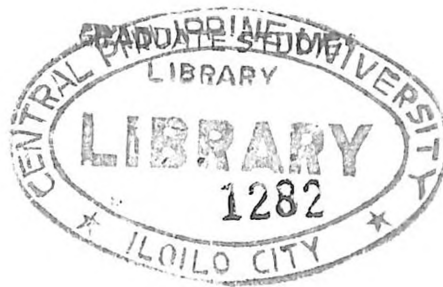


**DEMOGRAPHIC AND SOCIO-ECONOMIC CORRELATES OF THE
UTILIZATION OF HEALTH CARE SERVICES IN SELECTED
URBAN COMMUNITIES OF ILOILO CITY
(A Secondary Analysis)**

A Thesis

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ABSTRACT

A descriptive-relational study on the demographic and socio-economic correlates of health care services in selected urban communities of Iloilo City was done using a secondary analysis of the data culled out from the data file on a survey conducted by Dr. Fely P. David of the Social Science Research Institute (SSRI) and Panay Power Corporation (PPC) that was entitled "Socio-Economic and Public Health Survey in Nineteen Barangays in the vicinity of the Diesel and Coal-Fired Power Plant in Iloilo City". The primary study conducted a survey of 2070 sample households in 19 barangays surrounding the Coal-fired and the Diesel Power Plants in the districts of Lapaz and Jaro, Iloilo City. The sample population was proportionately allocated to the 19 barangays. This study employed a total enumeration of all household members who got sick in all barangays, which totaled to 3, 260 respondents. Simple descriptive analysis of data using the percentage distributions and measures of central tendency and proportions was used to analyze survey responses. Other statistical tools used were the frequency count, percentage and the mean for descriptive statistics while Chi-square test for analysis of relationships. The level of significance for the test of hypothesis was set at 0.05.

The findings disclosed that most of the residents who got sick in selected barangays in Jaro and Lapaz are young with an average age of 24 years old, female, high school educated, not gainfully working and coming from a household that earns an average of Php 13, 088.52 a month. Majority of the household members got sick only once a year and Flu is the most common sickness that afflicted them. Among those who got sick, nearly half of them utilized or consulted a health care facility. The most common source of medical care among 19 barangays was the Rural Health Unit (RHU) and/or the Barangay Health Station (BHS). As a whole, no significant relationships were found between demographic characteristics and utilization of health care services.

However, the Chi-square test revealed a significant relationship between age and the decision as to whether or not utilize health care services during sickness and the type of health care facility/provider being used. On the other hand, almost all of the socio-economic variables were found to have a significant relationship with the utilization of health care services. The Chi-square result indicated that there is a significant relationship between monthly family income, work status, frequency of illness, type of illness and the utilization of health care services at 0.05 level of significance. While as to the type of health care facility being used during times of sickness, monthly income and type of illness was found to have a significant relationship with the choice of a health care provider. It can be concluded that generally, the utilization of health care services rely mainly on the socio-economic characteristics of an individual thus rejecting the null hypothesis which states that there is no significant relationship between socio-economic characteristics and utilization of health care services. Thus it is suggested that

(1) individual, families and the government should help increase income and educational

opportunities in general. This may come in the form of sustainable income generating and livelihood projects, targeting the real poor and needy; (2) the government of Iloilo City and Department of Health must make extra effort in improving Rural Health Units and/or Barangay Health Stations by providing new and functional equipments, supplies and health care providers who are competent in carrying out basic health care services to all the members of the community it is serving; (3) with many households still having low utilization of health care services, in whatever reasons they have, the local government unit of Iloilo City – DOH, doctors, nurses, midwives and barangay health workers, should boost healthcare campaigns through information dissemination thru information, education and communication (IEC) of the availability of services offered in health centers, barangay health stations and even government hospitals; (4) the Department of Health (DOH) and policy makers should be able to take necessary steps in ensuring that most, if not all, health care services are equally available and distributed among the people, and should strengthen the delivery of health care services and health programs to the entire community, especially to the underprivileged ones, making it more affordable and accessible.; (5) healthcare personnel and hospital administrators must take extra effort in providing health education to their patients to reduce health risks, to make them understand the importance of utilizing health care services whenever they are sick, and be able to acquire healthy lifestyle; (6) health care providers and management must discern the factors influencing health care utilization, because identifying who will use which services and when these services will be used can help organizations target consumers for medical contact; (7) healthcare institutions and providers should be fervent in educating the public regarding how to reduce the incidence and prevalence of both non-

communicable and communicable diseases and the functional limitations and discomfort they may cause, the basic prevention techniques such as proper personal hygiene, healthy diet and lifestyle, and even the cleanliness of the surroundings, and early signs and symptoms and the importance of proper and prompt treatments; (8) as the result of the findings showed that income has a bearing on the cases decision to utilize health care services and the type of health care provider, the government officials and local government units must be awakened and encouraged to make certain the expansion of health financing, covering the true poor, in order to minimize the number of people going through their diseases without medical attention or treatment; and, (9) further studies be done exploring other variables not included in the present study in relation to utilization of health care services, such as the inclusion of rural barangays in Iloilo as to produce relationship of type of residence of the cases, and not limiting to urban poor communities only, and also further studies including other municipalities and barangays in Iloilo to make more comprehensive generalizations.