An Assessment of the Nutritional Status of Selected Filipino Urban Elderly

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INTRODUCTIONIn view of the very limited baseline information for use in planning relevant programs for the promotion of the health, nutrition and welfare of the elderly, an assessment of the nutritional status of this group focused on an urban community and residential institutions in Metro Manila was done. The study aimed to:
- Assess the nutritional status of the elderly using dietary and anthropometric measurements;
- Describe the range of food habits affecting the nutritional/health status of the elderly;
- Determine past and present food habits affecting the nutritional/health status and food habits and;
- Examine the availability/adequacy of policies, programs and systems directed towards promoting the nutritional welfare of the elderly in the Philippines.Respondents The study covered 289 elderly Filipinos living in communities and in institution for age. The respondents from the community were determine based on a two-stage sampling design stratified according to barangays in San Juan, Metro Manila. The respondents from institutions, namely: Golden Acre Home and Religious of the Virgin Mary (RVM) were selected based on their populations. The former is government-run while the latter is an institution for aging nuns management by a private religious organization.Data Collection Nutrition assessment was done using the three-pronged approach: dietary, anthropometric, and biochemical. Dietary assessment was conducted using the 24 hour food recall. Anthropometric measurements of weight, height, mid-upper arm circumference (MUAC) and triceps skinfold were taken using the method suggested by Jelliffe (1) Body Mass Index was calculated using the formula: $\text{BMI} = \frac{\text{weight (kg)}}{\text{height (m)}^2}$ The classification of nutritional status by Gray (2) as shown below was used: Underweight ----> less than 20kg/m2 Normal ----> 20 to 25 kg/m2 Overweight ----> 26 to 30 kg/m2 Obese ----> greater than 30 kg/m2 Assessment of health status of the elderly was made based on self-rating of their health status and on their indication of the presence of known disease. Focus group discussions were conducted among family members mainly responsible over the care of the elderly in the household as well as some elderly themselves in order to supplement information gathered in the study. Four sets of instruments were used to gather primary data about the respondents: Set 1 - Questionnaire on Nutritional and Non-Nutritional Variables Set 2 - Anthropometric Survey Form Set 3 - Biochemical Survey Form Set 4 - Guide Questions for Focus Group Discussions Secondary data were based on available information in the community, municipality and institutions. Data Analysis Data input preparation was accomplished using the DBase software. Weighting factors were applied to consider differences in population sizes of barangays in San Juan. Data generation and analysis were done using the Statistical Package for Social Sciences (SPSS). RESULTS AND DISCUSSION Non-Nutritional Factors Affecting the Elderly's Health and NutritionDemography As a whole, the elderly studied were commonly in the 60-74 years age bracket. A large majority of them were either still married or widowed, except for the nuns covered in the study. Most of them were orginally from Luzon (76.1%) while 21.5% were born in the Visayas. Rural to urban migration was not as prevalent as in the younger generation. In their childhood and adult days, most of them resided mainly in urban communities. In San Juan, 40.8% of the elderly lived with their family, with most of them expecting financial and health care from children and even grand children. A considerable proportion were still able to "help" support themselves with their present work (23.3%) as well as with their spouses' work (15.0%). Considering that most in the past and present were usually those categorized under "Trade/Labor and Household Duties," jobs often associated with low pay.Social Activities Emotional and psychological factors such as the death of a spouse or close friend, lack of meaningful inter- actions due to retirement, separation from children, loss of youthful vitality, deterioration of health, fear of death and low self-image, may adversely affect socialization, companionship and dietary intake of the aged. Results reveal that a great proportion of the elderly living with their family often felt tired (66.9%), worried too much (62.1%), lost interest in life (52.0%), and were often sad or depressed (25.9%). Those living in public institutions were found to have lost interest in life (58.8%) and were often tired (62.3%) while those from the private institutions were more often tire (42.1%) and worried much (21.1%). Noting that most of them dependently lived with their families and relatives, they had many responsibilities (e.g. house chores, child care, gardening, cooking) that left them tired and caused them to worry too much. Moreover, spiritual strength could be a major factor considering that only 15.8% of the RVM elderly nuns lost interest in life compared with those from San Juan (50.0%) and Golden Acres (58.6%) who did so. Majority of the respondents did not have active social life. Most of them spent their time by either listening to music, watching television or reading. Only a small percentage had hobbies. The difference in the elderly's social activeness seemed, to a large extent, determined by whether they lived in institutions or with their families. The elderly in the institutions or with their families. The elderly in the institutions enjoyed the privilege or organized activities while those living with their families enjoyed the fun of going out of town, spending overnights away from home, eating-out and movie-watching. In terms of social relations, most of the respondents confessed having living brothers/sisters, children, close relatives, friends and a person with whom they could confide. Despite this, however, they preferred to be visited than to visit. Letter-writing was not commonly practiced most especially among those unable to read and write. Access to a telephone was enjoyed only by a few. These could be the reasons why almost half of those in San Juan and Golden Acres reported feeling lonely sometimes. The RVM nuns who were the apparent spiritually strengthened group, seemed to be an exception to this feeling.Economic Resources As a whole, a considerable number of the respondents failed to declare their approximate annual income, probably because of the lack of it. Nevertheless, majority believed they had just enough and felt satisfied. Among the non-institutionalized elderly, about 28% of the females and 42% of the males admitted that their funds or support were insufficient to enable them to live the rest of their lives in the most comfortable way.Physical Activities Results show that majority of the elderly frequently involved themselves in daily activities that helped keep them fit. Most of them were still able to walk a distance at least 400 meters without difficulty, go to different places frequently, use the stairs and toilets, cook, feed themselves,

take medications, do light work as well as wash, bathe, dress and undress themselves. Considering that the youngest members of the households of the non-institutionalized elderly were below 6 years for most, care of young children was considered as one of the most important services of the elderly. It was seen from the responses that their activities were greatly shaped by their environment, living conditions, dependency and economic status.Memory, Eyesight and General Health Memory of the elderly in this study was assessed based on their knowledge of current address, year, month and day and responses to some direct questions. Results showed that the most common memory lapses were on the recall of names of frieds/relatives or where things were last left. These were more prevalent among those elderly living with their families than those in institutions perhaps because the institutionalized elderly had compa- rativly lesser association with people and had designated rooms for moving around. For all memory questions, the proportion of correct responses was lowest among the institutionalized elderly. Food or adequate eyesight as determined by self-rating questions was found in a greater proportion of the elderly in the community (about two thirds) than among those in Golden Acres (less than half) where the cost of impaired vision, cannot be provided by the government. Among those who believed that their health was not as good as it was three years ago, less was found among those in the public institutions than among their counterparts in the community or private institution. When asked to compare themselves with their contemporaries, majority of the respondents in all groups considered their health to be better. Most of them experienced low incidence of hospitalization and sickness in bed generally felt it unnecessary to visit a doctor. The most common health problem that afflicted the elderly in the barangays was bladder trouble or difficulty in urination. On the other hand, high blood pressure, heart disorders,arthritis and cancer/tumos, which are commonly associated with affluence were, highest in the private home for the aged. Thus, the most commonly taken medica- tions for specific ailments were those for high blood pressure, arthritis, and the heart. Even within specific study areas, medications for high blood pressure and arthritis ranked the highest. About half of the RVM nuns were taking hypertensive drugs, a proportion nearly twice those observed in the other groups. In order to determine possible associations between nutritional and health variables, chi-square tests were done on data from San Juan where the test was applicable since it was the only study area that utilized a sample group. The variables include: (a) frequency of fat intake vs. incidence of high blood pressure, (b) frequency of fat intake vs. self-rating of health and (c) frequency of fat intake had significant relationship with the incidence of high blood pressure but not with the incidence of heart trouble and self-rating of health. These indicate that the respondents' frequency of fat intake is not necessarily associated with having heart trouble, not with his own health rating.Reasons for Surviving to the Present Age Majority of the elderly in San Juan and Golden Acres cited God's providence as the primary reason from long life, signifying the importance of faith in God. The majority of those in RVM, however, attributed long life to a happy disposition. The second most mentioned factor long life was adherence to a good and balanced diet while the third was exercise. Other reasons included: avoidance of vices, discipline and sufficient sleep, and good hygiene and health practices. Others believed that following a vegetarian diet and taking herbal medicines have helped them to live long. A few associated longevity of life to heredity Nutritional Characteristics Nutrient Intake of the Elderly Results show that the mean one-day energy and protein intake of the elderly in RVM and San Juan did not differ very much (1158.3 calories vs. 1164.4 calories and 45.9 gms. vs. 41.6 gms., respectively). However, the mean energy and protein intakes of the elderly in Golden Acres were way below that of the other two groups of respondents. In terms of adequacy, the elderly in RVM registered the highest energy and protein intake adequacy at 82.2% and 88.2% respectively, followed by those in San Juan (71.8% and 70.9% respectively). The elderly in Golden Acres had the lowest energy (53.1%) and protein intake ad.Meal Pattern The predominant meal pattern in all the study areas was three meals a day with snacks in the morning and afternoon. This was observed in about two-thirds of the elderly in San Juan (67.0%) and Golden Acres (64.7%) as well as in four-fifths (or about 80%) in RVM with no apparent variations between sexes. About 28.0% each in San Juan and Golden Acres had three meals a day without snacks while a lesser proportion (15.8%) with this pattern was observed in RVM. Others had no definite meal pattern or had only two meals without snacks.Food Contaminations Among the combinations, rice-protein dis-beverage (43.7%) was most frequently reported in San Juan and rice-protein dish (30.9%) in Golden Acres. However, in RVM, it was "other foods" (52.6%) which included any of the following: rice, soup, bread or milk only. For lunch, the San Juan elderly seemed to have a better food combination than institutionalized groups showing more than half (53.1%) eating rice-protein dish vegetable. In RVM, the biggest proportions (52.6%) were served with only the rice-vegetable/fruit combination. In Golden Acres, more than a third (36.8%) had for lunch the poor food combination of rice-vegetable-fruit and another third (33.8%) had rice-protein dish-vegetable. Among the three major meals, it was only supper that showed a typical food combination for all study areas which was rice-protein dish - vegetable-fruit, implying supper as teh best meal of the elderly during the day. About three fourths reported this combination each in San Juan and RVM and three-fifths (58.8%) in Golden Acres.Intake of Alcohol, Salt, Fats and Sugar A salient aspect of the study focused on the elderly's intake of alcohol, salt fats, and sugar - the commonly identified food stuffs that need to be carefully regulated by the elderly on account of their association with degenerative disease when taken in excess. Alcohol Majority of the elderly in all study areas were not alcohol drinkers (74.4% for San Juan, 70.6% for Golden Acres and 94.7% for RVM). However, among those who took alcohol, there were expectedly much more males than females - 57.3% vs. 14.7% in San Juan and 65.4% vs. 27.9% in Golden Acres. Apparently, beer was the usual alcohol drink consumed by the elderly. More than half (52.6%) in Golden Acres and 29.7% in San Juan drank beer daily. Those who consumed beer weekly comprised 21.1% each in Golden Acres and San Juan. When asked about the reasons for drinking beer, a few (12.5%) of the elderly in San Juan claimed that "it is good for the body". Similarly, the San Juan elderly drank beer for "pakikisama" (for socialization) and as "a good stimulant for sleeping". Other respondents in San Juan (11.5%), Golden Acres (5.3%) and RVM (5.3%) took beer as "a form of relaxation". In general, only a small proportion (10.5% - 22.2%) of the elderly in all study areas believed that alcohol is good for the health.Salt It is important to note that in the institutions (Golden Acres & RVM) the elderly were provided with cooked foods from a common kitchen, much unlike in San Juan where there was

opportunity to cook. Among the elderly in San Juan, majority (93.3%) reported the use of salt in cooking with more females (95.1%) than males (87.6%) who did so. As to how salty their prepared dishes were, majority (67.9%) of them indicated that they used "just the right" amount of salt in cooking. For each group of respondents, there were more who did not add salt to food served on the table, than those who did. This proportion was highest in RVM (63.2%), followed by San Juan (50.1%), Golden Acres (48.6%). Those who did so, claimed doing this only sometimes. Fats and Oils At least more than half of the elderly in each group included fat in their diet, with more females than males who did so - 73.8% vs. 34.6% in Golden Acres and 71.9% vs. 61.2% in San Juan. Taking into consideration the greatest proportion of those who consumed fat, 45% in Golden Acres consumed fat 3 x a week, 39.2% in San Juan did so daily while only 30% in RVM ate fat only once a week. There were a variety of fatty foods eaten by the elderly. These included fried foods such as rice, fish, pork, beef, chicken, egg, banana and peanuts; sauteed dishes such as pork "adobo", "paksiw", beef/pork mixture, "sarciado" and vegetable "guisado"; and other foods like margarine/butter, cooking oil and vegetables cooked in coconut milk. Among fried foods, fried fish was commonly eaten by majority of the elderly in Golden Acres (67.5%), by less than half of those in San Juan (46.9%), and by less than a third of those in RVM (30.0%). On the other hand, vegetable "guisado" among sauteed dishes was usual among majority of the elderly in RVM (70.0%), in less than half in Golden Acres (47.5%), and in almost a third in San Juan (32.9%). Notable was the larger proportion of females over males in Golden Acres and RVM who ate fried fish and vegetable "guisado" (77.4% vs. 33.3% and 58.1% vs. 11.1%, respectively). The sex difference was also observed in San Juan but only with reference to consumption of fried fish (49.0% vs. 39.1%). In San Juan where there was opportunity for the elderly to cook, 45.8% claimed they use oil in cooking "always". Majority of the elderly in all study areas used butter/margarine (67.2% in San Juan, 51.5% in Golden Acres and 57.9% in RVM). Notable differences was observed between sexes in Golden Acres where more males (65.4%) than females (42.9%) reported intake of butter/margarine. The opposite was true in San Juan where slightly more females than males did so.Sugar The proportion of elderly using sugar in daily meals was considerably high, with bigger propotions in San Juan (94.0%) and Golden Acres (92.6%) than in RVM (73.7%). Results show that sugar was used with beverages, desserts, native snacks and a few dishes. For beverages, sugarwas added to milk, fruit juice, ginger extract, tea and chocolate drinks. Sugar was likewise used in the preparation of sweetened camote (sweet potato), sweeetened ripe jackfruit, gelatin, custard and fruit salad. Native snacks with sugar included "kakanin", "champorado" and "halo-halo" (mixed preserved fruits with crushed ice). Other Food Practices - More than half of the elderly in Golden Acres (58.8%) and majority of those in San Juan (78.1%) and RVM (89.5%) reported avoidance of certain foods. Among the foods reportedly avoided by more than a third to three-fourths of the elderly in all study areas were fats and oils, salty foods, and meat. Other foods avoided by less than a fourth were seafoods, legumes, sweets and spices. The foods avoided by 13% and less were fruits, onion and garlic, eggs, coffee, softdrinks, hardfoods, alcohol, vegetables and sour foods. Three-fourths (75.9%) of the elderly in San Juan usually cooked their meals while the rest did not. Among those who cooked their meals, there were understandably, more females (806%) than males (61.0%). The majority of the respondents (75.9%) cooked for each meal of the day while only a few cooked one or two meals. A considerable proportion (12.0%) bought cooked foods which included: boiled meat, "menudo", sauteed vegetables, "guinataan", "bananacue", "bopis", "picadillo", fried pork, commercial fast food products, pork adobo and pork "sinigang". Popular methods in preparing or cooking foods were studied. Vegetables were mostly sauteed or boiled. Fish dishes were commonly fried, boiled, broiled, steamed and baked. Pork, beef and chicken were either boiled, fried, broiled, steamed, sauteed. Eggs were fried, boiled or poached. The staple rice was boiled and sometimes fried, espcially for breakfast. Food Beliefs and Customs Majority of the elderly in all study areas (90.1% in San Juan, 83.8% in Golden Acres and 84.2% in RVM) claimed that there were no foods prohibitions, mentioned pork, liver, and book as not allowed. More than half of the elderly (52.9%) in San Juan believed that some foods can treat certain health problems. The opposite was noted among those in Golden Acres and RVM where almost the same proportion (48.5% and 52.6% respectively) did not believe so. Leafy green vegetables and food rich in vitamin C like mango and tamarind were commonly identified like garlic and ginger, herbal leaves like "pito-pito", legumes, young coconut juice, eggs, honeybee, "am" or rice water, water and cereals/bread. The elderly in all study areas (22.1% to 47.4%) belived that fruits and vegetables were good for people were fish, meat cereal milk, eggs, juice, and soft foods. The respondnts also believed that all foods when eaten in the right amounts are good for the elderly like them. Topping the list of foods identified by the elderly to be bad for people of their age were oily (30.9% - 50.7%) and salty foods (15.8-29.9%). Other foods not advisable for them were: hard foods, sweet foods, foods difficult to digest, coffee/liquor, foods with fishy smell or taste, starchy foods, foods cooked in coconut milk, half-cooked foods. fibrous fruits like mangoes and pineapples, vegetables like "ampalaya" (or bitter gourd), as well as internal organs. Past Food Intake The respondents were asked to compare the amount of their present and past food intakes based on their perceptions. Majority of the elderly in all study areas claimed to have lessened their food intake. Among those who reportedly ate less, the following foods were eaten in decreased amount: rice, chicken, eggs, fish/shellfish, and vegetables. Other foods mentioned included legumes, bread/biscuits, beans, fruits, milk and sweets. More than a third (34.4%) of the San Juan elderly and close to half of those in RVM cited health reasons for reduced intake while a third in Golden Acres mentioned poor digestion/appetite. There were foods which a few elderly ate presently in increased amounts. These foods included milk eggs, beans, breads/biscuits. Other foods mentioned were fruits, vegetables, fish/shellfish, meat, chicken, rice and sweets. Results further revealed that there were more elderly in institutions (50.0% - 100.0% in RVM and 33.3% - 100.0% in Golden Acres) than in the community (1.0-2.9%) who claimed they now eat these foods in greater amounts. According to the elderly in Golden Acres the above foods were eaten in increased amounts because of better appetite (66.7%) and a better place (33.3%). The same proportion of those in RVM cited health and the ready availabilty of foods as the reasons. A few of the San Juan elderly claimed better appetite (27.7%), more time in eating (20.7%), affordability (17.6%) less work/less problem (17.6%) and that they are in good health (6.3%). Eating Environment - A query was made on how

often the elderly ate out. Majority of those in Golden Acres (64.7%) and more than half (56.5%) in San Juan said they never ate out while only less than a third (31.6%) in RVM reported the same. The greater proportion of the elderly in RVM claimed they ate out "occasionally". Some others went out from once or twice a month. Among those who ate out, places often frequented included restaurants (48.8% in San Juan and 18.2% in RVM). Of the three regular meals, breakfast was commonly eaten outside the home by majority of the elderly in RVM (63.6%) and San Juan (60.9%). Lunch on the hand, was the usual meal eaten outside by the greater majority of those in Golden Acres (78.6%). Supper was hardly taken outside by the respondents. The institutionalized elderly generally had companions when doing their daily routine of activities provided for a fixed eating schedule. Thus, it was common for them to have a number of companions while eating. Results showed that more than half of RVM elderly (52.6%) and majority of those in Golden Acres (87.4%) usually ate breakfast with their friends. On the other hand, close to one-third of the non-institutionalized elderly ate breakfast alone. This was perhaps because the other members of the family had to eat earlier or later the case called for. The same observation was noted during lunch where a larger proportion of the institutionalized elderly eat with friends while the non-institutionalized elderly partook this meal alone. During supper, variation was observed only among the non-institutionalized elderly the meal with the whole family. Thus, it was only supper which this group of elderly shared with their families.Anthropometric Assessment Results show that the elderly in San Juan had higher values for all anthropometric measurements in both sexes than those in Golden Acres. Measurements of RVM nuns nearly approximately those of San Juan females. This implies that using anthropometric parameters, the elderly confined in public institutions had poorer nutritional status than their counterparts in a private home for the aged or those living with their families in the community. Using the BMI as an indicator of nutritional status, it was observed that about a quarter of the San Juan elderly were underweight while 43.7% were normal. In Golden Acres, more than half (57.4%) were underweight while only a third were normal. In RVM, more than a third of the nuns were underweight and nearly the same proportion were normal. The remaining third were either overweight or obese. A comparative study of these values indicate again the poorer nutritional status of the elderly in the public institution. While the picture seemed better among the elderly in the private institution where ther was a lower percentage of underweight residents, there is still much that can be improved considering the low proportion of those found. Results show that the elderly in San Juan had higher values for their families in the community seemed to be the best nourished of the three groups, confirming the nutritional benefits of available family support and affirming the theory that the best care-giver of the aged is his family.Biochemical Assessment Biochemical data in this study represent only those coming from a sub-sample consisting of San Juan residents. No data were available for the institutions since permission was not granted to take blood samples from them. A high proportion of the sub-sample had normal levels of blood sugar while 5.8% had normal, indicative of diabetes mellitus. A high prevalence of anemia was observed with a higher proportion among the males than females. Based on hemoglobin and hema-tocrit values, it can be observed that nearly a third of the San Juan elderly had values below normal which is indicative of anemia. It should be noted that while hemoglobin are parameters both used for determining anemia, they measure different aspects of the problem. Hemoglobin levels is a measure of the oxygen-carrying capacity of the red blood cells, whereas hematocrit represents the volume percentage of erythrocytes in red blood cells. Supplementary Information Focus group discussion (FGDs) were utilized in securing information to supplement data gathered in interviews about the elderly's health and nutrition status, their role in the family, their family members' perceptions about the elderly, and existing programs for them. FGDs with 12 participants each group, were simultaneously conducted in six barangays of San Juan. The participants consisted of family members who were basically responsible for the care of the elderly. The participants had ages ranging from 20 to 65 years and were either husbands, wives, daugthers, sons, daugthers-in-law or sons-in-law. Some of them therefore were elderly themselves. On the elderly's health and nutrition, the participants believed that exercise and a good diet that includes fish and vegetables will prevent illness during this stage of life. They strongly believed that getting used to hard work will keep a person's body healthy even when he reaches the aging years. Observing certain health precautions will enable a person to reach the elderly stage without gaining unnecessary weight and still able to engage in hardwork. The elderly's common role in the family was assisting in household chores such as buying and cooking food, washing clothes and fetching water as well as income-related activities such as manning sundry stores, sewing clothes, crocheting and engagging in "buy and sell" activities. The weak and sickly elderly did not assume and significantly physical activity in the home. The participants had generally positive perceptions about the elderly. They believed that the elderly are generally well-taken care of by their own families because of their physical weakness and need for support for food, clothing, shelter, medicines and finances. They added that the elderly look up to the family for love, understanding and time to talk and be happy because of the loneliness that goes with growing old. They cite though that some elderly insist that their decisions be respected by the younger members of the households despite their being dependent on the family for support. They concluded that continuously giving importance to the elderly as members of society will enable them to grow graciously and enjoy their senior years. The senior stage of life was perceived as bonus years by the FGD members who welcome the idea of aging for themselves despite the difficulties. It was their hope that when they reach this age, they would still be strong, well-loved and respected by the family. Most of them admitted however that they prefer not to grow so old to the point of being a burden for the family. When asked on their knowledge of existing programs on the elderly, most of the participants said they were not aware of any. In one of the FGDs, there was mention of the Senior Citizens' Federation organized by the DSWD where submission of biodata was required to become a member. Members enjoyed hospitalization benefits and free medicines. One participant reported the senior citizen's discount program for services which can be availed of through a senior citizen's identification card. Another participant claimed knowledge of an association of senior citizens that provided socialization in the form of parties and excursions. With regard to welfare and financial support programs for the elderly, most of the participants agreed there were none in the community. There were two who reported a recently formed senior citizen's association in San Juan that provided loan benefits at low interest,

free hospitalization and medicines. When asked on the kind of programs which these elderly caregivers felt should be organized in support of the aged, the following were suggested: a) home for the aged b) free medical check-ups, laboratory tests, medicines, and hospitalization benefitsc) free burial services d) income-generating activities (like handicraft, embroidery, crocheting, dressmaking, and home food technologies)e) 50-75% transportation fare discounts in major buses, trains, planes f) programs for the social development and relaxation of the elderly (such as physical fitness program, an exercise park, aerobics and dancing sessions, etc.) g) socialization programs (at least monthly) to ward off loneliness and boredom

h) fund-raising schemes for some kind of pension Current Policies and Programs for the Elderly The updated Philippine Development Plan promotes the family's major role in providing care for the elderly in the home. It stresses the development of family-oriented support systems to help curb the increase in the number of abandoned and neglected elderly. In addition, it considers the community's role in providing additional support. It regards voluntary organizations, private firms or charities as important resources in filling gaps wherein either the family or the government's provisions of services are insufficient. At present the country's major programs for the elderly are: * The Department Programs for the Elderly Executive Order No.123 of January 30, 1987 mandated the Department of Social Welfare and Development (DSWD) to assume the commitment of the state "to the care, protection, and rehabilitation of that segment of the country's population which has the least in life as well as social welfare assistance and social work interventions to restore their normal functions and participation in national development". This segment includes the elderly. DSWD's services for the elderly are: financial assistance of physical restoration devices; provision for assistance, counselling and referrals for employment; provision for residential care/group homes for the neglected, abandoned, incapacitated and homeless; counselling for those discharged from institutions to enable them to feel needed and productive in society. Moreover, DSWD supports livelihood projects for the elderly through it Self-Employment Assistance Program. The Federation of Senior Citizens has been established by the DSWD at the national level with chapters in various provinces, cities and municipalities. The orgniation principally provides a venue for the elderly in the community to socilize, discuss and submit to Congress issues which pertain to their health and welfare * Institutionalized Homes for the Aged A total of 21 institutionalized homes for the aged are said to be presently operated by both government and religious or charitable institutions. These institutions house elderly who are ate least 60 years of age, neglected, abandoned by relatives and free from any communicable disease. Due to the limited space, only a total number of 900-1000 elderly are estimated to be housed in these homes, clearly showing that only a very minimal part of the population is benefited despite their being always filled to capacity. The following shows the total cases served by the DSWD's Golden Acres for a five year period. 1984-318 1987-360 1985-314 1988-423 1986-343 * Retirement and Other Benefits Both the Government Service Insurance System (GSIS) and the Social Security System (SSS) provide social security benefits in the form of pensions and gratuities to retired workers of the government as well as private agencies and self-employed, respectively. To date, several adjustments have been made in these retirement benefits to enable the beneficiaries to cope with the rising cost of living. Other services include loan services (salary, housing and educational loans) and "fly-now-pay-later" benefits. As a measure to narrow down the gap in the delivery of services for the elderly, Republic Act No. 7432 approved on April 23, 1992 was enforced to provide discounts to senior citizens for transportation, health and entertainment services. CONCLUSIONS Based on the results of the study, several conclusions can be drawn about the Filipino urban elderly:

- The Filipino elderly rely basically on the traditional kinship system for sustenance as evidenced by the living arrangements of the elderly in the communities who mostly live with their children. The family is indeed the best caregiver for the aged.
- Despite the family support provided to them, the Filipino elderly generally do not have sufficient or reliable economic resources to enable them to support themselves fully or live alone. They are dependent either fully or partially on their families and friends for support.
- In the Filipino urban family where most members either work or go to school, the elderly's most important service is the care of the young. Under this condition too, it is only the evening mealt hat the elderly partakes together with the family
- The common health problems of the urban elderly, whether in the community or institution, are arthritis, hypertension, cataracts and nervousness. This is confirmed by the drugs commonly taken by them which include those for hypertension and arthritis. Anemia is also highly prevalent among them.
- Loss of memory is more common among institutionalized elderly where there are mostly destitute and abandoned cases. Perception of one's health status is proper among the elderly in the public institution where the destitute and abandoned cases are particularly found.
- Using dietary and anthropometric parameters of nutritional assessment, there is poorer nutritional status among the elderly in the public poorer institution than those in the private institution or those living in the community.
- There are very limited policies and programs directed towards the benefit of the Filipino elderly.RECOMMENDATIONS At present the country is in lack of sound data to support further planning and policy development for the aged group, most especially in terms of their health and nutritional welfare despite the great efforts to improve the Philippines' overall nutrition situation. While old age is not at all necessarily a time of ill health, disability and misery, a variety of chronic disorders occur more frequently among the aged than among younger people. They, too belong to the vulnerable age groups of the country whose needs should be met because they are increasing in number their capacity for self-care is decreasing and traditional sources of family and other informal support is declining. From the conclusions drawn, the following recommendations are hereby advanced towards the improvement of the Filipino elderly in general and the elderly in institutions in particular. - Further strengthening Filipino values of concern and respect for the elderly The finding that the family is still the best caregiver for the aged points to the need to further strengthen the Filipino traditional kinship system with particular emphasis on concern and respect for the elderly. While the Filipino expectation of receiving

care from the family during aging has largely been met, there is a need to reinforce the above values in teh influx of materialistic Western values where the importance of the aged who are no longer economically productive, are put aside.The reinforcement can come through the Philippine educational system particularly in the preschool, elementary and secondary levels where foundation for values in life are being laid down. It can also come through the inclusion of relevant messages in television and radio advertisement with themes on value formation. - Strengthening policies and programs directed towards the improvement of conditions affecting the elderly, particularly those related to their health and nutrition. As a step towards strengthening elderly policies and programs, there should be a specific planning process for the elderly under a specific sub-sector or group rather than as an integrated plan under the Social Welfare and Community Development sub-sector or group such as this, policies or programs directly affecting the elderly may be overlooked or watered down because of other concerns in the sub-sector. - Tapping the NGOs for implementation and support of programs directed to the elderly. In view of limited available government resources and because of devastating problems that have hit the country which need priority attention, there is a need to tap resources other than government such as the NGOs to support elderly programs. The NGOs can come in through the actual implementation of programs for instance on welfare, livelihood or socialization. They can also serve as external sources of funding to augment the meager public funds for elderly programs. - Improving the diets served in government homes The poorer nutritional status of the elderly in the public institution imply the poor diets served in government homes for the aged. There is a need for managers of these institutions to rally for bigger budget for meals of the clients or to tap external funds in the inability of government to provide the needed increase. REFERENCES DOMINGO, LITA J., "Health Issues and Status of the Filipino Elderly: Issues and Program Directions." Nutrisyon, vol. 13, no. 1&2, Jan-Dec. 1992. USON, ANNALIZA, I. The Adequacy of Food Intake Among Elderly Persons in Golden Acres Undergraduate Thesis: De Ocampo Memorial College, 1990 SANTIAGO, CONCEPCION, JR. Dietary Intake, Health Perception and Health Perception and Health Practices Barangays of Bay, Laguna, Graduate Thesis: University of the Philippines at Los Banos, 1986 DERBY, G. AND R. BLEYER, "Nutrition of the Elderly" Journal of Human Nutrition, 1977 WHO, Aging in the Western Pacific: A Four-Country Study. Western Pacific Reports and Studies No. 1, 1986. DOMINGO, LITA, J. The Filipino Elderly. An Emerging Demographic Concern, Population Institute Professional Chair Lecture Series, 1988 LAGUA, ROSALINDA T., VIRGINIA S. CLAUDIO AND VICTORIA F. THIELE. Nutrition and Diet Therapy: Reference Dictionary, 2nd edition, 1974 Food and Nutrition Research Institute. Third National Nutrition Survey, FNRI Handout, 1989 National Economic Development Authority. Updates of the Philippine Development Plan 1990-92, 1990 Executive Order No. 123 of January 30, 1987 (Photocopy) National Statistics Office. Philippine Yearbook, 1989 CRUZ, THELMA AND ANGELINA OBONA, Future Directions for Aging Policy in the Philippines, Population Aging in Asia, Asian Population Studies Series No. 108. 1991 Republic Act No. 7432 April 23, 1992 (Photocopy)