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Senior Citizens' Satisfaction with Barangay Health Care Services

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Abstract:

Senior citizens, typically over 60, bring valuable perspectives, wisdom, and life experiences to society through volunteering, caregiving, and storytelling. They can continue leading fulfilling, active lives, enriching themselves and their communities with proper care and respect. This study examines the level of satisfaction among senior citizens with barangay healthcare services in a highly urbanized city in the Central Philippines. A descriptive-analytical research method was used, gathering data from 341 senior citizens selected through purposive sampling from 12 purok or sitio in the barangay. A self-made survey instrument assessed their level of satisfaction with the health care services. Findings revealed that most of the population was female, married, with lower educational attainment, and had resided in the barangay for less than one year. Significant differences in satisfaction levels were found in Livelihood, Financial, and Social Services based on years of residency, but no such differences were noted in Medical Services. Additionally, no significant differences in satisfaction were observed when respondents were grouped by sex, civil status, or educational attainment. To address gaps in areas with low satisfaction scores, several recommendations are proposed, including the introduction of training programs for seniors, specialized training for Barangay Health Workers (BHWs), improved healthcare access through mobile clinics, enhanced communication and financial assistance, and expanded social services and community outreach to foster senior empowerment, well-being, and inclusivity.

Keywords: Barangay, health care services, satisfaction, senior citizen

Introduction:

Nature of the Problem

Republic Act No. 9994, or the Expanded Senior Citizens Act of 2010, was designed to enhance the well-being of Filipino senior citizens by granting them various benefits and privileges. These include free medical and dental services, discounts on basic goods, and monthly social pensions for indigent seniors (Republic Act No. 9994, 2010). Despite these intentions, studies indicate that many elderly individuals still struggle to fully access or benefit from these services. Bandoles (2022) found that factors such as poor health, low income, and limited social support significantly lower life satisfaction among older Filipinos. Likewise, Cordero et al. (2021) noted that although essential services like healthcare, public transportation access, and PhilHealth coverage are generally provided in places like Bacolod City, improvements are still necessary to optimize the quality of life for seniors.

Moreover, challenges in the law's implementation continue to undermine its goals. Delays in the distribution of social pensions have become a recurring issue, particularly for indigent seniors who depend on these funds for daily needs and medical care. A 2025 report by the *Philippine Daily Inquirer* highlighted how these delays contribute to financial insecurity among the elderly, defeating the purpose of RA 9994's welfare-oriented framework. These findings suggest that while the Act is a step in the right direction, more effective enforcement and systemic reforms are needed to truly support the aging population.

The researcher's motivation to pursue this study stems from his extensive experience working at the City Health Office, where he has firsthand exposure to the challenges senior citizens face in accessing health care services. Through his daily interactions with elderly residents, he has observed the gaps in service delivery, including delays in receiving medical assistance, insufficient information dissemination, and unmet livelihood and social support needs. This practical experience has heightened his awareness of the importance of understanding the satisfaction levels of senior citizens with barangay healthcare services. By conducting this study, the researcher aims to generate insights that can guide the development of an enhancement plan, ensuring that the health and well-being of senior citizens are adequately supported in alignment with the objectives of Republic Act No. 9994.

Current State of Knowledge

The aging of the global population is a complex and evolving phenomenon that significantly impacts healthcare systems across rural and urban settings. As Garbaccio (2018) explains, aging affects all sectors of society, requiring tailored activities, policies, and health planning to address older adults' distinct needs. These needs vary based on social and cultural contexts, with significant disparities in quality of life and access to care between urban and rural environments. In Brazil, for example, the aging process is marked by social inequalities that demand immediate policy interventions. Miranda et al. (2016) and Maia (2020) emphasize the necessity for a diversified healthcare approach that supports aging with dignity—free from physical, mental, and emotional burdens—by recognizing the heterogeneity among the elderly population.

China presents a compelling case of demographic transformation, with its aging population sharply rising due to declining fertility rates. As of 2021, 18.7% of the Chinese population was over 60, prompting a shift toward sustainable community care models in response to increasing care demands (Chinese Census, 2021). Traditional family support systems are no longer sufficient, leading to innovations that blend institutional and home-based care. Pardasani and Thompson's research highlights initiatives like community centers and lifelong learning programs that enrich senior care. However, challenges persist. Studies by Hu (2019) and Moghadasi et al. (2022) point to underutilized services and systemic barriers—such as inadequate infrastructure and social inequities—that hinder effective senior care delivery, especially in underserved areas. Despite these hurdles, the expansion of quality, diversified services remains critical to meeting the needs of the aging population.

The Philippines faces significant challenges with its aging population, projected to constitute 16.5% of the total population by 2050, up from 8.6% in 2020 (United Nations, 2019). This demographic shift strains healthcare systems, social welfare programs, and family structures, making it difficult to meet the increasing demands of senior citizens. Common health issues among older adults include degenerative diseases, visual and hearing impairments, arthritis, and incontinence (Statista, 2019). Studies such as Carandang's (2019) reveal unmet health needs among seniors, linked to insufficient healthcare staffing, limited access to medicines, and primary healthcare services. To address these issues, various government programs and legislation, such as RA 9994 and RA 10645, provide senior citizens with benefits like discounts on medical services, transportation, utility bills, along with mandatory PhilHealth coverage and social safety nets (Jacobien Niebuur, 2014).

Despite these initiatives, significant gaps in service delivery remain, particularly in rural areas where awareness of available benefits is low. Research by Moyani (2023) found that many seniors in urban centers like Bacolod benefit from these services, while those in rural areas remain unaware or unable to access them. Locquiao's (2024) study in Pangasinan highlights low satisfaction levels due to challenges in social support, recommending the development of tools like "survival kits" and infographics to improve well-being. Additionally, Cablao et al. (2019) noted that many seniors in Nueva Ecija were only moderately aware of their entitlements under RA 9994, leading to dissatisfaction. These findings stress the need for better dissemination of information, particularly in rural areas, to ensure that senior citizens are fully informed about their rights and the services available to them.

The Coalition of Services for the Elderly (2016) identified challenges in verifying indigent senior citizens at the local level, primarily due to unclear guidelines on defining "indigent senior citizens" under Republic Act 9994. This lack of clarity can lead to dissatisfaction among eligible seniors. Ali and Kasim (2022) further noted that many seniors expressed a need for home visits from the Office of Senior Citizens Affairs (OSCA) to ensure they receive proper health check-ups and information about available services, including the social pension program. Tsai et al. (2022) echoed these concerns, revealing that seniors' stagnant lifestyles and fear of injury from falls hinder their participation in medical activities. Additionally, Albert et al. (2021) highlighted persistent implementation issues with the Social Pension (SocPen), with low satisfaction levels among respondents due to gaps in service delivery.

The findings of Alcazar (2025) reveal that while senior citizens in Cavite are generally content with the support services they receive, there remains a pressing need for more effective communication strategies to raise awareness about available programs and benefits. Clear and targeted communication is essential to ensure that older adults are fully informed and able to access the services meant for them. Similarly, Manzano and Cornell (2021) highlight that recreational programs must consider the physical limitations of the elderly, noting that many prefer mentally stimulating over physically demanding activities. This underscores the importance of designing age-appropriate programs to encourage senior participation and enhance their well-being.

Other studies highlight systemic and operational challenges affecting senior satisfaction with healthcare services. Reyes et al. (2023) report that unprofessional behavior among Barangay Health Workers (BHWs), insufficient training, and understaffing negatively influence elderly patients' experiences at the barangay level. In contrast, Kim et al. (2021) emphasize the value of encouraging seniors to participate in volunteer or community-based activities, which have been shown to reduce depression, isolation, and physical ailments. In Pampanga, Carandang et al. (2024) stress that cognitive and access-related barriers, along with low awareness of services—especially among newly relocated seniors—contribute to lower satisfaction. Meanwhile, Gonzalez et al. (2022) point out that although barangay health workers are generally well-trained, the lack of adequate medical equipment and infrastructure

continues to limit effective service delivery. These studies collectively suggest that improving both the physical and informational accessibility of services is critical to enhancing the quality of life for the elderly.

Theoretical Underpinnings

The theoretical framework for assessing senior citizens' satisfaction with barangay health care services draws from several established theories. The Health Care Satisfaction Theory posits that factors such as quality of care, accessibility, and communication with health personnel significantly shape patient satisfaction (Donabedian, 1988). Maslow's Hierarchy of Needs (1943) complements this by emphasizing that meeting basic physiological and safety needs—such as access to medical services—is essential for overall well-being. Additionally, the Social Support Theory highlights the crucial role of relationships and social networks in influencing health outcomes and satisfaction among the elderly (Cohen & Wills, 1985). When seniors receive consistent emotional and practical support from their families, peers, or communities, their perception of health care quality tends to improve.

To further assess service quality, the SERVQUAL model offers five key dimensions—tangibles, reliability, responsiveness, assurance, and empathy—which serve as benchmarks for evaluating health care delivery (Parasuraman et al., 1988). These frameworks, along with insights from the World Health Organization (2015) on the physical and cognitive challenges faced by older populations, guide this study's exploration of how elderly individuals perceive and interact with health care systems. By integrating these theories, the study aims to pinpoint the core factors affecting senior citizens' satisfaction and propose strategies to improve the responsiveness and inclusivity of barangay-level health services.

Objectives

This study aimed to measure the level of senior citizens' satisfaction with barangay health care services in a highly urbanized city in Central Philippines for the calendar year 2024. Specifically, the study sought to answer the following questions: 1) the profile of the respondents in terms of sex, civil status, highest educational attainment and no. of years of residency in barangay; 2) the level of senior citizens' satisfaction with Barangay Health Care Services according to medical services, livelihood services, financial services and social services; and 3) the significant difference in the level of senior citizens' satisfaction with Barangay Health Care Services when grouped and compared according to the aforementioned variables.

Methodology

This section presents a discussion of the research methodology used, the subjects and respondents of the study, the research instruments used, the validity and reliability of the instruments, the procedure for data gathering, and the statistical tools and procedures for data analysis.

Research Design

The study applied a descriptive-analytical method to assess the level of satisfaction of senior citizens with the barangay health services rendered in 2024. This research method systematically determines the level of satisfaction of any given population, condition, or event without any interference with such parameters and, therefore, resorts to surveys and questionnaires to collect participant data.

Truthfully, Aggarwal (2025) writes: "Descriptive analytical research designs are hybrid methodologies combining description and analysis to afford a more comprehensive understanding of the phenomenon under study." On the one hand, descriptive research portrays the characteristics of the legitimate subject it is studying, while analytical research attempts to understand relationships, causes, and effects that underlie a visible pattern. So, researchers with descriptive analytic methodologies can describe the existing state of affairs and analyze and interpret the variables that affect those conditions.

Study Respondents

The study focused on senior citizens from a barangay in a highly urbanized city, a significant portion of the local population. These individuals often face challenges such as mobility issues, chronic illnesses, and limited access to transportation, relying heavily on local health services for their medical needs. The effectiveness of these services directly impacts their quality of life, making it essential to assess their satisfaction with services provided by barangay health centers (BHCs), including medical, livelihood, financial, and social services. Purposive sampling was used to select participants deliberately based on their characteristics and the study's objectives, differing from random or convenience sampling (Crosman, 2020).

Instruments

The research employed a mixed-methods approach, combining quantitative surveys and qualitative interviews to assess senior citizens' satisfaction with barangay health care services. The survey measured satisfaction across service quality, accessibility, and responsiveness, with the questionnaire consisting of two parts: Part 1 covered respondent profiles (e.g., sex, civil status, education, years of residency), and Part 2 evaluated satisfaction in medical, livelihood, financial, and social services, with 32 items in total. Respondents rated each item on a scale from 1 (Very Dissatisfied) to 5 (Very Satisfied). The study aimed to identify key areas for improvement in local health systems, with findings contributing to both academic knowledge and local government efforts to enhance healthcare for senior citizens, a vulnerable population, ultimately fostering healthier communities and improving public health outcomes. It was subjected to validity (4.51-excellent) and reliability (0.974-excellent). All of them were interpreted as worthy and good; respectively.

Data Gathering Procedure

A letter requesting permission to conduct the study was drafted after establishing the validity and reliability of the research instrument. After its approval, the researcher met with respondents to explain the purpose and importance of the study and give clear instructions on how to fill out the questionnaire objectively and truthfully. The respondents were assured of confidentiality, and that the information would be used solely for research. The researcher assisted the respondents in filling out the questionnaire and collecting the instruments afterward. Data were arranged, tabulated, and prepared for statistical analysis.

Data Analysis and Statistical Treatment

Objective No. 1 used the descriptive analytical scheme and frequency count and percentage distribution to determine the profile of the respondents in terms of sex, civil status, highest educational attainment, and no. of years of residency.

Objective No. 2 used the descriptive analytical scheme and mean to determine senior citizens' satisfaction with barangay health care services.

Objective No. 3 used the comparative analytical scheme and Mann-Whitney U test to determine the level of senior citizens' satisfaction with barangay health care services when the respondents were grouped and compared according to the variables.

Ethical Consideration

The researcher ensured ethical adherence throughout the study, focusing on respecting and protecting participants, beneficence, and justice. Participants were fully informed, given ample time to ask questions, and assured of their right to withdraw without consequences. Informed consent was obtained voluntarily, and confidentiality was maintained in compliance with the Data-Privacy Act of 2012. The study's findings aim to improve barangay health services and inform intervention programs benefiting both senior citizens and Barangay Health Workers. The research was conducted with due regard for participants' comfort, with no anticipated physical discomfort, and all data were securely stored and anonymized. The researcher, a master's student in Public Administration and certified Dental Aide, funded the study personally and ensured there were no conflicts of interest. A research forum will be organized to share the findings with stakeholders, including the Department of Health.

Results and Discussion

This section presents, analyzes, and interprets the data that were gathered consistent with its predetermined objectives.

Table 1

Profile of the Respondents

Variables	Categories	Frequency	Percentage
	Male	159	46.60
Sex	Female	182	53.40
	Total	**341**	**100**
	Single	157	46.00
Civil Status	Married	184	54.00
	Total	**341**	**100**
	Lower (High School Level)	189	55.40

Highest Educational Attainment	Higher (College Level)	152	44.60
	Total	**341**	**100**
No. of Years of Residency in Barangay	Shorter (less than 1 year)	250	73.30
	Longer (1 year and more)	91	26.70
	Total	**341**	**100**

Table 1 presents data on the profile of respondents according to age, sex, civil status, and highest education attainment. Three hundred and forty-one senior citizens in a barangay in a highly urbanized city in Central Philippines were surveyed. The majority of 182 (53.40%) were females, while 159 (46.60%) were males. Fifty-four percent or most respondents were married, while 157 or 46% of senior citizens were single. Regarding highest education attainment, most of those surveyed (189), or 55.40%, were high school level, while the remaining 44.60% (152) were college level. Meanwhile, 250 respondents (73.30%) were residents of the surveyed barangay for less than a year, while 91, or 26.70% of the senior citizens, lived in the same barangay for over a year.

The study's findings suggest that satisfaction levels among senior citizens with barangay health services are influenced by demographic factors, particularly sex, civil status, educational attainment, and years of residency. Female respondents reported lower satisfaction scores in most areas except for medical services, indicating potential gender-based differences in service expectations and experiences. This implies the need for barangay health programs to adopt gender-sensitive approaches to address older women's unique health and social needs (Zhao et al., 2021). Similarly, married senior citizens recorded lower satisfaction levels, possibly reflecting their financial and caregiving responsibilities. This could affect their perception of service effectiveness (Office of Disease Prevention and Health Promotion [ODPHP], n.d.).

Regarding educational attainment, respondents with higher levels of education were less satisfied with medical services, which may be attributed to their heightened expectations or greater awareness of health care quality standards. On the other hand, those with lower educational attainment reported lower satisfaction with livelihood, financial, and social services. This highlights the need for barangay officials to communicate service information effectively across all academic backgrounds, using accessible language and community-based awareness campaigns to bridge information gaps (Zhao et al., 2021).

Years of residency also emerged as a significant factor in determining satisfaction levels. Senior citizens who had lived in the barangay for a shorter period were less satisfied with livelihood, financial, and social services than their longer-term counterparts. This finding suggests that newer residents may face challenges accessing services due to a lack of information or weaker social connections within the community. Barangay officials should consider implementing orientation programs and establishing stronger information dissemination channels to enhance service accessibility and promote social inclusion for all residents (ODPHP, n.d.).

Table 2

Level of Senior Citizens' Satisfaction with Barangay Health Care Services in Medical Services

Area		
A. Medical Services	**Mean**	**Interpretation**
As a Senior Citizen, I…		
1. can easily coordinate and communicate with Barangay Health Workers regarding medical concerns and needs.	3.23	Moderate Level
2. get checked and assessed physically every time I have medical concerns.	3.21	Moderate Level
3. am given free medicine and vitamins whenever I need them.	3.32	Moderate Level
4. am provided with adequate maintenance medications.	3.19	Moderate Level
5. am informed of whatever health benefits and programs are available for senior citizens.	3.25	Moderate Level
6. have access to emergency assistance and medical alert systems	3.33	Moderate Level
7. always feel safe, secure, and supported by our barangay workers.	3.18	Moderate Level
8. am motivated and strongly encouraged to participate in activities and programs to help senior citizens stay active, engaged, and healthy	3.24	Moderate Level

Overall Mean	**3.25**	**Moderate Level**

The information in Table 2 reflects the level of satisfaction of senior citizens with barangay health care and medical services. The overall mean score is 3.25, which is interpreted as a moderate level. Item 3, "am given free medicine and vitamins whenever I need them," obtained the highest mean score of 3.32, interpreted as "moderate level," while item 7, "feel safe, secure, and supported by our barangay workers at all times," got the lowest mean score of 3.18 interpreted as "moderate level" of satisfaction. This implies that senior citizens are among the marginalized members of society who feel frustrated due to delays in the delivery or lack of support services such as medicines, or it could also be a lack of proper medical services.

The research finding conforms to Moghadasi et al.'s (2022) qualitative study in Ghaemshahr, Iran that identified potential barriers to and challenges of senior citizens categorized into individual, systemic-structural, environmental, and social factors such as the absence of proper medical services intended for senior adult members of the community.

Table 3

Level of Senior Citizens' Satisfaction with Barangay Health Care Services in Livelihood Services

Area		
B. Livelihood Services	**Mean**	**Interpretation**
As a Senior Citizen, I…		
1. am regularly informed of livelihood opportunities available for senior citizens when there are any.	3.22	Moderate Level
2. am invited to participate in Barangay programs about livelihood opportunities for senior citizens.	3.26	Moderate Level
3. can easily approach any barangay worker to ask about possible income-generating projects for older people.	3.09	Moderate Level
4. am provided with assistance to senior citizens anytime there is available.	3.15	Moderate Level
5. am given priority in waiting lines to receive barangay services alongside PWDs and heavily pregnant women.	3.41	Moderate Level
6. am involved in programs tapping my skills to maintain a dignified image even in old age.	3.16	Moderate Level
7. am included in training and income-generating initiatives for older populations.	3.10	Moderate Level
8. am motivated to participate in volunteer work and mentoring programs to keep me feeling valid and worthy even in old age.	3.13	Moderate Level
Overall Mean	**3.19**	**Moderate Level**

Table 3 presents data on the level of senior citizens' satisfaction with barangay health care services in livelihood services. The overall mean is 3.19, which is of moderate level. Item 5, "am given priority in waiting lines to receive barangay services alongside PWDs and heavily pregnant women," is interpreted as "moderate level." On the other hand, item 3, "can easily approach any barangay worker to ask about possible income-generating projects for the aged," got the lowest mean score of 3.09, interpreted as a "moderate level" of satisfaction.

The research result implies that there may be an underrepresentation of senior citizens, which prompted respondents to give the item with the lowest mean score, or it is also could be that there is a lack of awareness on the part of some barangay workers on the priority that should be given to senior adult members of the community, which can lead to senior citizens feeling neglected or not given ample concern. This finding contrasts with Alcazar's (2025) study, which evaluated how respondents' avail of support services and revealed that senior citizens were satisfied with how they were accommodated and provided the necessary services by the government.

Table 4

Level of Senior Citizens' Satisfaction with Barangay Health Care Services in Financial Services

Area		
C. Financial Services	**Mean**	**Interpretation**
As a Senior Citizen, I…		

1. get regularly informed by barangay workers about assistance or similar services whenever they are available.	3.28	Moderate Level
2. can easily access our barangay center to ask about government programs supporting senior citizens.	3.24	Moderate Level
3. am receiving efficient service whenever senior citizens are called to receive social pensions.	3.26	Moderate Level
4. get help filling out forms and signing the needed documents whenever I need to do so.	3.17	Moderate Level
5. am provided with proper accommodation like comfortable chairs and tables and well-lit and ventilated rooms or areas whenever senior citizens are called to issue national or local monetary gifts.	3.30	Moderate Level
6. am aware of the centenarian benefits.	3.23	Moderate Level
7. received financial assistance through a social pension, and I received mine promptly.	3.00	Moderate Level
8. promptly receive pension, benefits, and similar monetary aid to senior citizens.	3.26	Moderate Level
Overall Mean	**3.22**	**Moderate Level**

Table 4 contains data on the level of satisfaction of senior citizens with barangay health care services in financial services. The overall mean is 3.22, interpreted as a "moderate level." Item 5, "am provided with proper accommodation like comfortable chairs and tables, and well-lit and ventilated rooms or areas whenever senior citizens are called for issuance of national or local monetary gifts," got the highest mean score of 3.30 interpreted as "moderate level," while item 7, "received financial assistance through a social pension and I receive mine promptly," obtained the lowest mean score of 3.00, interpreted as "moderate level." The result implies a possible inefficiency in the delivery of services, mainly in the release of social pension, or not all senior citizens qualified to avail of the said pension were documented and included in the barangay's list of beneficiaries. Hence, they could not receive the sum.

This conforms with the study findings of the Coalition of Services of the Elderly (2016) that identified continuing challenges concerning the verification of indigent senior citizens at the local level, such as not having clear guidelines regarding how local-level implementers should interpret the definition of indigent senior citizens as set out by Republic Act 9994. If not adequately addressed, this problem area can lead to a higher dissatisfaction among senior community members qualified to avail of specific services intended for them.

Table 5

Level of Senior Citizens' Satisfaction with Barangay Health Care Services in Social Services

Area		
D. Social Services	**Mean**	**Interpretation**
As a Senior Citizen, I…		
1. am greeted warmly and attended to by barangay workers whenever I seek social or emotional assistance.	3.28	Moderate Level
2. can freely approach the barangay workers about any community problem or issue involving family or neighbors.	3.29	Moderate Level
3. am asked to join barangay programs promoting camaraderie and fun among senior citizens.	3.30	Moderate Level
4. receive the necessary seminars, training, communication, and education about social participation in our area.	3.10	Moderate Level
5. have access to leisure and recreational stations or areas near me where I can get away from feeling lonely and isolated.	3.05	Moderate Level
6. am encouraged to participate in community development.	3.17	Moderate Level
7. understood that I can still contribute to nation-building by mentoring the younger generations through symposia and empowering activities initiated by the barangay.	3.14	Moderate Level
8. am made aware of my rights and protection from abuse, neglect, and exploitation	3.36	Moderate Level
Overall Mean	**3.21**	**Moderate Level**

Table 5 reflects senior citizens' satisfaction level with barangay health care services in social services. The overall mean score is 3.21, interpreted as a "moderate level" of satisfaction. Item 8, "am made aware of my rights and protection from abuse, neglect, and exploitation got the highest mean score of 3.36, interpreted as "moderate level." Meanwhile, item 5, "have access to leisure and recreational stations or areas near me where I can get away from feeling lonely and isolated," obtained the lowest mean score of 3.05 interpreted as "moderate level." This implies that despite society's awareness of the importance of giving attention and providing leisurely activities to senior citizens, senior citizens are still not delighted because there remains a scarcity of programs at the barangay level

that address this need of seniors. It could also be because the activities set for senior citizens are not appropriate for their physical capabilities, which leaves them disappointed and unhappy instead of making them happy and satisfied.

This agrees with Manzano and Cornell (2021), who discovered certain factors that hindered senior citizens from participating in recreational activities intended for them. The researchers underscored that careful attention and consideration must be made when designing physical activities for the respondents, citing that the seniors' physical incapacities tend to favor mental activities that provide them with enjoyment and less physical exertion.

Table 6

Difference in the Level of Senior Citizens' Satisfaction with Barangay Health Care Services in Medical Services when grouped and compared according to the aforementioned Variables

Variable	Category	N	Mean Rank	Mann Whitney U	*p*-value	*Sig. level*	Interpretation
Sex	Male	159	177.62	13417.000	0.245	0.05	Not Significant
	Female	182	165.22				
Civil Status	Single	157	165.74	13617.500	0.361		Not Significant
	Married	184	175.49				
Highest Educational Attainment	Lower	189	173.00	13986.000	0.675		Not Significant
	Higher	152	168.51				
No. of Years of Residency in Barangay	Shorter	250	166.72	10306.000	0.183		Not Significant
	Longer	91	182.75				

Table 6 presents data present comparative data on the level of senior citizens' satisfaction with barangay health care services for senior citizens in medical, livelihood, financial, and social services when grouped and compared according to sex, civil status, highest educational attainment, and number of years of residency in the barangay.

Data on the table revealing the *p*-values obtained based on the ratings given by respondents according to the aforementioned variables shows no significant difference in the level of senior citizens' satisfaction with barangay health services for senior citizens in medical services when grouped and compared according to the four variables. The *p*-values for the said variables are 0.245, 0.361., 0.675., and 0.183, all above the 0.05 significance level. Therefore, the null hypothesis states, "There is no significant difference in the level of senior citizens' satisfaction with barangay health services when grouped and compared according to the aforementioned variables" is carried out.

However, the lack of significant differences may indicate that the barangay health services provide equitable access and consistent medical care to senior citizens, regardless of demographic characteristics. The data may also suggest a fair and inclusive health care system within the barangay (White & McCarthy, 2020). The results also imply that senior citizens surveyed, regardless of their background, have a common perception of the effectiveness of medical services. This may also suggest a generally acceptable quality of the barangay's health care services (Gopalan et al., 2023).

Table 7

Difference in the Level of Senior Citizens' Satisfaction with Barangay Health Care Services in Livelihood Services when grouped and compared according to the aforementioned Variables

Variable	Category	N	Mean Rank	Mann Whitney U	*p*-value	*Sig. level*	Interpretation
Sex	Male	159	176.00	13673.500	0.380	0.05	Not Significant
	Female	182	166.63				
Civil Status	Single	157	166.11	13676.000	0.396		Not Significant
	Married	184	175.17				
Highest Educational Attainment	Lower	189	171.03	14358.000	0.995		Not Significant
	Higher	152	170.96				
	Shorter	250	164.22	9680.500	0.035		Significant

No. of Years of Residency in Barangay	Longer	91	189.62

Table 7 reveals data on the difference in the level of senior citizens' satisfaction with barangay health care services in livelihood services when grouped and compared according to the aforementioned variables. There is no significant difference in the level of senior citizens' satisfaction with barangay health services in the area. Livelihood services, when grouped and compared according to sex, civil status, and highest educational attainment, because the p-values 0.380, 0.396, and 0.995, are above the 0.05 significance level. Therefore, the null hypothesis is carried out.

However, the variable number of years of residency in barangay got a *p*-value of 0.035, below the 0.05 significance level, revealing a significant difference in the level of senior citizens' satisfaction with barangay health services for senior citizens in livelihood services when grouped and compared according to number of years of residency in the barangay. Based on this research finding, the null hypothesis is rejected.

Senior citizens who have resided longer in the barangay may have a greater awareness of available livelihood services than newer residents. Those with fewer years of residency might lack sufficient information about programs or may not have had the opportunity to access them. Those who have stayed in the barangay for longer may benefit from stronger social connections within the community, leading to greater participation in livelihood programs. In contrast, newer residents may experience challenges in accessing similar support due to a lack of social ties. Additionally, the significant difference suggests a potential gap in information dissemination as barangay officials may need to improve communication strategies to ensure that livelihood service information reaches all target beneficiaries, particularly newer residents. Another implication is that there could be a tendency for barangay programs to prioritize long-term residents, either due to perceived loyalty or greater familiarity with their needs. This may unintentionally lead to exclusion or limited access for newer residents (National Institute on Aging, 2021; World Health Organization, 2015). Therefore, the null hypothesis is rejected.

Table 8

Difference in the Level of Senior Citizens' Satisfaction with Barangay Health Care Services in Financial Services when grouped and compared according to the aforementioned variables

Variable	Category	N	Mean Rank	Mann Whitney U	*p*-value	*Sig. level*	Interpretation
Sex	Male	159	174.15	13967.500	0.580		Not Significant
	Female	182	168.24				
Civil Status	Single	157	175.69	13707.500	0.416		Not Significant
	Married	184	167.00				
Highest Educational Attainment	Lower	189	166.90	13590.000	0.392	0.05	Not Significant
	Higher	152	176.09				
No. of Years of Residency in Barangay	Shorter	250	161.56	9015.000	0.003		Significant
	Longer	91	196.93				

Table 8 reveals data on the difference in the level of senior citizens' satisfaction with barangay health care services in Livelihood Services when grouped and compared according to variables sex, civil status, highest educational attainment, and number of years of residency in the barangay. The first three variables in the table garnered p-values of 0.580, 0.416, and 0.392, respectively. These *p-values* are above the 0.05 significance level, revealing no significant difference in the level of senior citizens' satisfaction with barangay health services in livelihood services when grouped and compared according to sex, civil status, and highest educational attainment. Therefore, the null hypothesis is carried out.

However, there is a significant difference in senior citizens' satisfaction level with barangay health services when grouped and compared according to respondents' years of residency in the barangay, with a p-value of 0.003, lower than the 0.05 significance level. Therefore, the null hypothesis is rejected.

This implies that the time senior citizens have resided in the barangay affects their satisfaction with livelihood services. Long-term residents may have a deeper understanding of available services and stronger social networks, facilitating better access and utilization of these programs.

Long-term residents may have a deeper understanding of available services. Conversely, newer residents might face challenges due to limited awareness or weaker community ties (Alampay & Jocson, 2021). These findings align with studies of Tuazon et al. (2022) and the Expanded Senior Citizens Act (Republic Act No. 9994), which has shown that social connections significantly influence health-seeking behaviors and access to care among low-income populations and the importance of providing social services, including self and social enhancement programs, to promote the well-being of senior citizens (Republic Act No. 9994, 2010).

Table 9

Difference in the Level of Senior Citizens' Satisfaction with Barangay Health Care Services in Social Services when grouped and compared according to the aforementioned Variables

Variable	Category	N	Mean Rank	Mann Whitney U	*p*-value	*Sig. level*	Interpretation
Sex	Male	159	178.42	13289.500	0.193	0.05	Not Significant
	Female	182	164.52				
Civil Status	Single	157	169.36	14186.500	0.776		Not Significant
	Married	184	172.40				
Highest Educational Attainment	Lower	189	165.42	13308.500	0.242		Not Significant
	Higher	152	177.94				
No. of Years of Residency in Barangay	Shorter	250	162.07	9143.000	0.005		Significant
	Longer	91	195.53				

Table 9 presents data on the difference in the level of senior citizens' satisfaction with barangay health care services in social services when grouped and compared according to sex, civil status, highest educational attainment, and number of years of residency in the barangay. *P-values* 0.193, 0.776, and 0.242 for the first three profile variables got higher values than the 0.05 significance level. These values reveal no significant difference in the level of senior citizens' satisfaction with barangay health services when compared according to the variables. Therefore, the null hypothesis is carried out.

However, a significant difference exists in senior citizens' satisfaction with barangay health services when grouped and compared according to their years of residency. The *p-value of* 9143.000 is lower than the 0.05 significance level. Therefore, the null hypothesis is rejected.

In conclusion, while barangay health services appear equitable across specific demographics, the significant variation based on residency duration highlights the need for targeted strategies to engage newer residents. Efforts to enhance information dissemination and community integration for recent arrivals could ensure that all senior citizens benefit equally from livelihood services. Barangay officials may consider improving outreach programs, establishing peer support networks, and conducting regular assessments to ensure service inclusivity (Santos & Dela Cruz, 2021).

Conclusions

The study found that most senior citizens in the barangay were female, married, had lower educational levels, and had lived in the area for less than a year. The overall satisfaction with essential health, livelihood, financial, and social services was moderate, with variations observed based on sex, civil status, educational attainment, and residency length. Female respondents generally reported lower satisfaction scores, while single seniors expressed lower satisfaction in most areas except financial services. Higher education levels were linked to lower satisfaction with medical services, while lower education was associated with dissatisfaction in livelihood, financial, and social services. New residents reported lower satisfaction across most services, suggesting that familiarity with the area influences satisfaction. Significant differences were noted in satisfaction levels based on residency length, especially in livelihood, financial, and social services. The study highlights the need for targeted interventions, such as training programs for seniors in skills like digital literacy and financial management, specialized senior care training for barangay health workers, and mobile health services to overcome accessibility barriers. Additionally, improving communication through SMS or home visits for seniors without access to technology, and expanding financial assistance and social services, are crucial to enhancing their well-being and service satisfaction.

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