**Divine Word International Journal of Management and Humanities** 5(2)(2026) 3745-3766

Research in Management and Humanities

**DWIJMH VOL. 5 NO. 2 (2026) ISSN: 2980-4817**

Available online at www.dwijmh.org
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# Government benefits and services for senior citizens in Laoag City: A correlational study on profile, awareness, accessibility, and utilization

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ARTICLEINFO

Article history:
Received: March 30, 2026
Received in rev. form. April 26, 2026
Accepted: May 25, 2926
Published: June 10, 2026

***Keywords: Senior citizens, socio-demographic profile, awareness, accessibility, utilization, government-mandated benefits and services***

ABSTRACT

This study examined the socio-demographic profile of senior citizens in Laoag City and assessed their levels of awareness, accessibility, and utilization of government-mandated benefits and services for the calendar years 2024 and 2025. A total of 266 senior citizens participated, and a descriptive-correlational research design was employed. Data were collected through questionnaires and analyzed using Spearman's rank-order correlation and Chi-square tests of independence to determine relationships among socio-demographic characteristics, awareness, accessibility, and utilization.

Findings revealed that respondents demonstrated a moderate level of awareness of government-mandated benefits and services, with accessibility likewise rated as moderate. Utilization patterns reflected these levels, with discounts frequently used while other programs were less used. Age and educational attainment were significantly associated with awareness, whereas age and monthly pension were significantly associated with accessibility. Furthermore, age, monthly pension, and impairment emerged as key determinants of utilization, with the type of impairment also significantly associated with benefit use.

Awareness showed a significant positive correlation with spatial, procedural, and overall accessibility, with the strongest relationship observed between overall awareness and accessibility. Conversely, awareness of health services, temporary shelter services, and overall awareness demonstrated a significant negative relationship with the utilization of benefits and services.

JEL Classification: M12



## *Introduction*

The 21st century is defined by a major demographic transformation: the rapid growth of aging populations worldwide. Improvements in healthcare, nutrition, and overall living conditions have extended life expectancy, increasing the proportion of older persons in both developed and developing countries. In recognition of this global trend, the UnitedNations advanced key frameworks such as the Madrid International Plan of Action on Ageing, which promotes



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age-inclusive development policies and supports the well-being and participation of older persons (United Nations Department of Economic and Social Affairs, 2019).

In the Philippines, this direction is reflected in national legislation, particularly Republic Act No. 9994, or the Expanded Senior Citizens Act of 2010. The law provides a range of benefits—including discounts, healthcare subsidies, and social protection programs—aimed at safeguarding the dignity, welfare, and rights of senior citizens. At the regional level, the Ilocos Region has recorded a steady rise in its elderly population, prompting government agencies such as the Department of Social Welfare and Development (DSWD) and the Department of Health (DOH) to implement initiatives tailored to older adults. These include medical missions, wellness activities, and livelihood support programs (Philippine Information Agency [PIA], 2025).

At the provincial and local levels, the Provincial Government of Ilocos Norte (PGIN) and the City Government of Laoag (CGL) have strengthened their commitment to senior welfare by providing outreach services, distributing pensions, and coordinating with local health units. These efforts include barangay-level health monitoring and community engagement activities that promote inclusion and sustained support for senior citizens (PIA, 2025; Philippine News Agency [PNA], 2025).

Despite these measures, persistent challenges remain in ensuring equitable access to benefits and improving the actual utilization of available services. Existing studies on aging populations largely examine social protection systems, health outcomes, and general well-being among older adults (World Health Organization, 2015; United Nations Department of Economic and Social Affairs, 2019). While this literature offers important insights into policy effectiveness and the socio-economic conditions of senior citizens, it often emphasizes national or regional implementation, with less attention to localized realities and patterns of benefit utilization (Asian Development Bank, 2020).

Moreover, several barriers continue to limit access and participation, including low awareness of entitlements, complicated administrative requirements, mobility and health-related limitations, and socio-cultural factors that shape help-seeking behavior (HelpAge International, 2018). There is also a limited number of empirical studies that integrate multi-level perspectives—individual, community, and institutional factors—to explain differences in the utilization of government-mandated benefits and services, especially in smaller urban contexts such as Laoag City (Philippine Institute for Development Studies, 2021).

This study was further shaped by the researcher's long-term involvement as a focal person for senior citizens in Laoag City since 2009. Through this role, the researcher observed meaningful improvements in older persons' lives resulting from government-mandated programs and services. However, the same experience also revealed disparities in access, uneven utilization, and recurring challenges that prevented some senior citizens from fully benefiting from what is available. These observations provided the impetus for the present research, which aimed to identify the factors influencing the extent of senior citizens' utilization of government-mandated benefits and services in Laoag City. Anchored in a multi-level framework, the study seeks to contribute to more responsive, inclusive, and context-sensitive policies for the growing aging population.

# *Literature review*

## *Senior citizens' welfare*

The welfare of senior citizens has become a growing concern worldwide and in local communities due to rapidly aging populations. The World Health Organization (WHO, 2015) highlights the need to ensure that older adults maintain dignity, independence, and opportunities for meaningful social engagement. However, many older persons experience declining health, mobility limitations, financial insecurity, and social isolation—conditions that are often worsened by barriers in accessing government services (United Nations, 2017). In the Philippines, initiatives such as the Social Pension for Indigent Senior Citizens, health assistance programs, and community-based activities serve as important

mechanisms for improving seniors' quality of life (Lopez & Cruz, 2018).

Awareness and access strongly shape senior citizens' welfare outcomes. Smith and Jones (2018) note that many older adults remain unaware of available benefits, which contributes to low participation. Even among those who are informed, difficulties such as complex procedures, transportation barriers, and limited information dissemination continue to restrict access (Lee, Tan, & Nguyen, 2019). In response, community-level interventions—such as barangay awareness campaigns, home visits, and mobile support services—have been found effective in increasing participation in welfare programs (Nguyen & Brown, 2020). Philippine studies similarly suggest that senior discounts and pension-related benefits are often underutilized because of limited information sharing and bureaucratic obstacles, underscoring the importance of simplified registration and sustained community education (Lopez & Cruz, 2018).

Access to healthcare and social welfare services is also essential in improving older adults' well-being. Preventive care, routine check-ups, home-based care, and rehabilitation are associated with improved physical and mental outcomes (Khan, Smith, & Jones, 2018). Likewise, programs that promote social engagement—such as recreational activities, volunteering, and senior centers—help reduce isolation and support psychological well-being (Chen & Miller, 2019). In the Philippine context, barangay health centers and community health workers play a critical role in providing localized support, particularly for seniors with mobility limitations (Tan, Lee, & Cruz, 2019). Integrating healthcare services with social programs supports holistic care and aligns with WHO recommendations for age-friendly communities (WHO, 2015).

Family support is another key factor influencing senior citizens' welfare. Patel and Singh (2017) emphasize that family members often assist older adults in navigating healthcare services, government programs, and social initiatives. By helping with mobility, administrative tasks, and daily routines, caregivers contribute to seniors' independence and overall well-being (Garcia, Lee, & Patel, 2020). In the Philippines, where multigenerational households are common, family involvement is especially important in encouraging seniors to participate in welfare programs (Lopez & Cruz, 2018). Caregiver education and training may further strengthen families' capacity to provide support while reducing caregiver stress and improving outcomes (Chen & Miller, 2019).

Community involvement and effective local governance are likewise essential for delivering welfare services. Local government units (LGUs) implement programs such as social pensions, healthcare support, and recreational activities, often in partnership with NGOs and volunteers. Evidence suggests that seniors are more likely to engage in these programs when services are offered at the barangay level and supported by local officials (Lopez & Cruz, 2018). Partnerships among LGUs, social workers, NGOs, and community volunteers also help coordinate services, address gaps, and improve access for marginalized seniors (Tan et al., 2019). Volunteers, in particular, support registration, transportation, and home visits, thereby promoting participation and strengthening social inclusion (Nguyen & Brown, 2020).

Policies and legal frameworks provide the institutional foundation for protecting seniors' welfare. The WHO (2015) stresses that age-friendly policy environments require integration of health services, social protection, and community support. In the Philippines, the Expanded Senior Citizens Act of 2010 (Republic Act No. 9994) provides discounts, healthcare benefits, and social assistance for older adults. Despite this, studies continue to identify challenges related to program awareness, accessibility, and procedural efficiency, indicating the need for targeted improvements in implementation (Lopez & Cruz, 2018; Tan et al., 2019). Effective policy implementation must be guided by evidence that accounts for socio-demographic differences, utilization patterns, and barriers to access. As services increasingly shift online, emerging issues such as digital literacy and unequal access to technology also require attention (Lee et al., 2019).

Overall, senior citizens' welfare is multidimensional, encompassing health, financial security, and social well-being. Preventive healthcare reduces complications associated with chronic illness and supports functional independence

(Khan et al., 2018). Participation in social and recreational activities improves mental health by reducing loneliness and depression (Chen & Miller, 2019). Financial support, including social pensions, contributes to economic stability and promotes autonomy (Patel & Singh, 2017). However, in the Philippine setting, older adults in rural areas—particularly women—often face additional challenges due to geographic and socio-economic disparities, highlighting the importance of context-sensitive and equity-oriented welfare programs (Lopez & Cruz, 2018).

Awareness of government-mandated benefits and services is essential to ensuring that eligible individuals can access available social, economic, and health support. Although governments provide various programs—such as pensions, healthcare assistance, and welfare services—research consistently shows that low awareness among target populations leads to underutilization (Smith & Jones, 2018). Understanding the determinants of awareness, including socio-demographic factors, communication strategies, and accessibility, is therefore important for increasing participation and improving program outcomes (Nguyen & Brown, 2020).

In the Philippine context, programs such as the Social Pension for Indigent Senior Citizens, PhilHealth benefits, and other welfare schemes rely heavily on public awareness for effective implementation (Lopez & Cruz, 2018). Awareness is shaped by factors such as age, education, income, geographic location, and gender. Older adults, rural residents, and women often demonstrate lower levels of program knowledge due to mobility constraints, literacy challenges, traditional household roles, and limited access to digital information platforms (Lee, Tan, & Nguyen, 2019; Patel & Singh, 2017; Garcia, Lee, & Patel, 2020). Cultural norms, social networks, and interactions with community leaders and local officials further influence what seniors know and how they interpret benefit information (Chen & Miller, 2019).

The effectiveness of awareness campaigns often depends on the strategies used by government agencies. When outreach is limited, messaging is complex, or information relies mainly on formal channels such as printed or online announcements, vulnerable groups may be left unreached (Smith & Jones, 2018). In contrast, community-based approaches—including dissemination through barangay assemblies, local health workers, and door-to-door campaigns—have shown stronger results in increasing awareness (Nguyen & Brown, 2020). Digital tools and social media may complement these strategies for younger and more tech-capable groups, but their reach among seniors and low-income populations remains limited (Lee et al., 2019).

In the Philippines, barangay officials and community volunteers often bridge information gaps, and localized campaigns have been found to improve seniors' knowledge of pensions and health benefits (Lopez & Cruz, 2018). Awareness is also a prerequisite for utilization: when eligibility rules, procedures, and benefits are clearly explained, eligible citizens are more likely to enroll and participate (Smith & Jones, 2018; Nguyen & Brown, 2020). Conversely, underutilization of programs is frequently linked to both low awareness and procedural difficulty, highlighting the close relationship between information dissemination and accessibility (Lopez & Cruz, 2018).

Barriers to awareness include bureaucratic complexity, literacy limitations, geographic isolation, limited media exposure, misinformation, and misconceptions about eligibility (Lee et al., 2019; Garcia et al., 2020). Rural seniors often depend on family members, neighbors, or informal networks for information, which may exclude those with weak social ties. Language barriers and limited local-language resources can further widen information gaps (Lopez & Cruz, 2018). To address these concerns, scholars recommend multi-pronged approaches: community outreach through local leaders and social workers, simplified messaging in native languages, combined use of traditional and digital platforms, and capacity building for personnel and volunteers who assist communities in navigating benefits (Nguyen & Brown, 2020; Lee et al., 2019; Smith & Jones, 2018; Tan et al., 2019). When implemented cohesively, these strategies can increase awareness, reduce underutilization, and promote more equitable access to government-mandated benefits and services.

## *Access to government-mandated benefits and services*

Access to government-mandated benefits and services is a critical determinant of senior citizens' welfare, as it shapes their ability to obtain social, medical, and financial support. While programs such as social pensions, senior discounts, healthcare assistance, milestone awards, and welfare services are intended to support older adults, their impact depends on whether seniors can reach service points and successfully complete required administrative processes (Smith & Jones, 2018; Nguyen & Brown, 2020). Accessibility is therefore multidimensional. It includes spatial accessibility, which refers to geographic location, distance, transportation options, and mobility constraints, and procedural accessibility, which relates to the complexity of requirements, documentation, and bureaucratic processes (Lopez & Cruz, 2018). Limitations in either dimension may reduce participation and prevent seniors from fully benefiting from available programs.

## *Utilization of government-mandated benefits and services*

Utilization of government-mandated benefits and services is an important indicator of how effectively programs support senior citizens. While social pensions, healthcare services, senior discounts, milestone awards, and other welfare initiatives aim to enhance older adults' well-being, their effectiveness depends not only on availability but also on seniors' ability and willingness to access and use these programs (Smith & Jones, 2018; Nguyen & Brown, 2020).

Utilization patterns are influenced by socio-demographic and geographic factors. Older adults in rural areas often report lower utilization due to mobility limitations, transportation difficulties, and fewer nearby facilities, while gender differences may shape reliance on informal support networks and engagement with formal government services (Cruz & Saito, 2022; Dela Peña, 2020). Education and literacy also affect utilization, as seniors with higher educational attainment generally demonstrate a better understanding of eligibility requirements, procedures, and program conditions, leading to higher participation (Reyes, 2021).

Awareness is equally critical: seniors who lack information about available benefits or do not understand application procedures are less likely to participate, even if services exist in their area (Manalili, 2022). Local outreach by barangay officials, health workers, and volunteers can increase utilization by assisting seniors with documentation, guiding them through processes, and offering support at service points (Lopez & Cruz, 2018; Hartigan-Go, Prieto, & Valenzuela, 2025). Procedural barriers also strongly affect utilization, as lengthy processing times, complex forms, and excessive paperwork often discourage participation—particularly among rural seniors and those with limited education (Nguyen & Brown, 2020; Smith & Jones, 2018).

Health-related programs—such as free check-ups, home-based care, and nutrition services—are more effectively utilized when combined with mobility support, transportation assistance, and community guidance (Cruz & Saito, 2022; Hartigan-Go et al., 2025). Likewise, social welfare initiatives, including milestone awards, temporary shelter assistance, and senior socialization programs, tend to achieve higher utilization when awareness campaigns accompany implementation and procedures are simplified (Lopez & Cruz, 2018; Manalili, 2022).

Utilization is shaped not only by access but also by perceptions of service quality and relevance. Carrillo et al. (2023) report that seniors who experience delays or inconsistencies in pension release may become discouraged from reapplying. Ancheta (2025) likewise suggests that participation in livelihood programs and intergenerational activities can vary depending on perceived relevance and cultural resonance. Programs aligned with community practices—such as gardening or storytelling—may sustain engagement more effectively. International models further reinforce these observations: Singapore's active aging initiatives and Japan's neighborhood-based support systems illustrate that combining awareness-building, procedural simplicity, and community-level assistance can significantly improve older adults' engagement with social and health services (Tan, 2019; Kojima, 2020).

# Conceptual framework

Guided by the Theory of Awareness, Accessibility, and Utilization developed by Havelock (1971), this study's conceptual framework was based on the major and specific problems.

The independent variable of this study is the socio-demographic profile of senior citizens, which is suspected to play a significant role in shaping their interaction with government services. Each of these socio-demographic profile variables, individually or in combination, may contribute to how senior citizens are aware of, access, and ultimately utilize the benefits provided to them by the government. These socio-demographic profile variables were therefore hypothesized to influence variations in awareness, accessibility, and utilization of government-mandated benefits and services among senior citizens.

The level of awareness refers to the extent to which senior citizens are informed about existing government benefits and services. Within the framework, awareness is considered a critical variable influenced by socio-demographic profile and a necessary condition for accessing and utilizing benefits. Without adequate awareness, senior citizens would be unable to avail themselves of services regardless of accessibility.

The level of accessibility concerns senior citizens' ability to access benefits and services. Accessibility is conceptualized as having two dimensions: spatial and procedural. In the conceptual framework, accessibility is positioned as a variable influenced by socio-demographic profile and awareness, and as a determinant of utilization. Even when senior citizens are aware of benefits, limited accessibility would hinder actual availment of benefits and services.

Utilization refers to the extent to which senior citizens actually avail themselves of the benefits and services offered by the government. Utilization is hypothesized to reflect the combined effects of socio-demographic profile, awareness, and accessibility. The framework assumes that higher awareness and greater accessibility increase the likelihood of utilization, whereas barriers in either dimension may lead to underutilization or non-utilization.

The conceptual framework illustrates the hypothesized relationships measured in the study, as reflected in the specific research problems. The framework posits that a relationship exists between the socio-demographic profile of senior citizens and their levels of awareness and accessibility, as well as the extent of utilization of government-mandated benefits and services. These relationships show whether or not individual and contextual characteristics influence how senior citizens engage with government programs.

# Statement of the problem

This study determined the extent of utilization of government-mandated benefits and services by senior citizens in Laoag City, and the factors related to it, for the calendar years 2024 and 2025.

Specifically, it sought answers to the following questions:

1. What is the socio-demographic profile of the senior citizens of Laoag City, in terms of the following:
    1.1. age,
    1.2. sex,
    1.3. marital status,
    1.4. educational attainment,
    1.5. household composition,
    1.6. monthly pension and pension sources,
    1.7. housing situation,
    1.8. location of residence, and
    1.9. Impairment experienced?

2. What is the level of awareness among senior citizens regarding the existing benefits and services offered by the government as to:
   2.1. senior citizens discounts,
   2.2. milestone awards,
   2.3. health services for senior citizens,
   2.4. temporary shelter for abandoned and neglected senior citizens,
   2.5. social pension programs for indigent senior citizens, and
   2.6. institutionalized programs for senior citizens?

3. What is the level of accessibility to the government-mandated benefits and services of senior citizens about:
   3.1. spatial accessibility;
      3.1.1. physical accessibility,
         3.1.2. transportation,
         3.1.3. senior citizens' mobility, and
         3.1.4. location of service center; and
   3.2. procedural accessibility;
      3.2.1. completeness of application documents, and
      3.2.2. simplicity of registration?

4. What is the extent of the utilization of the benefits and services by the senior citizens?

5. Is there a significant relationship between the:
   5.1. socio-demographic profile and:
      5.1.1. level of awareness of the senior citizens of their benefits and services?
      5.1.2. level of accessibility of the benefits and services to senior citizens?
      5.1.3. The extent of utilization by senior citizens of benefits and services?

# *Research methodology*

## *Research design*

This study, which was conducted in the calendar years 2024 and 2025, employed a descriptive-correlational research design. The major variables of the study: the socio-demographic profile of senior citizens in Laoag City, their awareness of government-mandated benefits and services, the accessibility of these to them, and their extent of utilization of these benefits and services were carefully described, and their relationships to one another were determined.

## *Locale of the study*

The study was conducted in Laoag City, the capital of the Province of Ilocos Norte, in the northern Philippines. Laoag City was not only the political and administrative center of the province but also a hub for commerce, education, and public service delivery. Known for its rich cultural heritage, historical landmarks, and vibrant local governance, the city provides a dynamic environment where national policies and local initiatives converge to address the needs of its residents, including the growing population of senior citizens.

According to recent demographic reports, Laoag City has witnessed a steady increase in its elderly population, reflecting broader national trends in population aging. Senior citizens in the city are entitled to various benefits under the Expanded Senior Citizens Act of 2010 (RA 9994) and related local ordinances. These include discounts on goods and services, access to healthcare programs, social pensions, and participation in community-based activities. The presence of both urban barangays—characterized by greater access to hospitals, pharmacies, and government offices—and rural

barangays—where services are less accessible—creates a diverse setting for examining how elderly residents become aware of, access, and use these benefits and services.

The city's active senior citizens' associations play a crucial role in mobilizing older adults, disseminating information, and advocating for their rights. These associations, often supported by the Office of Senior Citizens Affairs (OSCA), serve as vital platforms for engagement and empowerment. In addition, barangay health centers and social welfare offices provide frontline services, ranging from medical check-ups and health education to financial assistance and social support. These institutions form the backbone of service delivery for senior citizens, making Laoag City an ideal setting for exploring both the strengths and challenges of implementing programs for older adults.

## *Population and samples*

In this study, the target population consisted of 14,198 senior citizens across the barangays of Laoag City. To ensure proportional representation, random sampling was employed. From the total population, 2% (approximately 286 respondents) was initially determined as the sample size. However, only 266 respondents were successfully surveyed. Importantly, senior citizens who were selected for the sample but did not respond were not replaced, in keeping with the principles of random sampling and to avoid bias in the data. Despite these challenges, the actual sample of 266 respondents was considered valid and representative.

## *Data gathering instrument*

A researcher-constructed survey questionnaire was used as the primary instrument for collecting quantitative data. An interview protocol was also used in conducting interviews with the senior citizens.

## *Data gathering procedure*

Before the survey was conducted, a formal written request was forwarded to the city mayor for approval, as well as to the chairman of the *Liga ng mga Barangay*, and the head of the City Social Welfare and Development Office. The researcher identified five-day care workers who served as enumerators. Before the survey, the researcher conducted a thorough orientation session with the enumerators. The data collection process involved providing guidance, as needed, to respondents on how to complete the questionnaire items, as well as conducting face-to-face interviews to confirm the validity of their responses. Ethical considerations were strictly observed in the data-gathering procedures. After the interviews were completed, the enumerators submitted the completed questionnaires to the researcher. These were systematically checked for completeness, recorded, and tabulated, forming the foundation for the study's analysis and subsequent findings.

## *Statistical treatment of data*

Frequency and percentage were used to analyze data on the socio-demographic profile of the respondents, and utilization of government-mandated benefits and services. The weighted mean was used to describe respondents' level of awareness of and accessibility to government-mandated benefits and services. A Spearman rank-order correlation ($r_s$) was used to determine the relationship between the socio-demographic profile (age, sex, monthly pension, educational attainment, and location of residence) of senior citizens and their: a) level of awareness of, b) level of accessibility to, and c) extent of utilization of government-mandated benefits and services. A Chi-square of independence was used to determine the relationship between the socio-demographic profile (marital status, household composition, source of pension, housing situation, and impairment experienced) of senior citizens and their: a) level of awareness of, b) level of accessibility to, and c) extent of utilization of government-mandated benefits and services. The Adjusted Standardized Residual (ASR) was used to further analyze the extent of utilization of government-mandated benefits and services. A significance level of 0.05 was used to interpret the data.

## *Ethical considerations*

In conducting this study on senior citizens, a vulnerable group, all ethical standards were strictly observed to protect

the rights, dignity, and welfare of the participants. Before data collection, the researcher applied for ethical clearance from the Northern Christian College Graduate School. Informed consent was obtained from each respondent both verbally and in written form. The consent process clearly explained the purpose of the research, the voluntary nature of participation, and participants' right to withdraw at any time without consequence. This dual approach to consent reinforced participants' understanding and agreement while respecting their autonomy. Confidentiality was highly maintained throughout the study by keeping responses anonymous and ensuring that no personal identifiers were recorded or disclosed. Data were handled with strict care to protect privacy, and findings were reported in aggregate form to prevent individual identification. Special care was taken to accommodate the needs of senior citizens during the data collection process. Assistance was provided as needed, and interviews were conducted in a respectful, non-intrusive manner to safeguard participants' comfort and dignity. The researcher emphasized transparency and integrity at every stage of the study, ensuring that participants were treated fairly and that their welfare was prioritized.

# *Data presentation and analysis*

**SoP 1**: What is the socio-demographic profile of the senior citizens of Laoag City, in terms of age, sex, marital status, educational attainment, household composition, monthly pension and pension sources, housing situation, location of residence, and impairment experienced?

**Age.** The study findings show that the respondents were predominantly in the middle-to-late senior age bracket. The largest proportion was aged 65-69 (28.57%). The age distribution indicates that most participants are in the transitional stage between early and advanced senior years. The predominance of respondents in the "young old" category aligns with national demographic trends, in which this group typically constitutes the largest segment of the senior population (Philippine Statistics Authority [PSA], 2023). Recent Philippine studies confirm that seniors in this age group remain physically active and socially engaged, particularly after retirement (PSA, 2023). This finding is reinforced by the researcher's observation that seniors aged 65-75 years are the most active participants in organizations and community activities, as they have just retired and are eager to contribute to society.

**Sex.** Females made up the majority of the sample (70.30%), while males represented only 29.70%. This sex distribution reflects global and local demographic patterns, in which women generally outlive men due to biological advantages, healthier lifestyle behaviors, and greater health-seeking practices (WHO, 2022). United Nations population reports also confirm that women outnumber men among those aged 65 years and above because of higher male mortality across the life course.

**Marital status.** More than half of the respondents were married (58.27%). The distribution reflects common marital transitions in later life, where marriage remains prevalent among younger senior citizens, while widowhood increases with age due to higher male mortality rates.

**Educational attainment.** The respondents were relatively well-educated. The largest proportion was college graduates (37.59%). The distribution suggests that a significant portion of senior citizens in Laoag City possess higher educational qualifications, which may contribute to their adaptability and continued social participation.

**Household composition.** 128 (48.12%) of the respondents lived with their children, 20.68% lived with extended family, 18.05% lived with a spouse only, and 9.02% lived alone. This distribution reflects the strong cultural value of intergenerational support in the Philippines, where older adults often reside with their children or extended family.

**Monthly pension and pension sources.** In terms of monthly pension amounts, 57.52% of respondents had no pension income, while 24.81% received between ₱1,000 and ₱ 9,999. The distribution underscores the economic vulnerability of many seniors in Laoag City. Financial support among respondents is limited. More than half reported having no pension (51.88%), while 25.19% received pensions from the Social Security System (SSS) and 16.17% from the

Government Service Insurance System (GSIS).

**Housing situation.** Most respondents were homeowners (86.09%). This distribution reflects the cultural emphasis on property ownership in the Philippines, where having a home is strongly associated with stability, independence, and social identity. The researcher's observation reinforces these findings, noting that no senior citizens in Laoag City were homeless.

**Location of residence.** A majority of respondents resided in rural areas (61.65%), while 38.35% lived in urban settings. This rural predominance reflects traditional settlement patterns in the Philippines, where strong family ties and cultural values often encourage seniors to remain in their hometowns or live close to extended family.

**Impairment experienced.** Age-related impairments were common among respondents. The most frequently reported condition was visual difficulty (30.83%). The distribution highlights that while a portion of seniors remain physically capable, many experience functional limitations that affect their daily lives.

**SoP 2:** What is the level of awareness among senior citizens regarding the existing benefits and services offered by the government, such as senior citizens discounts, milestone awards, health services for senior citizens, temporary shelter for abandoned and neglected senior citizens, social pension programs for indigent senior citizens, and institutionalized programs for senior citizens?

The study shows that respondents had a moderate level of awareness, with a grand mean of 3.49.

Some indicators showed high awareness. These included *senior citizen discounts* (M = 3.98, HAw) and *milestone awards* (M = 3.74, HAw). This means that older adults are more familiar with programs that give financial benefits or recognition.

Other programs had lower awareness. These included *temporary shelters for abandoned and neglected senior citizens* (M = 2.96, MAw), *social pension programs for indigent senior citizens* (M = 3.32, MAw), and *institutionalized programs for senior citizens* (M = 3.43, MAw). This shows that knowledge of these services is limited.

Awareness of *health services for senior citizens* was also moderate (M = 3.50, MAw). This suggests gaps in understanding of the available medical support programs.

**Table 1.** ***Awareness of senior citizens to government-mandated benefits and services***

| Awareness Indicators | Self-perceptions of Senior Citizens | |
|---|---|---|
| | Composite Mean | Descriptive Interpretations |
| A. Senior Citizens (SCs) Discounts | 3.98 | Highly aware |
| B. Milestone Awards | 3.74 | Highly aware |
| C. Health Services for SCs | 3.50 | Moderately aware |
| D. Temporary Shelter for Abandoned and Neglected SCs | 2.96 | Moderately aware |
| E. Social Pension Programs for Indigent SCs | 3.32 | Moderately aware |
| F. Institutionalized Programs for SCs | 3.43 | Moderately aware |
| **Grand Mean** | **3.49** | **Moderately aware** |

Source of data: Respicio (2026).

[a] N=266

These findings align with previous research. Studies have emphasized that awareness is critical for the effective utilization of government benefits (Smith & Jones, 2018; Nguyen & Brown, 2020). The high awareness of senior citizen discounts and milestone awards is consistent with evidence indicating that programs that are frequently communicated and offer tangible financial or symbolic benefits are more readily recognized by older adults (Tan, 2019; Manalili, 2022).

Conversely, the moderate awareness of health services, social pension programs for indigent senior citizens, temporary shelters for abandoned and neglected seniors, and institutionalized programs reflects prior findings that older adults often encounter barriers such as limited information, bureaucratic complexity, inadequate outreach, and low literacy levels (Lopez & Cruz, 2018; Lee et al., 2019; Garcia et al., 2020).

**SoP 3:** What is the level of accessibility to government-mandated benefits and services of senior citizens about spatial accessibility (physical accessibility, transportation, senior citizens' mobility, and location of service center) and procedural accessibility (completeness of application documents, and simplicity of registration?

The accessibility of government-mandated benefits and services among senior citizens was found to be at a moderate level overall (grand mean = 3.44, MAc). *Spatial accessibility*, specifically transportation, was rated high (M = 3.61, HAc), whereas *physical accessibility* to *facilities* (M = 3.46), *mobility* (M = 3.12), and the *location of service centers* (M = 3.30) were rated moderate. Regarding *procedural accessibility*, *completeness of application documents* was perceived as moderate, whereas the *simplicity of registration* was rated as highly accessible.

These findings support previous research emphasizing that accessibility is a key determinant of program utilization and is multidimensional, encompassing both physical and procedural factors (Smith & Jones, 2018; Nguyen & Brown, 2020). The study highlights that seniors' ability to benefit from government programs depends not only on awareness but also on practical access, as barriers related to mobility, facility design, and documentation can limit participation even when services are available (Lopez & Cruz, 2018; Manalili, 2022; Hartigan-Go et al., 2025). The relatively higher ratings for transportation and simplified registration are consistent with literature indicating that targeted interventions, such as senior-friendly transport, accessible service points, and streamlined administrative procedures, enhance program uptake (Cruz & Saito, 2022; Kojima, 2020).

**Table 2:** ***Accessibility of senior citizens to government-mandated benefits and services***

| Accessibility Indicators | Self-perceptions of Senior Citizens | |
|---|---|---|
| | Composite Mean | Descriptive Interpretations |
| A. Spatial Accessibility | | |
| 1. Physical Accessibility | 3.46 | Moderately accessible |
| 2. Transportation | 3.61 | Highly accessible |
| 3. Mobility | 3.12 | Moderately accessible |
| 4. Location of Service Centers | 3.30 | Moderately accessible |
| Composite Mean | 3.37 | Moderately accessible |
| B. Procedural Accessibility | | |
| 1. Completeness of Application Documents | 3.45 | Moderately accessible |
| 2. Simplicity of Registration | 3.54 | Highly accessible |
| Composite Mean | 3.50 | Moderately accessible |
| Grand Mean | 3.44 | Moderately accessible |

Source of data: Respicio (2026).

[a] N=266

**SoP 4:** *What is the extent of the utilization of the benefits and services by the senior citizens?*

**Senior citizens' discounts.** Senior-citizen discounts were among the most frequently used benefits in Laoag City. Records indicate a steady increase in the number of recipients as the age eligibility expanded. In 2022, 594 senior citizens aged 80-99 received cash incentives totaling ₱2,425,000. This number increased to 1,402 seniors in 2023, with total disbursements of ₱4,582,960, and to 1,627 seniors in 2024, with total disbursements of ₱5,041,664. Following a policy amendment in 2025 that lowered the age qualification to 70-99, the number of recipients rose sharply to 4,165 seniors, with total disbursements of ₱8,713,210.

**Milestone awards.** Laoag City has established a comprehensive system of cash incentives for senior citizens. Centenarians receive both national and local awards, seniors aged 70-99 benefit from milestone incentives, and individuals aged 101 and above are honored with annual cash awards. This evolving policy framework reflects the city's commitment to valuing the contributions of its elderly population and promoting their welfare.

Despite this, the utilization of milestone awards remained low. Only 34.21% of seniors aged 70-99 received annual cash gifts, while 53.38% reported never receiving them. Cash awards for centenarians were largely unused, with over 90% of eligible seniors not accessing them. This low uptake is expected, given the rarity of these age groups and the limited eligibility criteria.

**Health services for SCs.** Medical assistance benefits were the most utilized, with 59.02% of seniors accessing them quarterly and 24.44% annually. In contrast, food subsistence programs (76.69% never accessed) and referrals to welfare institutions (74.06% never accessed) were rarely used, suggesting that seniors generally have sufficient food and that healthcare remains a priority. These findings align with Cruz, Saito, and Natividad (2018), who reported that Filipino seniors tend to prioritize benefits that reduce daily living expenses, particularly medical care.

**Temporary shelter for abandoned and neglected SCs.** Temporary shelters were almost entirely unused, with 89.85% of respondents reporting they had never availed of such services. This trend reflects cultural norms of family caregiving in the Philippines, where institutional care is often considered a last resort.

**Social pension programs for indigent SCs.** Monthly social pensions of ₱1,000 were infrequently accessed, with 87.22% of respondents never availing of them and only 7.89% using them yearly. Low utilization may be attributed to restrictive eligibility, limited information dissemination, and bureaucratic barriers.

**Institutionalized programs for SCs.** Institutional programs in Laoag City were moderately utilized. Culturally significant events were the most accessed, including the *Christmas program* (66.54%), *socialization programs* (53.01%), *Elderly Week Celebration* (46.99%), and the *"Search for Gwapong Lolo, Gandang Lola"* (40.23%). However, a notable proportion of SCs (32.58%) reported never having participated, highlighting uneven engagement among the elderly population.

**SoP 5:** Is there a significant relationship between the variables of the study, taking two at a time?

**Socio-demographic profile of senior citizens and awareness of government-mandated benefits and services**

Correlation results reveal that *age* had a weak but statistically significant negative relationship with awareness [$r_s$ (264) = −0.125, $p$ = .042]. This indicates that awareness of senior-citizen benefits decreases slightly as age increases.

The observed weak but significant positive relationship between *educational attainment* and *awareness* [$r_s$ (264) = 0.158, $p$ = .010] aligns with broader research findings showing that education enhances information comprehension, service navigation, and proactive engagement with benefits and health resources among older adults (Reyes, 2021).

**Table 3.** ***Relationship between socio-demographic profile and level of awareness of senior citizens on their***

***benefits and services***

| Variable | $r_s$ | df | p |
|---|---|---|---|
| Age | -.125* | 264 | 0.042 |
| Sex | 0.063 | 264 | 0.304 |
| Monthly Pension | -0.036 | 264 | 0.563 |
| Educational Attainment | .158** | 264 | 0.010 |
| Location of Residence | 0.111 | 264 | 0.071 |
| | $\chi^2$ | df | p |
| Marital Status | 15.979 | 12 | 0.192 |
| Household Composition | 13.078 | 16 | 0.667 |
| Source of Pension | 17.496 | 20 | 0.621 |
| Housing Situation | 18.784 | 20 | 0.536 |
| Impairment Experienced | 14.323 | 20 | 0.814 |

Source of data: Respicio (2026) and SPSS.

* Significant when $p \leq 0.05$.

** Highly significant when $p \leq 0.01$.

**Socio-demographic profile of senior citizens and accessibility of government-mandated benefits and services**

Correlation analysis indicates that *age* had a weak but statistically significant negative relationship with *accessibility* to senior citizens' benefits and services [$r_s$ (264) = −0.146, $p$ = .018]. This suggests that as senior citizens get older, their access to benefits tends to decline.

The study found that a *monthly pension* had a weak but statistically significant negative correlation with accessibility [r (264) = −0.126, $p$ = .040]. This indicates that seniors receiving lower pensions tend to have less access to benefits. This supports local Philippine findings showing that financial constraints can limit access to services, as many senior citizens with limited pension income also have limited means to travel, complete documentation, or otherwise engage with benefit systems (Patel & Singh, 2017).

**Table 4.** ***Relationship between socio-demographic profile and level of accessibility to senior citizens of government-mandated benefits and services***

| Variable | $R_s$ | df | p |
|---|---|---|---|
| Age | -.146* | 264 | 0.018 |
| Sex | -0.014 | 264 | 0.820 |
| Monthly Pension | -.126* | 264 | 0.040 |
| Educational Attainment | 0.106 | 264 | 0.084 |
| Location of Residence | 0.046 | 264 | 0.455 |
| | $\chi^2$ | df | p |
| Marital Status | 6.893 | 12 | 0.865 |
| Household Composition | 25.339 | 16 | 0.064 |
| Source of Pension | 20.775 | 20 | 0.410 |
| Housing Situation | 12.208 | 20 | 0.909 |
| Impairment Experienced | 15.302 | 20 | 0.759 |

Source of data: Respicio (2026) and SPSS.

* Significant when $p \leq 0.05$.

**Socio-demographic profile of senior citizens and utilization of government-mandated benefits and services**

The Spearman correlation results show that *age* had a moderate, statistically significant negative relationship with *utilization* [$r_s$ (264) = −0.246, $p$ = .000]. This indicates that as age increased, the extent of benefit utilization declined.

*The monthly pension* also exhibited a weak but statistically significant negative relationship with *utilization*. This suggests that senior citizens receiving lower pensions tended to report lower levels of benefit use.

Using the chi-square test of independence, *impairment experienced* by the senior citizens was significantly associated with *utilization*.

Analysis of adjusted standardized residuals reveals distinct utilization patterns based on impairment status. This supports utilization research showing that functional status and disability are strong predictors of service use among older adults (Smith & Jones, 2018).

**Table 5.** ***Relationship between socio-demographic profile and extent of utilization of government-mandated benefits and services by senior citizens***

| Variable | $r_s$ | Df | P |
|---|---|---|---|
| Age | -.246** | 264 | 0.000 |
| Sex | -0.060 | 264 | 0.330 |
| Monthly Pension | -.127* | 264 | 0.038 |
| Educational Attainment | 0.032 | 264 | 0.606 |
| Location of Residence | 0.052 | 264 | 0.398 |
| | $\chi^2$ | Df | P |
| Marital Status | 15.757 | 15 | 0.398 |
| Household Composition | 30.517 | 20 | 0.062 |
| Source of Pension | 29.917 | 25 | 0.227 |
| Housing Situation | 9.950 | 25 | 0.997 |
| Impairment Experienced | 45.134** | 25 | 0.008 |

Source of data: Respicio (2026) and SPSS.

* Significant when $p \leq 0.05$.

** Highly significant when $p \leq 0.01$.

The Adjusted Standardized Residual (ASR) values indicate which groups had more or fewer cases than expected. All reported ASR values were above 1.96, indicating that these differences are statistically significant and unlikely to have occurred by chance.

Senior citizens with cognitive impairments, who were expected to utilize services frequently, were found to access them only annually, despite more cases than expected (ASR = 4.0). This indicates that seniors with cognitive difficulties may face challenges accessing services regularly, instead relying on annual procedures or assistance from others.

In contrast, senior citizens without impairments were more likely than expected to use services weekly (ASR = 2.2). This suggests that healthier and more independent senior citizens tend to access benefits more frequently, likely due to their greater physical and cognitive capacity.

Meanwhile, senior citizens with other types of impairments were more likely to never use the benefits and services (ASR = 2.7). This suggests that their conditions may limit mobility, hinder completion of application requirements, or create other barriers, thereby preventing regular access to available programs.

**Table 6.** ***Adjusted standardized residual for utilizations***

| Impairment Experienced | Utilization Level | ASR | Interpretation |
|---|---|---|---|
| Cognitive | Yearly | 4.0 | More cases than expected |
| None | Weekly | 2.2 | More cases than expected |

| | | | |
|---|---|---|---|
| Others | Never | 2.7 | More cases than expected |

Source of data: Respicio (2026) and SPSS.

Individuals with cognitive impairments exhibited a significantly higher-than-expected number of cases in yearly service utilization (ASR = 4.0), whereas senior citizens with no impairments demonstrated more frequent-than-expected weekly use of services (ASR = 2.2). Meanwhile, respondents classified under "other" impairments had a greater-than-expected likelihood of never utilizing services (ASR = 2.7). These findings indicate that the level and frequency of service utilization vary by type of impairment, supporting the theoretical premise that individual conditions can facilitate or hinder access to benefits and services.

**Awareness of government-mandated benefits and services and their accessibility to seniors**

The results revealed that awareness was strongly and positively correlated with *spatial accessibility* [$r_s$=0.692, p=0.000], *procedural accessibility* [$r_s$=0.645, p=0.000], and *overall accessibility* [$r_s$=0.711, p=0.000]. These findings indicate that higher levels of awareness among senior citizens are associated with a better understanding of where benefits can be accessed, how procedures are carried out, and the overall ease of accessing benefits.

**Table 7.** ***Relationship between awareness and accessibility of senior citizens' government-mandated benefits and services***

| Variable | Spatial | Procedural | Accessibility (Overall) |
|---|---|---|---|
| Senior Citizens (SCs) Discounts | .545** (0.000) | .500** (0.000) | .549** (0.000) |
| Milestone Awards | .550** (0.000) | .517** (0.000) | .568** (0.000) |
| Health Services for SCs | .636** (0.000) | .636** (0.000) | .670** (0.000) |
| Temporary Shelter for Abandoned and Neglected SCs | .590** (0.000) | .486** (0.000) | .582** (0.000) |
| Social Pension Programs for Indigent SCs | .502** (0.000) | .478** (0.000) | .515** (0.000) |
| Institutionalized Program for SCs | .613** (0.000) | .590** (0.000) | .636** (0.000) |
| Awareness (Overall) | .692** (0.000) | .645** (0.000) | .711** (0.000) |

Source of data: Respicio (2026) and SPSS.

* Significant when $p \leq 0.05$.

** Highly significant when $p \leq 0.01$.

**Awareness of government-mandated benefits and services and their utilization by senior citizens**

The results reveal a weak but statistically significant negative relationship between *overall awareness* and *utilization* [$r_s$ = -0.121, p = 0.048]. This indicates that higher levels of awareness are associated with a slightly lower extent of benefit utilization. Although the relationship was weak, the finding suggests that awareness alone does not necessarily translate into increased utilization among senior citizens.

A significant negative relationship was observed between *awareness of health services for senior citizens* and *the utilization of senior-citizen discounts* (r = −0.167, p = 0.006). Similarly, *awareness of temporary shelter for abandoned and neglected senior citizens* was significantly and negatively associated with the utilization of senior-citizen discounts (r = −0.143, p = 0.019).

These significant findings suggest that senior citizens who were more aware of service-oriented and protective programs tend to rely less on discount-based benefits. Awareness of programs that sustain physical well-being and security may, therefore, reduce reliance on discounts, as seniors' primary needs are already addressed through more active forms of support.

Another notable significant finding was the highly significant negative relationship between *awareness of institutionalized programs for senior citizens* and *utilization of those programs* (r = −0.228, p < 0.01), as well as with

*overall utilization of benefits and services* (r = −0.201, p = 0.001). This result indicates that even when senior citizens were informed about institutional care options, they were less likely to use them. Awareness did not translate into utilization because institutional programs may conflict with seniors' desire for autonomy, their preference for family-based care, or cultural values emphasizing aging in place.

When *awareness* was analyzed as an overall variable, a significant negative relationship was found with the utilization of senior-citizen *discounts* (r = −0.135, p = 0.027) and with *overall utilization* of benefits and services (r = −0.121, p = 0.048). Although these relationships were weak, their statistical significance indicates that higher awareness did not necessarily increase the use of benefits. The significant relationships identified underscore that awareness, while essential, does not automatically result in increased utilization of senior citizens' benefits.

The significant negative relationships between *awareness* and certain services—such as *health services* (r = −.167, p = 0.006), *temporary shelter* (r = −.143, p = 0.019), and *overall awareness* (r = −.121, p = 0.048)—indicate that higher awareness is associated with lower utilization in these cases. This suggests that awareness alone does not guarantee utilization.

The strong negative relationship in *institutionalized programs* (r = −.228, p = 0.000; r = −.201, p = 0.001) further highlights that gaps may exist between awareness of a program and its actual use. This also indicates that accessibility barriers and other conditions can disrupt the progression from awareness to utilization.

**Table 8.** ***Relationship between awareness and extent of utilization by senior citizens of government-mandated benefits and services***

| Variable | SCD | MA | HS | TS | SP | IP | Utilization (Overall) |
|---|---|---|---|---|---|---|---|
| Senior Citizens (SCs) | -0.113 | -0.082 | -0.005 | 0.000 | -0.027 | 0.024 | -0.045 |
| Discounts | (0.066) | (0.182) | (0.931) | (0.995) | (0.660) | (0.695) | (0.464) |
| Milestone Awards | -0.046 | -0.019 | 0.005 | 0.067 | -0.037 | -0.110 | -0.102 |
| | (0.455) | (0.762) | (0.931) | (0.276) | (0.550) | (0.073) | (0.098) |
| Health Services SCs | -.167** | 0.023 | -0.089 | 0.008 | 0.005 | -0.027 | -0.101 |
| | (0.006) | (0.705) | (0.147) | (0.891) | (0.931) | (0.663) | (0.102) |
| Temporary Shelter For | -.143* | -0.028 | -0.100 | -0.010 | -0.010 | 0.016 | -0.076 |
| Abandoned and Neglected SCs | (0.019) | (0.653) | (0.105) | (0.871) | (0.876) | (0.798) | (0.217) |
| Social Pension Programs for | -0.115 | -0.047 | 0.007 | -0.034 | -0.071 | -0.046 | -0.090 |
| Indigent SCs | (0.060) | (0.449) | (0.905) | (0.575) | (0.248) | (0.457) | (0.144) |
| Institutionalized Program for | -0.091 | -0.059 | -0.024 | 0.075 | -0.030 | -.228** | -.201** |
| SCs | (0.138) | (0.335) | (0.691) | (0.223) | (0.628) | (0.000) | (0.001) |
| Awareness (Overall) | -.135* | -0.027 | -0.020 | 0.044 | -0.030 | -0.089 | -.121* |
| | (0.027) | (0.665) | (0.746) | (0.476) | (0.624) | (0.147) | (0.048) |

*Source of data: Respicio (2026) and SPSS.*

** Significant when p≤0.05.*

*** Highly significant when p≤0.01.*

**Accessibility to and the extent of utilization of government-mandated benefits and services**

The results indicate that most benefits and services show weak and non-significant correlations between accessibility and utilization. For instance, *senior citizen discounts*, *milestone awards*, *temporary shelters*, *social pensions*, and *institutionalized programs* all have correlation coefficients near zero and p-values greater than 0.05, suggesting no statistically significant relationship.

*Health services for senior citizens*, however, exhibit small but statistically significant negative correlations with *accessibility*: *spatial accessibility* (r = -0.134, p = 0.029), *procedural accessibility* (r = -0.127, p = 0.039), and *overall accessibility* (r = -0.146, p = 0.017). This finding suggests that even when health services are accessible, seniors may use them less than expected, possibly due to other barriers such as personal health conditions, scheduling difficulties, or a lack of awareness of specific programs.

# *Discussion*

The senior citizens of Laoag City are generally moderately informed, moderately able to access government benefits and services, and have limited utilization of these. This indicates that the full potential of these programs is not being realized. While basic benefits, such as senior-citizen discounts, are well known and frequently used, awareness of other important services—such as health services, social pensions, shelters, and institutionalized programs—remains limited, contributing to low utilization. This suggests that information dissemination is not yet comprehensive or effective, particularly for more vulnerable groups.

Socio-demographic factors play a selective role in shaping awareness, accessibility, and utilization, with age and educational attainment having significant influences on these variables. The lack of relationships between other variables and awareness, access to, and utilization suggests the existence of barriers that are more structural and systemic than purely demographic.

Awareness does not automatically lead to utilization, and in some cases, higher awareness is associated with lower utilization. Similarly, accessibility alone does not guarantee increased use, as evidenced by the lack of consistent positive relationships and the presence of negative associations in some services. This suggests that utilization is influenced by a complex interaction of factors, including procedural difficulties, physical barriers, and personal limitations such as impairment.

Moreover, senior citizens experience moderate but persistent problems across awareness, accessibility, and utilization, with accessibility emerging as the most significant challenge. These challenges are more pronounced for seniors with impairments, who exhibit varying utilization patterns depending on their condition.

While government-mandated benefits and services are available, their effectiveness is limited by gaps in information dissemination, physical and procedural barriers, and insufficient support mechanisms.

The findings generally support the Theory of Awareness, Accessibility, and Utilization proposed by Havelock (1971), particularly its central premise that utilization is a sequential process that depends on both awareness and accessibility. The study results affirm that awareness and accessibility are interrelated and that both are necessary conditions for the effective use of services. This supports the theoretical principle that individuals must first become aware of a service and then be able to access it before they can meaningfully utilize it.

However, the findings also indicate partial contradictions to the theory, as the expected linear relationship among awareness, accessibility, and utilization is not consistently observed. In some instances, awareness and accessibility do not necessarily lead to utilization, suggesting that the progression outlined in the theory may be influenced by other intervening factors. This challenges the assumption that awareness and accessibility alone are sufficient to ensure utilization, highlighting the theory's limited explanatory scope when applied to complex real-world contexts.

The senior citizens of Laoag City are generally moderately informed, moderately able to access government benefits and services, and show limited utilization overall. This pattern suggests that the full potential of existing programs is not being realized. While basic benefits—particularly senior-citizen discounts—are widely recognized and frequently used, awareness of other important services (e.g., health services, social pensions, shelters, and institutionalized

programs) remains limited, helping to explain their low utilization. Taken together, the findings imply that information dissemination is still insufficient and may not be reaching more vulnerable groups effectively.

Socio-demographic factors appear to play a selective role in shaping awareness, accessibility, and utilization. Age and educational attainment demonstrate significant influence on these variables. The lack of significant relationships between other socio-demographic variables and awareness, accessibility, and utilization suggests that the challenges faced by senior citizens are likely structural and systemic. These barriers may stem from how programs are organized and implemented, including inadequate information dissemination, complex administrative requirements, limited service availability, weak inter-agency coordination, and physical or transportation-related constraints that affect many senior citizens regardless of their demographic profile.

Notably, awareness does not automatically translate into utilization. In some cases, higher awareness is associated with lower utilization, indicating that factors beyond information—such as perceived difficulty, service quality, or personal constraints—may discourage actual use. Similarly, accessibility alone does not guarantee increased utilization. The lack of consistently positive relationships and the presence of negative associations in some services suggest that utilization is shaped by a more complex interaction of influences, including procedural challenges, physical barriers, and personal limitations such as impairment.

Moreover, senior citizens report moderate yet persistent problems across awareness, accessibility, and utilization, with accessibility emerging as the most significant challenge. These difficulties are especially pronounced among seniors with impairments, who demonstrate different utilization patterns depending on the type and severity of their condition. Although government-mandated benefits and services exist, their overall effectiveness is constrained by gaps in information dissemination, physical and procedural obstacles, and limited support mechanisms that could help seniors navigate requirements and service delivery processes.

Overall, the findings generally support Havelock's (1971) Theory of Awareness, Accessibility, and Utilization, particularly its core premise that utilization is a sequential process that depends on both awareness and accessibility. The results affirm that awareness and accessibility are interrelated, and that both are necessary conditions for meaningful service use—supporting the idea that individuals must first know a service exists and then be able to access it before they can utilize it effectively.

However, the results also reveal partial contradictions to the theory. The expected linear progression from awareness to accessibility to utilization is not consistently observed. In several instances, awareness and accessibility do not lead to utilization, suggesting that the sequence may be interrupted by intervening factors not fully accounted for in the model. This challenges the assumption that awareness and accessibility alone are sufficient to ensure utilization and highlights the theory's limited explanatory scope when applied to real-world contexts where administrative complexity, mobility constraints, perceived service value, and individual health conditions can significantly shape outcomes.

# *Conclusion*

This study examined the profile of senior citizens in Laoag City and examined their awareness of government benefits and services, the ease of access, and the frequency of use during 2024 and 2025. It also examined how these factors are related to one another.

Most respondents were female, aged 60–69, and married. Many lived in intergenerational households, and their educational levels differed. A large number had no pension, while only a few received pensions from GSIS, SSS, or veterans' programs. Some seniors also reported mobility, vision, or hearing impairments, which can affect how they get and use services.

Overall, the seniors were moderately aware of government benefits and services, and they found them moderately accessible. However, overall utilization remained limited, meaning many programs are not being fully utilized. Discounts were the most used benefit—often used daily or weekly—because they are easy to claim during regular purchases. In contrast, other services that require more steps, documents, or visits are less likely to be used.

The results also showed that age is linked to awareness, accessibility, and utilization. Educational attainment is linked to awareness, while monthly pension is linked to both accessibility and utilization—suggesting that having money for transport and other costs may help seniors access and use services more often. Impairment also affects utilization, showing that health and physical limitations can prevent seniors from consistently using benefits, even when these benefits exist.

Awareness had a significant positive relationship with spatial, procedural, and overall accessibility. This means that when seniors know more about benefits and services, they are also more likely to understand where to go, what to do, and how to complete requirements. Still, the findings show that knowing about a service and being able to access it does not always lead to actual use. Some seniors may still be held back by long procedures, physical barriers, or personal limitations.

In general, the findings support Havelock's (1971) theory that awareness and accessibility are important steps toward utilization. However, the results also suggest that the process is not always straightforward. To improve utilization, it is not enough to increase awareness and access—there is also a need to reduce complicated procedures and provide stronger support, especially for seniors with impairments.

***Author's contribution*:** The author handled the study's conceptualization, research design, instrument development, data collection, and the analysis and interpretation of results.

***Ethical review statement*:** The study adhered to the ethical standards and guidelines approved by the Research Ethics Committee of the Graduate School of Northern Christian College, Inc.

***Funding statement*:** The study was self-funded by the author.

***Conflict of interest statement*:** The study declares no conflict of interest.

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