



Access to Health Services Among Low-Income Women in the Philippines: A Review

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Abstract

Healthcare access is the availability of medical services to prevent, identify, diagnose, and manage illnesses, diseases, disorders, and other problems that influence one's health (MU School of Medicine, 2022). Where it must provide convenience and optimal health outcomes for everyone. However, despite the attempts of the Philippine Government to provide Universal healthcare, low-income households still have a hard time accessing the coverage and using it. Low-income women have it more difficult to access healthcare due to various reasons such as inequalities, norms, age, and socioeconomic status. This article was influenced by the study of Luu, K. et al. (2022), entitled "Exploring the Role of Social Networks in Facilitating Health Service Access Among Low-Income Women in the Philippines". With the use of available published materials from various journal databases, specifically Sage Journals, Google Scholar, and EBSCO, this review article managed to obtain literature that could support the aim of this review article.

Furthermore, demographic characteristics of participants such as Approachability and the ability to perceive; Acceptability and the ability to seek; Availability, accommodation, and the ability to reach; Affordability and the ability to pay and; Appropriateness and the ability to engage — were used to gather information on why low-income women put off seeking medical attention. As a result, based on the findings of various research articles, certain women's access to health treatment hindered timely treatment, with younger women more prone than older women to put off seeking medical attention. For they prioritize their children's health, have caregiving obligations, have a hard time finding childcare, and are discouraged by the financial burden of medical expenses on their families as caregivers

Keywords: *Healthcare access, low-income women, socioeconomic factors, gender norms, Philippines*

Introduction

Healthcare access is the availability of medical services to prevent, identify, diagnose, and manage illnesses, diseases, disorders, and other problems that influence one's health (MU School of Medicine, 2022). This access must be affordable and convenient for everyone. However, essential healthcare services are unavailable to 50% of the world's population. (World Health Organization, 2017). In the Philippines, despite attempts to provide universal health care coverage (UHC), low-income households in the Philippines continue to encounter obstacles to accessing and using health care (Luu, K. et al., 2022). In 2021, 23.7% of the population in the Philippines lived below the poverty line (Asia Development Bank, 2022). It becomes a factor why Filipinos in low-income households endure their illnesses at home due to high healthcare expenditures (Lasco, G. et al., 2022). Furthermore, underlying gender inequalities, gender norms, and low income may make it more difficult for Filipino women to get health care (Luu, K. et al., 2022).

In maternal and child health alone, among the ASEAN regions with a high maternal mortality ratio, the Philippines has the lowest annual change at 1.1% from 1990-2015 in the maternal death rate (Paredes, K., 2016; World Health Organization, 2015). The most significant factor in the disparities in the utilization of health care is still household income, followed by maternal education, as inequality in the use of maternal and child health services (MCH) remains pro-rich after extensive subsidies for the health insurance of the poor (Paredes, K., 2016). In addition, the postpartum period of women is also one of the major causes of maternal death in the Philippines and the primary cause of nearly one-quarter of all maternal deaths globally (World Health Organization, 2012; Yamashita, T. et al., 2017). On top of that, it has been found that women who delivered at home exhibited a lower postpartum healthcare service consumption ratio than those who delivered in healthcare facilities (World Health Organization, 2012). These postpartum women who opted for home delivery came from low financial status (World Health Organization, 2012).

Furthermore, older people relied on their offspring for financial assistance with old-age expenses such as healthcare. However, in the Philippines, intergenerational transfers from adult offspring to their older parents have decreased over time (Cruz, G. et al., 2019). Older women are more likely to rely on their children to be their primary caregivers when they are ill than older men. This trend of decreased intergenerational assistance may harm older women more than older men (Rodgers, Y.&Zveglich, J., 2021). Aside from the examples above, various factors affect the healthcare access of low-income Filipino women. Thus, this review article summarizes the experiences of low-income women in the Philippines in accessing healthcare services and determines the factors that affect their decisions to put off the services they need to attain optimal healthcare.

Methods

This review article utilizes a study from Sage Journals, Google Scholar, and EBSCO. The research article started on September 17, 2021, and was accepted on December 6, 2021. The topics that were looked into were all related to the Patient-Centered Access to Health Care (PCAHC) framework, which determines how multidimensional perspectives affect the factors that determine supply, demand, and access to healthcare. Additionally, this research was conducted in and around Bacolod City, the Philippine province of Negros Occidental's capital. Also, the study's researchers partnered with International Care Ministries (ICM), a Philippines-based non-governmental organization. Moreover, a thorough assessment was conducted to examine the benefits and disadvantages of this study on access to health services among low-income women in the Philippines.

Results and Discussion

Gender, age, and socioeconomic level are encompassed in the study. For instance, certain women's access to health treatment hindered timely treatment, with younger women more prone than older women to put off seeking medical attention. These results are consistent with studies from the Philippines that show how younger women put off getting medical attention because they prioritize their children's health, have caregiving obligations, have a hard time finding childcare, and are discouraged by the financial burden of medical expenses on their families as caregivers.

As established with the results of the study, the most prominent factors would include the Approachability and the ability to perceive; Acceptability and the ability to seek; Availability, accommodation, and the ability to reach; Affordability and the ability to pay; and Appropriateness and the ability to engage.

Table 2.1. Approachability and the ability to perceive. *On literature-based evidence as per the discussion of the review. Such discussion is thematized to provide insights concerning the objectives.*

Authors	Literature-based evidence
1. Ibo, J.A.S. (2019).	The barangay health workers (BHWs) act as front-liners in delivering health care in the Philippines. They significantly render primary care services such as first aid, maternal, neonatal, and child and community-based interventions in the community.
2. Rayala, J. et al. (2000)	The Philippines endorsed a new approach called Primary Health Care (PHC) in 1979 through Letter of Instruction (LOI) 949 with the central theme of "Health in the Hands of the People by 2020". It became a strategy that drives the focus to individual, family, and community health, encouraging the development of self-reliance in health care at a community level.
3. Republic Act. No. 7883 (GOVPH, 1995)	Rural and urban interviewees indicated that community members esteemed the BHWs as resource persons for health who would help assist others in exploring health services and managing health problems. Furthermore, the BHW role was recognized as an essential component of the national health workforce in national law, hence was given specific rights and responsibilities.
4. Rebuya, N. et al. (2020); Cerio, C. (2020); Petrovska, B. (2012); and Nanjunda, D. (2014)	Different determinants like culture, health approaches, familial background, geographical location, level of education, socioeconomic level, environment, lifestyle, healthcare systems in the community, and perspective towards healthcare providers play a vital role in the health-seeking behavior of an individual.
5. Ekor, M. (2014); and Montepio, S. (1986)	Financial constraint is one of the main reasons Filipinos turn to folk medicine services and products more than seeking aid in a healthcare facility. Seeking the help of modern practitioners is costly. At the same time, <i>albularyos</i> or folk healers will accept anything their patients can offer them as a form of gratitude or payment.
6. Rondilla, N. et al. (2021)	Hence, despite the effort of the Government to provide substantial healthcare sectors, the healthcare system of the Philippines remains insufficient and unattainable to the poor.

7. Cu, A. et al. (2021)	Despite the acceptance of universal healthcare coverage (UHC) by World Health Organization member countries, access to healthcare remains a significant issue (WHO). The 2017 Global Monitoring Report estimates that 7.3 billion people cannot access all the necessary health care. According to a comprehensive examination of deaths in 137 countries that could have been prevented, some 8.6 million more deaths than necessary, mostly in low- and middle-income nations, appeared in 2016 (LMICs).
8. Vohra-Gupta et al. (2022)	Sociodemographic variables such as race/ethnicity, income, education, and marital status may affect not only women's health but also the health of future generations and have devastating effects on women's well-being throughout their lives.
9. Alipio, M. (2020)	According to the survey, respondents consistently identify reachability and approachability as stockpile and demand-side access constraints, respectively. The fact that these obstacles received the lowest mean score indicates that respondents found the medical staff less accessible during their visits during the previous three months. The fact that the respondents reported having a low ability to reach suggests that there may be an issue with the elements that allow a person to physically contact healthcare service providers, including personal mobility and transportation accessibility, occupational flexibility, and knowledge of health services.
10. Straiton, M. et al. (2018)	In Norway, Filipino women who only had temporary residence often experienced stress due to future uncertainty. Despite having advanced degrees, they frequently worked in low-skilled jobs at a disadvantage. The women were stressed due to their numerous international positions, including employees, wage earners, spouses, mothers, and daughters. Some of them were moms who had been separated from their kids, which impacted their mental health. As such seeking professional health has been a taboo for them as Beliefs and values, Familiarity with (mental) healthcare, and Healthcare experiences in the new country, have influenced their views in accessing healthcare not just in Norway but in the Philippines as well.
11. CalongCalong, K., &Comendador, J. (2019)	The study examined perceived healthcare availability among people of a rural region in Rizal, Philippines. The findings demonstrated a strong approachability of healthcare access, which means that the participants are well informed about the healthcare services available in the community. This is most likely because the village is one of a university's adopted communities in Manila. As an adopted community, they were provided with healthcare services, outreach activities, and information campaigns, which were carried out in collaboration with the local government. Overall, participants reported having easy access to healthcare services. This outcome can be related to the Aquino administration's 2016 rollout of the Universal Health Care Program, which was created to address healthcare inequity by providing equitable access to affordable and high-quality health services.

Table 2.2 Acceptability and the ability to seek

Authors	Literature-based evidence
12. Cabral, E. (2016)	Despite the Philippines' ongoing economic expansion, little progress has been made in health. Leaders who accept responsibility for their citizens' health and commit to bolstering healthcare systems via investments in

	infrastructure and human resources are needed to lead healthcare systems. This prevents women from achieving proper childcare for their offspring leading to a massive health crisis.
13. Wulandari, R.D., Laksono, A.D., and Rohmah, N. (2021)	Antenatal care in the Philippines and Indonesia is different in urban and rural areas. Pregnant Filipinos in rural areas were likelier to attend all four antenatal checkups. However, pregnant women in urban Indonesia were more likely to go to four antenatal appointments. The age group, husband/partner, education level, parity, and wealth position were also demonstrated to significantly affect the use of antenatal care in both nations and the type of habitation, which, in this case, is urban-rural.
14. Sekhon, M., Cartwright, M., and Francis, J. J. (2017)	Based on anticipated or actual cognitive and emotional reactions to the intervention, acceptance is a multifaceted construct representing the degree to which those providing or receiving a healthcare intervention feel it suitable.
15. Embleton, L. et al. (2021)	An individual must recognize the need for care when services are available. The term "acceptability" relates to social and cultural appropriateness and other elements that affect whether people accept health care. The capacity and autonomy to choose healthcare and be aware of possibilities are referred to as the ability to seek healthcare. Thanks to availability and accommodation, healthcare providers and services can be accessed quickly. To provide services, health services must be physically accessible and have sufficient funding and capability.
16. Guttmacher Institute (2010)	Furthermore, side effects, fear of not getting pregnant, and the costs of contraceptives have been barriers for low-income women to have proper reproductive health. Despite the effort of the Government, especially PhilHealth, to provide contraceptive services, this coverage was focused on wealthier citizens—primarily those working for the government and significant to medium businesses. As such, the majority of rural poor people, self-employed individuals, and impoverished people without regular jobs must enlist on their own or be classified as indigents by their LGUs, where few of them are only covered by PhilHealth.
17. De Guzman, A. (2020)	Any action carried out by those who believe they have a health issue or are unwell to find a suitable treatment is known as health-seeking. Alarmingly, unless the sickness is apparent, Filipinos frequently put off or disregard preventative health treatment. The most crucial characteristic regarding health-seeking behavior is the one who can consult first.
18. Jacobs, B. et al. (2011)	Access to healthcare services is hampered by demand and supply-side obstacles, particularly for the underprivileged. Although interventions have been proposed to remove these obstacles, their effectiveness may be increased in conjunction with others because no single intervention seems to simultaneously remove all dimensions or aspects of access barriers.
19. Essue, BM et al. (2017)	When faced with poor health, especially unanticipated occurrences, the household must mobilize resources to pay for health care, frequently by borrowing money, depleting scant reserves, and selling assets. These actions can severely impact the household's long-term financial well-being, including its capacity to handle continuing healthcare demands and upcoming health shocks.
20. Rodgers, Y. & Zveglic, J. (2021)	This study investigated the determinants of sickness and health-care-seeking behavior in Southeast Asia, focusing on the aging population's

	<p>needs and gender differences in how those needs are met. The study used recent household surveys from Cambodia, the Philippines, and Vietnam to estimate a sample selection probit model that controls for sample selection. In tests for gender differences in sickness and treatment-seeking behavior, significant differences show that women are more likely than men to report and seek treatment in Cambodia and the Philippines. Furthermore, in these two countries, older women have higher predicted probabilities of seeking health care than more senior men as they age.</p>
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Table 2.3 Healthcare system status/Availability, accommodation, and the ability to reach

Authors	Literature-based evidence
<p>21. Yamashita, T. et al. (2014); and Yamashita, T. et al. (2015)</p>	<p>Three issues that barangay health workers face were identified from numerous thematics indicated. These thematics generally concern the deficiency of postpartum care knowledge and nonconsensual conformity of postpartum care for women from Barangay Health Workers (BHWs). Two factors that supported the continuation of BHW activities were the provisions of hospitality to the community's postpartum women and their families and accomplishment in terms of BHW services. Such findings also imply that postpartum women are unaware of the issues related to postpartum health.</p>
<p>22. Levesque, JF., Harris, MF., and Russell, G. (2013)</p>	<p>Several variables, including the person's residence, financial condition, and social standing, have an impact on both the services provided and the specific characteristics of persons who have access to healthcare services, for instance, volume, facility location, and costs. Not just the price of the services themselves but also the ability of consumers to pay for them to determine if services are cheap. Similarly, a health facility's location will impact access to healthcare depending on the population it serves, habitation patterns, and ease of travel.</p>
<p>23. Infante, C. et al. (2022)</p>	<p>This study defines access to health services as the ability to contact a provider when in need and have that need met. The traditional definition of access to health services included five factors: availability, accessibility, accommodation, and affordability. These presented factors may have involved the need for an available healthcare facility nearby a geographic area. Additionally, the parameters of later models have remained the same, but they have added the importance of demand-side attributes to supply-side ones in determining access to care.</p>
<p>24. Salvacion, A. (2022)</p>	<p>Spatial accessibility of rural communities and healthcare facilities would indicate corresponding inconsistencies with healthcare access. Health disparities are reduced, and health status is improved with optimal access to healthcare.</p>
<p>25. El Omari, S., & Karasneh, M. (2020)</p>	<p>The results indicate that social health insurance in the Philippines, specifically designed to assist low-income families, has failed miserably. Participating impoverished households have only visited hospitals for deliveries aided by medical experts; other sorts of care have not drawn this group of people. This illustrates unequivocally that, in the Philippine setting, unfettered access to health services may not be sufficient to increase impoverished families' healthcare use. As a result, more supporting actions are required to increase the national health insurance program's effectiveness, efficiency, and equity in a way that poor Filipinos can feel.</p>

26. Felipe-Dimog, EB. et al. (2021)	Despite the effort of the government to provide iron and folic acid (IFA) supplements to pregnant women prone to anemia, Muslim or non-Indigenous Filipino pregnant women were less likely to follow instructions. Contrarily, only 25.8% of Filipino pregnant women who were 25–34 years old, had secondary or higher levels of education, had wealth indexes above average, lived in rural areas, began their ANC visits early, and had frequent ANC visits had a higher likelihood of following the IFA guideline.
27. Flores, LJY. et al. (2021)	By utilizing open-source data and empirical work from prior healthcare research, this study offered a methodology for determining an ideal location for rural health unit (RHU) site selection. Results that positioned RHUs near existing facilities allowed for expanding existing RHUs rather than constructing new ones. The findings varied depending on the number of facilities to be built or updated. Finally, while determining which outcomes to maximize, policymakers must consider questions of equity.

Table 2.4 Affordability and the ability to pay

Authors	Literature-based evidence
28. Okoro, C. et al. (2005)	Based on a cross-sectional study, almost 50,000 non-institutionalized costs of older adults were indicated as the major reason for not procuring the needed healthcare.
29. Weissman, J. et al. (1994)	Lack of health insurance proved to be one of the barriers to healthcare; however, having coverage does not guarantee a person access to healthcare and preventative services.
30. Doetsch, J. et al. (2017)	In Portuguese, older adults experience financial concerns such as pension cuts, increased medical care fees, and increased out-of-pocket medication costs, making it one of the main barriers to health access.
31. Siongco, K.L.L, Nakamura, K. and Seino, K. (2020); and Sakamoto, H. et al. (2018)	As a critical public health concern, promoting equitable access to healthcare services and greater health access across LMICs is essential. However, this imposed a heavy burden on the low-income sectors due to the rapid expansion of coverage and free healthcare services, which increased tax on resources and individuals.
32. Yadav, A.K., Sahni, B., and Jena, PK. (2020)	The utilization of prenatal care and competent birth attendance strongly correlate with education since it leads to employment, economic position, and empowerment. Interestingly, the effects of education disappear in the case of postnatal care when economic position and empowerment are taken into account. Overall, the usage of all three maternal health care services was reliably predicted by education, employment, higher economic position, and empowerment.
33. Lambojon, K. et al. (2020)	This cross-sectional study revealed that the mean availability of surveyed medicines was low in both the public and private sectors, specifically for originator brands (OBs) and lowest-priced generics (LPGs) in public and private outlets. The median unit prices (MUPs) of medicines were higher in private outlets, and OBs had higher unit prices than generic equivalents. OB treatments were unaffordable except for gliclazide, but most LPGs are reasonably priced. As a result, the low availability and high prices of OBs influenced the affordability of medicines, even with tax exemption in both sectors.

Table 2.5 Appropriateness and the ability to engage

Authors	Literature-based evidence
34. Tantengco, O.A., &Ornos, E.D. (2022)	These geographic and socioeconomic gaps in healthcare services remain a key barrier to improving mother and child health in developing nations. Women who live in urban areas and have better incomes, educational attainments, and caste levels than disadvantaged populations have higher health insurance coverage.
35. De Castro, L. et al. (2020)	The demonstration of the tight connections between the experiences of various socioeconomic and political sectors using a suitable allocation technique was implemented in this study. According to such observations, structural and enduring disparities have led to poor experiences, especially during the COVID-19 pandemic. Tied to the unequal social and economic conditions that existed long before the pandemic became a danger are the interrelated and overlapping fronts we have had to deal with throughout the pandemic. These are imposed on recognizing the relationship between the effective distribution of social resources and the general state of society.
36. Nieman CL. et al. (2016)	Older adults that live at a higher socioeconomic level are more likely to have access to preventative care and diagnostic testing.
37. McCullough, M. (2004); Case, A. & Deaton, A. (2005); and Read, J. & Gorman, B. (2011)	Findings of some studies indicate that women's disadvantages to health often diminish with increasing age.
38. Cruz, R. (2019)	Social networks influence health outcomes and enable access to healthcare. Women may rely on family or wider communication networks for health information, resources, and social support.
39. Agampodi, TC., et al. (2015)	Strong social ties may emotionally or socially promote a woman's well-being. It can also encourage accessibility to healthcare services through some help or other financial aid provisions.
40. The National Center for Biotechnology Information (2018)	This study found that the availability of newer and better healthcare services does not imply that all can access them equally.
41. Ku, GM., et al. (2017)	Researchers of this literature review proposed a roadmap to institutionalize patient engagement that applies to the Philippines and other countries with similar contexts, and it consists of seven strategies: (1) patient and family education, empowerment, and enablement to participate in healthcare; (2) preparing direct care workers and health facility management for patient involvement in healthcare; (3) formation of First Line Care Teams; and (4) monitoring and evaluation, including transparency and accountability; (5) legislation and regulation; (6) partnership in health facility governance; and (7) collaboration in public policy, including policy research/production and health technology assessments (HTA). Additionally, they proposed practical methods for implementing each of these seven strategies.

Conclusion

Following the literature-based evidence obtained regarding the demographic characteristics; approachability and the ability to perceive; acceptability and the ability to seek; availability, accommodation, and the ability to reach; affordability and the ability to pay and; appropriateness and the ability to engage, it was found that younger women (ages 18–30), tend to put off healthcare access. They put off getting medical attention because they prioritize their children's health, have caregiving obligations, have difficulty finding childcare, and are discouraged by the financial burden of medical expenses on their families as caregivers.

Hence, despite universal healthcare access (UHC) being implemented, socioeconomic status is still the main reason women in the Philippines put off healthcare access, as most of them today are still unemployed and have no proper income.

Conflict of Interests

The authors have no conflicts of interest.

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