



HEALTH SERVICES UTILIZATION OF CONDITIONAL CASH TRANSFER BENEFICIARIES: A MODULE OF SELF-EFFICACY



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Objectives of the Study

To determine the extent of the utilization of health services of the beneficiaries

To determine the profile of the dependent children and mothers

To identify motivating factors and hindrances in the utilization of the mentioned health services.



Introduction

The biggest enemy of health in the developing world is poverty (Annan, 2014)

Poverty limits the attainment of health because it forces people to live in a state where there is no good shelter, clean water or adequate sanitation (WHO, 2015)



Conditional Cash Transfer (CCT)

Motivate health seeking (Banerjee & Duflo, 2013)

Conditionalities behavioral in nature
(De Janvry & Sadoulet, 2006)

Health care affected by a variety of factors
(Adeleke & Eke, 2014).



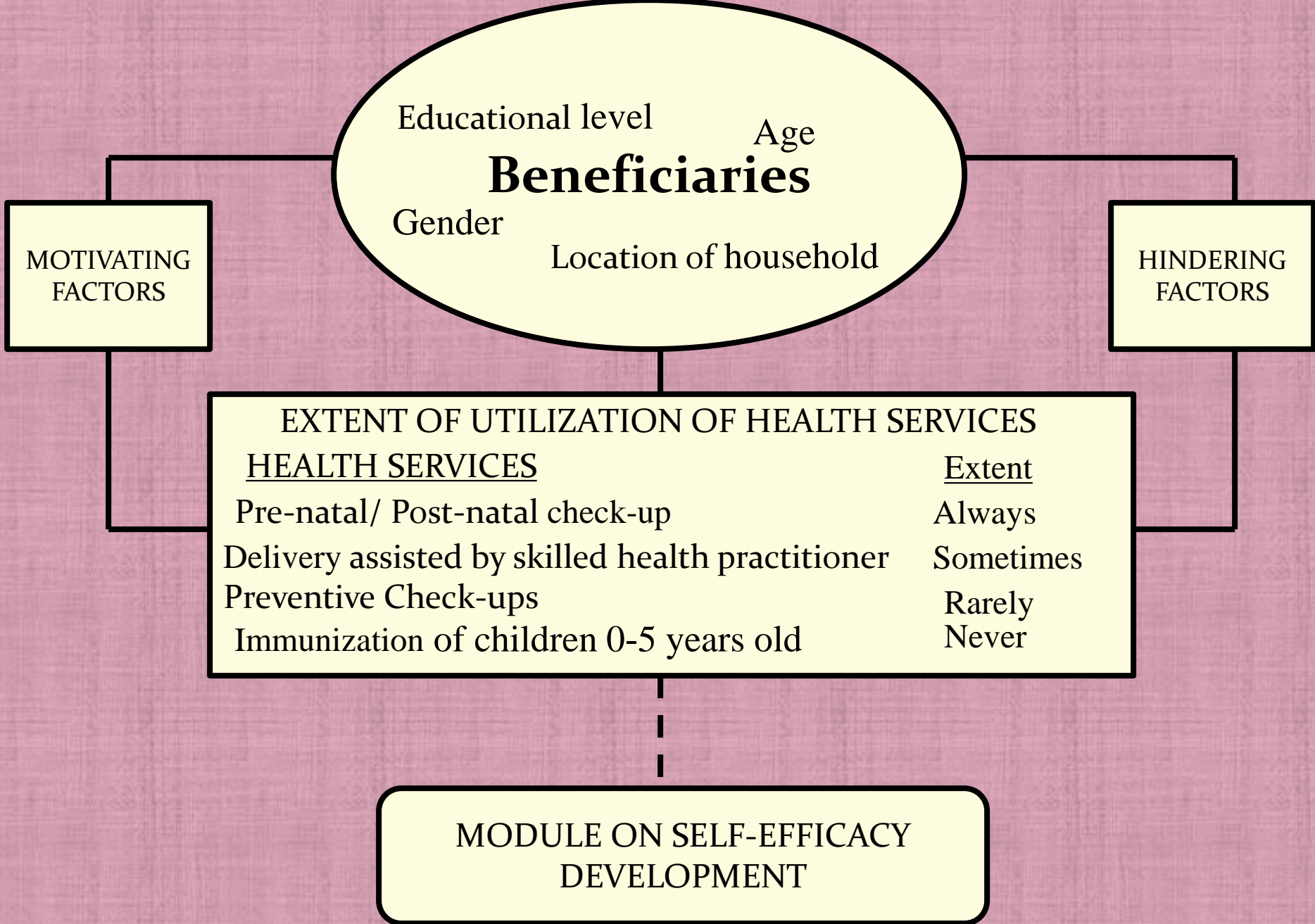
Motivating Factors

family ties and more information on health and the services available (Adeleke & Eke, 2014)

joint decision making of couples (Story & Burgard, 2012)

good mobility in terms of transport, distance and short travel time (Field et al., 2001).





Educational level Age
Beneficiaries
Gender
Location of household

MOTIVATING
FACTORS

HINDERING
FACTORS

EXTENT OF UTILIZATION OF HEALTH SERVICES

HEALTH SERVICES	Extent
Pre-natal/ Post-natal check-up	Always
Delivery assisted by skilled health practitioner	Sometimes
Preventive Check-ups	Rarely
Immunization of children 0-5 years old	Never

MODULE ON SELF-EFFICACY
DEVELOPMENT

Research Methodology

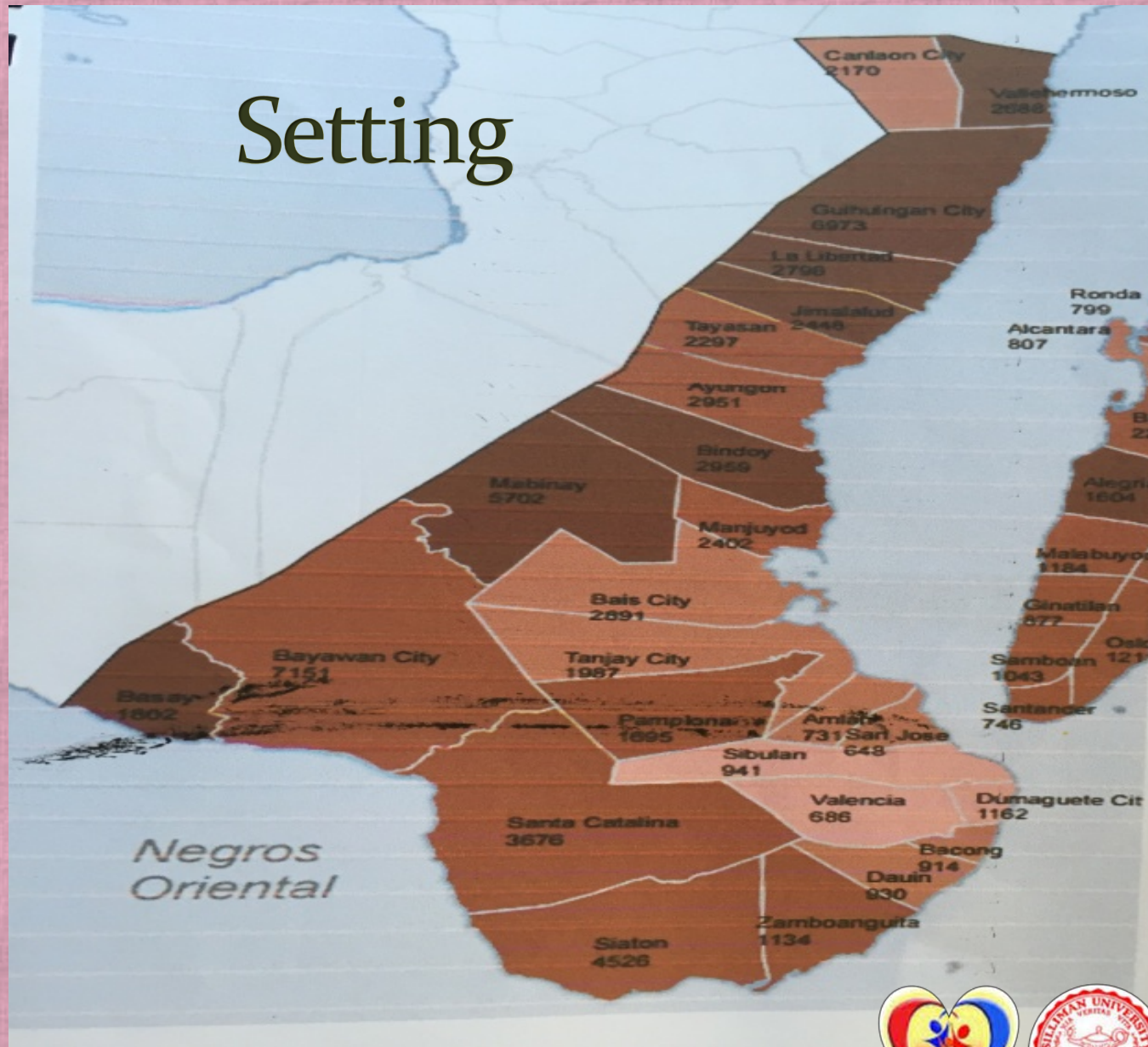
Descriptive and correlational

Interview schedule (comprising of open and close questions) with the use of a survey instrument

Data analyzed using simple frequency distribution and the non-parametric method of statistical analysis for significance



Setting



Province of
Negros
Oriental,
Philippines



Respondents of the study

mothers of the household who are at least 18 years old;

had pregnancy at the time of registration in the program
or had pregnancy and given birth within the last 5
years;

have at least one (1) child aged zero to eighteen years old
enrolled in the CCT program ;





RESULTS OF THE STUDY

Table 2. Profile of Respondent Mothers in Age and Location of Households

Profile	Frequency	Percent
Age		
18 – 25	11	5.31
25 - 33	91	43.96
34 and above	105	50.73
Total	207	100.00
Location of Households		
Upland	102	49.28
Coastal	105	50.72
Total	207	100.00



Table 3. Profile of Children of Respondents in Age, Gender, Educational Attainment and Location of Households

Profile	Frequency	Percent
Age		
0-12 month	50	6.51
>1-5 years old	244	6.51
6-11 years old	295	38.41
12-18 years old	179	23.31
Total	768	100.00
Gender		
Male	375	48.83
Female	393	51.17
Total	768	100.00
Educational Attainment		
Pre-elementary	298	40.38
Elementary	350	47.43
High School	90	12.19
Total	738	100.00
Location of Households		
Upland	394	51.30
Coastal	374	48.70
Total	768	100.00



Table 5. The Extent of Immunization Aailed of by Children According to Age Group

Health Service	Age of Children		Total (%)
	0-12 month (%)	>1-5 years old	
Immunization			
Always	42 (84.00)	27 (11.07)	69 (23.47)
Sometimes	8 (16.00)	217 (88.93)	225 (76.53)
Total	50 (100.00)	244 (100.00)	294 (100.00)

Chi-square= 123, $df= 1$, $p= 0.000$, Significant at 0.05



Table 6. The Extent of Preventive Check-up Availied of by Children According to Age

Health Service	Age of Children				Total (%)
	0-12 months (%)	>1-5 years old (%)	6-11 years old (%)	12-18 years old (%)	
Preventive Check-up					
Always	48 (84.00)	221 (90.57)	192 (65.08)	31 (17.32)	492 (64.06)
Sometimes	2 (16.00)	18 (7.38)	92 (31.19)	108 (60.33)	220 (28.65)
Rarely	-	3 (1.23)	10 (3.39)	31 (17.32)	44 (5.73)
Never	-	2 (0.82)	1 (0.34))	9 (5.03)	12 (1.56)
Total	50 (100.00)	244(100.00)	295(100.00)	179 (100.00)	768 (100.00)

Chi-square= 266, $df= 2$, $p=0.000$, Significant at 0.05



Table 7. The Extent of Pre-natal Check-up, Post-natal Check-up and Childbirth Attended by Skilled/Trained Health Practitioners Availied of by Mothers According to Age Group

Health Service	Age of Mothers			Total (%)
	18-25 (%)	26-33 (%)	34 & above (%)	
Pre-natal Check-up				
Always	10 (90.90)	88 (96.70)	98 (93.34)	196 (94.68)
Sometimes	1 (9.09)	3 (3.30)	5 (4.76)	9 (4.35)
Rarely	-	-	2 (1.90)	2 (0.97)
Total	11 (100.00)	91 (100.00)	105 (100.00)	207 (100.00)
Chi-square=0.775, df= 1, p=0.375, Not significant at 0.05				
Post-natal Check-up				
Always	9 (81.82)	69 (75.82)	71 (67.62)	149 (71.98)
Sometimes	-	11(12.09)	20 (19.05)	31 (17.98)
Never	2 (18.18)	11 (12.09)	14 (13.33)	27 (13.04)
Total	11 (100.00)	91 (100.00)	105 (100.00)	207 (100.00)
Chi-square=2.94, df= 2, p=0.230, Not significant at 0.05				
Childbirth Attended by Skilled/Trained Health Practitioner				
Always	9 (81.82)	40 (43.96)	56 (53.33)	105 (50.72)
Never	2 (18.18)	51 (56.04)	49 (46.67)	102 (49.28)
Total	11 (100.00)	91 (100.00)	105 (100.00)	207 (100.00)
Chi-square=0.580. df= 1. p=0.441. Not significant at 0.05				



Table 8. The Extent of Immunization and Preventive Check-up Availied of by Children According to Gender

Health Service	Gender		Total (%)
	Male (%)	Female (%)	
Immunization			
Always	35 (25.18)	34 (21.94)	69 (23.47)
Sometimes	104 (74.82)	121 (78.06)	225 (76.53)
Total	139 (100.00)	155 (100.00)	294 (100.00)
Chi-square= 0.429, $df= 1$, $p= 0.512$, Not significant at 0.05			
Preventive Check-up			
Always	233 (62.13)	259 (65.90)	492 (64.06)
Sometimes	107 (28.53)	113 (28.80)	220 (28.65)
Rarely	28 (7.45)	16 (4.10)	44 (5.73)
Never	7 (1.89)	5 (1.22)	12 (1.56)
Total	375 (100.00)	393 (100.00)	768 (100.00)
Chi-square= 4.72, $df= 1$, $p= 0.193$, Not significant at 0.05			



Table 9. The Extent of Immunization and Preventive Check-up Availied of by Children According to Educational Attainment

Health Service	Educational Attainment			Total (%)
	Pre-Elementary (%)	Elementary (%)	High School (%)	
Immunization				
Always	69 (23.47)	-	-	69 (23.47)
Sometimes	225 (76.53)	-	-	225 (76.53)
Total	294 (100.00)	-	-	294 (100.00)
Not variable and cannot be computed for chi-square value				
Preventive Check-up				
Always	270 (90.60)	213 (60.86)	9 (10.00)	492 (66.67)
Sometimes	22 (7.38)	115 (32.86)	57 (63.33)	194 (26.29)
Rarely	3 (1.01)	22 (6.28)	15 (16.67)	40 (5.42)
Never	3 (1.01)	-	9 (10.00)	12 (1.62)
Total	298 (100.00)	350 (100.00)	90 (100.00)	738(100.00)
Chi-square= 282, df= 4, p=0.000, Significant at 0.05				



Table 10. The Extent of Pre-natal Check-up, Post-Natal Check-up and Childbirth Attended by Skilled/Trained Health Practitioners Availled of by Mothers According to Location of Households

Health Service	Location of Household		Total (%)
	Upland (%)	Coastal (%)	
Pre-natal Check up			
Always	97 (95.10)	99 (94.29)	196 (94.69)
Sometimes	5 (4.90)	4 (3.81)	9 (4.35)
Rarely	-	2 (1.90)	2 (0.96)
Total	102 (100.00)	105 (100.00)	207 (100.00)
Chi-square= 0.679E-01, df= 1, p= 0.794, Not significant at 0.05			
Post-natal Check-up			
Always	66 (64.70)	83 (79.05)	149 (71.98)
Sometimes	16 (15.69)	15 (14.28)	31 (14.98)
Never	20 (19.61)	7 (6.67)	27 (13.04)
Total	102 (100.00)	105 (100.00)	207 (100.00)
Chi-square= 8.19, df= 2, p= 0.017, Significant at 0.05			
Childbirth Attended by Skilled/Trained Health Practitioner			
Always	38 (37.25)	67 (63.81)	105 (50.72)
Never	64 (62.75)	38 (36.19)	102 (49.28)
Total	102 (100.00)	105 (100.00)	207 (100.00)
Chi-square= 14.6, df= 1, p=0.000, Significant at 0.05			



Table 11. The Extent of Immunization and Preventive Check-up Availed of by Children According to Location of Households

Health Service	Location of Household		Total (%)
	Upland (%)	Coastal (%)	
Immunization			
Always	27 (19.01)	42 (27.63)	69 (23.47)
Sometimes	115 (80.99)	110 (72.37)	225 (76.53)
Total	142 (100.00)	152 (100.00)	294 (100.00)
Chi-square= 3.04, df= 1, p=0.081, Not significant at 0.05			
Preventive Check-up			
Always	224 (56.85)	268 (71.66)	492 (64.06)
Sometimes	149 (37.82)	71 (18.98)	220 (28.65)
Rarely	18 (4.57)	26 (6.95)	44 (5.73)
Never	3 (0.76)	9 (2.41)	12 (1.56)
Total	394 (100.00)	374 (100.00)	768 (100.00)
Chi-square= 34.6, df= 2, p=0.000, Significant at 0.05			



Table 12. Factors that Motivate Utilization of Health Services*

Responses	Upland (%)	Coastal (%)	Total (%)
To avail of the free services	110 (10.60)	109 (9.36)	219 (9.95)
To seek assistance for our health concerns	100 (9.63)	110 (9.45)	210 (9.54)
The manner of maintaining a healthy life	99 (9.54)	109 (9.36)	208 (9.45)
To achieve a healthy life	98 (9.44)	105 (9.03)	203 (9.22)
To receive cash grant from the program	96 (9.25)	106 (9.12)	202 (9.17)
To prevent the onset of illness	96 (9.25)	105 (9.03)	201 (9.12)
It is considered important for the family to maintain health	96 (9.25)	104 (8.93)	200 (9.08)
The staff at the health center are approachable and friendly	95 (9.15)	104 (8.93)	199 (9.04)
It is agreed between couples to maintain healthy status of the family	89 (8.57)	104 (8.93)	193 (8.76)
The health center is accessible	88 (8.48)	104 (8.93)	192 (8.72)
The transportation to the health center is readily available	71 (6.84)	104 (8.93)	175 (7.95)
Total	1038 (100.00)	1164 (100.00)	2202 (100.00)

Note: *Multiple responses are allowed in this item.



Table 13. Factors that Hinder the Utilization of Health Services*

Hindering Factors	Upland (%)	Coastal (%)	Total (%)
The weather condition is bad	62 (32.46)	44 (37.29)	106 (34.30)
I am busy with work	30 (15.71)	29 (24.58)	59 (19.09)
I cannot leave the house	23 (12.04)	20 (16.95)	43 (13.92)
The use of herbal and alternative medications alleviated ailment	34 (17.80)	3 (2.54)	37 (11.97)
It is difficult to get a ride to the health center	13 (6.81)	8 (6.77)	21 (6.80)
There is no available free medicines	13 (6.81)	5 (4.24)	18 (5.83)
It is the husband's sole decision when to visit the health center	2 (1.04)	9 (7.63)	11 (3.56)
Very sick and not capable of going to the health center	5 (2.62)	-	5 (1.62)
The staff are not approachable	3 (1.57)	-	3 (0.97)
Not properly attended at the health center	3 (1.57)	-	3 (0.97)
No money for fare	3 (1.57)	-	3 (0.97)
Total	191 (100.00)	118 (100.00)	309 (100.00)

Note: *Multiple responses are allowed in this item.

Conclusion

The younger the children (0-12 months old) the higher the rate of utilization

The gender of children did not significantly influence the rate of utilization

The children in the pre-elementary and elementary levels are mostly utilizing the services



Conclusion

The location of households of children did not influence the extent of utilization of immunization but has significantly influenced the availing of preventive check-up

The age of mothers did not affect the rate of health services utilization.



Conclusion

The location of households does not affect the rate of utilization of pre-natal services of mothers

However, mothers in the coastal areas are availing more of post-natal check-up and childbirth attended by a skilled/trained health practitioner compared to those in the upland areas



Recommendations

Utilize Module on Self-Efficacy in Family Development Sessions

Topic on preventive care included in the basic education

Local Government Units address the concerns related to provision of services



Recommendations

Review minimum service standards in funds allocation

Regular and extensive impact assessment of the program

More active promotion of services



Recommendations

Integrate all basic health services even if not included in the conditionalities

The “health for all” concept must be translated to all clients whether beneficiaries or not



MODULE ON SELF-EFFICACY

SELF-EFFICACY DEVELOPMENT

A MODULE ON PROMOTION OF PREVENTIVE
HEALTH BEHAVIORS IN CLIENTS

For Barangay Health Workers, Midwives, Nurses and Social Workers



MODULE ON SELF-EFFICACY

LESSON I *Myself and Others*

LESSON II *My Self Efficacy*

LESSON III *My Locus of Control*

LESSON IV *Appreciative Inquiry in Shaping Self Efficacy and Internal Locus of Control*



Thank you and God bless!!!

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