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Level of Awareness and Implementation of the Expanded Senior Citizens Act of 2010 (RA 9994) in Pasay City: Inputs to Enhancement

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ABSTRACT

This study determined the level of awareness and the extent of implementation of Republic Act No. 9994, the Expanded Senior Citizens Act of 2010, in Pasay City as bases for a policy enhancement framework. Anchored on McGuire's Awareness-to-Action Framework and Pressman and Wildavsky's Implementation Theory, the study employed a quantitative descriptive-correlational design. A researcher-developed, expert-validated, and pilot-tested survey questionnaire was administered to 275 stakeholders—10 Office for Senior Citizens Affairs (OSCA) employees, 67 local government unit (LGU) implementers, 98 service providers, and 100 senior citizens—selected through total enumeration and quota sampling with voluntary response. Data were analyzed using percentage, weighted mean, ranking, one-way analysis of variance, and Pearson's product-moment correlation coefficient. The overall awareness of senior citizens of the provisions of RA 9994 was moderate ($M = 3.24$): awareness was comprehensive for procedural requirements, discounts and exemptions, and health and medical benefits, but only moderate for social protection and community participation. The respondent groups differed significantly in their assessments across all five awareness dimensions ($p < .05$), with senior citizens consistently rating their own awareness lowest. Implementation was rated as moderate ($M = 3.12$), with accessibility and inclusiveness obtaining the lowest rating. Awareness was significantly and positively related to perceived implementation ($r = .413$ to $.709$). Information and communication, procedural and administrative, enforcement and compliance, and socio-economic and environmental barriers were all assessed as noticeable challenges. Based on these findings, Project KALINGA 9994 was developed and was evaluated by the respondents as highly suitable ($M = 4.57$), highly acceptable ($M = 4.45$), and highly feasible ($M = 4.56$). The study concludes that awareness is an operational driver of policy execution and that strengthening information dissemination, simplifying procedures, and reinforcing monitoring and participatory governance are essential to translating RA 9994 into equitable local service delivery for older persons.

Keywords: *RA 9994, Expanded Senior Citizens Act, policy awareness, policy implementation, local governance, Project KALINGA 9994*

INTRODUCTION

Population ageing is one of the major demographic shifts of the twenty-first century, prompting global calls to protect the dignity and welfare of older persons (United Nations, 2023). In the Philippines, senior citizens made up 8.5% of the population in 2020, or about 9.2 million individuals, and are projected to reach nearly 20% of the population by 2055 (Philippine Statistics Authority, 2021). Although Filipino culture places high value on

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Volume 2 Issue 10 (October 2026)

the elderly, urbanization and rising healthcare costs have weakened traditional family care networks. In response, the government enacted Republic Act No. 9994 (2010), the Expanded Senior Citizens Act of 2010, which institutionalized the 20% discount, value-added tax (VAT) exemptions, and social pensions administered through the Department of Health (DOH), the Department of Social Welfare and Development (DSWD), and local Offices for Senior Citizens Affairs (OSCA).

Despite this legal framework, a disconnect remains between policy intent and actual implementation. Inconsistent discount compliance, delayed benefits, and poor information dissemination continue to prevent many senior citizens from availing themselves of their privileges (Gerolin & Palic, 2020). This gap is evident in Pasay City: as of December 2025, only 7,049 of the city's 40,575 registered senior citizens received the national social pension. Although Pasay City supplements this with a local pension of Php1,200 annually and birthday cash assistance, questions persist regarding the adequacy, uniformity, and accessibility of these local mechanisms, leaving many senior citizens unaware of, or unable to claim, their rights.

This local implementation gap also bears on the United Nations Sustainable Development Goals (SDGs). Inequitable access to local healthcare and economic support undermines SDG 1 (No Poverty) and SDG 3 (Good Health and Well-being), as breakdowns in the delivery of RA 9994 expose vulnerable older persons to financial hardship during medical crises. Weak municipal monitoring and restrictive pension criteria likewise marginalize indigent seniors, slowing progress toward SDG 10 (Reduced Inequalities) and SDG 11 (Sustainable Cities and Communities), which call for inclusive urban governance. Evaluating local awareness and enforcement therefore aligns with the global mandate to "leave no one behind" and shows how micro-level urban policy enhancements contribute to macro-level sustainable development.

Existing literature, however, has focused primarily on national trends or on single dimensions of the law, and empirical data on city-level enforcement of RA 9994 remain limited. Philippine studies have tended to examine either awareness or implementation without analyzing the interaction between the two, and no localized assessment has been conducted in Pasay City. This study addresses that gap by assessing the level of awareness and the extent of implementation of RA 9994 in Pasay City from the perspectives of the four stakeholder groups directly involved in its delivery and utilization: OSCA employees, LGU implementers, service providers, and senior citizens. By identifying service delivery bottlenecks and the awareness of beneficiaries, the study bridges the divide between national policy design and localized execution and provides evidence-based inputs for local policymakers, city officials, and the OSCA.

Specifically, the study sought to (a) determine how the respondent groups perceive the level of awareness of senior citizens of the provisions of RA 9994 in terms of health and medical benefits, discounts and exemptions, social protection and financial assistance, community participation, and procedural requirements; (b) determine whether the assessments of the respondent groups differ significantly; (c) assess the extent of implementation of RA 9994 in terms of health and social service delivery, enforcement of discounts and exemptions, institutional support and governance, accessibility and inclusiveness, and monitoring and accountability; (d) determine whether a significant relationship exists between the level of awareness and the perceived level of implementation; (e) identify the prevailing challenges affecting awareness and implementation; (f) propose a policy enhancement based on the findings; and (g) evaluate the proposed enhancement in terms of suitability, acceptability, and feasibility. Two null hypotheses were tested at the 0.05 level of significance: that there is no significant difference in the assessments of the respondent groups regarding the awareness of senior citizens, and that there is no significant relationship between stakeholders' awareness and the perceived level of implementation of RA 9994.

The findings are significant to senior citizens, who may be empowered to claim their entitlements more fully; to the OSCA, which may use the evidence to address operational and communication gaps; to LGU implementers and barangay officials, who serve as frontline governance structures in social welfare delivery (Brillantes & Fernandez, 2013); to service providers, whose cooperation is essential to the effectiveness of welfare laws (Pressman & Wildavsky, 1973); and to future researchers in public administration, social policy, and gerontology, for whom the study may serve as a baseline for comparative work across cities and regions.

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 10 (October 2026)

Literature Review

Theoretical Underpinnings

This study is anchored on two complementary theoretical perspectives that explain how citizen knowledge and institutional execution interact to influence the realization of rights under RA 9994. The Awareness-to-Action Framework, rooted in the communication work of McGuire (1984), posits that awareness is the essential initial stage in influencing human action. Individuals pass through cognitive stages—exposure, comprehension, acceptance, and retention—before a policy is utilized. In public policy, this explains why many government programs remain underutilized despite legal entitlements. Because the provisions of RA 9994 on discounts, pensions, and healthcare require active claiming by senior citizens, the availment of benefits in Pasay City depends heavily on whether older persons understand eligibility requirements and procedures. Fishbein and Yzer's (2003) Integrated Behavioral Model complements this view by emphasizing that knowledge must be supported by accessible conditions before it translates into behavior.

Pressman and Wildavsky's (1973) Implementation Theory argues that policy success depends on the effectiveness of the institutions responsible for execution rather than on the quality of legislation alone. Implementation involves a complex chain of decisions among multiple agencies, where administrative inefficiencies, limited resources, or weak coordination can obstruct intended outcomes. This theory applies directly to RA 9994, which mandates coordinated action among LGUs, the OSCA, healthcare providers, and private establishments. The Provus (1969) Discrepancy Evaluation Model further informs the analysis by framing implementation gaps as discrepancies between statutory standards and actual performance. Together, these perspectives guided the examination of how well Pasay City's local institutions translate statutory mandates into accessible public services.

Awareness and Utilization of Senior Citizen Benefits

Philippine literature highlights that awareness of RA 9994 is a functional prerequisite for accessing benefits, yet service delivery remains uneven across LGUs. In San Isidro, Nueva Ecija, Cablao et al. (2019) found that senior citizens were only moderately aware of provisions on healthcare privileges, government assistance, and priority services, and that benefits were perceived as only slightly implemented, revealing a disconnect between legislative intent and local realities. In a highly urbanized city, Gerolin and Palic (2020) confirmed a significant link between awareness and benefit availment, while noting that complex documentation and delayed delivery continued to hinder access. Ramos (2022) similarly found that elderly residents of Metro Manila were highly aware of medicine and transport discounts but knew little about grievance procedures, community programs, and livelihood opportunities, suggesting that beneficiaries associate the law primarily with economic discounts rather than with broader social protection.

Communication systems shape these awareness outcomes. Cruz (2019) identified communication gaps between the OSCA and beneficiaries, especially in urban poor communities, while Bautista (2022) concluded that online platforms expand reach but risk excluding technologically disadvantaged seniors. Foreign studies report parallel patterns. Kim (2015) found that older adults with greater knowledge of welfare programs were significantly more likely to access social and medical services, and Harris (2016) observed that awareness of entitlements affected the utilization of preventive health services among economically vulnerable older adults. Walker (2020) and Choi (2022) further documented the digital exclusion of older persons as government services became digitized.

At the same time, awareness alone does not guarantee utilization. Lloyd-Sherlock et al. (2023) argued that awareness campaigns are insufficient when administrative procedures remain complex and delivery systems are inaccessible, and Beard et al. (2017) emphasized that healthy ageing requires that entitlements be matched by accessible service systems. Subasinghe et al. (2024) likewise concluded that socio-cultural factors influence both awareness and implementation outcomes. These findings suggest that awareness must be understood not merely

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of Education, Research, and Innovation Perspectives
Volume 2 Issue 10 (October 2026)

as informational exposure but as a functional capability that enables senior citizens to navigate institutional systems effectively.

Institutional Coordination and Policy Implementation

Local studies consistently show that the effectiveness of RA 9994 depends on institutional capacity and coordination. Puruganan (2014) found that the law was generally implemented in Makati City but that weaknesses in information dissemination, inconsistent benefit delivery, and procedural difficulties persisted, with inter-office coordination significantly influencing outcomes. In Davao City, C. L. Mendoza (2021) reported that delays in document processing, inadequate staffing, and inconsistent barangay-level implementation weakened service delivery, while L. Mendoza (2021) emphasized that barangay structures serve as critical frontline intermediaries in facilitating access to benefits. Dima et al. (2025) further showed that the extent of implementation correlates with socio-economic outcomes, but that disparities persist across municipalities because of variations in local governance capacity.

Compliance among private establishments is a recurring concern. Suteu and Cuyab (2020) found inconsistencies in the provision of mandated discounts by business establishments, largely due to weak monitoring and limited awareness among business owners. Lopez et al. (2017) observed processing delays, uneven private-sector compliance, and insufficient institutional monitoring in Caloocan City, which reduced beneficiary confidence in institutional support. Foreign studies reinforce these conclusions: Liu (2018) and Chen (2019) demonstrated that fragmented coordination among welfare agencies produced inconsistent benefit delivery and confusion regarding procedures, while Al-Hassan (2021) reported that insufficient personnel, limited funding, and bureaucratic delays weakened implementation outcomes.

Integrated governance is therefore a central theme in the international literature. The World Health Organization (2023) underscores a holistic approach that integrates health, social participation, and security into ageing policy, and FP Analytics and AARP (2021) highlight participatory governance, data-driven monitoring, and strong accountability mechanisms as essential to sustaining effective policy implementation. Prasetyo (2022) similarly observed that differences in local administrative capacity produced varying levels of policy effectiveness under decentralized welfare systems, a condition that closely parallels the devolved delivery of senior citizen services in the Philippines.

Accessibility, Inclusiveness, and Active Ageing

Both local and foreign studies reveal that many senior citizens encounter procedural, physical, and socio-economic barriers when availing themselves of benefits. Sabas (2020) found that implementation in General Santos City was perceived as less effective because of administrative limitations and inconsistent service delivery, and Inabangan (2015) noted that some beneficiaries in Cebu City hesitated to assert their rights because of uncertainty about procedures, with transportation discounts meeting resistance among operators. Roberts (2017) identified transportation difficulties, procedural complexity, and institutional inefficiency as recurring barriers to welfare access among urban seniors.

Inclusiveness also requires culturally responsive and adaptive service systems. Chen et al. (2020) observed that diverse ageing populations require institutional approaches capable of addressing varying social and cultural needs, while Kwon and Kim (2019) highlighted the role of personnel attitudes and organizational support in the quality of elderly care. Nguyen and Levkoff (2020) demonstrated that elderly care outcomes are strongly shaped by local cultural and social contexts, reinforcing the need for context-sensitive implementation strategies.

The literature further shows that inclusiveness extends beyond physical access to participation and empowerment. Fernández-Ballesteros et al. (2021) argued that active ageing frameworks must extend beyond healthcare to include lifelong learning, social participation, and community engagement. Martinez (2019) found that older adults who participated in community organizations demonstrated higher awareness of welfare policies and greater satisfaction with public services, and Thompson (2021) concluded that participatory mechanisms involving elderly associations improved accountability and responsiveness in local policy implementation.

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 10 (October 2026)

Collectively, these studies suggest that elderly welfare policies should shift from passive assistance toward participatory, empowerment-oriented models.

Monitoring, Enforcement, and Accountability

Weak monitoring and enforcement emerge as persistent sources of implementation deficiency. Using the Provus Discrepancy Evaluation Model, Estrada (2018) concluded that many establishments complied inconsistently with mandated discounts and privileges and that weak monitoring, inadequate enforcement, and limited inter-agency coordination were major contributors to policy deficiencies. Estrada further noted that some senior citizens hesitated to report violations because of unfamiliarity with grievance procedures and fear of conflict with service providers. Inabangan (2015) likewise recommended stronger monitoring by the Department of Trade and Industry (DTI) and the OSCA.

International studies point in the same direction. Sánchez (2020) found that weak monitoring and inconsistent enforcement prevented older citizens from receiving legally mandated privileges, Foster (2018) reported that poor communication between local agencies led to delayed services and uneven compliance, and Bergström (2022) emphasized that robust grievance mechanisms and institutional accountability are essential to protecting elderly rights within welfare programs. Lopez (2023) added that uncertainty regarding payout schedules and procedures erodes beneficiaries' trust in government systems. These findings indicate that successful implementation requires active institutional oversight, accessible grievance systems, and consistent enforcement across public and private sectors rather than reliance on statutory mandates alone.

Research Gap and Conceptual Framework

Despite this body of scholarship, several gaps remain. Most Philippine studies examine awareness or implementation independently rather than analyzing their interaction; research has prioritized basic discounts and pensions over procedural rights, monitoring frameworks, and the participatory dimensions of RA 9994; and localized data in highly urbanized settings are limited, with no study specifically focused on Pasay City. Accountability systems and digital accessibility, which are widely explored in foreign literature, also remain underexplored in the Philippine implementation context. The present study addresses these gaps through an integrated, localized assessment of awareness, implementation, and challenges in a single urban locality.

The study was guided by the Input–Process–Output (IPO) model presented in Figure 1. The input comprises scholarly and documentary sources; the legal frameworks defining the statutory rights of senior citizens, namely Republic Act No. 7432 (1992), Republic Act No. 9257 (2004), Republic Act No. 9994 (2010), and Republic Act No. 10645 (2014); survey results on awareness, implementation, challenges, and the suitability, acceptability, and feasibility of the proposed enhancement; and the four respondent groups. The process covers the development and validation of the instrument, the administration of the survey, the assessment of awareness, implementation, and challenges, the evaluation of the proposed enhancement, and the statistical analysis and interpretation of data in relation to legal mandates and implementation realities.

The output is Project KALINGA 9994, a suitable, acceptable, and feasible policy enhancement framework for the implementation of RA 9994 in Pasay City that integrates documentary evidence, legal mandates, and empirical findings into actionable recommendations. A feedback mechanism makes the framework cyclical rather than linear, so that the output serves as a continuing input for institutional learning and future policy refinement, reinforcing the study's contribution to evidence-based governance for senior citizens.

ISSN: 3116-3475
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of Education, Research, and Innovation Perspectives
Volume 2 Issue 10 (October 2026)

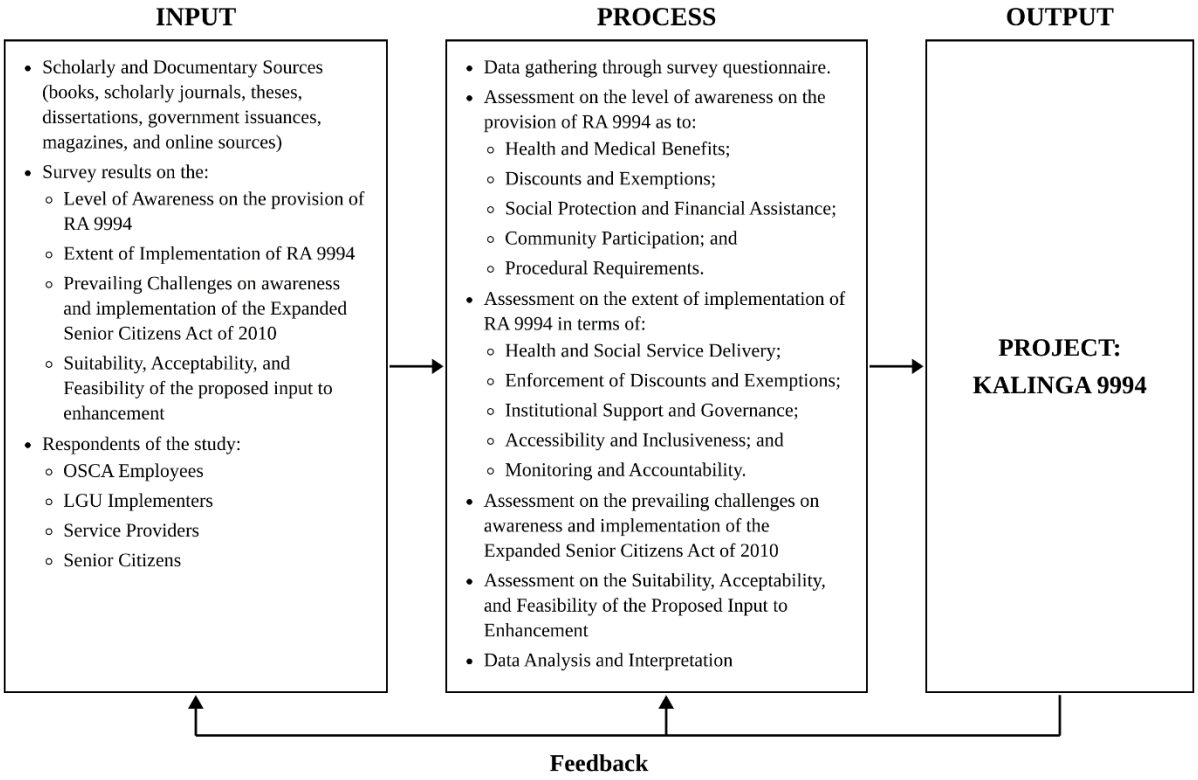


Figure 1. *Research Paradigm*

METHODS

Research Design

The study used a quantitative descriptive-correlational research design to examine the awareness and implementation of RA 9994 in Pasay City and to determine the statistical relationship between these variables. The descriptive component systematically portrayed existing conditions regarding awareness, implementation, and challenges, while the correlational component determined whether significant relationships existed between senior citizens' awareness and perceived implementation outcomes in a naturally occurring setting, without manipulation of variables. All data were gathered through structured survey questionnaires to ensure objectivity, consistency, and measurability (Creswell & Creswell, 2018).

Research Locale

The study was conducted in Pasay City, a highly urbanized city in Metro Manila, Philippines, during Academic Year 2025–2026. The city had 40,575 registered senior citizens, of whom 7,049 were recipients of the national social pension as of December 2025. Senior citizen services in the city are coordinated by the OSCA together with barangay offices, LGU departments, and covered private establishments such as restaurants, pharmacies, transport operators, funeral services, and medical and dental clinics. The investigation was confined to respondents within Pasay City.

Participants and Sampling Technique

Four stakeholder groups directly involved in or affected by the implementation of RA 9994 participated in the study, for a total of 275 respondents. Total enumeration was used for the 10 OSCA employees because of

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 10 (October 2026)

their small population size. For the larger groups, quota sampling was combined with Slovin's formula at a 10% margin of error to establish representative sample sizes, and the voluntary response technique was used to recruit participants based on availability and willingness. This yielded 67 respondents from 201 LGU implementers, 98 from approximately 4,000 service providers, and 100 from the 40,575 registered senior citizens (Table 1).

Table 1. Sampling Methods and Techniques Employed in the Study

Category	Population	Sample	Percentage	Sampling Method	Sampling Technique
OSCA Employees	10	10	100.00%	Total Enumeration	Total Enumeration
LGU Implementers	201	67	33.33%	Quota	Voluntary Response
Service Providers	4,000	98	2.45%	Quota	Voluntary Response
Senior Citizens	40,575	100	0.25%	Quota	Voluntary Response
Total	44,786	275			

The OSCA employees were predominantly female (70.00%), all were college-level or graduates, and 40.00% had served for more than ten years. The LGU implementers were mostly male (67.16%), and more than half (56.72%) had served the Pasay LGU for more than ten years. The service providers were almost evenly divided by sex (52.04% male) and were largely college-educated (84.69%), with restaurants and food establishments forming the largest sector (45.92%). Among the senior citizens, 60.00% were female, 61.00% were aged 61 to 69, 59.00% had lived in Pasay City for more than 21 years, 89.00% lived with family or relatives, and the largest group (43.00%) were retirees without pension (indigent), underscoring their reliance on the discounts and assistance provided under RA 9994.

Research Instrument

Data were gathered using a researcher-developed instrument titled *Survey Questionnaire on the Level of Awareness and Implementation of Republic Act No. 9994 (Expanded Senior Citizens Act of 2010) in Pasay City*, formulated through a systematic review of the law, its implementing rules, and relevant literature. Part I gathered socio-demographic data. Part II measured the level of awareness across five dimensions: health and medical benefits, discounts and exemptions, social protection and financial assistance, community participation, and procedural requirements. Part III measured the extent of implementation across five dimensions: health and social service delivery, enforcement of discounts and exemptions, institutional support and governance, accessibility and inclusiveness, and monitoring and accountability. Part IV identified challenges under four domains: information and communication, procedural and administrative, enforcement and compliance, and socio-economic and environmental barriers. Part V invited additional comments and recommendations.

Parts II to IV used a four-point Likert scale ranging from 4 (Strongly Agree) to 1 (Strongly Disagree). Mean scores were interpreted as follows: 3.25–4.00, Comprehensive Awareness (CA), Comprehensive Implementation (CI), or Major and Persistent Challenge (PC); 2.50–3.24, Moderate Awareness (MA), Moderate Implementation (MI), or Noticeable Challenge (NC); 1.75–2.49, Limited Awareness (LA), Limited Implementation (LI), or Minor Challenge (MC); and 1.00–1.74, Deficient Awareness (DA), Deficient Implementation (DI), or Not a Challenge (NAC). A separate Suitability, Acceptability, and Feasibility (SAF) Analysis Instrument, rated on a five-point scale, was used to evaluate the proposed policy enhancement framework, with 4.21–5.00 interpreted as Highly Suitable, Acceptable, or Feasible; 3.41–4.20 as Suitable, Acceptable, or Feasible; 2.61–3.40 as Moderately Suitable, Acceptable, or Feasible; 1.81–2.60 as Least Suitable, Acceptable, or Feasible; and 1.00–1.80 as Not Suitable, Acceptable, or Feasible.

The questionnaire was content-validated by three experts with postgraduate degrees and specialization in public administration, policy implementation, and research methodology, who evaluated the items independently using a four-point relevance scale and qualitative feedback. Their recommendations led to minor revisions in wording, sequencing, and precision; technical terms were simplified and redundant statements merged. The revised instrument was then pilot-tested among non-participant stakeholders, and reliability testing using

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 10 (October 2026)

Cronbach's alpha confirmed acceptable to high internal consistency across all major sections (Taber, 2018). A redundancy analysis was also conducted to consolidate overlapping items and minimize respondent fatigue.

Data Gathering Procedure

Following approval from the Graduate School Dean and the dissertation adviser, formal coordination letters were sent to the OSCA, selected barangay offices, concerned LGU departments, and participating private establishments. The researcher explained the nature, objectives, and scope of the study to these offices and secured permission to conduct the survey. Qualified respondents were then identified according to the established sampling procedures with the assistance of barangay officials, OSCA personnel, and establishment representatives.

Survey administration and retrieval spanned 12 weeks, from November 2025 to January 2026. Data were collected primarily through Google Forms, with links disseminated through barangay offices, OSCA personnel, and participating establishments. To avoid excluding senior citizens with limited digital literacy or access, guided administration was facilitated in coordination with barangay representatives or authorized personnel. Submissions were monitored regularly to ensure that the required number of respondents per group was attained, and responses were reviewed for incomplete, duplicate, or inconsistent entries. Retrieved data were encoded, verified, cleaned, and tabulated for analysis, and the findings served as the basis for the formulation of the policy enhancement framework, which was subsequently subjected to SAF analysis by the respondents.

Data Analysis

Percentage was used to describe the demographic profile of the respondents. The weighted mean and ranking were used to determine the level of awareness, the extent of implementation, the prevailing challenges, and the evaluation of the proposed framework. One-way analysis of variance (ANOVA) was used to determine whether significant differences existed among the assessments of the four respondent groups regarding awareness (Field, 2018); post hoc tests were not conducted because the objective was limited to establishing whether significant differences existed rather than locating them (Creswell & Creswell, 2018). Pearson's product-moment correlation coefficient was used to determine the relationship between stakeholders' awareness and their perceived level of implementation. All tests were conducted at the 0.05 level of significance.

Ethical Consideration

The study complied with institutional and ethical standards and was conducted only after clearance from the Graduate School. An informed consent statement was included in the survey instrument, explaining the purpose of the study, the nature of participation, and the rights of the respondents. Participation was entirely voluntary and could be discontinued at any point without penalty, and refusals were respected. Respondents were assured of anonymity and confidentiality, and all information gathered was used solely for academic and research purposes.

RESULTS AND DISCUSSION

Level of Awareness of Senior Citizens of the Provisions of RA 9994

Table 2 presents the respondents' assessment of senior citizens' awareness of RA 9994. The overall composite mean of 3.24 indicates Moderate Awareness: awareness is generally present, but important informational gaps persist. Awareness was comprehensive for procedural requirements (M = 3.34), discounts and exemptions (M = 3.32), and health and medical benefits (M = 3.29), but only moderate for social protection and financial assistance (M = 3.21) and community participation (M = 3.04). Service providers gave the highest overall rating (M = 3.46), followed by OSCA employees (M = 3.33) and LGU implementers (M = 3.16), while senior citizens rated their own awareness lowest (M = 3.00).

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 10 (October 2026)

Table 2. *Overall Assessment of Senior Citizens' Awareness of the Provisions of RA 9994*

Dimension	OSCA	LGU	SP	SC	Composite	VI	R
Health and Medical Benefits	3.37	3.27	3.44	3.07	3.29	CA	3
Discounts and Exemptions	3.42	3.25	3.50	3.10	3.32	CA	2
Social Protection and Financial Assistance	3.24	3.14	3.47	2.99	3.21	MA	4
Community Participation	3.17	2.90	3.28	2.80	3.04	MA	5
Procedural Requirements	3.46	3.27	3.60	3.04	3.34	CA	1
Overall	3.33	3.16	3.46	3.00	3.24	MA	

Note. OSCA = OSCA employees; LGU = LGU implementers; SP = service providers; SC = senior citizens; VI = verbal interpretation; R = rank; CA = Comprehensive Awareness (3.25–4.00); MA = Moderate Awareness (2.50–3.24).

At the indicator level, awareness was strongest for highly visible, transaction-based benefits such as transportation fare discounts (composite $M = 3.65$), restaurant discounts ($M = 3.59$), and free issuance of the senior citizen ID ($M = 3.58$). In contrast, senior citizens reported only moderate awareness of technical or less frequently used provisions, such as the "No Balance Billing" policy ($M = 2.83$), PhilHealth outpatient packages ($M = 2.92$), discounts on communication services ($M = 2.75$), funeral assistance ($M = 2.88$), and VAT exemption on medicines ($M = 2.94$). This pattern supports earlier findings that elderly awareness is concentrated on immediate economic relief rather than on the procedural capability needed to navigate institutional systems (Inabangan, 2015; Lloyd-Sherlock et al., 2023; Ramos, 2022).

Awareness was weakest in the developmental and participatory provisions of the law. Senior citizens rated their awareness of employer tax deductions for hiring older workers lowest under social protection ($M = 2.57$), and of legislative representation ($M = 2.73$) and participation in social associations ($M = 2.72$) lowest under community participation. Under procedural requirements, the lowest-rated indicator among senior citizens concerned procedures for reporting unfair or discourteous treatment by service providers ($M = 2.89$). Thus, entitlement awareness exists without corresponding empowerment to seek redress. Consistent with McGuire (1984) and Fishbein and Yzer (2003), these results suggest that exposure to policy has not fully progressed into the comprehension and supportive conditions needed for action, and that current information campaigns risk positioning seniors as passive recipients rather than as active contributors, as envisioned in active ageing frameworks (Fernández-Ballesteros et al., 2021).

Differences in the Assessments of Awareness Among Respondent Groups

Table 3 shows that the one-way ANOVA yielded significant differences among the respondent groups in all five awareness dimensions ($p = 0.000 < .05$); hence, the first null hypothesis was rejected. Procedural requirements registered the greatest variation ($F = 18.12$), followed by social protection and financial assistance ($F = 14.80$), community participation ($F = 14.68$), discounts and exemptions ($F = 14.47$), and health and medical benefits ($F = 8.36$).

Table 3. *One-Way Analysis of Variance in the Assessment of Senior Citizens' Awareness of RA 9994 Provisions*

Dimension	OSCA		LGU		SP		SC		F	p	Decision
	M	SD	M	SD	M	SD	M	SD			
Health and Medical Benefits	3.37	0.53	3.27	0.50	3.44	0.37	3.07	0.66	8.36	0.000	Significant
Discounts and Exemptions	3.43	0.43	3.25	0.48	3.50	0.34	3.04	0.62	14.47	0.000	Significant
Social Protection and Financial Assistance	3.25	0.42	3.14	0.47	3.47	0.42	2.99	0.62	14.80	0.000	Significant
Community Participation	3.17	0.66	2.90	0.65	3.33	0.40	2.78	0.73	14.68	0.000	Significant
Procedural Requirements	3.46	0.46	3.27	0.45	3.60	0.38	3.04	0.71	18.12	0.000	Significant

Note. Significant at $\alpha = .05$. OSCA = OSCA employees; LGU = LGU implementers; SP = service providers; SC = senior citizens.

ISSN: 3116-3475
International Journal
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Volume 2 Issue 10 (October 2026)

In every dimension, service providers and OSCA employees recorded the highest means, while senior citizens recorded the lowest, most markedly in community participation ($M = 2.78$). This reveals a perceptual gap in which institutional actors equate frequent benefit utilization with comprehensive knowledge, overestimating the reach of their outreach efforts. Senior citizens, by contrast, remain uncertain about documentary rules, grievance procedures, and institutional responsibilities. Interpreted through the Awareness-to-Action Framework (McGuire, 1984) and the Integrated Behavioral Model (Fishbein & Yzer, 2003), the disparity indicates that policy exposure has not yet translated into active engagement because of procedural complexity and institutional barriers, echoing the communication gaps documented by Cruz (2019) and Bautista (2022). Strengthening awareness is therefore not merely an informational concern but a component of effective policy execution and equitable service delivery.

Extent of Implementation of RA 9994 in Pasay City

As shown in Table 4, the implementation of RA 9994 was rated as Moderately Implemented (overall composite $M = 3.12$), indicating that the law is functional but incomplete. Institutional support and governance ranked highest ($M = 3.19$), followed by enforcement of discounts and exemptions ($M = 3.14$), health and social service delivery ($M = 3.12$), and monitoring and accountability ($M = 3.11$), while accessibility and inclusiveness ranked lowest ($M = 3.06$). Service providers again gave the highest overall rating ($M = 3.21$), rating enforcement of discounts ($M = 3.44$) and institutional support ($M = 3.32$) as comprehensively implemented, whereas senior citizens gave the lowest ($M = 3.04$).

Table 4. *Overall Assessment of the Implementation of RA 9994 in Pasay City*

Dimension	OSCA	LGU	SP	SC	Composite	VI	R
Health and Social Service Delivery	3.13	3.14	3.17	3.05	3.12	MI	3
Enforcement of Discounts and Exemptions	3.01	3.07	3.44	3.05	3.14	MI	2
Institutional Support and Governance	3.19	3.15	3.32	3.08	3.19	MI	1
Accessibility and Inclusiveness	3.09	3.08	3.05	3.02	3.06	MI	5
Monitoring and Accountability	3.23	3.12	3.07	3.01	3.11	MI	4
Overall	3.13	3.11	3.21	3.04	3.12	MI	

Note. CI = Comprehensive Implementation (3.25–4.00); MI = Moderate Implementation (2.50–3.24); VI = verbal interpretation; R = rank.

In health and social service delivery, visible and standardized services such as priority lanes in government health facilities achieved comprehensive implementation (composite $M = 3.28$), whereas senior citizens rated the responsiveness of social workers ($M = 2.97$) and the clarity of procedures for availing medical or financial assistance ($M = 2.99$) lowest. In the enforcement of discounts, daily transactions such as transportation discounts were stable, but utility discounts (composite $M = 2.93$) and inter-agency compliance monitoring lagged behind, and service providers themselves rated hassle-free availment without unnecessary documents only moderately ($M = 2.76$). These results support Pressman and Wildavsky's (1973) argument that policy success depends on consistent execution across multiple actors, and reflect the uneven private-sector compliance reported by Suteu and Cuyab (2020) and Lopez et al. (2017).

Under institutional support and governance, the physical accessibility of the OSCA was a clear strength (composite $M = 3.44$), but senior citizens rated the timely release of pensions ($M = 2.95$) and stakeholder consultation ($M = 2.83$) lowest, echoing concerns that financial delays and limited participatory governance erode beneficiary trust (Al-Hassan, 2021; Lopez, 2023). Under accessibility and inclusiveness, institutional actors rated conditions within their own offices favorably, yet the safety and accessibility of roads, sidewalks, and crossings ranked lowest across groups (composite $M = 2.92$). Service providers rated multi-channel information campaigns highest ($M = 3.35$), while senior citizens rated the readability and clarity of these materials considerably lower ($M = 2.97$), a gap consistent with the World Health Organization's (2023) emphasis on age-friendly environments and with warnings about digital exclusion (Bautista, 2022; Choi, 2022; Walker, 2020). Assistance to seniors who

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 10 (October 2026)

experience difficulty accessing services, however, ranked relatively high (composite $M = 3.12$), reinforcing the role of barangay-level structures as frontline intermediaries (L. Mendoza, 2021).

In monitoring and accountability, barangay-level assistance and conflict resolution achieved the highest composite mean ($M = 3.21$), whereas adjusting programs and budgets according to emerging needs scored lowest ($M = 3.00$), particularly among service providers ($M = 2.74$). OSCA employees rated their registry maintenance and report preparation as comprehensively implemented ($M = 3.30$), but LGU implementers ($M = 2.97$) and senior citizens ($M = 2.75$) rated report preparation much lower. This disconnect mirrors the fragmented data systems described by Liu (2018) and Chen (2019) and suggests that operational tracking currently outpaces institutional responsiveness. Overall, the findings support the Provus (1969) discrepancy perspective: a consistent gap exists between statutory standards and actual performance, and it is felt most acutely by the beneficiaries themselves.

Relationship Between Awareness and Perceived Implementation

Table 5 presents the correlation matrix between the five awareness dimensions and the five implementation dimensions. All coefficients exceeded the critical value of $r = 0.1183$ (two-tailed, $n = 275$, $\alpha = .05$) and were positive, ranging from $r = .413$ to $r = .709$. The second null hypothesis was therefore rejected: higher levels of awareness were associated with more favorable perceptions of the implementation of RA 9994.

Table 5. Correlation Matrix of Stakeholders' Awareness and Perceived Implementation of RA 9994

Awareness Dimension	Health and Social Service Delivery	Enforcement of Discounts and Exemptions	Institutional Support and Governance	Accessibility and Inclusiveness	Monitoring and Accountability
Health and Medical Benefits	.528	.508	.487	.418	.438
Discounts and Exemptions	.521	.618	.551	.477	.413
Social Protection and Financial Assistance	.550	.628	.592	.460	.510
Community Participation	.555	.612	.489	.441	.441
Procedural Requirements	.502	.709	.598	.453	.470

Note. For a two-tailed test with $n = 275$ at $\alpha = .05$, the critical value of Pearson's r is 0.1183; all coefficients are significant.

The strongest relationship was between awareness of procedural requirements and the enforcement of discounts and exemptions ($r = .709$), followed by the relationships of social protection awareness ($r = .628$), discounts awareness ($r = .618$), and community participation awareness ($r = .612$) with the same implementation dimension. Awareness of health and medical benefits was most strongly related to health and social service delivery ($r = .528$), while the weakest coefficient was between awareness of discounts and exemptions and monitoring and accountability ($r = .413$). These results indicate that when beneficiaries understand OSCA procedures and grievance mechanisms, they perceive the system as more transparent and functional, consistent with Cablao et al. (2019), Gerolin and Palic (2020), and Ramos (2022), who linked entitlement awareness with service utilization, and with Kim (2015) and Roberts (2017), who identified awareness as a driver of access. The comparatively weaker link with monitoring and accountability suggests that awareness of privileges must be matched by visible institutional enforcement (Lopez et al., 2017). Awareness thus functions as an operational determinant of policy execution, not merely as information.

Prevailing Challenges Affecting Awareness and Implementation

All indicators across the four challenge domains were assessed as Noticeable Challenges, with composite means ranging from 2.68 to 2.97. Table 6 presents the highest-ranked challenges in each domain. Under

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 10 (October 2026)

information and communication, the leading concern was that some senior citizens remain unaware of specific provisions of RA 9994 (*M* = 2.97), followed by difficulty understanding the language of information materials (*M* = 2.95) and the lack of simplified or translated materials (*M* = 2.95), which OSCA employees rated as a Major and Persistent Challenge (*M* = 3.30). These results reflect McGuire's (1984) assertion that public communication must match the comprehension capacity of its audience, and Cruz's (2019) finding that fragmented messaging weakens trust in welfare programs.

Table 6. Highest-Ranked Challenges Affecting the Awareness and Implementation of RA 9994 per Domain

Domain / Indicator	OSCA	LGU	SP	SC	Composite	VI
Information and Communication Barriers						
Some senior citizens are unaware of specific benefits or provisions under RA 9994	3.10	3.03	2.78	2.97	2.97	NC
Many senior citizens have difficulty understanding the language used in information materials	3.00	2.97	2.92	2.91	2.95	NC
Procedural and Administrative Barriers						
Requirements for availing benefits are too many or difficult to complete	2.90	2.84	2.99	2.91	2.91	NC
Monitoring systems are not consistently applied across offices and establishments	2.80	2.94	2.69	2.81	2.81	NC
Enforcement and Compliance Barriers						
Purchase booklet requirements are complicated or burdensome during transactions	2.90	3.06	2.83	2.94	2.93	NC
The use of fraudulent senior citizen IDs affects proper implementation	2.80	2.76	2.98	2.90	2.86	NC
Socio-Economic and Environmental Barriers						
The amount of financial assistance is insufficient to meet basic needs	3.00	2.85	3.12	2.92	2.97	NC
Some senior citizens lack assistance in completing online or technology-based processes	3.20	2.93	2.77	2.97	2.97	NC

Note. NC = Noticeable Challenge (2.50–3.24). Only the two highest-ranked composite indicators per domain are shown.

Under procedural and administrative barriers, the most prominent concern was that requirements for availing benefits are too many or too difficult (*M* = 2.91), which both service providers and senior citizens ranked first, followed by inconsistently applied monitoring systems (*M* = 2.81) and delayed processing of IDs, booklets, and financial assistance (*M* = 2.79). These findings agree with Puruganan (2014) and Roberts (2017), who found that procedural complexity discourages older persons from fully accessing benefits. Under enforcement and compliance, purchase booklet requirements were perceived as the most burdensome (*M* = 2.93), followed by the use of fraudulent senior citizen IDs (*M* = 2.86) and inconsistent enforcement of priority lanes (*M* = 2.85), pointing to weaknesses in compliance monitoring similar to those reported by Suteu and Cuyab (2020). Respondents also noted discouraging treatment of some senior citizens during benefit availment (*M* = 2.72), a reminder that ageism remains a barrier to age-friendly governance (World Health Organization, 2021).

Under socio-economic and environmental barriers, the insufficiency of financial assistance to meet basic needs (*M* = 2.97) and the lack of assistance with online or technology-based processes (*M* = 2.97) ranked highest, while senior citizens ranked physical barriers in buildings, such as stairs and the lack of ramps, among their foremost concerns (*M* = 2.99). These results are consistent with HelpAge International (2022) and Lopez (2023) on the resource constraints of financial assistance for older persons, and with Walker (2020) and Bautista (2022) on digital exclusion. As Pressman and Wildavsky (1973) argued, policy success is shaped by administrative and contextual execution rather than by legislative intent alone; the challenges identified in Pasay City are

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 10 (October 2026)

multidimensional and interconnected, requiring coordinated responses in communication, administration, enforcement, and structural support.

Proposed Policy Enhancement: Project KALINGA 9994

Because the identified gaps cut across multiple dimensions, the study proposed Project KALINGA 9994 (Knowledge, Accessibility, Leadership, Inclusion, Networking, Governance, and Accountability for RA 9994), a systems-oriented policy enhancement framework designed to align local administrative realities with statutory mandates. The *Knowledge* component addresses information gaps through localized, multilingual, face-to-face barangay caravans and orientations so that seniors understand entitlement and grievance processes. The *Accessibility* component mitigates digital exclusion and physical barriers through senior-friendly infrastructure, mobile outreach, and simplified, low-literacy transaction requirements. The *Leadership* and *Governance* components strengthen institutional capacity by training frontline personnel, optimizing resource allocation, and accelerating financial payout timelines.

The *Inclusion* component integrates senior citizen representatives into municipal planning and decision-making to shift beneficiaries from passive recipients to active stakeholders. The *Networking* component synchronizes enforcement through formal compliance partnerships among the OSCA, barangays, the DTI, the DOH, and private establishments. Finally, the *Accountability* component seeks to restore public trust through visible community-level grievance hotlines, standardized compliance audits, and transparent, data-driven monitoring. Together, these components respond directly to the awareness gaps, implementation weaknesses, and challenges identified in the study.

Evaluation of the Proposed Policy Enhancement Framework

Table 7 summarizes the respondents' evaluation of Project KALINGA 9994. The framework was rated Highly Suitable (composite $M = 4.57$), Highly Acceptable ($M = 4.45$), and Highly Feasible ($M = 4.56$) by all four groups. For suitability, the highest-rated indicators were the framework's capacity to optimize the operational protocols and administrative workflows of the OSCA and its partners and the attainability of its objectives within a reasonable time frame (both $M = 4.61$). For acceptability, its full practicability for adoption and implementation ranked highest ($M = 4.57$), while the satisfactory creation of intervention scheme guidelines ranked lowest but remained highly acceptable ($M = 4.38$). For feasibility, the clear identification of responsible persons and offices ranked highest ($M = 4.67$), followed by the specification of budgetary sources ($M = 4.62$), while specific measures for community issues ranked lowest ($M = 4.33$), with OSCA employees ($M = 4.00$) and LGU implementers ($M = 4.17$) rating it as Feasible.

Table 7. *Summary of the Evaluation of Project KALINGA 9994*

Criterion	OSCA	LGU	SP	SC	Composite	VI
Suitability	4.60	4.47	4.91	4.30	4.57	Highly Suitable
Acceptability	4.33	4.36	4.89	4.21	4.45	Highly Acceptable
Feasibility	4.60	4.37	4.89	4.37	4.56	Highly Feasible

Note. Scale: 4.21–5.00 = Highly Suitable/Acceptable/Feasible; 3.41–4.20 = Suitable/Acceptable/Feasible.

Service providers gave the most favorable evaluations in all three criteria, whereas senior citizens gave more reserved, though still high, ratings; within their group, factual completeness, the structure of guidelines, and the sufficiency of knowledge for corrective action were rated Acceptable rather than Highly Acceptable ($M = 4.14$). This suggests that beneficiaries support the framework but seek greater clarity on its operational details and direct outcomes. The convergence of ratings across implementers, service providers, and beneficiaries indicates that Project KALINGA 9994 is strategically aligned with the identified implementation gaps and is practical for adoption, while the minor variations point to opportunities for refinement in community-level delivery.

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of Education, Research, and Innovation Perspectives
Volume 2 Issue 10 (October 2026)

CONCLUSION

The study concludes that senior citizens in Pasay City possess a moderate overall awareness of RA 9994, with stronger knowledge of tangible, transaction-based benefits such as discounts, health privileges, and routine procedures, and weaker knowledge of social protection, community participation, grievance, and accountability provisions. Stakeholder groups differ significantly in their perceptions of this awareness, with institutional actors consistently rating it higher than the beneficiaries themselves. This perceptual gap indicates that current dissemination efforts are not reaching senior citizens to the extent that implementers assume.

The implementation of RA 9994 in Pasay City is functional but requires enhancement to achieve more consistent and comprehensive service delivery, particularly in accessibility and inclusiveness, monitoring and accountability, and the timeliness of financial assistance. Information dissemination, administrative procedures, enforcement mechanisms, digital access, physical infrastructure, and socio-economic support remain noticeable challenges. The significant positive relationship between awareness and perceived implementation confirms that awareness is an operational driver of policy execution rather than a purely informational concern, supporting the Awareness-to-Action Framework and Implementation Theory.

A structured and integrated policy response is therefore necessary. Project KALINGA 9994, evaluated by stakeholders as highly suitable, acceptable, and feasible, offers an evidence-based framework for strengthening awareness, accessibility, governance, participation, and accountability in the implementation of RA 9994. The study contributes localized empirical evidence on the interaction between awareness and implementation in a highly urbanized Philippine city and provides a validated roadmap for moving from fragmented compliance toward a rights-based welfare system for older persons.

Recommendation

Based on the findings and conclusions, the following are recommended. The OSCA may intensify information dissemination through barangay-based orientations, community assemblies, simplified and translated printed materials, and senior citizen education programs, giving particular attention to social protection, participatory rights, and grievance procedures. The OSCA, the City Social Welfare and Development Office, and barangay offices may review and streamline administrative procedures, including documentary and purchase booklet requirements, and provide guided assistance for technology-based processes.

The Pasay City Government may strengthen inter-agency coordination, service integration, and performance monitoring, and, through its regulatory offices and in partnership with the DTI and the DOH, enhance compliance monitoring and enforcement of mandated discounts, privileges, and exemptions. The OSCA and barangay officials may also expand opportunities for senior citizens to participate in policy consultations, feedback mechanisms, and program evaluation, while the city may prioritize age-friendly improvements to public infrastructure and more timely release of pensions and local incentives.

The Pasay City Government may consider adopting and institutionalizing Project KALINGA 9994, with the City Budget Office, the City Planning and Development Office, and the OSCA identifying and allocating resources for its implementation and sustainability. The OSCA and its partner agencies may establish periodic assessment mechanisms to monitor the effectiveness of the framework and refine its community-level measures. Future researchers may conduct similar studies in other LGUs to validate these findings, compare implementation experiences, and assess the applicability of Project KALINGA 9994 in different governance contexts.

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of Education, Research, and Innovation Perspectives
Volume 2 Issue 10 (October 2026)

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