

**Title:**

Health Services Utilization of Conditional Cash Transfer Beneficiaries: A Module on Self-Efficacy

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**Session Title:**

Health Promotion Strategies

**Slot:**

E 20: Sunday, 29 October 2017: 4:15 PM-5:00 PM

**Scheduled Time:**

4:35 PM

**Keywords:**

conditional cash transfer, health services utilization and self-efficacy

**References:**

Chung, S.J., & Bang, K. (2015). Parenting efficacy and health-promoting behaviors of mothers from native and multicultural families in Korea. *Asian Nursing Research*, 9 (2), 104-108. Retrieved from <http://www.sciencedirect.com/science/article/pii/S197613171500033X>

Gertler, P. (2013). Do conditional cash transfers improve child health? Evidence from PROGRESA's control randomized experiment. Conditional cash transfers and education quality in the presence of credit constraints. *Economics of Education Review*, 34, 76-84. Retrieved from <http://www.sciencedirect.com/science/article>

(Article originally published in 2005 in American Economics Review)

**Abstract Summary:**

This study explored the extent of utilization of health services that are conditioned on the release of cash incentives to households enrolled in the conditional cash transfer program. It identified factors that modifies or hinders the utilization to fully understand how self-efficacy in seeking health related behaviors can be developed.

**Learning Activity:**

| <b>LEARNING OBJECTIVES</b>   | <b>EXPANDED CONTENT OUTLINE</b>  |
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| After the presentation, the learner will be able to identify the extent of utilization of health services of the beneficiaries of CCT program. | Summarize the extent of utilization in relation to sociological and demographic variables. |
| After the presentation, the learner will be able to apply guidelines and principles of evidence-based practice in the delivery of care.        | Appreciate the role of the nurse in the care of clients in various settings.               |
| After the presentation, the learner will be able to practice nursing in accordance with existing laws, ethical and moral principles.           | Safeguard the rights of clients in the course of care.                                     |
| After the presentation, the learner will be able to conduct further study on the area of interest.   | Demonstrate passion to advance the body of knowledge through research.                     |

## **Abstract Text:**

### **ABSTRACT**

Poverty is the biggest enemy of health in the developing world (Annan, 2015). According to the World Health Organization (WHO), poverty limits the attainment of health because it forces people to live in a state where there is no adequate shelter, potable and safe drinking water or good sanitation (2015). In another view, Metcalfe (2007) noted the strong relationship between health and poverty by stating, "Poor health is not only a consequence of, but also a cause of extreme poverty". Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity in the definition of the World Health Organization (WHO, 1946). In line with this definition of health, the Philippine government sees the importance of primary health care and integrates it in programs geared towards poverty reduction. Because of the relationship of health and poverty, Banerjee and Duflo (2013) emphasizes the need for a health care reform agenda that motivates health seeking behaviors which are preventive in nature and at the same time addresses poverty.

This study explored the extent of the utilization of health services of beneficiaries of the poverty reduction scheme of conditional cash transfer (CCT) program in Negros Oriental, Philippines. The CCT program provides conditional cash grants to extremely poor households to improve their health, nutrition and education particularly for children aged 0-14. It has dual objectives of social assistance and development. The program aims to provide cash assistance to the poor to alleviate their immediate need and in the long term, break the intergenerational poverty cycle through investments in human capital. The program is based on the premise that poverty is not about income alone but multi-dimensional, and access to basic social services and social environments matter (World Bank, 2013).

A total of 207 mother-beneficiaries were interviewed from seven municipalities. An interview schedule was used to identify the extent of utilization of the conditioned health services including factors that motivate them in the compliance as correlated to the sociodemographic profile of mothers ( e.g., age and location of households) and dependent children (e.g., age, gender, educational attainment and location of households). The questionnaire provided choices from the review of literature and a portion for other responses not found among those listed. Multiple answers were allowed for the specific questions. Data analysis used simple frequency distribution.

The results of this study show that the health services utilization of the beneficiaries of the CCT program in Negros Oriental is remarkably good. Almost all mothers (94.69%) are submitting for pre-natal check-up; a big majority (71.98%) is availing of the post-natal care services; and majority of the mothers (50.72%) are attended by skilled or trained health practitioner during childbirth. The greater part of dependent children (64.06%) is availing of preventive check-up while most of them (76.53%) are receiving immunization services "sometimes". Majority of the respondents (50.73%) are 34 years old and above. The number of mothers is almost the same in the upland (49.28%) and coastal (50.72%) areas as targeted in the sampling procedure. The children are mostly in the early childhood (>1-5 years old=31.77%) and middle childhood (6-11 years old= 38.41); majority are female (51.17%); mostly are in the pre-elementary (40.38%) and elementary (47.43%) levels; and majority are from the upland areas (51.30%).

The extent of immunization in children according to age shows that most children zero to twelve months old (84%) have maximized injection shots based on the DOH guidelines compared to above one to five years age group, wherein most of this group (88.93%) are availing of the services "sometimes" only. In the extent of preventive check-up, most children in the zero to twelve months (84.00%) and one to five years old (90.57%) are availing of the services "always". The adolescent age (12-18 years old) showed a low utilization rate of 17.32%.

Most of the mothers in all age groups, 18-25 years old= 90.90%, 26-33 years old=96.70%, and 34 years old and above=93.34%, are availing of the pre-natal services "always". The extent of post-natal check-up

according to age groups reveals that a big majority (81.82%) of the mothers in the age group of 18-25 years old is availing of the services. The extent of childbirth attended by skilled/trained health practitioner is also mostly availed (81.82%) of by mothers in the 18-25 years old group.

The extent of immunization and preventive check-up according to gender shows that there is an almost the same utilization rate between the two groups. Both groups show high rates in the category "sometimes" for immunization, the males at 74.82% and females at 78.06%. There is also the same extent of preventive check-up wherein the big majority of males (62.13%) and females (65.90%) are availing of the services "always".

The extent of preventive check-up availed of by children according to educational attainment reveals that most children in the pre-elementary level (90.60%) are utilizing the preventive check-up services "always".

The extent of availing "always" of the pre-natal check up according to the location of households of mothers reveals high rates of 95.10% and 94.29%, for upland and coastal areas respectively. The extent of utilization of post-natal services is higher in the coastal areas (79.05%) compared to that of the upland areas (64.70%) in the category of "always". The extent of utilization of childbirth attended by skilled/trained health practitioner shows a higher rate of 63.81% for the mothers of the coastal areas. Sixty-two percent of the mothers in the upland areas delivered unattended by a skilled/trained health practitioner.

The extent of utilization of immunization according to location of households shows that most children in the coastal (72.37%) and upland (80.99%) areas avail of the services "sometimes" only. In the utilization of preventive check-up, a big majority of the children in the coastal areas (71.66%) avails of the services "always" compared to the upland areas (56.85%).

The initiative to improve the health condition of those in poverty is a step forward. Healthy children could lead to increased attendance in school, which in the end could produce good effect on the country's human resource. Besides, a healthy population could mean lesser health expenditure in the sense that the expense to maintain health is normally lower than the expense to treat or cure an illness to regain health. In effect, the extent of health services utilization in the CCT beneficiaries of Negros Oriental has statistically proven to be effective. This does not necessarily mean positive health outcomes. To translate this statistical record into a more productive program implementation, there must be bridging of the gap between the development of behavior change and simple appreciation of benefits. Hence, there is a need for self-efficacy development among the beneficiaries so that when there is no more cash incentive the behavior remains.