



Awareness and Satisfaction on Expanded Senior Citizen Act of 2010 RA 9994

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Abstract:

Expanded Senior Citizen Act of 2010 or Republic Act 9994 is an enacted provision or a policy that provides grant benefits and special privileges to all Filipino senior citizens. This study was conducted to determine the level of awareness and satisfaction on Expanded Senior Citizen Act of 2010 RA 9994 in the area of health benefits and social privileges. Descriptive research design is applied in this study. Findings have shown the level of awareness and satisfaction on Expanded Senior Citizen Act of 2010 RA 9994 in the area of health benefits and social privileges was "high level". There is no significant relationship between the level of awareness and satisfaction on Expanded Senior Citizen Act of 2010 RA 9994. Researcher's concluded that majority of senior citizens were partially aware and satisfy the 20% discounts particularly in medical, dental, diagnostic and laboratory services given by private health care establishment. Moreover, the result concluded that there is a lack of impartiality and sustainability in terms of meeting and dealing with the distribution of opportunities of the senior citizens towards monthly stipend from the DSWD. Results of this study calls for Municipal Social Welfare Development Officials (MSWDOs) to assist the DSWD personnel to provide awareness to all senior citizens that would respond to the various needs of the elderly; the Local Government officials provide essential that focus on the health service expenses of the senior citizens and Department of Social Welfare and Development officials should improve the necessary support given to the elderly.

Keywords: Awareness, satisfaction, senior citizen, health benefits, social privileges

Introduction:

Nature of Problem

The aging population presents unique medical and social problems in the society, particularly in the context of healthcare and basic necessities. Municipal Social Welfare and Development Office (MSWDO) shared that the top-up of senior citizens in the Municipality of Pulupandan, Negros Occidental has risen ranging from 630 in 2016 to 1,005 in the recent year of 2018. Moreover, the increased in the numbers of senior citizens living in extended families, relative to their daily basic needs and necessities also increased, thus, forcing them to look for health care and special assistance from the local government and NGOs (OSCA Central Negros, 2019).

The social pension beneficiaries having quietly increased in the last 3 years beyond public notice and its budget ballooning over a period, they are also among the priority of the local government subsidies for lower-income families in the said municipality. Pensioners recognized the current stipend is helpful but finds it inadequate (Salinas, RSW, 2019). Besides, payment delays further undermine the overall objective of DSWD said by Erlinda, a 76-year old and one among the 628 beneficiaries of social pension in Pulupandan. Delays happen mostly because of the unavailability of appropriate disbursement officers due to limited number of personnel who normally handle other programs of DSWD. There are also problems of liquidation that delay subsequent payment of stipends, Salinas added. The relevance of the stipend diminishes over time if cash grants do not keep pace with inflation.

Furthermore, OSCA members affirmed that the discount is a really big help in lessening their exposure in buying medicines and services whose prices are too expensive. Yet, the senior citizens pointed out that the process of acquiring a discount is a hassle and takes too much time. More so, there are still many senior citizens who do not avail of the services and benefits as mandated by law. Parallel to this objective is the government's desire to provide affordable and quality health services to the marginalized and vulnerable population, especially the elderly, without impending currently pursued objectives and alongside health system reforms. It is also of great interest on the part of the present researcher to measure the level of knowledge and the satisfaction of the senior citizens to which public and private establishments should provide necessary protections as mandated by law.

Current State of Knowledge



According to Reinhardt et al, (2016) shared that the health care sector in the United States consists of an array of clinicians, hospitals and other health care facilities, insurance plans, and purchasers of health care services, all operating in various configurations of groups, networks, and independent practices. Some are based in the public sector; others operate in the private sector as either for-profit or not-for-profit entities. Study was conform by Yeen (2018) in her published article entitled "Making Life Easier in their Golden Years", said the benefits include outpatient care, where there is additional 50% off subsidized services at polyclinics and specialist outpatient clinics, as well as additional 50% off subsidized medication at polyclinics and specialist outpatient clinics given to all elderly and other vulnerable groups.

Nevertheless, the state have adopted an integrated and comprehensive approach to health development which shall endeavor health services to all available to all people at affordable cost giving priority for the needs of the underprivileged sick elderly (American Society on Aging, 2017). Moreover, Handayani, (2017) also added that the elderly in recent years have decided to be included in special programs that have a concern for their health in which the improvement have seen in their body. There are implemented rules for non-contributory schemes and social pensions that could possibly offer to the elderly to make a decision to transfer another shelter and change the system of support networks.

Department of Health (2018) said seniors can also avail a 20% discount on TSeKaP's diagnostic exams like complete blood count, urinalysis, fecalysis, sputum microscopy, fasting blood sugar, lipid profile, and chest x-ray. Those who need drugs for asthma, acute gastroenteritis, upper respiratory tract infection, low-risk pneumonia, and urinary tract infection can also receive PhilHealth assistance. This package includes preventive benefits like consultations, regular BP measurements, lifestyle modification counseling, smoking cessation counseling, and digital rectal examinations. According to the PHIC (2017), the government provides this benefit in addition to the senior citizen discount and VAT exemption. For private hospital confinement, the 20% discount and VAT exemption are deducted first from the medical bill before deducting the PhilHealth benefit. Meanwhile, the No Balance Billing Policy applies in public hospitals, meaning senior citizen patients no longer pay for their hospital bill. Even without the Member Data Record (MDR), elderly patients can avail of treatments through their senior citizen ID or any government ID. However, it's better to register as a senior citizen PhilHealth member to receive the benefits seamlessly.

Abocjo et al, (2019) conducted a study entitled "Evaluation of the Philippine Expanded Senior Citizens Act (RA 9994) on Mandated Privileges for the Elderly" results have shown; statistically significant differences in levels of satisfaction were discovered between gender, marital status and educational level, and family income. Study concluded, the implementation of the RA 9994 was effective at the establishments' level with no discrepancy between mandated and provided benefits to senior citizens. However, there is no clear provision in the law which is silent about the derivable benefits accrued to establishment implementers particularly among public utility jeepneys and taxicab drivers.

Cablao et al, (2019) entitled "Knowledge and Satisfaction of Senior Citizens on the Implementation of Republic Act 9994 in San Isidro in Nueva Ecija in the Philippines"; the respondents came from the three clustered barangays of San Isidro, Nueva Ecija in the Philippines. Results revealed that the Analysis of Variance showed that the level of awareness of respondents across the clustered barangays does not vary significantly. Thus, from the findings, it is recommended that a thorough study with a greater number of respondents, including the relatives/primary care giver, should be involved. Firm and systematic assessment is also recommended to monitor the implementation of the programs.

According to Department of Foreign Affairs (2019) shared that the senior citizens, PWDs, solo parents and their minor children, pregnant women, and OFWs have the option to choose from regular or expedited processing of their passport application. The companions of the senior citizens and PWDs, minors seven (7) years old and below, their parents and minor siblings are to be assessed expedited processing fee because they are not entitled to use the courtesy lane; they are accommodated for their convenience. According to International Labor Organization, despite of the progress and the government efforts to increase the allocation for the senior citizens, the Philippines social pension system has serious gaps in terms of distribution of pension to our senior citizens (Ducusin, 2017). According to the report of Manila Times (2018) during the election period shared that there should have been a separate polling booth on the ground floor of the school for PWDs and the senior citizens while the rest of the voters should have been moved to the second floor, cited the priority lanes given to PWDs and senior citizens in various establishments.

Theoretical Underpinnings

This study is anchored to the "Social Learning Theory" of Albert Bandura. The Social Learning Theory of Albert Bandura identifies a learning perspective on learning that includes consideration of the personal characteristics of the person, behaviour patterns and the environment. The impact of social factors and social context are significantly correlated, identifying that learning and behaviour occur. Cognition, on the other hand, plays a



significant role along with the attributes of self and the internal processing of person. As the thought evolved, the learner which Bandura called as "human agency" has become viewed as central. The human mind is just reactive but it is generative, creative and reflective. With this context the human agency has the ability to perceive, interpret and become aware. This awareness assists the individual on how to respond to a social situation.

In this social cognitive theory, Bandura claimed that human are cognitive beings who possess active processing of information. And as such activity plays a major role in learning, behaviour and development. The theorist believed that human learning is different from rat learning because of sophisticated to cognitive abilities. Likewise Bandura argued that humans are capable of making connections between their behaviour and consequences that are likely to follow after the performance of an action. In his theory it is posited that learning appears as a gradual process in which must act in order to learn. Researcher emits responses that are shaped by consequences. This theory of Albert Bandura can be applied to senior citizens who must be knowledgeable of their grant benefits and special privileges. In the context of this study, it is assumed that respondents will seek awareness and learning from the government policies, roles regulations and other related guidelines in the services provided which they believe can help them attain satisfaction on senior citizens benefits and privileges. In the provisions of the acts to contribute to senior citizens to nation building, proper dissemination of information is needed.

This need should be determined by a system that identifies through the elderly health benefits and social privileges on professional fees and government assistance service and many others provided under the provision of RA 9994 or also known as Expanded Senior Citizen Act of 2010.

Objectives

The main purpose of the study was to determine the awareness and satisfaction on Expanded Senior Citizen Act of 2010 RA 9994 in Pulupandan, Negros Occidental for the calendar year, 2019. Specifically, the study sought to answer the following questions: 1) level of awareness on Expanded Senior Citizen Act of 2010 RA 9994 according to health benefits and social privileges; 2) the level of satisfaction on Expanded Senior Citizen Act of 2010 RA 9994 according to the aforementioned areas; 3) the significant relationship between the level of awareness and the level of satisfaction on Expanded Senior Citizen Act of 2010 RA 9994.

Research Methodology:

This section discusses the type of research used in the investigation, the research design, setting, the study subjects and population, the research instrument, its validity and reliability, the data gathering procedure and the statistical tools that were used for analyzing the data gathered for the study.

Research Design

This study employed the descriptive research in determining the level of knowledge and satisfaction on Expanded Senior Citizen Act of 2010 RA 9994 in Pulupandan, Negros Occidental. This method was used to quantify data and generalize results from a sample of the population of interest. According to Peter-Calmorin (2016), descriptive method of research design focuses on the present situation.

The purpose is to know the new truth. The truth may have different forms such as increase quantity of knowledge, a new generalization or new "law", an increased insight into factor which is operating, the discovery of new causal relationship, a more accurate formulation of the problem to solved, and may others. Descriptive research design was appropriate for this study as it helped the researcher in obtaining information concerning the current status of the phenomenon and to described "what exists" with respect to variables or other conditions or situation. It also helped in the elaboration of the data gathered and in making professional judgement.

Respondents

The respondents of this study were the senior citizens who presently enrolled as members in the Office for Senior Citizen's Affairs (OSCA) of the twenty (20) Barangays of Pulupandan, Negros Occidental. Their availability and accessibility during the distribution of the research questionnaires and their willingness to respond on the questions and asked on the instrument are amongst the factors that were considered by the researcher. There are a total of 1,005 senior citizens employed in the twenty (20) Barangays of the Municipality of Pulupandan. Simple random sample was used in determining the respondents. Since this is a huge number, a sample size was computed from this group using the Slovin's formula. The computed sample size for respondents was a total of 286 senior citizens.

Instruments

The instrument that used in gathering the data to determine the level of awareness and satisfaction of senior citizen's on their grant benefits and special privilege is the self-made questionnaire. It was subjected to validity and reliability. The validity status reached a rating of 4.6 interpreted as "excellent" and therefore the instrument



was valid. The computed reliability value was for the awareness .722 and .716 for the satisfaction. Thereby, making the instrument reliable. The survey form filled-out is divided into two parts. Part 1 deals with the profile of respondents in terms of sex, civil status, and highest educational attainment. Part II of the questionnaire is to measure the level of knowledge and satisfaction of senior citizen's in the two (2) areas of health benefits and social privilege. These areas measured using a rating scale of 5 as the highest and 1 as the lowest with its interpretation to measure the level of knowledge and satisfaction, correspondingly: "very high level", "high level", "moderate level", "low level", and "very low level". The second part is designed to measure the level of awareness and satisfaction on senior citizen act of 2010 RA 9994. It has 15 items in each area namely, Health Benefits and Social Privileges. The respondents were given five numerical ratings to choose from, 1 being the lowest and five being the highest.

Data Gathering Procedure

After establishing the validity and reliability of the instruments, the researcher was asked the permission of the President of Senior Citizen, Pulupandan Chapter and to the Municipal Mayor of Pulupandan to conduct the study and administer the questionnaire to the respondents. The researcher, with the help of the Barangay Captains and Barangay Health Workers identified the respondents. After the approval, the researcher explained to the respondents the purpose of the study and gave instructions on how to accomplish the questionnaire in an objective and honest manner. The responses of the respondents served as the basis in determining the level of awareness and satisfaction on Expanded Senior Citizen Act of 2010 RA 9994 in twenty (20) Barangays in Pulupandan, Negros Occidental for the month of December 2019. Respondents will assure of the confidentiality of the data. The researcher carefully guided the respondents to answer the needed data. The researcher personally retrieves the questionnaires. Then the data were categorized, tabulated and prepared for statistical treatment.

Data Analysis and Statistical Treatment

Objective No. 1 used descriptive analytical scheme and mean to determine the level of awareness on Expanded Senior Citizen Act of 2010 RA 9994 according to the following areas of health benefits and social privileges.

Objective No. 2 used descriptive analytical scheme and mean to determine the level of satisfaction on Expanded Senior Citizen Act of 2010 RA 9994 according to the following areas of health benefits and social privileges.

Objective No. 3, used relational analytical and Spearman Rho to determine if there is a significant relationship between the level of awareness and satisfaction on Expanded Senior Citizen Act of 2010 RA 9994.

Ethical Considerations

Participants' personal demographic information results were collected and were noted in the data capturing sheet. These data were essential to establish a possible correlation of the present study. Each participant was given and assigned a unique identifier code, and the participant's anonymity was confidential. The data and information used in the study were treated with strict confidentiality. No information regarding the participant's identity was disclosed unnecessarily in this study. After the data gathering, since there was no need, debriefing was not done by the researcher anymore, as cited in the Data Privacy Act. Since this study is descriptive, it poses no risk for the participants.

Results and Discussion:

This section presents the data gathered in connection with the objectives of the study and analyses of these data facilitated by the identified appropriate statistical tools. It interprets the results derived from the analyses.

Table 1
Level of Awareness on Expanded Senior Citizen Act of 2010 RA 9994 in the Area of Health Benefits

	Items	Mean	Interpretation
1	Purchase of medicines from the drug stores either cash or credit card basis.	4.49	High Level
2	Professional fees of attending physician in all private medical facilities, outpatient clinics.	4.35	High Level
3	Professional fees of licensed health professional providing home health care services.	4.12	High Level
4	Medical and dental services, diagnostic and laboratory fees in all private hospitals, medical facilities out-patient clinics and home health care services.	3.06	Moderate Level
5	Free medical and dental service, diagnostic and laboratory fees in all government facilities.	4.15	High Level



6	Presence of access ramps in health care facilities.	4.45	High Level
7	Express lanes in hospitals and clinics in admission, cashier, billing, and etc.	4.26	High Level
8	Can only use one ID in cases where the Senior Citizen is also a person with disability.	4.19	High Level
9	Beneficiary of Negros Occidental Comprehensive Health Card or NOCHP	4.23	High Level
10	A Minimum assistance of 2,000php shall be given to the nearest surviving relative who took care of the deceased senior citizen.	4.25	High Level
11	All senior citizens are covered by the National Health Insurance program of Philhealth and considered as mandatory.	4.53	Very High Level
12	After care and follow up services including counselling are provided to those who are discharged from the institutions.	4.31	High Level
13	Existence of neighborhood support services where in community members take care of Senior Citizen who are sick.	4.24	High Level
14	Free influenza vaccinations every year and pneumococcal every 5 years.	3.63	High Level
15	Personnel of private and public health facilities are courteous and provide prompt services	4.40	High Level
Overall Mean		4.18	High Level

The second objective is to determine the level of awareness on Expanded Senior Citizen Act of 2010 RA 9994 according to the following areas of health benefits and social privileges.

Table 1 shows the results in the Level of Awareness on Expanded Senior Citizen Act of 2010 RA 9994 in the Area of Health Benefits.

As revealed in table 1, when respondents were asked, Item No. 11, which states "All senior citizens are covered by the National Health Insurance program of Philhealth and considered as mandatory", obtained the highest mean score of 4.53 and interpreted as "very high level" of awareness. This would mean that the majority of the senior citizens were more conscious about the program provided to them by the government to lessen their financial health care burden through the help of PHIC which covers almost all health services in their expenses.

Finding was supported by Hayward et al, (2016) said that having any health insurance, even without coverage for any preventive services, increases the probability that an elderly individuals will receive appropriate preventive care.

On the other hand, as shown in the same table, the lowest mean was obtained by Item No. 4, which states "Medical and dental services, diagnostic and laboratory fees in all private hospitals, medical facilities out-patient clinics and home health care services", received a numerical mean score of 3.06 and interpreted as "moderate level" of awareness. It implies senior citizens were partially aware of their health benefits to access in private health care facilities including medical, out-patient, and home care based services. However, senior citizens need further assistance to avail 20% discounts which perhaps, a big help to lessen their health care costs. This is to dwell more on their needs and further assess the implementation of the said law. A strict and thorough evaluation is also recommended to give ample check-and-balance of the plans effectively done and the congruency of the goals to the outcomes. This was supported in the study of Shrivastava et al, in the study entitled "Health-care of Elderly: Determinants, Needs and Services"; researchers concluded that the provision of quality assured health-care services for the elderly population is a challenge that requires joint approach and strategies. Failure to address the health needs today could develop into a costly problem tomorrow.

From these results, overall mean score is 4.18, which showed that the level of awareness on Expanded Senior Citizen Act of 2010 RA 9994 in the area of health benefits was "high level".

Table 2

Level of Awareness on Expanded Senior Citizen Act of 2010 RA 9994 in the Area of Social Privileges

	Items	Mean	Interpretation
1	Recreational facilities such as rental and other fees for sports centers, gyms, dancing studios etc.	4.13	High Level
2	Basic necessities and prime commodities.	4.16	High Level
3	Public land, domestic air and sea travel fare.	4.41	High Level
4	Restaurants food, beverages, dessert, and other consumables for dine-in, take-out, drive-thru, and delivery orders	4.53	Very High Level
5	Accommodation and amenities in pension house & hotels, beach resorts, mountain resorts, etc.	4.08	High Level
6	Places of leisure such as cinema, museums, parks, theatres, concert halls, etc.	4.07	High Level
7	Discounts for funeral and burial services for the death of a Senior Citizen.	4.05	High Level
8	Indigent senior citizen is entitled to a monthly stipend amounting	3.34	Moderate Level



	to 500php, and P1,500 monthly from DSWD.		
9	Continuance of the same benefits and privileges by GSIS, SSS, and PAG-IBIG as enjoyed by those in active services	3.99	High Level
10	5% discount on water bills (if consumption is less than 30 cubic meters a month), when the account is registered under the name of senior citizen.	3.79	High Level
11	A 5% discount electric bills (if consumption is less than 100 kilowatt-hours), when the account is registered under the name of senior citizen	3.87	High Level
12	Support from the barangay for house repair after a disaster or calamity.	3.99	High Level
13	Express lanes are provided in all government offices and commercial establishments.	4.79	High Level
14	Senior citizens who have the capacity and desire to work or be re-employed shall be provided with the necessary information for employment.	3.99	High Level
15	Residential care for the abandoned, neglected and homeless senior citizens are provided by the DSWD.	3.91	High Level
	Overall Mean	4.07	High Level

Table 2 illustrates the results in the Level of Awareness on Expanded Senior Citizen Act of 2010 RA 9994 in the Area of Social Privileges.

When senior citizens were asked, Item No. 13, which states "Express lanes are provided in all government offices and commercial establishments", captured the mean score of 4.79, interpreted as "very high level" of awareness. This means that the senior citizens were well-informed about their rights as mandated by the said law; they were prioritized when sought transactions to government offices or any commercial establishments with the express lane provided for them.

According to Philippine Daily Inquirer shared a report entitled "Priority Lanes for Elderly, Pregnant, PWDs Sought"; establishments being asked to create at least one "priority lane" include government and private offices including hospitals, drug stores, banks, public transport terminals, payment centers, educational institutions, supermarkets and stores, hotels, restaurants, and any recreation center (Gamil, 2018).

Meanwhile, the lowest mean score of 3.34, interpreted as "moderate level" of awareness obtained by Item No.8, which states "Indigent senior citizen is entitled to a monthly stipend amounting to 500php, and P1, 500 monthly from DSWD". This implies that there is a need to orient the majority of senior citizens on social privileges like stipend even a small amount, which perhaps somehow, compensate their monthly needs like food and other commodities. Further, DSWD personnel should assist the senior citizens in claiming these privileges as mandated in the said act.

Finding was agreed in the study of MacLeod et al, (2017) entitled "The Growing Need for Resources to Help Older Adults Manage their Financial and Healthcare Choices"; searchers further concluded that Financial Health Literacy as a unique area of need may be the first step in simplifying the decision-making process for older adults as they address the burdens of managing healthcare expenses, other living expenses, and life-changing decisions.

As shown in the same table, the overall mean score is 4.07; this inferred that the level of awareness on Expanded Senior Citizen Act of 2010 RA 9994 in the area of social privileges was "high level".

Table 3

Level of Satisfaction on Expanded Senior Citizen Act of 2010 RA 9994 in the Area of Health Benefits

	Items	Mean	Interpretation
1	Purchase of medicines from the drug stores either cash or credit card basis.	4.55	Very High Level
2	Professional fees of attending physician in all private medical facilities, outpatient clinics.	4.06	High Level
3	Professional fees of licensed health professional providing home health care services.	4.01	High Level
4	Medical and dental services, diagnostic and laboratory fees in all private hospitals, medical facilities out-patient clinics and home health care services.	2.99	Moderate Level
5	Free medical and dental service, diagnostic and laboratory fees in all government facilities.	4.01	High Level
6	Presence of access ramps in health care facilities.	4.66	Very High Level
7	Express lanes in hospitals and clinics in admission, cashier, billing, and etc.	3.07	Moderate Level
8	Can only use one ID in cases where the Senior Citizen is also a person with disability.	4.13	High Level



9	Beneficiary of Negros Occidental Comprehensive Health Card or NOCHP	3.94	High Level
10	A Minimum assistance of 2,000php shall be given to the nearest surviving relative who took care of the deceased senior citizen.	3.59	High Level
11	All senior citizens are covered by the National Health Insurance program of Philhealth and considered as mandatory.	4.67	Very High Level
12	After care and follow up services including counselling are provided to those who are discharged from the institutions.	4.08	High Level
13	Existence of neighborhood support services where in community members take care of Senior Citizen who are sick.	3.98	High Level
14	Free influenza vaccinations every year and pneumococcal every 5 years.	3.37	Moderate Level
15	Personnel of private and public health facilities are courteous and provide prompt services	3.22	Moderate Level
Overall Mean		3.89	High Level

The third objective is to determine the level of satisfaction on Expanded Senior Citizen Act of 2010 RA 9994 according to the aforementioned areas.

Table 3 shows the results in the Level of Satisfaction on Expanded Senior Citizen Act of 2010 RA 9994 in the Area of Health Benefits.

Data revealed, the highest mean score was obtained by Item No. 11, which states "All senior citizens are covered by the National Health Insurance program of Philhealth and considered as mandatory", with a mean score of 4.67 and interpreted as "very high level" of satisfaction. This means that the majority of senior citizens were enjoyed the provision given to them, specifically, their access to PHIC which gave them a big positive help towards their health problem and costs, particularly those who have maintenance medicines, specifically for hypertension and diabetes.

Finding was true when Reinhardt et al, (2016) shared that the health care sector in the United States consists of an array of clinicians, hospitals and other health care facilities, insurance plans, and purchasers of health care services, all operating in various configurations of groups, networks, and independent practices. Some are based in the public sector; others operate in the private sector as either for-profit or not-for-profit entities.

On the other hand, as gleaned in the same table, the lowest mean was obtained by Item No. 4, which states "Medical and dental services, diagnostic and laboratory fees in all private hospitals, medical facilities outpatient clinics and home health care services", took a numerical mean score of 2.99 and interpreted as "moderate level" of satisfaction. This implies that senior citizens were not convinced nor satisfied the health benefits of 20% discounts offered by most of the private health care institutions which entailed them to follow the said mandate. Further, there is a need to provide sanctions to all private health care establishments who fail to follow the said provision.

Data also supported by Mostafa et al, (2017) shared a study entitled "Satisfaction to Healthcare among Elderly; Comparison Study between Egypt and Saudi Arabia", the study has concluded that the policymakers must invest in the systems that would encourage and facilitate formal care provision, through partnership between the state and civil society for example and through investing in both old age and family support policies.

From these facts, the overall mean score is 3.89; this also showed that the level of satisfaction on Expanded Senior Citizen Act of 2010 RA 9994 in the area of health benefits was "high level".

Table 4
Level of Satisfaction on Expanded Senior Citizen Act of 2010 RA 9994 in the Area of Social Privileges

	Items	Mean	Interpretation
1	Recreational facilities such as rental and other fees for sports centers, gyms, dancing studios etc.	3.90	High Level
2	Basic necessities and prime commodities.	3.95	High Level
3	Public land, domestic air and sea travel fare.	3.88	High Level
4	Restaurants food, beverages, dessert, and other consumables for dine-in, take-out, drive-thru, and delivery orders	3.75	High Level
5	Accommodation and amenities in pension house & hotels, beach resorts, mountain resorts, etc.	3.79	High Level
6	Places of leisure such as cinema, museums, parks, theatres, concert halls, etc.	3.88	High Level
7	Discounts for funeral and burial services for the death of a Senior Citizen.	3.76	High Level
8	Indigent senior citizen is entitled to a monthly stipend amounting to 500php, and P1,500 monthly from DSWD.	2.70	Moderate Level
9	Continuance of the same benefits and privileges by GSIS, SSS, and PAG-IBIG as enjoyed by those in active services	3.67	High Level
10	5% discount on water bills (if consumption is less than 30 cubic	3.61	High Level



	meters a month), when the account is registered under the name of senior citizen.		
11	A 5% discount electric bills (if consumption is less than 100 kilowatt-hours), when the account is registered under the name of senior citizen	3.81	High Level
12	Support from the barangay for house repair after a disaster or calamity.	3.87	High Level
13	Express lanes are provided in all government offices and commercial establishments.	4.22	High Level
14	Senior citizens who have the capacity and desire to work or be re-employed shall be provided with the necessary information for employment.	3.86	High Level
15	Residential care for the abandoned, neglected and homeless senior citizens are provided by the DSWD.	3.82	High Level
	Overall Mean	3.76	High Level

Table 4 shows the results in the Level of Satisfaction on Expanded Senior Citizen Act of 2010 RA 9994 in the Area of Social Privileges.

Data revealed that the highest mean was obtained by Item No. 13, which states "Express lanes are provided in all government offices and commercial establishments"; with a numerical mean score of 4.22 and described as "high level" of satisfaction. This would mean that senior citizens recognized the efforts of the government offices and commercial establishments the way they effectively implement the law which gave priority to all senior citizens by providing them consideration, immediate delivery of services and attention through the express lane.

According to Andrade (2015) shared a report entitled "Special Cashier Counters Set for Elderly, Disabled, Pregnant Women in QC"; malls, groceries and other commercial establishments are now required to set up special cashier counters for elderly people, persons with disability (PWDs) and pregnant women under pain of a P5,000 fine or having their businesses closed down for a year.

Whereas, the lowest mean took by Item No. 8, which states "Indigent senior citizen is entitled to a monthly stipend amounting to 500php, and P1,500 monthly from DSWD", garnered a mean score of 2.70 and interpreted as "moderate level" of satisfaction. This implies that there is a need for additional budget allocation and the distribution to support the needs of senior citizens which supposedly guided by DSWD personnel.

Finding is opposed in the study of Abruquah et al, (2017) entitled "Old Age Support in Urban China: The Role of Pension Schemes, Self-Support Ability and Intergenerational Assistance" ; findings indicate that self-support ability of the elderly together with pension benefits are more effective in enhancing the life satisfaction of retired urban elderly in China. Researchers further recommended that government institute policies to promote personal finance initiatives by the elderly while improving the pension scheme and reducing pension inequality.

However, the overall mean score is 3.76; this would infer that the level of satisfaction on Expanded Senior Citizen Act of 2010 RA 9994 in the area of social privileges was "high level".

Table 5

Relationship between the Level of Awareness and Satisfaction on Expanded Senior Citizen Act of 2010 RA 9994

	<i>rho</i>	<i>p-value</i>	Sig level	Interpretation
Awareness	0.052	0.383	0.05	Not Significant
Satisfaction				

The eight objective of the study is to determine the significant relationship between the level of awareness and the level of satisfaction on Expanded Senior Citizen Act of 2010 RA 9994.

The Spearman Rho was used to test whether or not the level of awareness and satisfaction on Expanded Senior Citizen Act of 2010 RA 9994 relates significantly

Table 5 illustrates the results on the Relational Analysis in the Level of Awareness and the Level of Satisfaction on Expanded Senior Citizen Act of 2010 RA 9994. As gleaned on the table, the computed Spearman Rho is 0.052 and the *p*-value is 0.383 interpreted as "not significant". From these values, it can be concluded that the null hypothesis which states "There is no significant relationship between the level of awareness and the level of satisfaction on expanded senior citizen act of 2010 RA 9994" and therefore, accepted.

The result shows that senior citizens with a high level of awareness opposing a low level of satisfaction. This connotes that the awareness of senior citizens towards health benefits and social privileges are not related to the satisfaction experienced by them.



Awareness is said to be being conscious of certain matters, it is the cognitive appraisal of the individual perceiving the situation. Satisfaction, however, comes the moment the situations and events are perceived to be successful for the individuals. It is the condition of happiness and contentment that makes the individual satisfied.

In this study, there is no significant relationship was established between these two variables because what makes one aware of something may not relatively the same from the way others may satisfy it. From the above analysis, it is evident that the quality of services and the seriousness of the authorities to impose the program, in addition to being multidimensional, must take into account the person's experiences, how they feel, and how they interpret their satisfaction. This means, therefore, that one of them could not influence the other. Table 23 shows the results.

Findings were agreed in the study of Cabla0 et al, (2019) entitled "Knowledge and Satisfaction of Senior Citizens on the Implementation of Republic Act 9994 in San Isidro in Nueva Ecija in the Philippines"; results revealed that the Analysis of Variance showed that the level of awareness of respondents across the clustered barangays does not vary significantly. Thus, from the findings, it is recommended that a thorough study with a greater number of respondents, including the relatives/primary care giver, should be involved. Firm and systematic assessment is also recommended to monitor the implementation of the programs.

However, this was opposed in the study of Borrico et al, (2017) in the study entitled "Association of Perception of Aging of Senior Citizen to Level of Awareness"; it was found out that among the socioeconomic factors identified; only gender and living arrangement had variation on aging perception. There is a positive correlation between senior citizen awareness of their rights, benefits and privileges and their belief that aging have positive impact on their life.

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Conclusion:

Results shows on the level of Awareness on Expanded Senior Citizen Act of 2010 RA 9994 in the Area of Health Benefits and social privileges "high level". On the level of satisfaction on expanded senior citizen act of 2010 ra 9994 in the area of health benefits and social privileges also shows "high level" results. There is no significant relationship between the level of awareness and the level of satisfaction on Expanded Senior Citizen Act of 2010 RA 9994. . Results of this study calls for Municipal Social Welfare Development Officials (MSWDOs) to assist the DSWD personnel to provide awareness to all senior citizens that would respond to the various needs of the elderly; the Local Government officials provide essential that focus on the health service expenses of the senior citizens and Department of Social Welfare and Development officials should improve the necessary support given to the elderly.

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