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Perception and Experiences of Residents in the National Capital Region to Social Health Insurance

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Abstract: *The Philippines had faced challenges in dealing with its healthcare system, leading to the passage of the Universal Health Care Law, which stipulates responses or strategies to establish health policies addressing a wide range of health issues. Lack of social health insurance awareness is identified as an essential issue together with health inequities and insufficient access to health care. Thus, the present study determined the existing knowledge, perceptions, and experiences of the adults aged 18-59 years old residing in the National Capital Region. Data were collected through an online quantitative cross-sectional survey. A chi-square analysis test determined the correlation between monthly income and access to social health insurance. The results showed that among the 434 respondents, most were from the age group of 18 to 30, while 51-59 years old had the least number of respondents. 217 or 50% of these respondents have social health insurance. From the age groups of 31-40, 41-50, and 51-59, the majority owned social health insurance, while a majority from the age group of 18-30 do not own any health insurance. Respondents agreed that they have prior knowledge on insurance schemes available, general cost, and benefits. As for their perception, majority strongly agreed that it is better to take health insurance at a younger age and their top three factors in applying, in order of highest to lowest, are the trustworthiness of the company, low premium cost, and more coverage of the disease. There is a significant correlation between the monthly income and access to social health insurance based on the chi-square analysis test, which elicited a value of 37.244 that is higher than the critical value of 7.78. In conclusion, this study shows that the participants' perceptions of social health insurance are indeed affected by their experiences, as influenced by various factors.*

Keywords: experiences, health, insurance, knowledge, awareness, perception, social

1. Introduction

The Philippines, being in the global south category, still faces challenges in dealing with its healthcare system. In the Philippine Health System Review (2011), the health status indicators showed a fall in health outcomes in comparison to other countries in Southeast and North Asia. Hence, the Philippine government drafted the Universal Health Care Law, which promises to make healthcare services accessible to all.

One of the objectives of social health insurance is to ease the financial load of the Filipinos in terms of paying medical bills and still allow them to receive quality health care. According to their Obermann, Jowett, and Kwon, however, despite the fact social health insurance has been implemented in the country for 50 years, out-of-pocket expenses are still greater than the

covered expenses in the health insurance plan. In a 2019 report of the Philippine Statistics Authority, the total health expenditures of Filipinos grew by 8.3% with a total of Php 799.1 billion; hence, per capita health expenditure amounted to Php 7,946 per Filipino in the year 2018. Moreover, out-of-pocket payments have a larger percentage (53.9%) than the compulsory contributory health care financing schemes of the government (34%) and voluntary health care payment (12.2%). Hence, the Philippines has one of the highest percentages of out-of-pocket spending as compared to other countries like Indonesia (47%), Thailand (12%), and Vietnam (37%) (Obermann et al, 2018).

In the Philippines, there are different types of health insurance programs. The Philippine Health Insurance Corporation, or commonly known as PhilHealth, is a government organization, which, together with the Department of Health, administers the National Health Insurance Program providing health insurance coverage and ensuring that Filipinos have reliable and effective health care services. Additionally, other health insurance programs include Health Maintenance Organization (HMO), which is commonly given to its workers by private companies, and the Health Insurance Plan, which provides financial aid on a cash reimbursement basis for medical and health care needs (Normand et al., n.d.).

Health inequities, inadequate access to health care, and lack of awareness in social health insurance are perceived to be significant health issues in the Philippines. There has been inadequate attempt in the country to address the issue of social health insurance awareness in contrast to other countries where the importance of ensuring that people understand their health insurance rights and engaging covered communities through various strategies to raise public awareness has been emphasized (Bredenkamp et al, 2017).

The study aimed to assess the perception and experiences about social health insurance of Filipinos residing in the National Capital Region where the specific objectives for the study was accomplished through a valid assessment which are: (a) to determine the state of social health insurance ownership among adults aged 18-59; (b) to assess the adult's existing knowledge on social health insurance and determine its effect on health choices through a valid assessment from the participants' perception and experience; and (c) to establish a significant correlation between the monthly income with the access to social health insurance through a valid assessment.

2. Literature Review

State of Health Care in the Philippines

The health care system is one of the state's biggest health issues. Access to health services is a basic human right guaranteed by the 1987 Philippine Constitution. Some countries have promoted primary health care as the only viable means for growing communities to provide health care in deprived areas. It is highly important in countries categorized as Global South due to increasing technology-oriented healthcare costs as a major issue in the expansion of services. Thus, Philippine Health Care refers to basic health care based on realistic, scientifically valid, and socially appropriate techniques and technologies that are made widely available through mutual participation of the communities. Prior to the introduction of Philippine Health Care, health services were said to be largely fractured.

The broad inequalities in access to health care between the wealthy minority and the deprived majority of Filipinos are a major aspect that mutilates the state of health of citizens of the Philippines, resulting in substantial gaps in health care. The country provides health care

through the health delivery system of public and private sectors. Health care in the public sector is usually provided by national healthcare programs of the government, while those from the private sectors can be supported by "for profit" facilities or a business-driven entity and self-employed health practitioners, as well as "not for profit" non-government service, which is a service-driven organization (Basu et al, 2012).

Public health care is the effective way of delivery of health services. The national government has a vital role to play in identifying efficient and effective ways to resolve these challenges and issues and ultimately ensure the successful delivery of health care services in the country. With this, it is essential to understand the degree to which public health institutions to meet the increasing public demand for efficient health services. (Dela Cruz, R. Z., & Dela Cruz, R. A., 2019). The private sector is predominantly market-oriented, with health care usually charged at the point of operation by user fees. The Philippine Health Insurance Company (PhilHealth) reimburses health services of both public and private sectors; it reportedly covers 92% of the population, of which just 40% are marginalized and subsidized for payments by the government (Dayrit et al, 2018).

According to Obermann, Jowett, and Kwon (2018), the geographical distribution of resources varies in the Philippines; the allocation and division of basic human resources, including healthcare, is affected by the archipelagic setup of the country. The island of Luzon, which includes the National Capital Region (NCR), is has almost two-thirds of the hospital beds. It is mentioned that there are only 23 hospital beds in the NCR for 10,000 residents, although there are just 8.2%, 7.8% and 8.3% beds in the rest of Luzon, Visayas, and Mindanao, respectively (Dayrit et al, 2018).

The health situation in the Philippines is unsatisfactory, and the most significant health issue is health disparity (Romualdez et al, 2014). The health condition of Philippines has changed, but not as much as in other countries in South Asia. The population-based factors of the country suggest that it is experiencing a demographic and epidemiological transformation, marked by a decline in fertility, a rise in life expectancy, and a major shift in risk factors. The emergence and reappearance of new infectious diseases have begun to be affected by rapid urbanization, high population density, and climate change (Filoteo, Dela Cruz, & Guarino, 2019). Filipinos continue to face a huge financial burden from spending on health; hence,the Universal Health Care law was enacted to improve financial security and access to health services. The law addresses the inequities faced by the health system in the country due to inconsistent delivery of care and inadequate funding schemes. The government and its shareholders continue to work for an effective healthcare system that offers quality care to its residents without the threat of financial burden (Sigua et al, 2020).

Policies and Laws regarding Health Care in the Philippines

The Philippines has undergone various structural reforms for the past 30 years. The emergence of both communicable and non-communicable diseases led to the implementation of policies and laws for the improvement of the Philippine Health Care System. These reforms aim to establish a health care system that provides financial protection, better health outcomes, responsiveness, equitability and inclusivity, transparency and accountability, efficient use of resources and high-quality services (Philippine Health Agenda, 2016).

In 1991, an act enabling the devolution of the delivery and management of health services was enacted by the Philippine Government. According to the Republic Act No. 7160 (1991), also known as the Local Government Code Act of 1991, the local government is entitled to more

power and authority over their governed unit and its affairs, which include its healthcare system. This law recognized the local government's full autonomy in taking courses of action that will contribute to the national goals. A system of decentralization is applied to provide a more effective local government structure. The vested power and authority are to be used in undertaking self-reliance; thus, the local government unit is expected to perform functions such as provision of basic services and facilities, which include not just barangay health centers, but also hospitals and other tertiary health services. Subsequent reforms and laws such as the National Health Insurance Act of 1995, the Health Sector Reform Agenda, the Philippine Health Agenda 2016-2022, and the Universal Healthcare Act were implemented in partnership with the local government unit.

Republic Act No. 7875 or National Health Insurance Act was enacted in 1995, providing for the mandatory health insurance program of the national government. The law states that all Filipinos are entitled to be part of a national insurance program, which will provide the available health care and social services at an affordable price. All beneficiaries are entitled to a health insurance that covers a part of the hospital bill and includes other benefits. In turn, all members of the program shall make contributions to the national health insurance fund. However, as the law adopted the principle of universality, it also stipulated the prioritization of the marginalized population who cannot afford the said services.

The act gave way to the establishment of the Philippine Health Insurance Corporation, more commonly known as PhilHealth, the corporation responsible for the execution of the national health insurance program. The law also functions to enact policies and standards suitable for the program and necessary for the optimal usage of the services offered and the achievement of its objectives. After being amended in 2004, the second amendment was passed on July 23, 2013, through Republic Act No. 10606 (2013).

The Department of Health established the Health Sector Reform Agenda in 1999 to further achieve its aspiration of improving the Philippine Healthcare System and providing optimum health services to the Filipinos. The Health Sector Reform agenda aims to address the problems in the healthcare delivery system through implementation of new policies and a change in financing structure. The Health Sector Reform Agenda adapted the structural framework of FOURmula ONE in 2005 (Philippine Development Forum, 2005). The four main objectives focused on the following: (1) financing to acquire sustained investments for equitable health care, (2) service delivery to provide wider access to essential health care, (3) regulation of safe, affordable, and quality health care, and (4) a governance that is functional and people-centered. These objectives work toward a common goal, that by 2022, Filipinos shall be among the healthiest people in Southeast Asia and in Asia by 2040.

The most recent policy to be passed into law regarding health care in the Philippines is Republic Act No. 11223 or the Universal Health Care Act, which aims to promote the Filipinos' right to health. Key agencies such as the Department of Health must be able to perform its role efficiently to establish the universal healthcare in pursuit. The Filipinos are guaranteed a protection from any financial risks, affordable services, and equitable access to it. The law thus included the national health insurance program and advocated complementary reforms in the health sector, which cover the health care service delivery, organization of local health systems, regulation, governance, and other provisions that aim to provide a better quality of health services to all Filipinos.

Social Health Insurance in the Philippines

Determinants of social health insurance (SHI) coverage vary in the Philippines due to various economic variables, such as economic stability, capital formation, wage growth, and globalization, as well as the non-economic variables, such as education, poverty incidence, and the informal sectors (Mandigma, 2016). According to the Philippine National Health Accounts (2011), out-of-pocket expenditure was the most dominant means of health-care financing, and 52.7% accounted for total health-care expenditures. From 2000 to 2012, the said expenditures were raised by 150% due to an increase in the cost of medicine in total health expenditures among the poor (76%) in comparison to the upper class (58%) (Bredenkamp & Buisman, 2016). Indigents opted not to seek medical care, despite it being necessary, if it equated to costly spending.

Based on the report of the Foundation for the Advancement of Clinical Epidemiology, Inc. (FACE) in 2019, it claimed that there was 65.89% support value of the Philippine Health Insurance Corporation (PhilHealth), a government-owned health insurance company established to achieve Universal Health Coverage in the Philippines, in which it shouldered Php 66 for every Php 100 hospitalization costs; thus, there was higher support value provided by the government (79.30%) in comparison to private facilities (57.32%). However, in another study of Querri et al (2018), premium contributions were found to be higher than the benefit payments due to political deficiencies such as the lack of and poor implementation of reimbursements from PhilHealth in health centers; hence, there were challenges encountered in social health insurance program in achieving Universal Health Coverage.

Furthermore, in a 2018 study on the enrollment of economically disadvantaged individuals in a National Health Insurance Program, particularly PhilHealth, low-income earners from the informal sector have difficulties in enrolling themselves in PhilHealth due to poverty and do not consider it as a priority. Instead, they opted to spend their salaries on necessities such as food rather than paying for PhilHealth and long-term health concerns. The study involved grouping the members from the formal economy, informal economy, indigent, sponsored, lifetime or retirees, and senior citizens (Querri et al, 2018). Moreover, despite the availability of social health insurance, costs incurred varied inside and outside the hospital, in which patients resorted to out-of-pocket expenditures for low-priced goods or services rather than paying for high-priced ones in the hospitals. Challenges in social health insurance, however, were mostly based on expenses acquired inside the hospital rather than outside due to higher expenditures from its services (Wagner et al, 2018).

In a 2016 study at the national level, the informal sector which consisted of individuals without a formal employer-employee type of employment, had the lowest coverage rate despite various initiatives in raising voluntary enrollment rates. Lack of information and transaction costs in the enrollment were major factors that influenced the families who opted not to enroll in subsidies. Furthermore, completion of requirements such as filling out forms were mentally burdensome for people with limited or had a lack of formal education. Other factors included substantial and travel time costs for voluntary enrollment at provincial offices of social health insurance agencies. Moreover, households that experienced adverse health occurrences 12 months prior to the baseline survey were less likely to enroll after the information was provided as well as the subsidy City-dwellers, however, were found to be significantly higher in voluntary enrollment due to lower transport costs toward the provincial health insurance agency office. Furthermore, the study showed that there was an increase in enrollment when an enumerator assisted the family in accomplishing the enrollment form, delivering the form to the insurance agency, and mailing the membership card to the family. However, city-

dwellers indicated a significantly smaller impact in comparison to the rural households due to higher educational attainment. The experiment was only conducted among non-compliers and not on the general population of unenrolled families (Capuno et al, 2016).

Regardless of the availability of health coverage, however, indigents with poor health literacy do not seek medical services when needed. Hence, knowledge on most common diseases in the Philippines served also as a factor to increase voluntary enrollment in the said program because indigents only sought healthcare services once the disease reached at an advanced stage. Meanwhile, indigent women sought prenatal care in comparison to non-participant indigent women in which the former had greater childbirths than those who were not covered by the program. PhilHealth was not able to subsidize all poor people and instead prioritized the sick, older, and disabled indigents (El Omari & Karasneh, 2020).

Other determinants in a different 2016 provincial study were also based on the availability of health-care resources which proved to be a significant factor influencing the level of coverage, in which the proximity of bed-population and health professional population ratio, as well as the number of private hospitals, encouraged individuals to enroll in the health insurance program due to their belief of being able to avail the private healthcare services once they enrolled in the health insurance programs such as PhilHealth. Hence, accessibility and availability of these services were significant determinants in their decisions on voluntary enrollment. For instance, lone-standing island provinces had the lowest coverage rate due to inaccessibility. In the provinces, income levels do not appear to be an indication of health insurance coverage based on the average household income and the real income per capita of the non-poor population and the province, respectively. In contrast, the coverage levels differ in the size of different sectors such as the manual labor and agricultural employment sectors that were found to have lower coverage rates. Labor force distribution was mainly composed of the informal sector; however, disparities exist in the coverage rate due to dependents incorrectly classifying themselves to be a part of the formal sector rather than the informal sector categories (Silfverberg, 2016).

Theoretical Framework

Different influences on health decisions can be made through the very basic concept of education. Varghese (2013) discussed the Hierarchy of Effects Model where it explains that the consumer is greatly influenced by his/her awareness and knowledge about the subject matter before consuming a certain service or product since in theory, there is a positive link between education and health, as one's knowledge is inferred to have implications for healthy choices and behaviors (Hoffman & Lutz, 2019). Although they conceded that education is the sole basis for these behaviors, as there are different external factors present in attaining these said influences. Some of these factors include the management of the government. With unpremeditated splinters on health services and financing, the strategy for health financing is preferential and does not provide strong protection from financial consequences. Lastly, the facilities are inadequate to provide a good service performance (Philippine Department of Health, 2010).

The notion of social health insurance has been a proposition of different countries to ease the financial load to access health care services (Talampas, 2014). In accordance with the Standard Economic Theory, social health insurance does maximize the use of medical care alongside the minimization of financial load for indigent patients (Trujillo et al, 2005). In the case of the Philippines, the concept of social health insurance has already been present for more than 50 years. Aside from its financial issues, the idea is to gain equity of access regardless of the social

status and to be able to sustain it in the long run. The two points of the theory on the perception of the general population towards social health insurance are geared toward "adverse selection" and "moral hazard".

Adverse selection talks about the perception that a sicker population should be accounted for more coverage than healthy people, while moral hazard pertains to the discernment of people to apply for insurance depending on the cost and its financial implications. Abrigo and Paqueo (2017) discussed that there is actually a limited empirical evaluation about the definite impacts of health insurance coverage. An assumption is made that the dissatisfaction of the people is not based on healthcare service differentiation, but on the price (Erlangga et al, 2019). This theoretical framework based on the Standard Economic Theory and Hierarchy of Effects Model can be applied to the study to further explore the impacts of social health insurance and how an individual perceives its importance.

Conceptual Framework

Figure 1 shows the input-process-output model used as the study's conceptual framework, while Figure 2 shows the Hierarchy of Effects Model.

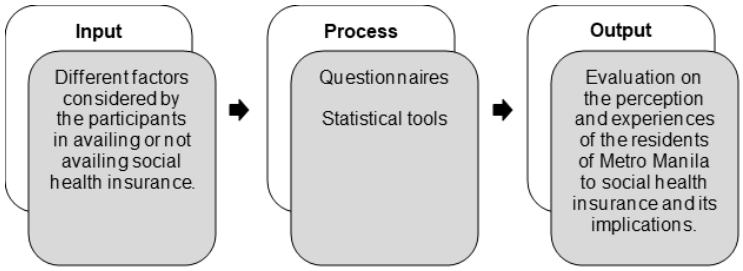

Figure 1: IPO Framework

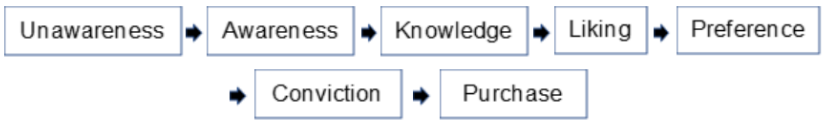

Figure 2: The Hierarchy of Effects Model

People's health behavior mainly stems from how they weigh the benefits and barriers their choices can possibly have. As such, the main focus of this study was to gather data from the perception and experiences of adult NCR residents in relation to Social Health Insurance through an online survey of at least 2 to 95 respondents per city/municipality in the National Capital Region.

The study employed a quantitative cross-sectional design, gathering data through a survey consisting of two sections to determine the impact of having or not having social health insurance. The first section gathered data on demographics, such as the age of people who are/are not enrolled in a social health insurance plan and which city/municipality in the NCR the residents currently live in, to assess which part of the region has a high or low number of beneficiaries of social health insurance. It also assessed whether their social status, determined through the income bracket they fall under, their educational attainment, and what type of employment they currently have affected them to have or not have social health insurance. It also included the means by which they are able to cover their medical expenditures.

The second section consisted of a series of statements to which they agreed or disagreed. These evaluated their perception of the overall concept of social health insurance that stems from their experiences, which can possibly align with the ideas stated on the Hierarchy of Effects Model and Standard Economic Theory. From here on, conclusions were derived to see if the perception of the general population from Metro Manila coincided with the notion of "adverse selection" and "moral hazard".

3. Discussion and Conclusion

Discussion

i. Demographic Profile

Before the survey was conducted, the minimum number of respondents in a given city/municipality were set depending on its total population in the region wherein, the sample size was determined using stratified random sampling technique to best represent each city/municipality based on the population in the National Capital Region (Elfil & Negida, 2017). The results showed that Quezon City had the highest sampling frequency with 21.9%, while Pateros had the lowest sampling frequency with 0.5%. Since there are varying number respondents in each city/municipality, the majority of the answers from the survey were best represented by cities with higher populations like Quezon City, Manila, Caloocan City, Valenzuela City, and Taguig City.

The demographic profile of the participants was established based on age, sex, marital status, educational qualification, family income bracket, and employment. The results showed that the majority of the respondents are within the age group of 18-30 years old (53.2%), female (61.8%), and single in terms of marital status (58.3%). The education level of the respondents was also determined since according to Varghese (2013), a higher level of awareness in the topic of Social Health Insurance is correlated with the respondents' educational level. Most of the respondents are college graduates (44.5%). Additionally, the financial capability of the respondents is analyzed through their monthly income, which is classified into low, middle, and high income in accordance with the categorization of Philippine Statistics Authority. The respondents mostly belonged to middle-income families with 56%, while 30.6% of the surveyed respondents are unemployed.

After establishing the demographic profile of the respondents, the state of social health insurance ownership among adults within the age range of 18-59 can be determined. The majority of the respondents are within the range of 18-30 years old, while the least number of respondents are within the range of 51-59 years old. The results showed that 50% of the respondents own social health insurance. The number of respondents within the age group of 31-40, 41-50, and 51-59 have a higher frequency of respondents having social health insurance, while the age group of 18-30 have a higher frequency of respondents not having social health insurance. According to Silfverberg (2014), age is a factor that contributes to the low likelihood of young adults to obtain health insurance due to an argument that having more education and experience will allow them to make more informed decisions healthcare-wise.

Aside from age, other factors such as education, income and employment can also play a role in making healthcare decisions. The study of Balamiento (2018) noted that despite the efforts of the government in making the National Health Insurance Act of 2013 to implement mandatory PhilHealth membership, many workers who belong to the informal economy category still voluntarily enroll in the insurance plan,which due to its voluntary nature of the program becomes a hybrid of a mandatory and a voluntary health insurance scheme. This is a

plausible explanation as to why half of the respondents answered "No" in having Social Health Insurance since according to the demographic profile of the respondents the majority are unemployed (30.6%).

ii. Prior Knowledge and Experiences

Healthcare systems are dependent on the consumers' level of health insurance literacy, a broad term used for the existing knowledge on social health insurance, which determines their ability to use and choose health care coverage wisely. According to previous studies, insufficient health insurance literacy is related to poor health choices such as excessive medical expenditures (Barnes & Hanoch, 2017).

Majority of the respondents only agree (x=>3.41) to having prior knowledge of health insurance schemes from major health insurance companies, benefits of health insurance and general cost of health insurance premium; they consider brand name in selecting social health insurance companies as an important factor to gain assurance about the quality of the service. Meanwhile, most respondents strongly agree (x=>4.21) that rising social awareness about health care has a positive influence on the purchase decision and majority of them are highly aware that costs of healthcare and medical tests are increasing. However, despite that most respondents agree to having prior knowledge of the health insurance claim procedure and diseases not covered in health insurance schemes, results showed that this question has the most response of "disagree" (9.4%), while the highest response of "neither agree nor disagree" is found in having prior knowledge of attractive schemes available under health insurance policies (24.7%).

Prior knowledge is important as it also determines whether residents are able to utilize the services and benefits of social health insurance. According to Omari and Karasneh (2020), not only do low levels of education reflect limited health literacy, but it is also magnified by lack of strategy in health education as well as awareness in the said policy (e.g. PhilHealth). In relation to the results, majority of the residents have prior knowledge of the insurance schemes, coverage, and claim procedure as they are mostly college graduate and undergraduate students which indicate good educational background and health literacy. However, most residents only chose "agree" rather than "strongly agree" in having the said prior knowledge. This is supported by the study of Loewenstein (2013), wherein information gaps among the residents may also be evident due to factors that may contribute to limited understanding, such as remaining with the status quo or existing perception on the health insurance coverage without looking for better options available or seeking advice from family or friends with low health literacy. Furthermore, brand name of insurance policies which are highly advertised are also a common factor for the residents when selecting social health insurance, yet similarly, majority of the residents chose "agree" rather than "strongly agree". This is corroborated by the study of Shapiro (2020) that effective advertisements have slightly higher correlation with individuals belonging to the high risk and low-income household as well as the elderly population. In contrast to the results, majority of the respondents are from the middle-income household and the age group of 18-30 years old. Moreover, residents strongly agree that good social awareness on healthcare influences their purchase decision, which is further supported by Loewenstein (2013) that lack of utilization in preventive healthcare from certain individuals, such as indigents, are only able to utilize the healthcare facilities only when their diseases have advanced.

On perception in preventive health care, most respondents strongly agree (x=>4.21) that it is better to take a health insurance policy at a younger age. They also believe that social health

insurance provides them and their family a sense of security, and that availability of preventive checkup packages can improve healthcare. This correlates with the most important reason for the residents in acquiring social health insurance - to protect them from the rising cost of healthcare (57.4%). Conversely, most residents think that the most important reason why people do not take social health insurance is due to high premiums charged (41.2%). This is further supported with their top three basis in selecting a health insurance company: trustworthiness of the company (65.0%), low premium cost (54.8%), and wider coverage of disease (52.8%) (Figure 3).

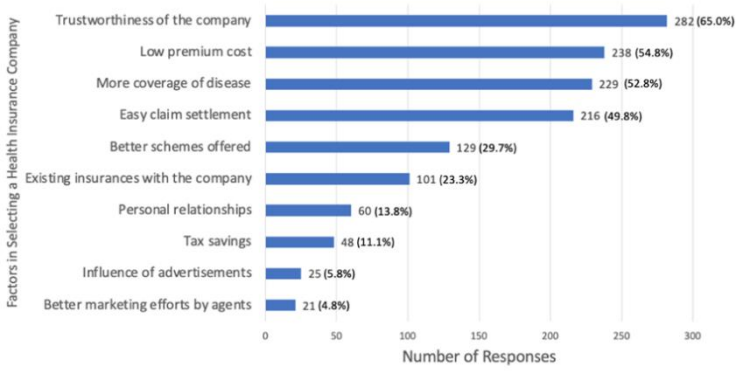

Figure 3: Perception on Three Most Important Factors in Selecting a Health Insurance Company

These data on preventive healthcare are supported by the study of Sommers et al (2013), particularly on young adults, where the lowest rate of insurance coverage from the age group of the early twenties was due to loss of coverage for young adults once they "age out" as a dependent from their parents. This group is susceptible to delayed care or not receiving care due to cost. Hence, having a sense of security is an important factor for the residents due to the rising cost of healthcare, which is supported by the study of Wagner (2018), who found that in the Philippines, there is a 21% decline in out-of-pocket expenses due to expanded insurance coverage. In relation to this, the trustworthiness of the company is the most important reason for the residents as a basis in selecting health insurance, which is supported by the study of Ho, Ali, and Caals (2020) stating that there is a possibility of unequal access to pertinent information and trust overcomes this issue. Mistrust may occur among the consumers if there are suspicious continuous payments as well as misunderstanding of the insurance schemes, leading to uncertainty in insurance coverage and concerns in the possibility of being overcharged (Ahlin, 2016).

Based on the perception of the respondents with premiums charged by health insurance companies, most of them only agree (x=>3.41) that the said premiums are reasonable, and the benefits offered are of good value. The second-highest response, however, is "neither agree nor disagree" (26.3%). Meanwhile, the question that acquired the highest response of "disagree" (6.7%) is the "process of taking a health insurance cover is relatively easy and satisfactory". In relation to this, majority of the respondents agree that they experienced difficulty in meeting unexpected medical expenditures (x=>3.41).

Results showed that despite most of the respondents agreeing that there are reasonably charged premiums and benefits which are of good value, some experienced that the process of having social health insurance is not easy and satisfactory. It is corroborated with the study of Obermann (2018) that premium contributions were consistently higher in comparison to benefit payments on account of the LGUs that are obliged to pay for the premiums but fail to do so. This also corresponds to the findings of Querri et al (2018) that there is a lack of

reimbursements, such as from PhilHealth, in health centers due to political deficiencies. In the National Health Insurance Program, according to Tobe (2013), beneficiaries are not completely free from the large out-of-pocket payments as these vary widely; hence, the beneficiaries remain uncertain until they receive the bill, which leads to out-of-pocket expenses. Indirect costs such as transportation costs and lost wages also discourage poor families from utilizing their social health insurance benefits (Obermann, Jowett, & Kwon, 2018). Furthermore, there is a large gap between the benefit ceilings and actual charges of various disease categories especially for type B (moderate severity) diseases, which has a higher out-of-pocket expenditure that should be fixed by case-based payment by paying hospitals with health insurance reimbursement. Additionally, the poor were found to have higher underutilization mostly due to lack of knowledge on filing claims and PhilHealth benefits in comparison to paying member groups that were able to explore the benefits and are educated on the health insurance mechanics in PhilHealth (Faraon et al, 2013).

iii. Aspects in Acquiring a Social Health Insurance

In acquiring a health insurance plan, the consumer is most likely to choose the plan with the least financial loss in event of health emergencies. Aside from choosing the plan which can be most utilized, there are several aspects a person takes into consideration when choosing a plan. These include a person's marital status, educational qualification, type of work, number of dependent family members, source of funds, work environment, and employment coverage. The aspects mentioned were correlated with the state of social health insurance ownership.

The socio-demographic indicators of an individual, such as marital status, are among the determinants that may influence the different patterns in utilizing healthcare, outcomes, and medical expenditures (Pandey et al, 2019). The results showed that majority of people who own social health insurance are single (49.3%) and majority of those who do not own social health insurance are also single (67.3%). According to Pandey et al (2019), married people are more likely to have social health insurance than divorced, separated, or widowed people. However, in this study, the majority of those who own social health insurance are singles, given that most of the participants are college undergraduates.

Ogundeji et al (2019) stated that the level of education is one of the many factors people consider in purchasing premium. Based on the gathered data, most of the social health insurance owners are college degree holders (55.3%) and most of those who do not own any form of social health insurance are collage undergraduates (48.4%). Individuals with higher health insurance literacy and level of education are more knowledgeable of the coverage and benefits a health insurance has and are therefore more willing to purchase social health insurance (Ogundeji et al, 2019).

Another aspect to consider when purchasing social health insurance is the employment type. The results showed that people employed in private organization services have the greatest number of social health insurance owners (34.6%) and unemployed people have the greatest number of non-owners of social health insurance (46.1%). Occupations in the formal sector are associated with higher wages which can accommodate higher medical costs and expensive health plans. On the other hand, Renahy et al (2018) stated that unemployment causes four times the likelihood of health coverage absence.

The number of dependent family members is also one of the aspects considered when purchasing a social health insurance. The results showed that majority of social health insurance owners have more than two dependent family members (43.3%) and most of those

who do not own social health insurance only have two dependent family members (34.6%). Individuals with two or more dependent family members are more likely to own social health insurance since their household has more members who are incapable of paying for their medical expenses.

In order to determine the participants' most used source of funds for health-related expenses a multiple response question was used. In this multiple response question, 76 respondents selected free medical service from the government, 286 respondents indicated their own savings, 63 respondents stated their expenses are for paid by employer/company, 116 respondents stated health insurance, and 18 respondents indicated others. Thus, the most used source of funds for medical expenses is own savings.

As for the work environment safety, the results showed that among people whose work environment is likely to cause health problems, 53.2% do not own any form of health insurance, while 46.8% own social health insurance. For those people, whose work environment is not harmful to their health, 51.3% own social health insurance, and 48.7% do not own any form of social health insurance.

In the aspect of employment coverage, for employment with full coverage of medical expenses, 65.7% own social health insurance and 34.3% do not own social health insurance. For employment without full coverage of medical expenses, 45% own social health insurance, and 55% do not own social health insurance. Although the employers cover for the full medical expense, most of the respondents still own social health insurance and for those whose employers do not cover the full medical expense, the majority opted to purchase social health insurance to compensate for the lack of coverage.

iv. Access to Social Health Insurance and Health Services

With the increasing health demands, widespread efforts to improve health service delivery have been conducted as part of efforts to address socio-economic inequalities in the accessibility and availability of resources (Siongco et al, 2020). There is a need to promote equitable funding and better access to health, as equitable access to health services is a major public health challenge. For this study, Access to Social Health Insurance shows how frequent advertisements for health insurance are as experienced by respondents. 87% of the respondents agreed that they have seen advertisements, and 13% of the respondents disagreed that they saw advertisements. The data showed that most of the participants saw advertisements for health insurance, which means that health insurance is well advertised in the Philippines.

Health Insurance information has 9 options on how health insurance is/are being advertised, namely: Company brochures/events, Friends & Relatives, Hospital/s, Insurance agents, the Internet, Newspaper advertisements, Others, Outdoor advertisements, and TV advertisements. It was found that the highest garnered vote was through the internet, while the second-highest vote was through Friends & Relatives or by word-of-mouth; the third-highest vote was through a TV advertisement. Likewise, "Others" garnered the lowest vote.

Health Insurance influence shows which type of advertisement will influence an individual. It has four options: Family security, Fear of big expenditure, Risk cover, and Well-being & health. The results showed that advertisements that focused on family security garnered the highest votes, while advertisements that focused on well-being & health garnered the second-highest vote. Likewise, the influence of Risk cover ranked third and Fear of big expenditures ranked last.

Various characteristics that define the structure of health insurance, such as compulsory or voluntary type of participation, the right to benefits, the level of membership as individual or family, the methods of fundraising whether in taxes, flat-rate premium or earnings-related premium, as well as the mechanism and extent of the combination of risks, can make classification difficult, resulting in the refusal to take out health insurance were described by Ali (2019). According to Dam (2017), an individual has a wide range of goods to choose from due to the financial services sector's diversity. Individuals must be financially educated in order to develop realistic financial goals and choose the finest investment product that will outperform inflation and allow them to build wealth. Social Health Insurance acquisition shows the frequency of the acquisition of social health insurance. The result showed that 50% of the respondents have insurance, while the other 50% do not have.

Policy claims in the last two years of the respondents shows that 54% had claimed their policies, while 46% had not. With 54% of the policies drawn within the period, there was access to health services, and health insurance was used, demonstrating the effectiveness of the premiums in the hospital or outpatient setting. 46% of respondents had not used their policy or premium, it could be that (1) the beneficiary was not hospitalized or (2) it was not used.

The referral of Health Insurance company represents the experiences of the respondents from their health insurance company and whether they will refer the company to other potential customers/relatives/friends. 80% voted “Yes” and 4% answered “No” in referring to their health insurance company, while 16% voted for “Can’t say”. Most of the respondents answered “Yes” as it shows that they are satisfied with the services offered by their company, resulting in a competent image, thus prompting respondents to refer the insurance service to close friends and relatives. 16% answered “Can’t say” as they are neutral or undecided on the service they have experienced in the company. Lastly, 4% answered “No” in referring the health insurance to their relatives, as they may be displeased and their experience with the company was poor.

The low utilization rates of health insurance can be explained by the fact that the poor avoid hospital treatment in areas, leading to inaccessible health services due to the disastrous medical costs involved in hospitalization or the lack of skilled health workers and facilities. Therefore, these respondents represent the population without renewal of their health insurance policy. The reasons of 22 respondents are divided into 5 categories, namely: Undisclosed Reason, Limited Savings, Pandemic, Unnecessary Renewal, and Tedious Policy. Out of the 22 respondents who did not renew their policy, 36% were undisclosed, 27% said that their savings were limited, 23% were due to pandemic, 9% felt that it was unnecessary to renew their policy regularly, and 5% claimed it was tedious to read the policy.

The highest percentage was mostly not disclosed. This could mean that the participant chose to remain neutral, or their reason was personal. Limited savings received the second-highest percentage as most Filipinos are currently struggling to meet necessary needs. According to Umeh (2017), out-of-pocket payments for health services result in lower health service utilization and catastrophic health spending. The third-highest percentage is due to the pandemic because (1) people are afraid to go out and pay and (2) rather than investing the money on insurance, they save it for emergencies during these troubled times. The second-lowest frequency is the unnecessary renewal of statutory health insurance. Most Filipinos would rather save their money than renew their policy. Due to some circumstances where insurance policies tend to be long and inadequate, the policy has the lowest vote.

v. Impact of Financial Status to Access to SHI

Table 1: Computation using Chi-square test

Social Health Insurance Ownership	Monthly Income Classification	OF	EF	OF-EF	$(OF-EF)^2$	$(OF-EF)^2/EF$
With Health Insurance	Low Income	52	79	-27	729	9.228
	Middle Income	153	121.5	31.5	992.25	8.167
	High Income	12	16.5	-4.5	20.25	1.227
Without Health Insurance	Low Income	106	79	27	729	9.228
	Middle Income	90	121.5	-31.5	992.25	8.167
	High Income	21	16.5	4.5	20.25	1.227
					$\mathbf{x^2}$	**37.244**

x^2=37.244 > CV = 7.78

Decision: There is a significant correlation between the monthly income and access to social health insurance.

The Chi-square test is used to evaluate the significant link between two or more groups, populations, or criteria, and to see if the observed data frequencies match the expected one. It is designed to evaluate categorical data but not parametric or continuous data. The result leads to the decision that there is a significant correlation between the monthly income and access to social health insurance since the computed chi-square of 37.244 is greater than the critical value of 7.78, which means that the data did not correspond to the model. According to Table 1, the monthly income of the respondents is directly proportional to their access to social health insurance, implying that higher income equates higher access to insurance. The majority of the respondents were from middle-income families, with 62.9% having social health insurance. However, according to the data gathered, the lowest percentage of respondents were from high-income families, with 63.6% of them lacking social health insurance. This could be attributed to a variety of aspects, such as the fact that 53.2% of respondents are from younger adults or between the age range of 18 and 30 years old, and 30.6% of 434 respondents are unemployed.

According to El Omari & Karasneh (2020), the empirical data based on the assessment methodologies generally indicate that participation in health insurance programs has a favorable influence on low-income households' usage of health care. Results show in low-income earners that 33% have health insurance and 67% have not. The results show contrast to the study of El Omari & Karasneh that indicates a shift in the perception and knowledge of individuals that were low-income earners. Middle-income earners with health insurance had the highest frequency of 63%, while high-income earners with health insurance had a surprisingly low frequency of 36%. The study of Chen, Feng, and Li (2014) shows that people who were educated to college level or higher, and with higher monthly incomes exhibit better health self-management such as availing health insurance similar to the result of the chi-square test analysis of this study.

Conclusion

The results suggest that the perception of the participants regarding social health insurance stems from their experiences and are due to various factors that influence their health decisions. The following are the conclusions derived from the results of the study:

- One of the factors in acquiring a health insurance is age in which majority of the younger population (18-30 years old) tend to not have social health insurance, while majority of the

older population (31-59 years old) have social health insurance. With age comes the status of health, education, employment, and experience, which are also considered as determinants in acquiring social health insurance that enables the participants' perceptions and viewpoints to shift on the value of healthcare services.

- Residents have prior knowledge of social health insurance, specifically the schemes available, general cost, and benefits. They also view brand name as an important factor in selecting health insurance as well as the rising social awareness, which influences their purchase decision.
- Residents perceived that social health insurance is important in protecting them from the rising cost of healthcare; however, high premiums charged are the most important reason why consumers do not apply, and meeting unexpected medical expenditures is still a challenge that needs to be addressed.
- The results show that there is a significant correlation between the family monthly income and their inclination to acquire a social health insurance. There are some respondents who do not have social health insurance that may be due to monthly income and employment as factors.

Given these points, these results can be used to further address any drawbacks and improvements in the concept of social health insurance in the country regardless if it is provided by either public or private institutions.

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