RESEARCH ARTICLE

The Health-Seeking Behaviors Among the Older Adults of Central Aurora

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Abstract

This descriptive cross-sectional study presents the health-seeking behaviors among older adults in CentralAurora, Philippines. Using a survey questionnaire, 179 older adults from 4 municipalities were interviewed. Participants were mostly 60-64-year-old married females, living with spouse, children, and grandchildren, with an average monthly income of 1001-5000 pesos, working as farmers, were self-employed, were Roman Catholics, and with an elementary level of education. The health-seeking behaviors were described in terms of physical, emotional, mental, social, and spiritual dimensions, with the spiritual dimension garnering the highest average mean of 4.01 (scale of 1 or never to 5 or always), and physical and mental dimensions the lowest average means of 3.58 and 3.31, respectively. These results attest to the Filipino value for the spiritual realm as an important dimension of health-seeking behaviors and the physical and the mental dimensions of lesser concern. Recommendations include creating a wellness program to enhance health-seeking behaviors in all dimensions.

Introduction

The Philippines is inevitably part of the world's greying population trend. Of the 100,981,437 Filipinos accounted for in the 2015 Census of Population and Housing, 7,548,769 (7.5%) belong to the older adult population (PSA, 2015).

Population aging is both a welcome and a challenge. It is deemed an achievement of humanity (Cruz, Cruz, and Saito, 2019). Keeping the older adults healthy, however, remains a challenge. The older population suffers from the double burden of diseases (Cruz, Natividad, Gonzales, and Saito, 2016) from degenerative diseases resulting from the natural aging process and communicable diseases because of the aging body immune system. The leading causes of mortality for this age group are non-communicable or degenerative diseases like heart disease, the vascular system, and cancer (DOH, 2014). Common morbidity problems include difficulty walking and chewing, hearing and visual impairment, osteoporosis, arthritis, and incontinence. Disabilities and impairment in function increase with age, and these adversely affect the quality of life of older adults (Cruz, Cruz, and Saito, 2019).

This study aimed to establish baseline data on the health-seeking behaviors among the older adults in Central Aurora to develop a wellness intervention to ensure the health and productivity of the older population. This study locale is part of Central Luzon (Region III), the region with the second-highest senior citizens (PSA, 2015). The study specifically: 1) described the respondents in terms of age, sex, religion, civil status, educational attainment, occupation, income, working status, and family members they were living with; and 2) described the health-seeking behaviors of the respondents in terms of physical, emotional, mental, social, and spiritual dimensions.

Older persons are commonly complaining about physical health and most of the people around them are concerned about addressing those problems. Most of us observed older persons have strong spiritual beliefs as most of them are spending their time in church. Others also are busy with their organizations, and some are observed to be emotional and sensitive. Among others, we forgot the mental health of our older persons. Through this study, the researcher determined the health-seeking behaviors of older persons that will serve as a basis in determining an appropriate plan of actions to address the health needs of older persons in maintaining optimum health and improving their health-seeking behaviors.

Methodology

This study was subjected to technical and ethical review by a panel of faculty experts of the Good Samaritan Colleges College of Nursing.

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The researcher used a descriptive cross-sectional research design. Data were gathered at one point in time using a researcher-made survey questionnaire and analyzed using descriptive statistics.

The questionnaire was pilot tested for understandability and reliability. Revisions were made based on the results of the preliminary testing and based on the reviewers' recommendations. The questionnaire had two parts— older adults' profiles, and the health-seeking behavior questions. The respondent's profile included the age, sex, religion, civil status, educational attainment, occupation, income, working status, and family members they live with. The health-seeking behavior questions had five dimensions and were formulated by the researcher based on the related literature because there was no standard tool available. The five behavior dimensions included physical, emotional, mental, social, and spiritual. Each dimension had ten sets of questions in a 5-point Likert scale, where 5 means that the health-seeking behavior is demonstrated all the time, 4 most of the time, 3 occasionally, 2 is seldomly demonstrated, and 1 not demonstrated at all.

Study respondents were selected by purposive sampling and based on two inclusion criteria: 1) mental competence to respond to questions, and 2) ability to understand Filipino (Tagalog). The respondents were taken from a list of active and mentally competent older adults from the Office of Senior Citizens Association (OSCA) in four municipalities of Central Aurora, namely, Baler, Dipaculao, San Luis, and Maria Aurora. Mental competence was determined based on the older adult's ability to express themselves rationally, and their ability to respond appropriately to questions asked.

The researcher sought consent to conduct the study from the local leaders and the President of senior citizens, where approval was given. Consent from the heads of the families where the older adults reside was also sought. Finally, the responding older adults' permission was sought. An informed consent form was signed. Confidentiality of personal information was assured. Feedback on the study results was promised and consequently fulfilled after the conduct of the study.

The researcher personally did data gathering. House-to-house guided interviews with the identified older adults were conducted until the required sample size of 179 was met. Data gathering lasted from December 2016 to February 2017.

A total of 179 older adults participated in the study, distributed in four towns of Central Aurora, as follows:

Table 1. ***Distribution of respondents per municipality***

Municipality	Number
Baler	48
Maria Aurora	46
San Luis	40
Dipaculao	45
Total	**179**

Data from completed questionnaires were collated and analyzed using descriptive statistics. Frequencies and percentages were used to describe health-seeking behaviors. The mean frequency for each behavior and total mean for each dimension of health-seeking behavior were calculated.

Results

Profile of the respondents

The older adult respondents were mostly 60-64 years old. The higher age group had fewer participants (Table 2), and this is expected considering that there are fewer older adults in the higher age group. In terms of sex, the females outnumbered the males, with 93 females (52%) as against 86 (48%) males, and this is explained by the statistically recorded higher number of females over males plus the longer life expectancy of females in the Philippines (De la Vega, 2009). By religion, 132 of the respondents were Roman Catholics (73.7%), and the rest were distributed among the other religious groups. This dominance of the Roman Catholic religion is true in most parts of the country. By civil status, 106 of the respondents (59.2%) were married, 70 were widowed (39.1%), one was separated (0.6 %), and two were single (1.2%). In terms of educational attainment, the majority went to school, with more finishing elementary and high school levels than college. A noticeable number of 31 out of 179 (17.3%) did not have the opportunity to go to school, which could be attributed to the world war years and lack of access to schools.

By occupation, most (70 or 39%) were still earning their bread by farming, followed by 24.6% (44) who were supported by children and other family members. The rest still went into daily paid labor, fishing, or work in small industries or government. Some others lived on a pension from their savings. The respondents' monthly income ranged from zero to twenty thousand pesos, with the most number (73 or 40.8%) earning P1,001-P5,000 per month. This means, most of the older adult respondents lived in poverty, even though they are still actively working. The majority were employed (117 or 65.4%), while some are self-employed. The unemployed (62 or 34.6%) included those dependent on pension or support from children and those who do not have the skills to be employed. Finally, regarding the person(s) the older adult is living with, most of them lived with their families, mostly with their children and grandchildren (45; 25.1%), or with the spouse, children, and grandchildren (43; 24%), and only 7.8% lived alone. This small but significant number who were living alone (14) need special attention.

Health-Seeking behavior among the respondents

The concept of health-seeking behavior encompasses the sequence of remedial actions that an individual undertakes to

Table 2. ***Profile of the respondents***

	Frequency	Percentage
Age		
80 and above	13	7.3
75-79	20	11.2
70-74	39	21.8
65-69	49	27.4
60-64	58	32.4
Total	**179**	**100**
Sex		
Male	86	48
Female	93	52
Total	**179**	**100**
Religion		
Roman Catholic	132	73.7
Adventist	28	15.6
Iglesia ni Kristo, Methodist, UCCP, Born Again Christian, etc.	19	10.7
Total	**179**	**100**
Civil Status		
Single	2	1.1
Married	106	59.2
Separated	1	0.6
Widowed	70	39.1
Total	**179**	**100**
Highest Educational Attainment		
Unschooled	31	17.3
Primary	15	8.4
Intermediate,	10	5.6
Elementary Graduate	55	30.7
High School Level	26	14.5
High School Graduate	26	14.5
College level	4	2.2
College Graduate	10	5.6
Masteral	2	1.1
Total	**179**	**100.0**
Occupation		
Farming	70	39.1
Laborer	13	7.3
Fishing	2	1.1
Gov't Employee	5	2.8
Small Industries	19	10.6
None (Supported by Family)	44	24.6
None (Pension)	13	7.3
Other odd jobs	13	7.3
Total	**179**	**100.0**
Monthly Income		
None	37	20.7
1,000 & below	41	22.9
1,001-5,000	73	40.8
5,001-10,000	22	12.3
10,001-15,000	4	2.2
10,001-15,000	1	.6
15,001-20,000	1	.6
Total	**179**	**100.0**
Work Status		
Employed	117	65.4
Unemployed	62	34.6
Total	**179**	**100.0**
Residence companion		
None (living alone)	14	7.8
Spouse	11	6.1
Spouse and children/grandchildren	80	44.6
Children/grandchildren	70	39.1
Others	4	2.3
Total	179	**100.0**

rectify perceived ill-health (Chinn and Kramer, 1999; MacKian, 2003; Poortaghi, Raiesifar and Bozorgzad, *2015;* Oberoi, Chaudhary, Patnaik, & Singh, 2016). In this study, said actions were viewed in terms of the physical, emotional, mental, social, and spiritual dimensions.

The physical health-seeking behaviors, shown in Table 3, have an overall weighted mean of 3.58, which means that the behaviors are done sometimes or often in frequency. The behavior with the highest weighted mean is "I take prescribed medications regularly" (x= 3.88), followed by "I avoid smoking and drinking alcoholic beverages" (x= 3.82).

In the emotional dimension, shown in Table 4, some behaviors have a weighted mean of more than 4 (meaning done most of the time) like "I keep myself calm at all times" (x=4.04) and "I keep my day productive." (x=4.03). Older adults keep themselves emotionally healthy by tempering their emotions and keeping themselves busy. The lowest weighted mean pertained to keeping themselves unaffected by the feelings of people around them (x=3.08).

The highest health-seeking behavior in the mental dimension (Table 5) pertained to watching television, especially news, to broaden the horizon with a weighted mean of 4.03. In comparison, the lowest pertained to engaging in social media like video chat and texting, to keep the mind updated with a weighted mean of 2.47. Most of the older adults were less

Table 3. ***Physical Health Seeking Behaviors***

Behaviors	Weighted Mean	Remarks
1. I seek consultation to a Doctor in the event of perceived physical disorder	3.56	Often
2. I adhere to a recommended food diet	3.70	Often
3. I take prescribed medications regularly	3.88	Often
4. I get a sufficient amount of sleep (6-8 hours)	3.56	Often
5. I do regular check-up with the Doctor	3.41	Sometimes
6. I engage in physical activity/ exercise like walking and dancing	3.64	Often
7. I avoid smoking and drinking alcoholic beverages	3.82	Often
8. I avoid self-medication (example: over-the-counter buying drugs)	3.44	Sometimes
9. I avoid seeking consultation with traditional healers when I experienced signs and symptoms related to the disease	3.45	Sometimes
10. I put liniment and massage affected area when I experienced pain	3.32	Sometimes
Overall Weighted Mean	**3.58**	**Often**

Legend: 1 =Never; 2 =Rarely; 3= Sometimes; 4= Often; 5 =Always

Table 4. ***Emotional Health Seeking Behaviors***

Behaviors	Weighted Mean	Remarks
1. When I am upset I talk to others and actively try to work through my problems	3.55	Often
2. I avoid confrontational situations that can possible cause emotional disturbances	3.88	Often
3. I recognize when I am stressed and take steps to relax through exercises and quiet times and other activities	3.83	Often
4. When I feel sad I tried to mingle with old friends and reminisce happy memories	3.71	Often
5. To keep my day productive, I help in the household chores	4.03	Often
6. I keep myself calm at all times	4.04	Often
7. During stressful situation I always Identify the source and try to solve and avoid it	3.67	Often
8. I avoid being easily affected with the feelings of people around me	3.08	Sometimes
9. I handle my emotions even during stressful situation	3.78	Often
10. I help in taking care of my grandchildren to keep myself busy and useful	3.75	Often
Overall Weighted Mean	**3.73**	**Often**

Legend: 1 =Never; 2 =Rarely; 3= Sometimes; 4= Often; 5 =Always

oriented to the new kind of social media, and this is not much of a problem since they watched television programs to keep themselves updated. It is reasonable that even the poorer older adult can now view television programs, usually owned by the children or grandchildren they lived with. The overall weighted mean in this dimension is the lowest at 3.31.

In the social dimension (Table 6), the mean average was 3.85. The behavior demonstrated most of the time is "I actively participate in socialization activities of the senior citizen organization." (x =4.01).

In the spiritual dimension (Table 7), the statement which says "I believe in one God the healer of my sickness" is the health-seeking behavior with the highest weighted mean of 4.46. This dimension has the highest overall average weighted mean of 4.01.

Table 5. ***Mental health-seeking behaviors***

Behaviors	Weighted Mean	Remarks
1. I read books, newspapers, or journals regularly to help me with lapses of memory	3.14	Sometimes
2. I take food supplement to boost my memory lapses as recommended by friends	2.77	Sometimes
3. I eat foods that boost my focus and memory like Avocados, Beets, Blueberries, Bone Broth, Broccoli, Celery, Coconut Oil, Dark Chocolate, Egg Yolks, Extra Virgin Olive Oil, Green, Leafy Vegetables, Rosemary, Salmon, Turmeric, and Walnuts	3.70	Often
4. I take a nap of at least 30 minutes to keep my brain cells healthy	3.16	Sometimes
5. I engage in mental activity like calculating simple math problem and playing game applications to keep my mind sharp	2.93	Near Sometimes
6. I help my grandchildren in their assignment to boost my memory	3.03	Sometimes
7. I keep my things organized to avoid forgetting something	3.99	Often
8. I actively participate in seminars and training for older adults	3.88	Often
9. I engage in social media to keep my mind updated	2.47	Rarely
10. I watch television shows especially news to broaden my horizon	4.03	Often
Overall Weighted Mean	**3.31**	**Sometimes**

Legend: 1 =Never; 2 =Rarely; 3= Sometimes; 4= Often; 5 =Always

Table 6. ***Social health-seeking behaviors***

Behaviors	Weighted Mean	Remarks
1. I maintain a positive and friendly attitude with friends and neighbors	3.97	Often
2. I am an active member of community organization like senior citizen organization	3.99	Often
3. I always talk and consult my family and friends when I have a problem	3.73	Often
4. I believe I have a strong family support during stressful situation	3.69	Often
5. I feel good knowing that my family can support me financially	3.83	Often
6. I actively participate in socialization activities of the senior citizen organization	4.01	Often
7. I recognize that people around me play a vital role in my recovery	3.70	Often
8. In times of need, I help my neighbors, friends and relatives	3.85	Often
9. I feel independent when my family and friends encourage me to decide for my own	3.87	Often
10. I recognized my role as an older adult in the community by giving advises and helping others	3.83	Often
Overall Weighted Mean	**3.85**	**Often**

Legend: 1 =Never; 2 =Rarely; 3= Sometimes; 4= Often; 5 =Always

Table 7. ***Spiritual health-seeking behaviors***

Behaviors	Weighted Mean	Remarks
1. I enjoy attending spiritual activities like mass, recollection and spiritual conference	4.05	Often
2. I take time to enjoy nature and appreciate the beauty of God's creation around me	3.97	Often
3. I actively participate in apostolic activities of the church and in my religious organization	3.75	Often
4. I believe in one God the healer of my sickness	4.46	Almost Always
5. I am an active member of church organization	3.71	Often
6. I feel the presence of the lord in my life	4.38	Almost Always
7. I made myself read the bible and pray when I feel down	3.65	Often
8. I recognize that by doing good, good things also will come on your way	4.23	Almost Always
9. I share the word of God to people around me	3.70	Often
10. I recognize the importance of faith in every person	4.21	Almost Always
Overall Weighted Mean	**4.01**	**Often**

Legend: 1 =Never; 2 =Rarely; 3= Sometimes; 4= Often; 5 =Always

Discussion

The health-seeking behaviors viewed as a multi-dimensional concept in this study attempt to widen the view of health-seeking in the physical, mental, social, emotional, or spiritual dimensions.

This study showed that the spiritual health-seeking behaviors had the highest mean, and this attests to the Filipino older adult's faith in God to promote health. In the Journal of Religion and Health's "Spirituality and Health Outcomes in the Older adults" (Meisenholder adults and Chandler, 2002), it was found that there was a protective factor of religion to health and that religious belief played a role in averting physical and mental health problems. Dedili and Kaplan (2013) also said spirituality enhances the ability to enjoy life even during symptoms, including pain.

The social health-seeking behaviors, ranking second-highest, appeared congruently to the profile data that most of the respondents lived with a family, and few of them lived alone. Social relationships positively affect health (Umberson and Montez, 2010), so socialization within the family and outside can be health-promoting. Those living alone should be encouraged to participate in senior citizen socialization activities and be given special attention by the government health services.

The emotional health-seeking behaviors had the third higher mean, higher than physical and mental health-seeking behaviors, although lower than the social and spiritual health-seeking dimensions. Older adults keep themselves healthy by making themselves productive and keeping themselves calm amidst all daily concerns. To further enhance this area, they can be taught about emotional self-care strategies during group interventions like socialization activities.

The physical health-seeking behaviors show that most of the respondents consult with professional health care providers and take prescribed medications. Those who still do not consult may be burdened by poverty and lack of knowledge about available resources. Studies show that poverty and lack of information, and distance from available health care resources, are hindrances to health-seeking behaviors (De Guzman, Lores, et al, 2009; Ladha, et al, 2009). In the Philippine culture, consulting a health professional or buying prescribed medications is sometimes subjugated by managing their illnesses themselves, afraid of financially burdening their family. A wellness program that will focus on giving information regarding government-managed community health resources that are free and proximate in location is recommended. Also, building a strong community organization for older adults that will support the financially-challenged will surely be advantageous to these respondents.

Having the least average mean of mental health-seeking behaviors suggests putting mental health the least priority for the respondents. Mental health has been the least of concerns among Filipinos until it becomes overtly problematic (Martinez, Co, Lau, and Brown, 2020).

This paper hopefully contributed to the currently available literature on health-seeking behaviors by categorizing the various Filipino health-seeking behaviors. Since health is the complete state of physical, social, emotional, mental, and spiritual well-being, the researcher initiated sensitivity to these different health-seeking dimensions among the Filipino older adults in Central Aurora. Proper understanding of these health-seeking behaviors will hopefully improve health promotion strategies. Indigenous health-seeking based on local traditions may also be studied and, if useful, be included in programs and interventions to promote health.

Conclusion and Recommendations

This baseline study on health-seeking behavior among Filipino older adults covered the physical, emotional, mental, social, and spiritual dimensions. The result is limited to the study area and may not apply to other sites.

Most of the older adults in central Aurora were 60-64 of age, females with a monthly income of 1001-5000 pesos, farmers, self-employed, Roman Catholic, married, elementary graduate, and living with their spouse, children, and grandchildren. Some older adults (14; 7.8%) were living alone, and these vulnerable individuals will need institutional support and supervision from the Department of Social Services and Development and the Department of Health.

Among the health-seeking behaviors, the spiritual dimension had the highest mean than the other dimensions, and the mental dimension was the lowest. Although done almost often, physical health-seeking behaviors still need attention to be done more often or always, since this relates to actual medical assistance in times of illness.

It is recommended that a wellness plan covering all the five dimensions of health-seeking be made and implemented for the senior citizens of Central Aurora. Those living alone should have special government attention. Activities that will facilitate socialization and mental sharpening be included.

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"As a nurse, we have the opportunity to heal the heart, mind, soul, and body of our patients, their families, and ourselves. They may forget your name, but they will never forget how you made them feel."

— Maya Angelou