CHAPTER I

INTRODUCTION

1.1 Background of the Study

Many Filipinos have become accustomed to going to government agencies and offices early in the day; otherwise, they risk being a foot deep in line just to get the services they need. Since almost everything can be achieved with just one fingertip, and the services offered by the Philippine Government are no exception to do that. In recent years, government and industry e-commerce agendas have become more closely connected and more individuals are now less tolerant of poor, impersonal service, as they become aware of the power of the internet, and experience good service in the private sector (Bernardo, Marimon; Alonso-Almeida, 2012).

Today, the government moves beyond traditional means, with the increasing use of information technology and the internet, the government is capable of delivering information and services directly to the public (Dadios et al., 2018). In order to gain citizens' confidence, it is in every government's interest to make their public services more effective and accessible; but, this has often eluded many governments and political leaders in modern society. In this sense, e-Government is committed to providing people with more open, efficient, and effective public services (Sipior, Ward and Connolly, 2011; Reddick and Roy, 2013).

On March 11, 2020, the World Health Organization (WHO, 2020) declared the COVID-19 outbreak to be the sixth public health emergency of international concern characterized as a pandemic. Social distancing (physical distancing), 14-day quarantine, self-isolation, and lockdowns have all been used to slow down the spread of the virus. The pandemic has put a strain on every country's social, environmental, and economic measures, raising questions about how it can maintain its long-term viability and growth. To tackle the disease's long-term effects, a powerful combination of e-Governance, creative use of emerging and advanced technology, strong community cohesion, and citizen engagement has been needed (Shaw et al., 2020). Other countries' government-run and public state-funded health systems have previously been strained and eventually eliminated. However, in order to deal with this global pandemic, as well as potential global epidemics, comprehensive public, long-term e-health systems are needed (De Ceukelaire and Bodini 2020).

The Octa Research Group classified Cagayan de Oro City as one of the three localities outside Metro Manila tagged as areas of concern due to an alarming increase in Covid-19 cases (Sablad, 2021). In order to minimize the spread of the virus, the city government of Cagayan de Oro has mandated restrictions and strict enforcement of health protocols. The restrictions and health protocols of the government have greatly affected day-to-day life. Paper transactions with the government and businesses

were replaced by digital transactions due to social distancing norms and nationwide lockdowns. To address these concerns, the government intensified the use of digital technologies in order to continue daily transactions with its citizens.

Since the outbreak, health has been the number one concern of the general public. The Philippine Health Insurance Corporation (PhilHealth) aims to put more effort in working towards a sustainable health financing system defined in terms of equitable access to a full range of health services including promotive, preventive, treatment and rehabilitative, as well as ensuring efficiency and equity in resource use (PhilHealth Board Resolution No. 2224, s. 2017). They recently reintroduce a new online facility called “My PhilHealth Portal”, which can be accessed using smart phones, laptops, tablets or personal computers that have internet connection from the comfort of homes or offices, saving members from time consuming lines, transportation costs and more importantly from that hazards of contracting COVID-19 (PhilHealth, 2021). This new facility allows registered members to view and verify the accuracy of the information reflected in their membership profiles such as name, date of birth, address, employer, names of dependents, and other pertinent details. It also allows downloading and printing of Member Data Record (MDR) as well as for those who opt to keep a hard copy on file. It also enables members to view their contribution history to see if they are updated with their premiums (Baleña, 2021). To access

their membership and contribution records, existing members must first register in the Portal using their PhilHealth Identification Number (PIN) to create their own user account and password. They should then confirm the account activation sent to their email address. Once their confirmation is received by PhilHealth, they can start using these services in the Portal. Self-paying individuals may soon avail themselves of an online payment facility using this Portal to pay contributions, anytime, anywhere while ensuring that their payments are credited automatically to their individual accounts (Baleña, 2021).

A number of studies has explored on the analysis of health technology assessment (HTA) of PhilHealth in the Philippines (Valera, 2009; Pantig & Ho, 2015). The studies Valera (200) Pantig & Ho, (2015) recommend that there should be further study to analyze the adoption of the portal in order to formulate an over-arching national strategy and plan for future health technology expansion. Thus, the implementation of My PhilHealth Portal necessitates a regular assessment of the adoption. Among them, some also explore the Assessment of PhilHealth as Purchaser of Health Services, one of which is a study by Picazo et. al. in 2014. One key finding of the study is the need for PhilHealth to vitalize their customer service orientation - needs to revive its customer hotlines, web page, and social media channels to reach out to its members and in addressing members complaints there are no available IT methods

(website, e-mail, telephone hotlines, social media) to respond quickly to member and provider concerns (Picazo et al., 2014). However, no one has investigated the PhilHealth Portal's acceptance in the Philippines, and previous study indicates that further research is needed. To bridge that gap, this research examined citizens' behavioral intention in the adoption of My PhilHealth Portal in Cagayan de Oro City.

During the pandemic, e-Government services have many advantages and benefits for both governments and residents, and as a result, the key concern and dilemma for the government is to increase citizen adoption. Though e-Government adoption and implementation is a promising feature for governments around the world, the low usage of e-Government services by citizens has been a concern for researchers (Belanger & Carter, 2008; Gupta, Dasgupta, & Gupta, 2008) because the adoption and use of e-Government services are major factors for the success of e-Government (Rana & Dwivedi 2015). To contribute to this broad understanding of e-Government, this study investigated whether trust on the internet (TOI), trust on government (TOG), effort expectancy (EE), perceived competence (PC), social influence (SI), and facilitating conditions (FCs) are factors that influence citizens' behavioral intention to use My PhilHealth Portal in Cagayan de Oro City.

1.2 Statement of the Problem

The factors associated with citizens' behavioral intention to use My PhilHealth Portal were investigated in this study. Specifically, this research sought to answer the following questions:

1. What is the demographic profile of the respondents, who are members of My PhilHealth Portal in terms of the following:

1.1 Gender

1.2 Age

1.3 Internet experience

1.4 Voluntariness of use

2. To what extent do trust on internet (TOI), trust on government (TOG), effort expectancy (EE), perceived competence (PC), social influence (SI) and facilitating conditions (FCs) affect citizens' intention to use My PhilHealth Portal in Cagayan de Oro are City?

3. How do the following moderators influence specific constructs such as:

3.1 Gender to effort expectancy, perceived competence and social iJob Sectnfluence

3.2 Age to effort expectancy, perceived competence, social influence and facilitating conditions

3.3 Internet experience to effort expectancy, social influence and facilitating conditions

3.4 Voluntariness of use to social influence

1.3 Significance of the Study

The output of this study is deemed significant to the following:

The Community - the findings are significant to the community by informing them about My PhilHealth Portal, its features, and use in this time of health crisis. To provide an understanding about the factors that affect behavioral intention to use My PhilHealth Portal.

To the Local and National Administrative Officials - this study serves as a reference for the improvement and strong enforcement of My PhilHealth Portal. The findings of the study can be used by PhilHealth to improve their portal, and encourage citizens to use it for day-to-day transactions.

The Academe - this study provides valuable information to the faculty and researchers by enriching their knowledge about e-Government services and technology adoption. It can be a learning paradigm for the Public Administration Students for further research about e-Governance.

1.4 Scope and Limitations of the Study

This study has several limitations that could be addressed in future studies. Firstly, it is limited to examining the factors associated with the behavioral intention of the Cagayan de Oro based PhilHealth Formal Economy members. Secondly, this study is cross-sectional in nature and

conducted within a short period of time. Citizens' perceptions of TOI, TOG, EE, PC, SI, and FCs towards the adoption of My PhilHealth Portal can change over time as new knowledge and experiences will be accumulated. Therefore, future studies could employ a longitudinal design to obtain more accurate findings from a specific group. Finally, the moderators of this study were confined to gender, age, internet experience, and voluntariness of use, other variables such as civil status, contributor type, and educational attainment may also moderate the relationship on BI. Furthermore, because this study used an online self-reported questionnaire, respondents may not have expressed their genuine opinions, which could lead to results that are erroneous. This problem was handled cautiously when interpreting research data.

1.5 Operational Definition of Terms:

Adoption. The action or fact of choosing to take up, follow, or use of a software or something (Shah & Rothstein, 2020). In this study, the term refers to the action or use of My PhilHealth Portal.

Age. The duration of an existence from its inception to any given point in time (Abell, 2018). In this study, the term refers to the age of the citizens.

Behavioral Intention. Individual intent to use a specific technology and seem to have a direct impact on actual usage (Kuo & Yen, 2009). In this study, the term refers to the citizens' intent to use My PhilHealth Portal.

Citizens. Classified as people who play various stakeholder positions, such as politicians, public servants, users or consumers of public services, participants, taxpayers, or entrepreneurs, as well as civilians (Castelnovo, 2013). In this study, it refers to the residents of Cagayan de Oro City who are members of My PhilHealth Portal.

Effort Expectancy. User's perception on how much effort there will be required to use a specific system (Davis, 1989). In this study, the term refers to the citizens' perception on the ease of use of My PhilHealth Portal.

e-Government. Governments' use of information and communication technologies (ICTs) coupled with organizational change to enhance the processes and operations of government (Field, Muller, Lau, Gadriot-Renard, & Vergez, 2003). In this study, the term refers to My PhilHealth Portal provided by Philippine Health Insurance Corporation.

e-services. Ability of various organizations to provide access to information and services for the public via ICT, the promise of which is an enhanced service for the public (Stegaru et. Al., 2014)). In this study, the term refers to My PhilHealth Portal.

Facilitating Conditions. The degree to which a user holds that a technological and organizational network is available to support the use of the system is described as facilitating conditions (Gercek, et al., 2015). In

this study, the term refers support and training provided by PhilHealth to the citizens.

Formal Economy Members. All workers rendering services, whether in government or private offices, such as project-based contractors and the like.

Gender. Socially constructed characteristics of women and men, such as norms, roles, and relationships of and between groups of women and men (Schudson et al., 2019). In this study, the term refers to the gender of the citizens.

Internet Experience. How a user interacts with and experiences system or service using the internet. It includes a person's perceptions of utility, ease of use, and efficiency (Joiner et al., 2012). In this study, the term refers to the internet experience of the citizens.

Information Security. The protection of information resources, but also that of other assets, including the person him/herself (Solms & Niekerk, 2013). In this study, the term refers to the citizens' security of their personal information that needs to be disclosed upon using My PhilHealth Portal.

Information Communication Technology. All communication technologies, including the internet, wireless networks, cell phones, computers, software, middleware, video-conferencing, social networking, and other media applications and services enabling users to access,

retrieve, store, transmit, and manipulate information in a digital form (Vroman et al., 2015).

Pandemic. A widespread epidemic of contagious disease that spreads across an entire country or one or more continents at the same time (Giesecke, 2020). In this study, the term refers to Covid-19.

Perceived Competence. Self-perception of an individual in their capabilities and ability to use a technology or system (Zounek et al., 2019). In this study, the term refers to the citizens' ability to use of My PhilHealth Portal.

Technological Adoption. The acceptance, integration, and use of new technology in society (Pathak, 2013). In this study, the term refers to the acceptance and use of My PhilHealth Portal.

Trust on Internet. A belief that an online user has confidence in a computer mediated experience (Sicari et al., 2015). In this study, the term refers to the citizens' trust on the internet to adopt My PhilHealth Portal.

Trust on Government. Confidence of citizens in the actions of a "government to do what is right and perceived fair" (OECD, 2013) and on whether or not the elected political figures will act for their benefit (Roger, 2010). In this study, the term refers to the citizens' trust on the government to adopt My PhilHealth Portal.

Social Influence. Efforts directed towards changing others' beliefs, attitudes, or behaviors, whether it is intentional or unintentional (Gass, 2015). In this study, the term refers to the social influence like family, peers, colleagues and friends to use of My PhilHealth Portal.

Voluntariness of Use. The degree to which use of the innovation is perceived as being voluntary, or of free will (Moore & Benbasat, 1991, p. 195; Ramayah, 2010). In this study, the term refers to the free will or voluntary action of the citizens to use My PhilHealth Portal.