

# Relationship between Attitude Toward Aging, Health Literacy, and Utilization of Healthcare Services among Older Adults in Suburban Areas in Iligan City

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## Abstract:-

### ➤ *Background and Aim*

Health literacy and attitudes towards aging have become increasingly important problems, especially as they relate to health care. This study focused on exploring the relationship between attitudes toward aging, health literacy, and utilization of healthcare services among older adults.

### ➤ *Methods*

Using quantitative, descriptive-correlational design, data were collected from 150 older adults through structured questionnaires.

### ➤ *Results*

Older adults agreed that the services are being provided adequately. The study found a positive correlation between having adequate knowledge to manage health and the accessibility of healthcare services, and it also indicated that providing adequate information to the public can increase their knowledge about health services and facilities provided. Providing adequate information to the public can increase their knowledge about the health services and facilities provided.

### ➤ *Conclusion*

These results highlight the need for intervention that increases the utilization of healthcare services among older adults. The overall attitude towards aging is positive. High levels of health literacy are essential to enhance their ability to access and improve utilization of healthcare services. A positive attitude toward aging correlates to the accessibility of healthcare highlighting the importance of considering attitudes in the healthcare concept. There was a significant relationship between attitude toward aging, health literacy, and utilization of healthcare services among older adults.

**Keywords:-** Attitude of Aging, Health Literacy, Utilization of Healthcare Services.

## I. INTRODUCTION

As of 2019, there are 703 million adults 65 and over; by 2050, that figure is expected to rise to 1.5 billion (United Nations 2019). The majority of individuals nowadays may anticipate living well into their sixties. In 2022, there were 771 million people of the age 65+ years globally, accounting for approximately 10% of the world's population. This component has been growing at an increasing rate, and it's anticipating to hit 16% in 2050, and in due course 24% by 2100 (Alvarez et al. 2023).

As the elderly population in the Philippines grows, approximately 5% of the country's 103 million people are aged 65 or older (Badana 2018). The percentage of Filipino elderly in the population has expanded in the last two decades, rising to 8.5 percent in 2020 from 5.9 percent in 2000. It said the number of so-called senior citizens, or Filipinos aged 60 years and above, multiply to 9.2 million in 2020 from 4.5 million 2 decades ago (PopCom 2022).

The senior citizens population in the Philippines often faces difficulties in accessing healthcare services, which results in disparities and limitations in receiving adequate medical care. Compared to other groups, older individuals face more barriers when it comes to utilizing healthcare services due to various factors, ranging from physical illnesses and impairments to mental health issues (Radwan et al. 2020).

In the Philippines, healthcare services for older adults are available through various government agencies and non-governmental organizations. The Department of Health provides various health services designed for older adults, including geriatric health services, health promotion programs, vaccination programs, mental health services, and palliative and hospice care (Gavarskhar 2022). The World Health Organization also supports the implementation of universal health coverage, age-friendly health services, and non-communicable disease prevention and control efforts targeted at older adults (Rudnicka 2020).

The increasing population of elderly in the Philippines and having a low level of health literacy continue to become a significant issue in the country. Some of the elderly in the Philippines are hindered from utilizing health services, resulting in low health literacy. This is linked to a lack of opportunities and access to primary healthcare (Santiago 2020). A lack of health literacy has been associated in several studies to unfavorable health-related outcomes, including higher mortality and more hospital admissions (Svendsen et al. 2019).

Negative attitudes toward aging have real-life consequences, impacting how older adults are treated. Each and every one will grow older, and if negative attitudes towards aging are conveyed throughout life, they can have a detrimental, significant effect on mental, physical, and cognitive health (Ibrahim et al. 2019). Furthermore, negative attitudes towards aging seem to affect how different health conditions interact (Medical News Today 2018).

There is a connection between mindsets and health behaviors. Positive thinking can develop in an 11–15% longer lifetime and a more substantial chance of living to age 85 or above. A study of 14,000 adults over age 50 found that the individual who had the highest gratification with aging had a 43% lower risk of dying from any cause over four years compared with those who were the least satisfied (Chan et al. 2020).

Hence, our research focused on the relationship between the accessibility of healthcare services among the elderly, health literacy, and attitude toward aging. Assessing healthcare utilization among older adults has essential nursing implications. Nurses should conduct comprehensive assessments to identify healthcare needs and utilization patterns. Considering everything, despite being a significant proportion of the country's total population, tackling the evaluation of the older adult's utilization of healthcare services and levels of health literacy.

This study aimed to determine the attitude of aging and health literacy that can influence the utilization of healthcare services among older adults in suburban areas in Iligan City, 9200, Lanao del Norte, Philippines. It should specifically respond to the following questions:

- What is the overall attitude towards aging among older adults?
- What is the level of health literacy among older adults?
- What is the level of utilization of healthcare among older adults?
- Is there a significant relationship between the attitude of aging, the level of literacy, and the level of utilization of healthcare services among older adults?

## II. METHODS

### ➤ *Research Approach*

This research is based on descriptive quantitative approach systematically collected and analyzed numerical data regarding the relationship between attitudes toward aging, health literacy and utilization of healthcare services (McCombes 2023). It emphasizes data collection without interfering with the subject matter of the research.

### ➤ *Research Design*

This study utilized a descriptive correlational research design. A correlational research strategy analyzes correlations between two or more variables without allowing the researcher to control or manipulate them (Bhandari 2023). The researchers used to quantify the correlation between the respondents' attitude towards aging, health literacy, and the utilization of healthcare services.

### ➤ *Population and Sample*

The target population of this study consisted of older adults aged 60 years old and above in Suburban areas in Iligan City, 9200, Lanao del Norte, Philippines. The sample were hundred fifty (150) participants from randomly selected people in suburban areas in Iligan City.

This study utilized purposive non-probability sampling to obtain participants. Purposive sampling is used to select respondents that are most likely to yield appropriate and useful information (Campbell 2020). Non-probability sampling is a method of selecting a sample from a larger population in a non-random manner, where not every individual in the population has an equal chance of being included in the sample (Kassiani Nikolopoulou 2022). The researchers aimed to explore certain characteristics within a specific group. Thus, this sampling method was beneficial to the study. Inclusion criteria for target respondents must be of at least 60 years of age of either sex, both male and female.

### ➤ *Instrumentations/ Tools*

The researchers utilized survey questionnaires as the primary instruments for gathering data. The questionnaire consists of three parts. Part I includes an Attitudes to Ageing Questionnaire to measure the participants' overall attitude toward aging (Shenkin et al. 2014). Attitudes to Ageing Questionnaire utilizes 24 items, revealing three dimensions: two that include items from the existing dimensions of Psychological Growth and Psychosocial Loss, and a third composed primarily of items from the Physical Change dimension but also includes items from the other two dimensions. A five-point Likert scale from 1 (strongly disagree) to 5 (strongly agree) was adopted for response. Part II includes the Health Literacy Questionnaire (HLQ) developed by Osborne et al. in Australia using a validity-driven approach. The nine domains of the Health Literacy Questionnaire, with 44 items, are designed to measure people's experiences when they understand, access, and use health information and health services to measure health literacy (Hawkins et al. 2022).

Part III includes the Perceived Access to Healthcare Questionnaire with six subscales and 31 items to measure the level of healthcare utilization. The questionnaire, based on Penchansky and Thomas' model and Saurman's study, includes six dimensions of availability, accessibility, affordability, accommodation, acceptability, and awareness, which had 31 items on a 5-point Likert scale (Hoseini et al. 2021).

The tools mentioned above were subjected to face validity and pilot testing. Results of the pilot testing showed three subscales 24-item Attitudes to Ageing Questionnaire shown by a test-retest procedure similar to Cronbach's  $\alpha$ , scores of psychosocial loss 0.807, physical change 0.809, physical growth 0.738, and indicating excellent reliability. The 44-item Health Literacy Questionnaire yielded a Cronbach's alpha of 0.80 to 0.89, which indicates excellent reliability. The composite reliability test for each 9 domains are feeling understood and supported by healthcare providers is 0.88, having sufficient information to manage my health is 0.88, actively managing my health is 0.86, social support for health is 0.84, appraisal of health information is 0.77, ability to actively engage with healthcare providers is 0.90, navigating the healthcare system is 0.88, ability to find good health information is 0.89, and understanding health information well enough to know what to do is 0.88. The 30-item Perceived Access to Healthcare Questionnaire with Cronbach's alpha coefficient for the questionnaire was calculated at 0.86. The Cronbach's alpha for each domain are availability 0.61, accessibility 0.76, affordability 0.66, accommodation 0.60, acceptability 0.80, and awareness 0.76.

#### ➤ *Ethical Considerations*

Approval for permission activities was obtained through appropriate channels such as a letter from the dean, chairperson, hospital administration, informed consent, or the subjects/respondents themselves. Respondents in this study were given a written informed consent form that included all necessary information about the purpose of the research, the risks and benefits of participation, the duration of the trial, and the researchers' contact information. Respondents were given written and verbal explanations of the objective, benefits, and procedures of the respondents, as well as assurances that the data obtained would be handled with strict confidentiality, would not be released beyond the scope of the intended research, and would not be used against them in any way possible.

#### ➤ *Data Gathering Procedure*

The study used various methods to collect the necessary data to meet the study's objectives and provide significance of the data. The following illustrates the data:

In the first step, the researchers provide a formal letter to the school's proper authorities and the barangay to ask permission and consent to conduct the study.

After approval, the researcher provided hundred fifty (150) copies of questionnaires to target respondents with a thorough questionnaire comprising three sets: Attitude of Ageing Questionnaire (AAQ), Health Literacy Questionnaire

(HQL), and Perceived Access to Healthcare Questionnaire, which will be the given to the respondents to gather the needed data. The questionnaire was given to the target respondents utilizing a deliberate and selective approach until the target sample size of one hundred fifty (150) is attained. Inclusion criteria for target respondents must be of at least 60 years of age of either sex, both male and female.

Respondents were prompted to complete the survey questionnaire within one day or 24 hours after receiving the set of questionnaires. Should the respondents choose to decline or withdraw his/her participation upon the conduct of research, he/she is allowed to do so, and the participant is not required to reveal the reason for discontinuation of the survey in observance of R.A. 10173 of the Data Privacy Act of 2012. After collecting the data, the researchers assemble all of the information, tally the responses, and do statistical analysis to interpret the data for the study. The researchers then conclude and provide suggestions and recommendations for the study based on the data results gathered.

#### ➤ *Data Analysis*

This study utilized a quantitative approach to explore the attitude of aging and health literacy that can influence the utilization of healthcare services among older adults in Iligan City. Descriptive statistics were utilized for the first, second, and third research questions. Descriptive statistics was used to report the data related to the independent variables of the study. Descriptive statistics organize and summarize the characteristics of a certain data set (Bhandari 2020).

The data to be collected was subjected to statistical analysis to answer the questions proposed in the study. These data were entered and analyzed using the IBM Social Package for SocialSciences (SPSS) Statistics software, v25. The IBM SPSS Statistics software platform offers advanced statistical analysis that lets researchers acquire actionable insights from the data entered (IBM 2023).

Generally, the data about the independent and dependent variables of this study and their sub-sections are to be presented using mean and standard deviation tables. This is appropriate as the researchers aimed to analyze the respondents' attitudes toward aging, level of health literacy, and the utilization of healthcare services. For the fourth question, the researchers used the Kendall Tau Correlation Coefficient to determine if there is a significant relationship between attitude toward aging, level of literacy, and the level of utilization of healthcare services among older adults (60) years old and above.

Table 1 shows that the results of the Kolmogorov-Smirnov and Shapiro-Wilk is significant to the majority of the variables namely; availability, affordability, awareness, accommodation, acceptability, accessibility, and domains 1 to 9. Most of the variables have not shown normal distribution; hence, we used Kendall's tau Correlation to test relationships of variables.

Table 1 Test of Normality

Test of Normality						
	Kolmogorov-Smirnova			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Psychosocial Loss	.087	150	.007	.983	150	.060
Psychological Growth	.100	150	.001	.974	150	.006
Physical Change	.082	150	.016	.981 <sup>^</sup>	150	.037
Availability	.365	150	.000	.701	150	.000
Affordability	.299	150	.000	.846	150	.000
Awareness	.331	150	.000	.714	150	.000
Accommodation	.356	150	.000	.734	150	.000
Acceptability	.250	150	.000	.883	150	.000
Accessibility	.297	150	.000	.857	150	.000
D1	.229	150	.000	.874	150	.000
D2	.146	150	.000	.937	150	.000
D3	.184	150	.000	.940	150	.000
D4	.147	150	.000	.942	150	.000
D5	.190	150	.000	.901	150	.000
D6	.278	150	.000	.826	150	.000
D7	.245	150	.000	.849	150	.000
D8	.182	150	.000	.891	150	.000
D9	.198	150	.000	.856	150	.000

**III. RESULTS**

In this chapter, the researchers delve into the presentation, analysis, and interpretation of the research findings. Beginning with a concise summary of the research methodology, we then showcase the empirical results through organized visual aids and statistical analyses. The researchers also interpreted and contextualized the findings concerning the research objectives and existing literature, unveiling their implications and uncovering striking patterns.

➤ *Respondents' Attitude towards Aging*

Table 2 below displays the first research question “What is the overall attitude towards aging?” which is divided into three subsets; Psychosocial loss, Psychological Growth, and Physical Change. Respondents displayed their agreement towards how aging does not equate to loneliness and depression. Respondents also agreed that they do not lose their physical independence and do not feel excluded in society as they get older. In addition, respondents become more accepting of themselves and recognize the importance of sharing their experiences with younger generations. Respondents also agreed that age does not alter how they feel about themselves and prioritize staying fit and active through regular exercise.

Table 2 Attitude towards Aging of the Respondents

Attitude of Aging	Mean ± SD	Description
Psychosocial loss (PL)	25.38± 5.10	Negative
Psychological Growth (PG)	28.06± 6.01	Positive
Physical Change (PC)	25.14± 4.01	Positive
Total Measure	26.19± 4.05	Positive

Note: Positive Psychosocial loss: ≤18      Positive Psychological Growth: ≥28      Positive Physical Change: ≥28

➤ *Respondents' Level of Health Literacy*

Table 3 displays the second research question “What is the level of health literacy?” It has an overall mean score of 3.47± .5 which is interpreted as agree. The respondents agreed towards feeling understood and supported by healthcare providers, who they have at least one healthcare expert whom they can discuss and trust and meet their needs. Respondents also agreed that they had good and adequate information they needed about health to assist them deal with

their health effectively, the respondents also agreed how they were socially supported by their health. Respondents also agreed that they can inquire and can check health information from different sources. Respondents find it quite easy for them to converse and inquire about their health problems with the healthcare providers, and they understand health information well enough to know what to do.

However, the respondents are uncertain about how they spend their time actively managing their health, and respondents are hesitant about planning and creating time to be healthy, as well as setting fitness goals, and doing activities on a regular basis to improve their health. Respondents find it quite difficult to navigate the healthcare

system, which suggests that they have difficulty figuring out which healthcare services suit them the best and determining the appropriate medical response. Respondents also find it quite difficult for them to find good health information, such as staying updated with the latest health information and understanding it independently.

Table 3 Levels of Health Literacy

Health Literacy	Mean ± SD	Description
1. Feeling understood and supported by healthcare providers.	3.74±.43	Agree
2. Having sufficient information to manage my health	3.56±.63	Agree
3. Actively managing my health	3.39±.74	Uncertain
4. Social support for health	3.40±.77	Agree
5. Appraisal of health information	3.60±.55	Agree
6. Ability to actively engage with healthcare providers	3.42±.79	Quite Easy
7. Navigating the healthcare system	3.33±.81	Quite Difficult
8. Ability to find good health information	3.24±.82	Quite Difficult
9. Understanding health information well enough to know what to do	3.52±.77	Quite Easy
Total Measure	3.47± .5	Agree

Note: 1.00-1.79 Strongly Disagree 1.8-2.59 Disagree 2.6- 3.39 Uncertain 3.4-4.19 Agree 4.2-5.0 Strongly Agree 1.00-1.79 Cannot Do 1.8-2.59 Very Difficult 2.6- 3.39 Quite Difficult 3.4-4.19 Quite Easy 4.2-5.0 Very Easy

➤ Respondents’ Level of Utilization of Healthcare

Table 4 displays the third research question “What is the level of utilization of healthcare services?” It has an overall mean score of 3.80±.44 which is interpreted as agree. The respondents agreed that the public health center accommodates basic health services, such as immunization, medical visits, and family planning. Respondents also agreed that healthcare access is affordable in which they first consult a general practitioner about their health concerns. However, respondents agreed that the cost is a major deterrent to utilizing healthcare. Respondents also agreed that the respondents are aware of their health and the education they

get is understandable. Respondents agreed that healthcare providers communicate appropriately to ensure that they completely comprehend the health information offered and the expected time to receive the needed services is appropriate. In addition, they agreed that healthcare providers give them enough time and trust the statements of the treatment team. Respondents agreed that the healthcare workers are familiar with the client’s culture and their request for same-sex healthcare professionals is taken into account. Respondents also agreed that the health center provides the services they provide as well as time and distance to the health center from their house is appropriate.

Table 4 Levels of Utilization of Health Access

Health Access	Mean ± SD	Description
Availability	3.82± .62	Agree
Affordability	3.86± .49	Agree
Awareness	3.85± .41	Agree
Accommodation	3.69± .58	Agree
Acceptability	3.80± .73	Agree
Accessibility	3.78± .81	Agree

Total Measure	3.80±.44	Agree
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Note: 1.00-1.79 Strongly Disagree 1.8-2.59 Disagree 2.6- 3.39 Uncertain  
3.4-4.19 Agree 4.2-5.0 Strongly Agree

➤ *Relationship Between Level of Health Literacy and Level of Utilization of Healthcare services*

The findings present that there is a significant positive relationship between feeling understood and supported by the healthcare providers to availability of healthcare. This suggests that an increase of having healthcare professionals who can understand their health issues are associated with an increase of healthcare services being provided at the public health facilities.

There is a positive significant relationship between having the right information to manage health and the affordability of healthcare services. This indicates an increase in access to right health information and having enough knowledge about their health problems will help them to lessen the cost. This means that knowing what services to use will reduce the expenses of their health needs In addition, the degree of relation is small.

There is a positive significant relationship between actively managing my health and the accessibility of healthcare services. This indicates an increase in focus on managing health, and making plans to be healthy will let them know what specific services they will be utilizing. In addition, the degree of relation is small.

There is a positive significant relationship between social supports for health to the availability of healthcare

services. This indicates that having access to a strong family and friend support and can rely on when they need help will give them chances to share ideas about the health services to be offered to them just to meet their health needs. In addition, the degree of relation is small.

There is a positive significant relationship between the appraisal of health information to the affordability of healthcare services. This indicates that gathering health information from different sources and checking the accuracy of health information will give them ideas on what services they need that can help to lessen the total expenses. In addition, the degree of relation is small.

There is a positive significant relationship between navigating the healthcare system and the accessibility of healthcare services among the respondents. This indicates navigating the right healthcare and choosing healthcare services associated with the increase in services provided at the public health facilities. The degree of relation is small.

There is a positive significant relationship between the ability to find good health information to accommodation of healthcare. This indicates an increase in the ability to access healthcare information from different sources are associated with easy access for appointments and access to the services that includes wheelchairs and walkers. The degree of relation is small.

Table 5 Relationship of Health Literacy and Utilization of Healthcare Services

Utilization of Healthcare Services						
Health Literacy	Availability <i>r (p)</i>	Affordability <i>r (p)</i>	Awareness <i>r (p)</i>	Accommodation <i>r (p)</i>	Acceptability <i>r (p)</i>	Accessibility <i>r (p)</i>
1. Feeling understood and supported by healthcare providers.	.3(<.001)	.20 (.002)	.022 (.001)	.02 (.76)	.31 (<.001)	.32 (<.001)
2. Having sufficient information to manage my health	.39 (<.001)	.34 (<.001)	.31 (<.001)	.05 (.380)	.37 (<.001)	.32 (<.001)
3. Actively managing my health	.28 (<.001)	.34 (<.001)	.16 (.011)	-.07 (.3)	.25 (<.001)	.31 (<.001)
4. Social support for health	.29 (<.001)	.27 (<.001)	.25 (<.001)	.08 (.23)	.22 (<.001)	.38 (<.001)
5. Appraisal of health information	.35 (<.001)	.38 (<.001)	.34 (<.001)	-.07 (.3)	.39 (<.001)	.35 (<.001)
6. Ability to actively engage with healthcare providers	.19 (.004)	.13 (.038)	.13 (.048)	.13 (.05)	.00 (.89)	.27 (<.001)

7. Navigating the healthcare system	.31 (<.001)	.39 (<.001)	.30 (<.001)	-.07 (.27)	.30 (<.001)	.33 (<.001)
8. Ability to find good health information	-.043 (.51)	.22 (.001)	.08(.521)	-.28 (<.001)	.08 (.15)	.11 (.08)
9. Understanding health information well enough to know what to do	.04 (.51)	.08 (.18)	.13(.05)	-.17 (.02)	.02 (.65)	.07 (.23)

➤ *Relationship Between Attitude toward Aging and Level of Utilization of Healthcare Services*

As shown, there is a positive and significant relationship between psychosocial losses to the availability of health services. This indicates that feeling of loneliness and a lack physical independent are associated with the need for adequate facilities and services adequate to the number of clients who need assistance of healthcare providers.

There is a positive and significant relationship between psychosocial loss to the accommodation of health services. This indicates that feeling of loneliness and a lack physical independent are associated with easy access for appointments and access to amenities such as wheelchairs and walkers.

There is a positive and significant relationship between psychological growth to the availability of healthcare. This indicates aging and wisdom are associated with the increase in health service provided at the public health center, ensuring the facilities meet the health needs of the client, and health staff is tailored to the number of clients and their needs.

There is a positive significant relationship between physical change to the availability of healthcare services for older adults. This indicates that having the ability to maintain physical fit and exercise are associated with the need for adequate facilities and services adequate to the number of clients who need assistance of healthcare providers.

Table 6 Relationship of Attitude of Aging and Utilization of Healthcare Services

Utilization of Healthcare Services						
Attitude of Aging	Availability <i>r (p)</i>	Affordability <i>r (p)</i>	Awareness <i>r (p)</i>	Accommodation <i>r (p)</i>	Acceptability <i>r (p)</i>	Accessibility <i>r (p)</i>
Psychosocial loss	.24 (<.001)	.02 (.65)	.02 (.72)	.37 (<.001)	.00 (.94)	.24 (<.001)
Psychological Growth	.44 (<.001)	.39 (<.001)	.28 (<.001)	.10 (.11)	.42 (<.001)	.53 (<.001)
Physical Change	.23 (<.001)	.16 (.008)	.11 (.078)	.18 (.004)	.25 (<.001)	.48 (<.001)

**IV. DISCUSSION**

The objectives of this study is to show the correlation of attitude of aging, health literacy, and the utilization of healthcare services. The elderly had the resources to utilize and use the services being provided to them but show low rate of commitment due to some reasons such their attitude towards aging and their stand towards health (Kabadayi et al. 2020). The study found that there is a significant relationship between having adequate in knowledge to manage health and the accessibility of healthcare services and it also indicated that providing adequate information to the public can increase their knowledge about health services and facilities provided.

Social support has a significant role in improving the quality of life of older people (Ahmad et al. 2020). Our study also showed the correlation of attitude towards aging and utilization of health. This indicates that as older adults get older they loss their independence ability hence it is more challenging for them to utilize healthcare services and it also indicated that physical changes in older adults can limit their

ability to access healthcare services can become more difficult.

This study joins the literature showing the health literacy and education of older people also seemed to affect their access and utilization of health services (Bastani et al. 2021). Our study showed the correlation that having sufficient knowledge and positive health literacy could have a higher rate in accessing and utilizing the provided healthcare services to them. This indicates that the Health Service needs to consider a plan regarding about public knowledge by providing health promotions and conducting health education to the public about health services available at the Community Health Center to increase utilization of healthcare services (Rahman et al. 2024).

As people getting older their mindset towards aging somehow affect the totality of their idea and outlook towards health. Some prior research shows that \psychosocial loss is common and should be given more consideration especially for healthcare services that are being provided by the public health center (Anderson et al. 2020). In previous research,

aging initiative is among other approaches and solutions that can help increase access to health services and cope with the new condition of an old person (Bastani et al. 2021).

However, this study focuses on the individual's levels health literacy and positive attitude toward aging definitely affect their utilization of healthcare services that are being provided to them. Considering all these factors together can shed light for healthcare providers to achieve a broader view of the issue.

The relationship between attitude toward aging and health literacy holds importance in utilizing healthcare services among older adults. There is a wide reason on having a low rate of utilization of health care services in some to the suburban area in Iligan city such as their attitude towards aging and their point of view towards the total wellbeing of a person. Research indicates that an individuals' perception of aging influence their healthcare behaviors (Smith et al. 2022).

Moreover, health literacy plays a significant role in utilization of healthcare services. People with high health literacy have more likely to have better perception of health information (Nguyen et al. 2020). This suggest that healthcare providers can provide flyers or brochures to improve health literacy among older adults and increases the utilization of healthcare services.

The low of relation of the variables implies that while the older adults continue to utilize healthcare services, there is still lack of engagement of the healthcare providers. This suggests the need for interventions at promoting utilization of healthcare services among older adults. This implies a need for nurse entrepreneurs that can foster collaborations with healthcare providers to enhance continuity of care for older adults and develop programs to provide healthcare services. These programs includes health screening services, preventive measures, and physical health activity.

The study has several strengths that contribute to its valuable and beneficial. One key major area lies in the instruments used. The instruments that have been proved to measure how attitude towards ageing, level of health literacy, and utilization of healthcare services. The use of these validated instruments enhance that any data collected is both valid and reliable. Ensuring the actual meaning of the various measures used is captured more effectively in the data collected. It is vital to observe ethical considerations by obtaining informed consent from those willing to participate. The participants' identity remains private for the sake of anonymity, research specific information is not released. By doing this, the ethical integrity of the study is increased and so are the research findings' credibility and reliability.

The study has some limitations. One limitation is the self-reported data. Respondents might provide answers they perceive as socially acceptable rather than their true feelings, which might affect the accuracy of responses. Another potential limitation is the sample representation; the sample may not adequately represent older adults with severe health

conditions or disabilities who might have different perspectives on aging and healthcare access.

Future researchers could consider using a large and more diverse sample of older adults to capture a wider spectrum of experiences and perspectives to address these limitations regarding recommendations. This sample should include varying geographic regions, socioeconomic statuses, ethnicities, as well as cultural backgrounds to enhance the generalizability of the findings. Furthermore, forthcoming investigations could tackle the phenomenon of self-reported data.

These results highlight the need for intervention that increases the utilization of healthcare services among older adults. The overall attitude towards aging is positive. High levels of health literacy are essential to enhance their ability to access and improve utilization of healthcare services. A positive attitude toward aging correlates to the accessibility of healthcare highlighting the importance of considering attitudes in the healthcare concept. There was a significant relationship between attitude toward aging, health literacy, and utilization of healthcare services among older adults.

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