

Exploration Of Healthcare Access And Financial Strategies: A Phenomenological Study Among Senior Citizens In Mabalacat City

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Abstract: *The challenges of accessing affordable healthcare and securing financial resources remained pressing issues for senior citizens, particularly in the context of limited income and increasing healthcare costs. This study investigated healthcare access, financial aid from the government, and the financial strategies employed by senior citizens in Mabalacat City to meet their healthcare needs. Using a qualitative phenomenological approach, the researchers conducted in-depth interviews with eight senior citizens from Mabalacat City to capture their personal experiences and the strategies they utilized to cope with healthcare expenses. The findings revealed a variety of coping mechanisms, including careful savings, reliance on alternative medicine, resourceful spending, and seeking support from family and government assistance programs. While some participants benefited from government healthcare initiatives such as PhilHealth, others faced significant systemic barriers, such as delayed assistance, out-of-pocket costs, and a lack of awareness about available aid. Many seniors navigated these challenges by prioritizing essential expenses and turning to their social networks for support. The study underscored the critical role of inclusive policies, efficient government programs, and robust family support systems in addressing the healthcare and financial needs of senior citizens. Insights from this research offered a foundation for improving healthcare access and financial assistance mechanisms for this vulnerable population, ultimately fostering their well-being and long-term security. By examining the real-life experiences of senior citizens, this study highlighted the importance of creating a more accessible and sustainable healthcare system for older adults.*

Keywords - Affordable healthcare, senior citizens, limited income, healthcare costs, government assistance, PhilHealth, systemic barriers, social support, inclusive policies, family support, sustainable healthcare.

1. INTRODUCTION

Stretching resources is like trying to mend a tear with a thin thread, each expense pulling tighter on the delicate fabric of survival. The situation turns into much more challenging when the individual is a senior citizen and requires to provide themselves with necessary medical care. This situation bears a resemblance to a scary tightrope walk, where financial problems threaten the balance between well-being and adversity.

Financial strategies are plans and procedures that individuals, businesses, and organizations used to efficiently manage their financial resources (Rahul, 2024). People utilize financial strategies to secure their financial future, whether for building wealth, saving for retirement, or achieving financial independence. These strategies involve various tactics such as budgeting, saving, investing, and debt management, aim at achieving specific financial goals (Singh, 2023). According to Majeed (2023), regardless of income level, financial

strategies played a crucial role in ensuring financial stability and growth. However, Delfino (2024) explained that the implementation of these strategies varied depending on socioeconomic status. Individuals with abundant financial resources may find it easier to strategize effectively, given their access to investment opportunities and professional financial services. Conversely, those with lower incomes faced challenges in implementing financial strategies due to limited resources and financial constraints. Therefore, despite the universal recognition of the significance of financial strategies, an individual's socioeconomic standing significantly influenced the methods and convenience of implementing them.

Over the years, the cost of living has steadily risen, particularly in areas such as healthcare and medication. For individuals with illnesses that require ongoing maintenance and extensive medication, these expenses become quite significant. Accessing medical care will be

challenging for those with limited financial means. For senior citizens, the situation becomes even more thought-provoking. According to the World Health Organization (2021), senior citizens often faced increased health issues as they aged, requiring more frequent medical care and medications. Although access to affordable healthcare and medication was crucial for senior citizens, it was a notable financial burden for these vulnerable population.

In the Philippines, the government recognizes the importance of supporting senior citizens and implemented several key policies and benefits to help them access healthcare. One initiative is mandatory PhilHealth coverage for all senior citizens through the Republic Act No. 10645 also known as the Expanded Senior Citizens Act of 2010. Moreover, the National Health Insurance Program (PhilHealth) provides financial assistance for hospital care and other medical expenses, easing the financial burden associated with healthcare needs. According to the article published by ASSISTANCE. PH (2024), there was a government program called "Assistance Programs Health Aid in the Philippines" which included programs that aimed to assist seniors with their medical finances. For instance, in acquiring of medicine and maintenance, seniors received a 20% discount at accredited drugstores, making essential medications more affordable. Additionally, qualified senior citizens enjoyed free rides on public buses, trains, and ferries, improving their accessibility to healthcare services and promoting their overall well-being. This government program also provided a monthly social pension to indigent senior citizens, offering aged 60 and above support for basic needs and aimed to lessen their financial burden.

However, Rondilla et al., (2021), pointed out that despite these efforts, the overall healthcare system still faced limitations in accessibility and affordability for the most vulnerable populations. Several factors contributed to these challenges for seniors. One of these factors was geographic limitations that hindered access to healthcare facilities. Seniors residing in remote areas confronted with long travel expenses to reach hospitals or clinics (Rural Health Information Hub, 2024). This was a significant barrier, especially for those with limited mobility or financial resources for transportation. Moreover, according to Philippine Institute for Development Studies (2023) even with PhilHealth coverage, out-of-pocket expenses were a burden for seniors. Payments for medications and procedures, along with indirect costs like transportation and lost wages due to missed work, could create an additional financial burden that was not covered by the assistance provided by the government.

By examining the financial challenges encountered by senior citizens in Mabalacat City, as they seek healthcare and medication, the researchers aim to identify the various financial strategies that will be utilized to

mitigate these challenges. The findings from this research are expected to benefit policymakers, social service providers, healthcare professionals, and the senior citizens themselves as well as their families. Policymakers can design programs to improve healthcare access and affordability for this vulnerable population. Social service providers can develop targeted interventions and support systems to address their financial needs. Finally, the study will bring awareness to senior citizens and their families about the financial strategies, resources, and programs that they can utilize to ease their financial burden on accessing healthcare and medication.

2. REVIEW OF RELATED LITERATURE

Many older adults who chose to age in their own homes experienced challenges due to declining health, limited finances, and unsuitable housing. The rising cost of healthcare was a significant burden for older adults on fixed incomes who were aging in place, considering the high prevalence of chronic health conditions among this population (Lee et al., 2019).

According to El Omari and Karasneh (2020), social health insurance was one possible way of financing healthcare services. It aimed to reduce health inequalities by offering low-income households' free access to medical services. At the local, regional, and national levels, drastic measures were taken to organize and carry out health programs that educated the underprivileged about common illnesses and the value of promptly obtaining healthcare services from qualified practitioners. In the study of Chen Ey (2021), it indicated that elderly people around the world experienced a multitude of health concerns. These challenges included chronic illnesses, injuries, depression brought on by loneliness, malnutrition, visual impairments, hearing loss, and complex dental issues. In the study of Gaans and Dent (2018), aging was commonly associated with progressive loss of skeletal muscle mass and a decrease in metabolism function and functional capacity. Further dissemination of information to OPs on their rights and privileges was needed.

Information dissemination needed to be site-specific since privileges varied across local government units, and rich ones tended to provide more privileges to their senior citizen constituents (Cruz, et al., 2021). Moreover, Moyani et al., (2023), posited that investing in programs that improved the well-being of senior citizens strengthened and complemented the existing government benefits. By addressing their needs and promoting healthy lifestyles, one could create a comfortable environment where seniors remained active in mind and body, free from daily anxieties. Furthermore, Gaans and Dent (2018), appealed that a comprehensive program to address the health needs of elderly populations should encompass several key areas. Firstly, healthcare access

and management must be improved by increasing geriatric specialists, facilitating transportation to appointments, and offering telehealth services. Secondly, mental and social well-being should be promoted through programs that combat loneliness, provide mental health screenings, and encourage intergenerational connections. Nutritional support could be provided through meal delivery programs, educational initiatives, and solutions for food insecurity. Addressing sensory health included making affordable hearing aids and eyeglasses available, organizing screenings, and offering training on assistive technologies. Finally, dental care could be improved by expanding specialized services, offering oral hygiene education, and addressing financial barriers. A review of existing literature suggested that patients perceived a disconnection between physical and mental healthcare. This disconnection was attributed to a lack of collaboration between healthcare services. As a result, individuals with complex, interrelated physical and mental health problems struggled to access a coordinated and comprehensive care plan.

A global focus on reducing the negative effects of aging and improving the health and well-being of older adults led to the development of various care systems. However, studies shown that healthcare systems in less developed countries, specifically those catering to older adults, were inadequately and inefficiently designed (Gavarskhar et al., 2022). Moreover, the study of Chu (2023) found a discrepancy between the traits of Affordable Care Act-eligible Medicaid participants and the myth of the “undeserving poor”. Studies indicated that healthcare systems intended for the elderly in less developed nations were insufficient and ineffective. Therefore, closing the “coverage gap” that disproportionately impacted Black people was accomplished by extending Medicaid to states that had not done it yet. Globally, several healthcare systems aimed to improve older individuals’ health and well-being while lessening the detrimental impacts of aging.

According to the article published by the World Health Organization (2021), approximately half of all individuals on the planet—4.5 billion people—did not have complete access to basic health care. The estimated long-term effects of the COVID-19 pandemic were fully represented by this assessment. An extensive analysis of deaths in 137 countries that were avoidable revealed that 8.6 million unnecessary deaths occurred in 2016 (primarily in low- and middle-income countries, or LMICs). According to Coombs et al., (2021), having adequate access to healthcare enabled people to proactively manage their health issues, which promoted positive long-term health outcomes. However, Chinyakata et al., (2021) stated that a great number of individuals lacked access to healthcare services for a variety of reasons. Some of the reasons why people did

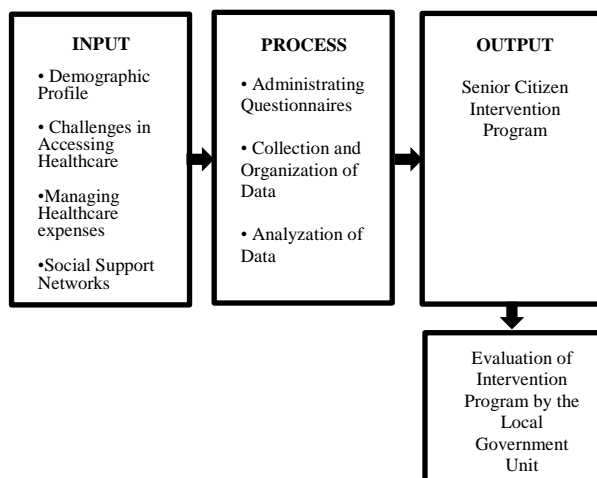
not receive the necessary healthcare treatments were lack of financial resources, transportation issues, high costs for healthcare, and even social stigmas. Thus, it turned into a public health concern. It restricted people's and communities' freedom to use health care and their capacity to get it when necessary.

Healthcare access was a global concern. For instance, access to healthcare services in Australia was limited by a lack of services, inadequate infrastructure, and a shortage of healthcare workers. Furthermore, low-income households in the Philippines still faced barriers to obtaining and utilizing healthcare, despite efforts to implement universal healthcare coverage (UHC) (Luu et al., 2022). According to Cruz et al., (2019), a large number of elderly Filipinos lack information on certain government health initiatives that might be of assistance to them, as well as limited access to healthcare. Even while almost all older Filipinos, nearly all of them under PhilHealth, said even if they had health insurance, the benefits were still insufficient to pay for the entire cost of medical care, particularly for outpatient. The majority of older Filipino patients who sought inpatient care reported that their children covered the majority of their hospital bills. Even with Phil Health coverage, there were still significant out-of-pocket costs.

There were important variations in the elder care environment around the world. Seniors' health risks and loneliness were made worse in poor nations with aging populations, such as Ghana and the Philippines, where there were inadequate social and medical support networks. This worrying tendency was brought to light by Atakro et al., (2021), who pointed out difficulties like restricted access to healthcare that were made worse by things like growing transportation expenses. Elder care was further hampered by systemic problems in the healthcare infrastructure, such as a lack of staff and restricted accessibility (Carandang et al., 2019). In addition, reduced assistance for older relatives and family fragmentation were two effects of the Overseas Filipino Workers (OFWs) issue. Furthermore, Moncatar TVR et al., (2019) highlighted the demographic and economic vulnerabilities that older people living alone in the Philippines confront, making policy interventions necessary for their well-being. Additionally, Moyani et al., (2023) underscored the need to address the issues raised by Jacobson et al., (2021) regarding aging populations' access to medical care in developed countries like the United States, by advocating for proactive investment in senior citizen programs to improve their well-being and reduce financial stress. Around the world, societies could work toward creating an environment that was more inclusive and helpful for their senior population by coordinating efforts to enhance healthcare access, social support networks, and policy measures. Financial literacy played a critical role in

ensuring stability across various sectors, as emphasized by Bangco et al., (2022) in their examination of financial decision-making in the Philippines. However, the inadequacy of contemporary welfare programs for seniors, as highlighted by Meemon & Sung (2020), exacerbated vulnerabilities among older populations, necessitating a reevaluation of existing policies to enhance their well-being. In the study of Lasco et al., (2022), it shed light on the unique ways Filipinos coped with healthcare costs, underscoring the strain on both individuals and the healthcare system. Despite the importance of pensions in providing financial security, Cruz (2019) noted their limitations, particularly for private-sector retirees. While the study of Bustillo et al., (2021) emphasized the correlation between health and economic security among the elderly, highlighting the role of stable income and social security, Fong et al., (2021) underscored the necessity of understanding seniors' financial behavior for retirement security. Moreover, according to the study of Samuel et al., (2018), it revealed coping mechanisms amid financial stress, including budgeting and seeking assistance. However, in the study of Pearson et al., (2019), it proposed policy changes to address housing and healthcare needs, while Soomin and Le (2022) stressed the mental health implications of financial stress, advocating for interventions. Furthermore, in the study of Gepp et al., (2022), it highlighted how health issues impacted financial literacy, suggesting a need for targeted education programs. Together, these findings underscored the intricate interplay between financial literacy, welfare policies, and healthcare access, necessitating comprehensive approaches to address the multifaceted challenges faced by aging populations globally.

3. CONCEPTUAL FRAMEWORK



4. METHODOLOGY

4.1 Methods and Technique of the Study

In this study, the researchers utilized a qualitative research approach to delve deeper into the lived experiences of senior citizens regarding financial strategies for healthcare access. Qualitative research gathered participants' experiences, perceptions, and behavior and was structured as a standalone study, purely relying on qualitative data (Tenny et al., 2024).

The researchers applied a phenomenological type of research to gather necessary data regarding the perspectives of senior citizens on financial strategies for healthcare access in Mabalacat City. Phenomenological research was a qualitative method that specifically investigated the subjective experiences and viewpoints of the participants. Phenomenology aimed to understand how people made meaning of and interpreted their experiences. It was crucial to collect data from live participants (Eckel, 2022). For the purpose of this study, the researchers transcribed participants' personal experiences, perceptions, and financial behaviors.

4.2 Research Locale

The study was conducted in Mabalacat City, Pampanga, Philippines. The participants were senior citizens residing in the said place who accessed healthcare services. These individuals were chosen because their life experiences and knowledge were expected to provide valuable contributions to the research. According to Creswell and Poth (2018), there was no specific provision for the number of participants, as it depended on the qualitative research approach. However, phenomenological studies typically included 3–10 participants, allowing for an in-depth exploration of each individual's experiences. Based on this guideline, the researchers interviewed eight (8) participants who voluntarily agreed to participate in the study.

4.3 Participants

Sampling helped maintain data quality by ensuring that the sample was free from bias, which was essential for making accurate inferences about the population (Alele and Malau-Aduli, 2023). The researchers used purposive sampling for this study. This approach worked well with smaller sample sizes and groups with similar characteristics. It was beneficial because it allowed the researchers to carefully examine and analyze all the data in detail, gaining a deeper understanding of the specific group (Singh and Jadhav, 2024). To ensure the research directly addressed how senior citizens in Mabalacat City navigated the financial challenges of accessing healthcare, the researchers developed a set of inclusion criteria. These

criteria referred to the specific characteristics participants needed to possess to be eligible for the study (David, 2024). This ensured participants contributed directly to the research question by focusing on individuals who shared their lived experiences. The inclusion criteria were as follows: (a) being 60 years of age or older to qualify as senior citizens based on the Republic Act 9994, commonly known as the Expanded Senior Citizens Act of 2010; (b) residing in Mabalacat City to concentrate the study on the target location; (c) having experiences accessing healthcare to ensure participants had relevant experiences and could share their approaches to managing healthcare costs; and (d) participants were divided into two groups: four of the eight participants had a pension, while the remaining four did not receive any form of pension.

4.4 Research Instrument

This research used a set of interview questions as the instrument for data collection. A researcher-designed interview guide was employed to explore the financial strategies of senior citizens, leveraging their lived experiences to investigate the positive and negative impacts of these strategies. The study utilized a series of open-ended interview questions, allowing for an in-depth exploration of participants' experiences and encouraging them to elaborate on their financial strategies while keeping responses relevant to the study. To ensure the effectiveness of the interview questions, four experts in the field reviewed them, and their feedback was incorporated to refine the final version of the questionnaire

4.5 Data Collection Procedure

The researchers prepared a researcher-made questionnaire to gather the necessary data and utilized paper-based interview guide questionnaires. The survey questionnaire, administered by the researchers, was aligned with the statement of the problems.

The researchers went house-to-house to ask senior citizens if they were willing to participate in a short interview. They selected eight (8) participants who met the criteria for the study. Before conducting the interviews, the researchers informed participants about the details of the questionnaire guide and the interview process. Participants were given adequate time to respond based on their knowledge, perceptions, and experiences. One researcher conducted the interview, while others took notes and recorded the entire conversation to ensure all information was documented. Additionally, one researcher took photographs to further document the interview. To ensure accuracy, the researchers obtained permission from participants to use a voice recorder. After the interview, participants were assured of their data

privacy, and all responses were kept confidential and used solely for research purposes as a foundation for a more focused and valid investigation.

4.6 Data Processing

A reflexive-inductive approach combined with semantic analysis was used to examine the information collected for this study. According to Braun and Clarke (2012), reflexive thematic analysis is a flexible and accessible interpretive method for analyzing qualitative data, enabling researchers to identify and explore patterns or themes within a dataset. The inductive, or "data-driven," approach aimed to create codes that directly reflected the data's content without relying on pre-existing theories or conceptual frameworks. Instead of fitting the data into a predetermined coding structure, the researchers employed open coding to capture the participants' meaning as accurately as possible. Semantic analysis focused on the clear, surface-level meanings of the data, centering solely on what participants explicitly said or wrote without interpreting deeper or underlying meanings. This descriptive analysis aimed to present the data's content exactly as conveyed by the participants. By combining reflexive-inductive with semantic analysis, the researchers ensured that their analysis remained grounded in participants' explicit statements while allowing for flexible and nuanced theme development.

4.7 Ethical Consideration

This research followed proper ethical considerations to ensure appropriate conduct throughout the investigation. The researchers sent a letter of consent to the college requesting permission to conduct the study. They also created an informed consent form that outlined the goals, methods, risks, advantages, and, most importantly, assurances of confidentiality regarding the study. The form also included a notice of consent for recording the interview.

Finally, the researchers adhered closely to the Data Privacy Act of 2012, which safeguarded the fundamental right to privacy of individuals. They ensured that none of the participants' personal information was disclosed to third parties or unauthorized individuals.

5. THEMES AND DISCUSSIONS

HEALTHCARE ACCESS AND FINANCIAL STRATEGIES

5.1 Theme 1: Age Distribution

P1 – 62 ako at malaki epekto neto sa kin. Syempre matanda na ako. Wala pa akong pension. Wala pa akong dumadating sa akin pero single ako.

P5 – 74 nako, minsan high blood, kung minsan low blood. Nagtatrabaho pa ako, utility pa ako sa senior high sa MTB.

P8 – kung di ako nagkakamale, 81 na. Ito nga naninigas yung kaliwa kong paa. Kapag humina yung aking katawan, umiinom ako ng ah maintenance.

P1- I'm 62, and this has a big impact on me. Of course, I'm already old. I still do not have a pension. Nothing has come to me yet, but I am single.

P5- I am 74 now, sometimes I get high blood pressure, sometimes low blood pressure. I am still working, still a utility worker at the senior high school in MTB." P8- If I am not mistaken, I'm 81 now. My left foot stiffens. When my body weakens, I take my maintenance medicine."

Based on the gathered data from the participants and in connection with the theme "Demographic and Socio-Economic Profile of Senior Citizens when it comes to age distribution", it reveals significant variations in healthcare needs and challenges across different stages of aging. Individuals in their early sixties, such as a 62-year-old, often experience the onset of age-related concerns while facing financial insecurities, particularly in the absence of a pension. This demographic is beginning to feel the impacts of aging on their health, which may lead to delayed or foregone medical treatments due to cost constraints. As seniors age into their seventies, as illustrated by a 74-year-old participant 2, they may continue working but are more likely to encounter health issues like fluctuating blood pressure, necessitating regular medical attention. By the time individuals reach their eighties, as exemplified by an 81-year-old participant, chronic conditions become more prevalent, requiring ongoing management and reliance on maintenance medications. This progression highlights the critical need for tailored healthcare services that address the diverse and evolving requirements of senior citizens. These statements are further substantiated by the World Health Organization (2021), senior citizens often faced increased health issues as they aged, requiring more frequent medical care and medications. It underscores the importance of implementing comprehensive support systems that not only provide medical care but also consider financial stability and accessibility, ensuring that seniors can maintain their health and quality of life as they navigate the complexities of aging. In conclusion, understanding the age distribution among senior citizens is vital for developing effective healthcare strategies that address their evolving needs. As individuals age, their health concerns become increasingly complex, necessitating a holistic approach that encompasses financial, physical, and emotional well-being. By recognizing these changes, healthcare systems can better support the senior population, ultimately enhancing their quality of life and overall health outcomes.

5.2 Theme 2: Financial Status

P2. Meron na po akong SSS Pension plus po yung employee---employment ko sa mcc. Yes, ang pension ko

ay 4,300 every 1st week ng every month sa SSS. Sa ngayon, ay under contractual na ako dahil nga beyond nako sa working age na under ano, dati casual ako na naging permanent kaso beyond nako- ah mandatory retirement nako talaga kaya ayan masasabi nating hindi siya stable pero under contract ako every 6 months.

P5. Meron sa senior meron tig limang daan. Bukas (Sep. 23) daw yun. Kung minsa dalawang buwan bago ka maka sahod 9,000 lang tapos ibibigay pa isang buwan. Dalawang buwan bago ka sumahod kaya kulang na kulang eh.

*P8. Wala na akong income, dati sa barangay ako nagtatrabaho. Isa akong mediator sa katarungang pambarangay sa lupon tagapamayapa. Isa ako mediator, inaayos ko yung nagkakaroon ng problema *inaudible*, matagal na ako diyan. Eh nahinto ako ito pa lang September kase nagkasakit ako. Meorn ako kahit pano pension 1,400. Kulang pa rin sa pambili ko ng gamot... sa pagkain.*

P2. I already have my SSS pension, plus my employment at MCC My pension is ₱4,300 every first week of the month from SSS. For now, I am under a contractual status because I am beyond working age. Before, I was a casual employee who became permanent, but since I am past the mandatory retirement age, my job is no longer stable. However, I am under contract every 6 months.

P5. There is ₱500 given to seniors. It's supposedly tomorrow (Sep. 23). No, sometimes it takes two months before you can get paid, and it is only ₱9,000, which they give for one month. It takes two months before you get paid, so it is really not enough.

P8. I no longer have any income. I used to work in the barangay. I was a mediator for the barangay justice system in the Lupon Tagapamayapa. I was a mediator, helping resolve issues, and I have been doing that for a long time. But I had to stop just this September because I got sick. I have a pension of ₱1,400, but it is still not enough to buy my medicine... or for food.

The theme of financial stability among the elderly in these examples is characterized by reliance on pensions, allowances, and periodic employment, all of which highlight the risky nature of their economic situation, especially regarding healthcare costs. Participant 2, while receiving an SSS pension of ₱4,300 monthly, still relies on employment at Mabalacat City College. However, due to being beyond the mandatory retirement age, Participant 2's job security is compromised, with the work being contractual and subject to renewal every six months. This illustrates a level of uncertainty, as continued employment is not guaranteed, and while the pension helps, it is likely not enough to sustain their full needs, especially given the instability of contractual work. Participant 5's situation emphasizes the insufficiency and unreliability of senior

citizen allowances, with the government providing only ₱500, but even that amount is not consistently given on time. Sometimes, there are delays of up to two months before receiving the ₱9,000 allowance, which is supposed to cover a single month's needs. The infrequent and delayed disbursement of this allowance further exacerbates the financial challenges for seniors who rely on it to make ends meet, leading to difficulties in covering essential living and healthcare costs. Participant 8's experience represents the most extreme financial vulnerability, having lost their income after stepping down from work in the barangay's justice system due to health problems. With only a ₱1,400 pension, participant 8 struggles to afford even the basics, such as medicine and food. The insufficient pension, compounded by the loss of their job, leaves them with no substantial safety net, forcing them to prioritize their limited resources on healthcare costs, which are often unaffordable. All the three participants are correct because the National Health Insurance Program (PhilHealth) provides financial assistance for hospital care and other medical expenses, easing the financial burden associated with healthcare needs. According to the article published by ASSISTANCE. PH (2024) there was a government program called "Assistance Programs Health Aid in the Philippines" which included programs that aimed to assist seniors with their medical finances. But upon reviewing the responses in all three cases, pensions and allowances, intended to provide financial stability in retirement, fall short of covering both daily living expenses and necessary healthcare, especially when health deteriorates, and employment is no longer possible. The income from pensions and government allowances is often too little, irregular, or delayed, putting immense pressure on the elderly, particularly when faced with rising medical costs as they age. This highlights the broader systemic issues around financial support for aging populations, where insufficient safety nets result in a heightened risk of poverty and economic hardship during the later stages of life.

5.3 Theme 3: Family Responsibilities

P4. Meron akong isang anak na hiwalay sa asawa tapos may anak siyang dalawa, ayun ang sinusuportahan namin. Madalang lang naman yan kasi meron naman trabaho yung nanay niya. Alam mo naman yung bata hingi ng hingi. Oo pero shempre naawa naman ako sakanila pag di ko bibigyan pero pag naka kain na ako, okay na saakin.

P5. Mga kasama ko dito sa bahay. Mga apo ko at anak .

P6. Tutulong lang naman ako pag yung talagang kailangan, yung halimbawa wala talagang pambili yung apo ko kapag merong kahit konti lang binibigyan ko.

P4. I have one child who is separated from their spouse, and they have two children. We help support them. But it

is not that often because their mother has a job. You know how kids are, always asking for things. Yes, but of course, I feel sorry for them if I do not give them anything. But once I have eaten, I am okay with it.

P5. My companions here at home are my grandchildren and my child.

P6. I only help when it is really needed, like when my grandchild does not have any money to buy something. If I have even a little, I give it.

The theme of family responsibilities reveals how the financial capacity of seniors is further strained by their role in supporting their children and grandchildren, impacting their ability to prioritize healthcare. Participant 4, for instance, mentions helping their child who is separated from their spouse and raising two children, though the child's mother has a job. Despite not always being in a position to provide constant financial assistance, Participant 4 still feels obligated to contribute, especially when asked by the grandchildren. This sense of responsibility towards family, even when resources are limited, takes precedence over personal needs, with Participant 4 admitting they are content as long as they have eaten.

Participant 5 also highlights the presence of dependents, with their household comprising both their child and grandchildren. The responsibility of caring for younger family members, often on a limited budget, can divert attention away from self-care and healthcare expenses, as immediate household needs tend to take priority.

Similarly, participant 6 shares that although they only help when it is absolutely necessary, such as when their grandchild lacks money for essential items, this occasional financial support still affects their own resources. Even small contributions to the family, especially when income is already limited, can hinder a senior's ability to focus on their own health and wellbeing.

In conclusion, these statements are further substantiated by the study of Kuykendall, M. A. (2021)., the study found that 95% of senior citizens in the study area are living with their families. These seniors are actively involved in managing household tasks, offering guidance to family members, providing emotional support, and offering financial assistance when needed. The pressure of supporting younger family members adds to the financial burden faced by seniors. Their limited pensions or incomes, already insufficient for their own healthcare needs, are stretched even thinner when directed towards helping children and grandchildren, making it more challenging for them to address their own health and wellbeing.

5.4 Theme 4: Cost of Healthcare

P1. Wala. Tiis ako. Yun lang. Pero sa kasalukuyan ngayon, binibigyan ako ng gamot ng mga politics, mageleksiyon. Yun lang. Pag wala akong gamot, yung kapatid ko dahil nagaano rin, pinoprove din ako. Oh syempre mahirap. Wala nga akong ano eh. Kung di lang ako makakapag, di naman ako pwedeng pumunta sa private, wala akong pambayad.

P2. So far, hindi naman sa pagyayabang, sapat naman or medyo may sobra pa nang konti.

P8. uhm halos 11 000 yung gamot ko, kulang na kulang pera ko. Ginagawa ko nalang inuunti-unti ko.

P1. None. I just endure it. That is all. But currently, the politicians give me medicine because it is election season. That is it. If I do not have any medicine, my sibling also helps me out. Oh, of course, it is hard. I do not have anything. If I cannot get by, I cannot go to private clinics; I do not have money to pay.

P2. So far, not to brag, it is enough or maybe even a little more than enough.

P8. Uh, my medicine costs almost ₱11,000, which is really not enough money for me. I just make it by taking it little by little.

Based on the data collected from the participants, there are different experiences when it comes to the cost of health care. Participant 1's situation reveals a deep struggle, as they rely on enduring their health issues without regular access to medicine. Participant 1 mentioned receiving occasional assistance from politicians during election season and help from a sibling, underscoring how dependent they are on external support to manage their healthcare needs. Without sufficient resources, participant 1 cannot afford private healthcare services, leaving them with limited options for addressing medical concerns. In contrast, participant 2 presents a more fortunate perspective, having "enough or maybe even a little more than enough" where any surplus can be easily consumed by unexpected medical expenses. Even when seniors feel their financial resources are adequate for day-to-day living, the unpredictable nature of healthcare costs—such as consultations, medications, and treatments—can quickly deplete their financial stability. This uncertainty often forces seniors to make difficult choices regarding their health, potentially leading to delayed care or the forgoing of essential treatments. Participant 8 exemplifies the challenges of high medication costs, revealing that their medicine expenses amount to almost ₱11,000, which far exceeds their available funds. To cope, participant 8 resorts to rationing their medicine by taking it little by little, a risky practice that reflects the harsh reality of having to compromise on essential health treatments due to financial limitations. Generally, the cost of healthcare creates significant barriers for many seniors, who either cannot afford proper medical attention or must make

dangerous compromises, such as cutting back on medication which is supported with Chinyakata et al., (2021), that a great number of individuals lacked access to healthcare services for a variety of reasons. Some of the reasons why people did not receive the necessary healthcare treatments were lack of financial resources, transportation issues, high costs for healthcare, and even social stigmas. These financial obstacles limit their ability to access necessary treatments, leaving them reliant on sporadic external aid or family support. The unaffordability of healthcare exacerbates the vulnerability of the elderly, many of whom struggle to maintain their health due to limited resources.

5.5 Theme 5: Physical Access to Healthcare

P4. Si tatay pag nag d dialysis kung minsan sinusundan ng ambulansya kay kapitan. Kung wala yung service niya, sa tricycle nalang ng anak ko.

P5. Nahirapan ako sa pagsakay-sakay ng jeep kay yung mga tuhod ko masakit na eh

P8. Marami akong naranasan sa aking paggagamot. Unang-una kapag pupunta ako sa doctor, ayaw nila akong isakay, oh kase matanda na nga.

P4. When tatay goes for dialysis, he is sometimes picked up by the ambulance from the captain. If that service is not available, he just uses my child's tricycle.

P5. I have a hard time riding the jeep because my knees hurt.

P8. I have experienced a lot in my treatment. First of all, when I go to the doctor, they do not want to let me ride the jeep because I am old.

Based on the gathered data from the participants, there is a similarity when it comes to transportation when accessing healthcare which is related to the government program called "Assistance Programs Health Aid in the Philippines". This program includes qualified senior citizens enjoying free rides on public buses, trains, and ferries, improving their accessibility to healthcare services and promoting their overall well-being. But sadly, the participants are not able to experience this kind of privilege for them such as participant 5 and participant 8. The statement, "I have a hard time riding the jeep because my knees hurt," illustrates the mobility difficulties that often accompany aging, making it physically demanding for seniors to use public transportation. Furthermore, the concern expressed in "when I go to the doctor, they do not want to let me ride the jeep because I am old" highlights societal attitudes and age-related biases that can further restrict seniors' mobility and access to healthcare services. On the other hand, participant 4 who is somehow privileged when it comes to transportation when accessing healthcare, participant 4 describes relying on an ambulance service provided by a local captain for their father's dialysis

treatments. When that service is unavailable, they must use a family member's tricycle, highlighting the lack of consistent transportation options and the potential difficulty in accessing critical medical care without assistance. In conclusion, transportation and accessibility issues compound the difficulties seniors face in obtaining healthcare. Limited transportation options, physical limitations, and even discriminatory practices exacerbate the challenges of reaching healthcare facilities, creating significant barriers to consistent and necessary medical attention. These factors underscore the critical need for accessible, elder-friendly transportation services to ensure timely healthcare access for seniors.

5.6 Theme 6: Systemic Barriers

P1. Wala nga, 2 years Nakong nakalista pero walang dumadating.

P6. Hindi man, di ako aware sa government programs. Sabi nila dati kapag daw sa mag-asawa eh isa lang yung pwedeng mabigyan ng financial assistance.

P8. Wala akong philhealth. Ako hindi ako umaasa dyan. (government). Wala ako tiwala dyan. Pag malapit na ang halalan dun lang lumalabas. Katulad ninyo nag i interview kayo dahil malapit na ang halalan. Hindi lang kayo ang lumapit saakin. Nung isang araw meron naman para daw sa Urban Poor. Bakit ba tuwing halalan lumalabas kayo. Pag katapos ng halalan tulog na tulog kayo.

P1. Nothing indeed. I have been registered for two years but nothing has come.

P6. No, I am not aware of the government programs. They said before that if it is a married couple, only one can receive financial assistance.

P8. I do not have PhilHealth. I do not rely on that (the government). I do not trust it. When elections are near, that is when they show up. Like you, you are interviewing because the elections are near. You are not the only ones who have come to me. The other day, someone came, saying it was for the urban poor. Why is it that every election season you show up? After the elections, you are all fast asleep.

Upon reviewing the participants' responses regarding their experiences with healthcare access and government benefits, it became apparent that certain systemic challenges affect their ability to receive services and support. These challenges have had varying impacts on participants' access to healthcare and financial assistance, mirroring the findings of Cruz et al. (2019), who noted that many elderly Filipinos face significant barriers to obtaining healthcare services despite efforts to implement universal healthcare. The first notable observation was the prolonged wait time participants experienced when seeking assistance. For instance, P1 mentioned being registered for two years

without receiving any support. This prolonged delay reflects a lack of efficient service delivery, which can lead to frustration and a feeling of neglect among seniors. Such delays are consistent with the findings of Chinyakata et al. (2021), who pointed out that transportation and financial constraints further limit access to healthcare services, making it difficult for seniors to receive timely care.

The absence of communication or follow-up creates a perception that the system is indifferent to their needs. Moyani et al. (2023) emphasized that addressing the well-being of senior citizens requires proactive investment and proper dissemination of information, yet participants in this study revealed gaps in knowledge dissemination. For example, P6 expressed confusion about financial assistance policies, particularly for married couples, revealing a gap in knowledge dissemination similar to what Cruz et al. (2021) identified, where privileges and benefits often vary by local government units, making it challenging for seniors to understand their entitlements. This lack of clarity creates further barriers, as seniors often struggle to navigate complex bureaucratic processes without sufficient guidance or information.

Additionally, distrust in government programs emerged as a recurring theme. P8's statement about not relying on PhilHealth and only seeing government initiatives during election periods underscores a deep mistrust in the system, a sentiment echoed by Luu et al. (2022), who pointed out that despite efforts toward universal healthcare, low-income households, especially seniors, continue to face obstacles in accessing the care they need. This distrust discourages engagement with government services, making it even more difficult for seniors to receive the healthcare and financial support they need.

5.7 Theme 7: Savings and Resource Allocation

P2. Nagse-save ako sa bangko. Meron akong savings na hindi through ano ba yon? May pin? Hindi through atm para at least alam ko, oo passbook lang ako, para at least kung magwi-withdraw ako don, make sure na it's well-planned expense

P4. Ang ginagawa ko ngayon ay ice water kasi basketball court to (tapat ng bahay). Pinupuno ko lahat yan (tinuro ang ref) shempre sayang. Kasi kung wala akong pambili di na ako iinom (ng gamot).

P8. Alam niyo, kaming mga senior na lahat ng pagtitiis ginagawa namin. Kapag walang-wala ako, bibili ako ng tuyo para lang makwan ang aking gutom. Kase kung kakain ako ng medyo masarap, wala na akong ibibili ng gamot.

P2. I save money in the bank. I have savings that are not connected to, what do you call it? A PIN? It is not

through an ATM, so that I know for sure, yes, I only use a passbook. That way, whenever I withdraw, I make sure it's for a well-planned expense.

P4. What I do now is make ice water because there is a basketball court in front of our house. I fill the fridge with it, of course, I do not want it to go to waste. Because if I do not have the money to buy medicine, I just will not drink it.

P8. You know, for us seniors, we endure a lot. When I do not have much, I will buy dried fish just to ease my hunger. Because if I eat something a bit nicer, I will not have money left to buy my medicine.

The theme of Savings and Resource Allocation talks about how the speaker manages their money and resources carefully to make sure they can cover all their needs. P2, explains that they save their money in a passbook account instead of using an ATM. This way, they do not have easy access to their money, which helps them avoid impulsive spending. Every time they need to withdraw, they have to plan ahead and make sure it's for something important. This shows that the participant is really thinking about how to manage their savings and avoid unnecessary expenses. P4 talks about how they make ice water at home because there is a basketball court in front of their house. Since they have access to free water, they fill their fridge with it. This might seem like a small thing, but it is a way for the participant to save money on other drinks, especially when they can't afford to buy medicine. It shows how even small actions can help save money and avoid waste, which is important when you are trying to manage a limited budget. P8, who is a senior, talks about the sacrifices they have to make. When they do not have much money, they buy dried fish (tuyo) just to satisfy their hunger. If they spent money on tastier or more expensive food, they would not have enough to buy their medicine. This shows the difficult choices they have to make, always thinking about what is more important—food or medicine.

Bustillo et al., (2021), emphasizes that in order for older people to remain healthy and conveniently access high-quality healthcare services in an emergency, they need to have stable and secure financial arrangements, such as bank accounts and retirement plans or pensions. Overall, these shows how the participants manage their money and resources very carefully by saving, being resourceful, and making sacrifices. They plan ahead for expenses, find ways to save on everyday things, and are willing to give up certain comforts to make sure they can afford the essentials, like medicine. It really highlights the importance of being practical and disciplined when it comes to savings and spending, especially when you have limited resources.

5.8 Theme 8: Alternative Medication

P7. Ako pagkaano naman minsan pagkanagagalit ako,

sumisikip yung dibdib ko. Ngayon ang ginagawa ko kumukuha ako ng face towel binabasa ko nilalagay ko sa dibdib ko.

P5. Oo, minsan iinom ako ng herbal. Mag lalaga ako ng dahon at iinom ko.

P7. Sometimes when I get angry, I feel tightness in my chest. Now, what I do is take a face towel, wet it, and place it on my chest.

P5. Yes, sometimes I drink herbal medicine. I boil leaves and drink the tea.

The statements of P7 and P5 reflect their reliance on alternative medication to manage health issues, particularly in the face of financial constraints. In P7, when she experiences chest tightness, instead of seeking expensive medical treatment, they use a simple home remedy—wetting a face towel and placing it on their chest for relief. This shows their creative use of basic resources to address discomfort.

P5 mentions drinking herbal medicine by boiling leaves and consuming the tea. This practice of turning to natural remedies is a common approach when people either cannot afford or prefer not to rely on commercial medications. By using herbs, the speaker demonstrates a resourceful way of caring for their health, making use of what is available in their environment.

Overall, the participants' approach highlights the theme of alternative medication as a practical and cost-effective solution to health problems. It reflects a preference for natural, accessible remedies, especially when traditional medical treatments may be out of reach due to financial limitations. This choice emphasizes self-reliance and the wisdom of traditional practices in managing health. The ease, speed, and affordability of self-medication have contributed to its widespread use. Self-medication helps individuals avoid unnecessary medical visits and save money on treatment (Y Liu, 2023).

5.9 Theme 9: Support from Government Programs

P1. Sa medical meron, kasi diba kung minsan sa medical, di ba si Nanay Pineda, eto yung nagpagamot sa mata. Siya yung nagbigay sakin na kukuha sakin sa barangay na ano pero sila yung nagcocoveryed na anong tawag don, kay Nanay yon eh, kay Pineda yon eh, yung parang health benefits natin sakanya yon.

P2. Covered ako, life time covered ako sa philhealth. Naririnig ko, naririnig ko na you can ask. Tulad ng kapatid ko nakakuha siya ng 50 thousand nung may sakit siya, binigyan siya kagad. Saka ngayon yung hipag ko, ahm nagaano sila since di available yung gamot nila sa pharmacy namin, they're allotting 10 thousand para sa ano. Kaya maganda yung ano, yung active naman yung mga members natin sa LGU. They are really dispensing

the money that the constituents need. Pero di nga lang yung todo todo pero at least they give.

P6. Yung ako lang... yung tawag dito.. Yung sa Philhealth, halimbawa kapag daw nagkasakit ako may Philhealth ako

P1. In medical matters, yes, because sometimes for medical needs, like with Nanay Pineda, she was the one who helped with my eye treatment. She was the one who arranged for me to get help through the barangay, but it was her who covered the costs, like health benefits. That was from her, from Pineda.

P2. I am covered. Lifetime covered by PhilHealth. I have heard that you can ask for assistance. Like my sibling, they received 50 thousand when they got sick; they were given help right away. And now my sister-in-law, since the medication they need is not available in our pharmacy, they are allotting 10 thousand for it. So, it is good that our LGU (local government unit) is active. They are really dispensing the money that the constituents need. It is not much, but at least they give some.

P6. As for me... what is it called... Regarding PhilHealth, for example, if I get sick, I have PhilHealth.

Upon reviewing the participants' responses, it is clear that they have experienced varying levels of support from both local government initiatives and the national healthcare system, particularly PhilHealth. Some participants acknowledged receiving healthcare benefits through local government officials, who played a crucial role in facilitating medical assistance. This suggests that community-level interventions can effectively supplement national programs, especially in providing immediate help for specific medical needs. PhilHealth was recognized by participants as a reliable source of healthcare coverage. Some participants shared positive experiences, citing timely financial support during illness, which helped cover medical bills and medication costs. While the amount of assistance provided may not fully cover all expenses, participants appreciated the active efforts of their local government units (LGUs) to ensure that some financial help is available when needed. The overall sentiment from participants suggests that while the healthcare system has limitations, it does provide a degree of security and relief. This finding supports Bustillo et al. (2021), who emphasized that the combination of healthcare and economic security is crucial for the well-being of the elderly. Both national programs like PhilHealth and local government interventions contribute to easing the financial burden of healthcare. In conclusion, the participants' experiences indicate that a combination of national and local efforts plays a significant role in healthcare access. Though there may be gaps in coverage and financial assistance, the collaborative approach

between PhilHealth and local leaders provides a more accessible and responsive healthcare support system for the community, as noted by Samuel et al. (2018), who highlighted the importance of local support systems in addressing the unique challenges faced by aging populations.

5.10 Theme 10: Reliance on Family Support:

P2. Sa family once in a while binibigyan ako ng mga kapatid ko parin. Yung mga pinsan ko mga doctor sa dentistry, sa mata. Meron ako sa medical. May mga relatives ako, libre kami sa doctor, sa mata.

P3. Sa apo ko, yung nagaano sakin. Kasi sa totoo niyan, wala kaming anak, kaming magasawa. Kaso meron akong, yung apo ko, meron akong inalagaan na anak, tapos yung anak niya. Tapos may anak na yung inalagaan ko, siya yung nag aano samin, nagpapakain, bumibili ng gamot. Yun nga yung apo ko, siya yung gumagastos.

P7. Yung pamangkin ko halimbawa magpapabili ako ng gamot bigay ko yung pera yun dadagdagan niya yung pera. Siya yung bibili ng gamot, halimbawa magpapabili ako ng 20 pcs, gagawin niyang 40pcs. Kase minsan... Minsan may nagbibigay sakin ng gamot, minsan pinanghihingi ako nung apo ko sa center ganiyan.

P2: In my family, my siblings still support me occasionally. I also have cousins who are doctors in dentistry and eye care, so I get medical assistance. We get free check-ups for our medical and eye care needs from my relatives who are doctors.

P3: It is my grandchild who helps me. To be honest, my husband and I do not have children. But, I took care of someone's child, and now that child has children of their own. It is that grandchild who supports us, buying food and medicine, and covering the expenses.

P7: My nephew, for example, when I ask him to buy medicine, I give him money, and he adds to it. He is the one who buys the medicine for me. If I ask for 20 pieces, he will make it 40. Sometimes I also get free medicine from him. Other times, my grandchild requests medicine for me from the health center.

The responses from participants reveal a profound reliance on family support for managing healthcare costs, which is particularly impactful for senior citizens. Family members play a crucial role in alleviating the financial burden of medical expenses, providing essential assistance that helps older adults navigate their healthcare needs without incurring overwhelming costs. This reliance highlights the importance of familial bonds in fostering access to necessary medical services, ensuring that seniors can receive timely care while minimizing financial strain. This finding is consistent with Cruz (2019), who noted that many elderly Filipinos rely on their children to cover the majority of their

hospital bills, even when PhilHealth coverage is available. Participants shared experiences of receiving periodic financial assistance from siblings, cousins, and even grandchildren, illustrating the collaborative approach to healthcare management within families. For many seniors, these relationships serve as a vital safety net, allowing them to cover expenses related to medications and medical consultations. This familial support aligns with Moncater TVR et al. (2019), who emphasized the demographic and economic vulnerabilities of older Filipinos, especially those living alone, highlighting the importance of family in maintaining their well-being. Ultimately, this reliance on family support underscores the critical role of social networks in promoting financial stability for senior citizens. The sense of security that comes from knowing they have a support system contributes to improved health outcomes and a better quality of life. Bustillo et al. (2021) also pointed out that stable income, often supplemented by family support, is closely linked to better healthcare access and economic security for the elderly.

5.11 Theme 11: Family as Primary Caregivers:

P1. Syempre importante sila. Alam mo na yon sa sinalaysay ko sayo kung gano kaimportante yung tao sakin, yung pamangkin ko syempre. Sila yung unang source mo. Syempre pamilya ko unang source ko.

P2. Very supportive ang family ano, very important yon yung sa family. Kasi yung sa family namin lalo na meron kaming unity, share share sila gastos kaya minsan di ka na magsheshare ng expense.

P6. Ako kase kadalasan pinanghihingi lang ako ng mga apo ko, oo yun, pinanghihingi nila ako dahil hirap na nga kong lumakad, kukunin nila yung ID ko tapos panghihingi nila ako. Ayun, madalang lang ako manghingi ng gamot.

P1. Of course, they are important. You know from what I have told you how important my nephew is to me. They are my first source of support. Of course, my family is my first source.

P2. My family is very supportive, very important in our family. Because in our family, especially with our unity, they share expenses, so sometimes you do not need to share expenses.

P6. For me, I usually ask my grandchildren to get medicine for me. Yes, they help me because I have trouble walking. They take my ID and then ask for the medicine on my behalf. I rarely ask for medicine myself.

Participants expressed the importance of their family members, particularly highlighting the significant emotional support they provide. For instance, one participant emphasized how vital their nephew is to them, identifying family as their primary source of

support. This sentiment illustrates the emotional security that comes from knowing family members are always there to offer assistance and understanding during challenging times. This aligns with the observations of Samuel et al. (2018), who noted that strong familial bonds contribute significantly to seniors' emotional well-being, acting as a critical buffer against isolation and loneliness.

Additionally, the responses indicate that family members actively share the burden of financial expenses, promoting a sense of unity and cooperation. One participant noted that their family engages in shared financial responsibilities, which alleviates the individual burden of expenses. This collaborative approach is consistent with the findings of Gepp et al. (2022), who highlighted how families often step in to provide financial literacy support to seniors, helping them manage healthcare costs and reducing financial stress.

Furthermore, the practical support provided by grandchildren reflects the physical assistance family members offer. One participant mentioned relying on their grandchildren to help with obtaining medicine, highlighting how younger family members step in to assist those who may have mobility challenges. This intergenerational support aligns with Fong et al. (2021), who discussed the critical role of younger family members in providing practical and physical assistance to elderly relatives, helping them maintain independence and access necessary healthcare services.

5.12 Theme 12: Government Initiatives

P1. Oo, yung senior citizen discount malaking bagay na yon sa pagbili ng gamot. Yung health benefits ni Pineda, ayon, nakakatulong naman yon.

P4. Malaki (tulong) lalo na si tatay (asawa) pag nahospital siya halos kalahati (yung discount). Maganda yung ano ng government para saakin. Maraming naitulong talaga. Pag nag kakasakit may nilalapitan ka.

P1. Yes, the senior citizen discount is a big help when buying medicine. The health benefits from Pineda also help.

P4. It is a significant help, especially when my husband is hospitalized; the discount covers almost half of the costs. The government's assistance is really good for me. It provides a lot of help. When someone gets sick, you have someone to turn to.

The participants' responses illustrate the significant impact of government initiatives on healthcare access for seniors, particularly through programs like senior citizen discounts and local health benefits. One participant highlighted how the senior citizen discount substantially reduces the cost of medication, alleviating

financial burdens that can be overwhelming for older adults on fixed incomes. This supports the findings of Lee et al. (2019), which emphasized the financial strain on older adults due to high medication costs, particularly for those managing chronic health conditions.

The reference to health benefits from a local figure further underscores the importance of community-based support in enhancing seniors' access to essential medical services without excessive out-of-pocket expenses. Another participant emphasized the critical role of government assistance during hospitalizations, noting that discounts can cover nearly half of the costs. This financial relief is vital for seniors, who often face limited financial resources, ensuring they can obtain necessary healthcare without depleting their savings. This aligns with Cruz et al. (2021), which discussed the importance of local government initiatives in providing additional support to seniors, facilitating their access to healthcare services. Overall, these government initiatives not only make healthcare more affordable but also significantly improve the financial well-being of senior citizens, allowing them to prioritize their health without the constant worry of financial strain.

6. RECOMMENDATION

Based on the results of the findings and conclusions gathered, the researchers would like to recommend the following:

1. The researchers recommend that the Office for Senior Citizen Affairs in Mabalacat City adopt the Senior Citizen Intervention Program. This program is designed to support the well-being and financial stability of senior citizens through targeted initiatives. The program includes the following key recommendations:

a.) The researchers recommend that government agencies conduct regular information campaigns to raise awareness about available health benefits and government support programs for senior citizens. Ongoing information dissemination through booklets, community meetings, and social media would ensure seniors are informed about the programs they're eligible for.

b.) The researchers recommend that the local government conduct regular audits to ensure seniors enrolled in financial assistance programs are receiving their benefits. Periodic checkins through outreach visits or a dedicated hotline for reporting issues would improve accountability and ensure support reaches that in need.

c.) The researchers recommend simplifying the enrollment process for healthcare benefits and assigning dedicated community health navigators to provide personalized assistance. These navigators can assist seniors with accessing resources, completing documentation, and understanding their healthcare rights and options. Additionally, hosting enrollment drives or assigning dedicated health liaisons to assist with applications could help bridge the gap for those unfamiliar with technology or paperwork.

d.) The researchers recommend promoting accessible financial education initiatives for seniors, focusing on practical budgeting, healthcare cost management, and understanding available financial assistance programs. Providing these resources through local community centers or outreach events would allow seniors to gain valuable financial skills, make informed decisions, and better manage their limited resources to meet healthcare needs. To enhance the program's impact, families should be actively involved by accompanying their senior family members to these sessions or serving as proxies when seniors are unable to attend. This collaborative approach ensures that both seniors and their families are equipped with the necessary knowledge, fostering a stronger support system that can effectively address financial and healthcare challenges.

e.) The researchers recommend expanding collaborations with various organizations and companies to provide flexible and meaningful employment opportunities for interested senior citizens. These partnerships can create a wider range of roles tailored to the skills, experience, and physical capabilities of seniors, allowing them to remain productive while accommodating their needs. Beyond employment, these initiatives should focus on fostering a sense of purpose and inclusivity, enabling seniors to contribute to their communities in valuable ways. By engaging the private sector and non-governmental organizations, this effort can ensure sustainable opportunities that go beyond legislative provisions, empowering seniors to maintain financial independence and personal fulfillment.

2. The researchers recommend that families set up a simple, rotating schedule for regular check-ins with their elderly relatives, so each family member has an opportunity to connect and offer support. These informal visits or calls can provide a comfortable setting for discussing health updates, financial needs, or any challenges the senior may be facing. By making these check ins routine and shared among family members, seniors can feel connected and cared for without feeling like a burden, as support is offered naturally rather than requested.

3. The researchers recommend that local government officials strengthen their efforts in creating and maintaining programs focused on the financial and healthcare needs of senior citizens. By being consistent and proactive in implementing these initiatives, officials can ensure sustained support and accessibility for this vulnerable group. Consistent dedication to these efforts will help address long-standing challenges and improve the overall well-being of senior citizens in Mabalacat City.

4. The researchers recommend that future researchers conduct similar studies to assess the long-term effects of financial and healthcare strategies implemented by the office of the senior citizens affairs in Mabalacat City. Additionally, studies could examine the relationship between social support networks and health outcomes for elderly individuals. This research would provide valuable insights into the evolving needs of seniors and the effectiveness of current programs, helping to inform policy decisions and enhance support systems in the community.

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