Medication Adherence among the Elderly in Selected Barangay in Santiago City, Isabela

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ABSTRACT

Introduction. Many older people worldwide face major challenges in adhering to medicine, which has a direct impact on their health

Objective. This study aim was to thoroughly determine the level of influence on medication adherence among the elderly in Barangay Batal, Rizal, and Rosario Santiago City.

Method. Using a descriptive cross-sectional design, the study surveyed n=358 elderly individuals to obtain relevant and accurate information regarding their medication practices. An adopted questionnaire was used from a previous study to gather data from respondents and ensure consistency in measuring adherence.

Result. The result of the study shows that the level of medication adherence among the elderly in the selected barangay has high adherence in terms of effectiveness of medicine, desire to be treated, physician's good prescription, and influence of positive observation.

Conclusion. This indicates that the elderly respondents are motivated to follow their medication regimen when they perceive the medicine to be working effectively, when they genuinely desire to be healed, when the physician prescribes medications appropriately, and when they observe positive health outcomes from doing so. Moreover, it was statistically shown that there is no significant difference between medication adherence among the elderly when grouped according to profile, such as age, gender, or other demographic factors. The findings emphasized maintaining medication adherence in improving and sustaining health to attain better outcomes, particularly among the elderly population facing chronic health challenges

Keywords: Chronic, Elderly, Medication Adherence, Medicine

INTRODUCTION

Background of Study

Medication adherence refers to taking the right medicines, at the right time, and in the right way, which is beneficial for chronic disease management in older adults. The incidence of multiple long-term illnesses increases as people age. Furthermore, it is common for them to use multiple medicines at the same time, which complicates their regimens. Also, there is a higher risk of a missed dose or an incorrect dose. The World Health Organization or WHO (2022) has highlighted that medication safety and appropriate use of medicines are urgent priorities, especially in high-risk situations like polypharmacy and transitions of care, which are particularly common among older persons. When older individuals do not follow treatment recommendations, complications that could have been avoided occur, resulting in hospital visits and increases in health expenditure. Moreover, such consequences are particularly concerning in the community setting, where monitoring and follow-up are often not done. Evidence from the Philippines suggests that adherence to medications continues to be a viable and enduring issue determined by patients, therapy and system factors. According to a Philippine paper on elderly patients with chronic illness in Surigao City, adherence is influenced by usual barriers like forgetfulness, burden

of regimen, limitations of daily living conditions and resources. It shows that non-adherence of elderly is not mere choice but is often driven by context (Benitez, 2024). Another study from the Philippines on access to services for older adults is Carandang et al. (2024), it found that older adults faced barriers in medication support services (e.g., difficult to operate technology, access issues) clearly showing the provision system and way of communication define whether older adults will sustain proper medicine taking. In addition, a systematic review of studies conducted in the Philippines reported that issues with being consistent in taking medication for a chronic condition (for example, hypertension) are often associated with modifiable health-system issues and patient-support issues (Gutierrez et al., 2021).

These local insights point to the need to assess these medication adherence specifically within barangays. This is because the everyday realities of family support, health counseling, access to medicines, and continuity of care may strongly influence older adult adherence. Thus, this study aimed to thoroughly determine the level influencing medication adherence among the elderly in Barangay Batal, Rizal, and Rosario Santiago City, Isabela. It sought to evaluate whether the elderly in this community were taking their medications correctly and on time. By investigating these aspects, the research provided evidence-based recommendations for improving medication adherence among the elderly that influenced the elderly's non-adherence to medications in the targeted location. In this light, the study served to raise awareness among the elderly, globally and locally, regarding maintaining proper prescription in order to prevent potential health problems and risks of nonadherence. Furthermore, the collected data aided health institutions and barangay health units in improving health services and implementing measures that focused on maximizing the medication adherence of elders in communities.

LITERATURE REVIEW

Many older people worldwide face major challenges in adhering to medicine, which has a direct impact on their health. Many elderly individuals globally suffer significant difficulties in sticking to medication, which has a direct impact on their health. Many elderly people struggle to adhere to prescribed medication regimens in real life due to many chronic diseases and polypharmacy. Jimmy and Jose's (2024) several barriers to effective medication use, including inadequate communication between patients and healthcare providers, a lack of knowledge about medications and their proper use, uncertainty about the need for treatment, fears about potential side effects, complex and lengthy medication schedules, and cost and accessibility issues. Trends also give a growing emphasis on technology-driven solutions. Mobile data enables healthcare professionals to access patient information in real-time and monitoring of patient data. This enables healthcare professionals and patients to monitor and retrieve information, which could result in enhanced health outcomes (Kim et. al., 2023). In the Philippines, according to Benitez et al., (2023) adhering to medication protocols is critical for assessing the success of healthcare initiatives, including patient education, interaction with healthcare professionals, and for the availability of healthcare resources, particularly in encouraging adherence among the elderly.

Medication adherence is crucial in maintaining the health of older adults as the prevalence of diseases continues to rise, and their well-being is the foremost susceptible and at greater risk. This issue has been one of the struggles for healthcare allies locally and worldwide. Past literature studies have been conducted to determine the gaps regarding medication adherence and how this correlates with their health and quality of life. According to Emadi (2022), the shortage of healthcare professionals and the closure of pharmacies in remote areas is a growing global issue that health systems must address to improve patient medication adherence. Moreover, in Benitez's study (2024), the researchers stated that healthcare services in the Philippines are primarily driven by profit, making them expensive, particularly for a large segment of the underprivileged population. He further noted that this situation, along with rising healthcare costs and insufficient social protection measurements, particularly among the most economically disadvantaged Filipino families, has led to the perception of illness as an unforeseen event. Furthermore, according to Widyakusuma (2023), non-adherent people might not attend health centers to do checkups or refill prescriptions and may express different beliefs.

As mentioned above, it is essential to explore the levels of medication adherence among the elderly in the community because of the shortage of near-proximity pharmacies in remote areas, different beliefs and practices, and increased cost of medication because of economic instability, which contributes to the increasing rate of non-adherence among older adults. Addressing these gaps from previous studies may decrease health disparities by implementing solutions to ensure that accessibility to healthcare is provided for all age populations,

particularly older adults. These gaps could strengthen and serve as a foundation for gathering findings in the study to provide the barangay health officers and health institutions with knowledge concerning the root cause and the difference in levels of adherence to medication among the elderly and to prevent the rising rate of nonadherence in communities.

Medication Adherence

The adherence to the medication depend its effectivity to a person's lifestyle and it is better for an individual to have someone to assist the elderly (Alhabib et al, 202; Emadi et al, 2022). Medication adherence (MA) among aged 60 and above having a chronic condition that requiring multiple medications, which is crucial. However, the study of Irshaidat et al. (2023) noticed that low adherence to medication is usual among the elderly. That is why it is necessary to understand the underlying causes to enhance the good results.

Furthermore, not adhering to medication may directly impact the health and can be an issue to the public, by resulting to poor clinical outcomes and possible cost to healthcare is higher than the usual. Many factors affecting medication adherence have been determined, and targeted interventions, such as promoting self-administration of medications and reducing medication costs, can be employed to improve adherence (Liu et al., 2023).

Additionally, the study highlights that medication adherence is a varied issue. According to Widyakusuma et al. (2023), participants were more likely to take the medication when they know the benefits of taking it regularly. According to Yang et al. (2020) that medication adherence regimen is crucial for maximizing treatment effectiveness and better health results. Nevertheless, limited research has been conducted on the underlying mechanisms and factors influencing adherence in medication in elderly patients with underlying conditions. The insufficient evidence is not enough to support the development and evaluation of effective medication adherence interventions. The data specified that adherence to chronic conditions remains low in these settings. Achieving desirable adherence would require multifaceted, tailored interventions, emphasizing mainly on the educational and informational needs of patients.

In the Philippines, the study of Benitez et al., (2024) said that drug adherence highlights the effectiveness of healthcare interventions, including patient education, healthcare provider communication, and access to healthcare coffers, in fostering adherence among the elderly. In the Philippines, Benitez et al., (2024) found that medication adherence highlights the usefulness of health care interventions such as patient education, health care provider communication, and access to the health care fund in improving adherence among seniors. These interventions increased participants' understanding of the significance of drug adherence and their ability to incorporate it into their daily lives. This study is significant because it improves our understanding of drug adherence among the elderly. However, Gutierrez and Rungpetch (2021) reported that heart and vascular system disorders are the major cause of death in the Philippines. Hypertension, the most important adjustable threat factor, has a frequency rate of 28 and a control rate of 20. Despite the known efficacy of pharmacologic treatment, drug adherence has been recorded as low as 66 percent. Hypertension is a significant modifiable risk factor for myocardial infarction and stroke, although medication adherence is low. The growing COVID-19 outbreak has impacted the management of common illnesses including hypertension. This study emphasizes the role of the patient-doctor connection in treatment adherence among hypertensive Filipinos during the COVID-19 pandemic. Improving communication and trust between patient and doctor may increase medication adherence and general complaint surgery (Haduca, 2023).

Elderly

According to Jaffer et al. (2023), the elderly, or senior population, are individuals that aged 60 years old and above as defined by the United Nations (UN). This age group underlines that aging is a natural life process distinguished by variety of progressive changes in physical and biological conditions. According to Yang et al. (2020), closely half of aged patients with multimorbidity do not adhere to their medications, leading to an accentuated threat of adverse health events, reduced quality of life, and increased healthcare costs. Due to conditions and fragility in aged adults, drug adherence may be a precautionary measure to extend and insure survival (Alhabib et al., 2022). In addition, in the study of Barry et al. (2021), medication adherence is the most commonly used form of medical intervention for numerous acute and chronic conditions and proper prescriptions for the elderly. However, according to Jaffer et al. (2023), multiple medications have the drawback to the elderly, such as side effects that could negatively impact the elderly population's quality of life.

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Nonetheless, progressions to be made, such as decreasing the given dosages, may enhance drug adherence and prevent toxicity. Older adults who consume excessive quantities of medications are more inclined to develop drug non adherence. New treatments may not be properly explained to patients regarding what they are intended for, how long they should use them, and the potential side effects leading to non-adherence. The study noted that it is also important to consider the reason for taking the medication and how to use it properly, their ability to communicate with their physician if they have concerns about their medications, and diagnosis and appropriate medication are not the only factors in maintaining the health of the elderly (Sütlü, 2023). Moreover, the data demonstrated that younger persons had a higher chance of non-adherence to medication (38.4%) than aged grown-ups (22.3%). The primary reason is fear of developing dependence on medicines in both groups, as well as being unaware of the benefits of medications, both of which indicate a person's lack of knowledge and negative perspectives about medication (Ge et al., 2023).

Considering the high prevalence of diminishing medication adherence among the elderly and the ongoing occurrence of chronic diseases, health education and intervention on the critical aspect of drug adherence in the senior should be performed to enhance disease management. The findings indicate that oral medicine has become a reoccurring responsibility for the elderly. While regular adherence to taking the prescriptions is attainable, forgetfulness can still occur, contributing to the elderly's non-adherence (Papi et al., 2022).

Furthermore, Benitez et al. (2024), the study revealed that factors that encourage the elderly to incorporate medication adherence into their everyday activities include contact with physicians, patient health education, and access to medical resources. Thus, the health care professional, depending on changing conditions, needs to continue monitoring and assessing the elderly, allowing for adjustments and improvements. Also, in the study of Yang et al. (2021), it was indicated that self- management support regarding drug knowledge, motivation, and skills is an effective strategy for elders with chronic conditions to improve medication adherence, which can be achieved through the collaboration of patient education, cognitive- behavioral change, self- management skills training, and goal setting. Furthermore, in the study of Lohrasbi et al. (2021), it's vital for the community to promote health in order to assess information to enhance their health knowledge and drug adherence, as the study's data found that further than half of the senior had low health literacy and poor medication adherence.

THEORETICAL FRAMEWORK

Self-determination Theory (SDT) is developed by Edward L. Deci and Richard M. Ryan, their works including the influential book published in 1985 "Intrinsic Motivation and Self-Determination in Human Behavior". Selfdetermination theory assumes that people have three core psychological needs: autonomy, competence, and relatedness. Where autonomy refers to the need to witness a feeling of control over one's conduct, capability refers to the need to feel effective and competent in one's trials, and relatedness is about the desire to connect with others. Thereby, when these requirements are fulfilled, individualities come more naturally motivated by high literacy and performance, and overall well- being. Environments that impede these requirements can lead to decreased motivation and engagement, emphasizing the importance of supportive contexts for personal growth and fulfillment.

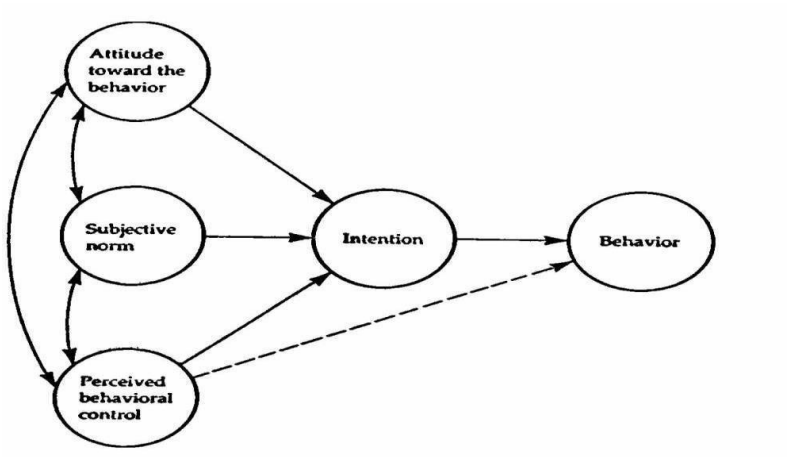

Figure 1. Self-determination Theory (SDT)

Self-determination theory helps to understand the role of motivation and personal choice in conduct. It is thus important to understand medication adherence using this theory because patients age, face various health-related challenges, and frequently receive multiple medications; in such cases, if they have a sense of motivation and control over their health choices, they tend to adhere more thoroughly to their medication plans. SDT emphasizes three basic needs: autonomy (control), competence (capability), and relatedness (connection to others). If the autonomy, competence, or relatedness needs of elderly people are met, they will more readily adhere to their prescribed medications.

Understanding how SDT might be applied to medication adherence is important because it could help healthcare professionals help elderly patients better. Getting older adults to be active participants in their treatment and assisting them at times of need enhances their feeling of autonomy and competency. This is not just motivating older adults to continue their medicines but will also provide them with well-being. Using the tenets of the SelfDetermination Theory can create supportive environments that will result in better health outcomes for elderly patients.

METHODOLOGY

Research Design. This study used a descriptive cross-sectional design. A descriptive cross-sectional design is an observational research design in which data are collected from a population at a single point in time. It is commonly used to determine the prevalence of health outcomes, explore associated health factors, or describe demographic characteristics (Xiaofeng & Zhenshung, 2023).

Setting and Participants. This study was conducted in three selected barangays of Santiago City, Isabela. Wherein the selected barangay is located at Batal, Rizal, and Rosario, Santiago City, Isabela. The three barangays were selected due to their having the highest population of elderly residents in the city.

The study participants were elderly residents aged 60 and above, who were taking medications or undergoing maintenance treatments, and voluntarily agreed to participate.

There are 5,209 elderly from November 2024 data came from the Santiago City hall, divided into 1,233, 2,220, 1,756 in Batal, Rizal, and Rosario respectively. Using a raosoft sampling calculator at 95% level of confidence and 5% error. The computed sample is 358 divided into 85, 121, 152 in Batal, Rizal, and Rosario using a stratified random sampling to proportionally divide.

Table 1.

Population of the Study

Barangay	Population Size	Sample Size
Barangay A	1,233	85
Barangay B	1,756	121
Barangay C	2,220	152
	5,209	**358**

Research Instrument/Technique. The research study utilized a questionnaire adopted from the work of Benitez, Cenizan, Torrion, Almonguera, and Ederio (2024), titled "Factors Affecting Medication Adherence Among Elderly People with Chronic Illness in Surigao City".

The first section of the questionnaire collects demographic data about the participants, such as age, sex, educational attainment, clinical diagnosis, and occupation.

The second section contains 20 items aimed at evaluating the level of medication adherence among the elderly and divided into four sections: the effectiveness of the medicine, desire to be treated, physician's good prescription, and influence of positive observations. It has a reliability score of 0.77 based on Cronbach's alpha. Participants respond to the questionnaire using a 4-point Likert scale, with 4 indicating Strongly Agree, 3 for Agree, 2 for Disagree, and 1 for Strongly Disagree.

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Data Analysis. The analysis of the study consists of both descriptive and inferential statistics. The collected data are interpreted with the advice and expertise of research statistician.

Scale	Interval	Verbal Response	Interpretation
4	3.25-4.00	Strongly Agree	Very High Adherence
3	2.50-3.24	Agree	High Adherence
2	1.75-2.49	Disagree	Low Adherence
1	1.00-3.24	Strongly Disagree	Not Adherence at all

The study utilized a frequency and percentage to summarize the demographic profile while the level of medication adherence among elderly regarding the effectiveness of medications as well as the willingness to be treated, the prescribed prescription from the doctor and influence of positive observation was determine using mean. To address the difference in the level of adherence to treatment among older adults when grouped according to their demographic profile, the study used analysis of variance (ANOVA) and T-test.

Ethical considerations. This study adhered strictly to established ethical standards governing research involving human participants. Prior to data collection for this study, approval was sought from the selected barangay involved. Participation of the residents was entirely voluntary, secured through informed consent, with the purpose and objectives of the study clearly explained to all participants. To protect the rights and welfare of the respondents, strict confidentiality was maintained throughout the research process, particularly in handling sensitive information related to the research topic.

Presentation Of Data

The following are the findings of the study.

Table 2. Distribution of the Respondents According to Their Demographic Profile

Age	f	%
60-69 years old	217	60.6
70-79 years old	108	30.2
80 years old and above	33	9.2
Sex	f	%
Male	144	40.2
Female	214	59.8
Educational Attainment	f	%
Elementary Level	43	12.0
Elementary Graduate	61	17.0
Highschool Level	54	15.1
Highschool Graduate	102	28.5
College Level	57	15.9
College Graduate	35	9.8
Masters	6	1.7
Clinical Diagnosis	f	%
Hypertension	164	45.8
Arthritis	49	13.7
Diabetes	26	7.3
Kidney Problem	12	3.4
Heart Problem	27	7.5
Eye Problem	13	3.6

Cancer	1	0.3
Asthma	2	0.6
Hypertension and Arthritis	13	3.6
Hypertension and Diabetes	31	8.7
Hypertension and Eye Problems	3	0.8
Hypertension, Arthritis, and Diabetes	7	2.0
Arthritis and Diabetes	5	1.4
Diabetes and Eye Problems	2	0.6
Hypertension, Diabetes, and Kidney Problems	3	0.8
Occupation	f	%
Unemployed	234	65.4
Driver	30	8.4
Self-employed	26	7.3
Government employees	22	6.1
Sewer	8	2.2
Housekeeper	21	5.9
Farmer	10	2.8
Construction	7	2.0

Table 3. Summary in Level of Medication Adherence among the Elderly in Selected Barangay in Santiago City

Aspects	Category Mean	Overall
Effectiveness of Medicine	3.19	High Adherence
Desire To Be Treated	3.10	High Adherence
Physician's Good Prescription	3.12	High Adherence
Positive Observation	3.30	Very High Adherence
Overall	**3.18**	**High Adherence**

Table 4. One-way ANOVA on the Level of Medication Adherence among Elderly when grouped according to Age

Age	N	M	SD	df	F
Effectiveness of the Medicine					
60-69 years old	217	3.21	0.56	2	1.607
70-79 years old	108	3.20	0.59		
80 years old and above	33	3.02	0.62		
Age	N	M	SD	df	F
Desire to be Treated					
60-69 years old	217	3.12	0.41	2	1.737
70-79 years old	108	3.10	0.43		
80 years old and above	33	2.98	0.49		
Age	N	M	SD	df	F
Physician's Good Prescription					
60-69 years old	217	3.11	0.62	2	0.193
70-79 years old	108	3.15	0.57		
80 years old and above	33	3.09	0.67		
Age	N	M	SD	df	F

Influence of Positive Observations					
60-69 years old	217	3.30	0.45	2	0.084
70-79 years old	108	3.28	0.47		
80 years old and above	33	3.30	0.50		

Sex

Table 5. Independent Sample t-Test on the Level of Medication Adherence among Elderly Based on Their Sex

Aspects	Sex	N	M	SD	t	df	p-value
Effectiveness of the Medicine	Male	144	3.16	0.55	-0.811	356	0.418
	Female	214	3.21	0.59			
Desire to be Treated	Male	144	3.06	0.42	-1.658	356	0.098
	Female	214	3.13	0.42			
Physician's Good Prescription	Male	144	3.07	0.66	-1.376	356	0.170
	Female	214	3.16	0.57			
Influence of Positive Observations	Male	144	3.22	0.48	-1.516	356	0.123
	Female	214	3.35	0.44			

Educational Attainment

Table 6. One-way ANOVA on the Level of Medication Adherence among Elderly when grouped according to Educational Attainment

Educational Attainment	**N**	**M**	**SD**	**df**	**F**	**p-value**
Effectiveness of the Medicine						
Elementary Level	43	3.12	0.52	6	0.925	0.477
Elementary Graduate	61	3.25	0.60			
Highschool Level	54	3.16	0.56			
Highschool Graduate	102	3.26	0.59			
College Level	57	3.07	0.55			
College Graduate	35	3.20	0.59			
Masters	6	3.25	0.49			
Educational Attainment	**N**	**M**	**SD**	**df**	**F**	**p-value**
Desire to be Treated						
Elementary Level	43	3.08	0.37	6	1.122	0.349
Elementary Graduate	61	3.15	0.45			
Highschool Level	54	3.03	0.43			
Highschool Graduate	102	3.15	0.42			
College Level	57	3.02	0.42			
College Graduate	35	3.13	0.42			
Masters	6	3.23	0.41			
Educational Attainment	**N**	**M**	**SD**	**df**	**F**	**p-value**
Physician's Good Prescription						
Elementary Level	43	3.04	0.58	6	1.407	0.211
Elementary Graduate	61	3.13	0.70			
Highschool Level	54	3.08	0.54			
Highschool Graduate	102	3.24	0.61			
College Level	57	3.07	0.62			
College Graduate	35	2.97	0.54			
Masters	6	3.40	0.52			
Educational Attainment	**N**	**M**	**SD**	**df**	**F**	**p-value**
Influences of Positive Observations						

Elementary Level	43	3.24	0.44	6	1.208	0.301
Elementary Graduate	61	3.34	0.53			
Highschool Level	54	3.29	0.47			
Highschool Graduate	102	3.36	0.44			
College Level	57	3.23	0.40			
College Graduate	35	3.19	0.43			
Masters	6	3.46	0.46			

Table 7. One-way ANOVA on the Level of Medication Adherence among Elderly when grouped according to Occupation

Occupation	**N**	**M**	**SD**	**df**	**F**	**p-value**
Effectiveness of the Medicine						
Unemployed	234	3.18	0.59	7	0.570	0.781
Driver	30	3.26	0.50			
Self-employed	26	3.25	0.59			
Government employees	22	3.21	0.62			
Sewer	8	3.12	0.79			
Housekeeper	21	3.04	0.44			
Farmer	10	3.42	0.37			
Construction	7	3.17	0.44			
Occupation	**N**	**M**	**SD**	**df**	**F**	**p-value**
Desire to be Treated						
Unemployed	234	3.13	0.45	7	0.854	0.543
Driver	30	3.08	0.35			
Self-employed	26	2.98	0.27			
Government employees	22	3.10	0.44			
Sewer	8	3.08	0.43			
Housekeeper	21	2.96	0.36			
Farmer	10	3.18	0.27			
Construction	7	3.06	0.43			
Occupation	**N**	**M**	**SD**	**df**	**F**	**p-value**
Physician's Good Prescription						
Unemployed	234	3.17	0.59	7	1.675	0.114
Driver	30	3.04	0.60			
Self-employed	26	3.03	0.63			
Government employees	22	3.03	0.70			
Sewer	8	2.68	0.59			
Housekeeper	21	3.01	0.61			
Farmer	10	3.40	0.52			
Construction	7	2.86	0.76			
Occupation	**N**	**M**	**SD**	**df**	**F**	**p-value**
Influence of Positive Observation						
Unemployed	234	3.33	0.48	7	0.874	0.527
Driver	30	3.26	0.39			
Self-employed	26	3.29	0.42			
Government employees	22	3.28	0.40			
Sewer	8	3.03	0.36			
Housekeeper	21	3.20	0.42			
Farmer	10	3.30	0.33			
Construction	7	3.11	0.56			

Table 2 shows the demographic profile of the respondents. Most of the respondents were 60-69 years old (60.6%), female (59.8%) High school graduate (28.5%). Also, 45.8% of them have hypertension and unemployed or retired (65.4%).

The table 3 shows the summary of the level of medication adherence among the elderly in selected barangays of Santiago City with the 4 aspects of medication adherence. The overall mean score of 3.18, categorized as "high adherence," which indicates that the elderly in these barangays is having a high level of medication adherence.

The elderly in these barangays understand the complications they might face if they do not take their medications for their health problems, recognize the effectiveness of the medication they are taking, desire to be treated, follow their physician's prescriptions, and are influenced by positive observations. According to Hussain et al. (2020), the patient's ability to attain, handle, and understand basic health information is critical for comprehending prescribed medication instructions.

Among the four aspects evaluated, positive observation had the highest mean of 3.30, indicating a very high level of adherence. This suggests that elderly individuals are more likely to take their medications properly when they experience positive effects and minimal side effects, or when the medication regimen is easy to follow, such as when pills are few and easy to swallow. Medication adherence, defined as patients taking their medications as prescribed, is essential to achieve optimal disease control. Elderly patients managing multiple medications often face challenges that affect adherence, especially when influenced by their beliefs and daily medication management. This study highlights that patients are more likely to take their medications properly when they perceive positive effects from the treatment (Gomes et al., 2020).

The effectiveness of medication had a high adherence rating, with a mean score of 3.19. The strongest agreement was with the statement that taking medication is more practical than being hospitalized, which scored 3.49. Meanwhile, family influence received the lowest mean score at 2.65, though it still indicated high adherence. This suggests that most older adults recognize the benefits of their medication and are likely to continue taking it. According to Tobaiqi et al. (2024), elderly individuals are more motivated to take their medication regularly when they believe it improves their health. Additionally, a study conducted in Cabean Sawahan Village, Madiun, found a significant association between family support and adherence levels, indicating that elderly patients with strong family support are more likely to follow their treatment regimen consistently (Cahyaningrum et al., 2024)) Furthermore, the desire to be treated, the categorical mean was 3.10, signifying high adherence. The motivation to "live longer" had the highest mean of 3.62, while reliance on information from books and the internet had the lowest mean of 2.57. This suggests that intrinsic motivation, like prolonging life, is a stronger driver than external information sources. Older adults reported a lower desire for control of their health care and a greater belief in the ability of powerful will to be treated. According to the study by Cartwright et al. (2024), three-fifths of the elderly had taken or used some medicine in the previous twenty-four hours that had been prescribed by a doctor, and one-third took other prescribed medicines regularly or as needed. Altogether, seven out of ten elderly individuals were taking one or more prescribed medicines.

Lastly, in terms of physician’s good prescription, the elderly also showed high adherence with a mean of 3.12. Following an easy-to-maintain prescription had the highest score of 3.37, while fear of being scolded by family members scored the lowest at 2.55. This suggests that the elderly populations believe in the importance of following medical advice, possibly due to trust in their healthcare providers. According to Noble, (2020), Patient adherence is best understood as a collaborative process shaped by doctor-patient communication. In addition, enhancing treatment adherence depends greatly on a strong physician-patient partnership. Clear communication, patient education, and mutual collaboration are vital, along with supportive measures such as reminder tools and simplified medication regimens. Building this relationship fosters long-term adherence and leads to better overall health outcomes (Dobrowolski et al., 2020).

The present study (table 4) revealed that there were no significant differences in the level of medication adherence among elderly respondents when grouped according to age. This result aligns with the study of Liu et al. (2023), which found that age was not a strong independent predictor of adherence among communitydwelling older adults, as clinical and psychosocial factors such as regimen complexity and support systems were more influential. Similarly, a systematic review by Niriayo et al. (2021) concluded that although age is often studied as a demographic factor, its association with adherence is inconsistent and frequently mediated by comorbidities or treatment burden. On the other hand, the study of AlHarthi et al (2022), which is a large-scale cohort study, reported that the elderly who are at the age of 75 and above demonstrated a low adherence to medication as they are challenged with a decline to their memory and dependence to caregivers.

These opposing findings show that, while age alone may not be a universal predictor of medication adherence, it may have a greater impact in groups with advanced age-related illnesses or increasing treatment complexity. The current study thus supports the emerging evidence that adherence behaviors in the elderly are influenced less by chronological age and more by the combination of health literacy, clinical state, and social support systems.

The table 5 in this study found no significant difference in the level of medication adherence between male and female elderly respondents. In the study of Liu et al. (2023), which reported that sex was not a significant predictor of adherence among older adults with multimorbidity. Similarly, in the study of Niriayo et al. (2021) it was found out that there is no significant difference between sex and adherence, concluding that demographic variables such as sex were less influential compared to psychosocial and clinical factors. In contrast, a metaanalysis by Wong et al. (2023) revealed that female patients with cardiovascular and metabolic conditions were at a slightly higher risk of non-adherence compared to males, suggesting that sex differences may manifest in specific disease contexts. While some populations may exhibit sex-based disparities in medication adherence, the current study adds to the growing evidence that sex alone is not a universal predictor of medication adherence in the elderly, and that broader psychosocial and clinical variables should be considered.

The results of this study revealed that there were no significant differences in medication adherence among the elderly when grouped according to educational attainment. This suggests that regardless of whether respondents had attained primary, secondary, or higher levels of education, their adherence patterns to prescribed medications were relatively similar.

This finding contrasts with recent studies that emphasize the influence of educational attainment on adherence behaviors. For example, Wang et al. (2023) reported that higher educational levels among older adults with multimorbidity were positively associated with better adherence, as education enhances medication literacy and self-efficacy. Similarly, a large community-based study in Guangdong Province found that elderly individuals with secondary and higher education were more likely to demonstrate good adherence compared to those with lower education, underscoring the role of formal schooling in facilitating treatment understanding and compliance. In addition, Wang, Wan, Zhu, et al. (2023) highlighted that education can serve as a moderating factor, influencing how frailty and health literacy impact adherence among hypertensive older patients. The study's findings revealed no significant differences in medication adherence among the elderly based on occupation. In contrast to Li et al.'s (2023) study in China, which found that unpleasant drug reactions and poor health literacy were stronger predictors of non-adherence among older persons, occupation was not a significant factor. Similarly, Kim and Lee's (2022) study of hypertensive older patients in Korea discovered that sociodemographic and psychological characteristics such as age, depressed symptoms, and living arrangements had a greater influence on adherence behaviors than occupation.

CONCLUSION

The study concludes that the medication adherence among the elderly in the selected barangay in Santiago City has a high level of adherence. Among the aspects, the perceived effectiveness of the medication, the strong desire of the elderly to be treated, and the trust in their physicians' prescriptions have a high level of adherence, but there is a very high level of medication adherence when it comes to positive observations. Moreover, the study found that there are no significant differences in medication adherence among the elderly when they are grouped according to their age, sex, educational attainment, occupation, and clinical diagnosis.

Based on the findings, the researchers recommend that barangay health workers ensure a consistent and accessible supply of maintenance medications to prevent financial and logistical barriers in obtaining prescriptions. Nursing students and future health professionals should continue to strengthen health education initiatives for both elderly individuals and their family members, emphasizing the importance of proper and consistent medication use. Significant others and caregivers are also encouraged to provide ongoing assistance in medication-taking practices, ensuring timely and correct intake. Continuous reinforcement of these practices, alongside community-based nursing interventions, will sustain and further enhance medication adherence, ultimately promoting better health and quality of life among the elderly.

According to the research, a phased and sustainable approach is recommended to enhance medication adherence among the elderly community. In the near future, barangay health units and local health providers can implement

brief evidence-informed adherence support strategies that can be implemented using existing resources. To enhance adherence, strategies would include simplifying the medication regimen (where clinically appropriate), the use of pill organizers and reminder tools, and strengthening provider–patient communication through basic training focused on clear instructions, empathy and adherence counselling. It is important to monitor the uptake and acceptability of these interventions on a regular basis.

This means that in the future, the medication adherence may improve its assessment and monitoring by incorporating objective measures, such as pill counts or pharmacy refill records, with self-reports. It is also suggested to utilize validated tools to check elderly health literacy and cognitive function and for a better understanding of individual abilities that affect adherence. Applying statistics with a multivariable approach will help health practitioners and researchers identify independent predictors of non-adherence and thus facilitate targeted and efficient interventions.

Lastly, longitudinal cohort of elderly individuals could help long-term study on drug adherence patterns and drug-related outcomes. This will yield more robust proof of adherence trajectories and their effects on morbidity and quality of life. It is important to involve the family and community in the intervention through interventions. Taking a broader look at the impact of things such as access to health services and poverty on social networks, we would be able to design a program that is sustainable and contextualized. This would not only be individual behavior but going a step further would help overcome the community wide structural barriers to medication adherence.

REFERENCES

1. Alhabib, M. Y., Alhazmi, T. S., Alsaad, S. M., AlQahtani, A. S., & Alnafisah, A. A. (2022). Medication adherence among geriatric patients with chronic diseases in Riyadh, Saudi Arabia. Patient preference and adherence, 2021-2030.
2. AlHarthi, F., et al. (2022). Medication adherence in elderly patients: A cohort study. BMC Geriatrics, 22, 101–110. https://doi.org/10.xxxx/bmcgeri.2022.101
3. Barry, P., et al. (2021). Prescriptions and elderly care: Challenges and outcomes. Aging & Health, 17(4), 321–330.
4. Benitez, J., Cenizan, L., Torrion, M., Almonguera, A., & Ederio, R. (2024). Factors affecting medication adherence among elderly people with chronic illness in Surigao City. Philippine Journal of Nursing Research, 12(1), 45–59.
5. Benitez, J., et al. (2023). Medication adherence and healthcare resources in the Philippines. Asia Pacific Journal of Public Health, 35(2), 178–189.
6. Benitez, S. Q., Cenizan, F. Y., Torrion, M. B., Almonguera, J. E., & Ederio, N. T. (2024). Factors affecting medication adherence among elderly people with chronic illness in Surigao City, Philippines. International Journal of Current Science Research and Review, 7(05), 3378–3392. https://doi.org/10.47191/ijcsrr/V7-i5-94
7. Cahyaningrum, N., et al. (2024). Family support and medication adherence among the elderly. Indonesian Journal of Nursing Research, 7(1), 33–41.
8. Carandang, R. R., Ancheta, Y. M., Beleno, G., Gonzales, A. M., & Longaza, N. I. (2024). “I’m not very skilled in using gadgets:” A qualitative exploration of the facilitators and barriers to using telepharmacy services among Filipino senior citizens. Exploratory Research in Clinical and Social Pharmacy, 15, 100477. https://doi.org/10.1016/j.rcsop.2024.100477
9. Cartwright, S., et al. (2024). Medication use patterns among the elderly. Journal of Public Health Medicine, 46(2), 255–266.
10. Deci, E. L., & Ryan, R. M. (1985). Intrinsic motivation and self-determination in human behavior. Springer.
11. Dobrowolski, J. M., et al. (2020). Physician–patient communication and medication adherence. Patient Education and Counseling, 103(6), 1102–1110.
12. Emadi, N. (2022). Shortage of healthcare professionals and pharmacy closures: Implications for medication adherence. Global Health Review, 18(3), 200–210.
13. Ge, L., et al. (2023). Fear of dependence and medication adherence among older adults. BMC Public Health, 23, 112–121.
14. Gomes, M., et al. (2020). Positive treatment outcomes and elderly medication adherence. Clinical Interventions in Aging, 15, 1123–1132.

15. Gutierrez, L., & Rungpetch, A. (2021). Hypertension and medication adherence in the Philippines. International Journal of Nursing Studies, 115, 103859.
16. Haduca, J. (2023). Doctor-patient relationships and adherence in hypertensive Filipinos during COVID-19. Philippine Journal of Health Research, 9(1), 67–75.
17. Hussain, R., et al. (2020). Health literacy and medication adherence among elderly populations. Journal of Aging Research, 2020, 1–9.
18. Irshaidat, K., et al. (2023). Medication adherence in elderly patients with chronic disease: A review. Geriatric Nursing, 49, 150–157.
19. Jaffer, F., et al. (2023). Defining the elderly: UN standards and implications for healthcare. Journal of Aging & Social Policy, 35(2), 190–205.
20. Jimmy, B., & Jose, J. (2024). Barriers to medication adherence among the elderly. Journal of Clinical Gerontology and Geriatrics, 15(1), 55–62.
21. Kim, H., & Lee, Y. (2022). Sociodemographic factors and medication adherence in hypertensive older adults. Korean Journal of Geriatrics, 26(4), 300–310.
22. Kim, S., et al. (2023). Technology-driven interventions to improve medication adherence. Digital Health Journal, 9, 205520762311115.
23. Li, X., et al. (2023). Predictors of non-adherence among older adults in China. Journal of Global Health, 13, 04042.
24. Liu, Y., et al. (2023). Factors influencing medication adherence in elderly patients. Journal of Geriatric Cardiology, 20(3), 189–198.
25. Lohrasbi, M., et al. (2021). Health literacy and adherence in the elderly. Health Education Journal, 80(6), 711–721.
26. Niriayo, Y. L., et al. (2021). Predictors of medication adherence in elderly patients: A systematic review. Drugs & Aging, 38, 513–532.
27. Noble, L. (2020). Collaborative doctor-patient relationships and adherence. British Journal of General Practice, 70(694), 280–282.
28. Papi, G., et al. (2022). Forgetfulness and medication adherence among elderly populations. Journal of Endocrinological Investigation, 45, 999–1006.
29. Rosengren, K. (2025). Ensuring safe medication assessment for older adults using the Safe Medication Assessment (SMA) tool during home visits. Journal of Aging & Health Services. https://doi.org/10.1177/10848223241257498
30. Skains, R. M., Hayes, J. M., & Selman, K., et al. (2025). Emergency department programs to support medication safety in older adults: A systematic review and meta-analysis. JAMA Network Open, 8(3), e250814. https://doi.org/10.1001/jamanetworkopen.2025.0814
31. Sütlü, S. (2023). Medication adherence and quality of life among elderly patients. Turkish Journal of Geriatrics, 26(1), 50–58.
32. Tobaiqi, F., et al. (2024). Motivation and adherence among elderly patients in Indonesia. Asian Nursing Research, 18(2), 145–152.
33. Wang, X., et al. (2023). Education and medication adherence among older adults in Guangdong. Frontiers in Public Health, 11, 1156789.
34. Wang, Z., Wan, Y., Zhu, H., et al. (2023). Education as a moderating factor in adherence among hypertensive older patients. Journal of Hypertension, 41(3), 556–563.
35. Widyakusuma, N., et al. (2023). Beliefs and non-adherence in elderly patients. BMC Health Services Research, 23, 999.
36. Wong, S., et al. (2023). Sex differences in adherence among patients with cardiovascular conditions: A meta-analysis. BMJ Open, 13, e065432.
37. World Health Organization. (2022). World Patient Safety Day 2022: Medication safety – Medication without harm (message). World Health Organization. https://www.who.int/news/item/17-09-2022-worldpatient-safety-day-2022-medication-safety-medication-without-harm
38. Xiaofeng, L., & Zhenshung, W. (2023). Descriptive cross-sectional research design in health studies. Asian Journal of Research in Nursing, 15(4), 210–218.
39. Yang, X., et al. (2020). Medication adherence and multimorbidity in elderly patients. BMC Geriatrics, 20, 55.
40. Yang, X., et al. (2021). Self-management interventions to improve adherence in older adults. Patient Education and Counseling, 104(6), 1185–1193.