

Guiding Questions for the “A” status NHRIs, GANHRI and its Regional Networks

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Responses from the Commission on Human Rights of the Philippines

On equality and non-discrimination

The 1987 Philippine Constitution provides that the State shall take an integrated approach to health development and make available essential goods and services to all people, especially the underprivileged elderly, among others.¹ In addition, it also designated the family to provide primary care for its elder members.²

A recent law was passed to guarantee equal opportunity in employment: RA 10911 or the Anti-Age Discrimination in Employment Act (2016). The State to promote employment on the basis of their abilities, rather than their age, prohibit arbitrary age limitations in employment, and promote the right of all employees and workers regardless of age.³ Then, Republic Act 9710: Magna Carta for Women provides explicit definitions for “Substantive Equality” & “Gender Equality”⁴ to capture equality & non-discrimination as the principles in the promotion & protection of the rights of women, regardless of age.

In the 2015 human rights consolidated situation report of Older Persons⁵ based on the CHR partner government agencies and non-government organizations, it was found that health care is unaffordable, unavailable and many Older Persons have unmet needs. Support for independent living and long term care is neither available nor affordable. The following are salient points from the report:

- On Employment, Older Persons mostly work in low paid jobs (these are agricultural or fisheries work, either as farmers, forestry workers or fishermen). The 2007 Philippine Study of Aging (PLSOA) 2007 data shows that out of the 39% working senior citizens only 29% actually receive earnings from work. This implies that about a third of those working are unpaid.
- On Access to goods and services, RA 10911 provides senior citizens privileges granted by law but not all of those who are aware can access the benefits due to lack of appropriate knowledge to do so. Those who have a higher level of education are more aware & have better access to government programs. These include:
 - 20% discount on medicines & other privileges,
 - Transport fare discount are most availed
 - 83% college-educated seniors as opposed to those with no education at all;
- On Social Protection, addressing long term care is a gap in the continuum care resources to benefit the needs of elder people. The Commission’s report found that there is no existing government

¹ Article XIII, Section 2 of the 1987 Philippine Constitution.

² Article XV, Section 4 of the 1987 Philippine Constitution.

³ Section 2, Declaration of Policy of RA 10911.

⁴ Section 4 of RA 9710.

⁵ *Situationer Report on Senior Citizen*, November 22, 2016

policy that supports sustainability of programs and accountability of the regulating body to set standards or regulations for care givers. According to the Philippine Commission on Women “government provided support & care services are also limited. DSWD only operates three centers across country for abandoned elderly persons. However, difficulty of access is due to the distance, cost & availability of transport, awareness of services & willingness of a family member to also participate in these resources.”⁶

- On Health Care, senior citizens heavily on informal sources, provided by their families for health needs. The Philippine Plan of Action (PPASC) 2012-2016, identifies efforts to increase human resources requirements for medical professionals to address the healthcare needs of senior citizens. This includes institutionalizing geriatric care modules in the curricula of medical curricula.
- On Education as part of social care, the Alternative Learning System (ALS) is offered by the DepEd to Older Persons. The CHED has amended its regulations on student assistance while TESDA offers vocational trainings which can be accessed by the elderly.
- On Decision-making and autonomy, living environment, Report shows that there are more women senior citizens living alone than males. A substantial number of our senior citizens live with their children or with different family or relative compositions.⁷ In other researches, many older persons say they want to live alone or with their spouse rather than with their children to retain autonomy.⁸ As a result, they lose their own time and space.

Republic Act No. 8425 a mechanism for Older Persons to participate in policy formulation and decision-making on matters concerning poverty alleviation.

Systemic discrimination based on age is manifested in older persons’ limited access to employment & social services. The age limit of 35-40 years old in hiring imposed by most companies & the mandatory retirement age of 65 years old are big barriers for older persons. They are also not provided comprehensive medical care. Similarly, insurance companies and social security providers do not cover OP above 65 to insurance plans & small loans.

Section 6, RA 1091 for justified differential treatment on old age. Exceptions to be considered, for certain age limit to be a requirement for employment.

On Neglect, violence and abuse:

⁶ Philippine Commission on Women (PCW), Women’s Empowerment, Development and Gender Equality Plan: 2013-2016, page 135.

⁷ 2010 NSO Census on population data on the living arrangement of senior citizen (as cited in the Philippine Plan of Action for Senior Citizens, 2012-2016).

⁸ Dominho et. Al, *Living arrangements of the elderly in the Philippines*.

There is a dearth of research on older persons. Researchers have not agreed on one definition of elder abuse. Current definitions are divided into four categories: physical abuse or violence, psychological or emotional abuse, material or financial exploitation, and neglect.⁹ There is a range of 3.2 to 27.5% elder abuse reported by general public, of which the adult children are the main perpetrators.¹⁰ It also showed that caregiver and elder-specific abuse increase the risk of death among the elderly. What is worse, this problem is seldom being talked about. This implies that there remain a substantial number of undocumented elder abuse incidents. This constitutes a “hidden disease of our society.”

The Commission on Human Rights has documented a total of 760 human rights violation cases involving victim aged 60 and above.¹¹ Since there is no specific offense relating to elderly abuse, the case type documentation of the Commission committed against both male and female senior citizens varies from discrimination, developmental aggression, arbitrary deprivation of property, request for financial assistance, to domestic abuse, negligence, grave threats, harassment, physical injuries, even torture and killings.

Attention must also be given to the special protection of women senior citizens. It is not uncommon in the Philippines to find elderly women experiencing abuse and violence, neglect and abandonment from family members. The Magna Carta for Women (R.A. 9710) mandates the reporting of all suspected cases of abuse or neglect of elderly women, in accordance with the law. For the period 2006–2010, DSWD recorded 4,332 cases of elderly in need of special protection. Of them, almost three-fourths (or 3,174) were served in the seventeen crisis intervention units of DSWD.¹²

Together with appropriate legislative advocacy for anti-elderly abuse legislation, the subject of improving standards and other accreditation requirements for facilities and institutions that cater to senior citizen clientele, who are victims of abuse, is being given attention by the DSWD.

It is important to note that only government-run and NGO-operated centers, residential and group homes are subject to DSWD standards. Privately-run, for-profit nursing homes are not specifically under any government agency’s particular jurisdiction. In addition, while the existing policy is for de-institutionalization and for reintegration of the elderly to their own family environments, it appears that for extreme cases, specialized care in proper health facilities is in the best interest and welfare of the elderly. All these are policy questions duly raised and must be extensively discussed for appropriate interventions to be developed.¹³

⁹ Dr. Clarita R. Carlos, *Concerns of Elderly Abuse in the Philippines*.

¹⁰ Dr. Deana Ringor, Study on Filipino elderly>

¹¹ January 2009-September 2014

¹² Women’s Empowerment, Development and Gender Equality Plan 2013 – 2016, Philippine Commission on Women (PCW)

¹³ Speech Delivered as Keynote Address in behalf of DSWD Undersecretary Florita R. Villar at the 1st RTD on “Health Human Resource for an Aging Philippines: Current Situation and Needs Assessment” by the National Institute of Health, UP Manila last February 7, 2013. Available at

http://ncmb.dswd.gov.ph/index.php?option=com_content&view=article&id=96:health-human-resource-for-an-aging-philippines&catid=1:latest-news Accessed September 5, 2014

A key issue is the invisibility of elder abuse compounded by the lack of data and awareness. A survey found that 40% of respondents had personal experience of elder abuse, the most common type is verbal abuse and the most common perpetrators are the children of older persons followed by other family members. The type of abuse range from physical and verbal abuse, ridicule and discrimination, dependency of families to elder persons and even negligence. Of those who experienced abuse, only 2% reported it to the authorities clearly suggesting that abuse is being perpetrated with impunity. 11% of victims turned to family for support but 21% sought no support or refuge.¹⁴

On domestic abuse, there has been no major local study of this incident. DSWD admitted receiving reports of such circumstances but no record or action has been made. Unlike child abuse, to be able to protect abused elderly, the elderly themselves should report such incidents before any action could be taken. Many abuses occur in different forms in their own homes, but only few would admit such circumstances. The victims are often silent or in denial.

Some incidence of older abuse occurs in the home,¹⁵ and abuse also exists in medical institutions. Although there are no hard evidences that there is refusal to give them medical attention, there have been reports of mistreatment especially among the poor elderly. Even in institutions such as residential facilities that are tasked to provide basic care and support for the abandoned elderly, there is prevalence of abuse.¹⁶

Financial abuse is one of the frequent complaints accompanied by physical abuse. The adult children who still live with their parents, either employed or unemployed are oftentimes the perpetrators or abusers. The abusers extort money from them to support their needs or expenses, failure of the elderly to give money usually leads to physical abuse. There are also cases wherein working parents force their elderly parents to care for their grandchildren even though the elderly have expressed refusal.¹⁷

Existing legislation that respond for Elder Abuse, violence and neglect include the Revised Penal Code, RA 9262 “Anti-Violence against Women and Children Act of 2003” and more specifically RA 9710 “Magna Carta on Women concerning elder women in family environments and intimate relationships.

The Commissions together with partners such as the Coalition of Services of the Elderly (COSE) and Confederation of Older Persons Association of the Philippines (COPAP) is advocating for the passage of Elderly Abuse Bill in the 17th Congress.

¹⁴ Dr. Edna E.A. Co, *The Case of the Philippine Older Persons: Finding a place in the Human Rights Domain*, presentation.

¹⁵ Dr. Clarita R. Carlos, *Concerns of Elderly in the Philippines*, 1999

¹⁶ *Ibid.*

¹⁷ *Ibid.*

