Program Compliance and Service Quality as Predictors of Well-Being Among the Beneficiaries in a Municipality of Bukidnon

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ABSTRACT

This study determined the participants' level of compliance with program conditions in terms of health compliance and participation in Family Development Sessions (FDS), assessed their perceptions of service quality, determined their level of well-being in terms of health condition and parent-child relationship quality, and examined whether program compliance and service quality significantly predicted well-being. The study employed a quantitative predictive-correlational research design. Data were gathered from 180 active 4Ps household beneficiaries using an adapted and contextualized structured questionnaire. Frequency, percentage, mean, and standard deviation were used to describe the variables, while multiple linear regression analysis was employed to determine their predictive relationship. The findings revealed that participants demonstrated a very high level of program compliance, indicating consistent adherence to health-related conditions and active participation in FDS and related activities. Service quality was also assessed at a very high level, with beneficiaries perceiving 4Ps services as accessible, timely, respectful, clearly communicated, and responsive. Participants likewise demonstrated a very high level of well-being in terms of health condition and parent-child relationship quality. Furthermore, program compliance and service quality significantly predicted beneficiaries' well-being, with program compliance contributing more strongly. The findings support the Capability Approach of Amartya Sen and the Service Quality Framework of Parasuraman, Zeithaml, and Berry, highlighting the importance of access to opportunities, active engagement, and quality service experiences in supporting well-being. The study recommends strengthening program compliance mechanisms and beneficiary-centered service delivery.

Keywords: Pantawid Pamilyang Pilipino Program, program compliance, service quality, well-being, 4Ps beneficiaries, Capability Approach

INTRODUCTION

Poverty alleviation is a common priority across borders, especially in inequality-ridden developing countries. In the UN's Sustainable Development Goals, No Poverty (SDG 1), Zero Hunger (SDG 2), Good Health and Well-Being (SDG 3), and Quality Education (SDG 4) all embody the global commitment to poverty reduction and narrowing opportunity gaps. Taken together, these goals clearly declare that countries around the world have made a firm resolution to work together to shrink the scope of poverty and narrow the wealth gap between individuals. Condition Cash Transfer programs such as Brazil's Bolsa Família, Mexico's Oportunidades, and the Philippines' 4Ps all belong to the same support model: funds are only disbursed to low-income households that meet eligibility criteria. These programs work in tandem toward the same goal: on one hand, they help marginalized groups gain easier access to basic necessities to secure the fundamental conditions for survival; on the other hand, they lay the groundwork for long-term balanced development to enable countries to maintain steady, sustained growth. Related content is sourced from (World Bank, 2018).

Recent research also confirms that such Conditional Cash Transfer programs remain an indispensable social security strategy for developing economies to this day. This support model which disburses funds to eligible households still serves as a key measure for developing countries to guarantee basic livelihood security. It is particularly effective in helping low-income households alleviate long-term poverty and reduce their

vulnerability to unmanageable risks, with an especially prominent role in easing the hardship of extremely low-income households and lowering their risk of being unable to cope with unexpected emergencies. Related content is sourced from (World Bank, 2020; Asian Development Bank, 2021).

The 4Ps is the largest social security program in the Philippines, which provides targeted assistance exclusively to selected eligible low-income families to help them break the intergenerational cycle of long-term poverty. The program was formally established by Republic Act No. 11310, which sets a fixed long-term framework for the program to ensure that the poorest households can access basic compulsory education, nutrition services, and primary medical care (DSWD, 2023).

This project has delivered several tangible outcomes: first, it has encouraged more school-age children to attend classes; second, it has mandated regular nutritional status checks for all program beneficiaries; third, it has enforced full compliance with all health and nutrition-related rules set out in the program. Through these implemented, concrete measures, it has directly advanced the achievement of multiple United Nations Sustainable Development Goals, including No Poverty, Good Health and Well-Being, Zero Hunger, Quality Education, alongside a series of global development indicators tied to these targets. Over the years, a number of third-party institutions with no vested interest in the program have conducted independent impact evaluations, the results of which all confirm that the program not only immediately improves the living standards of recipient households, but also helps these families accumulate another critical long-term capital—human capital, which is bound to the development of household members themselves, and is a core condition required to achieve inclusive and sustainable economic growth (Reyes et al., 2021; DSWD, 2022). The core objective of this program, from its inception to the present, has been to safeguard the health and basic living conditions of low-income households, enabling these families, who already have minimal savings, to withstand unexpected economic shocks, so that they do not slip back into poverty solely due to a single household member losing their job, or a family member contracting a serious illness.

Even though the program has proven its value through solid outcomes, it has exposed a number of notable flaws during its rollout and implementation in villages and towns, with these issues being particularly prominent in remote, resource-scarce rural areas with limited transportation access. Calilan in Bukidnon, the Philippines, is a typical location where such problems are concentrated. Several distinct types of barriers, all of which emerged during the program's implementation, have directly reduced the quality of support that recipient households experience, and are even eroding the long-term benefits these families should have steadily received. These barriers cover six specific areas: first, whether recipient households can meet the requirements and comply with all program rules; second, whether the local program offices responsible for implementation can deliver a standard level of service provision; third, whether transportation access to health service sites and program support centers can be reliably maintained, so that travel is not impossible when needed; fourth, whether notifications issued by the program are delayed, which would slow the progress of various administrative processes; fifth, whether frontline staff stationed in villages and towns can respond to the various demands raised by recipient households in a timely manner; sixth, whether recipient households can fully understand all program rules, and successfully apply for the support that matches their specific household circumstances.

The original intention of requiring all recipient households to comply with program rules was to ensure these families meet the basic conditions to continue receiving support, preventing limited program resources from being diverted away from households with greater need, and ensuring they are used where they are most needed. Meanwhile, the quality of supporting services that underpins the successful implementation of these rules directly determines whether these families can make good use of the program's assistance, and truly improve their lives. These two closely linked, mutually influencing factors are core references for comprehensively analyzing the living conditions of 4Ps program recipient households; without either, it is impossible to accurately understand the true circumstances of these families. The ability to comply with all program requirements is the most fundamental threshold to participate in the 4Ps program; failing to meet this requirement means one cannot join the program to access support.For beneficiary households to retain their eligibility, they must meet all the mandatory conditions set by the program in addition to ensuring their children meet the required school attendance rate and fulfill all agreed health and nutrition monitoring obligations, they must also regularly participate in Family Development Sessions (FDS). Households that

can meet these requirements often develop healthier living habits, parents build up more knowledge related to child development, family interactions and operations run more smoothly, and all aspects of their lives see tangible improvements. Parallel to this requirement, the program's service quality directly affects whether beneficiary households can easily meet these conditions: whether they are treated fairly by staff, whether program rules and procedures are clearly communicated, whether necessary program notifications are received in a timely manner, and whether their demands when communicating with frontline personnel receive support these experiences all determine how many tangible benefits a household can derive from the 4Ps' assistance.

Against this backdrop, it is highly necessary to conduct research that takes compliance with rules and service quality as indicators to predict beneficiaries' well-being only through such research can we clarify whether families that meet program requirements and are satisfied with their service experience can achieve better long-term outcomes. In this study, the assessment of a household's living conditions centers on two core dimensions: the health status of family members, and the quality of parent-child relationships. These two indicators help us understand the physical mobility that beneficiaries personally perceive, as well as the actual quality of their interactions with their children, translating the abstract concept of "living conditions" into concrete, tangible details that every household can relate to.

This study focuses on determining whether program compliance and service quality significantly predict the well-being of 4Ps beneficiaries in a municipality of Bukidnon. Program compliance is examined through health compliance and participation in Family Development Sessions (FDS), while service quality is assessed based on beneficiaries' perceptions of accessibility, respectful and fair treatment, clarity of program rules and procedures, timeliness of program-related information and updates, and responsiveness of program staff.

THEORETICAL AND CONCEPTUAL FRAMEWORK

The well-being of beneficiaries participating in the Pantawid Pamilyang Pilipino Program (4Ps), their quality of life is not only related to the cash grants they receive, but also tied to whether they comply with the program's regulations and their satisfaction with the quality of the program's supporting services. Providing cash grants to low-income families is the core content of this program, but beyond financial support, many practical factors affect their overall living conditions: whether they can smoothly access health-related services, whether they can participate in Family Development Sessions (FDS), whether they can understand the program's requirements, whether they can receive relevant program updates in a timely manner, and whether they can obtain useful assistance when encountering problems. These are not empty clauses far removed in program documents, but concrete matters that each beneficiary encounters every day during the process of receiving grants and utilizing resources. The smooth completion of each of these matters directly impacts the quality of their daily lives.

This study identifies "program compliance" and "service quality" as two core predictive variables to explain why even among beneficiaries of the same 4Ps program, their living conditions vary. The former measures the extent to which beneficiaries fulfill the obligations required by the program, especially health-related obligations and the requirement of Participation in Family Development Sessions; the latter records the beneficiaries' real perceptions of the services provided by the program implementers—whether these services are easy to access, whether beneficiaries are treated with respect, whether information is communicated clearly, whether updates are disseminated in a timely manner, and whether their demands can be properly addressed. These two variables are significant because only when beneficiaries can meet all program requirements and the supporting services align with their actual needs can they truly leverage the various opportunities provided by the program. Otherwise, even if they hold the qualification to receive cash grants, they may not be able to improve their lives using the program's resources.

This study is based on Amartya Sen's Capability Approach theory. This theory posits that the core of development is that all people have the ability to obtain and seize the conditions and opportunities required to achieve their "desired state of life" the life circumstances and possibilities of daily action that are truly important to them. Following this theory, improving life can never be achieved by simply providing

sufficient resources and services. There must be tangible opportunities that allow these people to actually access these resources and utilize these services. In the context of 4Ps, whether beneficiaries can comply with the program's requirements and obtain qualified services directly determines whether they can access those key "pathways": to use medical services, participate in development-oriented activities, receive relevant information, and obtain help from program implementers. Being able to meet the program's requirements indicates that beneficiaries can make use of the support provided by the program; and adequate service quality determines whether these beneficiaries can smoothly utilize the program's resources—obtain information, receive assistance, and access other supporting services provided by the program. The Capability Approach provides a solid theoretical foundation for this study precisely because it captures a core point: to help people improve their lives, simply delivering resources is not enough; suitable conditions must be created to enable individuals and families to truly transform these resources into better living conditions and quality of life.

Program compliance is a core predictive variable in this study, referring to the extent to which beneficiaries fulfill all obligations stipulated by 4Ps and participate in all required activities. In the analysis of this study, this variable includes two core components: compliance with health requirements, and participation in Family Development Sessions. Compliance with health requirements means that beneficiaries abide by all health-related regulations in the program, including using appropriate medical services as required and fulfilling the health obligations of all monitored family members. By meeting these requirements, beneficiaries gain access to preventive and basic medical services, and can also drive the whole family to attach greater importance to the health needs of every member. Participation in Family Development Sessions refers to the extent to which beneficiaries actively engage in the learning and development content of these activities. These activities cover core topics related to family growth, including parenting, family relationships, health, responsible decision-making, and others. Regular participation in these activities allows beneficiaries to learn practical, actionable knowledge that can be applied to their own family lives. Taken together, compliance with health requirements and participation in Family Development Sessions precisely reflect the core status of beneficiaries integrating into the program's support network, and are directly linked to their ability to utilize the opportunities at hand to sustain the long-term well-being of the entire family.

The second predictive variable in this analysis is service quality, which is the comprehensive score that beneficiaries participating in 4Ps assign to the quality and responsiveness of all services they receive from the program. In this study, service quality includes six interrelated dimensions: accessibility of medical services, whether program staff treat beneficiaries with respect and fairness, clarity of program rules and procedures, timeliness of program-related information and updates, and responsiveness of staff to beneficiaries' questions and demands. The first dimension, accessibility, refers to whether beneficiaries can smoothly find and access any program-related services and assistance, without encountering obstacles such as being unable to contact a responsible staff member or having to travel a long distance to complete program-related procedures. The second dimension, respectful and fair treatment, means that during interactions with staff and when completing any procedures, beneficiaries receive appropriate and reasonable treatment, without being discriminated against, neglected, or subjected to unfair criticism. The third dimension, clarity of the program's rules, requirements, and procedures, refers to whether beneficiaries can receive sufficiently understandable explanations, so that they clearly understand what obligations they need to fulfill and what procedures they need to follow, without being confused about what to do next. The fourth dimension, timeliness of information and updates, means that program-related news can be sent to beneficiaries within an appropriate timeframe, allowing them enough time to prepare to meet various requirements and keep up with changes in the program's implementation, instead of receiving notices only right before the deadline, leaving them no time to respond. The final dimension, responsiveness, means that staff can properly address the concerns, problems, and requests raised by beneficiaries within a reasonable timeframe, without passing around demands so that no one takes responsibility, or providing vague answers that leave beneficiaries still unable to solve their problems. These dimensions of service quality are collectively critical. Even if the program itself is equipped with all necessary services, if beneficiaries encounter constant difficulties when using them—cannot find where to access services, cannot understand

process requirements, cannot receive due notices, or have their problems left unaddressed merely having services in place is useless and cannot help beneficiaries at all.

This study takes standard of living as the core outcome variable, defined as the various conditions and family relationships that enable program beneficiaries and their families to maintain normal daily life and improve their quality of life. In this analysis, standard of living is not measured by a generalized sense of well-being, but is broken down into two specific core indicators: personal health status, and the quality of parent-child relationships. Health status refers to beneficiaries' perception of their own health, as well as their ability to address and maintain the health needs of themselves and their family members. The quality of parent-child relationships measures the quality of communication, emotional bonds, daily interactions, and mutual support between parents and children. These two indicators together depict a complete picture of standard of living, because standard of living is not limited to physical health, but also includes the strength of relational connections within the family, which is the core that sustains overall quality of life. Even if a beneficiary can access health-related services and resources, a truly high-quality life also relies on the maintenance of positive, mutually supportive bonds between family members. Measuring health status and the quality of parent-child relationships together allows for a comprehensive assessment of a family's standard of living from the two dimensions of personal health and family relationships.

The analytical framework of this study is built on the Capability Approach, which posits that beneficiaries' well-being is related to the opportunities and capabilities they have to use available resources and services. Program compliance reflects whether beneficiaries truly utilize and participate in the various opportunities provided by the program, specifically complying with health-related requirements and participating in FDS. Service quality, meanwhile, determines in the eyes of beneficiaries whether these resources are accessible and practical. If beneficiaries can meet all conditions required by the program, and at the same time feel that the services they receive are convenient, respectful, clearly communicated, timely notified, and responsive to their needs, they will have more opportunities to leverage the resources at hand to manage their own health and family relationships well.

In this framework, program compliance and service quality are classified as predictive variables, well-being, measured through health condition and parent-child relationship quality, is the core outcome variable of this study. The framework assumes that higher levels of program compliance and better perceived service quality may significantly predict higher levels of well-being among 4Ps beneficiaries. Specifically, the study assumes that beneficiaries who demonstrate higher levels of health compliance and participation in FDS, together with those who perceive program services as more accessible, respectful and fair, clear, timely, and responsive, may report higher levels of well-being in terms of health condition and parent-child relationship quality. This assumption does not mean that program compliance or service quality automatically causes improved well-being; rather, it proposes a predictive relationship among the variables that can be examined through empirical evidence. Accordingly, the assumed relationship among program compliance, service quality, and well-being was subjected to statistical analysis to determine whether the predictor variables significantly predicted the outcome variable. The findings of the study therefore provide an empirical basis for determining whether the assumptions drawn from the Capability Approach are supported within the context of 4Ps beneficiaries in a Municipality of Bukidnon.

Statement of the Problem

This study aimed to determine whether program compliance and service quality significantly predicted the well-being of 4Ps beneficiaries in a municipality of Bukidnon. Specifically, it sought to answer the following questions:

What is the participants' level of compliance with program conditions in terms of:

Health compliance; and Participation in Family Development Sessions (FDS)?

What is the participants' assessment of the quality of services provided through the 4Ps program?

What is the level of the participants' well-being in terms of:

Health condition; and

Parent-child relationship quality?

Do program compliance and service quality significantly predict the well-being of the participants?

Based on the findings of the study, what policy recommendations may be proposed to improve program compliance, service quality, and the well-being of 4Ps beneficiaries?

Schematic Diagram of the Study

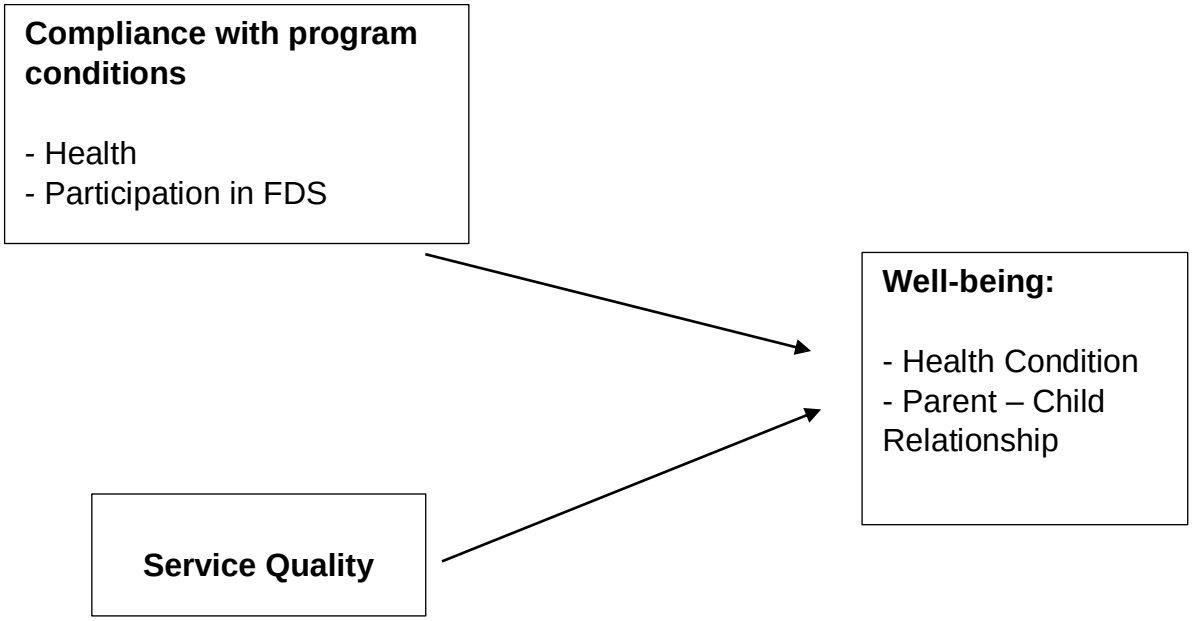


Figure 1. Conceptual Framework of the Study

Hypotheses

The following null hypotheses were tested at the 0.05 level of significance:

Ho1: Compliance with conditions and service delivery quality do not significant predict their well-being.

Ho2: Compliance with conditions does not significant predict their well-being.

Ho3: Service delivery quality dos not significant predict their well-being.

Significance of the Study

This study investigated program compliance and service quality as predictors of the well-being of 4Ps beneficiaries in a municipality of Bukidnon. The study places particular emphasis on understanding the value of two matters: first, whether participants have strictly implemented all requirements of the program, and second, how they evaluate the level of services obtained from the 4P program. Upon the conclusion of the study and the derivation of its findings, these conclusions will generate solid empirical evidence to support the optimization of several core links of the 4P program, including the mode of program implementation, the efficiency of service delivery, participants' active engagement, and the living conditions of the entire community. Next, the significance of this study will be elaborated in detail.

4Ps Beneficiaries. The results of this study would enable 4Ps beneficiaries to express their own views regarding the particulars of the program. Moreover, these thoughts are being put forward to help the running of the program. Furthermore, this will be about whether the services are being delivered on time, whether the application process is smooth and easy to use and whether the support is sufficient

Heads of Local Government Units (LGUs) and the Department of Social Welfare and Development (DSWD). The research findings can help residents and social welfare workers make the current program they are managing more feasible and clearer without simulation exercises. Likewise, various policy discussions within the industry that revolve around conditional cash transfers can also have robust reference information from these results. This will provide a better foundation for the discussions. There are other applications as well. These outcomes can help the DSWD and LGUs further advance three things. The first is to improve and supplement the original supervision system and make supervision run more smoothly. The second is to carry out sound coordination and cooperation with all the cooperating parties and give full play to their respective strengths. The third is to design targeted support measures tailored to local conditions for disadvantaged groups and meet the 4Ps assistance standards. For example, in extremely poor rural areas such as Kalilangan, Bukidnon, difficulties could arise when support plans become disconnected from local realities.

Policy Makers. This study provides data which is intended for policy makers at all levels whether local, national, or global policy makers that can assist in improving the social security system and reducing poverty. The ultimate objective of these actions is to promote sustainable community development, increase the well-being of families and increase happiness

City and Municipal Social Welfare and Development Officers. This research would help the social welfare professionals responsible for overseeing the programs being studied. The data collected can be used to improve three major aspects of the program, which include Case Management; Family Development Sessions (FDS); and Community Engagement. The primary purpose of using this information to make improvements in the above mentioned areas is to provide better services to clients.

Barangay Officials. The research would provide crucial evidence to assist Barangay officials as they manage the program. This will enable these officials to find out who are the most appropriate recipients of assistance and to make policy recommendations that suit their community rather than just guessing what people may need.

Policy and Program Planners. The research would serve as a touchstone for both planners and evaluators of programs to reduce poverty. In other words, could be used as a reference point for frontline program planners and program evaluators of poverty reduction programs.

Academia and Future Researchers. This research would contribute to the body of literature in the Philippines that addresses poverty reduction, social safety nets and human development. In addition, it establishes a basis for future research in these areas (well-being and comparative analyses of municipal-level 4Ps).

Scope and Limitation

This study focused on active 4Ps beneficiaries residing in the Municipality of Kalilangan, Bukidnon. The predictor variables are program compliance and service quality, while the outcome variable is well-being. Program compliance is measured in terms of health compliance and participation in Family Development Sessions (FDS).

Service quality was assessed based on beneficiaries' perceptions of accessibility, respectful and fair treatment, clarity of program rules and procedures, timeliness of program-related information and updates, and responsiveness of program staff. Well-being is measured in terms of health condition and parent-child relationship quality.

Therefore, all conclusions drawn from the study only apply to the individuals who participated in this study and the specific context of the Municipality of Kalilangan, Bukidnon and these conclusions cannot be generalized to all 4Ps beneficiaries in other cities or regions.

Definition of Terms

To provide a clearer understanding of the key terms used in this study, the following are defined both conceptually and operationally. The terms are arranged alphabetically.

Health Compliance Conceptually, health compliance refers to Beneficiaries who must meet the health requirements of the 4Ps Program in order to be considered compliant with its health provisions. Operationally, these provisions include regular health examinations/checkups, immunization shots, weight and health monitoring, pre-natal care, and adherence to medical advice from health care professionals.

Health Condition Conceptually, health condition refers to the health of a person is their own perception of how well they function physically, as well as their levels of strength and energy to complete everyday tasks (World Health Organization [WHO], 1948).

Parent-Child Relationship Quality Conceptually, Parent-child relationship quality can be defined as the quality and nature of the interaction, emotional connection, and communication between parents and their children (Lyu et al., 2024). Operationally, Parent-child relationship quality may also be defined as how well participants perceive that they have a close relationship with their children and how often they listen to their children describe their problems.

Participation in Family Development Sessions (FDS) Conceptually, participation in FDS is defined as the involvement of beneficiaries in sessions aimed at enhancing family dynamics; improving parenting skills; and increasing understanding of program requirements (DSWD, 2025). Operationally, participation in FDS is operationalized as the participant's participation in parenting-related activities which include providing emotional support to their child; spending quality time with their child; assisting their child in developing appropriate decision-making abilities; and taking an active role in their child's day-to-day activities.

Program Compliance Conceptually, Compliance is defined as the degree to which program participants meet the requirements and responsibilities outlined in the 4Ps program (DSWD, n.d.). Operationally, Compliance can also be operationalized by assessing a participant's adherence to program requirements based on their health compliance and involvement in Family Development Sessions (FDS).

Service Quality Conceptually, Service quality can be defined as the evaluation of how well a person or organization delivers services to the target audience (Parasuraman et al., 1988). Operationally, on a more practical level, service quality is defined as the evaluation of how easy it was for participants to access health care; if the participants felt respected and treated fairly by program personnel; if the program personnel clearly explained program policies and procedures; if program personnel responded to the participants' concerns and questions in a timely manner; and if program personnel kept participants informed about program-related news and updates.

Well-being Conceptually, well-being is defined as a person's overall positive functioning and their quality of life (WHO, 2021). Operationally, well-being is defined by the participant's perception of their own well-being based on how they rate their health and how good they feel about their relationship with their parents.

Review of Related Literature and Studies

This chapter reviews relevant literature and research supporting the examination of program compliance, service quality, and well-being of the Pantawid Pamilyang Pilipino Program (4Ps) participants. It is structured around the main variables and dimensions used in this study; specifically, program compliance related to health compliance and participation in Family Development Sessions (FDS), service quality, and well-being related to health conditions and parent-child relationship quality. These reviewed

studies/literature help establish a framework for analyzing how compliance with program requirements and the quality of services provided to program participants are associated with and may predict their well-being.

Well-being

Well-being is a complex term used to describe how well a person feels about his or her life as a whole and what type of positive functions he or she has. Well-being can be broken down into many parts that each contribute to a person's overall quality of life, such as physical health, psychological functioning, relationship with others, and whether or not they can do daily tasks. Diener (2000) defined subjective well-being as a person's assessment of their own life through both their thoughts (cognitive) and feelings (affective).

The current research uses two indicators to measure the well-being of the 4Ps recipients; physical health status and the quality of parent-child relationships. The measurement of these two components indicates that well-being of the 4Ps beneficiaries extends beyond financial status to include physical functioning and quality of relationships among members of a household.

Health Condition

Individuals' perceptions of their physical functioning and ability to complete daily routines are referred to as health conditions. An individual's health condition can affect how well they are able to meet the requirements of household chores, work-related duties, and other routine functions of everyday life.

The present study measures health status based upon participants' perception of their strength, energy, and capacity to perform daily tasks. These measures assess how the beneficiary views his/her physical functioning in his/her day-to-day life.

The World Health Organization (2022) stated that an individual's physical health and ability to function are essential components of their total well-being. It is possible that 4P's beneficiaries' increased access to healthcare as a result of meeting the program requirements will allow them to maintain or improve upon what they believe is their current health status.

Parent-Child Relationship Quality

The term "parent-child relationship quality" refers to how much time is spent together; how emotionally connected you feel with each other; how well you communicate with one another; and how supportive you are of each other. Positive parent-child relationships have a direct effect on both the overall functioning of families as well as on individual happiness. Emotional support, communication, quality time, and parent's responsiveness to their child's needs are all examples of how a parent-child relationship could be seen as being positive. These types of interactions will help create a supportive family environment, as well as strengthen both the child's and parent's feelings of closeness.

In this research, parent-child relationships will be measured using how participants perceive that they have close relationships with their children, as well as if they listen to what their children tell them about their problems. These measurements represent both the emotional bond and communication between parents and children, which are two of the family-related components of well-being.

Program Compliance

Program compliance is the degree to which recipients meet the requirements and obligations of the 4Ps. Program compliance is an essential part of conditional cash transfer programs as meeting the required conditions allows participants to continue receiving program benefits. Program compliance will be assessed in this study by evaluating both compliance with health-related conditions and attendance at Family Development Sessions (FDS).

Program compliance encourages program participants to utilize health services, attend family-building events, and understand the requirements of the program. Evaluating program compliance can provide a foundation for evaluating if participants are in fact complying with the terms of the program and how that compliance impacts their quality of life.

Health Compliance

Health compliance is defined as the degree to which 4Ps beneficiaries comply with the health-related requirements set forth by the program. These requirements are designed to motivate families to access preventive and essential health services such as periodic health examinations; immunizations; growth and weight monitoring; prenatal care where appropriate; and compliance with health-related recommendations given by health professionals.

Seth and Tutor (2021) found that adherence to 4Ps health requirements was positively related to increased use of maternal and child health services. Their findings suggest that the health-related requirements of the program may promote regular use of preventive health services by program participants. Kidd and Athias (2023) also emphasized the role of health-related conditions in enhancing vulnerable households' ability to utilize preventive health services.

The World Health Organization (2022) also states that if you have communication, health education and ongoing advice from a health professional you may increase your chances of following recommendations regarding your health behavior and/or taking preventative steps toward improving your health. This finding supports the idea of looking at compliance with health guidelines as part of program compliance, and how this relates to the overall quality of life of the 4Ps beneficiaries.

Participation in Family Development Sessions (FDS)

Family Development Sessions (FDS) are a major part of the 4Ps program that helps to build up beneficiaries' knowledge, skills, attitudes and how their families function. The FDS gives beneficiaries the chance to learn about being responsible parents, developing good family relationships, taking care of themselves, going to school, managing money, being prepared for disasters and other issues that can help develop the family.

Participation in the FDS will provide beneficiaries with the skills and knowledge to enhance the relationship between family members, particularly through the use of parenting and family management strategies. Continued involvement in the FDS may also help to reinforce the beneficiary's understanding of their role in the 4Ps, and to promote positive parenting practices in the home.

The current research reflects how parents are involved in FDS based on the practices that were focused on during each session; i.e., supporting the child emotionally, spending quality time with the child, helping the child make positive choices, and being involved in the child's every day routine.

Service Quality

In general, when people think about how well a particular service works (i.e., its quality), they are thinking about whether or not it meets their needs; how easy it was to use; if the results were what they had hoped for; and how quickly it responded to their requests. Service quality can be defined as the perception of the quality, accessibility, effectiveness, and responsiveness of services being offered by the 4Ps program. The quality of services provided by the 4Ps program is significant in public and social welfare settings, since beneficiaries' interactions with the program staff and the service delivery system will impact their ability to access and utilize the benefits offered by the program.

The dimensions of service quality that were identified by Parasuraman, Zeithaml, and Berry in 1988 are reliability, responsiveness, assurance, empathy and tangibles. While this study does not attempt to replicate the SERVQUAL dimensions as they exist today; the ideas behind them will serve as the conceptual framework to assess the beneficiaries' perception of the service delivery.

In the current study, service quality will be evaluated using five indicators; accessibility to healthcare services; being treated fairly and with respect by the program's staff; clear communication regarding the program's rules and procedures; timely access to program-related information and updates; and rapid response from the program's staff to the concern(s) or question(s) raised by beneficiaries. The above indicators represent major elements of how beneficiaries experience the program's services.

The level of public service quality can impact how much trust and confidence individuals place in government-sponsored initiatives. According to the Organization for Economic Cooperation and Development (OECD) in 2021, positive encounters with public services enhance citizen's confidence in their government. In the case of 4Ps, providing access to, clarity about, timeliness of, fairness within and responsiveness toward service delivery may enable program recipients to receive services provided by the program in a more efficient manner.

Program Compliance and Well-being

The literature regarding conditional cash transfers indicates that adhering to the program requirements of such transfers may result in better family and individual health outcomes. When a participant complies with program requirements, they will likely attend regular doctor visits and engage in programs designed to support family functioning and build human capital.

Seth and Tutor (2021) stated that when people comply with the 4Ps conditionalities related to health they also tend to use more of the maternal and child health services available to them. Similarly, Kidd and Athias (2023) emphasized how health-related conditions help improve access to preventive health services for those who live in poverty. This evidence supports studying if there is a relationship between greater levels of program compliance and improved well-being for 4Ps participants.

The reason for this connection is likely that when the individual complies with the rules of the program, they are able to use health services and participate in programs which provide information and support to help families develop. Therefore, compliance with the program will be evaluated as a significant factor in predicting how well the individual does.

Service Quality and Well-being

In addition to the program's overall performance, the quality of services offered by a social protection program can affect how well beneficiaries are doing. Services that are easy to access, clear communication about available services, being treated with respect, getting timely updates on what is going on, and having responsive staff working in the program can make it easier for beneficiaries to find out about and get the services and benefits that they need. Positive service experiences can enhance the use of program resources by participants as well as help them resolve issues affecting their families. According to OECD (2021), positive experiences with public services can increase citizen trust and confidence in governmental organizations. Within the scope of 4Ps, responsive and accessible service delivery may allow participants to access program-related services more efficiently and therefore may improve participant well-being.

Therefore, the quality of service provided to 4Ps beneficiaries will greatly influence the success of the 4Ps program. The more accessibly, fairly, clearly, timely, and responsively 4Ps beneficiaries perceive their services to be delivered, the more likely they are to successfully utilize the program and its associated services.

Relationship among Program Compliance, Service Quality, and Well-being

The literature reviewed indicates that program compliance and service quality play a significant role in determining how 4Ps beneficiaries experience their well-being. Program compliance is reflective of how well the 4Ps beneficiaries adhere to the requirements established by the program for promoting health and family development; whereas service quality is reflective of the 4Ps beneficiaries' perceptions regarding the accessibility, clarity, responsiveness, timeliness, and fairness of program services.

The first factor is program compliance which refers to whether or not the beneficiary has met all requirements for participation in a 4Ps program. The second factor is service quality; this is concerned with how well the program provides its services to participants as perceived by those participants. Both factors could potentially impact a participant's ability to receive and use intervention services provided through a 4Ps program.

As such, this research will examine the relationship between program compliance and service quality on the one hand and well-being on the other hand for 4Ps beneficiaries in a municipality in Bukidnon. This framework is consistent with the study's variables and dimensions introduced in Chapter 1 and measured in Chapter 4. More specifically, program compliance was determined by evaluating health compliance and participation in FDS; service quality was determined by evaluating accessibility, respect/fairness, clarity of information, timeliness, and responsiveness; and well-being was determined by evaluating health status and parent-child relationship quality.

Pantawid Pamilyang Pilipino Program (4Ps)

The Pantawid Pamilyang Pilipino Program (4Ps) was created by Republic Act No. 11310. It is a large-scale social welfare program of the government of the Philippines which aims to enhance the physical health, educational status and quality of life for low-income/vulnerable Filipino families. Qualified families will be provided with conditional cash grants. The conditional cash grants will require the family to meet certain health, education and family development requirements. (Department of Social Welfare and Development [DSWD], 2023). The requirements are designed not just to help the family meet their short term needs, but to promote behavioral change that promotes human capital development and improves the overall quality of family life.

The 4Ps is also in agreement with the general goals of Conditional Cash Transfer Programs; they provide money as well as set certain requirements for those receiving the money in order to motivate them to take advantage of available social services. Fiszbein and Schady (2009) stated that Conditional Cash Transfer Programs are able to increase people's access to education and health services through the establishment of specific behavioral conditions associated with cash assistance. Similarly, the World Bank (2020) indicated that effectively structured social protection programs have the potential to enhance human capital and improve household welfare.

Poverty Alleviation and the 4Ps Program

Republic Act No. 11310 established the Pantawid Pamilyang Pilipino Program (4Ps) as a national program for reducing poverty and investing in human capital. The goal of this program is to improve the health, nutrition, and educational status of low-income families by providing them with conditional cash transfers (Department of Social Welfare and Development, 2023). Studies conducted previously have shown that the program has resulted in positive changes, specifically regarding school enrollment, child immunizations, prenatal care, and other health related behaviors (Orbeta & Paqueo, 2016; Fernandez & Olfindo, 2011).

The requirements of the cash grants are critical in order to promote frequent use of essential services by the beneficiaries. According to the World Bank (2020), social protection programs that provide both income support and investment in health and education help build human capital over time. This objective is also consistent with the goals of the Sustainable Development Goals (SDGs), especially SDG 1 (No Poverty), SDG 3 (Good Health and Well-being) and SDG 4 (Quality Education).

In Chapter 4 provides empirical data on participants' level of program compliance, the quality of services received by participants, and their overall well-being. This information will be used to explore how these variables relate to each other as predictors.

RESEARCH METHODS

This chapter provides details about the research methods used for the study entitled "Program Compliance

and Service Quality as Predictors of Well-Being Among 4Ps Beneficiaries in a Municipality of Bukidnon." The chapter will provide information on the research design, participants of the study and how they were selected sampling procedure, research instruments developed by the researcher, validity and reliability of the instrument, scoring procedure, data collection process and ethics involved in conducting studies with human subjects, and finally, statistical analysis of the collected data.

Research Design

A quantitative predictive-correlational research design was used in this study to determine whether program compliance and service quality predicted the well-being of Pantawid Pamilyang Pilipino Program (4Ps) beneficiaries in the Municipality of Kalilangan, Bukidnon.

Predictive-correlational research designs are best used in studies that want to explore the relationships between different variables and find out if a single or multiple predictors will significantly predict an outcome variable, while not manipulating the variables being studied. As Hamaker et al. (2020) stated, predictive research uses existing data to make predictions about future events; this sets it apart from descriptive research, whose primary objective is to describe the features of a sample. Predictive correlational research measures naturally occurring variables and analyzes them to identify the predictive relationships between them instead of trying to identify cause-and-effect relationships.

In the present study, program compliance and quality of services were used as independent variables (predictors), and well-being was used as a dependent variable (outcome). A predictive-correlational research design was deemed appropriate for this study because the researchers wanted to find out if changes in program compliance and quality of services would be statistically related to changes in the well-being of 4Ps recipients, without any direct manipulation of the independent variables.

Compliance with programs was evaluated by looking at both health compliance and attendance at Family Development Sessions (FDS). Service quality was evaluated based upon how the participants perceived access to services, respect/fairness in dealing with them, clarity of rules/procedures for the program, timeliness of information/updates regarding the program, and responsiveness of the program's employees. Well-being was evaluated through evaluating the physical health status of each participant as well as their parent-child relationships. The researchers then analyzed the above-mentioned variables to see if there was any significant correlation between compliance with programs/service quality and the overall well-being of those participating in the program.

Participants of the Study and Sampling Procedure

The study's population consisted of current Pantawid Pamilyang Pilipino Program (4Ps) beneficiary households in the Municipality of Kalilangan, Bukidnon. Participants included either parent beneficiaries or household grantees who are currently enrolled in the 4Ps, and have a responsibility to meet all program requirements, as well as participate in other 4Ps-related activities.

The total number of beneficiaries who were active in their households is 1,858, according to the official list from the Department of Social Welfare and Development (DSWD). Using Taro Yamane's formula at a 95% confidence level and with a 5% margin of error, a sample size of 180 was calculated.

Stratified Random Sampling was utilized to make sure that the sample of beneficiaries represented each of the different Barangays within the Municipality. The use of this sampling technique allowed for an equal amount of representation among beneficiaries throughout the entire study area and also provided a way to identify differences in compliance rates, how they perceived the quality of services received, and their overall well-being.

Research Instruments

The data were gathered through a structured questionnaire that has been adapted and placed in context. This

questionnaire was designed to meet the goals of this study, literature reviewed, current 4Ps programs conditions, and concepts related to program compliance, service quality, and well-being. There were three sections in this questionnaire, each one represented a variable of this study; these sections were translated into Filipino so the participants could understand the questions.

The first section was used to determine how well program participants complied with health requirements and attended Family Development Sessions (FDS). All questions in this section were based on the specific health and FDS requirements of the Pantawid Pamilyang Pilipino Program (4Ps) established by the Department of Social Welfare and Development (DSWD, n.d.; DSWD, 2025).

The second section evaluated the quality of services delivered through the 4Ps program. Questions in this section were developed using the concept of service quality proposed by Parasuraman, Zeithaml, and Berry (1988), and were specifically applied to evaluating the delivery of 4Ps services.

Questions in this section focused on five key areas: access to services, respect/fairness shown to program participants, clear communication regarding program procedures, timely provision of information, and responsive behavior among program staff. The fourth part assessed the participants' well-being through their perception of their own health conditions and the quality of their relationships with their children.

The questions about health conditions were based on the definition of health and well-being as defined by the World Health Organization (WHO, 1948; WHO, 2021). The questions regarding parent-child relationships were developed using prior research on parent-child communication and relationship quality, such as Lyu et al. (2024). All questions were written in order to relate directly to the experiences of 4Ps beneficiary households.

The questionnaire had five points for each item's response options. Items related to program compliance and quality of services provided had ratings ranging from 5 ("strongly agree") to 1 ("strongly disagree") while the health status items had ratings ranging from 5 ("excellent") to 1 ("poor"). The parent-child relationships items also had the five point agreement scale. Before administering the instrument to the respondents it was submitted to the designated expert(s) for validation so that the items would be relevant, clear, and appropriate to the objectives of the research.

Validity and Reliability of the Research Instruments

The content validity of the researcher-developed questionnaire was established by having professional reviewers assess the item's relevance, clarity, and suitability for assessing the study variables. These experts evaluated the importance, clarity, and completeness of each item relative to the objectives and variables being studied.

The researcher pre-tested the questionnaire with 30 4Ps beneficiaries that did not form part of the final sample. The pre-test was done to ensure the questionnaire was clear and internally consistent prior to the start of data collection. Reliability analysis was carried out on the results of the pre-test using Cronbach's alpha.

The pilot testing results indicated that the internal consistency of all five of the study's instrument dimensions was either very good or excellent. Health compliance had a Cronbach’s alpha value of.909 (HC11 was removed); participation in family development sessions had a value of.928; service delivery quality had a value of.972; health condition had a value of.874; and parent-child relationship quality had a value of.975. Based upon these results, it can be concluded that the items comprising each of the five instrument dimensions are internally consistent enough to measure those dimensions as part of the study.

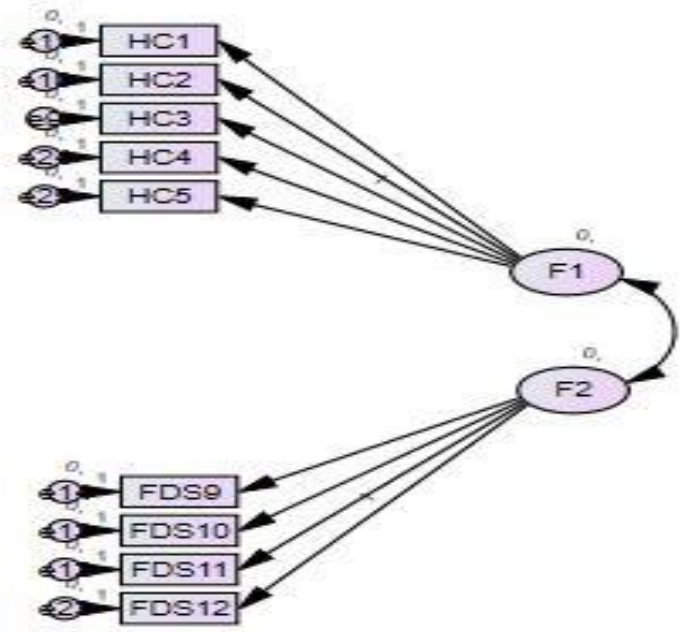


Figure 2. Confirmatory Factor Analysis (CFA) Best-fit Model of compliance with program conditions

The figure illustrates the measurement model with two latent constructs represented by their observed indicators and a weak positive correlation (r = .13) between the constructs.

Table 1 CFA Model Fit Indices for compliance with program conditions

Index	**Estimate**	**Cut-off Criterion**	**Interpretation**
Cmin/df	2.030	Between 0 and 3	Good
CFI	0.970	>0.90	Excellent
SRMR	0.0431	<0.08	Excellent
RMSEA	.072	<.08	Good
PClose	0.095	>0.05	Excellent
Source: Hu and Bentler (1999), "Cutoff Criteria for Fit Indexes in Covariance Structure Analysis			

CFA results provide support that there was an acceptable fit for the measurement model for program condition compliance; the fit was found to be statistically acceptable using Hu and Bentler's (1999) recommended model fit criteria. More specifically, the Cmin/df ratio (2.030) was found to be between zero and three which supports a good fit for the model. Additionally, the CFI value (0.970) was found to be greater than the recommended value of 0.90 supporting a high quality comparison of models. Likewise, the SRMR value (0.0431) was found to be less than the threshold value of 0.08 supporting a high quality residual fit.

Also, the RMSEA value (0.072) was found to be less than the unacceptable cutoff value of 0.08 supporting a high quality approximate fit to the model. Finally, the PClose value (0.095) was found to be greater than the required threshold value of 0.05 supporting a high quality fit. All together, the fit indices were met or exceeded the requirements of the recommended criteria supporting that the measurement model for program condition compliance showed a good overall fit and supported construct validity.

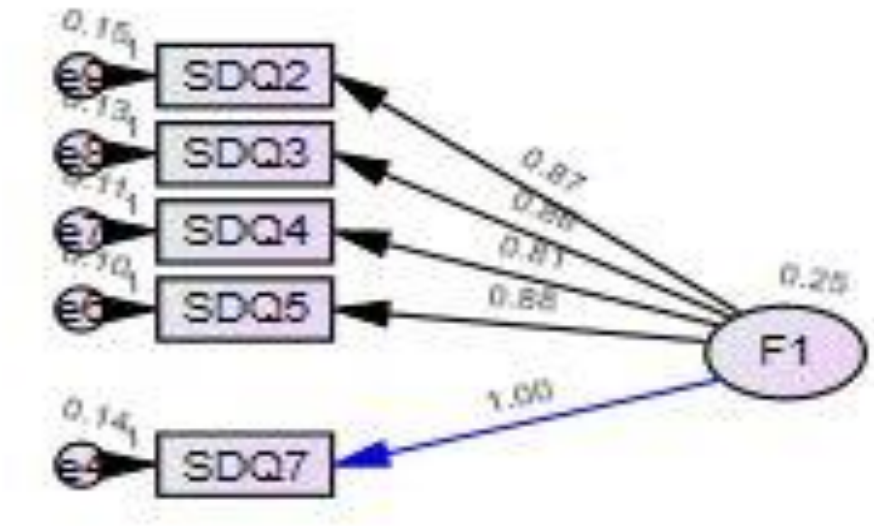


Figure 3. **Confirmatory Factor Analysis (CFA) Best-fit Model of Services Delivery Quality**

The figure illustrates the measurement model with one latent construct (F1), Service Quality, represented by its observed indicators (SDQ2, SDQ3, SDQ4, SDQ5, and SDQ7) and their corresponding factor loadings.

Table 2 CFA Model Fit Indices for Services Delivery Quantity

Index	**Estimate**	**Cut-off Criterion**	**Interpretation**
Cmin/df	1.068	Between 0 and 3	Excellent
CFI	0.999	>0.90	Excellent
SRMR	0.0158	<0.08	Excellent
RMSEA	0.018	<.08	Excellent
PClose	0.631	>0.05	Excellent
Source: Hu and Bentler (1999), "Cutoff Criteria for Fit Indexes in Covariance Structure Analysis			

The CFA findings indicate that the measurement model for service quality has an excellent overall fit; therefore, it satisfies the recommended model fit criteria as stated by Hu and Bentler (1999). In particular, the Cmin/df value of 1.068 falls within the recommended range of 0 to 3, which indicates an excellent model fit. The CFI value of 0.999 exceeds the recommended criterion of 0.90; thus, demonstrating excellent comparative fit. Likewise, the SRMR value of 0.0158 is below the threshold of 0.08, indicating excellent residual fit. Additionally, the RMSEA value of 0.018 is significantly below the acceptable cutoff of 0.08; therefore, demonstrating an excellent approximation of the model. Moreover, the PClose value of 0.631 exceeds the criterion of 0.05, demonstrating an excellent fit. Overall, all fit indices satisfy the recommended criteria; therefore, providing evidence that the measurement model for service quality demonstrates an excellent overall fit and supports construct validity.

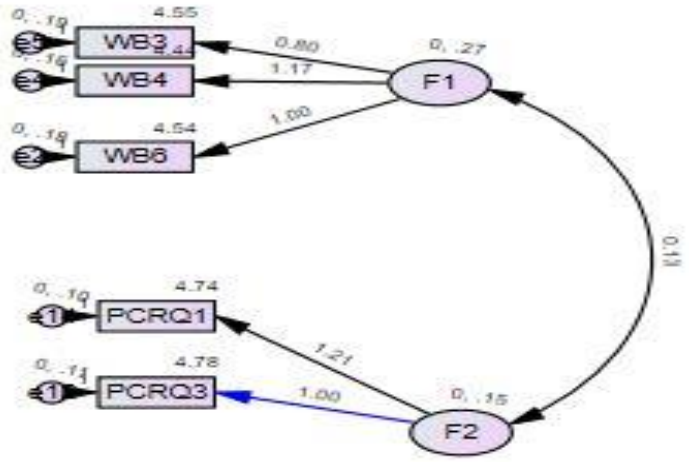


Figure 4. Confirmatory Factor Analysis (CFA) Best-fit Model of Well-being

The figure illustrates the measurement model with two latent constructs (F1 and F2) represented by their observed indicators (WB3, WB4, WB6, PCRC1, and PCRC3) and a weak positive correlation (r = .13) between the two constructs**.**

Table 3 CFA Model Fit Indices for Well-being

Index	**Estimate**	**Cut-off Criterion**	**Interpretation**
Cmin/df	2.096	Between 0 and 3	Excellent
CFI	0.988	>0.90	Excellent
SRMR	0.0244	<0.08	Excellent
RMSEA	0.074	<.08	Good
PClose	0.230	>0.05	Excellent
Source: Hu and Bentler (1999), "Cutoff Criteria for Fit Indexes in Covariance Structure Analysis			

The CFA results indicate that the measurement model for well-being had a good to very good fit overall; meeting the model fit requirements of Hu and Bentler (1999). Specifically, the Cmin/df value of 2.096 was in the recommended range of 0-3, which indicates a very good model fit. The CFI value of 0.988 was higher than the recommended cut off of 0.90, indicating a very good comparative fit. Also, the SRMR value of 0.0244 was lower than the threshold of 0.08, indicating a very good residual fit. The RMSEA value of 0.074 was lower than the acceptable cut off of 0.08, suggesting a good approximation of the model. Additionally, the PClose value of 0.230 exceeded the threshold of 0.05, indicating a very good fit. In summary, all fit index values met the recommended criteria, confirming that the measurement model for well-being demonstrated a good to very good fit overall, and supporting the construct validity of the measure.

Scoring Procedure

The responses in all parts of the questionnaire were rated using a five-point Likert Scale. Each response option will correspond to a numerical value representing the level of agreement or perception.

Range	Description	Interpretation
4.51–5.00	Strongly Agree	Very High
3.41–4.50	Agree	High
2.51–3.40	Slightly Agree	Moderate
1.51–2.50	Disagree	Low
1.00–1.50	Strongly Disagree	Very Low

Mean scores were calculated for each of the indicators and dimensions in order to assess the participant's adherence to the program, the quality of services received, and their overall well-being.

The calculated averages were utilized to establish the participant's level of adherence to healthy behaviors as well as their involvement in the Family Development Session (FDS). To measure service quality, the mean score reflected the participants' perception of the service quality provided via the 4Ps program. In addition, the participants' perception of their own physical well-being as well as the quality of their parent-child relationships were represented by the mean scores for well-being.

Data Gathering Procedure and Ethical Considerations

Prior to conducting this study, the researcher received approval from the Lourdes College Research Ethics Committee (LC-REC) to verify that the study meets the ethical requirements of studies which involve human subjects.

The researcher, as the designated Municipal Link in Kalilangan, coordinated with the appropriate program staff and Parent Leaders to identify and communicate with those 4Ps households (beneficiaries) that met the inclusion criteria of the study. All of the participating households were voluntarily involved. Prior to completing the survey, all participants received an informed consent form that explained the purpose of the study, the methods used to conduct the study, the fact that their involvement in the study was voluntary, potential risks and benefits associated with participating in the study, methods implemented by the researcher to protect the privacy of participants, and the option for participants to either refuse participation or cease involvement in the study at any point in time without penalty or adverse consequences.

The collection of data took place in safe, accessible, and comfortable community venues (e.g., barangay halls) that were designated FDS venues, to make it easier for participants to attend the meetings and feel at home. Researchers distributed the questionnaires to participants on designated days for data-gathering. Participants had ample opportunity to answer each question on the questionnaire. Researchers clarified instructions as needed; however, did not influence participant answers. After completing all questions on the questionnaire, researchers collected them and protected them from unauthorized access. Researchers coded participant responses for statistical analysis. At no point in time did researchers present any identifying information about participants in their reported findings. Researchers respected the right of each participant to privacy throughout the duration of the study.

By utilizing these processes, the principles of respecting people (Belmont Report), doing good (Belmont Report), and being fair (Belmont Report) have been used not only as general ethical considerations, but also as specific practices during the recruitment phase; obtaining participants' consent; administering the questionnaires; processing participants' responses; and reporting on the research results. In addition to following institutional policies regarding consent forms, confidentiality, and protecting participants' data, the study was conducted within the confines of those institutional policies.

Statistical Treatment of Data

The data collected were encoded, tabulated, and analyzed using appropriate descriptive and inferential statistical techniques. Descriptive statistics have been utilized to provide information about the characteristics of the sample population (frequency/percentage). Inferential statistics (mean/standard deviation) have provided insight into how much program compliance, service quality and overall quality of life are being experienced by the beneficiary. Multiple Linear Regression Analysis has been employed to investigate if program compliance and service quality can predict the level of well-being experienced by the beneficiaries. Before performing the regression analysis, assumptions regarding normality and the lack of multicollinearity have been examined. All results of the testing for assumptions have been included in the Appendix.

Presentation, Analysis, and Interpretation of Data

This chapter of the paper provides an analysis and interpretation of the data collected through the study entitled "Program Compliance and Service Quality as Predictors of Well-Being among the Beneficiaries in a Municipality of Bukidnon." The results presented here will be structured based upon each of the research questions identified in Chapter 1.

The chapter is an evaluation of the participants' assessments on how well they have complied with the program requirements; the quality of the services provided; the resiliency of parents; their well-being; and the relationship and predictive value of these variables. Appropriate descriptive and inferential statistics will be used to report the results of the study. Statistics such as frequencies, percentages, means, standard deviations, regression analyses and mediation analyses may be used to present the findings of the study.

Problem 1. What is the participants' compliance with program conditions considering:

Health compliance; and Participation in FDS?

Table 1 shows how frequently, what percentage, and the average response from the participants regarding their adherence to program regulations based on health compliance. Overall, the participants had an average score of 4.82 (SD = 0.36) which was categorized as Very High. Therefore, it is clear that the participants had a very high degree of compliance with the health-related program requirements. In other words, most participants always did the health-related activities required of 4Ps beneficiaries; for example, taking their children to scheduled health visits, ensuring that their children received all of the necessary immunizations, getting weighed and having health assessments completed, attending prenatal visits (if pregnant), and listening to the health workers. Additionally, both the low standard deviation and high overall mean indicate that the participants generally responded positively to each question asked about health compliance. There was little variation in how the participants rated their own compliance. These findings are also supported by the percentage distributions of the participants' ratings. Specifically, 88.33% (n = 159) of the participants rated their compliance as Very High, while 11.11% (n = 20) rated their compliance as High. Only 0.56% (n = 1) of the participants rated their compliance as Low, and none of the participants rated their compliance as Moderate or Very Low. All of these results show that the participants consistently complied with the health-related program requirements.

The results show a strong consistency in the compliance of the participants with the program's health requirements (i.e., attending required health checkups; accessing available health services; engaging in prescribed health-related behaviors). The extremely high rate of compliance demonstrates that the participants understand the significance of completing health-related obligations to maintain their eligibility for program benefits and to promote the health and welfare of their families. The results are also congruent with those of Seth and Tutor (2021) who found that conditional cash transfer beneficiaries in the Philippines had consistently high rates of compliance with the health conditionalities, which reflects both the effectiveness of the program's monitoring system and the beneficiaries' commitment to meeting program requirements. Similarly, Kidd and Athias (2023) highlighted how complying with health conditionalities

increases access to essential health services and is associated with improved health and social outcomes among vulnerable households.

Table 1 Frequency, Percentage, and Mean Distribution of the Participants' Compliance with Program Conditions considering Health Compliance

Range	**Description**	**Interpretation**	**Frequency**	**Percentage**
4.51-5.00	Strongly Agree	Very High	159	88.33
3.51-4.50	Agree	High	20	11.11
2.51-3.50	Neutral	Moderate	0	0.00
1.51-2.50	Disagree	Low	1	0.56
1.00-1.50	Strongly Disagree	Very Low	0	0.00
	Total		**180**	**100.0**
	Overall Mean		**4.82**	
	Interpretation		**Very High**	
	SD		**0.36**	

Specific Indicators		**M**	**Description**	**SD**
1	I bring my child/children to scheduled health check-ups as required by the 4Ps program.	4.85	Strongly Agree	0.45
2	My child/children receive complete and timely immunizations.	4.84	Strongly Agree	0.40
3	I comply with required weight monitoring and health assessments.	4.78	Strongly Agree	0.55
4	I attend prenatal check-ups during pregnancy as required.	4.70	Strongly Agree	0.61
5	I follow health advice given by health workers.	4.78	Strongly Agree	0.55

As shown in Table 1, the participants reported having a high degree of adherence to their health care; there was an overall average score of 4.82 (SD =.36). A large majority of participants (159; 88.33%) "Strongly agreed" with the statements regarding adherence to their health care, and 20 participants (11.11%) "Agreed." Only one participant (0.56%) "Disagreed" with the statements, and no participant chose the neutral or "strongly disagreed" options. Based on these findings, it appears that most participants follow the required health-related behaviors of the 4Ps program.

The item "I bring my child/children to scheduled health checkups as required by the 4Ps program" received the highest score among all items with a mean of 4.86 (SD = 0.45). The next item with the second highest score was "My child/children receive complete and timely immunizations" with a mean of 4.84 (SD = 0.40). Both items were interpreted as being Strongly Agree. These results suggest that the respondents have

consistently complied with the health conditionalities of the 4Ps program. Specifically, they have consistently brought their children for regular health checkups and ensured that their children received timely immunizations. In addition, the relatively low standard deviations indicate that there is little variation among the responses given by the respondents concerning their compliance with these health responsibilities. These results are in line with Seth & Tutor (2021) which suggested that the Philippine conditional cash transfer program has led to changes in behavior, specifically a decrease in the amount of non-compliance with the conditionalities of the program. Therefore, it can be inferred that the high rate of compliance observed in this study also suggests that the beneficiaries understand how important it is to comply with the health conditionalities of the 4Ps program in order to continue participating in the program.

The results further demonstrate the need for available health information and support to assist families in practicing healthy behaviors. The World Health Organization (2022) stated that health-related information and programs can promote health, and enable individuals and communities to make informed health-related decisions. Therefore, the high level of participation among study participants in attending regular health checkups and obtaining required immunizations can be attributed to ongoing health education and support provided to families. Ongoing health education and support may help families develop a long-term commitment to preventive health practices.

In addition, "During pregnancy, I am required to go to my prenatal visits" had the lowest average (M = 4.70, SD = 0.61). However, even though this statement had the lowest average, it was still considered to be "strongly agree." Therefore, although there are variations in the participant's responses to this question; overall, most participants do comply with the requirements of prenatal health. There is also a larger standard deviation associated with this indicator. This suggests that the participant's circumstances and/or experiences related to prenatal care vary greatly. However, the average remains in the "very high" range, suggesting that overall, the participants who are affected by this requirement tend to adhere to the requirements of prenatal check-ups. Continuing to educate, counsel, and guide participants appropriately using health professionals would assist in enhancing the participants' compliance with the recommended practices for maternal health. The World Health Organization (2022) emphasizes using interventions and health information to help people maintain or improve their health and well-being.

A previous body of research showed that conditional cash transfers could motivate participants to seek out and use maternal and child health resources. Seth and Tutor (2021) stated that 4Ps participants complied with health-related conditionalities; thus, they were more likely to utilize health resources. In addition, Kidd and Athias (2023) highlighted that participant adherence to health-related conditionalities within social protection programs could increase the use of preventative healthcare resources for economically disadvantaged households.

Table 2 Frequency, Percentage, and Mean Distribution of the Participants' Compliance with Program Conditions considering Participation in FDS

Range	**Description**	**Interpretation**	**Frequency**	**Percentage**
4.51-5.00	Strongly Agree	Very High	132	73.33
3.51-4.50	Agree	High	43	23.89
2.51-3.50	Neutral	Moderate	4	2.22
1.51-2.50	Disagree	Low	0	0.00
1.00-1.50	Strongly Disagree	Very Low	1	0.56
	Total		**180**	**100.0**

	Overall Mean	**4.72**		
	Interpretation	**Very High**		
	SD	**0.49**		
Specific Indicators		**M**	**Description**	**SD**
1	I provide emotional support to my child.	4.71	Strongly Agree	0.60
2	I spend quality time with my child/children.	4.71	Strongly Agree	0.55
3	I guide my child/children in making good decisions.	4.78	Strongly Agree	0.52
4	I am actively involved in my child/children's daily activities.	4.70	Strongly Agree	0.61

Table 2 shows that the participants had a total average of 4.72 (SD =.49) which is considered Very High. This means that the participants continuously showed a high rate of being active in and using the family practices focused on in the Family Development Sessions (FDS). Specifically, the participants stated that they consistently gave their children emotional support, spent quality time with their children, helped guide their children to make good decisions, and stayed involved in their children's daily routines. These findings indicate that the participants are aware of the importance of positive parenting, meaningful parent-child interactions, and active participation in their children's development. Also, the lower SD shows that most participants were consistent in how they answered questions regarding FDS participation and practices. Out of all participants, 132 (73.33%) strongly agreed with the questions, 43 (23.89%) agreed, 4 participants (2.22%) responded neutrally, and only 1 participant (0.56%) strongly disagreed with the questions.

Among the indicators used to measure the extent of participation in the Family Development Sessions (FDS), "I guide my child/children in making good decisions" received the highest score with a mean of 4.78 and a standard deviation of 0.52. This score is interpreted as Strongly Agree. The second highest score went to "I provide emotional support to my child" with a mean of 4.71 and a standard deviation of 0.60. Lastly, "I spend quality time with my child/children" received the third highest score with a mean of 4.71 and a standard deviation of 0.55. These three scores are all interpreted as Strongly Agree. These results suggest that the participants in this study are participating in the FDS at an extremely high level and are implementing the positive parenting techniques taught during the sessions. Additionally, the participants are supporting their children emotionally and guiding them in their decision-making process. The relatively small standard deviations for each of the scores suggest that the participants' opinions concerning their participation in the FDS and their ability to apply what they have learned during the sessions are similar. Therefore, participation in the FDS may enable parents to increase their understanding of how to guide their children, build emotional relationships with them, and spend quality time with them.

Conversely, "I am directly engaged with my child/children's everyday activities" scored the lowest mean (M = 4.70, SD = 0.61) out of all the items; however, it was also considered to be a "Strongly Agree" response. Therefore, most participants are actively involved in their children's daily activities, however, there was less agreement on this item compared to the other indicators. Additionally, the higher standard deviation on this item suggests there is more variation in how participants responded to this item due to varying responsibilities, time available, and family dynamic. Overall, however, the high mean demonstrates that there continues to be high levels of parental involvement among participants. The results of the present study suggest that continuing to participate in FDS will promote increased parental involvement in their children's daily routines and strengthen positive parent-child interactions.

In total, the overall mean score of 4.72 (SD = 0.49) reflects a Very High level of compliance with program requirements as related to participation in FDS. Therefore, it appears that the participants typically display a high degree of involvement in parenting-related activities and obligations related to the FDS. Additionally, the results demonstrate that the participants do more than just attend/participate in FDS; they apply the knowledge learned from FDS into how they interact with their children.

Table 3 Summary Table of Compliance with Program Conditions

Dimensions	**Mean**	**Interpretation**	**SD**
Health	4.82	High	0.36
Participation in FDS	4.72	High	0.49
Compliance with program conditions	4.77	High	0.38

Scoring procedure: 4.51–5.00 was rated as Strongly Agree, 3.51–4.50 as Agree, 2.51–3.50 as Slightly Agree, 1.51–2.50 as Disagree, and 1.00–1.50 as Strongly Disagree were utilized.

The results in Table 3 indicate that the participants had a very good level of adherence to the program requirements, with a total average of 4.77 (SD = 0.38). In terms of the two components, the first component, which is health adherence, received a higher average (M = 4.82, SD = 0.36), followed by the second component, which is participation in FDS (M = 4.72, SD = 0.49). Based upon the assessment methods employed in this research project, both components reflected a "High" level of adherence.

The greater average level of health compliance shows that most of the time, the study's subjects consistently follow the health-related rules of the 4Ps program. This implies that those who receive benefits from the 4Ps program consider it important to meet their health-related obligations and to continue to fulfill their health-related duties. Additionally, the low value for standard deviation demonstrates that there was a high degree of uniformity in the responses given by the study's subjects.

Participation in FDS resulted in a mean of 4.72 (SD =.49) indicating a High degree of compliance with FDS. This means that the majority of participants are actively involved in the Family Development Sessions and using the information/practices taught during the FDS. While the mean of FDS is somewhat less than the mean of health compliance, there remains a very high level of engagement/participation by the beneficiaries.

The total average rating of 4.77 (Standard Deviation =.38) suggests that the participants had a very good rate of compliance with the 4Ps program requirements. The small standard deviation suggests that there was little variability in how the participants answered; therefore, most of the participants reported similar rates of compliance. This uniformity also suggests that there was consistency in the rates of compliance with the program requirements among the surveyed households.

Problem 2. What is the participants' assessment of the service quality?

Table 4 Frequency, Percentage, and Mean Distribution of the Participants' Assessment of the Delivery Service Quality

Range	**Description**	**Interpretation**	**Frequency**	**Percentage**
4.51-5.00	Strongly Agree	Very High	120	66.67
3.51-4.50	Agree	High	58	32.22

2.51-3.50	Neutral	Moderate	1	0.56
1.51-2.50	Disagree	Low	1	0.56
1.00-1.50	Strongly Disagree	Very Low	0	0.00
	Total		**180**	**100.0**
	Overall Mean		**4.65**	
	Interpretation		**Very High**	
	SD		**0.47**	

Specific Indicators		**M**	**Description**	**SD**
1	Health services linked to the 4Ps program are easy for my household to access.	4.61	Strongly Agree	0.56
2	Program staff consistently treat beneficiaries with respect and fairness.	4.64	Strongly Agree	0.55
3	Program rules, requirements, and procedures are clearly explained to beneficiaries.	4.71	Strongly Agree	0.52
4	I receive program-related information and updates on time.	4.67	Strongly Agree	0.55
5	Program staff respond promptly and appropriately to my concerns or inquiries.	4.59	Strongly Agree	0.64

Table 4 presents data showing the participants' evaluation of the service quality of the 4Ps program. The overall average rating was 4.65 (SD = 0.47) and the participants rated each of the five indicators as "Strongly Agree." Average ratings for each indicator ranged from 4.59 to 4.71. Therefore, it appears that the participants felt very positively about the quality of services offered by the 4Ps program. The results of this study are similar to those of Pulse Asia's 2023 Ulat ng Bayan Survey. According to Pulse Asia, 62 percent of respondents were satisfied with the implementation of the 4Ps; satisfaction rose to 69 percent among respondents from Mindanao. In addition, the findings of this study appear to support those of Parreño and Eramis-Eslabon, who found that 4Ps beneficiaries were highly satisfied with the program and that their satisfaction increased over time.

The high rating given by the participants of this study indicates that most participants viewed the service delivery as being accessible, respectful, fair; having clearly defined program rules and procedures; providing timely updates and information; being responsive to participants' inquiries and concerns. The high rating given by participants could indicate that the front line staff involved in delivering the program were generally able to meet the requirements of the participants and provide opportunities for participation in the program. Additionally, the similarity between the results of this study and prior studies regarding participant satisfaction with 4Ps program implementation supports the idea that experiences with the implementation of programs may be a factor in how participants assess the overall quality of 4Ps service delivery.

In "Among the indicators used to assess participants' perception of program communication, "Program rules, requirements and procedures are clearly explained to beneficiaries" had the highest mean score (M = 4.71, SD = 0.52). The high mean score indicates that most participants agree that the program rules, requirements, and procedures were well explained to them. It can be assumed that clear explanation of program rules,

requirements, and procedures can assist beneficiaries in understanding what is expected of them, in meeting those expectations, and in accessing the benefits provided by the program. The low standard deviation implies that the responses of all participants were very similar.

The next highest average was "I get program related information and updates on time" (M=4.67, SD=0.55); this would be categorized as Strongly Agree. This suggests that participants generally feel they receive timely information and updates regarding the program. Receiving timely information can provide participants with knowledge of what is happening with the program, when things need to happen, what is required, etc., which can support their participation in the program.

In the same way, the item "The staff at the program always treated the beneficiaries with respect and fairness" scored a mean of 4.64 (SD = 0.55), which was interpreted as Strongly Agree. Therefore, it is reasonable to assume that the participants perceive that the staff at the program always interact with the beneficiaries in a respectful and fair manner. It can also be concluded from these results that the way that the services are provided affects how the beneficiaries assess the overall quality of the service.

The indicator "Health services connected to the 4Ps program are easy for my household to use" had an average score of 4.61 (SD = 0.56) and is also considered to be strongly agreed with. Therefore, it appears that most participants view the health services associated with the 4Ps program as being available to their households. While this indicator received a lower average score compared to previous indicators, the score still falls into the "Very High" category; therefore, it can be concluded that most participants have a positive perception regarding the accessibility of these health services.

Meanwhile, "Program staff reply to my questions and/or concerns in a timely fashion" had the lowest average score (Mean = 4.59; Standard Deviation = 0.64) out of all five items. Although this item received the lowest average score, it was rated "Strongly Agree." This implies that beneficiaries generally view program staff as being responsive to their questions and/or concerns. On the other hand, the higher standard deviation for this item when compared to the other four items indicates that there is a larger amount of variance in how participants responded to this question. Therefore, although beneficiaries may have similar views on the promptness and appropriateness of program staff replies to their questions and/or concerns, some beneficiaries may experience program staff as being more responsive than other beneficiaries.

Overall, a mean of 4.65 (SD =.47) represented a "Very High" perception of service delivery quality by the sample. These results suggest that beneficiaries generally have positive perceptions of service delivery quality in the 4Ps program. Specifically, they believe the 4Ps provides them with clear guidelines and rules for participating in the program; timely access to information; respect; access to health care; and responsive staff. In addition, the results suggest that providing beneficiaries with clear communications; timely access to information; accessible services; and responsive support can help maintain the high level of perceived service delivery quality over time.

Problem 3. What is the level of the participants' well-being in terms of:

Health condition; and Parent-child relationship quality?

Table 5 Frequency, Percentage, and Mean Distribution of the participants' well-being in terms of health condition.

Range	Description	Interpretation	Frequency	Percentage
4.51-5.00	Strongly Agree	Very High	108	60.00
3.51-4.50	Agree	High	69	38.33
2.51-3.50	Neutral	Moderate	2	1.11

1.51-2.50	Disagree	Low	0	0.00
1.00-1.50	Strongly Disagree	Very Low	0	0.00
	Total		**180**	**100.0**
	Overall Mean		**4.58**	
	Interpretation		**Very High**	
	SD		**0.49**	

	Specific Indicators	**M**	**Description**	**SD**
1	I have enough strength to do my daily activities.	4.61	Strongly Agree	0.55
2	I can finish my daily tasks without difficulty.	4.52	Strongly Agree	0.67
3	I have enough energy from morning until evening.	4.63	Strongly Agree	0.57

In Table 5, the participants showed a very high level of well-being when it came to health conditions; they had an overall average score of 4.58 (SD =.49). Therefore, the participants overall felt like they had enough strength and/or energy to carry out their daily routines and complete normal tasks. A small standard deviation also showed that most of the participant's answers were similar. All three measures received average scores between 4.51 and 5.00, which translate into "strongly agree" and means "very high."

Therefore, the participants collectively believed that they had enough physical strength and/or energy to carry out their daily routines. Of the three measures, the one with the highest average score was "I have enough energy from morning until evening" (M = 4.63, SD =.57); this measure is translated into "strongly agree." Therefore, the participants collectively believed that they had enough energy during the entire day. Additionally, the small standard deviation shows that most of the participant's answers were similar about how much energy they collectively believed they had.

The World Health Organization (WHO, 2022) also states that health is comprised of both physical and functional well-being and is connected to a person's ability to participate in their daily routine. Therefore, having enough energy and physical strength to complete daily tasks can be considered a significant factor when assessing how someone views their own health and well-being.

The extremely positive evaluation of health status in the current study is thus consistent with the concept that a person's functional capacity and engagement in daily activities are key indicators of their health and well-being. The "I have enough energy to complete my daily tasks" item received an average rating of 4.61 (SD = 0.55), which can be considered "Strongly Agree." Thus, the results indicate that most of the participants feel they have enough physical energy to complete their daily tasks. In addition, the very small standard deviation suggests that there was minimal variation in how each participant rated this question.

The items related to completing daily tasks without difficulty received the lowest mean rating (M = 4.52, SD = 0.67), but although it had the lowest rating out of all three indicators, it was still considered to represent a rating of Strongly Agree, indicating that participants perceive themselves to have a very good health status. Additionally, the relatively large standard deviation suggests that there is more variation in participants' responses, which may suggest that some participants find it more difficult to complete their daily tasks than others.

Overall, the overall mean score of 4.58 (SD = 0.49) was indicative of a very high level of well-being regarding physical health. Overall, the findings suggested that most participants believed they had adequate physical capacity to perform their everyday activities. Most participants also felt that they had enough physical strength and energy to complete most of their daily tasks. In addition to being able to perform most of their daily activities, participants generally viewed their physical health positively. However, there

appeared to be a slightly higher amount of variance in participants' perceptions of whether or not they were able to perform most of their daily activities easily.

Table 6 Frequency, Percentage, and Mean Distribution of the participants' well-being in terms of parent-child relationship

Range	**Description**	**Interpretation**	**Frequency**	**Percentage**
4.51-5.00	Strongly Agree	Very High	108	60.00
3.51-4.50	Agree	High	69	38.33
2.51-3.50	Neutral	Moderate	2	1.11
1.51-2.50	Disagree	Low	0	0.00
1.00-1.50	Strongly Disagree	Very Low	0	0.00
	Total		**180**	**100.0**
	Overall Mean		**4.82**	
	Interpretation		**Very High**	
	SD		**0.42**	

Specific Indicators		**M**	**Description**	**SD**
1	I have a close relationship with my child/children.	4.79	Strongly Agree	0.50
2	I listen when my child/children share their problems.	4.84	Strongly Agree	0.41

The data in Table 6 indicates that the majority of participants experienced a Very High level of well-being regarding parent-child relationships, as evidenced by an overall average score of 4.82 (SD = 0.42). Of the total number of participants, 108 or 60% strongly agreed with the statements, whereas 69 or 38.33% agreed. Two participants or 1.11% indicated a neutral position; however, no participants disagreed or strongly disagreed. Based on these findings, it appears that the participants typically view their relationships with their children in a favorable light. It is possible that the beneficiaries are developing positive and supportive relationships with their children, likely due to open communication, emotional connection, and engaging interactions within the family. It has been documented that a positive parent-child relationship is associated with well-being since supportive families offer children and parents emotional security, encouragement, and a sense of belonging.

Additionally, the development of healthy parent-child relationships for 4Ps beneficiaries may aid in the family's ability to deal with daily issues and promote the overall development and well-being of the children. The World Health Organization (WHO; 2022) also supports this finding; they recognize that positive relationships and social connections are critical to health and wellness. Positive relationships in families provide support and connection for family members to develop emotional and social well-being.

Additionally, Sen's Capability Approach views positive relationships as contributing to the capability of individuals to live life in ways that they find valuable. Some examples of these would be developing and maintaining meaningful relationships with family members and being part of supportive family environments. Therefore, the extremely high rating of parent-child relationships in the current study is in line with the idea that positive family relationships are a significant part of individual capabilities and overall well-being.

Among the variables, "I pay attention when my child/children tell me about their problems" had the greatest mean (M = 4.84; SD =.41); which is categorized as "Strongly Agree." This implies that most of the parents

interviewed indicated that they attempt to pay attention to what their children have to say about their problems. In addition, the relatively small standard deviation indicates that the parents interviewed responded in a similar fashion with respect to their desire to hear what their children had to say about their problems.

The item “I have a close relationship with my child/children” scored a mean of 4.79 (SD =.50) and was considered to be "Strongly Agree." These scores suggest that the participants in this study feel like they have a close and positive relationship with their children. Additionally, the low standard deviation indicates that the participants in this study had similar views on the degree of closeness in their parent-child relationships.

The overall mean value of 4.82 (SD =.42) is indicative of a very high level of well-being regarding parent-child relationships. The results indicate that most of the parents involved in this study have positive and supportive relationships with their children, especially when it comes to listening to what their children are concerned about and being close to them. Additionally, the low standard deviation is indicative of consistency in the responses given by the participants.

Table 7 Summary Table of Wellbeing

Dimensions	Mean	Interpretation	SD
Health	4.79	High	0.50
Parent-child relationship	4.84	High	0.41
Wellbeing	4.82	High	0.42

Scoring procedure: 4.51–5.00 was rated as Strongly Agree, 3.51–4.50 as Agree, 2.51–3.50 as Slightly Agree, 1.51–2.50 as Disagree, and 1.00–1.50 as Strongly Disagree were utilized.

The participants showed high levels of overall well-being as indicated by their overall mean score of 4.82 (SD=0.42), which is shown in Table 7. Of the two dimensions, parent-child relationships had the highest mean score of 4.84 (SD=0.41); health was second with a mean score of 4.79 (SD=0.50). Using the scoring system that was utilized in this research, both dimensions were rated as high.

The "Parent-Child Relationship" dimension had the highest average score (M = 4.84, SD = 0.41) of all five dimensions, which indicates that most of the respondents had positive perceptions about their relationships with their children. These results suggest that the beneficiaries are able to build strong bonds with their children, especially in areas such as communication, emotional connection and interaction. Additionally, the low standard deviation suggests that the respondents' answers were quite consistent.

At the same time, the health aspect had a average score of 4.79 (SD = 0.50), which was categorized as "High." This result suggests that most participants felt they were healthy, especially concerning their strength, energy, and ability to complete their daily tasks. The results are also similar to those discussed in Chapter 2, where health condition was defined as how someone views their own physical functioning and capacity to finish daily tasks. In this study, those components were used to determine how participants rated their own health. Similarly, the World Health Organization (2022) stressed the importance of physical health and functional capacity for general well-being. Therefore, the high mean scored in this area implies that most participants saw themselves as able to manage their day-to-day responsibilities and keep up good physical functioning.

This finding can also be attributed to the health-related requirements of the 4Ps program. In Chapter 2, it was indicated that meeting the health conditionalities of the 4Ps program can motivate beneficiaries to utilize both preventive health care and maternal and child health care. Seth and Tutor (2021) stated that meeting the health conditionalities of the 4Ps program led to an increase in the utilization of maternal and child health care; Kidd and Athias (2023) stated that the health-related requirements of the 4Ps program help improve the ability of poor families to receive preventive health care. The findings from these studies provide context for why the participants report a high level of health condition and why they continue to

engage in health-related behaviors which help them maintain their physical health and functional abilities. Although the participants are reporting their own perception of their health condition, there is no evidence that meeting the requirements of the 4Ps program has been shown in this study to be statistically associated with the reported health conditions.

A standard deviation of.50 shows that there is not very much difference among how the participants rated their own health. There are likely to be similar opinions about how each person viewed his or her health, even though there were some different ways people perceived themselves. The standard deviation for this dimension (.50) is slightly larger than the one for the Parent-Child Relationship Dimension (.41). Therefore, there is a greater amount of variability in how the participants view their health. Variability is to be expected since the participants have different personal health situations, physical conditions, and experiences with obtaining health related services. Regardless of the differences in perceptions, the average score still falls into the "high" range, which means that the participants overall rated their health as being good.

In general, the average score of 4.82 (SD = 0.42) shows that there was a high level of well-being among the study participants. The results support the idea of well-being as described in Chapter 2. In Chapter 2, well-being is defined as a multi-faceted construct that includes quality of life, positive functioning, physical health, interpersonal relationships and the ability to do day-to-day things. In this study, well-being was operationalized using two dimensions; health status and parent-child relationship quality. As a result, the high average score indicates that most participants were satisfied with their conditions in each dimension of well-being assessed in this study.

In addition to showing that parents' perception of their relationship with their child has a higher mean of 4.84 (SD=0.41) than their perception of their own health status, which had a mean of 4.79 (SD=0.50), these results are similar to those discussed in Chapter Two as to how positive parent-child relationships include emotional ties, communication, support, and responsiveness. These types of relationships are considered to be a significant component of family functioning and individual well-being. Additionally, the higher average indicates that the participants viewed their relationships with their children more favorably than they did their health conditions. These patterns suggest that the participants felt as though they were well-being because of both their physical abilities and the quality of their relationships with their children.

Overall, there is a relatively low standard deviation (0.42) for all of the items. As such, the responses from each participant were similar. This means that a large majority of the participants had a positive perception of their well-being; it was not just a few participants who reported having a positive perception of their well-being. Furthermore, the findings are consistent with the framework used in Chapter 2. In addition to economic help, the framework used in Chapter 2 identifies well-being as including physical health and family relationships. Overall, the findings indicate that most of the participants felt positive about their well-being on both of the scales measured in this study. The results provide an important baseline for further exploration into whether compliance to the program and service quality significantly affect the well-being of the beneficiaries.

Problem 4. Do the participant's compliance with conditions and service delivery quality significant predict their well-being?

- Ho1: Compliance with conditions and service delivery quality do not significant predict their well-being.
- Ho2: Compliance with conditions does not significant predict their well-being.
- Ho3: Service delivery quality dos not significant predict their well-being.

Table 4 shows the results of a regression analysis that examined if participants' well-being would be predicted by their compliance with program conditions and quality of service delivery. The regression model was found to be statistically significant ($F = 145.965$; $P < .001$); this means that both predictors taken together, can significantly predict participants' well-being. The model produced an R^2 value of.623, which means that approximately 62.3 percent of the variance in participants' well-being can be explained by their

compliance with program conditions and quality of service delivery. It is possible that some of the remaining 37.7 percent of the variance in participants' well-being could be due to other variables that were not included in the model, measurement error, or random variability. Therefore, the null hypothesis that compliance with program conditions and quality of service delivery do not significantly predict participants' well-being has been rejected.

The Capability Approach developed by Sen provides further evidence to support this conclusion. In the Capability Approach, Sen defines well-being based on the substantive opportunities and capabilities available to people so that they can attain valued ways of life. Therefore, access to social protection, health related opportunities, and program support services may create the environment necessary for individuals and families to enhance their quality of life. Sen's perspective is consistent with the World Bank's social protection literature, which argues that social protection programs assist households in mitigating risks associated with various shocks, providing access to basic services, and enhancing human development.

Additionally, the Asian Development Bank has stated that effective social protection consists of not only the provision of financial/in kind benefits, but also the provision of accessible/responsive services that enhance the well-being of program participants. Both of these theoretical approaches offer support for evaluating the relationship between program compliance/service quality and program participant well-being. Therefore, the findings reported herein reinforce the view that both program participant compliance with program requirements/conditions and the program participants' experience with service delivery are important considerations when evaluating differences in program participant well-being.

According to Hair et al. (2022), the coefficient of determination (R2) is an indicator of the amount of variability in the dependent variable that can be attributed to the independent variables. A relatively high R2 value would indicate that the regression model is able to explain much of what determines participants' well-being. Although the regression model as a whole may be able to predict participants' well-being, it is necessary to evaluate the importance of each of the two independent variables (compliance with program conditions and service delivery quality) using their regression coefficients, t-values, and p-values.

Table 4 Regression Analysis of the Influence of compliance with program conditions and service delivery quality on well-being

	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	.814	.228		3.565	.000
Compliance with Program conditions	.678	.062	.668	11.007	.000
Service delivery quality	.140	.050	.170	2.806	.006
Model Summary R =0.789 R^2 = 0.623 Adj. R^2 = 0.618 F=145.965** p = .000					

**significant at 0.01 level

The compliance of participants with program conditions was shown to have a statistically significant positive effect on the participants' well-being (β =.668, B =.678, t = 11.007, p <.001). This means that for each additional unit of compliance with program conditions, participants' well-being increases by.678 units, assuming all other variables remain constant. Since the p-value was less than.001, we reject the null hypothesis H_{02}. We believe that this result shows that compliance with program conditions could be a way for program beneficiaries to continue doing things that will help them stay healthy. In the case of this study, regularly meeting health-related requirements and attending Family Development Sessions may allow program beneficiaries to continue getting the health services they need, learn about what's going on, work together as a family, and use the knowledge they get from the program in their day-to-day lives. Therefore, compliance can mean more than just following the rules of the program; it can also show how much the program beneficiaries are involved in the health and family development parts of the program. This finding

suggests that participants who actively comply with the program rules are more likely to say they feel good about themselves because compliance allows them to keep receiving the benefits of the program, services, and support systems designed to make their lives better.

The results are similar to those in the literature reviewed in Chapter 2. Seth & Tutor (2021) showed that complying with the 4Ps health requirements was related to increased use of maternal and child health services; Kidd & Athias (2023) emphasized that health-related requirements within social protection programs could increase access to preventive health services for families who are vulnerable. The results further illustrate why complying with the health-related requirements of a social protection program was consistent with higher reported well-being among its participants. Also, the results confirm the conceptual link developed in Chapter 2, recognizing that program compliance is a significant variable that could be statistically associated with beneficiaries' health and family-related outcomes.

The result can be interpreted as a reflection of the multidimensional aspect of the concept of well-being used in this research. Since well-being is defined as being healthy and having a good relationship with your parents, then meeting all the health-related conditions and attending Family Development Sessions can help beneficiaries establish or continue practicing things that are related to each of those aspects of well-being. Meeting the health-related conditions will allow them to remain engaged with the healthcare system, while attending Family Development Sessions will give them access to information and activities that deal with how families work together, how parents raise their children, and how households function.

Therefore, from the point of view of the researcher, the positive predictive relationship implies that the fact that beneficiaries consistently meet the requirements of the program (e.g., attending health-related appointments, attending Family Development Sessions) contributes to the fact that the majority of beneficiaries reported having better well-being. However, this finding should be seen as a predictive relationship rather than evidence that complying with the program requirements alone leads to improvements in well-being. This finding is further reinforced by Quimbo et al. (2021) when they said that complying with program conditions is related to the outcome of beneficiaries by encouraging them to act in ways that are consistent with the goals of social assistance programs. Also, Seth and Tutor (2021) found that conditional programs in the Philippines encourage positive behavior changes among beneficiaries through greater adherence to program requirements, which leads to better welfare outcomes. Similarly, the quality of service delivery was identified as being a strong and positively related factor to participants' well-being (β =.170; B =.140; t = 2.806; p =.006). That is, each additional unit of service delivery quality is associated with an additional unit of well-being for participants after adjusting for participants' adherence to program requirements. Given the p-value is less than.01, H_{03} is rejected. The result shows that providing reliable, accessible, and responsive service delivery enhances the well-being of those receiving services through the program.

While service delivery quality has a smaller standardized coefficient than compliance with program requirements, it is still a relevant predictor of how participants perceive their experiences with the program and the perceived benefits they derive from participating in the program. The results are similar to Aguda et al. (2022) which showed that the quality of services received by program participants can be associated with their satisfaction and perception of whether or not the program is effective, showing that reliability, responsiveness, and accessibility in delivering services are critical components.

Similarly, Chuenyindee et al. (2022) indicated that service quality dimensions have a statistical association with user satisfaction and positive perceptions of delivered services, showing that users who receive better service experience are likely to experience more positive outcomes. In summary, compliance with program requirements and quality of services delivered to participants can be used as predictors of participants' well-being. Although compliance appears to provide a greater prediction than quality of service delivery, compliance may represent an indicator of active participant engagement in the program as well as adherence to program expectations. Compliance with program expectations can also be viewed as a means to achieve desired program objectives. Quality service delivery can enhance the effectiveness and perceived value of the intervention.

Problem 5: Based on the findings of the study, what policies may be recommended to the DSWD?

Form No. _____ Lourdes College Inc. Graduate School Cagayan de Oro City

Title

Establishment of a Beneficiary Service Quality and Feedback Mechanism to Strengthen 4Ps Service Delivery and Support Beneficiary Well-Being

Rationale

The Pantawid Pamilyang Pilipino Program (4Ps) provides conditional cash grants to eligible households to support children's health, nutrition, education, and family development. The program also requires beneficiaries to comply with conditions such as health and nutrition requirements, school attendance, and participation in Family Development Sessions (FDS). The findings of the study showed that beneficiaries perceived the quality of 4Ps services at a very high level (M = 4.65, SD = 0.47). However, the indicator on the prompt and appropriate response of program staff to beneficiary concerns and inquiries received the relatively lowest rating among the service quality indicators (M = 4.59, SD = 0.64). Although the rating remained very high, the finding indicates an area where service responsiveness can still be strengthened. In response, the study proposes the establishment of a Beneficiary Service Quality and Feedback Mechanism. This policy will provide beneficiaries with an accessible avenue to raise concerns, submit inquiries and suggestions, and provide feedback regarding the services they receive. It will also support the proper documentation, referral, response, and monitoring of beneficiary concerns to promote continuous improvement in 4Ps service delivery.

Policy Objective

The policy aims to strengthen **responsive, accountable, and beneficiary-centered service delivery** by establishing a simple and systematic mechanism for receiving, addressing, and monitoring beneficiary concerns and feedback. It also aims to use beneficiary feedback as an input for improving the quality and responsiveness of 4Ps services.

Establishment of a Beneficiary Service Quality and Feedback Mechanism

Policy Options	Advantages	Disadvantages	Feasibility
Establishment of a Beneficiary Service Quality and Feedback Mechanism – Establish an accessible mechanism where 4Ps beneficiaries can submit concerns, inquiries, suggestions, and feedback regarding service quality. Concerns should be documented, referred, responded to, and monitored.	Provides beneficiaries with a clear avenue to express concerns and feedback; strengthens transparency, accountability, and responsiveness; helps identify recurring concerns and service gaps; and supports continuous improvement of 4Ps services.	Requires additional time and effort from program personnel for documentation, referral, response, and monitoring. Some beneficiaries may hesitate to provide feedback, while distance and limited communication access may affect participation.	**Highly feasible.** The mechanism can be integrated into existing FDS, beneficiary meetings, Municipal Link activities, and DSWD grievance and feedback processes. Simple feedback forms, logbooks, or existing communication channels may be used without creating a separate office or requiring major additional resources.

Key Policy Actions

1. **Provide accessible feedback channels.** Beneficiaries should be informed where and how they can submit concerns, inquiries, suggestions, and feedback through existing 4Ps activities and feedback or grievance channels.

2. **Strengthen documentation and referral.** Beneficiary concerns should be appropriately documented, categorized, and referred to the responsible personnel or office when necessary. The status of pending and referred concerns should be monitored until appropriate action is taken.
3. **Improve frontline responsiveness.** Program personnel should strengthen active listening, respectful communication, appropriate referral, and timely responses to beneficiary concerns. Beneficiaries should be provided appropriate updates regarding referred concerns, subject to applicable procedures.
4. **Use feedback for service improvement.** Feedback should be periodically reviewed to identify recurring concerns and service delivery gaps. Findings may be used to improve communication, referral processes, and frontline service practices.
5. **Increase beneficiary awareness and participation.** Beneficiaries should be oriented on available feedback and grievance channels during FDS, beneficiary meetings, and other appropriate program activities. Confidentiality and data protection should be observed in handling beneficiary information.

Implementation and Monitoring

The mechanism may be integrated into existing 4Ps structures and activities, including FDS, beneficiary meetings, Municipal Link activities, and existing DSWD grievance and feedback processes. Simple feedback forms, logbooks, or available communication channels may be utilized without creating a separate office or requiring major additional resources.

Implementation may be monitored through the following indicators:

- Number of beneficiary concerns and feedback documented;
- Percentage of concerns appropriately referred and acted upon;
- Number of pending and resolved concerns;
- Timeliness of responses to beneficiary concerns;
- Number of recurring service delivery concerns identified; and
- Service improvements undertaken based on beneficiary feedback.

Expected Outcome

The establishment of the **Beneficiary Service Quality and Feedback Mechanism** is expected to improve the accessibility of feedback channels, strengthen the documentation and monitoring of beneficiary concerns, and improve the responsiveness and timeliness of 4Ps service delivery. It is also expected to help identify recurring service delivery gaps and encourage the use of beneficiary feedback in improving frontline services.

Ultimately, the policy seeks to promote **responsive, accountable, and beneficiary-centered service delivery that supports the continued well-being of 4Ps beneficiaries.**

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SUMMARY OF FINDINGS, CONCLUSION, AND RECOMMENDATION

This chapter presents the summary, conclusion, and recommendations of the study based on the findings discussed in the previous chapter. It provides an overview of the major findings concerning program compliance, service quality, and well-being among the beneficiaries, as well as the predictive relationship between program compliance, service quality, and well-being.

Summary

The Problem. This study examined whether program compliance and service quality predicted the well-being of the beneficiaries in one municipality of Bukidnon. The specific objective of this research was to address the following research questions: 1. To what extent do the participants comply with program requirements based upon: 1.1 health compliance; and 1.2 participation in Family Development Sessions (FDS)? 2. How do the participants perceive the quality of services provided? 3. At what level is the participants' well-being in relation to: 3.1 health condition; and 3.2 parent-child relationships? 4. Does the participants' program compliance and service quality significantly predict their well-being? 5. What recommendations could be made to the Department of Social Welfare and Development (DSWD) based on the results of the study?

The descriptive-correlational research method is being utilized in this study through a structured questionnaire that has been given out to 180 4Ps beneficiaries in a municipality of Bukidnon. Descriptive statistics (frequency, percentage, mean and standard deviation) are being used to show how compliant each beneficiary is with the program, how good the quality of services provided by the program is, and what the overall well-being of the beneficiaries are. A multiple regression analysis will be conducted to see if there is any correlation between a beneficiary's level of compliance with the program and the quality of services received from the program, and whether either or both of these factors influence a beneficiary's overall well-being.

FINDINGS

Grounded from the analyzed data, the following findings are, thus, presented.

- The majority of participants complied with the program's requirements. These results indicate that most participants were able to follow through on the health-related requirements of the program and participated regularly in the Family Development Sessions and other related activities.
- Participants assessed service quality at a very high level. The majority of the survey participants rated the quality of the service provided by the program highly. The results of the research show that the vast majority of those who participate in the program feel that the 4Ps related services are available when needed, are timely, disrespectful of individuals, easily understood through clear communications, and responsive to the needs of the individual. Participants demonstrated a very high level of well-being in terms of health condition. The findings indicate that beneficiaries generally perceive themselves as having sufficient strength and energy to perform their daily activities and maintain their health.
- Participants demonstrated a very high level of well-being in terms of parent-child relationship quality. The findings indicate that beneficiaries generally maintain positive relationships with their children, particularly through communication, emotional connection, listening, and meaningful interaction.
- Program compliance and service quality significantly predict participants' well-being. The findings indicate that both program compliance and service quality are significant predictors of beneficiaries' well-being. Program compliance emerged as the stronger predictor, while service quality also made a significant contribution to explaining variations in beneficiaries' well-being.

Conclusion

The study conclude from the data collected that the way the Pantawid Pamilyang Pilipino Program is implemented is reflected not only through how well the participants adhere to the program conditions, but

also how they perceive the services offered by those implementing the program. Participants' compliance with the health-related requirements of the program and participation in Family Development Sessions, along with their general positive views on the services offered through the program, show that the participants feel that the program supports their family and individual needs.

The research also showed that the overall well-being of the beneficiaries was demonstrated through how they rated their own physical health and the quality of their relationship with their children. The positive relationships between the parents and children participating in the study demonstrate the value of communicating, being emotionally connected, and having a supportive family environment as aspects of being well. In addition, the research demonstrated that the degree to which a beneficiary complies with the program rules and the quality of services he/she receives are key factors that contribute to the well-being of the beneficiary.

Thus, the research suggests that there is a correlation between the success of a program in meeting its objectives and the extent to which beneficiaries participate in the program activities and the level of service that they receive. Therefore, for programs to be effective in delivering services to beneficiaries, there needs to be an focus on both aspects of service delivery; namely, the involvement of beneficiaries in the program and the responsiveness of the program system.

The results of this study further validate the theoretical foundations of the research; specifically, the Parasuraman, Zeithaml, and Berry Service Quality Framework. The Parasuraman, Zeithaml, and Berry Service Quality Framework focuses on the significance of dimensions like reliability, responsiveness, accessibility, and service delivery methods. In terms of the 4Ps (product, price, place, promotion), the framework provides insight into how beneficiaries' experience with program services relates to their perception of their well being.

These findings provide empirical evidence supporting the Capability Approach developed by Amartya Sen. Sen’s approach defines well-being based on the individual's opportunity and capability to live life in a manner that is valued. Program compliance and service quality can therefore be seen as factors that enable individuals to realize opportunities for achieving positive results in areas such as health, family relationships and general well-being. Additionally, these findings provide further support for the Service Quality Framework proposed by Parasuraman, Zeithaml, and Berry.

This framework suggests that the availability, reliability, responsiveness and appropriateness of delivery methods for services are critical components in providing high-quality service. The strong relationship found in this research demonstrates how both an individual’s interaction with the program and the quality of services received contribute significantly to understanding the individual’s perception of his or her own well-being.

Recommendation

Department of Social Welfare and Development (DSWD)

- It is recommended that the DSWD provide support for compliance with the programs of the DSWD, specifically the health compliance and attendance at the Family Development Sessions. Reminders, orientation sessions, counseling, and other follow-up activities can be offered to those beneficiaries that have had trouble complying with the requirements of the program.

- The DSWD will enhance their partnership with local health departments, barangay health workers, and other service delivery agencies to provide beneficiaries access to the health care services that are needed for them to participate in the program.

- Positive parenting, parent-child communication, family relationships, health/nutrition, responsible decision-making, and similar areas of interest for improving the welfare of families will be used to

enhance the implementation of the Family Development Sessions (FDS) of the Department of Social Welfare and Development (DSWD).

Program Implementers and Municipal/Barangay Partners

- 2.1 Program implementers and local partners can help promote the distribution of timely program-related information, schedules, requirements and procedures so that beneficiaries are always kept aware of program rules and are able to follow them.

- 2.2 They have the potential to enhance existing communication channels for beneficiaries to raise issues, make inquiries, provide suggestions, and offer feedback on 4Ps programs. Such channels will need to be properly documented; beneficiaries' issues will need to be referred; there needs to be a way for beneficiaries to receive responses to their issues; and finally, beneficiaries' issues will need to be monitored.

- 2.3 The continuous working together of DSWD, local government units, health workers, schools, and other partner agencies can be enhanced to give integrated assistance to beneficiaries and their families.

Ps Municipal Links and Program Personnel

- Municipal Links and other program staff can continue to provide respectful, fair, and customer service based assistance to beneficiaries as well as address any questions or issues they may have

- The regular capacity building activities can take place with a focus on improving the communication skills of program staff members; their responsiveness to beneficiaries; how they engage with beneficiaries; their ability to problem solve; and how to appropriately refer beneficiaries when necessary.

- Program staff can improve the documenting and tracking of beneficiaries' concerns so they are better able to provide timely and effective follow-up, referral and resolution to those concerns that need additional attention.

Ps Beneficiaries

- Beneficiaries should maintain their compliance with the requirements of the program, especially those that relate to their health, and attend family development sessions because both are critical to their ongoing involvement in the program.

- Beneficiaries will be able to utilize what they have learned through the Family Development Series (FDS) within their everyday family activities, such as utilizing positive parenting techniques; improving communication among family members; implementing healthy lifestyle habits; and building stronger connections between themselves and their children.

- Beneficiaries can share what they are experiencing, thinking, and feeling with the program staff by using the 4Ps' various feedback mechanisms. Sharing experiences and thoughts will help the program make improvements and provide assistance where necessary.

Future Researchers

- Future research should examine additional variables that could potentially affect beneficiaries' well-being, as 37.7% of the variation in well-being was not accounted for by the effects of program compliance and quality of services in this study.

- Research in the future could include other factors that may be related to the broader concept of quality of life (e.g., income level, availability of support from family/friends/community, how much

money/resources a person/family has, access to health care/other services in the community, family dynamics, etc.

- Future research could additionally involve conducting comparisons between multiple geographic locations (e.g., municipalities, provinces), beneficiary groups, etc. in order to assess if there is consistency in results obtained from each of these studies. Additionally, researchers might utilize a combination of quantitative and qualitative methodologies to provide additional depth of insight into beneficiaries' experiences.

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Above all, the researcher offers her deepest gratitude to Almighty Allah Subhanahu Wa Ta'ala for His guidance, strength, blessings, protection, and answered prayers throughout this journey. His grace gave her the strength to overcome every challenge and complete this study.

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DEDICATION

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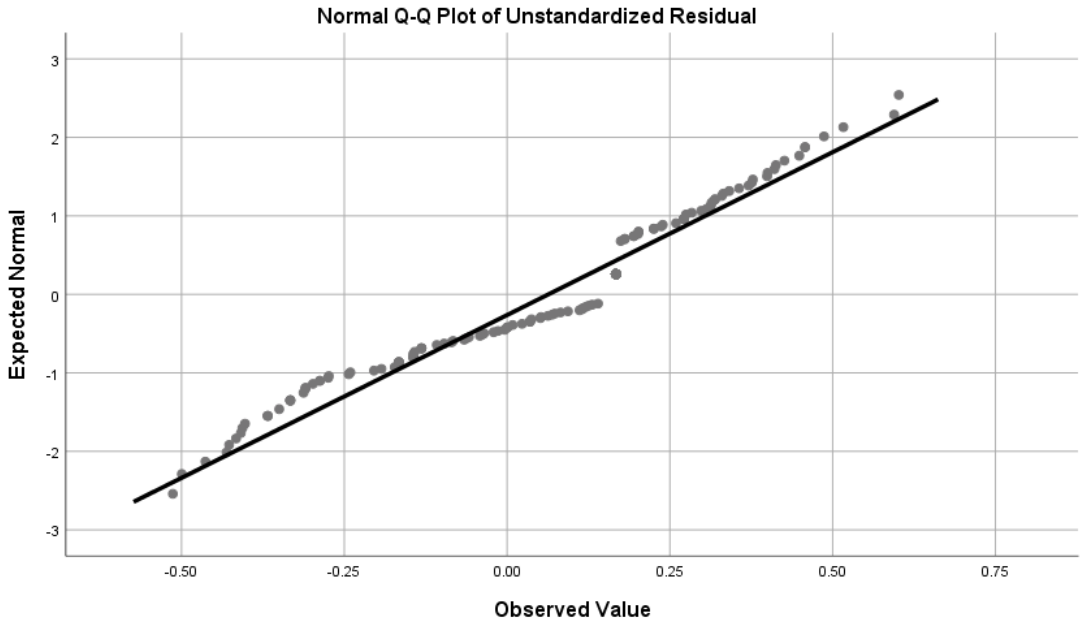
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APPENDIX A

Statistical Assumptions Test of Normality



The Normal Q-Q Plot shows that the residual points generally follow the diagonal reference line with only minor deviations at the tails. This indicates that the residuals are approximately normally distributed, satisfying the normality assumption required for regression analysis.

Test of no Multicollinearity

		Tolerance	VIF
1	(Constant)		
	Compliance with Program conditions	.579	1.726
	service_delivery	.579	1.726
a. Dependent Variable: Well being			

The tolerance values of .579 and VIF values of 1.726 indicate that compliance with program conditions and service delivery do not exhibit multicollinearity issues, as all values are within the acceptable thresholds (Tolerance > .10 and VIF < 10).

Appendix B

Research Instruments

Title: Program compliance and service quality as predictors to well-beingamong the beneficiaries in a municipality of bukidnon

Directions: Please check (✓) the answer that best reflects your experience.

Rating Scale:

Scale	Description
5	Lubos na Sumasang-ayon
4	Sumasang-ayon
3	Neutral
2	Hindi Sumasang-ayon
1	Lubos na Hindi Sumasang-ayon

Compliance With Program Conditions

Health Compliance

Please indicate the extent to which you comply with the health-related conditions of the 4Ps program.

No	Statement	5	4	3	2	1
1	I bring my child/children to scheduled health check-ups as required by the 4Ps program. "Dinadala ko ang aking anak/mga anak sa mga nakatakdang health check-up ayon sa hinihingi ng programang 4Ps."	☐	☐	☐	☐	☐
2	My child/children receive complete and timely immunizations. "Ang aking anak/mga anak ay nakakatanggap ng kumpleto at napapanahong bakuna."	☐	☐	☐	☐	☐
3	I comply with required weight monitoring and health assessments. "Sinusunod ko ang mga kinakailangang pagtitimbang at pagsusuring pangkalusugan."	☐	☐	☐	☐	☐
4	I attend prenatal check-ups during pregnancy as required. "Dumadalo ako sa mga prenatal check-up habang buntis, ayon sa itinakda."	☐	☐	☐	☐	☐
5	I follow health advice given by health workers. "Sinusunod ko ang mga payong pangkalusugan na ibinibigay ng mga health worker."	☐	☐	☐	☐	☐
B. Participation in Family Development Sessions (FDS) Please indicate how often you comply with and participate in Family Development Sessions.						
No.	Statement	5	4	3	2	1

1	I provide emotional support to my child. “Nagbibigay ako ng emosyonal na suporta sa aking anak.”	☐	☐	☐	☐	☐
2	I spend quality time with my child/children. “Naglalaan ako ng de-kalidad na oras kasama ang aking anak/mga anak.”	☐	☐	☐	☐	☐
3	I guide my child/children in making good decisions. “Gumagabay ako sa aking anak/mga anak sa paggawa ng tamang desisyon.”	☐	☐	☐	☐	☐
4	I am actively involved in my child/children’s daily activities. “Aktibo akong nakikilahok sa pang-araw-araw na gawain ng aking anak/mga anak.”	☐	☐	☐	☐	☐

Service Delivery Quality

Please indicate your level of agreement with the following statements regarding the quality of services delivered by the 4Ps program.

No	Statement	5	4	3	2	1
1	Health services linked to the 4Ps program are easy for my household to access. “Madali para sa aming pamilya na ma-access ang mga serbisyong pangkalusugan na kaugnay ng 4Ps program.”	☐	☐	☐	☐	☐
2	Program staff consistently treat beneficiaries with respect and fairness. ‘Palagian na ginagamitan ng paggalang at patas na trato ang mga benepisyaryo ng mga kawani ng programa.”	☐	☐	☐	☐	☐
3	Program rules, requirements, and procedures are clearly explained to beneficiaries. “Maliwanag na ipinaliwanag sa mga benepisyaryo ang mga alituntunin, kinakailangan, at pamamaraan ng programa.”	☐	☐	☐	☐	☐
4	I receive program-related information and updates on time. “Natatanggap ko ang impormasyon at mga update tungkol sa programa sa tamang oras.”	☐	☐	☐	☐	☐
5	Program staff respond promptly and appropriately to my concerns or inquiries. “Agad at naaangkop na tumutugon ang mga kawani ng programa sa aking mga katanungan o alalahanin.”	☐	☐	☐	☐	☐

Well-Being Of 4ps Beneficiaries

Health Condition

Scale: 1 – Poor | 2 – Fair | 3 – Good | 4 – Very good| 5 – Excellent

No.	Statement	5	4	3	2	1
1	I have enough strength to do my daily activities. "May sapat akong lakas upang gawin ang aking pang-araw-araw na gawain."	☐	☐	☐	☐	☐
2	I can finish my daily tasks without difficulty. "Natatapos ko ang aking pang-araw-araw na gawain nang walang kahirapan."	☐	☐	☐	☐	☐
3	I have enough energy from morning until evening. "May sapat akong enerhiya mula umaga hanggang gabi."	☐	☐	☐	☐	☐

Parent–Child Relationship Quality

In my relationship with my child/children, I experience the following:

No.	Statement	5	4	3	2	1
1	I have a close relationship with my child/children. "May malapit akong relasyon sa aking anak/mga anak."	☐	☐	☐	☐	☐
2	I listen when my child/children share their problems. "Pinapakinggan ko kapag ibinabahagi ng aking anak/mga anak ang kanilang problema."	☐	☐	☐	☐	☐