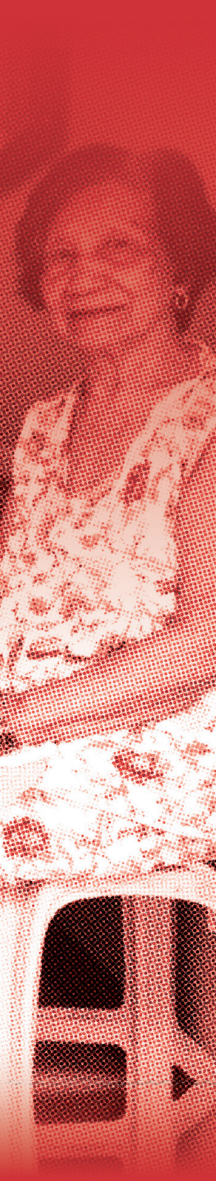

Chapter 2

The Longitudinal Study of Ageing and Health in the Philippines Wave 2

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The Longitudinal Study of Ageing and Health in the Philippines Wave 2 (LSAHP W2) is the follow-up interview of the 5,985 baseline respondents from the LSAHP conducted from December 2018 to February 2019. The LSAHP has two primary objectives: (i) to examine the health status and well-being of older Filipinos, along with the factors that influence these outcomes; and (ii) to supply data for analysing the factors determining health status and changes in health status over time.

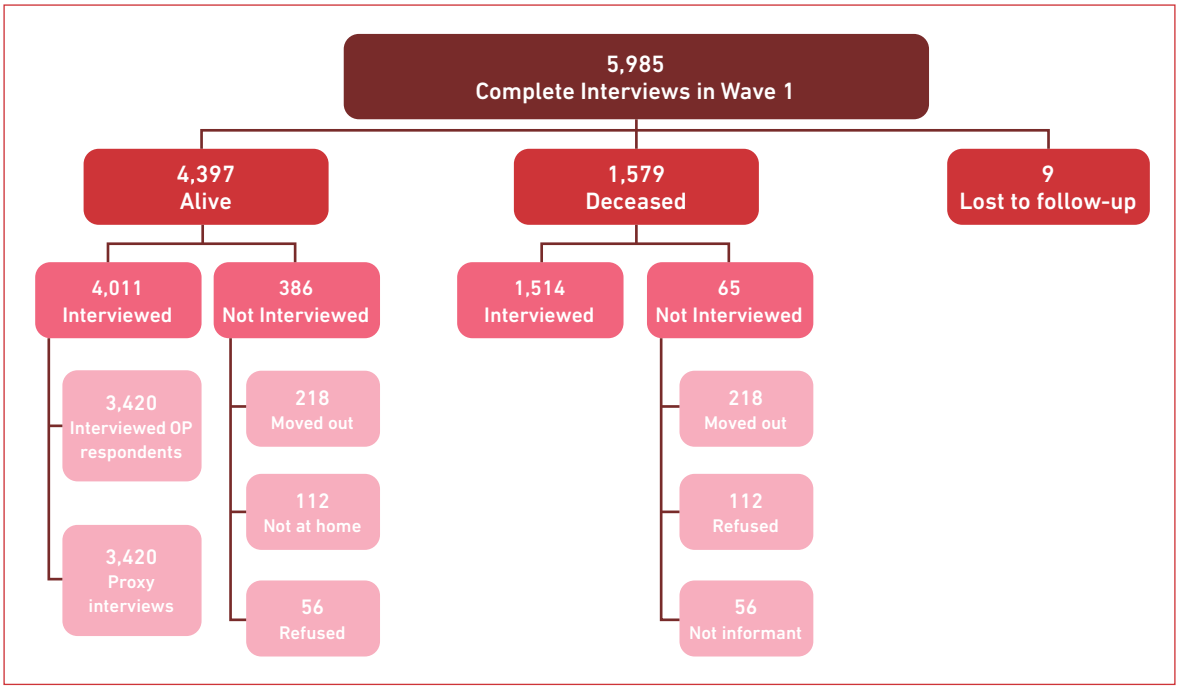
The first objective was addressed in the report titled *Ageing and Health in the Philippines*, which utilised the baseline data of the LSAHP (bit.ly/DRDF-LSAHP2018). The second objective will be addressed by assessing health transition rates using the linked Wave 1 (W1) and W2 data. The linked data is the first nationally representative panel data on older Filipinos, contributing to the growing ageing data and research in the country. The LSAHP panel study places the Philippines amongst Asian countries with panel data on ageing, facilitating comparative studies with other nations with similar data, such as Viet Nam.

This report focuses only on the W2 data set. It provides a comprehensive picture of older Filipinos' health and well-being, including topics not covered in the W1 report, such as nutrition, COVID-19 experiences, and other measures of well-being.

1. Study Sample

Given its panel design, all baseline respondents were revisited at their addresses from W1. Of the original 5,985 respondents, 4,397 were still alive at the time of the W2 interview; 1,579 were deceased; and 9 could not be located (Figure 2.1). Amongst those who could not be located were two males and seven females. They include two from Metro Manila, five from other parts of Luzon, and one each from the Visayas and Mindanao. Of the nine respondents who could not be located, all but one are urban residents; the remaining respondent is from a rural area. Of those alive, 4,011 were reinterviewed and 386 were not interviewed for various reasons such as residential change (218), not being at home at the time of the interview (112) and refusing to be interviewed (56). Amongst those alive and successfully interviewed, 591 (about 15%) were proxy interviews, whilst the remaining 3,420 were personal interviews. The reasons for proxy interviews include hearing and speaking difficulty, illness or hospitalisation, and not passing the cognitive assessment test. Similar to W1, older persons underwent a cognitive assessment test to determine their ability and fitness to answer questions. Those who scored below the cognitive test cut-off score could not proceed with the interview but were allowed a proxy to answer only factual questions. The profile of the nine older people lost for follow-up are as follows: two are male and seven are female; eight of them lived in urban areas, whilst one resided in a rural area. Geographically, two were from Metro Manila, three from other parts of Luzon, and one each from the Visayas and Mindanao.

Figure 2.1. LSAHP Wave 2 Study Sample



Source: Calculated by DRDF using original LSAHP W2 data.

Informants were interviewed to collect data on 1,514 deceased W1 respondents. The informant is someone who has good knowledge of the circumstances surrounding the death of the deceased older person. No informant was interviewed for 65 deceased respondents.

The W2 response rate is 93.4%, which was calculated by adding the total number of completed interviews (4,011) and the total number of deceased respondents (1,579) divided by the total number of W1 respondents (5,985). This is comparable with the 94% W1 survey response rate. Computer-assisted personal interviews were conducted using CSPro software. Global Positioning System (GPS) data was also collected from 4,011 households.

Anthropometric data was collected from 3,922 respondents (98% of the living older persons interviewed; Table 2.1). Anthropometric measurements were not collected from bedridden, disabled, or ill older persons or those unable to perform the required measurements. A total of 3,780 current and potential caregivers, along with 2,595 children of older persons, were also interviewed. In the absence of eligible respondents, preference was given to caregiver interviews; therefore, children who were caregivers of the older persons were interviewed using the caregiver questionnaire rather than the child questionnaire. This explains the higher number of caregivers interviewed.

Table 2.1. Total Number of LSAHP Wave 1 and Wave 2 Respondents Interviewed by Type of Questionnaire

Questionnaire	W1 Sample respondents	W2 Sample Respondents and Informants
Household	5,985	4,028
Main	5,985	4,011
Anthropometric	5,728	3,922
Adult child	3,570	2,595
Caregiver	5,142	3,780
Mortality	-	1,514

Source: Calculated by DRDF using original LSAHP W2 data.

The W2 survey employed seven types of survey instruments, which included the five questionnaires from the baseline study (household, main, anthropometric, adult child, and caregiver) and two additional questionnaires covering mortality and verbal autopsy (VA). The five questionnaires from the baseline study were updated. New questions were introduced in the main questionnaire, covering topics such as the ownership and use of blood pressure monitors at home, COVID-19 experiences, diet and nutrition, and the World Health Organization (WHO) Well-Being Index. However, a few questions from the older person's main questionnaire were removed, such as basic non-time-varying sociodemographic attributes, questions on generativity, certain details on smoking and drinking behaviours, and reasons behind desires and attitudes towards homes for the aged. Additionally, new gait speed measures (straight 5 metres [m] and 6 m) and hip circumference were added to the anthropometric questionnaire. However, the performance test using a peak flow metre was omitted due to concerns about potential infection risks, particularly considering recent experiences with the COVID-19 pandemic. Willingness to answer an online survey was added as a question for the adult child and caregiver questionnaires.

The additional mortality questionnaire collected information regarding the circumstances of the older person's death, including the date, place, and cause of death, as well as information on death registration, the older person's health care utilisation within the 12 months leading up to their death, and the caregiver and living arrangement at the time of death. Additionally, the background characteristics of the informants were collected, including their relationship with the older persons interviewed at Wave 1. Informants were also asked about their participation in the W1 survey, specifically whether they were interviewed as adult children or caregivers.

The VA questionnaire was also employed to examine potential causes of death. We utilised the 2022 WHO VA instrument, a structured questionnaire used to collect information about the symptoms before the older person's death. The data was collected in an Online Data Kit format, operating on Android tablets. Informants for the VA questionnaire were any of the older person's family members, relatives, caregivers, or close associates. Generally, the informant for the mortality and VA questionnaires was the same person.

On average, the household questionnaire interview lasted around 25 minutes; the corresponding interview durations were 70 minutes for the main questionnaire, 25 minutes for the anthropometric questionnaire, 12 minutes for the caregiver questionnaire, and 9 minutes for the mortality questionnaire. To avoid overburdening the older respondent, another eligible household member was chosen as the respondent for the household interview.

2. Field Preparatory Activities

Data collection for W2 followed the field procedure employed for W1, including questionnaire pretesting, translation, and back translation of new questionnaires, updating of field manuals, and development and pretesting of the tablet questionnaire. Translation and back translation were done in three major languages: Filipino, Cebuano, and Waray.

W2 weights were applied in the analysis to ensure the national representativeness of the original sample of older persons aged 60 and over at W1 who are 64 years and over at W2. W2 weights were derived using the original W1 weights adjusted for attrition between the two waves due to death and lost to follow-up. All data presented in this report were weighted using the calculated W2 weights, except for the mortality chapter (Chapter 6), which used the W1 weights. For a more detailed discussion of the sample weights, please see Annex A.

3. Panel Maintenance Activities

To prepare for the W2 survey, several panel maintenance activities were conducted to ensure a high response rate during the follow-up interview. These activities were designed to remind respondents about the study and to prepare them for the follow-up interview. The initial interim activity involved sending greeting cards to respondents via postal mail from November to December 2019, using the addresses collected during the baseline survey. Out of the 5,985 cards mailed, approximately 400 were returned, primarily due to reasons such as insufficient addresses, the inability to locate addresses, or the intended recipients having relocated to a different residence.

The COVID-19 pandemic interrupted the study timeline, resulting in the postponement of the follow-up survey from 2 years after the baseline to 4 years after the baseline. Due to the delay, a phone call follow-up survey was conducted in August 2021 to reconnect with the respondents, or their adult children, or caregivers to better facilitate the follow-up interview. Approximately 72% of the 5,985 older persons from the baseline survey were contacted (4,317 older persons). The remainder could not be reached for various reasons, including insufficient addresses, outdated phone numbers, or phone numbers that were no longer functional, particularly amongst those residing in remote and geographically isolated areas. Amongst those contacted, 85% were still alive whilst 15% were reported deceased. Respondents of the follow-up survey were also asked whether they received the LSAHP greeting card sent by the team in 2019, with about one in three contacted older persons reporting having received it. Nearly all contacted older persons (97%) were still residing at the same home address.

4. Ethics Clearance

As part of the standard procedure to uphold ethical standards in conducting research, the LSAHP secured approval of the Continuing Review Application for the LSAHP from the University of the Philippines Manila Research Ethics Board Panel 2 before the start of field work. The LSAHP W2 clearance included the conduct of a VA questionnaire. In compliance with the provisions of the ethics clearance, LSAHP field personnel secured the consent of the older person or proxy, caregiver, adult child, and household respondent before the interview.

5. Training of Field Personnel

Three training sessions for field supervisors and field interviewers were conducted in Luzon (including Metro Manila), Visayas, and Mindanao. Each training lasted for 5 days and covered various aspects of field interviews, including an in-depth discussion of each questionnaire and its translation into the local languages, practice interviews, orientation in the use of tablets (computer-assisted personal interviews), and actual field interviews conducted in areas near the training venues which were not part of the study sample. Most field interviewers were drawn from the same pool involved in W1 data collection; thus, they were familiar with the questionnaires and field areas.

6. Field Work

The W2 fieldwork was conducted from 23 January to 8 April 2023, approximately 4 years after the baseline interview. The field interviews commenced after receiving the approval of the Ethics Continuing Review Application for the LSAHP.

To facilitate the field work, endorsement letters were obtained from both the Department of Health (DOH) and the Commission on Population and Development. These letters played an important role in gaining access to certain local government units, particularly those exercising caution in accepting visitors due to health and political considerations. During the courtesy calls for the W2 survey, copies of the LSAHP report were distributed to the local chief executives. This report distribution was intended to remind local government officials of the findings based on the baseline data collected between 2018 and 2019.

The majority of the field personnel involved in the baseline survey were rehired for W2 to facilitate data collection. Their familiarity with the project and the study areas played an important role in ensuring that all baseline respondents were visited. To validate that the follow-up respondent was the same as the baseline respondent, we first asked for the name, address, and other characteristics of the respondent. We also asked whether they received the greeting cards sent by the LSAHP team. Additionally, senior citizen identification cards were used to confirm the respondents' identities.

As anticipated, only a small number of baseline respondents relocated to another municipality or province (239 respondents or 4%), which resulted in them not being interviewed. A total of 112 respondents (2%) were not interviewed because they were not at home during the three scheduled visits. As a matter of protocol, interviewers were required to make three visits to the respondent to ensure a higher response rate. In many cases, the field interviewers visited some of these respondents more than three times.

In recent years, collecting survey data has become more challenging. Despite having endorsement letters from different national government agencies, securing permits to conduct the interviews from local government units, particularly the mayor and barangay (smallest administrative division or unit) officials, has become more difficult, and the field personnel faced increasing instances of being red-tagged[1], particularly in remote municipalities and barangays. Local government officials cast doubt on the credibility and intentions of the survey due to its association with the university. This lack of trust extended to the families of the respondents, potentially leading to a refusal to participate in interviews. Field personnel also had to contend with unpredictable weather conditions, which exposed them to additional environmental hazards and risks due to typhoons and flooding. These weather changes, coupled with the lingering effects of the COVID-19 pandemic, sometimes compromised the health conditions of field personnel.

The field teams had to adapt to advancing technology in survey data collection. Whilst the baseline survey data was collected through face-to-face interviews using tablets, keeping up with technology posed challenges for the follow-up survey. Preparatory tasks necessitating internet access to download the tablet questionnaires and list of respondents proved challenging, particularly in remote areas with limited internet connectivity. Some of the tablets used for the data collection also encountered technical problems and lacked sufficient storage capacity. In addition, the limited quantity of devices available for anthropometric measurements caused delays in data collection. However, increasing the number of these devices would have required additional resources and burdened the field personnel with heavier loads to carry.

Due to the advanced age of the respondents, some of whom may have hearing impairments and limited mobility, the lengthy questionnaire posed challenges for both the respondent and the field interviewer. This often led to fatigue and loss of focus for both parties and in extreme cases resulted in the respondent refusing to continue with the interview.

These challenges were compounded by rising transportation costs and living expenses. The field personnel struggled to manage the allocated funds, which were based on a pre-pandemic budget.

[1] Red-tagging is 'an act of State actors, particularly law enforcement agencies, to publicly brand individuals, groups, or institutions as affiliated to communist leftist terrorists' (Commission on Human Rights, 2021).

7. Debriefing of Field Interviewers

After completing the field work, three debriefing sessions for field supervisors and interviewers were conducted in the three major area groups covered in the study. Professional psychologists were hired to facilitate these sessions to discuss field experiences and address field issues and concerns encountered. Suggestions were also gathered to help improve future similar data-gathering activities.

References

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