a booklet to avail for discounts and due to distance as well.

The succeeding tables focus on the test of significance and relationships between variables. Table 11 is about the significance of the variables sex and religion to knowledge and access scores. The table shows a significant relationship between variables involving Sex and Knowledge Score with  $p$ -level  $<0.05$ , that is, .010, while for variables Sex to Access, Religion to Knowledge Score, and Access, there is no significant relationship because significance is  $> p$ -level 0.05.

This means that aging rural farmers' sex has a relationship to their knowledge score. However, since a majority

of the respondents are female farmers, thus data resulted in emphasizing sex as a significant variable. Religion is not related to their knowledge and access. This means

that religion is generally not vital in knowledge and access since religion is a subjective experience and affects the moral perspective about oneself.

**Table 11.** Significance of the variables sex and religion to knowledge and access score.

	Sex	N	Mean	Std. Dev	Std. Error	F	P
Knowledge Score	Male	28	1.857	.936	.176	6.988	.010
	Female	52	1.654	.738	.102		
Access	Male	28	1.36	.488	.092	2.266	.136
	Female	52	1.27	.448	.062		

	Religion	N	Mean	Std. Dev	Std. Error	F	P
Knowledge Score	Catholic	54	1.704	.768	.105	3.369	.070
	Christian	26	1.769	.909	.178		
Access	Catholic	54	1.30	.461	.063	.041	.839
	Christian	26	1.31	.471	.092		

**Table 12.** ANOVA result of education, occupation, and health condition to knowledge and access score.

Education		SS	df	MS	F	P
Knowledge Score	Between Groups	8.650	3	2.883	5.061	.003
	Within Groups	43.300	76	.570		
	<b>Total</b>	<b>51.950</b>	<b>79</b>			
Access Score	Between Groups	.357	3	.119	.550	.650
	Within Groups	16.443	76	.216		
	<b>Total</b>	<b>16.800</b>	<b>79</b>			

Occupation		SS	df	MS	F	P
Knowledge Score	Between Groups	3.598	2	1.799	2.865	.063
	Within Groups	48.352	77	.628		
	<b>Total</b>	<b>51.950</b>	<b>79</b>			
Access Score	Between Groups	.213	2	.107	.495	.612
	Within Groups	16.587	77	.215		
	<b>Total</b>	<b>16.800</b>	<b>79</b>			

Health Condition		SS	df	MS	F	P
Knowledge Score	Between Groups	7.370	4	1.842	3.100	.020
	Within Groups	44.580	75	.594		
	<b>Total</b>	<b>51.950</b>	<b>79</b>			
Access Score	Between Groups	.405	4	.101	.463	.763
	Within Groups	16.395	75	.219		
	<b>Total</b>	<b>16.800</b>	<b>79</b>			

Data in Table 13 correlate age, income, and household size to knowledge score and access. Based on the figures below, only income is significantly related to knowledge score at a .01 significance level. This shows that income has a relationship or connection to knowledge score. The income of the aging rural farmers motivates them to be aware and knowledgeable, also considering that their income is not that stable in the rural area where most are laborer-farmers.

The table below shows the Correlation of variables' Knowledge Scores and Access to Utilization Scores. Data shows that the knowledge scores and access have a significant relationship to utilization at 0.01 level of significance

controlling the effect of socio-demographic factors on utilization. This means that knowledge is an important motivator of utilization. If they know about the privileges, especially if their knowledge is high, opposite to the data presented earlier, their utilization is also high. Regarding access, since the majority are living far from the service center to deliver the said benefits, utilization is also affected.

In statistical analysis, particularly in this kind of study, you can extract models to present relationships of measured parameters. It is much more understandable and presentable at the same time. With this, the presentations of the table will be lessened.

**Table 13.** Correlation of the variables age, income, HH size to knowledge and access score.

	Age	Income	HH Size	Knowledge Score	Access Score
Knowledge Score	-.212	-.339**	.013	1	-.047
Access Score	-.131	.084	.000	-.047	1

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

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

**Table 13.** Correlation of the variables knowledge, access, and utilization score.

		Utilization Score
Knowledge Score	Pearson Correlation	.447**
Access	Pearson Correlation	-.363**
Utilization Score	Pearson Correlation	1

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

## CONCLUSION

The respondents have limited knowledge of their benefits; however, knowledge of the benefits and privileges goes hand in hand with utilization. Data shows that socio-demographic variables, specifically sex, education, health condition, and income, have a significant relationship to the knowledge score of the respondents. On the other hand, a socio-demographic profile is not related to the access of the respondents to their benefits. This means that the knowledge of the aging rural farmers has something to do with their gender, education, health condition, and income. Data shows that most senior citizen rural farmers have low and minimal knowledge due to low education, low income, and delicate health conditions. For sex is a significant variable related to knowledge since most of the respondents are female, so it laid out significant result.

Controlling the effect of socio-demographic factors to knowledge score, access, and utilization score, data stipulates a significant relationship of the variables. Knowledge motivates utilization and follows that if respondents live close to the service areas of these benefits, the higher utilization there will be. Their access to the benefits and privileges, as stated in RA 9994, is hampered due to the distance of their homes aside from the incomplete or limited information they acquire; thus, they fail to enjoy these benefits.

The study's results also show that senior citizen in rural area does not fully enjoy benefits and privileges merely because of the absence of big establishments in the area. They cannot also anytime go to the city proper due to

lack of money, and worse is their health condition. The benefit that they deemed hopeful is the pension that they get on a quarterly basis; however, certain conditions are imposed by the Municipal Social Welfare Office as follows: indigent condition and age of 76 years old. Such a condition hampers them to enjoy their pension.

## RECOMMENDATION

With the results of the study, the researchers would like to recommend to the Local Government Unit of the concerned area to assess regularly specific programs for Senior Citizens to avoid the feeling of being marginalized like intensifying information campaigns and reviewing guidelines in the delivery of pensions concerning senior citizens in the area. Information drive is very important for the benefits and privilege to reach the concerned citizens. Examine the guidelines and mechanism regarding pension disbursement privilege of 1,500 pesos quarterly.

The researchers of this study would like the study to be supported by qualitative data in order to verify or validate the data that transpired. Further research on the said topic considering all sectors concerned is highly recommended. Also, for comparative study, evaluation of the urban Senior Citizens' knowledge, access, and utilization are hereby being considered in the future.

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