Chapter 6

Healthcare and Healthcare Utilisation

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CHAPTER 6

Healthcare and Healthcare Utilisation

Josefina N. Natividad

As people age, they are expected to be more likely to experience chronic health problems and declining functional capacity. Generally, older adults may be in greater need of healthcare services than younger cohorts. Health seeking is affected by many factors apart from the availability of health services. Healthcare may be provided not just through the formal system but also the informal kin-based support system. The Longitudinal Study of Ageing and Health in the Philippines (LSAHP) obtained information about older Filipinos' health seeking from formal and informal sources of care in the recent past. The study also obtained information about long-term care (LTC), currently an important concern in ageing societies but not yet in the Philippines, where the population is not yet ageing.

Formal Care

Formal care refers to healthcare provided by the healthcare system. Two types of care are explored in the survey: inpatient and outpatient care.

Inpatient Care Utilisation

Inpatient care refers to healthcare that requires the ill person to stay in a health facility for an extended period. The LSAHP defines utilisation of inpatient health services as staying at least overnight in a health facility in the 12 months preceding the survey (Table 6.1). Results show that 15% of all older persons (OPs) availed themselves of inpatient care within that time frame, with the percentage increasing with age. Amongst the oldest age cohort (80+), one in five stayed overnight in a health facility.

Table 6.1. Inpatient Utilisation by Sex and Age

Inpatient Utilisation	SEX			AGE GROUP				TOTAL
	Male	Female	Sig	60-69	70-79	80+	Sig	
% who stayed overnight in a hospital/ other medical facility in the past year because of an illness/accident in the past 12 months	14.1	14.9	**	11.9	18.7	20.4	***	14.6
N	*2,411*	*3,573*		*3,760*	*1,552*	*673*		*5,985*
Mean number of times stayed at least overnight in a hospital	2.01	1.64	**	1.49	2.08	2.11	***	1.78
Type of facility used the last time hospitalized								
Municipal hospital	8.3	7.9		8.3	9.3	4.4		8.0
District hospital	7.7	3.6		3.6	8.0	3.7		5.0
Provincial/city hospital	23.6	24.5		22.8	26.0	25.0		24.2
Regional hospital	4.1	2.1	**	4.2	0.7	2.9	***	2.9
Public/national hospitals (e.g., PGH)	9.4	5.2		6.9	8.0	4.4		6.9
Public specialty hospitals	0.3	0.2		0.2	0.0	0.7		0.2
Private clinic	2.9	5.0		7.6	0.7	0.7		4.2
Private hospital	43.7	51.4		46.4	47.1	58.1		48.5
Others	0.0	0.2		0.0	0.3	0.0		0.1
N	*339*	*535*		*448*	*289*	*136*		*874*
Who paid the most for the hospitalization								
Respondent	20.4	17.8		19.4	19.3	15.3		18.7
Spouse	12.4	5.6		13.8	2.8	2.2		8.3
Children	44	52.1	**	42.0	56.6	54.7	***	48.8
Grandchildren	2.9	2.4		1.3	1.7	9.5		2.7
Other relatives	5.3	3.4		3.8	4.5	4.4		4.1
Friends	0.6	0.4		0.7	0.3	0.0		0.5
Others (e.g., pension)	14.5	18.4		19.0	14.8	13.9		16.8
N	*340*	*534*		*447*	*290*	*137*		*874*
% who availed of PhilHealth benefits								
As a member	82.9	83.5	***	81.7	83.8	88.1	n.s.	83.4
As a dependent	3.8	7.9		6.7	6.2	5.2		6.3
N	*340*	*534*		*447*	*290*	*137*		*874*
% who availed of other medical/ health insurance aside from PhilHealth	5.9	6.9	n.s.	7.8	3.8	8.1	n.s.	6.5
N	*340*	*534*		*448*	*290*	*137*		*875*
Kind of medical/health insurance								
Private health insurance system	20.5	31.4	n.s.	38.0	8.0	23.5	*	27.2
Others (e.g., senior card)	28.2	39.6	n.s.	32.0	36.0	41.2	n.s.	34.8
N	*39*	*53*		*50*	*25*	*17*		*92*
% who availed of discounts for senior citizens for medical expenses	79.6	88.2	**	83.3	84.4	90.5	n.s.	84.8
N	*339*	*534*		*448*	*289*	*137*		*874*

*p < 0.05. **p < 0.01. ***p < 0.001. n.s. = not significant.
PGH = Philippine General Hospital.
Source: Calculated by DRDF using original LSAHP data.

Amongst those who availed themselves of inpatient health services, the average number of confinements in the past year was 1.8, higher for men and increasing with age. As to the type of facility they stayed in during the last confinement, the percentages are almost evenly divided between public and private facilities, with private facilities having a slight edge (53%) over public facilities (47%).
Asked who paid the most for their last hospitalisation, only 27% of the respondents reported that they themselves or their spouse paid the most, whilst 49% said their children did, reflecting the heavy reliance on children as an informal support pillar in the healthcare of older Filipinos.

There is one positive note in that about 90% of the hospitalised availed themselves of benefits from PhilHealth, the national health insurance system, either as members (83%) or as dependents of members. This is a highly significant improvement in healthcare financing for older Filipinos; of the 2007 cohort, only 46% reported availing themselves of PhilHealth benefits either as members or dependents (Cruz, Natividad, Gonzales, and Saito, 2016). This development is directly attributable to the enactment in 2014 of Republic Act (RA) 10645, which provides for mandatory PhilHealth coverage of senior citizens, amending the Expanded Senior Citizens' Act of 2010. Of the respondents, 85% avail themselves of senior citizen discounts for medical expenses, which are part of law-mandated senior citizen privileges.

Outpatient Care Utilisation

In general, more OPs went for outpatient than inpatient care (Table 6.2). About 4 in 10 reported receiving medical care for an illness or accident in the past 12 months without staying overnight in a medical facility; the percentage is slightly higher amongst women (44%) than men (39%). There is no age-related pattern in the outpatient utilisation rate.

As to the type of facility visited most as an outpatient, the percentage is about evenly divided between public and private facilities, with public facilities having a slight edge (52%) over private facilities (48%), the reverse of the utilisation pattern for inpatient care. In 9 out of 10 cases, those who availed themselves of outpatient care saw a physician for most of their health problems.

Table 6.2. Outpatient Utilisation by Sex and Age

Outpatient Utilisation	SEX			AGE GROUP				TOTAL
	Male	Female	Sig	60-69	70-79	80+	Sig	
% who received medical care for an illness/accident from any medical facility or practitioner without staying overnight in the past 12 months	38.8	43.5	***	41.9	40.4	42.8	n.s.	41.6
N	*2,411*	*3,574*		*3,761*	*1,551*	*673*		*5,985*
Type of facility visited most as an out-patient								
Barangay health station	8.4	17.1		13.5	14.0	15.2		13.8
Rural health unit	9.6	6.0		8.7	5.1	4.8		7.3
Municipal/community hospital	6.2	6.6		4.8	9.3	9.7		6.5
District hospital	2.2	5.7		5.1	1.9	5.9		4.4
Provincial/City hospital	17.0	12.4	***	13.3	17.4	11.8	***	14.1
Regional hospital	4.5	0.7		2.7	0.3	3.1		2.1
Public/National hospitals	3.1	2.4		2.5	2.6	3.8		2.7
Public specialty hospitals	0.1	0.8		0.8	0.0	0.7		0.6
Private clinic	24.0	23.6		23.5	26.3	19.7		23.8
Private hospital	24.5	23.4		24.3	22.5	24.6		23.9
Others (medical missions, etc.)	0.3	1.2		1.0	0.6	0.7		0.8
N	*937*	*1,553*		*1,576*	*627*	*289*		*2,492*
Health practitioner seen most often for health problems								
Traditional practitioner	0.3	0.1		0.1	0.3	0.0		0.2
Doctor	91.8	90.6		91.3	91.1	89.9		91.1
Nurse	3.1	3.6	n.s.	3.4	3.1	3.8	n.s.	3.4
Midwife	2.8	3.9		3.6	2.7	4.9		3.5
Barangay health worker (BHW)	2.0	1.7		1.6	2.7	1.0		1.8
Others	0.0	0.1		0.0	0.0	0.3		0.0
N	*936*	*1,550*		*1,575*	*621*	*288*		*2,484*

***p < 0.001, n.s. = not significant.
Source: Calculated by DRDF using original LSAHP data.

Unmet Need for Health Care

The relatively low percentage of OPs who sought outpatient care in the year before the survey is not necessarily a reflection of the low level of need for medical consultation. About 3 in 10 of all OPs reported that they felt ill in the past 12 months and thought of going to the doctor but did not (Table 6.3). Whilst many reasons are given for not seeking help, the most common is the lack of financial means. This is indicative of a high level of unmet need for medical attention due to financial constraints. In all, one in five OPs have an unmet need for medical care because of financial reasons.

Table 6.3. Unmet Need for Healthcare by Sex and Age

Unmet Need for Health Care	SEX			AGE GROUP				TOTAL
	Male	Female	Sig	60-69	70-79	80+	Sig	
% who felt ill and thought about seeing a doctor but did not in the past 12 months	27.3	30.3	*	29.7	29.5	24.5	***	29.0
N	*2,411*	*3,573*		*3,760*	*1,552*	*673*		*5,985*
% whose most important reason for not seeing a doctor is not having enough money	89.5	83.1	n.s.	85.8	87.5	78.7	n.s.	85.5
N	*658*	*1,081*		*1,115*	*458*	*165*		*1,738*

*p < 0.05, **p < 0.01, ***p < 0.001, n.s. = not significant.
Source: Calculated by DRDF using original LSAHP data.

Health Insurance Coverage

In all, 80% of older Filipinos have health insurance coverage, nearly all of them (98%) under PhilHealth. Only 2% of the insured are covered by non-PhilHealth insurance (Table 6.4). There is no marked difference in health insurance coverage by sex but the percentage with insurance increases with age. The oldest group have the highest percentage with health insurance (86%).

Table 6.4. Health Insurance Coverage by Sex and Age

Health Insurance Coverage	SEX			AGE GROUP				TOTAL
	Male	Female	Sig	60-69	70-79	80+	Sig	
% who have health insurance	81.0	79.9	n.s.	79.1	81.1	85.6	***	80.3
N	*2,411*	*3,574*		*3,760*	*1,552*	*673*		*5,985*
Type of health insurance								
PhilHealth	99.1	97.7	***	98.0	98.5	99.0	n.s.	98.3
Private health insurance	1.4	1.7	n.s.	2.4	0.3	0.2	***	1.6
Others (e.g., employees' compensation)	1.3	2.9	***	2.5	2.0	1.7	n.s.	2.3
N	*1,953*	*2,856*		*2,975*	*1,259*	*575*		*4,809*

***p < 0.001, n.s. = not significant.
Source: Calculated by DRDF using original LSAHP data.

Public Health Services for Older Persons

The public health system used to be largely devoted to delivering preventive and curative healthcare to the young (infants and children) and to mothers. Recent changes signal an awareness of the need to provide public health services targeted to the older segment of the population. Amongst these services are (1) free immunisation against pneumonia (with the pneumococcal vaccine) and influenza (with the flu vaccine) for indigent older adults (Department of Health [DOH] Administrative Order No. 2011-0018); and (2) free medicines for two highly prevalent chronic conditions in the older population: hypertension and diabetes (DOH Administrative Order No. 2016-0014). The LSAHP included questions to gauge the awareness and use of these services by older adults.

Vaccination

The results show that only 4 in 10 older Filipinos – more women than men – are aware of the pneumococcal vaccine (Table 6.5). Of those who are aware, about half (53%) had a pneumococcal vaccination after turning 60. The percentage of the aware declines steadily with age, but amongst the aware the percentage vaccinated increases with age. Significantly more women received the pneumococcal vaccine after turning 60. Almost all (90%) received this vaccination from a public facility, notably the barangay health station.

Awareness of the flu vaccine for OPs is comparatively low at 30%. Of those who are aware of the flu vaccine, only a little over a third (36%) were vaccinated after they turned 60. The same age–sex pattern is noted for the pneumococcal vaccination but at much lower prevalence levels. The flu vaccination was received most commonly at the barangay health station.

Table 6.5. Vaccinations by Sex and Age

Vaccinations	SEX			AGE GROUP				TOTAL
	Male	Female	Sig	60-69	70-79	80+	Sig	
% who are aware of pneumococcal vaccine for older persons	32.2	47.0	***	43.4	40.2	29.7	***	41.0
N	*2,412*	*3,574*		*3,760*	*1,552*	*674*		*5,985*
% who have had a pneumococcal vaccination since they turned 60 years old	39.2	59.3	***	50.3	56.6	63.0	***	52.9
N	*776*	*1,678*		*1,632*	*624*	*200*		*2,456*

Vaccinations	SEX			AGE GROUP				TOTAL
	Male	Female	Sig	60-69	70-79	80+	Sig	
Place where last pneumococcal vaccine was received								
Barangay health station	75.2	78.3		78.7	77.6	69.8		77.5
Rural health unit	5.3	5.1		5.7	4.5	4.0		5.2
Municipal/community hospital	5.3	2.3		2.1	5.1	3.2		3.0
District hospital	0.3	0.0	**	0.0	0.3	0.0	***	0.1
Provincial/city hospital	2.3	4.6		4.3	3.1	6.3		4.2
Public/national hospitals	0.7	0.3		0.4	0.0	1.6		0.4
Private clinic	4.6	1.7		1.5	3.4	5.6		2.4
Private hospital	1.0	1.4		0.5	1.1	7.1		1.3
Others (e.g., medical mission, covered court)	5.3	6.2		6.9	4.8	2.4		5.9
N	*303*	*995*		*821*	*353*	*126*		*1,300*
% who are aware of flu vaccine for older persons	*23.5*	*33.7*	***	*30.2*	*32.3*	*19.8*	***	*29.6*
N	*2,411*	*3,574*		*3,760*	*1,552*	*673*		*5,985*
% who have had a flu vaccination since they turned 60 years old	25.9	41.2	***	33.8	37.9	51.1	***	36.3
N	*568*	*1,203*		*1,137*	*501*	*133*		*1,771*
Place where last flu vaccine was received								
Barangay health station	81.5	75.7		77.4	74.9	78.3		76.7
Rural health unit	3.4	5.2		6.2	3.1	2.9		5.0
Municipal/community hospital	1.4	4.6		5.2	2.1	0.0		3.7
District hospital	0.0	0.2	n.s.	0.0	0.5	0.0	***	0.2
Provincial/city hospital	0.7	4.8		6.2	0.5	1.4		4.0
Private clinic	8.9	4.6		2.6	9.9	10.1		5.6
Private hospital	0.7	0.8		0.5	1.0	2.9		0.9
Others	*3.4*	*4.0*		*1.8*	*7.9*	*4.3*		*3.9*
N	*146*	*497*		*385*	*191*	*69*		*645*

**p < 0.01, ***p < 0.001, n.s. = not significant.
Source: Calculated by DRDF using original LSAHP data.

Free Medicines for Hypertension and Diabetes

A most welcome public health service offered by the DOH is the provision of free medications for hypertension and diabetes at local health centres (DOH Administrative Order No. 2016-0014). The LSAHP provides data for the DOH that show how this service is reaching intended beneficiaries such as older adults with these chronic conditions.

Those who reported being diagnosed with hypertension and/or diabetes were asked if they take medications for the condition. Those who take medications were asked whether they get their medicines from a public health facility all the time.

Table 6.6 shows that, amongst those diagnosed with hypertension, 7 in 10 are taking medications. Amongst the diagnosed hypertensives, 3 in 10 received their medications from the health centre. Amongst the diagnosed diabetics, 68% are taking medications. Unlike hypertensives, only 18% of diabetics receive their medicines from the health centre all the time.

OPs were asked whether, at the time of the survey, they were taking any supplements such as multivitamins, antioxidants, and food supplements: 38% reported taking a supplement, women (44%) more than men (34%). There is no age-related difference.

Table 6.6. Level of Use and Source of Medicines and Supplements by Sex and Age

Level of Use and Source of Medicines and Supplements	SEX			AGE GROUP				TOTAL
	Male	Female	Sig	60-69	70-79	80+	Sig	
% who take any medicine for:								
High blood pressure	68.3	75.9	***	72.0	74.7	76.9	n.s.	73.3
N	*925*	*1,797*		*1,633*	*768*	*321*		*2,722*
Diabetes	67.0	68.0	n.s.	66.0	71.0	67.7	n.s.	67.5
N	*288*	*466*		*476*	*217*	*62*		*754*
% who get medicine from health center(s) all the time								
High blood pressure	32.8	29.9	n.s.	32.6	27.7	29.9	***	30.9
N	*924*	*1,798*		*1,632*	*769*	*321*		*2,722*
Diabetes	19.1	18.0	n.s.	18.1	21.7	9.7	***	18.4
N	*288*	*467*		*475*	*217*	*62*		*755*
% taking any supplement	34.2	43.6	***	38.6	42.7	39.8	*	39.8
N	*2,411*	*3,574*		*3,760*	*1,552*	*673*		*5,985*

*p < 0.05, ***p < 0 .001, n.s. = not significant.
Source: Calculated by DRDF using original LSAHP data.

Informal Care

Informal healthcare refers to care received from kin and other people when one is ill. Respondents were asked who usually takes care of them when they fall ill. The reference period is from the time they turned 60 to the time of the survey to limit the reference period to the older years.

The most commonly cited person who takes care of the respondent when they fall sick is the spouse (about a third of all respondents) (Table 6.7). But there is a strong gender difference. There is such a clear disparity between men and women in the

person they name as caregiver when they are sick that the overall percentage captures the picture neither for men nor for women. About 6 in 10 men reported that their major caregiver is their spouse; the corresponding percentage for women is only 18%. Women most commonly reported a daughter as their major caregiver (38%); the corresponding percentage of men who are taken care of by a daughter is 14%.

Table 6.7. Person Who Usually Takes Care of Older Person When He/She is Sick Since Age 60 by Sex and Age

Persons Who Usually Take Care of Older Person	SEX			AGE GROUP				TOTAL
	Male	Female	Sig	60-69	70-79	80+	Sig	
None/self	13.8	19.7		18.7	17.0	10.4		17.3
Spouse	59.3	17.5		42.2	25.1	12.0		34.3
Son	*7.6*	*13.4*		*10.3*	*11.8*	*14.1*		*11.1*
Daughter	13.8	37.6	***	22.9	33.8	43.5	***	28.0
Daughter-in-law	*0.7*	*2.9*		*1.1*	*3.1*	*4.6*		*2.0*
Grandchild	1.3	4.6		2.3	3.9	7.0		3.3
Other relatives	1.9	2.0		1.6	2.6	2.5		2.0
Others	*1.5*	*2.2*		*0.9*	*2.6*	*5.8*		*1.9*
N	*2,412*	*3,573*		*3,762*	*1,552*	*673*		*5,985*

***p < 0.001.
Source: Calculated by DRDF using original LSAHP data.

As age increases, the percentage taken care of by a spouse progressively decreases whilst the percentage taken care of by a daughter increases. Although not shown in the data, the age-related decrease in the percentage taken care of by a spouse and corresponding increase in daughters as caregivers are likely related to age-related changes in marital composition (increasing widowhood in the older years) and differential mortality patterns of men and women (i.e. women live longer, resulting in a higher percentage of women in the older years). The overall picture shows that caregiving for older Filipinos is mostly a female role.

Long-term Care

The LSAHP is the first ageing survey in the Philippines to explore the issue of LTC. As broadly defined by the World Health Organization (2017: 2), LTC 'covers those activities undertaken by others to ensure that people with, or at risk of, a significant ongoing loss of intrinsic capacity can maintain a level of functional ability consistent with their basic rights, fundamental freedoms and human dignity'. Operationally, LTC

is nonmedical care provided to persons who need continuing assistance in performing the basic activities of daily living.

Long-term Care: Current Practice

Of the 5,985 OPs in the LSAHP sample, 8% are receiving care because of a continuing health condition and are thus classifiable as receiving LTC. They are about evenly distributed between men and women and are mostly in the oldest age group. Practically all (92%) require daily care (Table 6.8).

Table 6.8. Long-term Care by Sex and Age

Long-term Care Indicators	SEX			AGE GROUP				TOTAL
	Male	Female	Sig	60-69	70-79	80+	Sig	
% currently receiving care because of continuing condition of ill health or disability	8.8	7.6	n.s.	5.3	6.9	26.4	***	8.1
N	*2,411*	*3,574*		*3,760*	*1,552*	*673*		*5,985*
Person mainly taking care of older person								
Spouse	65.3	7.7		46.0	44.9	11.2		32.9
Son	2.3	18.5		9.0	15.0	12.3		11.5
Daughter	22.1	48.7		32.5	27.1	47.5		36.8
Daughter-in-law	4.7	8.1	***	4.5	5.6	10.1	***	6.8
Grandson	0.5	2.2		0.5	1.9	2.2		1.4
Granddaughter	0.9	7.0		2.5	1.9	7.8		4.3
Househelp	0.5	1.5		0.5	0.9	1.1		0.8
Sibling	2.3	1.1		2.5	0.0	1.7		1.6
Others (e.g., friends, caregiver)	1.4	5.2		2.0	2.8	6.1		3.7
N	*213*	*271*		*200*	*107*	*179*		*486*
Frequency of care given								
Every day	94.8	90.4		93.5	89.8	92.1		92.2
Every few days	3.3	6.3	n.s.	2.5	6.5	6.7	n.s.	4.9
Every week	0.5	0.4		0.5	0.9	0.0		0.4
Every month	0.5	0.7		1.0	1.9	0.0		0.8
Every few months	0.9	2.2		2.5	0.9	1.1		1.6
N	*212*	*271*		*199*	*108*	*178*		*485*
Kind of care provided								
Preparation of food	96.7	88.2	***	90.5	93.5	92.7	n.s.	92.0
Give medicine	47.4	55.7	n.s.	36.7	63.0	62.4	***	52.0
Self-care (e.g., bathing, washing)	31.5	59.4	***	33.2	56.5	56.7	***	47.0
Getting up from bed/chair	20.7	39.9	***	20.1	35.5	41.6	***	31.4
Assist in moving around	29.1	47.6	***	21.5	45.4	56.2	***	39.5
Others	8.0	9.6	n.s.	9.5	10.3	7.3	n.s.	8.9
N	*213*	*272*		*199*	*108*	*178*		*485*

Long-term Care Indicators	SEX			AGE GROUP				TOTAL
	Male	Female	Sig	60-69	70-79	80+	Sig	
Person older persons would like to receive care from in case older person will have dementia								
Spouse	46.8	9.9		29.9	16.9	8.0		24.8
Son	11.5	15.3		14.1	12.5	15.5		13.8
Daughter	28.7	58.1		43.5	51.7	51.4		46.3
Daughter-in-law	0.2	2.0	***	0.9	1.5	3.4	***	1.3
Grandson	0.5	0.6		0.3	1.1	1.1		0.5
Granddaughter	2.7	3.9		2.4	4.4	9.1		3.4
Personal aide	0.2	0.1		0.2	0.1	0.0		0.2
Hospital	0.0	0.0		0.0	0.0	0.2		0.0
Others (e.g., siblings, nieces)	5.5	5.0		5.2	4.9	5.9		5.2
Not sure	4.0	4.9		3.5	6.9	5.5		4.5
N	*2,195*	*3,259*		*3,617*	*1,399*	*440*		*5,456*
Person who will most likely take care of older person in case older persons will have dementia								
Spouse	43.9	9.5		27.8	16.9	8.0		23.4
Son	11.8	17.4		16.0	12.6	16.4		15.2
Daughter	29.9	54.4		42.5	47.1	53.1		44.6
Daughter-in-law	1.1	2.2	***	1.5	1.9	3.2	***	1.8
Grandson	0.3	0.9		0.2	1.7	1.1		0.6
Granddaughter	2.2	3.6		1.8	5.0	6.8		3.0
Personal aide	0.2	0.2		0.2	0.2	0.2		0.2
Hospital	0.1	0.0		0.1	0.0	0.2		0.1
Others (e.g., siblings, nieces)	3.0	3.7		2.9	4.1	5.5		3.4
Not sure	7.5	7.9		7.1	10.4	5.5		7.8
N	*2,195*	*3,259*		*3,614*	*1,400*	*439*		*5,453*
Person older person would like to receive care from in case older person becomes invalid or bedridden								
Spouse	43.9	9.3		27.6	16.6	8.4		23.2
Son	13.3	16.3		15.9	12.9	14.8		15.1
Daughter	30.3	58.5		44.6	51.2	55.5		47.2
Daughter-in-law	1.0	2.5	***	1.6	2.0	3.7	***	1.9
Grandson	0.7	0.7		0.3	1.6	1.4		0.7
Granddaughter	1.8	3.1		1.5	4.4	5.5		2.6
Personal aide	0.2	0.5		0.4	0.1	0.2		0.3
Hospital	0.0	0.0		0.0	0.0	0.2		0.0
Others (e.g., siblings, nieces)	4.8	4.6		4.5	4.8	5.5		4.7
Not sure	3.9	4.5		3.5	6.3	4.8		4.3
N	*2,195*	*3,258*		*3,613*	*1,401*	*438*		*5,452*

Long-term Care Indicators	SEX			AGE GROUP				TOTAL
	Male	Female	Sig	60-69	70-79	80+	Sig	
Person who will most likely take care of older person in case older person becomes invalid or bedridden								
Spouse	40.7	9.9		26.6	15.6	8.2		22.3
Son	15.3	19.4		19.6	13.9	15.0		17.8
Daughter	29.8	53.3		40.8	48.2	54.9		43.8
Daughter-in-law	1.1	2.6		1.8	2.1	3.4		2.0
Grandson	0.7	0.9	***	0.2	2.1	3.4	***	0.8
Granddaughter	2.1	3.6		1.8	5.2	5.9		3.0
Personal aide	0.4	0.6		0.6	0.1	0.2		0.5
Hospital	0.0	0.0		0.0	0.0	0.2		0.0
Others (e.g., siblings, nieces)	2.9	3.7		2.8	4.1	5.5		3.3
Not sure	7.0	6.1		5.9	8.6	5.0		6.5
N	*2,195*	*3,258*		*3,613*	*1,400*	*439*		*5,452*

***p < .001. n.s. = not significant.
Source: Calculated by DRDF using original LSAHP data.

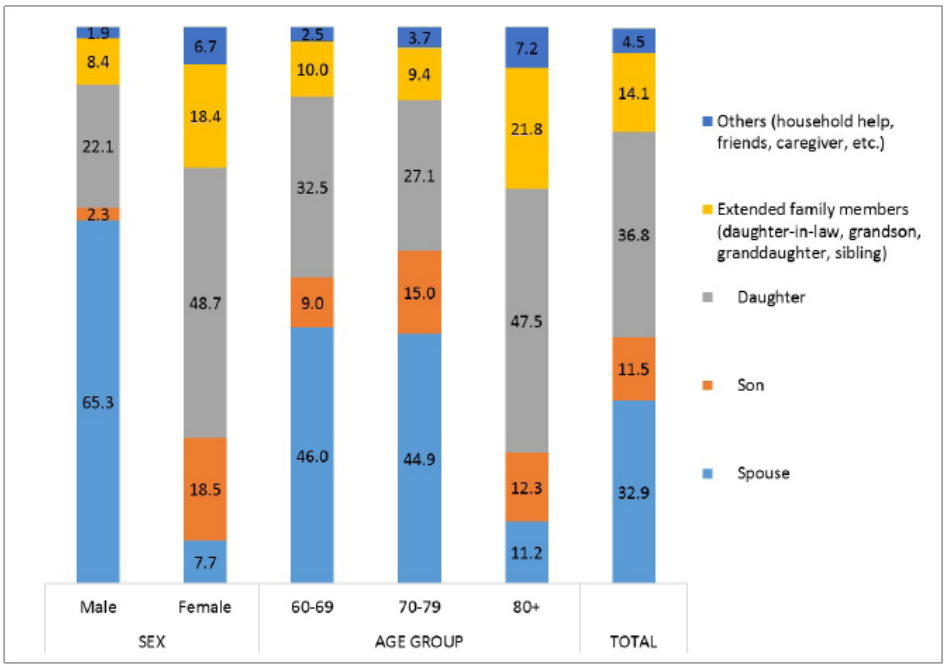
Figure 6.1 presents an overall picture of the type of caregiver of older Filipinos currently under LTC. The percentage distribution of the person providing LTC is much like that of the usual caregiver of the OP during illness after age 60. The three most common are spouse, daughter, and son. The main difference is that slightly more daughters (37%) than spouses (33%) are long-term caregivers. Like men under short-term care, men under LTC are mostly cared for by their spouse, and women by a daughter (Figure 6.1). In 8 of 10 cases, caregiving is confined to members of the nuclear family (spouse and children). The extended family composed of grandchild, daughter-in-law, and sibling, to a limited extent, provides LTC to OPs. Nonfamily members such as household help, caregivers, and friends are reported as main caregivers in less than 5% of the cases.

Future Long-term Care

As OPs age, they are more likely to need care over an extended period. The common reasons for needing LTC are having dementia and being bedridden because of a stroke, a fall, or both.

Respondents were asked from whom they would prefer to receive care if they were to develop dementia or become bedridden or invalids. Results show that in both hypothetical instances, the profile of the preferred caregivers mirrors that of the caregivers of OPs who were under LTC at the time of the survey. The three most

Figure 6.1. Distribution of Main Caregivers of Older Persons Currently Under Long-term Care by Sex and Age (%)



Source: Calculated by DRDF using original LSAHP data.

preferred caregivers are daughter, spouse, and son, in that order. Other preferred caregivers all fall within the same close family circle, including daughter-in-law and grandchild (Table 6.8).

Respondents were asked who would most likely take care of them should they develop dementia, be bedridden, or become an invalid. This question and the preceding one are meant to provide a comparison between actual and preferred caregivers in these hypothetical situations. Results indicate a general congruence between preferred and most likely caregivers in both situations. The only minor difference is the slightly higher percentage of 'Not sure' responses to the latter question. None of the respondents mentioned the prevalent care facilities for LTC in more advanced ageing societies, such as hospitals and nursing homes. Evidently, for this cohort of older Filipinos, the provision of LTC in the future remains a female-dominated family responsibility.

Summary, Conclusions, and Recommendations

The observed patterns of healthcare utilisation of older Filipinos show that health seeking is about evenly distributed between public and private facilities, with a slightly higher percentage of OPs going to private facilities for inpatient care and to public facilities for outpatient care. Almost all who were hospitalised in the 12 months prior to the survey availed themselves of PhilHealth benefits either as members or dependents, but PhilHealth covers only part of the cost of hospitalisation. Hospitalisation expenses of half the hospitalised respondents are borne by their children. Other sources of funds for most expenses are the respondents' spouse or the respondents themselves.

As for health seeking from outpatient services such as medical consultation, results show that one in five older Filipinos is constrained from consulting a physician by the lack of financial resources. Since PhilHealth covers neither the cost of outpatient consultation nor medications, high insurance coverage does not address the problem of unmet need for medical consultation.

A notable DOH programme is the provision of free medicines for hypertension and diabetes in public health facilities. LSAHP results show that only 73% of diagnosed hypertensives and 68% of diagnosed diabetics take medication for their condition. Of these, 31% of hypertensives and 18% of diabetics receive their medication from public health facilities all the time. This implies that all other OPs taking medications for hypertension and diabetes pay out of pocket.

Awareness of the DOH's free immunisation services against pneumococcal infection and influenza is low and use of the services even lower, although it is noteworthy that of those who receive these services, the majority go to public health facilities such as barangay health stations, rural health units, and district or community hospitals, where immunisation is free. These services are provided in private health facilities for a fee.

Of all respondents, 8% are under LTC, with mostly a daughter, spouse, or son as the main caregiver, in that order. Men are commonly taken care of by their spouse, and women by a daughter. In this current cohort of older Filipinos, LTC is provided for the most part by close family members.

In anticipation of possible future need for LTC, the LSAHP asked respondents who would most likely take care of them should they need LTC because they have dementia or are an invalid or bedridden, and whom they would prefer to care for them in these hypothetical scenarios. The results show a congruence between the respondents' preferred caregivers and those whom the respondents think will care for them. The profile of preferred and likely caregivers is remarkably like the profile of current caregivers – mostly daughters, spouses, and sons, in that order. Evidently, in a pre-ageing population such as the Philippines', the idea of LTC being handed over to nonfamily members, much less to institutional facilities such as nursing homes, is not yet in the consciousness of the current cohort of older Filipinos, some of whom may require LTC.

Given the condition of healthcare utilisation by older Filipinos, the DOH may consider launching a public health campaign to raise awareness amongst older Filipinos of the need to be screened for hypertension and diabetes, the most often diagnosed chronic conditions in this cohort. Public health campaigns should emphasise the need for taking medications for these conditions to prevent early death and disease complications. The DOH is on the right track with its programme to provide free medications for these chronic diseases. The current low use of this service implies that more efforts should be spent to encourage more OPs to avail themselves of free medications. The DOH should more actively publicise its free immunisation programme against pneumonia and influenza amongst OPs as these infectious diseases have more adverse effects when contracted in the older years.

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