



## Access to Health Services and Its Influence on Daily Health Care Practices among Older Adults

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### Abstract

Population ageing has exacerbated issues on elderly health care practices in a community context, especially in highly urbanized countries like the Philippines. This study intended to study the factors affecting daily health care practices of the old people in selected barangays in Quezon City, Metro Manila, Philippines who reside in the community. The respondents who were 60 years and above were included in a quantitative cross sectional design. The data was gathered by structured face-to-face interviews on socio-demographics, health status, social support, environmental factors and daily health care practices. Descriptive and inferential statistical analysis was done to find the association between the variables. The overall findings were that engagement with daily health care practices was moderate. Adherence to medications and personal hygiene were the most engaged behaviors, while physical activity and routine health monitoring were less engaged. The most important predictor of daily health care practices was family social support, followed by self-rated health, health services accessibility, education level and age. It also emphasizes that family-based support systems and the accessibility of community health services influences the self-care behavior of Filipino elders in urban communities. This research's novelty is found in its multidimensional and context-specific analysis of individual, social and environmental determinants of elderly health care practices. The findings offer practical suggestions on enhancing barangay-based elderly health programs and advocating for sustainable elderly health policies in the Philippines.

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## INTRODUCTION

In Southeast Asia, especially in countries that are undergoing rapid social and epidemiological changes, population ageing is a significant demographic and public health challenge. The growing ageing population has exacerbated challenges to health systems, family care systems and community social support services. The ageing population in the Philippines has increased gradually over the past decade and is also associated with an increasing proportion of people having chronic diseases, functional limitations, and dependency (Karthika et al., 2025; Wong, 2023; Giang & Taylor-Robinson, 2025). Demographic projections from both the Philippine

Statistics Authority and international ageing estimates indicate that the share of the elderly population (60 years and over) will increase considerably in both urban and rural areas, which poses significant implications for access to health services and long-term care for elderly people (Liu et al., 2023; Cabañero-Garcia et al., 2025; Cohen & Greaney, 2023; Khan et al., 2024). Elderly care in the Philippines is mainly family-centered and community-based, where health management becomes an important issue in the household/community level compared to other countries with higher income which have more institutionalized geriatric systems.

The prevalence of non-communicable diseases among older adults has heightened the complexity of elderly health care in their daily lives. Self-care, medication compliance, dietary changes and routine health monitoring are all required for people with disorders like hypertension, diabetes mellitus, cardiovascular diseases and musculoskeletal problems (Kaveh et al., 2023; Ahmad & Joshi, 2023; Akhal et al., 2025; Coman et al., 2024). Previous research has shown that the effectiveness of the health care provided to older adults is not just based on their medical treatment, but also their ability to sustain regular health-related activities in their natural environment (Taylor et al., 2022; Selanon & Chuangchai, 2023; Vancampfort et al., 2025). As a result of mobility, cognitive and physical limitations that age individuals, however, they may have reduced ability to meet these health needs independently. Elderly people, therefore, often rely on family, informal carers and community health resources to maintain health care activities in their daily lives.

Structural inequalities in the Philippines that affect access to health care and socioeconomic factors exacerbate these difficulties (Rogayan & De Guzman, 2025; Serafica et al., 2025; Estrada et al., 2024). The Philippine government's efforts on ageing include policies and programmes based on the local government units and barangay health centers, but there is still a difference in access to health services between communities. For older adults residing in high-density urban communities and in coastal remote regions, the problems of transportation, budget issues, geriatric services and continuity of care may be challenging. Previous research in Southeast Asian contexts has demonstrated that the health system fragmentation and inequities in community health resources have a significant impact on preventive health practices among older adults (Serafica et al., 2025; Khatri et al., 2023; Gebremeskel et al., 2023; Ghazalbash et al., 2025). Therefore, the approach to elderly health care in everyday life can not be seen in only a biomedical framework, it also needs to take into account the other social and environmental factors that affect health behavior and care practices.

Family support is especially significant in the Philippines due to the high level of intergenerational dependency and cultural practices that emphasize the importance of a strong sense of family. The family in the Philippines is expected to be the backbone of the care and support of the elderly, covering the provision of medication, mobility support, appointment assistance, and emotional support (Garcia et al., 2025). Emotional and instrumental family support have been shown in previous gerontological studies to play an important role in better health behaviors, psychological health and quality of life among older adults (Mo et al., 2022; Zheng et al., 2022; Geigl et al., 2023). Yet, demographic and economic changes, such as the migration of family members to work and the loss of family members to overseas employment, have brought about shifts in the caregiving system in many Filipino households. These shifts have led to new vulnerabilities for older people, especially those who live without family or who depend on less help in the community.

Family and family relationships are also important in shaping elderly health care practices, but so are also environmental factors (Savela et al., 2022; Juba et al., 2024; Costa & Oliveira, 2023). Barangay Health Center accessibility, public transportation, neighborhood safety, and community-based elderly programs affect

the ability of older adults to sustain their preventive health and promotive health practices. Age-Friendly Environments supporting mobility, social participation and continuity of care have become increasingly highlighted in the research on healthy ageing (Hossen et al., 2023; Salmistu & Kotval, 2023). Empirical study in a developing urban context in the Philippines, however, is still quite limited, especially on the interaction of environmental and social determinants on everyday healthcare practices of the community dwelling elderly.

Prior research on the health care of the elderly has been centered on individual factors like chronic illness management, social support, or utilization of health care facilities. Many of these studies offer important insights, but are not able to consider the multidimensional interaction between individual characteristics, family support systems and environmental accessibility in the context of everyday life. Moreover, a significant portion of the empirical research on 'health ageing' is drawn from high-income countries, and theoretical concepts are not necessarily relevant to the broader context of Southeast Asian societies with varying cultural norms, family systems and health system capacities. Studies often focus on the institutional health programs or policy implementation and comparatively less on the routine health care practices undertaken by the older people in the home and community environment in the Philippine context.

One of the other significant shortcomings of the existing body of literature is the focus on clinical outcomes of elderly health care, rather than daily life experiences. Health care for older adults is not limited to the health care setting or to interventions, but includes everyday activities of self-care, interpersonal support, and adaptive strategies. It is especially important in the urban Filipino community where older persons often have to manage their health in the face of economic constraints, overcrowding in their homes, and inadequate access to formal support services. Therefore, more integrative analyses of social relationships, environment, and individual health status that can explain daily life health care practices among the elderly are needed.

Against this background, the present study focuses on community-dwelling older adults in selected barangays in Quezon City, Metro Manila, Philippines. Quezon City represents one of the most densely populated urban areas in the country and reflects many contemporary challenges associated with ageing, including increasing chronic disease prevalence, unequal access to community health services, and changing family caregiving patterns. By examining elderly health care practices within this urban community context, the study seeks to provide a more contextualized understanding of how older adults manage health-related activities in everyday life.

This study aims to analyze the factors associated with elderly health care practices in daily life by integrating socio-demographic characteristics, health status, social support, and environmental conditions within a single analytical framework. The novelty of this research lies in its multidimensional and context-specific approach, which moves beyond single-factor explanations and emphasizes the interaction between individual, social, and environmental determinants within community-based Filipino settings. Unlike previous studies that focus primarily on institutional care or isolated behavioral variables, this research highlights the lived realities of older adults managing health within daily environments. The findings are expected to contribute theoretically to healthy ageing discourse in Southeast Asia and practically to the development of family-centered and community-based elderly health interventions in the Philippines.

## METHODS

### Research Design

This study employed a quantitative cross-sectional research design to examine factors associated with elderly health care practices in daily life among community-dwelling older adults. A cross-sectional approach was considered appropriate because it enables the simultaneous assessment of socio-demographic characteristics, health status, social support, and environmental conditions within a defined population and time period. The study was grounded in the healthy ageing framework proposed by the World Health Organization, which conceptualizes elderly health care as a multidimensional process shaped by interactions between individual capacity, social relationships, and environmental support systems. Quantitative analysis was selected to identify patterns and statistically significant associations among variables related to everyday health care practices.

### Research Setting and Context

The study was conducted in selected barangays in Quezon City, Metro Manila, Philippines. Quezon City was selected because it represents one of the largest and most densely populated urban areas in the country, characterized by diverse socioeconomic conditions, varying accessibility to health services, and increasing ageing populations. The selected barangays were urban community-based settings where older adults commonly relied on barangay health centers, family caregiving, and local community support for daily health management. These communities also reflected common challenges faced by older Filipino adults, including chronic disease burden, uneven access to preventive health services, and changing family support structures due to urbanization and labor migration.

### Population and Sampling

The target population consisted of older adults aged 60 years and above residing in the selected barangays for at least six months prior to data collection. Inclusion criteria included the ability to communicate effectively and willingness to participate voluntarily in the study. Older adults with severe cognitive impairment, acute medical conditions, or communication difficulties that could affect response reliability were excluded from participation.

A total of 240 respondents participated in the study. The sample size was determined using statistical considerations for multivariate analysis and was considered adequate to detect significant associations among study variables (Cohen, 1988). Participants were selected using systematic random sampling based on community records obtained from barangay health offices. This probability-based sampling technique was employed to reduce selection bias and improve the representativeness of the sample.

### Data Collection Techniques

Data were collected using a structured questionnaire developed from previous studies on healthy ageing, elderly self-care, social support, and community health practices (Floriano & Tavares, 2022; Wong et al., 2022). The questionnaire consisted of five sections covering socio-demographic characteristics, health status, daily health care practices, social support, and environmental conditions.

Daily health care practices included medication adherence, dietary management, physical activity, personal hygiene, and routine health monitoring. Social support variables measured emotional, informational, and instrumental support received from family members and the community. Environmental variables focused on accessibility of health services, availability of community resources, and perceived environmental safety.

Data collection was conducted through face-to-face interviews by trained field enumerators between January and March 2026. Face-to-face administration was chosen to accommodate older participants with limited literacy and visual limitations, which is commonly recommended in gerontological research (Naudé et al., 2022). Interviews were conducted in participants' homes or barangay community centers to ensure comfort and confidentiality during the data collection process.

### **Data Analysis**

The collected data were analyzed using statistical software for social science research. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize participant characteristics and patterns of daily health care practices. As presented in Table 1, descriptive analysis provided an overview of the socio-demographic and health-related profiles of the respondents.

Inferential statistical analyses were subsequently employed to examine relationships between variables. Independent t-tests, one-way ANOVA, and Pearson correlation analyses were used to assess bivariate associations between socio-demographic variables, health status, social support, environmental factors, and elderly health care practices. Multiple linear regression analysis was further conducted to identify significant predictors of daily health care practices while controlling for potential confounding variables. Statistical significance was determined at a confidence level of  $p < 0.05$ .

### **Validity and Reliability**

To ensure content validity, the questionnaire was reviewed by experts in public health, gerontology, and community health research. A pilot study involving 20 older adults outside the primary study area was conducted to assess clarity, readability, and cultural appropriateness of the instrument. Feedback obtained from the pilot testing was used to revise ambiguous wording and improve comprehensibility.

Reliability testing was conducted using Cronbach's alpha coefficient to evaluate the internal consistency of multi-item scales. The reliability coefficients for the major variables exceeded the recommended threshold of 0.70, indicating acceptable reliability for quantitative research instruments. Ethical approval for the study was obtained from the institutional ethics committee prior to data collection, and informed consent was secured from all participants before participation.

## **RESULTS AND DISCUSSION**

This section presents the empirical findings of the study concerning elderly health care practices among community-dwelling older adults in selected barangays in Quezon City, Metro Manila, Philippines. The analysis focuses on the interaction between socio-demographic characteristics, health status, social support, and environmental conditions in shaping daily health care practices among older adults. The results are presented systematically through descriptive and inferential statistical analyses. First, the socio-demographic and health-related characteristics of the respondents are described, followed by analyses of daily health care practices, social support patterns, and environmental conditions. Subsequently, bivariate and multivariate analyses are presented to examine the relationships between the independent variables and daily health care practices among the elderly respondents.

### **Socio-Demographic and Health Characteristics of Respondents**

Table 1 presents the socio-demographic and health-related characteristics of the 240 older adults who participated in the study. The respondents represented community-dwelling elderly individuals residing in selected barangays in Quezon City.

Table 1. Socio-Demographic and Health Characteristics of Respondents (n = 240)

Variable	Category	n	%
Age	60–69 years	110	45.8
	70–79 years	82	34.2
	≥80 years	48	20.0
Gender	Male	104	43.3
	Female	136	56.7
Educational Level	Primary education	99	41.3
	Secondary education	83	34.6
	Tertiary education	58	24.1
Living Arrangement	With family	172	71.7
	Alone	68	28.3
Chronic Disease	Yes	183	76.3
	No	57	23.7
Self-Rated Health	Good	83	34.6
	Moderate	112	46.7
	Poor	45	18.7

Source: Field Survey Data, 2026

The findings indicate that the majority of respondents belonged to the younger elderly category aged 60–69 years (45.8%), followed by those aged 70–79 years (34.2%). Respondents aged 80 years and above represented 20.0% of the total sample. Female respondents constituted a larger proportion of the participants (56.7%) compared to males (43.3%).

Educational attainment among respondents varied considerably. Most participants had completed primary education (41.3%), while 34.6% had secondary education and 24.1% had tertiary education. Regarding living arrangements, a substantial majority of respondents lived with family members (71.7%), whereas 28.3% lived alone. This pattern reflects the continuing importance of family-based living arrangements among older adults in urban Filipino communities.

In terms of health conditions, 76.3% of respondents reported having at least one chronic disease. Hypertension, diabetes mellitus, and musculoskeletal disorders were the most commonly reported conditions during the survey. Self-rated health status was predominantly categorized as moderate (46.7%), followed by good health perception (34.6%), while 18.7% perceived their health as poor.

### Daily Health Care Practices among Older Adults

The study assessed daily health care practices across five dimensions: medication adherence, dietary management, physical activity, personal hygiene, and routine health monitoring. Table 2 summarizes the descriptive statistics for each dimension.

Table 2. Descriptive Statistics of Daily Health Care Practices

Dimension	Mean	SD
Medication adherence	3.98	0.61
Dietary management	3.52	0.66
Physical activity	2.91	0.72
Personal hygiene	3.85	0.58
Health monitoring	2.76	0.69
Score	3.42	0.54

Source: Field Survey Data, 2026

As presented in Table 2, medication adherence demonstrated the highest mean score ( $M = 3.98$ ,  $SD = 0.61$ ), indicating that most respondents consistently followed prescribed medication regimens. Personal hygiene practices also showed relatively high engagement among respondents ( $M = 3.85$ ,  $SD = 0.58$ ). These findings suggest that routine and habitual forms of self-care were relatively well maintained among older adults in the study area.

Dietary management recorded a moderate mean score ( $M = 3.52$ ,  $SD = 0.66$ ), indicating some variability in adherence to healthy dietary practices. In contrast, physical activity ( $M = 2.91$ ,  $SD = 0.72$ ) and routine health monitoring ( $M = 2.76$ ,  $SD = 0.69$ ) demonstrated comparatively lower levels of engagement. During the interviews, several respondents reported barriers related to limited mobility, transportation difficulties, and lack of regular community-based exercise programs. The overall score for daily health care practices was moderate ( $M = 3.42$ ,  $SD = 0.54$ ), indicating that while elderly respondents maintained certain aspects of self-care, preventive and health-promoting behaviors were less consistently practiced.

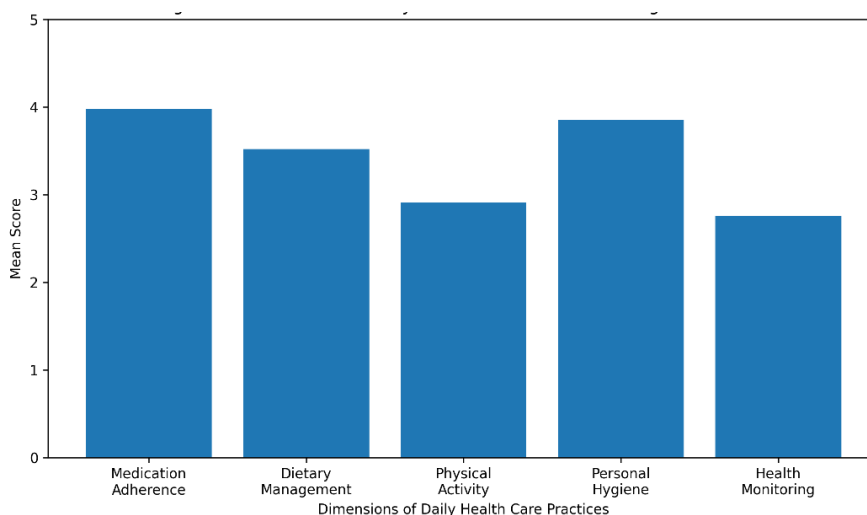


Figure 1. Mean Scores of Daily Health Care Practices among Older Adults

Source: Field Survey Data, 2026

Figure 1 illustrates variations in daily health care practices among older adults in selected barangays in Quezon City. Medication adherence and personal hygiene demonstrated the highest mean scores, while physical activity and routine health monitoring showed comparatively lower levels of engagement.

### Social Support among Older Adults

Social support was examined through emotional, instrumental, and informational support originating from family members and community networks. Table 3 presents the descriptive statistics for perceived social support.

Table 3. Descriptive Statistics of Social Support

Type of Support	Mean	SD
Family emotional support	3.89	0.60
Family instrumental support	3.63	0.65
Family informational support	3.41	0.68
Community emotional support	3.02	0.70
Community instrumental support	2.84	0.71

Source: Field Survey Data, 2026.

The results reveal that family-based support was consistently rated higher than community-based support across all dimensions. Family emotional support recorded the highest mean score ( $M = 3.89$ ,  $SD = 0.60$ ), reflecting the strong role of family relationships in supporting elderly health care practices in Filipino households.

Family instrumental support, which included assistance with transportation, medication management, and daily activities, also demonstrated relatively high levels ( $M = 3.63$ ,  $SD = 0.65$ ). Informational support from family members showed moderate levels ( $M = 3.41$ ,  $SD = 0.68$ ), suggesting that family members also contributed to health-related decision-making and communication. Community-based support displayed comparatively lower mean scores. Community emotional support recorded a moderate score ( $M = 3.02$ ,  $SD = 0.70$ ), while community instrumental support showed the lowest mean value ( $M = 2.84$ ,  $SD = 0.71$ ). These findings indicate that elderly respondents relied more heavily on family support than on formal or informal community networks.

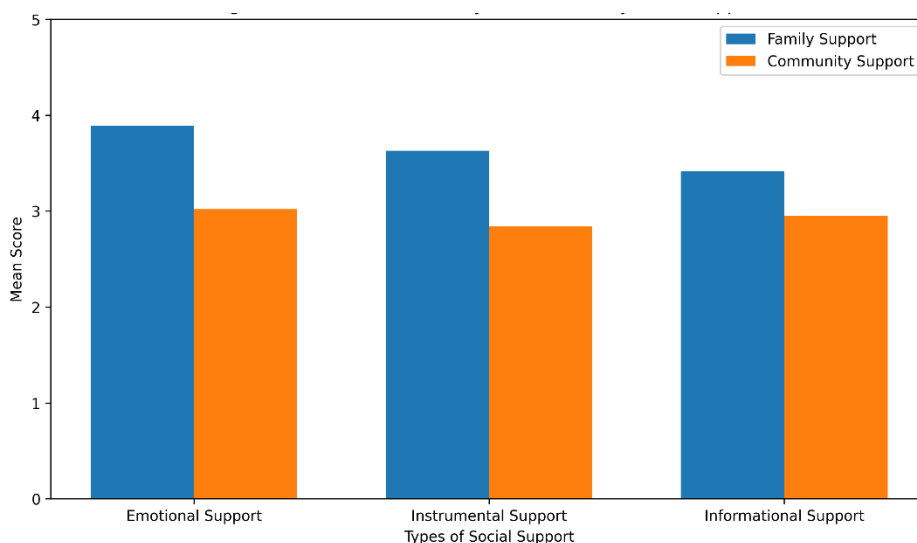


Figure 2. Distribution of Family and Community Social Support

Source: Field Survey Data, 2026

Figure 2 demonstrates that family-based social support consistently showed higher mean scores across emotional, instrumental, and informational dimensions compared to community-based support. Emotional support from family members emerged as the strongest form of perceived support among older adults in the selected barangays.

### Environmental Conditions Related to Elderly Health Care

Environmental factors associated with elderly health care practices were also assessed in the study. Table 4 summarizes respondents' perceptions regarding accessibility of health services, availability of community resources, and environmental safety.

Table 4. Environmental Factors Related to Elderly Health Care

Factor	Mean	SD
Health service accessibility	3.56	0.64
Community resource availability	2.97	0.73
Environmental safety	3.61	0.59

Source: Field Survey Data, 2026

Accessibility of health services received a moderate-to-high mean score ( $M = 3.56$ ,  $SD = 0.64$ ), indicating that respondents generally perceived barangay health centers

and nearby public health facilities as relatively accessible. Nevertheless, several respondents noted difficulties related to overcrowding, waiting times, and transportation costs when accessing medical services beyond the barangay level.

Environmental safety was also positively perceived ( $M = 3.61$ ,  $SD = 0.59$ ), suggesting that most respondents considered their neighborhoods relatively safe for routine daily activities. However, the availability of community resources for elderly health promotion was rated lower ( $M = 2.97$ ,  $SD = 0.73$ ). Respondents particularly highlighted limited access to elderly-focused recreational programs, exercise facilities, and organized community health activities.

### **Bivariate Analysis between Socio-Demographic Factors and Daily Health Care Practices**

Bivariate statistical analyses were conducted to examine associations between socio-demographic variables and overall daily health care practices. The results are presented in Table 5.

Table 5. Association between Socio-Demographic Factors and Daily Health Care Practices

<b>Variable</b>	<b>Test Statistic</b>	<b>p-value</b>
Age	$F = 6.42$	$<0.01$
Gender	$t = 1.92$	$0.056$
Educational level	$F = 9.87$	$<0.001$

Source: Field Survey Data, 2026

The findings demonstrate a statistically significant association between age and daily health care practices ( $p < 0.01$ ). Younger elderly respondents aged 60–69 years reported higher engagement in health care activities compared to respondents aged 80 years and above.

Educational level also showed a statistically significant association with daily health care practices ( $p < 0.001$ ). Respondents with tertiary education generally reported better medication adherence, dietary management, and health monitoring behaviors compared to those with lower educational attainment.

Gender differences were observed, with female respondents reporting slightly higher practice scores than male respondents; however, the association was only marginally significant ( $p = 0.056$ ).

### **Bivariate Analysis between Health Status and Daily Health Care Practices**

The relationships between health status variables and daily health care practices were examined through inferential statistical analysis. The results are shown in Table 6.

Table 6. Association between Health Status and Daily Health Care Practices

<b>Variable</b>	<b>Test Statistic</b>	<b>p-value</b>
Self-rated health	$F = 12.15$	$<0.001$
Number of chronic diseases	$r = -0.31$	$<0.01$

Source: Field Survey Data, 2026

The analysis revealed a significant positive relationship between self-rated health and overall daily health care practices ( $p < 0.001$ ). Respondents who perceived themselves as healthier generally reported stronger engagement in self-care activities. Conversely, the number of chronic diseases demonstrated a negative correlation with daily health care practices ( $r = -0.31$ ,  $p < 0.01$ ). Older adults with multiple chronic

conditions tended to experience greater difficulty maintaining physical activity and routine health monitoring behaviors.

### **Bivariate Analysis between Social Support and Daily Health Care Practices**

Table 7 presents the relationships between social support variables and elderly daily health care practices.

Table 7. Association between Social Support and Daily Health Care Practices

<b>Support Type</b>	<b>Correlation (r)</b>	<b>p-value</b>
Family support	0.48	<0.001
Community support	0.29	<0.01

Source: Field Survey Data, 2026

Family support demonstrated the strongest positive correlation with daily health care practices ( $r = 0.48$ ,  $p < 0.001$ ). Respondents receiving higher levels of emotional and instrumental support from family members were more likely to maintain medication adherence, dietary regulation, and routine health monitoring. Community support also showed a statistically significant positive association ( $r = 0.29$ ,  $p < 0.01$ ), although the strength of the relationship was weaker than family support.

### **Bivariate Analysis between Environmental Factors and Daily Health Care Practices**

Environmental variables were further analyzed to determine their association with elderly health care practices. The results are summarized in Table 8.

Table 8. Association between Environmental Factors and Daily Health Care Practices

<b>Factor</b>	<b>Correlation (r)</b>	<b>p-value</b>
Health service accessibility	0.34	<0.01
Community resources	0.27	<0.05

Source: Field Survey Data, 2026

The findings indicate that accessibility of health services was positively associated with daily health care practices ( $r = 0.34$ ,  $p < 0.01$ ). Elderly respondents who perceived barangay health facilities as accessible reported better medication adherence and routine health monitoring behaviors. Community resource availability also demonstrated a positive association with overall health care practices ( $r = 0.27$ ,  $p < 0.05$ ), particularly with regard to physical activity participation and social engagement.

### **Multivariate Regression Analysis of Daily Health Care Practices**

To identify the strongest predictors of elderly daily health care practices, multiple linear regression analysis was conducted. The results are presented in Table 9.

Table 9. Multivariate Regression Analysis of Daily Health Care Practices

<b>Predictor</b>	<b><math>\beta</math></b>	<b>p-value</b>
Family social support	0.36	<0.001
Self-rated health	0.29	<0.001
Health service accessibility	0.21	<0.01
Educational level	0.18	<0.05
Age	-0.17	<0.05

Source: Field Survey Data, 2026

The regression analysis identified family social support as the strongest predictor of daily health care practices among older adults ( $\beta = 0.36$ ,  $p < 0.001$ ). Self-rated health

also showed a substantial positive effect ( $\beta = 0.29$ ,  $p < 0.001$ ), indicating that healthier elderly individuals were more capable of maintaining daily health-related activities.

Accessibility of health services remained a significant environmental predictor ( $\beta = 0.21$ ,  $p < 0.01$ ), highlighting the importance of accessible community-based health infrastructure in supporting elderly self-care. Educational level positively influenced health care practices ( $\beta = 0.18$ ,  $p < 0.05$ ), while increasing age demonstrated a modest negative effect ( $\beta = -0.17$ ,  $p < 0.05$ ). The findings indicate that elderly health care practices in Quezon City are shaped by the interaction between individual capacity, family caregiving support, and environmental accessibility within urban community settings.

### **Multidimensional Determinants of Elderly Health Care Practices in Urban Filipino Communities**

This study has found that elderly health care practices in everyday life are influenced by a complex dynamic of individual capabilities, family support and environmental accessibility in community-based urban spaces in the Philippines. The findings confirm the idea that ageing outcomes are not just the result of health conditions, and also social and environmental factors that affect older people's capacity to sustain their daily health-related activities, as stated in the healthy ageing framework (Zhang & Wang, 2025; Keating, 2022). This study's integration of socio-demographic, health, social and environmental factors into one analytical framework also helps to provide more contextual understanding of elderly health care practices amongst older adults living in the community in urban communities in Southeast Asia.

The moderate level of overall engagement with daily health care practices found in this study is in line with other research on ageing populations in middle income groups. Other studies have found that older adults are more likely to be consistent with routine behaviors (taking medication, personal hygiene) compared to preventive behaviors (physical activity, routine health monitoring) (Jin et al., 2022; Klinedinst et al., 2022; Li et al., 2023). This may be due to lower level of physical activity among those who responded, as well as mobility difficulties and the burden of chronic diseases and limited access to recreation facilities for the elderly in urban areas. Elderly participation in preventive health activities may be further limited by environmental barriers that exist in Quezon City, including transportation issues, insufficient public facilities, and lack of community exercise programs. This result builds on previous research by showing that there is an interaction between structural urban conditions and ageing-related constraints on daily health practices.

The strong impact of family social support on the health care practices of the elderly is one of the most important results obtained from this study. This was a positive relationship between family support and daily care, which is in line with gerontological studies on the importance of informal caregiving within non-institutionalized care programmes for the elderly (Adil et al., 2025; Barrero-Mejias et al., 2024). Care giving is deeply rooted in the collectivist family traditions and extended families of Filipino society. Support from family members can be emotional and instrumental, helping to make up for any physical constraints and promote treatment and health monitoring compliance. The study results differed from those found in Western settings where institutional care for older adults occurs more often, showing that the older adults studied continue to rely on family-based support systems. The context-specific evidence is a valuable contribution to Southeast Asian ageing research because family care continues to be an important aspect of the lives of residents, despite the changing socioeconomic landscape and labour mobility in the region.

The results also confirm that the self-rated health and education level of the elderly significantly affect their health care habits. There was a higher level of engagement in activities such as medication management, dietary control, and routine monitoring of these items among older adults with higher education levels who had a more positive health perception. This study confirmed that there is a connection between health literacy, cognitive resources and capability of self-care among the ageing population (Du et al., 2023). The findings of the current research, however, also show that benefits in the area of education and health are embedded within a larger social and environmental context. This integrative approach builds on a body of literature that tends to focus on either health literacy or chronic disease management separately as determinants of the behavior of elderly patients in care.

The other factor that was shown to be important for daily health care practices was environmental accessibility. There was a positive correlation between accessibility of barangay health centers and local health services with preventive health behaviors and continuity of care. This is a confirmation of previous studies that have highlighted the significance of age-friendly environments and accessible primary health care systems for achieving a healthy age. However, the comparatively low scores for community resources suggest that elderly urban residents might also still have restricted access to elderly-oriented programs and preventive community services. The results hence indicate the need to further consolidate local community infrastructure in order to promote sustainable elderly health care practices in urban Philippine context.

The theoretical contribution of this study is to the multidimensional and context-based analysis of the health care of the elderly in everyday life. This research is different from previous research which has largely concentrated on institutional care or only one behavioural variable, as it shows how individual, family and environment factors work together in real life community environments. The findings are important in practice, as they show the importance of policies that increase the ability to avail of family-based care support, increase the accessibility of health services in barangay level and increase the elderly friendly programs in the barangay in urban areas. A potential benefit for local government units and public health institutions is the creation of integrated ageing programs that integrate preventive health education, programs that promote social participation, and easy access to routine monitoring services.

There are some limitations to this study. The cross-sectional design does not allow us to make causal inferences between variables and self-reported responses can give rise to reporting bias. Moreover, the study only involved selected barangays of Quezon City and did not attempt to generalize for other rural or other Philippine regions with varying socioeconomic conditions. Longitudinal or mixed methods research should be used in future studies to examine shifts in health care practices of the elderly over time and provide a more nuanced understanding of lived ageing experiences in the contexts of different Filipino communities. Comparative research between other countries in Southeast Asia might also provide additional insights into the role of cultural and structural influences on the health care processes of the elderly in fast ageing societies.

## **CONCLUSION**

This study shows that individual, social and environmental factors interact with each other in impacting the elderly health care practices of older adults living in the community in Quezon City, Philippines. The results suggest that adherence to medication, personal hygiene, were relatively good and that preventive measures like physical exercise and regular health monitoring were comparatively limited. Family social support was the most significant predictor of daily health care practices,

followed by self-rated health, health service accessibility, education level and age. The results suggest the multi-dimensionality of healthy ageing and the continued significance of family based care care in Filipino urban communities.

This study theoretically adds to the healthy ageing literature with the inclusion of socio-demographic, social, and environmental factors in a context-specific approach that is applicable to the Southeast Asian ageing societies. From a practical point of view, the results indicate that there is a need to augment barangay-based elderly health programmes, family caring support and available preventive services in the community. However, the study has some limitations because it is a cross-sectional study and data was self-reported. Research needs to be continued by using longitudinal and mixed-method designs to delve into the experiences of the elderly in the field of health care in different cultural and geographical settings in the Philippines.

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