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Relationship between Family Income and Access to Primary Care of Senior Citizens in Kaytapos, Indang Cavite

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Abstract: ***The research investigates the relationship between family income and access to primary care among senior citizens in Kaytapos, Indang Cavite. A combined self-administered survey and an in-person interview was conducted to analyze the multifaceted factors shaping the accessibility of primary care for seniors. The study examined the socio-economic status, health conditions, and the extent of their access to primary healthcare services. The study mainly aimed to assess the relationship between family income and access to primary care of senior citizens in Kaytapos, Indang. This study further seeks to identify the respondents' socio-demographic profile and determine senior citizens' access to primary care in terms of awareness, accessibility, affordability, availability, acceptability, and accommodation. Based on the findings, it was revealed that senior citizens have good access and high awareness of primary care. The affordability and accessibility of related goods and services were also moderate. Additionally, primary care providers and healthcare institutions were deemed moderately accessible, very acceptable, and highly accommodating to senior patients. Moreover, the existing relationship between family income and senior citizens' access to primary care was statistically significant, yet there was a weak positive correlation. Hence, these findings could aid the government in policy-making planning to promote a more equitable and inclusive healthcare system. Overall, it was recommended that the government address the insufficient access to primary care by proposing free monthly check-ups, medicines, food, and allowances, especially for senior citizens in the lower income bracket.***

Keywords: Primary Care, Family Income, Senior Citizens, Primary Health Care.

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1. INTRODUCTION

The Philippines has made significant economic progress over the decades and aims to reach upper-middle-income status as outlined by the government. However, societal challenges persist, including corporate dominance in the private sector, weak local government capacity, and substantial income inequality driven by political elites [1]. The inequality in income distribution limits opportunities for higher living standards and can lead to social and political unrest [2]. It also contributes to a lack of access to healthcare globally, impacting population health outcomes. Hence, addressing income disparities is crucial in eliminating health inequalities [3].

Family income, defined as the total earnings before taxes of all family members, is a crucial factor determining an individual's socioeconomic status. In the Philippines, income is classified into various categories: rich, high-income, upper-middle-income, middle-class, lower-middle-class, lower-income, and poor, alongside three primary social classes: low-income, middle-income, and high-income [4]. Some studies highlight the positive relationship between income and access to primary healthcare. Primary care is an aspect of primary health care that serves as the cornerstone and backbone of medical care. It provides a starting point for the healthcare system and offers person-focused care instead of disease-oriented care, which focuses on preventing illnesses and promoting healthy behaviors [5]. Hence, it is especially crucial for vulnerable populations like seniors to address limitations and health deterioration associated with aging. Primary care facilitates restorative treatment, monitors geriatric health, and enables early disease detection, increasing treatment likelihood and survival rates [6].

Some related studies highlighted and supported the relevancy of the issue regarding health disparity and income inequality. However, more literature should focus on the existing concern, especially with senior citizens as the population of interest. With this, the researchers conducted this study to fill the research gap. Hence, the study focused on determining senior citizens' access to primary care, considering their respective income classifications. Furthermore, this study would contribute to the existing literature and benefit specific government sectors. This research could guide policy-making related to enhancing healthcare access, facilitating targeted interventions, and improving resource allocation that could significantly help senior citizens, particularly those from low-income bracket families.

Objectives of the Study

The study mainly aimed to assess the relationship between family income and access to primary care of senior citizens in Kaytapos, Indang. Additionally, the study ought to describe the socio-demographic profile of the respondents in terms of age, sex, family size, occupation, family income, health condition, and financial situation. Moreover, it sought to determine senior citizens' access to primary care in terms of awareness, accessibility, affordability, availability, acceptability, and accommodation.

2. RELATED WORK

According to The Health Foundation [7], resources and money can impact health differently. One reason is the need for a certain amount of income to sustain a healthy lifestyle and afford

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necessities such as food and decent housing. It relates to people who earn higher incomes, enabling them to access more and healthier options. Despite this, even beyond the basic level of income, there is still a presence of stresses that may eventually cause harm to physical health, which suggests that having a high salary does not ensure excellent health. Based on the chart of a 2019 UK study on self-rated health and employment rates among individuals under 55, over 10 percent of those with the lowest incomes reported "bad" or "very bad" health, surpassing percentages in middle and high-income groups. When considering 'fair' health, 31 percent of the lowest-income individuals reported less-than-excellent health, 22 percent in the middle, and 12 percent in the highest income brackets. Overall, the findings suggest a positive correlation between higher income and better health, extending beyond meeting basic needs, indicating that income-health connections persist across all income levels. The study [8] supported the relationship between health and family income. The results have revealed that higher-income individuals often have better access to primary healthcare, which leads to disparities in healthcare access, particularly for those from low-income families. It further shows that low-income individuals delay or cancel physician visits and underutilize medical care, facing challenges such as out-of-pocket costs, ultimately leading to insufficient healthcare access.

Primary care is a term used to describe healthcare services provided by clinicians who are responsible for addressing an individual's healthcare needs. The National Academies of Sciences, Engineering, and Medicine has defined primary care as the healthcare services provided by clinicians who establish sustained partnerships with patients and exercise in the context of community and family. Primary care includes various healthcare services that focus on wellness and prevention. These include examining the patient's health history to identify possible risks, conducting screening tests to identify health concerns, administering vaccinations to prevent illnesses, and providing guidance on healthy lifestyles to avoid the onset of illnesses in the future [9].

Even with the significance of primary care, disparities in it can be clearly observed through healthcare facilities, health resources, health programs, training, and finances in the Philippines. For the past years, the government and various stakeholders tried to address the concerns regarding primary care by implementing various interventions; however, despite their efforts, inequities continue to persist. These inequities can be attributed to various determinants, including socioeconomic factors, population mobility, pockets of political instability, modifiable factors related to the archipelago's geographical challenges and disaster risks, and population-related factors such as demographic and epidemiological transitions. Within the health sector, these challenges can be attributed to factors such as the private and public healthcare delivery sectors, shortages and uneven distribution of skilled human resources, inadequate resource management, and the politicization of health. These disparities and inequities highlight the government's importance in promoting equity in health programs, aiming to overcome geographical, sociocultural, political, economic, and physical barriers in service delivery [10]. This issue was emphasized in [11], in which the assessment of the US healthcare system led to the discovery of the existing imbalance between specialty and primary care, along with the critical shortage and improper distribution of the primary care workforce.

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Moreover, primary care's role in achieving cost-effective healthcare with better outcomes was highlighted, particularly in regions with a robust primary care focus. Furthermore, it highlighted the importance of primary care facilities, like Community Health Centers (CHCs), in ensuring equitable healthcare distribution for underserved populations.

The vulnerability of senior citizens highlights the significance of access to primary care. Primary care is responsible for providing continuous and comprehensive healthcare to individuals, not only to treat ill patients but also to assist them in establishing strong health maintenance skills through teaching health education and disease prevention. With the rise of the aging population, the significance of primary care was highlighted, as they require more extensive care given that they are more exposed to developing more severe diseases and acquiring co-morbidity. As the natural aging process and chronic noncommunicable disease lead to less physical performance, it also increases the risk of falls and morbidity. With this, it is necessary to have competent primary care providers who assist in diagnosing,gnose, and managing diseases common to senior citizens. The said risks could be reduced, and a safer environment could be created. Thus, with senior citizens' unique needs and conditions, a multidisciplinary and comprehensive medical approach promoting health and medical care provided under primary care was necessary [12]. Its significance was further discussed in the study [13], investigating the relationship between primary care and seniors' income. The dimensions included were patient-centered care, care coordination, and technical quality. The findings revealed that despite primary care's aim to reduce health disparities, income-based inequities persist across primary care dimensions, highlighting existing disparities.

3. METHODOLOGY

The study utilized a descriptive correlational research design to assess senior citizens' primary care access and socio-demographic profiles in Kaytapos, Indang. It aimed to determine the relationship between family income and access to primary care. With this, primary data were collected through a combined self-administered survey and in-person interviews from 66 randomly sampled seniors out of an 80 population. This population was narrowed down from 101, given the added criteria of having visited or received service at least once from a clinic or hospital. A survey instrument consisting of 37 questions covering socio-demographics, health, finances, and access to primary care was used to obtain the necessary data. Thus, Penchansky and Thomas's Theory was utilized to measure access to primary care services. Furthermore, to ensure the validity and reliability of the instrument, it was subjected to content validation by the head of the Office of the Senior Citizens Association and pilot testing involving senior citizens of Brgy—Regina as participants. Hence, acceptable and good internal consistency was demonstrated by the Likert scale questions, implying the adequacy of the survey questionnaire. In line with the objectives of the study, descriptive and inferential statistics were utilized to analyze the data. First, the frequency and percentages were utilized to describe the distribution of the senior citizens based on socio-demographic profile. Secondly, to determine the access to primary care of the senior citizens, the mode for each dimension was identified. Lastly, Somer's delta was computed to determine whether a significant relationship exists between family income and access to primary care of senior citizens in Kaytapos, Indang. Furthermore, ethical

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considerations were prioritized in data collection, ensuring respondents' willingness, providing orientation about the study's purpose, and maintaining privacy and confidentiality in compliance with the Data Privacy Act of 2012.

4. RESULTS AND DISCUSSION

The data analysis from the 66 sampled senior citizens of Kaytapos, Indang, is presented below. This data includes the socio-demographic characteristics displayed through vertical and horizontal graphs. Tables were used to illustrate access to primary care in terms of awareness, affordability, accessibility, availability, acceptability, and accommodation. Additionally, tabular presentations depicted the correlation between access to primary care and family income.

Figure 1. Distribution of Senior Citizens by Age

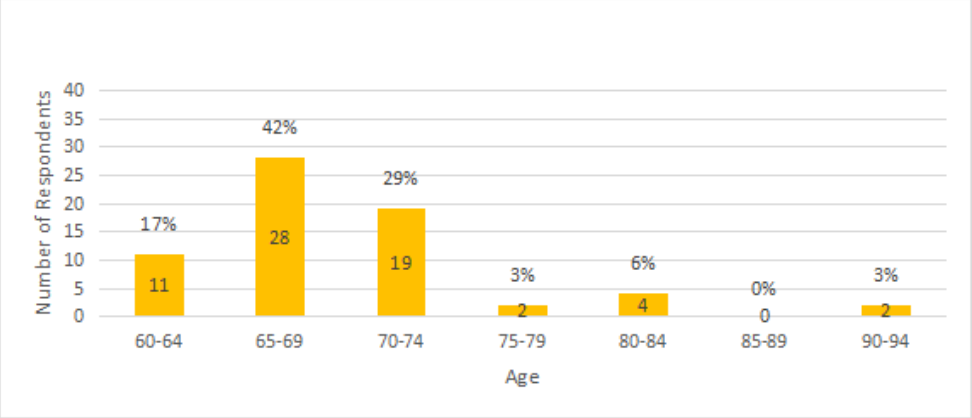

Figure 1 shows the age distribution of respondents, with a 5-year interval starting from age 60. Among the 66 participants surveyed, the majority, 42 percent, were aged 65 to 69. Additionally, the middle age group was between the ages of 80 and 84, representing 6 percent, while no respondents were recorded between ages 85 and 89.

Figure 2. Distribution of Senior Citizens by Sex

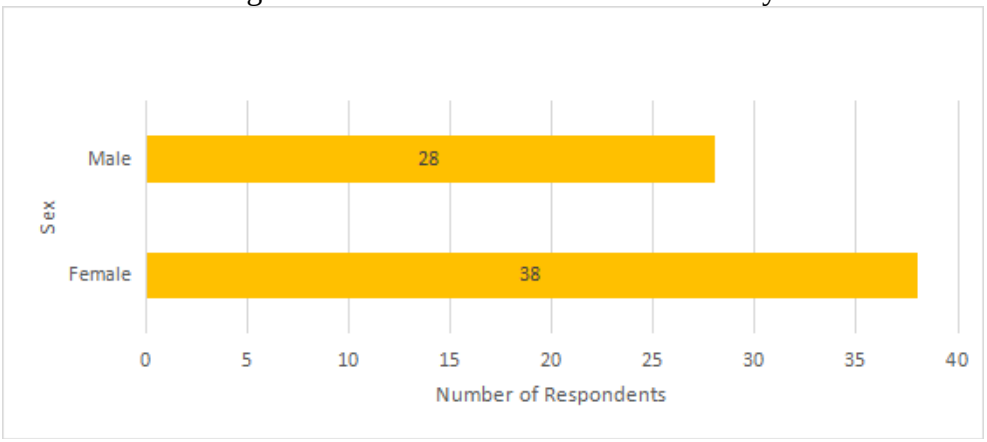

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Figure 2 shows the gender distribution of the selected senior citizens in the study. Females comprised 58% of the total, with 38 out of 66 participants, while males constituted 42% of the sample, with 28 participants.

Figure 3. Distribution of Senior Citizens by Household Size

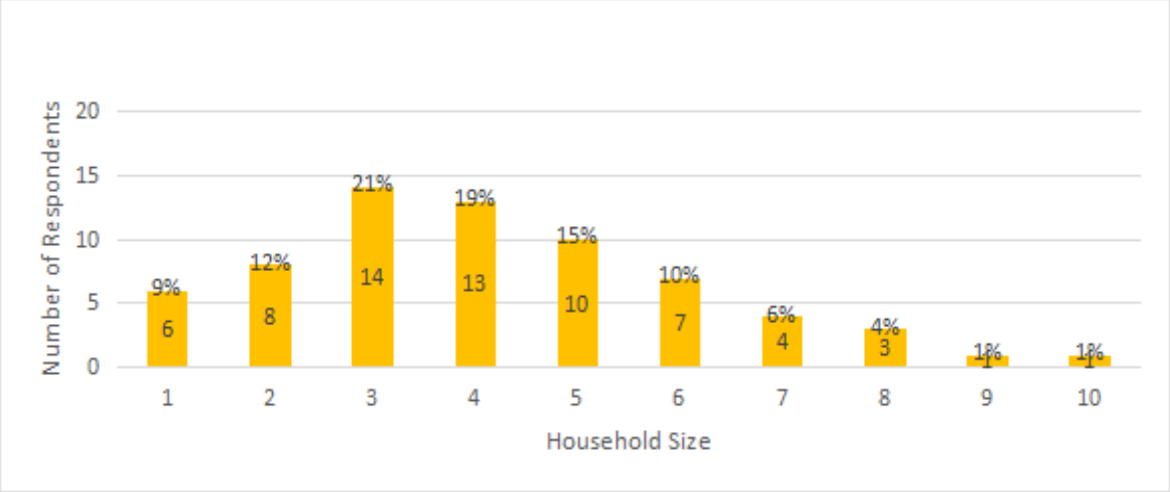

Figure 3 displays the household size distribution of the 66 surveyed senior citizens. The data shows that most respondents come from households with three members. The median household size is 6 and 7, while household sizes of 9 and 10 are the least common, each with only one respondent.

Figure 4. Distribution of Senior Citizens by Occupation

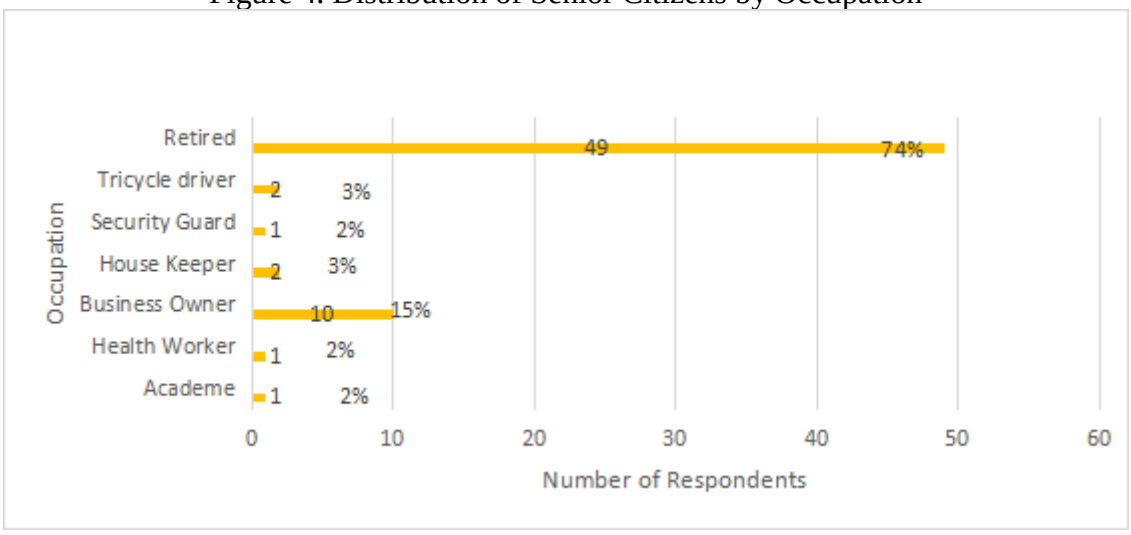

Figure 4 shows the distribution of respondents based on their occupations. The majority, 74% of the sample, were retirees, totaling 49 senior citizens. The remaining 26% were still employed, with the majority being business owners.

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Figure 5. Distribution of senior citizens among family income brackets

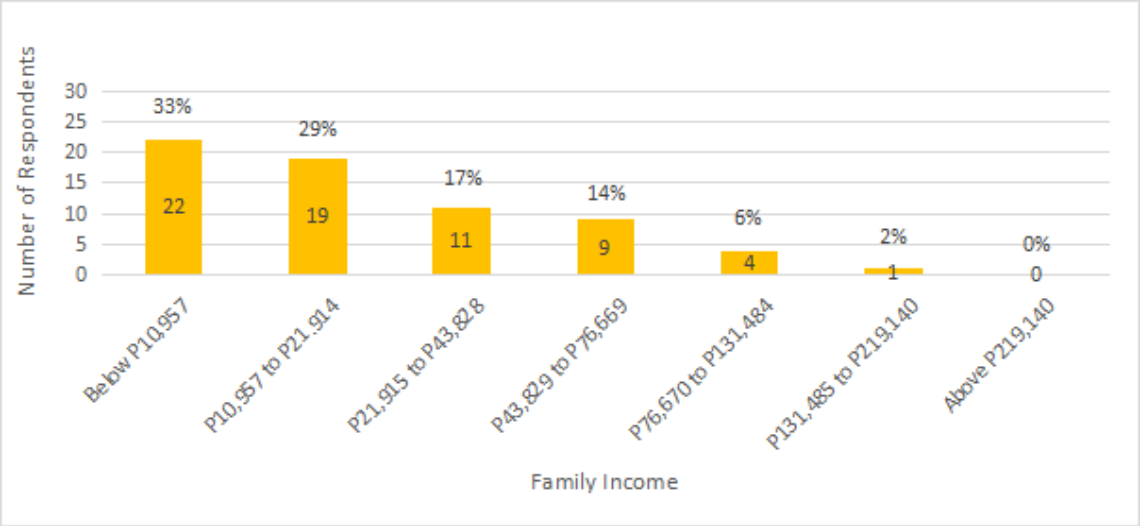

Figure 5 shows the distribution of surveyed senior citizens across seven family income brackets. The majority, comprising 33 percent of the sample, fall within the lowest income bracket, earning below P10,957, with 22 seniors in this group. Hence, 14 percent of participants, totaling nine seniors, fall within the middle-income range of P43,829 to P76,669. Thus, none of the respondents belong to the highest income bracket, which exceeds P219,140 per month.

Figure 6. Distribution of Senior Citizens by Financial Situation

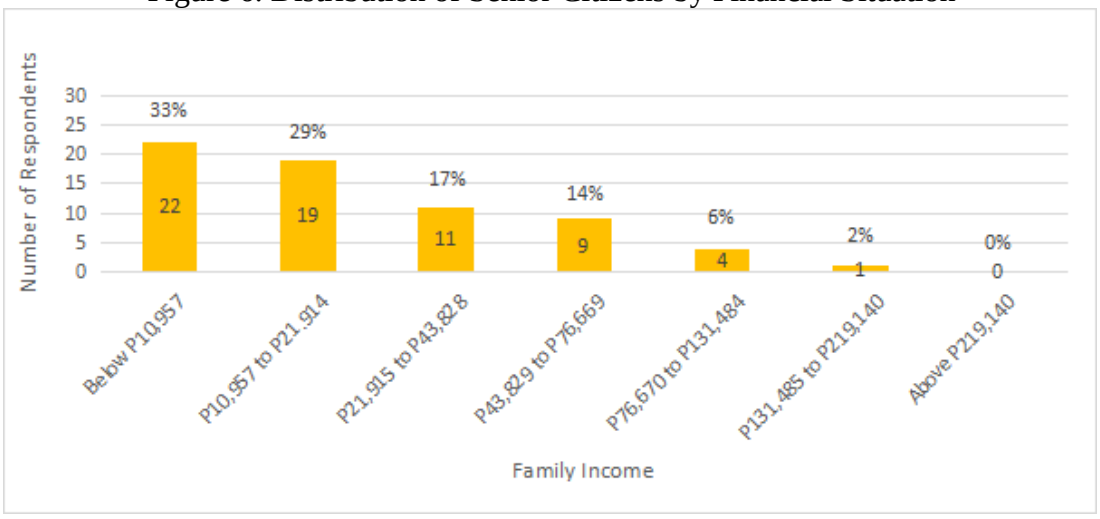

Figure 6 illustrates the breakdown of senior citizens based on their financial status. Of the 66 participants, 48 percent, equivalent to 32 individuals, reported having a neutral financial situation, making it the most common category among the respondents. Conversely, the categories with the fewest seniors reported being very comfortable and struggling, each comprising only two respondents.

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Figure 7. Distribution of senior citizens by health condition

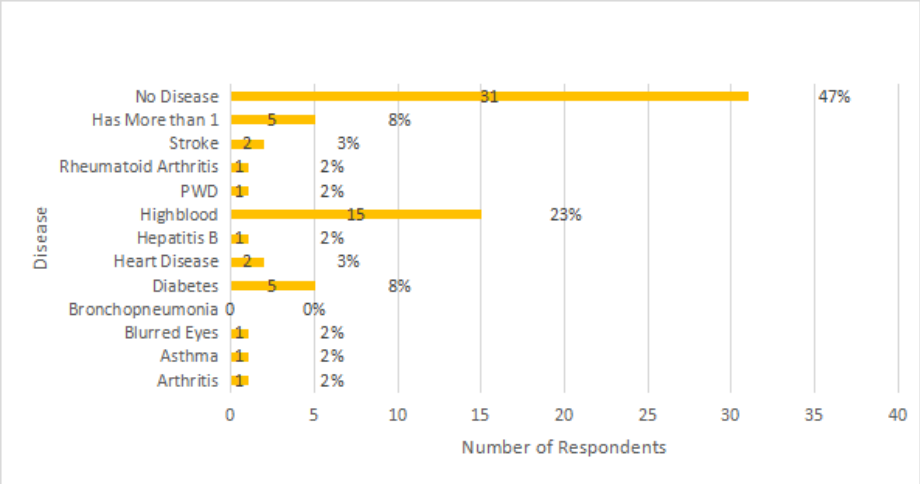

Figure 7 illustrates the distribution of senior citizens according to their health status. Of the sample, 31 seniors, constituting 47 percent, were free from disease or long-term illness. Conversely, the majority, comprising 53 percent of the sample, were identified as having some form of disease or long-term illness. Among the illnesses reported, high blood pressure or hypertension emerged as the most prevalent condition among the respondents.

Table 1. Access to Primary Care of Senior Citizens in terms of Six Dimensions

Statement	Mode	Verbal Interpretation
Awareness		
1. State of own health and vulnerabilities such as existing disease	4	Very Aware
2. About primary care and the services, it provides	2	Slightly Aware
3. Nearest clinic or hospital that provides primary care	4	Very Aware
4. Programs promoting chronic disease management and prevention, services for mental health and addiction, and community programs for seniors	1	Not at all Aware
5. Health privileges granted by the government to senior citizens such as discounts, free health services, and PhilHealth coverage	4	Very Aware
Overall	4	Very Aware
Accessibility		
1. In terms of time	4	Very Accessible
2. In terms of distance	3	Moderately Accessible
3. In terms of transportation	4	Very Accessible
4. In terms of mobility	3	Moderately Accessible
5. In terms of spontaneous and urgent concern or visit	3	Moderately Accessible
Overall	3	Moderately Accessible

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Affordability		
1. Travel cost to reach the nearest clinic or hospital that provides primary care	4	Very Affordable
2. Cost of checkups to be taken annually	3	Moderately Affordable
3. Cost of maintenance and prescribed medicine or drugs	3	Moderately Affordable
4. Cost of necessary services for long-term illness or chronic disease	3	Moderately Affordable
5. Cost of primary care services when urgently or spontaneously needed	3	Moderately Affordable
Overall	3	Moderately Affordable
Availability		
1. Setting an appointment	4	Very Available
2. Necessary maintenance and prescribed medicine	4	Very Available
3. Necessary services such as check-ups, screenings, and/or diagnosis treatment	4	Very Available
4. Necessary facilities for necessary services	4	Very Available
5. Doctor or primary care provider and staffs in relation to number of patients	4	Very Available
Overall	4	Very Available
Acceptability		
1. Professionalism and skills of the primary care provider	4	Very Acceptable
2. Equal treatment in the usage of necessary primary care facilities	4	Very Acceptable
3. Communication of primary care provider and staffs with sensitivity to patient's culture	4	Very Acceptable
4. Treatment regardless of religion, ethnicity, social orientation, and/or social status	4	Very Acceptable
5. Treatment regardless of mental health status, chronic disease, long-term illness, and/or disability	4	Very Acceptable
Overall	4	Very Acceptable
Accommodation		
1. Comprehensible language used by the doctor or primary care provider	4	Very Accommodation
2. Appropriateness clinic or hospital hour's operation	4	Very Accommodation
3. Cleanliness and orderly of the primary care clinic or hospital	4	Very Accommodation
4. Waiting time to be consulted	4	Very Accommodation
5. Manners and conduct of the doctor and staffs	4	Very Accommodation
Overall	4	Very Accommodation

Note: Dimensions (Aware, Accessible, Affordable, Available, Acceptable, Accommodating)

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Legend:
a) 4 - Very (Dimensions)
b) 3 – Moderately (Dimensions)
c) 2 - Slightly (Dimensions)
d) 1 - Not at all (Dimensions)

Table 1 illustrates senior citizens' access across various dimensions. The analysis shows a positive response regarding awareness, accessibility, affordability, availability, acceptability, and accommodation of primary care in Kaytapos, Indang. Firstly, under the category 'very aware,' most respondents demonstrate a high level of awareness regarding primary care-related topics. Secondly, labeled as 'moderately accessible,' most participants find it relatively easy to access nearby primary care clinics, particularly in terms of time and transportation, posing minimal challenges. Thirdly, categorized as 'moderately affordable,' primary care expenses remain manageable for senior citizens, enabling them to receive necessary services. Fourthly, marked 'very available,' the abundance of necessary goods, services, and care from nearby primary care providers suggests no substantial concerns regarding availability. They are, fifthly, designated 'very acceptable'; this indicates that nearby clinics and hospitals offer adequate goods and services to meet the needs of patients satisfactorily. Lastly, labeled 'very accommodating,' most senior citizens report receiving proper treatment and positive experiences from primary care providers and healthcare institutions.

Table 2. Significance of Relationship Between Family Income and Access to Primary Care

Assessment	Somer's D Value	P Value	Decision	Remarks
Family Income and Access to Primary Care	0.248	0.012*	Reject H_0	There is a significant relationship

**Highly significant if p-value is ≤ 0.05
0.91 to 1 – Very Strong
0.71 to 0.90 – High
0.41 to 0.70 – Moderate
0.21 to 0.40 – Small but definite
0 to 0.20 – Slight but almost negligible

Table 2 illustrates the significance of the correlation between family income and access to primary care among senior citizens in Kaytapos, Indang. The calculated p-value of 0.012, which is less than $\alpha = 0.05$, gave a 95 percent confidence level, which indicates rejection of the null hypothesis. This finding shows that there is a statistically significant relationship between variables. Moreover, the computed Somer's delta value of 0.248 indicates a weak positive correlation between family income and access to primary care of senior citizens. Despite this weak correlation, a direct relationship between family income and access to primary care is evident, with a 24.8% increase in access associated with higher family incomes and a decrease

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in family income linked to reduced access to primary care. Thus, the significant relationship between variables highlights the need for attention in healthcare planning and policy.

5. CONCLUSION

The study investigated the relationship between family income and access to primary care among senior citizens in Kaytapos, Indang, Cavite, focusing on identifying significant associations. With this, a survey questionnaire was used to describe respondents' socio-demographic profiles and measure their access to primary care across various dimensions.
The findings revealed high and positive values regarding senior citizens' access to primary care. Respondents demonstrated high awareness, while affordability and accessibility were moderately rated. Primary care providers and institutions were found to be moderately accessible, very acceptable, and very accommodating. Moreover, the assessment showed a statistically significant but weak positive correlation between family income and access to primary care. This suggests that higher family incomes are associated with increased access to primary care among senior citizens.
Furthermore, the researchers recommend government actions to address access issues for senior citizens with inadequate family income, such as implementing programs for free check-ups, medicines, or allowances. They also suggest that the Department of Social Welfare and Development (DSWD) improve programs for seniors in lower income brackets. Additionally, future studies with similar concerns being addressed were encouraged to have larger sample sizes and different populations of interest.

6. REFERENCES

1. K. Atanesyan. “The Missing Middle Income: Addressing Income Inequality is the Next Challenge for the Philippines as it Approaches UMIC Status.” Independent Evaluation Group.https://ieg.worldbankgroup.org/blog/missingmiddle-addressing-incomeinequality-next-challenge-philippines-it-approaches-umic?fbclid=IwAR0-gEOvI57kK34PuOf6ArvCAsr04XwN9c 2oigvH5p317wRbcTDxuvWBGQ(accessed April 19, 2023).
2. C. Kopp.“Income Inequality Definition: Examples and How it’s Measured.” Investopedia.https://www.investopedia.com/terms/i/income-inequality.asp (accessed April 19, 2023).
3. “Income Inequality.” Public Health Scotland. https://www.healthscotland.scot/health-inequalities/fundamental-causes/incomeinequality/income#:~:text= How%20income20%affects%20health,of%20health%20inequalities%20within%20populations (accessed April 19, 2023).
4. C. Padillo.“Who are the Middle Class in the Philippines?” iMoney. https://www.imoney.ph/articles/middle-class-sector-philippines (accessed April 19, 2023).
5. “Definitions.” John Hopkins University. https://publichealth.jhu.edu/johns- hopkins-primary-care-policy-center/definitions (accessed April 19, 2023).

Journal of Social Responsibility, Tourism and Hospitality
ISSN: 2799-1016
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http://journal.hmjournals.com/index.php/JSRTH
DOI: https://doi.org/10.55529/jsrth.42.23.34

6. "Six Reasons for the Importance of Primary Care for the Elderly." Pharmapproach. https://www.pharmapproach.com/six-reasons-for-the- importance-of-primary-care-for-the-elderly-2/ (accessed April 19, 2023).
7. "Relationship Between Income and Health." The Health Foundation. https://www.health.org.uk/evidence-hub/money-and-resources/income/relationship-between-income-and-health (accessed April 19, 2023).
8. R. Vihjalmsson, "Family Income and Insufficient Medical Care: A Prospective Study of Alternative Explanations," Scandinavian Journal of Public Health. vol. 49, no. 8, pp. 875-883. doi:10.1177/1403494820944096
9. R. J. Stanborough. "What is Primary Care and Why Do You Need It?"https://www.healthline.com/find-care/articles/primary-care- doctors/what- is-primary-care (accessed April 19, 2023).
10. M. J. N. Naria-Maritana, et. al, "Addressing Primary Care Inequities in Underserved Areas of the Philippines: A Review," Acta Medica Philippina. vol. 54, no. 6. https://doi.org/10.47895/amp.v54i6.2578
11. L. Shi. "The Impact of Primary Care: A Focused Review," Scientifica. vol. 2012. https://doi.org/10.6064/2012/432892
12. F. Jahan. "The role of Primary Care Physician in Geriatric Care." Prime Scholars. vol. 3, no. 13. https://www.primescholars.com/articles/the-role-of-primary- care-physician-in-geriatric-care-94865.html