

# Awareness on Department of Social Welfare and Development's Medical Assistance in Selected Barangays: Basis for Healthcare Access Dissemination Campaign

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## ABSTRACT

The Department of Social Welfare and Development (DSWD), through its Assistance to Individuals in Crisis Situation (AICS) program, offers medical assistance that covers hospitalization, laboratory procedures, surgeries, and medications. This government support is meant to help low-income and vulnerable individuals by lessening their medical expenses, especially during times of financial difficulty. However, many people, particularly in underserved barangays, are still not aware that this program exists.

This study assessed the level of awareness among residents in selected barangays regarding the DSWD's Medical Assistance Program, with the goal of proposing a healthcare access dissemination campaign. It employed a descriptive correlational research design, which was used to both describe the current level of awareness and examine the possible relationships between respondents' demographic profiles and their awareness levels. Data were collected from 310 respondents using a structured questionnaire. The study evaluated the respondents' demographic profiles, their awareness of medical assistance categories, such as hospital bills, medicines or assistive devices, and laboratory procedures, and their familiarity with the steps required to avail of such services.

Findings showed that while the overall median awareness score was 3.00, suggesting moderate awareness, respondents were less informed about specific requirements like laboratory quotations and social case study reports. Furthermore, the procedural steps to avail the program were rated only as "slightly aware," with a median score of 2.00. Statistical analysis revealed significant relationships between awareness levels and respondents' employment status, barangay, and presence of comorbidities. A moderate positive correlation was also observed between awareness of assistance categories and procedural knowledge. These results highlight the need for clearer and more accessible public information. The study recommends a structured, barangay-based dissemination campaign to raise awareness and ensure that the DSWD's medical assistance reaches those who need it most.

**Keywords:** Department of Social Welfare and Development, Medical Assistance, Information Dissemination

## INTRODUCTION

In the Philippines, the Department of Social Welfare and Development (DSWD) plays a vital role in delivering social services and interventions to marginalized groups. One of its key programs is medical assistance, which provides financial aid for hospital bills, assistive devices, laboratory tests, medical procedures, and operations. This program is part of the government's broader social protection services, aimed at supporting individuals and families who struggle to cover healthcare expenses due to financial constraints. Despite its importance, many residents in underserved and remote areas remain unaware of these services, limiting their ability to access essential healthcare benefits. The current methods of communication used by the Department of Social Welfare and Development to disseminate information about the program include posters, and announcements through local government units (LGUs) and barangay health workers (BHWs). Additionally, some municipalities utilize radio broadcasts and social media platforms to share details about the program. However,

the reach and effectiveness of these channels vary, as many residents, particularly in rural areas, lack access to the internet. Moreover, inconsistencies in messaging and the absence of a structured, community-based awareness campaign further contribute to the low awareness levels in these areas.

According to Santiago et al. (2021), medical assistance programs significantly reduce financial barriers to healthcare, allowing individuals to receive necessary treatments at lower costs. However, their study found that the process of availing assistance is often burdensome and complex, particularly for marginalized populations who may lack the necessary documentation or familiarity with bureaucratic procedures. In some cases, delays and strict eligibility requirements further hinder access, discouraging people from seeking available aid. These challenges contribute to low utilization rates, even among individuals who are eligible for medical assistance.

According to the Department of Social Welfare and Development (DSWD), more than 6.5 million Filipinos received help through the Assistance to Individuals in Crisis Situation (AICS) program in 2023, far more than the original goal of 1.7 million. In 2024, the DSWD continued to serve a large number of people, helping over 6 million individuals from January to November. A big part of this aid was for medical needs, such as hospital bills, medicines, and lab tests. For example, in Central Visayas, more than ₱620.9 million in medical assistance was given to over 74,000 people in just the first half of 2024. These numbers show that many Filipinos depend on government help for their medical expenses. However, despite how many people the program helps, it is still unclear how well residents, especially in barangays, know about the program and how to access it.

This study aims to assess the level of awareness in selected barangays and analyze how demographic factors influence awareness of the Department of Social Welfare and Development's Medical Assistance Program. The findings will serve as a foundation for developing a more effective crisis intervention dissemination campaign, ensuring that financial aid reaches those who need it most.

## BACKGROUND OF THE STUDY

Medical assistance plays a crucial role in ensuring equitable access to healthcare, for those who struggle with the financial burden of medical expenses. By reducing out-of-pocket costs, medical assistance programs help prevent financial hardship and improve health outcomes by enabling timely medical interventions. These programs contribute to public health by ensuring that preventable and treatable conditions do not escalate into severe complications due to lack of care.

Access to healthcare plays an important role in promoting well-being and reducing poverty. For indigent populations, this access is often limited, making it challenging for them to receive adequate medical care when needed. The Department of Social Welfare and Development (DSWD), recognized as the agency responsible for safeguarding the social welfare and rights of Filipinos, is mandated to enhance the quality of life for citizens. Hence, the implementation of the Assistance to Individuals in Crisis Situation (AICS), which provides medical assistance, burial, transportation, education, food, or financial assistance for other support services or needs of a person or family. The program primarily serves Filipino citizens who are residents of the locality where they apply for assistance. These include vulnerable and marginalized sectors such as individuals and families experiencing crises such as medical emergencies, natural disasters, death in the family, and other urgent situations.

Government-funded medical assistance programs aim to support low income and vulnerable populations, yet many eligible individuals struggle to access them. This limited reach is largely due to insufficient information dissemination and inadequate communication strategies. Key details about eligibility, application processes, and specific benefits often fail to reach those who need them most, resulting in low utilization rates among target communities. Furthermore, many residents may lack access to reliable sources of information or face barriers such as language, literacy, or lack of internet access, which hinders their ability to learn about and utilize these essential services. Many residents rely on informal networks for information, which may lead to misinformation or confusion about the assistance process. Improving information campaigns, strengthening partnerships with local leaders, and utilizing community-based platforms for awareness are critical steps to address these challenges.

This situation highlights a clear gap in research and implementation, particularly regarding how much the public, especially those in barangay communities, know about the availability and process of availing the medical assistance. Even though the program is important, not much is known about the level of awareness among intended beneficiaries, and how demographic factors may influence their access to accurate information. Therefore, this study aims to assess the level of awareness of the residents in the selected barangays regarding the DSWD's medical assistance program and to identify significant relationships between their demographic profiles and awareness levels. The findings of this study will serve as the basis for a community-based healthcare access dissemination campaign. The goal is to enhance the visibility and effectiveness of the program, ensuring that it truly reaches and benefits those who need it the most.

### **Statement Of The Problem**

1. What is the demographic profile of the respondents in the selected barangay in terms of:
  - 1.1. Age;
  - 1.2. Gender;
  - 1.3. Educational Attainment;
  - 1.4. Employment Status;
  - 1.5. Economic Status;
  - 1.6. Civil Status;
  - 1.7. Barangay;
  - 1.8. Comorbidities?
2. What is the level of awareness of the respondents regarding the medical assistance requirements of the Department of Social Welfare and Development (DSWD) in terms of:
  - 2.1. Hospital bill;
  - 2.2. Medicine or Assistive Device;
  - 2.3. Laboratory/Medical Procedure/Operation?
3. What is the level of awareness of the respondents regarding the steps on how to avail the medical assistance program of the Department of Social Welfare and Development?
4. Is there any significant relationship between the demographic profile and the level of awareness of the respondents regarding the medical assistance requirements of the Department of Social Welfare and Development?
5. Is there a significant relationship between the demographic profile of the respondents and their level of awareness of the steps to avail medical assistance from the Department of Social Welfare and Development?
6. Is there any significant relationship between the respondents' level of awareness regarding medical assistance requirements and their level of awareness of the steps to avail it?
7. What is the proposed content of the healthcare access dissemination campaign?

### **Hypothesis**

Ha1: There is a significant relationship between the demographic profile and the level of awareness of the respondents regarding the medical assistance requirements.

Ho2: There is no significant relationship between the demographic profile of the respondents and their level of awareness of the steps to avail medical assistance program.

Ha3: There is a significant relationship between the respondents' level of awareness regarding medical assistance requirements and their level of awareness of the steps.

## Theoretical Framework

### Health Belief Model

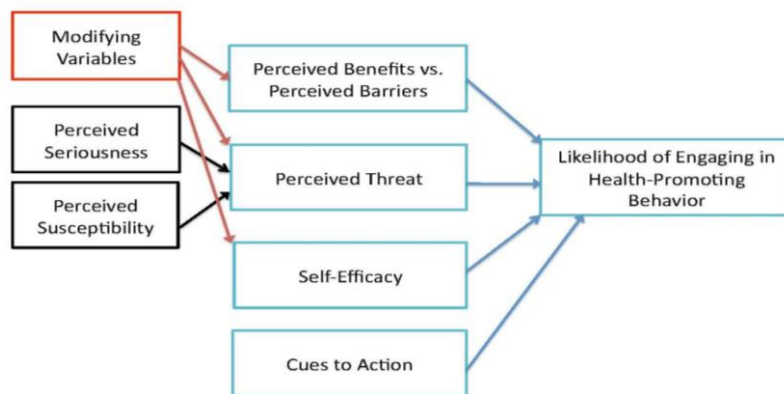


Figure 1: The Health Belief Model by Irwin Rosenstock and Godfrey Hochbaum

The Health Belief Model is one of the most widely used frameworks for understanding and predicting health behaviors. Developed in the 1950s by social psychologists Irwin Rosenstock and Godfrey Hochbaum, this model focuses on target behaviors related to disease prevention, health promotion, and financial support. It provides a systematic approach to understanding the factors that influence individual awareness and behavior. It explains that an individual's likelihood of engaging in health-promoting behavior is influenced by perceived threat, benefits versus barriers, self-efficacy, cues to action, and modifying variables. (Daniati N. et al. 2021).

In quantitative research, the Health Belief Model is applied to investigate how individuals' beliefs about health risks and the effectiveness of health interventions influence their participation in preventive health behaviors. Researchers commonly use surveys or questionnaires to assess constructs such as perceived severity, susceptibility, benefits, and barriers and examine their relationship with health-related outcomes. The Health Belief Model serves as a valuable framework for developing health interventions and communication strategies aimed at improving health behaviors by addressing individuals' beliefs and perceptions.

### Social Support Theory

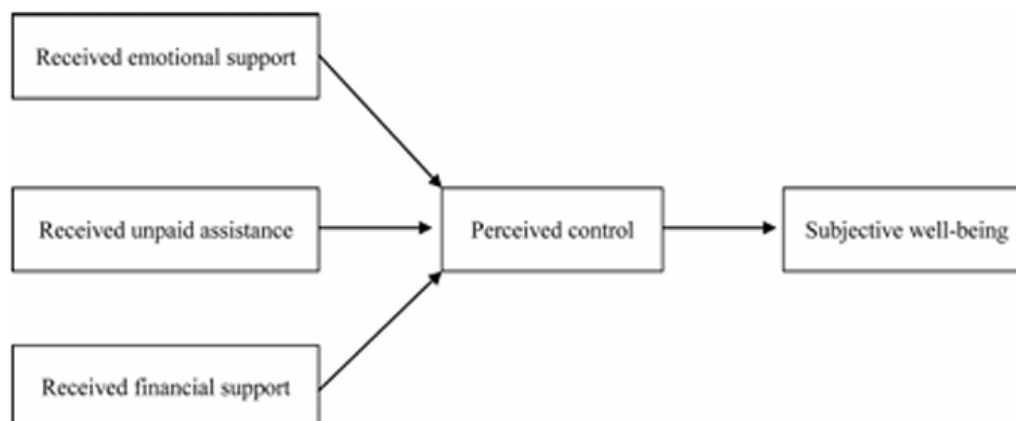


Figure 2: The Social Support Model by Don Drennon-Gala and Francis Cullen

The Social Support Theory is a psychological framework that highlights the vital role of social relationships and connections in promoting individuals' well being, particularly during stressful or challenging situations. Introduced by Don Drennon-Gala and Francis Cullen, this theory identifies various types of social support, each offering distinct benefits. Emotional support provides individuals with comfort, peace of mind, and reassurance, knowing that help is available in times of need (McGill, M. 2024). This kind of support helps reduce feelings of isolation and stress during difficult circumstances. Instrumental support, on the other hand, is more tangible and occurs when organizations like the Department of Social Welfare and Development (DSWD) directly offer medical assistance, facilitating individuals' ability to manage emergencies and overcome practical barriers.

Furthermore, Social Support Theory emphasizes the importance of informational support, which involves providing accurate and clear information about resources available to individuals in need. In the case of the Department of Social Welfare and Development's medical assistance program, informational support helps raise awareness and educate residents about how and when to access the help they need. This theory also underscores how social support programs, like those provided by the Department of Social Welfare and Development, can alleviate both the financial and emotional burdens individuals face during medical emergencies. By offering emotional, instrumental, and informational support, these programs enable individuals to navigate challenges more effectively, leading to improved health outcomes and greater community resilience.

### Social Cognitive Theory

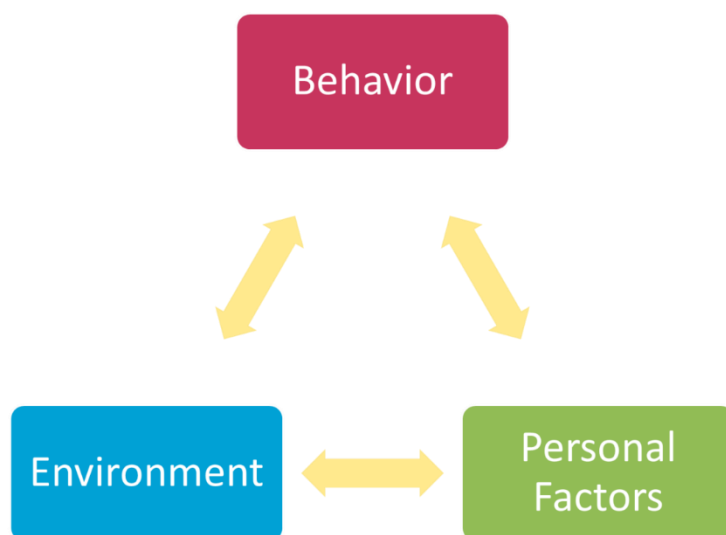


Figure 3: The Social Cognitive Model by Albert Bandura

The Social Cognitive Theory (SCT) originated as the Social Learning Theory in the 1960s, primarily developed by Albert Bandura. This theory includes foundational constructs such as reciprocal determinism, behavioral capability, observational learning, reinforcements, and expectations. These constructs laid the groundwork for understanding how individuals learn behaviors through interaction with their environment, particularly how they are influenced by their surroundings and the people around them. In 1986, Bandura expanded the theory by adding the concept of self-efficacy, which focuses on an individual's belief in their ability to perform specific actions or behaviors successfully. (Islam, K. et al. 2023) This addition further enhanced the theory's relevance to understanding human behavior, particularly in relation to health behaviors and decision-making.

Social Cognitive Theory is highly applicable in understanding how individuals in selected barangays become aware of and access the medical assistance provided by the Department of Social Welfare and Development (DSWD). According to Social Cognitive Theory, individuals' behavior toward accessing Department of Social Welfare and Development services is shaped by their beliefs, the information available in their environment, and the social influences they encounter. This includes the knowledge they receive about medical assistance



and the encouragement they receive from influential community members, such as barangay leaders. People's willingness to seek and use medical assistance is influenced by their belief in successfully navigating the process, which is directly related to their self-efficacy.

In the context of healthcare access dissemination campaign, Social Cognitive Theory can help identify strategies to improve access to the Department of Social Welfare and Development's medical assistance by addressing gaps in community knowledge and awareness. For example, individuals in the barangay can learn about the process of accessing assistance by observing others who have successfully utilized the service. This observational learning, along with positive reinforcement from barangay officials and peers, can motivate others to take action. By leveraging social influences, such as encouragement from respected community leaders, and increasing awareness through targeted educational interventions, the campaign can improve understanding of how to access the Department of Social Welfare and Development's medical assistance. Thus, Social Cognitive Theory provides a valuable framework for designing interventions that promote knowledge, foster self-efficacy, and ultimately encourage increased utilization of available medical assistance services.

## Paradigm Of The Study

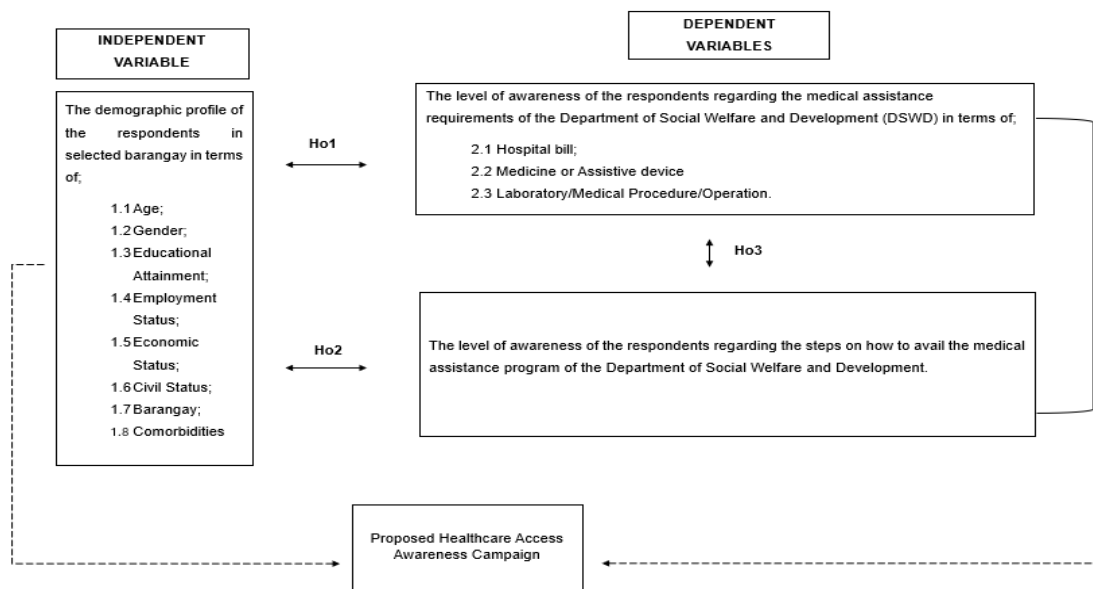


Figure 4: Awareness on Department of Social Welfare and Development's Medical Assistance in Selected Barangays: Basis for Healthcare Access Dissemination Campaign

The paradigm of the study illustrates how the variables interact to thoroughly analyze the concept. The first of the variables are the independent variables, which include the profile of the respondents, specifically age, gender, educational attainment, employment status, economic status, civil status, barangay, and comorbidities. The dependent variables comprise two sets of variables. The first section contains the level of awareness regarding the medical assistance program of the Department of Social Welfare and Development in terms of hospital bill, medicine or assistive device and laboratory/medical procedure/operation. The second set refers to the level of awareness of the respondents regarding the steps on how to avail the medical assistance program of the Department of Social Welfare and Development.

The first two-tailed arrow shows the relationship between the demographic profile of the respondents and their level of awareness regarding the medical assistance requirements in terms of hospital bill, medicine or assistive device, and laboratory/medical procedure/operation.

The second two-tailed arrow shows the relationship between the demographic profile of the respondents and their level of awareness regarding the steps on how to avail the medical assistance program of the Department of Social Welfare and Development.

The third two-tailed arrow shows the relationship between the level of awareness of the respondents regarding the medical requirements and the level of awareness of the respondents regarding the steps on how to avail the medical assistance program.

The broken line illustrates the proposed guidelines for increasing awareness of the Department of Social Welfare and Development (DSWD) Medical Assistance program, which could serve as input for developing a healthcare access intervention campaign. These guidelines will be informed by the findings of the study.

### Assumptions

The study aimed to assess the awareness of the respondents on the Department of Social Welfare and Development Medical Assistance. The following assumptions were identified:

1. The researchers assumed that the level of awareness of the respondents is primarily influenced by their firsthand experience and the dissemination of information in their barangay.
2. The researchers assumed that the level of awareness about the Department of Social Welfare and Development (DSWD) Medical Assistance program differs across residents in the selected barangays.
3. The researchers assumed that residents in the selected barangays have access to information about the Department of Social Welfare and Development's Medical Assistance program, either through local government announcements, community outreach, or other sources.
4. The researchers assumed that there is a significant need for healthcare access campaigns to improve awareness and understanding of the Department of Social Welfare and Development (DSWD) Medical Assistance Program, particularly in underserved or vulnerable communities.
5. The researchers assumed that residents of the selected barangays are willing to participate in the study and provide honest responses regarding their awareness of the Department of Social Welfare and Development's Medical Assistance program.
6. The researchers assumed that raising awareness of the Department of Social Welfare and Development's Medical Assistance program will positively influence public health outcomes by facilitating residents' access to timely medical assistance in times of need.

### Scope And Limitations

This study aimed to assess the level of awareness regarding the Department of Social Welfare and Development's (DSWD) Medical Assistance Program among residents of Barangay A and Barangay B. The data was collected from each barangay, with a total of 310 respondents. The independent variable in this study is the demographic profile of the respondents, which includes age, ensuring that only legally competent individuals (18 years and above) participate, allowing for informed responses. Gender helps identify potential disparities in access to information, while educational attainment is considered, as literacy and comprehension levels may affect the understanding of government programs. Employment and economic status provide insight into financial stability, which may influence the need for and awareness of medical assistance. Civil status reflects family responsibilities and access to healthcare support, while barangay confirm that respondents are current residents of the selected areas, ensuring relevance to the study. Lastly, comorbidities assess the presence of existing medical conditions, which may increase the likelihood of needing and seeking medical assistance. The dependent variable is the level of awareness and understanding of the DSWD Medical Assistance Program. Intervening variables may include socioeconomic factors and education levels, which could influence the effectiveness of information dissemination. The study excluded the individuals below 18 years old, as they may not have the legal capacity to provide informed responses regarding medical assistance awareness. Non-residents of the selected barangays are also excluded to ensure the data collected is relevant to the target communities. Additionally, individuals who are unable to provide clear or reliable responses due to severe cognitive disabilities, advanced dementia, neurological conditions, or severe speech and language impairments that hinder comprehension and communication are not included in the study. These individuals

are excluded to ensure the validity and reliability of the data collected, as their conditions may significantly affect their ability to understand the questions or provide accurate and consistent responses. Including respondents who cannot fully understand the questionnaire may lead to misinterpretation of the items, incomplete data, or inaccurate conclusions. Also, ethical considerations require that respondents are capable of giving informed consent and participating voluntarily, which may not be possible for individuals with serious cognitive or communicative impairments. Therefore, their exclusion is necessary to protect their rights and to maintain the integrity of the research process.

The selection of barangays for the study was based on factors that would provide a broad understanding of the community's knowledge. The researchers chose these barangays from different areas to examine whether location influences medical assistance awareness. Additionally, these barangays fall under the Local Government Unit (LGU) covered by the nearest Crisis Intervention Section Unit, which plays a crucial role in providing immediate assistance to individuals with financial constraints. It was also noted that there is no citizen's charter available in the barangays. A citizen's charter serves as an essential document outlining the services, requirements, and processes available to the residents, ensuring transparency and accessibility to government programs, including medical assistance. (Provincial Government of Marinduque. n.d.) The absence of such a charter may affect residents' awareness of their entitlements and the procedures for accessing healthcare support. Furthermore, these barangays were selected due to the possible health risk factors in their surroundings, which may increase the need for medical assistance. The study also considers that awareness of medical assistance can serve as a form of health education, helping residents become more informed about available healthcare support.

This research is limited to two barangays, Barangay A and Barangay B. Therefore, the findings cannot be generalized to other areas or regions outside these barangays. Awareness levels in these communities may differ significantly from those in other parts of the country, particularly in rural areas where access to information and healthcare services may vary. Additionally, the study focuses solely on the awareness of residents regarding the Department of Social Welfare and Development's (DSWD) Medical Assistance Program and does not include perspectives from DSWD personnel, barangay officials, or non-resident workers, which may limit the depth of analysis regarding program implementation and outreach effectiveness. The study also does not assess the actual utilization of the program, the quality of medical assistance received, or barriers to accessing aid beyond awareness. Furthermore, since data collection relies on self-reported information from respondents, there is a possibility of response bias, which may affect the accuracy of the findings.

Another limitation of this study is that the Department of Social Welfare and Development (DSWD) did not validate the research instrument used to assess the level of awareness regarding their Medical Assistance Program. The researchers sought validation from the Department of Social Welfare and Development on three separate occasions; however, the department declined the request, stating that they are not qualified to validate research instruments and that their role is limited to participating in research rather than validating research tools. This lack of official validation from the Department of Social Welfare and Development may affect the accuracy and reliability of the data collection tool. However, to address this gap, the researchers sought validation from social worker within the community. Since social workers play a key role in assisting residents with accessing social services, their validation provided valuable insights into the instrument's relevance and clarity. Additionally, one limitation of the study is the limited availability of existing local studies and literature on public awareness of the DSWD's medical assistance program. This made it more challenging to compare findings or build on previous research. Lastly, the study does not account for external factors such as government policy changes, funding limitations, or ongoing public health crises that may influence the program's effectiveness and accessibility.

Despite these limitations, this study aims to provide valuable insights into the awareness levels of residents regarding the Department of Social Welfare and Development's Medical Assistance Program, highlighting potential gaps in information dissemination and accessibility. The findings served as a basis for developing improved outreach strategies to ensure that medical assistance programs effectively reach those who need them most.



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## Significance Of The Study

The results of this study provide valuable information about the Department of Social Welfare and Development's medical assistance to the following:

**Residents of the selected barangays.** This study enhances the awareness and knowledge of the residents of the barangay about the Department of Social Welfare and Development medical assistance program. By addressing these gaps through dissemination campaigns, residents will better facilitate the access of medical assistance during medical emergencies.

**Local Government Unit.** This study helps LGU identify the individuals in the community who are unaware regarding information of the Department of Social Welfare and Development medical assistance program. By improving the information dissemination campaign, ensures more residents are availing medical assistance.

**Barangay officials.** This research provides important insights into how aware the community is of the program. The findings can help barangay officials improve communication strategies, ensuring that essential information about medical assistance programs reaches everyone in the community.

**Public Health Unit.** They can use the results of this study to disseminate accurate information regarding Department of Social Welfare and Development medical assistance and help to identify the vulnerable barangay and individuals to access the medical assistance.

**Department of Social Welfare and Development.** This study offers valuable insights into how well the medical assistance program is known and utilized in the selected barangays. The results can help the Department of Social Welfare and Development improve its methods for sharing information, allowing more people to access and benefit from their services.

**Policymakers and Government agencies.** They can use the results of this study to create policies and programs that are based on real data, helping improve how accessible and well-known medical assistance programs are in local communities. This can lead to more inclusive and effective social welfare efforts, ensuring that everyone, especially those in need, can benefit from these services.

**Community.** This study aids the target population and empowers community members to seek timely assistance, fostering better healthcare access, trust in government services, and overall community well-being.

**Philippine Government.** This research helps to guide policy improvements by expanding to underserved and remote communities and enhancing information dissemination. This will help raise awareness among the people so they access healthcare support services and ease their financial burden.

**Technical Education and Skills Development Authority (TESDA).** They can use the results of this study to empower the communities in the selected barangay. Particularly, 4Ps and non 4Ps beneficiaries enabling them to easily access health services confidently. By disseminating information regarding how to avail and steps to access the Department of Social Welfare and Development medical assistance. 4Ps and non 4Ps beneficiaries enabling them to easily access health services confidently.

**Non-Governmental Organization (NGO).** This study helps them to evaluate the level of awareness of individuals in selected barangay, by expanding the knowledge about healthcare rights and available healthcare support services. Especially in underserved and remote communities, those are unable to access medical assistance.

**Department of Labor and Employment (DOLE)** This study served as a guide to assess the level of awareness of workers, especially those in informal sector who are often unaware regarding in Department of Social Welfare and Development medical assistance, by enhancing the inter-agency coordination in raising awareness those underserved labor groups helps them to access medical assistance during times of illness or financial challenges.

Deans of Nursing Schools or College. This study fosters partnerships between the academic institution and government agencies, improving community outreach and access to healthcare services. It also contributes to curriculum development, preparing future healthcare professionals to address social welfare issues through effective crisis intervention strategies.

Faculty. This study serves as a resource for faculty members in designing relevant curricula that emphasize public health awareness, social welfare policies, and crisis intervention strategies. The results can guide educators in incorporating real-world healthcare challenges into teaching methodologies, fostering a deeper understanding of community-based healthcare delivery and the role of nurses in advocating for accessible medical assistance.

Student nurses. This study enhances awareness of available government healthcare assistance programs, equipping future healthcare professionals with knowledge to guide and educate patients in need. Strengthening the role of nurses as patient advocates ensures that vulnerable populations receive appropriate medical support.

Future researchers. This study expands knowledge on public health, social welfare, and crisis intervention programs. It serves as a foundation for further research on related topics, such as the effectiveness of different communication methods or how increased awareness can improve the utilization of social workers.

### **Definition Of Terms**

The following words are described effectively for enhanced understanding of the study:

Awareness refers to the level of knowledge and understanding that residents of the selected barangays have regarding the Department of Social Welfare and Development (DSWD) Medical Assistance program, as assessed through surveys.

Barangay refers to the specific local communities selected for the research, where respondents are surveyed to assess their awareness of the Department of Social Welfare and Development (DSWD) Medical Assistance program.

Department of Social Welfare and Development (DSWD) refers specifically to the agency's medical assistance program, which is a social service aimed at providing financial assistance to individuals who need medical care but cannot afford it.

Healthcare Access refers to the ability of the respondents, especially those in vulnerable or low-income families to obtain timely, affordable, and appropriate medical services through available medical assistance provided by the Department of Social Welfare and Development's (DSWD) and this includes; Hospital bill, Medicine or Assistive Device, and Laboratory/Medical Procedure/Operation, ensuring improved health outcomes and reduced financial burden.

Information dissemination refers to the methods used to spread information about the Department of Social Welfare and Development's Medical Assistance program to residents in the selected barangays. This may include public announcements, flyers, social media, or community outreach activities.

Medical Assistance Program refers to the specific initiative under the Department of Social Welfare and Development aimed at providing financial assistance for medical needs, including hospitalization, surgeries, and medications for eligible individuals in the selected barangays.

Hospital bill refers to the total cost of medical services a patient receives during their hospital stay. It includes expenses for doctor's fees, medications, laboratory tests, procedures, and room charges. The Department of Social Welfare and Development's medical assistance aims to provide financial aid to indigent patients to help cover these hospital expenses.

Laboratory/ medical procedure/ operation refers to any diagnostic test, treatment, or surgical procedure required for a patient's medical care. This includes laboratory tests (e.g., blood tests, X-rays), medical

interventions (e.g., dialysis, chemotherapy), and surgical operations (e.g., appendectomy, cesarean section). The Department of Social Welfare and Development's medical assistance program provides financial support for these necessary medical interventions, ensuring that even marginalized populations can access essential healthcare services.

Medicine or Assistance devices refer to essential medical supplies and equipment provided to individuals in need through the Department of Social Welfare and Development's (DSWD) medical assistance program. These may include prescription drugs, wheelchairs, hearing aids, prosthetics, and other health-related tools that support patients with medical conditions or disabilities.

Requirements refer to the necessary documents that individuals must meet or provide in order to avail of the Department of Social Welfare and Development's medical assistance such as valid ID, medical abstract or doctor's prescription, hospital billing statement, laboratory request, quotation of medicine or laboratory and social case study report.

Residents refers to individuals living in Barangay A and Barangay B for at least six (6) months and who are 18 years old or older. These individuals are the target population for assessing awareness levels and the basis for the proposed healthcare access dissemination campaign.

## REVIEW OF RELATED LITERATURE AND STUDIES

This chapter reviews pertinent literature and previous studies to establish a comprehensive foundation for understanding the factors that influence awareness and utilization of the Department of Social Welfare and Development (DSWD) Medical Assistance Program.

### Related Literatures

The medical assistance provided under the Assistance to Individuals in Crisis Situation (AICS) program by the Department of Social Welfare and Development (DSWD) is designed to support individuals facing medical emergencies who cannot afford the cost of treatment. To qualify, applicants must be Filipino citizens in a crisis situation, such as requiring immediate medical treatment, hospitalization, or medication. Medical assistance covers various needs, including hospitalization costs, outpatient consultations, laboratory tests, emergency medical treatments, and prescribed medications. The application process involves submitting the necessary documents, such as medical records, doctor's prescriptions, hospital bills, and proof of indigency from the barangay. A social worker then assesses the case to determine eligibility and the appropriate level of assistance. Once approved, the assistance is provided either in cash or through vouchers directly to the medical service provider or the applicant. Beneficiaries are eligible to receive assistance once per hospital admission for hospital bills, and every three months for expenses related to medicines, laboratory procedures, and other special treatments, with amounts ranging from Php 1,000 to Php 150,000.

According to the Department of Social Welfare and Development, individuals applying for medical assistance must provide essential requirements such as a valid government issued ID, and medical records like a prescription or billing statement. In certain cases, a social case study report is also required, especially for those requesting larger amounts of support. (DSWD, 2024) Additionally, the DSWD Citizens Charter outlines the processing steps through the Crisis Intervention Unit, which include initial screening, social worker assessment, document verification, and approval based on financial need. These structured procedures aim to ensure timely, fair, and accountable delivery of aid to those in genuine crisis.

The Department of Social Welfare and Development (DSWD), under Secretary Rex Gatchalian, has partnered with 25 new medical and pharmaceutical service providers to improve the Assistance to Individuals in Crisis Situation (AICS) program. This partnership allows clients to access medical services through DSWD-issued Guarantee Letters, which ensure payments are made directly to providers for prescribed treatments and medicines. The shift from direct cash assistance to Guarantee Letters aims to guarantee that funds are used exclusively for medical needs. Additionally, DSWD plans to digitize the AICS process to enhance efficiency and convenience for both clients and service providers (DSWD, 2024).

The Republic Act No. 11223 also known as the Universal Health Care Act proclaims in Section 2 that it is the guidelines of the State to protect and promote the right to health of all Filipinos and foster health consciousness and awareness among them. It further states in Section 6 that every Filipino shall be given eligibility and access to preventive, promotive, curative, rehabilitative, and palliative care not only for medical but also for dental, mental, and emergency care delivered for both population-based as well as individual-based health services. The Department of Health (DOH) and the Local Government Units (LGU) are entrusted to provide a health care delivery system that will afford every Filipino a primary care provider that would act as the navigator, coordinator, and initial and main point of contact in the healthcare delivery system. By addressing gaps in access to preventive, curative, and rehabilitative care, the Department of Social Welfare and Development helps operationalize the Act's goals at the grassroots level. Its medical assistance initiatives support individuals who face financial barriers to healthcare, ensuring they can access vital services outlined in the Act. This partnership between national mandates and localized programs fosters health equity and strengthens the integration of primary healthcare in underserved communities.

The Republic Act No. 5416, also known as the Social Welfare Act of 1968. This Act declares that it is the responsibility of the government to provide comprehensive social welfare program services aimed at improving the living conditions of distressed and underserved Filipinos, particularly those who are handicapped by reason of poverty, youth, physical and mental disability, illness, and old age, or who are victims of natural calamities, including assistance to members of the cultural minorities to facilitate their integration into mainstream society. It also proclaims that it is the Department of Social Welfare to develop and implement a comprehensive social welfare program consisting of preventive and remedial programs services for individuals, families, and communities. This aligns directly with the Department of Social Welfare and Development's (DSWD) medical assistance initiatives in selected barangays. By addressing the healthcare needs of individuals who are marginalized due to poverty, illness, disability, or old age, the Department of Social Welfare and Development fulfills its mandate to deliver preventive and remedial programs that support vulnerable populations. These medical assistance programs also extend to victims of natural calamities and cultural minorities, ensuring equitable access to healthcare and contributing to their integration and well-being within society.

The Senate Bill No. 2788, also known as the Assistance to Individuals in Crisis Situation (AICS) Act, states that any individual, regardless of financial status, including persons with disabilities and other vulnerable sectors, who is in a crisis situation or in difficult circumstances in life may be assisted through the provision of any assistance available under this Act. This support will be provided in accordance with the guidelines established by the Department of Social Welfare and Development (DSWD). Section 6 emphasizes the services under the AICS Program, which include medical assistance. This assistance shall cover hospitalization expenses and professional fees, the cost of medicines, and other medical treatment or procedures. This Act ensures that individuals in crisis, regardless of financial status, including persons with disabilities and other vulnerable sectors, are entitled to assistance. This aligns with the Department of Social Welfare and Development's (DSWD) mission to provide financial aid for medical expenses, including hospitalization, professional fees, medicines, and medical treatments, for those facing difficult circumstances.

The Health Belief Model emphasized how individual beliefs about health conditions influence their health-related behaviors. It identifies six key factors that impact decision-making in health. Perceived sensitivity refers to how a person assesses their risk of developing an illness or disease, while perceived severity pertains to their perception of the condition's seriousness. Perceived benefits involve an individual's belief in the effectiveness of a specific action or behavior change, whereas perceived barriers represent the challenges that may hinder them from taking action. Cue to action acts as a trigger that prompts decision-making, and self-efficacy signifies a person's confidence in their ability to successfully carry out a health-related behavior.

The Health Belief Model can provide a theoretical foundation for exploring why residents may or may not be aware of medical assistance and why individuals may or may not seek medical assistance. According to Daniati N. et al. (2021), the reason for attitudes and behaviors of individuals is an effective guide in explaining and measuring what motivates or prevents patient compliance with treatment in many health problems, as well as behaviors that protect and improve health. Certain individuals do not seek medical assistance programs because they either do not perceive themselves as vulnerable to health-related financial crises or may not be



aware that such assistance exists, or they may find the application process too complex and time-consuming. However, some individuals who seek medical assistance often do so due to financial difficulties, difficult to cover medical costs, including prolonged hospitalizations, medications, or treatments for chronic conditions.

The awareness campaign can highlight the program's benefits, such as reducing financial burdens and improving health outcomes. However, barriers like inadequate information dissemination or literacy challenges and distrust in government services may prevent people from learning about the Department of Social Welfare and Development (DSWD) medical assistance programs. To encourage participation, effective communication through campaigns, community leaders, and word of mouth is essential. Additionally, if residents feel the process is clear and easy to access, they are more likely to seek help. The health belief model argues that an individual's health behaviors will affect their beliefs and attitudes, which are seen as problems, are determined, and the health education to be given or the treatment methods to be applied will be determined suitable for that person, Daniati N, et al. (2021).

The study by Bekiros et al. (2022) emphasized that social support, especially from family and friends, helps reduce the negative effects of stress, positively influencing health and well-being. This is relevant to research on the awareness of the Department of Social Welfare and Development's (DSWD) medical assistance program because it highlights the importance of support systems during crises. By understanding how social support impacts health, the study can guide efforts to improve dissemination campaigns, ensuring that individuals in selected barangays are aware of and able to access the medical assistance they need, ultimately promoting better health outcomes.

According to Smith J., et al. (2022), social support mainly emphasized the promoting effect of external support on individuals, and it refers to relationships that can be categorized into four different groups: emotional support, which means the availability of someone to rely on and trust in when needed; instrumental support, indicating real financial assistance from others; informational support, defined as obtaining essential information through social interactions with others; and appraisal support, which means feedback provided by others on how to act. This is relevant to research on how aware people are of the Department of Social Welfare and Development's (DSWD) medical assistance program. It shows how support from others can help people during tough times. Knowing how these support systems work can help improve how the Department of Social Welfare and Development (DSWD) programs are shared and used in communities. It also highlights the need for effective dissemination campaigns to inform people in certain barangays about the medical help they can get, so they feel supported, informed, and guided. This study can help make the Department of Social Welfare and Development's (DSWD) services more useful for those who need them.

Social Cognitive Theory helps explain not only how people become aware of the Department of Social Welfare and Development's (DSWD) medical assistance but also how that awareness can lead to behavior changes. This theory views people as active agents who can both influence by their environment.

Based on Schunk and DiBenedetto (2020) motivation came from personal thoughts and feelings inside a person, which driven them to take actions aimed at reaching specific goals. In this context, individuals' ability to seek medical assistance is influenced by their knowledge, personal beliefs, and social interactions within their community. Through observation, individuals can become more aware of medical assistance programs by seeing others who have successfully accessed and benefited from them.

According to Nickerson C. (2024), one assumption of social learning is that we learn new behaviors by observing the behavior of others and the consequences of their behavior. The relevance of this study emphasized the importance of observational learning in influencing behavior and decision-making when individuals may become aware of the Department of Social Welfare and Development's medical assistance programs by seeing others successfully apply for and receive aid. Witnessing the benefits, such as financial relief and improved access to healthcare, may encourage them to seek assistance when needed.

Schunk and DiBenedetto (2020) stated Bandura's theory that for people to learn by watching others, they need to focus on the person they are observing, remember what that person did, have the ability to copy the behavior, and want to do it. The connection of this study explained that the individuals who see community



members or family successfully applying for the Department of Social Welfare and Development's medical assistance become more informed about the program, understand how to apply, and may feel encouraged to apply for assistance themselves.

## Related Studies

Demographic status, such as age, plays a pivotal role in determining the likelihood of utilizing social welfare programs. The study by Jamila, M. M. R., et al. (2023) specifically noted that middle-aged groups (41–60 years) are more prone to experiencing health challenges during critical life transitions, which often drive them to seek medical assistance. This demographic group, particularly women, faces a higher risk of health-related issues, making them more reliant on healthcare programs like Assistance to Individuals in Crisis Situation (AICS). This implied that middle-aged adults often experience challenging life transitions in their middle years, especially when it comes to their health. This study is relevant to the utilization of Department of Social Welfare and Development medical assistance, particularly highlighting the demographics of individuals who seek financial aid for healthcare expenses and also because of the increased healthcare needs associated with aging, the financial vulnerability that often accompanies it, and the need for more accessible and targeted support services.

In addition to age, educational attainment played a crucial role in influencing health literacy and the ability to navigate healthcare systems. Suiter and Meadows (2023) examined the impact of educational attainment and contexts as social determinants of health, emphasizing how education influences health outcomes through improved health literacy, socioeconomic opportunities, and access to resources. Their study highlighted that individuals with higher educational levels are better equipped to understand and navigate healthcare systems, resulting in enhanced access to essential services. This connection is essential to the medical assistance study, as limited education may hinder awareness and utilization of programs like the Department of Social Welfare and Development Medical Assistance Program. Suiter and Meadows' findings underlined the importance of targeted health education and outreach in communities with low educational attainment to ensure equitable access to such programs. By addressing educational gaps, policymakers and program implementers can enhance awareness and facilitate better access to medical assistance, reducing health disparities among vulnerable populations.

Economic status is another critical factor influencing the utilization of medical assistance programs. Chen et al., (2023) found that medical financial assistance (MFA) has reduced the inequality in healthcare utilization to a certain extent by improving access to healthcare for low-income people. However, people with low income still face a heavy medical financial burden even when they are covered by medical financial assistance. Policymakers should pay attention to raising the standards of medical financial assistance in rural areas and providing higher subsidies for the reasonable healthcare expenditures of low-income people. Johnson, R. W., et al. (2021) further explored this issue by examining how the impact of later life shocks on economic well-being likely varies with financial status. People who did not earn much over their lifetime are probably more likely to experience economic hardship when they develop health problems or become widowed or divorced, because they generally have little wealth. However, impacts may be less apparent for those with the least amount of lifetime earnings because they are more likely to have experienced hardship before disability, health, or marital status shocks occur. This report assessed the financial security of older adults and examined the role that disability, health, and marital shocks play in economic hardship in later life. The relevance of these studies focuses on the financial challenges faced by vulnerable populations, particularly those with low income, when dealing with health-related expenses. Both studies highlighted the importance of financial assistance programs in mitigating economic hardship and the need to ensure that those in need are aware of and can access available support services.

The COVID-19 pandemic further exacerbated existing inequalities in healthcare access, particularly for marginalized groups who were already facing significant barriers to care. The study by Tan et al. (2023) examined how the pandemic exposed the vulnerabilities of these populations, highlighting how health crises not only stress healthcare systems but also intensify the pre-existing disparities in healthcare access. The authors provided evidence on strategies to mitigate these impacts, emphasizing the importance of inclusive public health responses, targeted interventions, and robust social safety nets. Biel et al. (2022) similarly argued

that even in advanced economies, healthcare systems struggle to maintain high-quality care under the pressure of unexpected events such as pandemics, economic downturns, or political instability. The study discussed how these crises exacerbate pre-existing weaknesses, leading to inequities in healthcare access, disparities in treatment quality, and inefficiencies in resource allocation. The findings emphasized the importance of resilient healthcare infrastructures that are flexible and capable of addressing emerging public health challenges. In the context of vulnerable populations, Santiago et al. (2021) evaluated the impact of a one-stop medical and financial support program at the Eduardo L. Josen Memorial Hospital in the Philippines, illustrating how integrated healthcare and financial assistance can reduce barriers to care, particularly for low-income individuals. Through patient feedback, the study highlighted the program's positive outcomes, including improved patient satisfaction, better health outcomes, and reduced financial strain on families. The research emphasized the importance of combining medical and financial support in healthcare systems, especially in underserved regions. This study is connected to the broader medical assistance field by illustrating the effectiveness of integrated service delivery, where healthcare and financial aid work together to reduce disparities and enhance healthcare access. Both studies underlined the need for comprehensive support systems that not only address immediate medical needs but also consider the financial challenges patients may face, ensuring more equitable healthcare access for all.

Roth et al. (2021) examined hospital financial assistance programs designed to alleviate the burden of medical expenses, particularly for uninsured and underinsured patients. These programs aimed to reduce out-of-pocket costs and offer debt forgiveness, providing significant relief for individuals struggling with the financial burden of medical care. The study highlighted the critical role that such initiatives play in mitigating the financial stress related to healthcare, especially for vulnerable groups who might otherwise forget necessary treatments due to cost concerns. However, the effectiveness of these programs relies heavily on both the awareness of and accessibility to these services. Many patients may not be aware that financial assistance programs exist, or they may find the application process to be complex or intimidating. Roth et al. stressed the importance of increasing awareness about available financial aid programs and simplifying the process for access. This further underscores the need for effective dissemination strategies that can help ensure that all individuals, particularly those from low-income communities, are informed about the support they can receive.

Similarly, Roentgen (2021) discussed how impaired upper extremity function significantly affects independence and quality of life, highlighting the potential of assistive technologies like dynamic arm supports and robotic arms to improve independence. Impaired upper extremity function due to muscle paresis or paralysis has a major impact on independent living and quality of life. Assistive technology (AT) for upper extremity function, such as dynamic arm supports and robotic arms, can enhance a client's independence. Despite the clear benefits, access to these life-enhancing technologies remains limited, especially for underserved populations.

Yamat. et al. (2023) further affirmed the importance of SAKLAY in the service delivery of assistive technology services in the rehabilitation process for persons with disabilities (PWDs) in the Philippines. It takes into account the influence of occupational injustice, Filipino culture, and attitudes towards disability and assistive technology in the rehabilitation process. This service delivery process is designed to help occupational therapists assist clients in accessing the most suitable assistive technology services that align with their needs, resources, abilities, and environment.

Campado et al. (2023) also highlighted the significance of integrating technology to support individuals with special needs, noting that despite its potential benefits, over 90% of individuals who would benefit from assistive technology (AT) lack access to such devices. This is relevant to medical assistance as it underscores the critical need to raise awareness about available assistive technology services, ensuring that individuals with special needs and disabilities can access the necessary tools to improve their quality of life and education.

Sayyar et al. (2024) emphasized the importance of diagnostic laboratories in reducing healthcare costs by enabling early disease detection, which is crucial for controlling treatment expenses. Screening tests for diseases like cancer, cardiovascular conditions, and infectious diseases allow for early intervention, preventing the need for more expensive treatments later on. By identifying diseases at an early stage, healthcare providers can implement less intensive, more cost-effective treatments, significantly lowering the overall financial

burden on both patients and healthcare systems. They further explained that early detection not only improves survival rates but also ensures better allocation of resources, ultimately reducing the long-term financial impact of treating advanced stages of disease. This aligns with the Department of Social Welfare and Development's (DSWD) medical assistance initiatives in barangays. By supporting diagnostic services and screenings, the Department of Social Welfare and Development alleviates the financial burden on low-income families and also ensures better resource allocation, improved survival rates, and healthier communities, aligning with the goals of reducing healthcare disparities.

Correspondingly, Alberto et al. (2022) highlighted that Filipinos are entitled to essential diagnostic services, including complete blood count, urinalysis, fecalysis, sputum microscopy, fasting blood sugar, lipid profile, and chest x-ray under the Primary Care Benefit Package of the national health insurance program. They argued that enhancing national health financing is crucial for improving the availability and access to diagnostic tests. The high costs of diagnostics are identified as a significant obstacle to access, which delays the diagnosis and treatment of priority diseases in the country. This financial challenge is further exacerbated by the limited and inconsistent coverage provided by the national health insurance program, leading to high out-of-pocket expenses for patients. By offering financial aid and facilitating access to diagnostic tests like blood work and x-rays, the Department of Social Welfare and Development helps bridge the gap caused by high diagnostic costs and limited national insurance coverage. These initiatives ensure that underserved communities receive timely diagnosis and treatments, addressing healthcare discrepancies and reducing the burden of out-of-pocket expenses for vulnerable populations.

Effective communication strategies are essential to ensuring the success of medical assistance programs. Chapman E., et al. (2020) stressed that active dissemination strategies, such as tailored outreach programs and multifaceted communication approaches, significantly improve the application of evidence-based practices in healthcare settings. Chapman E., et al. (2020) concluded that engaging stakeholders at all levels, particularly healthcare providers and policymakers, through effective dissemination techniques could enhance the adoption of crucial medical interventions. In the context of this study, raising awareness about the Department of Social Welfare and Development's medical assistance relies heavily on effective information dissemination to ensure that residents are well-informed about the program. The relevance of this study emphasizes that active dissemination strategies, such as targeted outreach programs, can greatly improve the implementation of healthcare practices. In this study, raising awareness about the Department of Social Welfare and Development's medical assistance relies on effective information sharing to ensure that residents are well-informed about the program. Barangay officials and community health workers play an important role in this process by conducting outreach activities like community meetings and health seminars to spread information. Involving local leaders and healthcare providers in sharing accurate information can help increase awareness and encourage more people to access medical assistance. This emphasizes how effective communication strategies can close knowledge gaps and guarantee that vital medical services are accessible to those who need them the most.

Moreover, Perandos-Astudillo et al. (2023) discussed the challenges patients face in accessing financial support for medical expenses in the Philippines. The note highlighted that patients often encounter difficulties due to the complex requirements and processes involved in availing assistance from various government agencies, including the Department of Social Welfare and Development (DSWD). Perandos-Astudillo et al. (2023) suggested streamlining application processes, enhancing accessibility through online platforms and satellite offices, leveraging national databases like the Philippine Identification System, expanding PhilHealth coverage, and improving the availability of medications and services in hospitals could improve access to financial assistance for patients in need. The relevance of this study to the Department of Social Welfare and Development medical assistance program emphasizes the need for improved awareness, streamlined processes, and better accessibility to ensure that eligible individuals can benefit from available medical aid programs.

## Synthesis

The synthesis of the reviewed literature and studies highlights the interplay of legal frameworks, socioeconomic determinants, healthcare policies, and accessibility factors influencing medical assistance programs. The medical assistance program under the Assistance to Individuals in Crisis Situation (AICS) by

the Department of Social Welfare and Development (DSWD) is a vital initiative that provides financial aid to individuals facing medical emergencies. It aligns with national policies such as the Universal Health Care Act and the Social Welfare Act of 1968, which emphasize the government's responsibility to ensure accessible healthcare for all Filipinos. Covering expenses such as hospitalization, medications, and laboratory tests, the program helps vulnerable populations, including persons with disabilities and cultural minorities, receive essential medical care. However, challenges such as lack of awareness, distrust in government services, and complex application processes hinder access. Addressing these barriers through targeted awareness campaigns and simplified procedures can improve public engagement, ensuring that those in need benefit from these crucial services.

The Health Belief Model (HBM), along with social support and social learning theories, provided insight into why individuals may or may not seek medical assistance. Many people avoid seeking aid due to perceived barriers like application difficulties or lack of perceived vulnerability, while others, particularly those with chronic illnesses or high medical costs, actively pursue support. Social support from family, friends, and community leaders plays a key role in encouraging individuals to seek help, while observational learning influences behavior as people are more likely to apply it when they see others benefiting. By leveraging these psychological and social factors, the Department of Social Welfare and Development can strengthen outreach programs, improve information dissemination, and foster a more inclusive healthcare system that effectively supports individuals in crisis.

Demographic factors such as age, education, and economic status significantly influence the utilization of social welfare programs like the Department of Social Welfare and Development's (DSWD) Assistance to Individuals in Crisis Situation (AICS). Jamila et al. (2023) highlighted that middle-aged individual, particularly women, are more likely to seek medical assistance due to health challenges associated with aging. Additionally, Suiter and Meadows (2023) emphasized the role of education in accessing healthcare services, noting that individuals with higher education levels have better health literacy and navigation skills within the healthcare system. Conversely, those with limited education may struggle to understand and utilize available medical assistance programs, underscoring the need for targeted health education and outreach initiatives. Furthermore, economic constraints remain a major barrier, as Chen et al. (2023) and Johnson et al. (2021) stressed that low-income individuals continue to experience financial hardships despite existing medical assistance programs. These studies collectively highlight the necessity of increasing financial aid standards, particularly in rural areas, to alleviate the healthcare burden on economically vulnerable populations.

The COVID-19 pandemic further exacerbated disparities in healthcare access, particularly for marginalized groups who already faced significant barriers to medical services. Tan et al. (2023) demonstrated how health crises intensify existing inequalities, placing additional strain on healthcare infrastructures and financial assistance programs. Similarly, Biel et al. (2022) argued that even in advanced economies, unexpected crises expose weaknesses in healthcare systems, leading to disparities in treatment quality and resource allocation. Santiago et al. (2021) evaluated the one-stop medical assistance program at the Eduardo L. Joson Memorial Hospital in the Philippines, illustrating how integrated medical and financial aid reduces barriers to care, enhances patient satisfaction, and improves health outcomes. These studies highlighted the need for resilient healthcare systems capable of addressing emerging public health challenges and emphasize the importance of inclusive policies to ensure equitable healthcare access, particularly for disadvantaged communities.

Beyond financial aid, access to assistive technologies and diagnostic services remains a critical component of effective healthcare support. Roentgen (2021) discussed how individuals with upper extremity impairments lack access to necessary assistive technologies such as robotic arms and dynamic arm supports, limiting their independence and quality of life. Yamat et al. (2023) further affirmed the importance of the SAKLAY framework in the Philippines, which improves the accessibility of assistive technology services through occupational therapists. Additionally, Campado et al. (2023) highlighted that over 90% of individuals who could benefit from assistive technology lack access to these devices. In terms of diagnostic services, Sayyar et al. (2024) stressed the importance of early disease detection in reducing healthcare costs and improving survival rates. Alberto et al. (2022) noted that despite Filipinos being entitled to essential diagnostic services under the Primary Care Benefit Package, high costs and limited national insurance coverage hinder access.



Expanding financial aid for diagnostic procedures through programs like DSWD's medical assistance initiative can help alleviate these costs and ensure timely interventions, ultimately improving public health outcomes.

Finally, effective communication and streamlined application processes are essential for maximizing the reach and impact of medical assistance programs. Chapman et al. (2020) stressed that active dissemination strategies, such as tailored outreach programs, significantly improve the implementation of healthcare initiatives. Raising awareness through barangay officials, community health workers, and local leaders can ensure that eligible individuals are informed about available medical assistance. Additionally, Perandos-Astudillo et al. (2023) highlighted the difficulties patients face in accessing financial support due to complex application requirements. They proposed streamlining financial aid applications through digital platforms, satellite offices, and national databases like the Philippine Identification System to enhance accessibility. Strengthening these aspects will not only improve participation in medical assistance programs but also contribute to a more equitable and efficient healthcare system for vulnerable populations.

In summary, the synthesis underscored the multifaceted nature of healthcare accessibility, driven by legislative mandates, socioeconomic determinants, and innovative practices. By addressing gaps in awareness, financing, and infrastructure, the insights from these studies collectively inform a holistic approach to enhancing healthcare systems and medical assistance programs, ensuring equitable access and improved health outcomes for all.

## RESEARCH METHODOLOGY

This chapter outlines the research methodology used to assess the level of awareness regarding the Department of Social Welfare and Development's (DSWD) Medical Assistance. It describes the research design, population and sampling techniques, data collection methods, and data analysis procedures. Additionally, it explains the ethical considerations followed to ensure the validity and reliability of the study.

### Research Design

This study utilized a descriptive correlational research design to assess awareness of the Department of Social Welfare and Development's (DSWD) Medical Assistance Program. The descriptive design was used to systematically gather and analyze data on respondents' awareness level of the medical assistance program in selected barangays. Meanwhile, the correlational design examined the relationship between demographic factors and awareness levels, identifying potential influences on accessibility and knowledge of the program. By combining these approaches, the study not only described the current state of awareness but also explored how different factors may impact respondents' knowledge, helping improve the program's reach and effectiveness. The findings from the descriptive analysis highlighted gaps in awareness and accessibility, while the correlational analysis revealed which demographic groups were most affected by these gaps. This information was crucial in recommending targeted outreach strategies, such as community-based education campaigns, simplified information materials, and direct engagement through barangay health workers, to ensure that the program reaches those who need it most.

Quantitative descriptive research design was a research method that focused on systematically collecting and analyzing numerical data to describe specific characteristics, patterns, or trends within a population or phenomenon. This design did not manipulate variables or seek to establish cause-and-effect relationships; instead, it aimed to provide a clear and accurate overview of "what" was happening at a particular time. Researchers used tools like surveys, questionnaires, and structured observations to gather measurable data, which was then analyzed using statistical techniques. The findings from this approach were often presented as averages, percentages, or frequencies, offering valuable insights into behaviors, preferences, or conditions (Libguides, 2025).

A correlational study was a non-experimental research design that examined the relationships between two or more variables without manipulating or controlling them. It sought to determine whether a connection existed between variables and how they related to each other. Since no variables were altered, this method allowed



researchers to observe natural associations and measure their strength and direction, providing insights into patterns and trends without establishing causation. (MSEd, K.C 2023).

## Sources of Data

The survey questionnaire was designed to assess respondents' awareness of the Department of Social Welfare and Development's (DSWD) Medical Assistance. The data collected in this research included both primary and secondary data. Primary data were obtained through structured questionnaires, gathering firsthand information from respondents, including their demographic details and level of awareness regarding the Medical Assistance Program, especially the requirements and steps of availment. Secondary data were collected from reliable sources such as websites, specifically focusing on information about the Department of Social Welfare and Development's Medical Assistance Program and its eligibility requirements.

## Population of the Study

The population of the study comprised three hundred ten (310) individuals residing in the selected barangays, specifically Barangay A which has a total population of 3,436, and Barangay B with a total population of 8,865, based on the 2020 census. (PhilAtlas n.d.). The population includes individuals aged 18 and above who are eligible to benefit from or have access to the medical assistance programs provided by the Department of Social Welfare and Development (DSWD). This age range are legally considered adults, making them eligible to access social welfare benefits independently. They also include a wide range of people, such as young adults, workers, and older individuals, who each face different health problems and money-related concerns. Individuals younger than 18 years old were not part of the study as they may not possess the legal capacity to provide informed insights on medical assistance awareness. To maintain the relevance of the data to the intended communities, those who do not reside in the selected barangays were also excluded. Respondents were not limited to one individual per household, as each family member may have distinct perspectives and experiences relevant to the study. Moreover, individuals with conditions that significantly impair cognitive function, such as advanced dementia, severe neurological disorders, or profound speech and language difficulties that hinder effective communication, were not considered for participation.

The sampling technique that was used in this study is the non-probability sampling method, specifically quota sampling. A total of three hundred ten (310) respondents were selected to meet the quota. The basis for setting the quota was the respondents' barangay of residence, to ensure that each barangay was proportionally represented in the sample. The process for determining quotas was internally set within the study's target areas, which are Barangay A and Barangay B, ensuring that each barangay has a proportional representation of respondents based on the identified characteristics, with 158 respondents from Barangay A, and 152 respondents from Barangay B.

Quota sampling is a non-probability sampling method that relies on the non-random selection of a predetermined number or proportion of units. This is called a quota. (Scribbr, n.d.) Quota sampling was chosen because it allowed the researchers to ensure diverse and balanced representation across specific subgroups within the population, which was important for analyzing how demographic factors influence awareness. Quota sampling made it possible to include a broad range of respondents while staying within logistical and time constraint.

## Research Instruments

In conducting this study, the researchers employed a researcher-made structured questionnaire for data collection, designing the questions based on the Department of Social Welfare and Development. The researchers conducted a pilot test with 30 respondents to assess the reliability and validity, including the use of a Likert scale to assess the respondents' awareness of medical assistance programs.

The questionnaire was divided into three sections, where each part is aimed to answer the study's specific objectives. The questionnaire employed a 4-point rating scale. In the scale, measuring the level of awareness in certain experiences is described as follows:

Table 1. Interpretation of Awareness Level Scores

HA	Highly Aware	(3.26 - 4.00)	Respondents fully understand the program
MA	Moderately Aware	(2.51- 3.25)	Respondents have a general idea but lack complete knowledge of the process
SA	Slightly Aware	(1.76- 2.5)	Respondents have minimal knowledge, knowing only that the program exists but not how to access it
NA	Not Aware	(1.00 -1.75)	Respondents have no knowledge of the program at all

The level of awareness helps to assess how well people understand and access the Department of Social Welfare and Development medical assistance. Those who are highly aware (3.26–4.00) fully understand the program, including eligibility, requirements, and benefits, and may have availed of it before. Moderately Aware (2.51–3.25) respondents have a general idea but lack complete knowledge of the process. Slightly aware (1.76–2.50) respondents have minimal knowledge, knowing only that the program exists but not how to access it. Meanwhile, those who are not aware (1.00–1.75) have no knowledge of the program at all.

The researcher-made questionnaire was based on the guidelines provided by the Department of Social Welfare and Development (DSWD) to ensure relevance and accuracy in data collection. The structured survey questionnaire was distributed for respondent's door to door, allowing for direct engagement and clarification of any concerns prior to distribution. The questionnaire was reviewed for clarity and validity.

$$a = \frac{N * \bar{c}}{\bar{v} + (N - 1) * c}$$

Where:

N = number of items

$\bar{c}$  = mean covariance between items.

$\bar{v}$  = mean item variance.

The questionnaire underwent Cronbach's alpha reliability testing to ensure its internal consistency and reliability in measuring the level of awareness regarding the Department of Social Welfare and Development (DSWD) Medical Assistance Program. Cronbach's alpha was a statistical measure used to determine how well the items within a survey were correlated and whether they consistently assessed the intended construct. A high Cronbach's alpha value (typically above 0.7) indicated strong reliability, meaning that the questionnaire items produced stable and consistent results. This process was essential in validating the instrument, ensuring that the data collected accurately reflected respondents' awareness levels, and enhancing the credibility of the study's findings (ScienceDirect, n.d.).

The result of the reliability test revealed that the questionnaire achieved a Cronbach's alpha value of 0.985, indicating excellent internal consistency among the items. This high reliability score demonstrates that the questions are strongly correlated and effectively measure the intended construct, which is the respondents' awareness of the DSWD Medical Assistance Program. Such a high alpha value is particularly important in health and social welfare research, as it ensures the stability and consistency of the collected data. As a result, this strengthens the overall validity and credibility of the study's findings, confirming that the instrument is a dependable tool for assessing awareness levels.

The first section, titled "Demographic Profile," collected demographic data about the respondents. It included categories such as age, gender, educational attainment, employment status, economic status, civil status, barangay, residency status, and comorbidities. This information provided a contextual background to better

understand the respondents' characteristics and their potential influence on their awareness of the Department of Social Welfare and Development's (DSWD) medical assistance programs. This section used a checklist format for respondents to mark their applicable demographic details, ensuring straightforward and structured data collection.

The second section focused on the "Level of Awareness" regarding the Department of Social Welfare and Development's medical assistance delivery. It assessed respondents' familiarity with the required documents for hospital bills, including a medical certificate, clinical abstract, discharge summary, or Alagang Pinoy Tagubilin Form—each containing the diagnosis, patient's full name, physician's license number, and physician's signature—issued within the last three months (either an original or a certified true copy); a hospital bill or statement of account (outstanding balance) with the name and signature of the billing clerk or a certificate of balance and promissory note signed by the credit and collection officer/billing clerk; and a social case study report or case summary.

For medicines or assistive devices, the required documents included a medical certificate, clinical abstract, discharge summary, or Alagang Pinoy Tagubilin Form with the diagnosis, complete name of the patient, license number, and signature of the physician, issued within the last three months (original or certified true copy); a quotation of the medicine or assistive device; a prescription with the date of issuance, complete name, license number, and signature of the physician issued within the last three months; and a social case study report or case summary.

For laboratory or medical procedures, the required documents included a medical certificate, clinical abstract, discharge summary, or Alagang Pinoy Tagubilin Form with the diagnosis, complete name of the patient, license number, and signature of the physician, issued within the last three months (original or certified true copy); a laboratory request, laboratory protocol, or doctor's order with the name, license number, and signature of the physician; a quotation for the laboratory procedure; and a social case study report or case summary.

Each subsection listed specific items required for availing medical assistance. The respondents rated their level of awareness of these requirements on a Likert scale (4: Highly Aware to 1: Not Aware). This section was critical for identifying gaps in knowledge and areas that might have required targeted information dissemination.

The third section evaluated respondents' awareness of the procedural steps required to avail themselves of medical assistance. It outlined the process, from registering and obtaining a stub number to proceeding to the Crisis Intervention Unit (CIU) Office, participating in the assessment conducted by social workers for the assistance needed, following the recommendation or action of the social workers for the requested assistance, and waiting for the officer-in-charge to review and approve the social worker's recommendation. Once approved, the assistance, whether financial support, a guarantee, or a referral letter, was provided, with a signature affixed as proof of assistance given. Similar to the second section, a Likert scale was used to quantify respondents' awareness of each step. Together, these three sections created a comprehensive tool for assessing and addressing awareness issues within Barangay A and Barangay B.

### **Construction and Validation of Instrument**

The researchers designed their questionnaires using information from the Department of Social Welfare and Development's (DSWD) Medical Assistance—Assistance to Individuals in Crisis Situations and Processing of Assistance to Clients of the DSWD Crisis Intervention Unit as references. To ensure the relevance and appropriateness of the study's questionnaires, the researchers sought guidance from their advisers and consulted with the Department of Social Welfare and Development's officers and social workers. However, the Department of Social Welfare and Development declined to validate the research instrument, stating that they are not qualified to validate research tools and only participate in research activities rather than instrument validation. Instead, they recommended seeking validation from professionals with expertise in research and social services. In response, the researchers pursued validation from social worker, who play a critical role in assisting residents with accessing social services, thereby improving the clarity and relevance of the questionnaire to ensure that the questions effectively assess respondents' awareness of the Department of

Social Welfare and Development's medical assistance program. Additionally, the questionnaire was validated by a teacher in humanities and science and a professor in a subject related to community and social work. They were selected as validators because their academic backgrounds and professional experiences align with the core themes of the study, social welfare, health awareness, and community engagement. The humanities and science teacher provided insights into the clarity, structure, and general comprehension of the questions, while the community work professor contributed expertise in the community dynamics and public service programs, ensuring that the instrument was both relevant and appropriate for the target respondents. The combined input from social workers and academic professionals strengthened the validity and reliability of the research instrument.

The questionnaire used in this study was evaluated for content validity by three expert validators using a relevance scale. Each item across all sections, demographic profile, level of awareness on DSWD's medical assistance, and the steps in availing such services, was rated as relevant, with all items receiving a perfect Item Content Validity Index (I-CVI) of 1.00. This indicates 100% agreement among validators regarding the relevance of each question. The overall average proportion of items judged as relevant was also 1.00 across all categories. In addition, the result of the reliability test revealed that the questionnaire achieved a Cronbach's alpha value of 0.985, indicating excellent internal consistency among the items. These results confirm that the questionnaire possesses both excellent content validity and high reliability, making it an appropriate and dependable tool for assessing the awareness of respondents regarding the DSWD Medical Assistance Program.

### **Data Gathering Procedure**

The researchers employed a researcher-made structured questionnaire, based on the Department of Social Welfare and Development (DSWD) Assistance to Individuals in Crisis Situations and Processing of Assistance to Clients of the Department of Social Welfare and Development Crisis Intervention Unit, which was utilized to assess respondents' awareness of the medical assistance. The questionnaire focused on the respondents' level of awareness regarding the Department of Social Welfare and Development's medical assistance programs, their knowledge on how to avail the medical assistance, and the documents required.

A consent letter was included in the questionnaire, serving as an invitation to participate. This helped establish transparency and trust, ensuring that respondents fully understood their involvement before agreeing to take part. The researchers used validated questionnaires with input from the validators to ensure the instrument's validity and reliability. Prior to data collection, a formal request letter was prepared and submitted for approval to the Dean of the College of Nursing. Upon approval, a letter of consent was personally delivered to the barangay chairpersons, and the researchers coordinated with the barangay officials of the two selected barangays.

Following this, the researchers conducted the survey in Barangay A and Barangay B. The consent form and questionnaire were handed personally to the respondents, and the study's objectives and implications were clearly discussed. Participation was entirely voluntary. Measures were taken to ensure confidentiality, including non-disclosure of identities and allowing respondents to withdraw at any time.

To ensure full comprehension, the researchers clarified specific terms and instructions in the questionnaire. The survey was conducted through a door-to-door approach to a total of 310 respondents, 158 from Barangay A and 152 from Barangay B. Respondents were able to complete the survey in 10 to 15 minutes, as the questions were simple and based on their personal experiences and knowledge of the program. The researchers assisted those with reading or writing difficulties by reading the questionnaire aloud and explaining as needed, while taking care to avoid influencing responses. The data gathering was completed in two days, with one day allocated per barangay, conducted from 8:00 am to 3:00 pm each day. After data collection, the researchers securely stored the collected data to protect its integrity and confidentiality.

In the course of the study, the researchers had also anticipated potential risks and implemented mitigation strategies to ensure a smooth and ethical research process. One potential risk was participant discomfort when discussing their awareness or experiences with the Department of Social Welfare and Development's medical assistance program. To address this, the researchers emphasized the voluntary nature of participation and the

right to skip questions or withdraw at any point. To prevent breaches of confidentiality, strict data protection measures, such as anonymization, encryption, and limited-access data handling, were implemented.

Misunderstandings of the questionnaire that could lead to inaccurate data were avoided by providing clear instructions and definitions of key terms. When necessary, researchers offered assistance without influencing the answers. To minimize response bias, the survey was conducted privately to make participants feel more comfortable. To prevent data loss or technical issues, the researchers also backed up the data and stored it securely, both digitally and physically. These precautions ensured the integrity, reliability, and ethical compliance of the research process.

## Statistical Treatment

To interpret the data collected from the study's respondents, the following statistical approaches were applied.

### Percentage Distribution

Percentage distribution is a frequency distribution in which the individual class frequencies are expressed as a percentage of the total frequency equated to 100. Also known as relative frequency distribution; relative frequency table. (Government of Canada, Statistics Canada, 2021). In the context of this study, percentage was utilized to provide quantitative summaries and analysis of the profile of the respondents in terms of age, gender, educational attainment, employment status, economic status, civil status, barangay, residency status, and comorbidities, where the frequency for each variable was divided with the total number of the respondents to be multiplied by 100.

Formula:

$$\% = \frac{F \times 100}{N}$$

Where:

% = Percentage

$F$  = Frequency of the particular category

$N$  = Total number of respondents

100 = Constant multiplier

### Weighted Mean

A weighted average is a calculation that assigns varying degrees of importance to the numbers in a particular data set. A weighted average can be more accurate than a simple average in which all numbers in a data set are assigned an identical weight (Ganti, 2024). In the context of this study, the researcher made use of the weighted mean to determine the overall average response of the respondents.

Formula:

$$\bar{x} = \frac{\sum wx}{\sum w}$$

Where:

$\bar{x}$  = The mean value of the set of given data

$\sum$  = Summation Symbol



$w$  = Corresponding weight for each observation

$x$  = The repeating value

The researchers utilized a Four-Point rating scale.

The scale had the following range of acceptance:

HA Highly Aware (3.26 - 4.00)

MA Moderately Aware (2.51- 3.25)

SA Slightly Aware (1.76- 2.50)

NA Not Aware (1.00 -1.75)

### Chi-Square Test of Independence

The Chi-Square test of independence is used to determine if there is a significant relationship between two nominal (categorical) variables. (Statistics Solutions, 2024). In the context of this study, the Chi-Square Test of Independence determines whether there is a significant relationship between the level of awareness of residents in selected barangays and various demographic factors.

Formula:

$$\chi^2 = \sum \frac{(O_i - E_i)^2}{E_i}$$

Where:

$\chi^2$ = chi squared

$O_i$ = observed value

$E_i$ = expected value

### Spearman's Rho

Spearman's rank correlation measures the strength and direction of association between two ranked variables. (Gupta, 2024). In the context of this study, Spearman's Rho was utilized to determine the strength and direction of the relationship between the level of awareness of residents in selected barangays about the Department of Social Welfare and Development's (DSWD) medical assistance program and relevant demographic factors such as age, gender, educational attainment, employment status, economic status, civil status, barangay, residency status, and comorbidities.

Formula:

$$\rho = 1 - \frac{6 \sum d_i^2}{n(n^2 - 1)}$$

Where:

$\rho$  = Spearman's rank correlation coefficient

$d_i$  = Difference between the two ranks of each observation

$n$  = Number of observations

## DATA ANALYSIS, RESULTS AND INTERPRETATION

This chapter presents the findings of a detailed assessment of the awareness level regarding the Department of Social Welfare and Development's (DSWD) Medical Assistance Program among residents of selected barangays. The data were carefully analyzed to determine the respondents' knowledge, and perceived accessibility of the program. This chapter also explores patterns and gaps in public awareness that may hinder access to essential medical aid. The results serve as the foundation for formulating a targeted healthcare access dissemination campaign.

The demographic profile of the respondents in selected barangays in terms of:

### Age

Table 2. Percentage and Frequency Distribution of Demographic Profile of the Respondents in Selected Barangay in terms of Age

Age Range	Frequency	Percentage	Rank
18-24	26	8.4	5
25-34	44	14.2	3
35-44	42	13.5	4
45-54	79	25.5	2
55 and above	119	38.4	1
<b>Total</b>	<b>310</b>	<b>100.0</b>	

The table presents the age profile of 310 respondents from the selected barangays. The age range of 55 and above constitutes the largest group, with 119 respondents, representing 38.4% of the total, and is ranked first. The age range of 45-54 is the second largest, with 79 respondents, or 25.5%, and is ranked second. The 25-34 age range follows, with 44 respondents, accounting for 14.2% and ranked third. Closely behind is the 35-44 age group, with 42 respondents, making up 13.5% and ranked fourth. The youngest age range, 18-24, has the fewest respondents, with 26, representing 8.4% and ranked fifth.

This age distribution suggests that awareness campaigns and crisis intervention dissemination strategies should prioritize reaching older adults, particularly those 55 and above, and adults aged 45-54, as they constitute a significant portion of the population in the selected barangays. It is also important to ensure that information is accessible and tailored to the needs of these age groups. While younger demographics are less represented, their needs should not be overlooked, and targeted communication strategies may be necessary to reach them effectively.

According to the study of Jamila et al. (2023), individuals in the middle-aged group (41–60 years) are more prone to experiencing health challenges during critical life transitions, which often drive them to seek medical assistance. This implies that middle-aged adults often experience challenging life transitions in their middle years, especially when it comes to their health. This demographic group, particularly women, faces a higher risk of health-related issues, making them more reliant on healthcare programs.

The age profile of respondents shows that the majority are aged 55 and above, followed by those aged 45–54, indicating that older adults dominate the population in the selected barangays. This suggests that crisis intervention and awareness campaigns about the DSWD's Medical Assistance program should focus primarily

on these age groups. Supporting this, Jamila et al. (2023) found that middle-aged individuals are more likely to seek medical aid under the AICS program, highlighting the importance of targeting this demographic due to their increased health-related needs.

## Sex

Table 3. Percentage and Frequency Distribution of Demographic Profile of the Respondents in Selected Barangay in terms of Sex

Sex	Frequency	Percentage	Rank
Male	148	47.7	2
Female	162	52.3	1
<b>Total</b>	<b>310</b>	<b>100.0</b>	

The table presents the demographic profile in terms of sex with a total of 310 respondents in the selected barangay. The female respondents numbered 162, making up 52.3% of the total with the highest percentage. However, 148 individuals identified as male, constituting 47.7 %. This categorization places the male respondents in the second rank, while the female respondents claim the top rank among the sex categories.

This gender distribution indicates the higher number of female respondents may reflect their greater involvement in family health and social concerns, which often makes them more engaged in seeking medical assistance, particularly mothers and female heads of households, are typically the primary caregivers and may be more informed or interested in availability of the Department of Social Welfare and Development's medical assistance. Male respondent numbers were slightly less than females, they showed lower participation in seeking medical help. This may be due to men being sometimes less open about health concerns, may avoid asking for help due to pride or may not be fully aware of available medical services. They might also prioritize work or other responsibilities over their health. These reasons could explain why males are less likely to seek medical assistance compared to females.

According to the study by Jamilla et al. (2023), women are more likely to seek out help through social welfare programs and services. This positive help-seeking behavior increases the tendency of women to explore different means and expand limited resources to lessen the burden and eventually cope with the challenges and difficulties they are experiencing. Additionally, this implies that gender norms influence the actions of men and women in a society. It dictates that men should be strong and less vulnerable than women and that seeking any kind of help in any situation and caring for one's health is associated with femininity and may be seen to minimize masculinity. These appear to be social pressure on men to be reluctant to seek help.

Gender plays a significant role in healthcare-seeking behavior, findings revealed that women respondents have greater involvement due to health vulnerability and caregiving responsibilities. That indicates women are more engaged in matters related to health and social services, such as seeking medical assistance. In contrast, men tend to participate less, possibly due to pride, work priorities, or lack of awareness. Gender norms play a role in society, often due to men being expected to appear strong and self-reliant, making them less likely to seek help, while women are more open to accessing social welfare services.

## Educational Attainment

Table 4. Percentage and Frequency Distribution of Demographic Profile of the Respondents in Selected Barangay in terms of Educational Attainment

Educational Attainment	Frequency	Percentage	Rank
No formal education	10	3.2	5

Elementary	47	15.2	3
High school	144	46.5	1
Senior High School	19	6.1	4.4
College	71	22.9	2
Postgraduate Degree	19	6.1	4.4
<b>Total</b>	<b>310</b>	<b>100.0</b>	

The data reveals that the highest proportion of respondents attained High School education, accounting for 144 individuals or 46.5%, ranking first. This is followed by College education with 71 individuals or 22.9% (2nd rank), and Elementary education with 47 individuals or 15.2% (3rd rank). Postgraduate Degree and Senior High School both share a frequency of 19 (6.1%), tying at rank 4.4, while No formal education has the lowest frequency with 10 individuals (3.2%), ranked 5th.

The majority of the respondents have completed high school, indicating that most individuals in the population surveyed have at least a basic secondary education. College-level education follows, showing a significant portion have pursued or are pursuing higher education. The relatively low number of those with no formal education or postgraduate qualifications suggests limited extremes in both educational deprivation and high academic attainment.

According to Suiter and Meadows (2023), educational attainment is a critical social determinant of health. They emphasized that individuals with higher education were more likely to possess greater health literacy, which enabled them to better understand health information, navigate healthcare systems, and access available services such as the Department of Social Welfare and Development (DSWD) Medical Assistance Program.

Considering the data presented, the high proportion of respondents with only elementary to high school education suggests challenges in accessing and navigating healthcare programs. This could mean that a large portion of the population may lack the necessary knowledge or confidence to access or utilize health assistance programs effectively. The presence of individuals with no formal education (3.2%) further highlights the risk of exclusion from essential health services due to limited awareness and comprehension.

This aligns with Suiter and Meadows' conclusion that educational gaps can directly impact health outcomes and access to care. Their recommendation for targeted health education and outreach becomes highly relevant in this scenario. In communities where education levels are low, it is critical to implement simplified, accessible health communication strategies and community-based awareness campaigns to bridge the gap in health service utilization.

## Employment Status

Table 5. Percentage and Frequency Distribution of Demographic Profile of the Respondents in Selected Barangay in terms of Employment Status

Employment Status	Frequency	Percentage	Rank
Employed (Full-time)	80	25.8	2
Employed (Part-time)	36	11.6	4
Self-employed	62	20.0	3
Unemployed	125	40.3	1

Retired	7	2.3	5
<b>Total</b>	<b>310</b>	<b>100.0</b>	

The data on employment status shows that out of 310 respondents, the majority, with 125 individuals or 40.3%, are unemployed, ranking first. This is followed by those employed (full-time), who hold the second rank with 80 individuals or 25.8%. Self-employed respondents ranked third, comprising 62 individuals or 20%. Part-time employees ranked fourth with 36 individuals or 11.6%, while the smallest group consisted of retired individuals, totaling 7 or 2.3%, placing fifth in ranking.

This distribution indicates a significant unemployment rate among respondents, suggesting potential economic challenges, limited job opportunities, or lack of access to stable employment. Such high unemployment may pose significant health care problems. Prolonged unemployment can also lead to delays in seeking medical care, and poor disease management. Rank 2, 3, and 4 reflect varying degrees of employment. All three indicate some level of workforce participation, showing that many individuals are actively earning income. However, while full-time jobs still support a portion of the population, the notable presence of self-employment and part-time jobs suggests that a significant portion of the population may be relying on less secure or informal employment. These roles typically lack access to employer-provided healthcare, paid sick leave, or job security, leaving individuals more vulnerable to untreated health conditions. In contrast, retirement represents the smallest segment of the respondents. While this may not reflect the entire population, it still highlights the importance of focusing employment and health initiatives on the active and willing workforce.

The significance of employment status and the data presented are supported by Silver et al. (2021), who highlighted employment as a critical health equity issue. The prevalence of not visiting a doctor was notably high among individuals who were short-term unemployed or engaged in short-term employment. Interestingly, self-employed individuals were much less likely to report being unable to see a doctor due to cost. Meanwhile, although many individuals who were unable to work had healthcare coverage and a primary care provider, a significant number still reported that they could not afford to access health services. This highlights the complex relationship between employment status, healthcare access, and financial barriers, reinforcing the need for targeted health and social support for vulnerable employment groups.

The employment data reveals a high unemployment rate among respondents, highlighting economic instability and its potential health implications. While full-time, self-employment, and part-time work indicate varying levels of workforce participation, many rely on less secure jobs lacking healthcare benefits. These conditions increase vulnerability to untreated health issues. Supported by Silver et al. (2021), employment is a key health equity factor, with short-term unemployment and unstable work linked to reduced healthcare access. This underscored the need for targeted interventions that address both employment and health support for at-risk groups.

### Socio-economic Status

Table 6. Percentage and Frequency Distribution of Demographic Profile of the Respondents in Selected Barangay in terms of Socio-economic Status

Socio-economic Status	Frequency	Percentage	Rank
Poor	212	68.4	1
Low Income	61	19.7	2
Lower Middle Class	34	11.0	3
Middle Class	2	0.6	4



Upper Middle Income	1	0.3	5
<b>Total</b>	<b>310</b>	<b>100.0</b>	

**Legend:** Poor (Less than ₱10,957), Low income (₱9,520 to ₱21,194), Lower middle class (₱21,194 to ₱43,828), Middle class (₱43,828 to ₱76,669), Upper middle income (₱76,669 to ₱131,484)

The majority of the surveyed population, with 212 individuals, or 68.4%, falls under the "Poor" socio-economic status, ranking first in frequency. A significant portion of 61 individuals, or 19.7%, is classified as "Low Income," ranking second; 34 individuals, or 11.0%, belong to the "Lower Middle Class," ranking third. While 2 individuals, or 0.6%, are in the "Middle Class," ranking fourth, lastly a very small fraction of 1 individual, or 0.3%, is classified as the "Upper Middle Income," ranking last.

The results indicate that the surveyed population is mainly composed of individuals with low socio-economic status, with the vast majority being classified as "Poor" or "Low Income." This suggests that the level of awareness and access to the Department of Social Welfare and Development's medical assistance programs may be particularly critical for this population. The study's focus on selected barangays implies that these areas may be characterized by high levels of poverty and low income, making them relevant targets for crisis intervention dissemination campaigns.

Given the socio-economic profile, there is a strong need for effective dissemination of information regarding DSWD's medical assistance. The high percentage of individuals in the "Poor" and "Low Income" categories suggests that a significant portion of the population may be vulnerable and in need of support. Therefore, the findings emphasize the importance of targeted interventions and outreach efforts to ensure that those in need are aware of and can access available resources.

Chen et al., (2023) found that medical financial assistance (MFA) has reduced the inequality in healthcare utilization to a certain extent by improving access to healthcare for low-income people. However, people with low income still face a heavy medical financial burden even when they are covered by medical financial assistance and according to Johnson et al. (2021), people who did not earn much over their lifetime were probably more likely to experience economic hardship when they develop health problems or become widowed or divorced because they generally have little wealth.

This aligns with the findings of Chen et al. (2023), which emphasized that while medical financial assistance programs improve access to healthcare, low-income individuals still face substantial financial burdens. Similarly, Johnson et al. (2021) noted that individuals with limited lifetime earnings are more prone to economic hardship during health crises. These insights underscored the urgency for targeted crisis intervention and enhanced dissemination of Department of Social Welfare and Development's medical assistance programs in low-income communities to ensure greater awareness, accessibility, and support for those most in need.

## Civil Status

Table 7. Percentage and Frequency Distribution of Demographic Profile of the Respondents in Selected Barangay in terms of Civil Status

Civil Status	Frequency	Percentage	Rank
Single	123	39.7	2
Married	147	47.4	1
Widowed	35	11.3	3
Separated	5	1.6	4

<b>Total</b>	<b>310</b>	<b>100.0</b>	
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The data reveals that the majority of the respondents were married, accounting for 147 individuals or 47.4% making them the highest-ranking group in terms of civil status. This is followed by single individuals, with 123 respondents or 39.7%, placing them second. The widowed group ranks third with 35 respondents or 11.3%, while the smallest group is composed of separated individuals, with only 5 respondents or 1.6%. The total number of respondents across all civil status categories is 310, representing 100% of the study population.

The results indicate most of the respondents are married and single, which may influence their level of Awareness of the Department of Social Welfare and Development's medical assistance. Married individuals typically handle various household and family responsibilities like supporting children, elderly parents or spouses which may lead them to seek medical assistance. Single individuals, especially those living on their own or already employed may also need medical assistance for their personal health needs, but their awareness may vary depending on their age, financial independence or their level of Awareness about medical assistance. Widowed individuals are often elderly and may rely more on medical assistance programs due to lack of family support. Their awareness might be influenced by their vulnerability or existing connection with social workers. Separated individuals, although fewer in number, may also face financial problems or emotional difficulties, which could increase their need for medical assistance.

Hossain and James (2022) explored the association between marital status and self-reported health (SRH) in the Indian context, presenting strong evidence for the marriage protection hypothesis. Their findings revealed that married individuals, particularly women, reported better health outcomes compared to their unmarried counterparts. This was attributed to the social and financial support that marriage provides, which enhanced access to healthcare and promotes healthier living conditions. In contrast, unmarried women, including widowed and separated individuals, were more likely to experience stable poor health and a decline in health over time. Based on their study, marriage benefits women more significantly, as it strengthens economic security and encourages positive health-seeking behavior. These insights aligned with broader literature suggesting that civil status is a critical social determinant of health, and that unmarried individuals, especially women, face greater barriers in accessing healthcare services and managing their health effectively.

Civil status significantly influences awareness and utilization of medical assistance programs. Married individuals often benefit from social and financial support, which promotes positive health-seeking behavior and better health outcomes. Widowed and separated individuals may experience greater vulnerability and rely more on medical assistance due to limited family support and financial difficulties. Overall, civil status is an important social factor affecting access to healthcare and health management.

## Barangay

Table 8. Percentage and Frequency Distribution of Demographic Profile of the Respondents in Selected Barangay in terms of Barangay

<b>Barangay</b>	<b>Frequency</b>	<b>Percentage</b>	<b>Rank</b>
A	158	51.0	1
B	152	49.0	2
<b>Total</b>	<b>310</b>	<b>100.0</b>	

The data reveals that the majority of the respondents came from Barangay A, accounting for 158 individuals or 51.0%, making it the highest-ranking barangay in terms of respondent representation. This is closely followed by Barangay B with 152 respondents or 49.0%, ranking second. The total number of respondents across both barangays is 310, representing 100% of the study population.

Despite the almost equal number of respondents from Barangays A and B, the data suggests that residents are not receiving direct or organized information about the Department of Social Welfare and Development's (DSWD) Medical Assistance Program within their barangays. Instead, their awareness of the program appears to stem from informal sources such as word of mouth, social media, or personal experiences shared by previous beneficiaries rather than structured dissemination efforts by local authorities. This distribution allows for a balanced understanding of the medical assistance awareness and access within the community, particularly in these two barangays. The near parity in respondent count may also reflect similar population sizes or similar levels of engagement with the survey across the two areas.

The almost equal number of respondents from Barangays A and B suggests that both communities likely receive similar amounts of information about the Department of Social Welfare and Development's Medical Assistance Program. According to Social Cognitive Theory (Bandura, as cited by Schunk & DiBenedetto, 2020), people learn by observing others and interacting with those around them. Since both barangays belong to the same local government and have similar populations and surroundings, it makes sense that awareness levels are also similar.

Based on the review of related literature, the Department of Social Welfare and Development often relies on barangay health workers and local officials to share information about their programs, these individuals serve as key sources of help and guidance (Smith et al., 2022).

Also, both barangays do not have a citizen's charter, a document that informs residents about available services and how to access them. Because of this, people may rely more on community members and local announcements for health information. This supports the Health Belief Model (Daniati et al., 2021), which said that people's actions were influenced by how at risk they feel and what motivates them to take action. The close number of responses from each barangay suggests that residents have had similar experiences and challenges when it comes to learning about the program.

Overall, this balanced data gives researchers a good starting point to compare the two barangays and create better awareness campaigns that are suited to the specific needs of each community.

## Comorbidities

Table 9. Percentage and Frequency Distribution of Demographic Profile of the Respondents in Selected Barangay in terms of comorbidities.

Comorbidity	Frequency	Percentage	Rank
None	180	58.1	1
Hypertension	77	24.8	2
Diabetes	19	6.1	3
Respiratory disease	6	1.9	6
Kidney disease	2	0.6	8
Cancer	1	0.3	9.9
Heart disease	7	2.3	5
Hypertension, Respiratory disease	1	0.3	9.9
Arthritis	3	1.0	7

Hypertension, Diabetes	9	2.9	4
Hypertension, Heart disease, Stroke	1	0.3	9.9
Hypertension, Heart Disease, Kidney Disease	1	0.3	9.9
Stroke	1	0.3	9.9
Cancer, Goiter	1	0.3	9.9
Goiter	1	0.3	9.9
<b>Total</b>	<b>310</b>	<b>100.0</b>	

The data presents the distribution of comorbidities among 310 individuals. A majority of individuals accounting 180 respondents or 58.1%, reported having no comorbid conditions, ranking first. Hypertension is the most common comorbidity, affecting 77 individuals or 24.8%, followed by diabetes at 6.1% with 19 individuals. The combination of hypertension and diabetes affects 2.9% with 9 individuals, ranking fourth. Heart disease accounts for 2.3% with 7 individuals, respiratory disease for 1.9% with 6 individuals, arthritis for 1.0% with 3 individuals, kidney disease for 0.6% with 2 individuals, and various combinations of multiple chronic conditions appear less frequently, each with a percentage of 0.3%. These include cancer, stroke, goiter, and combinations of hypertension with other conditions such as respiratory disease, heart disease, kidney disease, and stroke.

This distribution indicates that while a significant portion of the population is free from chronic health conditions, a substantial number still experience comorbidities, particularly hypertension and diabetes. The high prevalence of hypertension, both alone and in combination with other conditions, underscores it as a major public health concern. The relatively lower frequencies of complex comorbidities might reflect younger or generally healthier demographics, or potentially underdiagnosed cases due to limited healthcare access. The presence of even a small percentage with multiple chronic conditions signals the need for preventive care and consistent management strategies, as these individuals are at higher risk for complications and increased healthcare needs. This highlights the importance of early detection, health education, and accessible medical services to manage and reduce chronic disease burdens in the population.

According to Rayman et al. (2022), people with multimorbidity tend to have poorer functional status, lower quality of life, worse health outcomes, and increased use of both ambulatory and inpatient care compared to those without multiple conditions. They also face a higher risk of mortality. When comorbidities are not adequately considered, patients often receive suboptimal care, leading to negative clinical outcomes. Managing individuals with multimorbidity is challenging, but doing so effectively represents a crucial shift in healthcare, transitioning from fragmented, disease-specific approaches to comprehensive, evidence-based, and patient-centered care. To better serve this population, the healthcare system must undergo significant transformation, including changes in care structures, processes, and a cultural shift toward more holistic and coordinated service delivery.

The data reveals that while a majority of respondents (58.1%) reported no comorbidities, a significant portion live with chronic conditions, most commonly hypertension and diabetes. These findings highlight the need for early intervention and accessible healthcare services. As emphasized by Rayman et al. (2022), individuals with multimorbidity face poorer health outcomes and higher healthcare utilization, underscoring the importance of shifting toward patient-centered, integrated care models that address multiple conditions holistically.

The level of awareness of the respondents regarding the medical assistance delivery of the Department of Social Welfare and Development (DSWD) in terms of:

## Hospital bill

Table 10. Median Score and Standard Deviation of the Level of Awareness of the Respondents regarding the medical assistance delivery of the Department of Social Welfare and Development (DSWD) in terms of Medical Assistance/ Hospital Bill

Medical Assistance/ Hospital Bill	Standard Deviation	Median Score	Verbal Interpretation
I am aware that I need to bring the following to received medical assistance from the Department of Social Welfare and Development for hospital bill;			
2.1.1 Valid ID	1.29	4	Highly Aware
2.1.2 Medical certificate/Clinical Abstract/Discharge Summary/Alagang Pinoy Tagubilin Form with Diagnosis, complete name, license number, and signature of the physician issued within three months (Original or Certified True Copy)	1.29	3	Moderately Aware
2.1.3 Prescription with date of issuance, complete name, license number, and signature of the Physician issued within three months.	1.29	3	Moderately Aware
If the requested assistance exceeds PhP 10,000, the following documents are required:	1.28	2	Slightly Aware
2.1.4 Quotation of Medicine or Assistive Device			
<b>Overall Median</b>	<b>1.26</b>	<b>3</b>	<b>Moderately Aware</b>

For the requirement of a valid ID (2.1.1), the median score is 4 with a standard deviation of 1.29, indicating a high level of awareness. When it comes to medical certificates, clinical abstracts, discharge summaries, or Alagang Pinoy Tagubilin forms (2.1.2), the median score is 3 with a standard deviation of 1.29, suggesting moderate awareness. Similarly, for prescriptions with specific details (2.1.3), the median score is 3 with a standard deviation of 1.29, also indicating moderate awareness. If the requested assistance exceeds PhP 10,000, additional documents are required, which is represented by a median score of 2 and a standard deviation of 1.28, indicating slight awareness. Lastly, the overall median score is 3 with a standard deviation of 1.26, showing a moderate level of awareness regarding the overall requirements for medical assistance.

This data implies that while respondents are well-informed about basic requirements like valid IDs, there is a need for improved dissemination of information regarding more specific documentation, particularly concerning higher-value assistance requests. A crisis intervention dissemination campaign could focus on clarifying the necessary documents for different levels of assistance to enhance public awareness and ensure smoother access to DSWD medical support.

Perandos-Astudillo et al. (2023) discussed the challenges patients face in accessing financial support for medical expenses in the Philippines. The note highlighted that patients often encounter difficulties due to the complex requirements and processes involved in availing assistance from various government agencies, including the Department of Social Welfare and Development (DSWD). Perandos-Astudillo et al. (2023) suggested streamlining application processes, enhancing accessibility through online platforms and satellite offices, leveraging national databases like the Philippine Identification System, expanding PhilHealth coverage, and improving the availability of medications and services in hospitals could improve access to financial assistance for patients in need.

The findings indicate that while respondents demonstrate high awareness of fundamental requirements such as presenting a valid ID, their knowledge declines regarding more specific documentation, such as medical



certificates, prescriptions, and especially quotations for high-value assistance. This gap in awareness points to a broader issue of information dissemination and accessibility within the Department of Social Welfare and Development's medical assistance process. This observation aligns with the study by Perandos-Astudillo et al. (2023), which highlighted the systemic challenges patients face in accessing financial support for medical expenses in the Philippines. The study emphasized that complex documentation requirements and bureaucratic procedures often become barriers for individuals seeking aid. Both the current data and the related literature suggest that simplifying and clarifying the documentation process especially for higher-value requests can significantly improve public access to assistance programs.

Therefore, targeted interventions such as an information dissemination campaign and process streamlining, as recommended by Perandos-Astudillo et al., (2023) could play a vital role in enhancing public understanding and ensuring more efficient delivery of services. Integrating digital platforms and leveraging national ID systems, as proposed in the related study, may further reduce friction in accessing support, particularly for vulnerable populations

### Medicine or Assistive device

Table 11. Median Score and Standard Deviation of the Level of Awareness of the Respondents regarding the medical assistance delivery of the Department of Social Welfare and Development (DSWD) in terms of Medicine or Assistive Device

Medicine or Assistive Device	Standard Deviation	Median Score	Verbal Interpretation
I am aware that I need to bring the following to received medical assistance from the Department of Social Welfare and Development for medicine or assistive device;			
2.2.1 Valid ID	1.32	3	Moderately Aware
2.2.2 Medical certificate/Clinical Abstract/Discharge Summary/Alagang Pinoy Tagubilin Form with Diagnosis, complete name, license number, and signature of the physician issued within three months (Original or Certified True Copy)	1.32	3	Moderately Aware
2.2.3 Hospital bill or Statement of Account (Outstanding Balance) with name and signature of the billing clerk or Certified of Balance and Promissory Note signed by the credit and collection officer/billing clerk	1.32	3	Moderately Aware
If the requested assistance exceeds PhP 10,000, the following documents are required:	1.21	1	Not Aware
2.2.4 Quotation of Medicine or Assistive device			
2.2.5 Social Case Study Report or Case Study	1.21	1	Not Aware
<b>Overall Median</b>	<b>1.32</b>	<b>3</b>	<b>Moderately Aware</b>

The data presented in the tables indicates the level of awareness among respondents regarding the medical assistance in terms of Medicine or Assistive Device. for Item 2.2.1 (Valid ID) the respondents had a median score 3 with a standard deviation of 1.32, which indicates that they are "Moderately Aware" of this requirement. Items 2.2.2 (Medical Certificate / Clinical Abstract / Discharge Summary / Alagang Pinoy Tagubilin Form) also had a median score of 3 with standard deviation of 1.32 which indicates that they are "Moderately Aware" of the requirements, for medical documents Item 2.2.3 (Hospital bill or Statement of Account) showed the median score is 3 standard deviation of 1.32 indicates the respondents are "Moderately

Aware”, There are additional documentary requirements when the amount of financial assistance being requested exceeds Php 10,000. Item 2.2.4 (Quotation on medicine or Assistive device) had a median score of 1 with a standard deviation of 1.21 and was interpreted as “Not Aware” indicating that the respondents are not aware of this requirement. Item 2.2.5 (Social Case Study Report or Case Study) showed the median score of 1 with standard deviation of 1.21 and a verbal interpretation of “Not Aware”, with an Overall median of 3 and a standard deviation of 1.32.

The table shows the respondents’ Awareness of the documentary requirements needed to avail medical or assistive device assistance. Respondents showed moderate awareness of the more common requirements, such as presenting a valid ID, a medical certificate or related medical documents, and a hospital bill or statement of account. However, when it comes to additional documents required for requests exceeding Php 10,000 such as the quotation for medicine or assistive device and the Social Case Study Report respondents from both Barangay A and Barangay B were mostly “Not Aware” of these documents, which are usually prepared by a qualified social worker.

Based on the policy note by Perandos-Astudillo et al. (2023) the note highlighted that patients often encounter difficulties due to the complex requirements and processes involved in availing assistance from various government agencies, including the Department of Social Welfare and Development (DSWD).

This is supported by Social Cognitive Theory, individuals’ behavior toward accessing Department of Social Welfare and Development services is shaped by their beliefs, the information available in their environment, and the social influences they encounter. This includes the knowledge they receive about medical assistance and the encouragement they receive from influential community members, such as barangay leaders. People’s willingness to seek and use medical assistance is influenced by their belief in successfully navigating the process, which is directly related to their self-efficacy.

These findings suggest a knowledge gap regarding the less commonly discussed documents especially those typically prepared with the help of a social worker. This gap in awareness supports the insight presented in the policy note by Perandos-Astudillo et al. (2023), which highlighted that complex and poorly communicated documentation processes hinder patients from fully accessing government medical assistance programs. Supported by the Social cognitive theory it becomes clear that respondents’ behavior in accessing Department of Social Welfare and Development services is shaped by their knowledge, environmental cues, and social influences Therefore, Increased Awareness campaigns and better community-level support systems may enhance public knowledge and improve access to medical assistance, especially for those unfamiliar with the medical assistance program.

### Laboratory/Medical Procedure/Operation

Table 12. Median Score and Standard Deviation of the Level of Awareness of the Respondents regarding the medical assistance delivery of the Department of Social Welfare and Development (DSWD) in terms of Laboratory or Medical Procedure or Operation

Laboratory or Medical Procedure or Operation	Standard Deviation	Median Score	Verbal Interpretation
I am aware that I need to bring the following to received medical assistance from the Department of Social Welfare and Development for laboratory or medical procedure or operation;			
2.3.1 Valid ID	1.33	3	Moderately Aware
2.3.2 Medical certificate/ Clinical Abstract/ Discharge Summary/ Alagang Pinoy Tagubilin Form with Diagnosis, complete name, license number, and signature of the physician	1.33	3	Moderately Aware

issued within three months (Original or Certified True Copy)			
2.3.3 Laboratory Request or Laboratory Protocol or Doctor's Order with name, license number, and signature of the physician	1.33	3	Moderately Aware
If the requested assistance exceeds PhP 10,000, the following documents are required:  2.3.4 Quotation of Laboratory	1.20	1	Not Aware
2.3.5 Social Case Study Report or Case Study	1.19	1	Not Aware
<b>Overall Median</b>	<b>1.33</b>	<b>3</b>	<b>Moderately Aware</b>

The data presented in the table indicates the level of awareness among respondents regarding documentary requirements for laboratory and medical procedure assistance. Item 2.3.1 (Valid ID) received a median score of 3, with a standard deviation of 1.33, and a verbal interpretation of "Moderately Aware". This suggests that most respondents are fairly familiar with the need to present a valid ID when applying for medical assistance. Item 2.3.2 (Medical Certificate / Clinical Abstract / Discharge Summary / Alagang Pinoy Tagubilin Form) also had a median score of 3, a standard deviation of 1.33, and was interpreted as "Moderately Aware", indicating a general awareness among respondents of the requirement for a recent and properly signed medical document. Item 2.3.3 (Laboratory Request or Doctor's Order) showed the same median score of 3, standard deviation of 1.33, and verbal interpretation of "Moderately Aware", reflecting that respondents are somewhat informed about the need for a doctor's order in processing laboratory-related assistance. Item 2.3.4 (Quotation of Laboratory), however, had a median score of 1, with a standard deviation of 1.20, and was interpreted as "Not Aware", indicating that most respondents are unaware that a formal quotation is required from the laboratory as part of the application process if the requested assistance exceeds PhP 10,000. Item 2.3.5 (Social Case Study Report) also had a median score of 1, with a standard deviation of 1.19, and a verbal interpretation of "Not Aware", suggesting that the majority of respondents are unfamiliar with the need to secure this document, often prepared by a licensed social worker.

The results show that most people are somewhat familiar with basic requirements like valid IDs and medical certificates. However, many are not aware of more specific or complicated documents, like laboratory quotations and social case study reports. These low scores suggest that there are gaps in what the community knows, especially about documents needed for larger financial aid or cases that need a social worker's evaluation.

According to the Department of Social Welfare and Development (DSWD), people who want to apply for medical help through the AICS program need to submit specific documents. These include a valid ID, medical certificate, prescription, and laboratory requests. Two important documents are the social case study report and quotation of laboratory, but it is only required if the amount of medical assistance being requested is more than Php 10,000 (DSWD, 2023). If any required documents are missing, the application may be delayed or denied. That's why it's important for people to clearly understand what's needed.

The study found that most respondents were aware of basic requirements like the ID and medical certificate, but many were not aware that documents like the social case study report and quotation from the laboratory are sometimes required, especially for larger amounts of aid. This lack of information can prevent eligible individuals from receiving help on time.

This was supported by the Health Belief Model (Daniati et al., 2021), which explained that people may avoid taking action if they see too many obstacles, such as confusing rules or unclear instructions. If they do not know which documents to prepare, especially the social case study report, which needs to be prepared by a licensed social worker for requests above Php 10,000, they may decide not to apply at all.

The Department of Social Welfare and Development shares information through local government units (LGUs), barangay health workers, and social workers (DSWD, 2023). However, Perandos-Astudillo et al. (2023) pointed out that many people, especially those in underserved communities, still lack access to clear, complete information about how to apply. This may be even harder in barangays that don't have a citizen's charter, which should serve as a guide for accessing government services.

Because of this, the study highlights the urgent need to improve local information campaigns, especially about when and why certain documents are needed, like the social case study report and quotation of laboratory for requests above Php 10,000. Making requirements easier to understand through community education and clearer guidelines can help more residents apply successfully and get the medical assistance they need.

The level of awareness of the respondents regarding the steps on how to avail the medical assistance delivery of the Department of Social Welfare and Development

Table 13. Median Score and Standard Deviation of the Level of Awareness of the Respondents Regarding the Steps on How to Avail the Medical Assistance Delivery of the Department of Social Welfare and Development

Steps to avail the medical assistance	Standard Deviation	Median Score	Verbal Interpretation
I am aware that I in order to avail medical assistance from the Department of Social Welfare and Development, I need to:			
3.1.1. Get a stub number and register the name with the guard on duty	1.31	2	Slightly Aware
3.1.2. Proceed to the Crisis Intervention Unit (CIU) Office and wait for the number to be called for screening.	1.31	2	Slightly Aware
3.1.3. Participate in the interview/ assessment conducted by the Social Workers for the assistance needed.	1.30	2	Slightly Aware
3.1.4 Follow the recommendation/action of the Social Workers for the assistance requested.	1.30	2	Slightly Aware
3.1.5 Wait for the Officer-in-Charge to review and approve the Social Worker's recommendation for the requested assistance	1.30	2	Slightly Aware
3.1.6. Receive the approved assistance whether financial, guarantee, or referral letter.	1.30	2	Slightly Aware
3.1.7. Affix signature as proof for the assistance given.	1.30	2	Slightly Aware
<b>Overall Median</b>	<b>1.31</b>	<b>2</b>	<b>Slightly Aware</b>

All seven procedural steps, from obtaining a stub number and registering with the guard, to affixing a signature as proof of assistance, received a median score of 2, with a verbal interpretation of "Slightly Aware." Specifically, respondents indicated slight awareness of getting a stub and registering with the guard (standard deviation 1.31), proceeding to the Crisis Intervention Unit (CIU) for screening (1.31), participating in interviews or assessments with Social Workers (1.30), following the Social Workers' recommendations (1.30), waiting for approval from the Officer-in-Charge (1.30), receiving the approved assistance (1.30), and affixing their signature (1.30). The uniformity in median scores and the narrow range of standard deviations (1.30 to 1.31) suggest that awareness is consistently low across all steps. The overall median score is 14, and the

average standard deviation across items is 9.12, indicating that respondents have limited but fairly consistent knowledge of the medical assistance process.

The median awareness level of 2.00 means that a large number of respondents are “slightly aware”. This indicates that their level of awareness of the steps for availing the services is relatively low. The standard deviation of 1.31 (moderate variability) means that though the median level is low, some of them showed moderate to high awareness. The positive skewness of 0.297 backs up the standard deviation result, showing that the data is skewed to the right and there are fewer responses for higher awareness. This lack of knowledge may lead to delays, errors, or even missed opportunities for receiving needed support. It highlights a pressing need for improved communication strategies, orientation programs, or community-based awareness campaigns to ensure that individuals know how to navigate the medical assistance process effectively. Without targeted interventions, those in need may continue to face challenges accessing aid due to procedural misunderstandings or lack of awareness.

Information dissemination to the public plays a critical role in ensuring that evidence-based practices and health innovations reach those who need them most. Chapman et al (2020) highlighted that dissemination, especially of complex interventions, must be tailored not only to practitioners and policymakers but also to the general public. Their proposed framework emphasizes the intentional, strategic process of information dissemination, which includes selecting appropriate messages, identifying target audiences, and utilizing optimal channels of communication. The authors argued that public dissemination is often under-theorized and insufficiently supported in implementation research, despite its critical role in achieving widespread adoption and system-level change. Additionally, Chapman et al. pointed out that complex interventions often require public understanding and engagement to be successful.

The findings reveal that respondents are generally only slightly aware of the steps involved in availing medical assistance, with consistently low median scores across all procedures. This suggests a systemic gap in public knowledge, likely due to insufficient information dissemination. Chapman et al. (2020) emphasized that effective dissemination must be strategic and inclusive of the general public, especially when dealing with complex interventions. Without targeted communication efforts, public engagement and access to services may remain limited. Thus, enhancing awareness through clear, audience-specific dissemination strategies is essential for improving access to medical assistance.

The significant relationship between the demographic profile and the level of awareness of the respondents regarding the medical assistance requirement of the Department of Social Welfare and Development

Table 14. Correlation between the Demographic Profile and the Level of Awareness of the Respondents Regarding the Medical Assistance Requirement of the Department of Social Welfare and Development

Demographic Profile	Variables	Spearman rho / X2- value	df	p-value	Decision	Interpretation
Age	Medical Assistance Delivery	0.060	308	0.294	Fail to reject hypothesis	No significance
Gender	Medical Assistance Delivery	7.16	3	0.067	Fail to reject hypothesis	No significance
Educational Attainment	Medical Assistance Delivery	-0.053	308	0.350	Fail to reject hypothesis	No significance
Employment Status	Medical Assistance Delivery	32.4	12	0.001	Reject hypothesis	Significant
Socio-economic	Medical Assistance Delivery	-0.003	308	0.995	Reject	No significance



Status	Delivery				hypothesis	
Civil Status	Medical Assistance Delivery	8.51	9	0.484	Fail to reject hypothesis	No significance
Barangay	Medical Assistance Delivery	8.86	3	0.031	Reject hypothesis	Significant
Comorbidities	Medical Assistance Delivery	16.6	42	0.053	Fail to reject hypothesis	No significance

The results reveal that only Employment Status ( $p=0.001$ ) and Barangay ( $p=0.031$ ) show a statistically significant relationship with awareness of medical assistance delivery. This means that there is evidence to suggest that an individual's employment status and their barangay are associated with their level of awareness regarding medical assistance programs. Conversely, Age ( $p=0.294$ ), Gender ( $p=0.067$ ), Educational Attainment ( $p=0.350$ ), Socio-economic Status ( $p=0.995$ ), Civil Status ( $p=0.484$ ), and Comorbidities ( $p=0.053$ ) do not show a significant relationship, indicating that these demographic factors are not significantly associated with awareness of medical assistance delivery in this study. In summary, the analysis indicates that employment status and barangay have a significant relationship with awareness of Department of Social Welfare and Development's medical assistance delivery, while age, gender, educational attainment, socio-economic status, civil status, and comorbidities do not show a significant relationship. This suggests that targeted information campaigns might be more effective if tailored to specific employment statuses and focused on areas where awareness is lower.

According to the study of Tabuñar, et al. (2021), the utilization of the Department of Health's Medical Assistance Program at the Philippine General Hospital found that a substantial portion of beneficiaries were unemployed. Specifically, out of 256 patients who availed of the program, 160 (63%) were unemployed. This data indicates that unemployed individuals are more likely to seek and receive medical assistance from government programs, potentially due to financial constraints limiting their access to healthcare services. A study of Chapman et al. (2020) concluded that engaging stakeholders at all levels particularly healthcare providers and policymakers through effective dissemination techniques could enhance the adoption of crucial medical intervention. Barangay officials and community health workers play an important role in this process by conducting outreach activities like community meetings and health seminars to spread information. Involving local leaders and healthcare providers in sharing accurate information can help increase awareness and encourage more people to access medical assistance.

The findings of the present study highlight that employment status and barangay are significantly associated with individuals' awareness of DSWD's medical assistance delivery, whereas other demographic factors such as age, gender, educational attainment, socio-economic status, civil status, and comorbidities show no significant relationship. This aligns with the study by Tabuñar et al. (2021), which found that a majority (63%) of those who availed themselves of government medical assistance at the Philippine General Hospital were unemployed, suggesting that unemployed individuals are more likely to seek such aid due to financial limitations. The significant role of barangay in influencing awareness is further supported by Chapman et al. (2020), who emphasized the importance of community-level dissemination strategies, such as involving barangay officials and healthcare workers in outreach activities to enhance public awareness of available medical interventions. Together, these studies underscore the value of targeting employment groups and local communities through tailored information campaigns to improve awareness and utilization of government medical assistance programs.

The significant relationship between the demographic profile of the respondents and their level of awareness of the steps to avail medical assistance delivery from the Department of Social Welfare and Development

Table 15. Correlation between the Demographic Profile of the Respondents and their Level of Awareness of the Steps to Avail Medical Assistance from the Department of Social Welfare and Development

Demographic Profile	Variables	Spearman rho / X2- value	df	p-value	Decision	Interpretation
Age	Steps to avail medical assistance delivery	0.105	308	0.065	Fail to reject hypothesis	No significance
Gender	Steps to avail medical assistance delivery	6.81	3	0.078	Fail to reject hypothesis	No significance
Educational Attainment	Steps to avail medical assistance delivery	-0.011	308	0.842	Fail to reject hypothesis	No significance
Employment Status	Steps to avail medical assistance delivery	24.8	12	0.016	Reject hypothesis	Significant
Socio-economic Status	Steps to avail medical assistance delivery	-0.055	308	0.337	Fail to reject hypothesis	No significance
Civil Status	Steps to avail medical assistance delivery	13.3	9	0.148	Fail to reject hypothesis	No significance
Barangay	Steps to avail medical assistance delivery	4.60	3	0.203	Fail to reject hypothesis	No significance
Comorbidities	Steps to avail medical assistance delivery	25.1	6	0.001	Reject hypothesis	Significant

For the employment status  $p = 0.016$  and comorbidities  $p = 0.028$  showed “Significant Relationships”, indicating that these factors may influence a person's understanding or awareness of how to avail medical help. However, for the Age  $p = 0.065$ , gender  $p = 0.078$ , educational attainment  $p = 0.842$ , socio-economic status  $p = 0.337$ , civil status  $p = 0.148$ , and barangay  $p = 0.203$  have “No Significant Relationship” with respondents’ awareness of the steps to avail medical assistance from DSWD. This indicates that the individuals who are working or have existing health conditions tend to be more informed about the medical assistance from DSWD.

The findings indicate the most demographic factors do not significantly impact respondents' awareness of the steps to avail medical assistance from DSWD. However, employment status and presence of comorbidities were found to have a significant influence. This implies that being employed and having health conditions may lead to greater exposure to information and resources, making individuals more aware of how to access medical assistance.

Based on the study of Silver et al. (2021) demographic determinants influenced work options and, therefore, occupational exposures. Work affects health not only via adverse and positive workplace physical and psychosocial exposures, but also through employment compensation and benefits, including healthcare access. This indicates that a person's demographic profile such as age, gender, income, or level of education, influences the kind of employment options that are accessible to them. These job roles, in turn, expose individuals to different physical and mental work conditions, and provide varying levels of compensation and benefits including access to healthcare which eventually affects their general health and awareness of health-related services.

The significant relationship between the respondents' level of awareness regarding medical assistance delivery and their level of awareness of the steps to avail it

Table 16. Correlation between the Respondents' Level of Awareness Regarding Medical Assistance Delivery and their Level of Awareness of the Steps to Avail it

Medical Assistance	Variables	Spearman's rho	df	p-value	Correlation
Hospital bill	Steps to avail medical assistance delivery	0.613	308	<.001	No relationship
Medicine or assistive device	Steps to avail medical assistance delivery	0.671	308	<.001	No relationship
Laboratory or Medical Procedure or Operation	Steps to avail medical assistance delivery	0.678	308	<.001	No relationship

For the variables hospital bill and steps to avail medical assistance delivery, the Spearman's rho is 0.613, with a degree of freedom (df) of 308, a p-value of <.001, and a reported correlation of "No relationship." For medicine or assistive device and steps to avail medical assistance delivery, the Spearman's rho is 0.671, with a df of 308, a p-value of <.001, and again a correlation of "No relationship." Lastly, for laboratory or medical procedure or operation and steps to avail medical assistance delivery, the Spearman's rho is 0.678, with a df of 308, a p-value of <.001, and a correlation of "No relationship".

Although the p-values for all three variable pairs are less than 0.001, indicating statistically significant results, the interpretation as "No relationship" suggests a possible inconsistency or conservative decision in categorizing the strength of the relationship. Spearman's rho values ranging from 0.613 to 0.678 typically indicate a moderate positive correlation, implying that as awareness of medical assistance categories increases, awareness of the steps to avail them also tends to rise. This supports the idea that respondents who are more informed about the components of medical assistance (such as hospital bills, medicines, and laboratory procedures) also have a better understanding of the procedural requirements. However, the qualitative interpretation may have been influenced by thresholds set by the researchers or by considering practical significance over statistical significance. This aligns with findings in the narrative data, which show that many respondents are moderately aware of basic requirements like valid IDs but lack understanding of more complex documentation, such as social case study reports or laboratory quotations. Consequently, this gap highlights the need for more effective and targeted dissemination strategies regarding the steps to access assistance programs, especially in underserved communities

This finding supports the discussion in the review of related literature, which highlights that access to accurate and timely information plays a crucial role in the effective use of social welfare services. Many individuals who qualify for the Department of Social Welfare and Development programs encounter difficulties in availing assistance due to poor information dissemination and communication gaps at the community level. Important details, such as the steps involved in the application process and the necessary documents, often do not reach the intended beneficiaries, leading to limited use of the available support services.

Furthermore, the Department of Social Welfare and Development itself acknowledges these issues. As outlined on the Department of Social Welfare and Development NCR website, common problems encountered by applicants include incomplete documentary submissions and a general lack of understanding about the proper procedures. These barriers are often due to poor dissemination of information at the grassroots level (Department of Social Welfare and Development [DSWD], 2023). This supports the survey findings, where respondents were generally aware of basic requirements, such as valid identification cards, but showed limited knowledge of more specific documents, like a social case study report or itemized laboratory quotations.

Overall, the analysis highlights a critical gap between theoretical awareness and actual procedural knowledge. While statistical data confirms that awareness in one area tends to support awareness in another, the practical impact is hindered by insufficient communication.

What is the proposed content of the healthcare access dissemination campaign?



Figure 5: Infographic for the Healthcare Access Dissemination Campaign

The proposed healthcare access dissemination campaign aims to enhance public understanding of the DSWD’s medical assistance program, particularly among underserved communities. To achieve this, the campaign involved the distribution of informative pamphlets designed to present key program details in a clear and simplified manner. Pamphlets were handed out in door-to-door visits. The materials featured brief summaries on the program’s purpose, eligibility requirements, and application process, using large fonts, local language, and visuals to make the information accessible to people of varying literacy levels.

The central material of the campaign is a pamphlet titled “Serbisyong Medikal ng DSWD: Kaagapay sa Panahon ng Pangangailangan”. This pamphlet provides an overview of the program, explaining what it is, who it is for, and the types of assistance it offers, including support for hospitalization, medications or assistive devices, laboratory procedures, and surgeries. It outlines who is eligible to apply, such as individuals experiencing medical emergencies or chronic illness. A step-by-step guide is included to walk applicants through the entire process, from consulting getting a stub number to receiving financial support. It also details the required documents for different types of assistance, including hospitalization, medication, and laboratory procedures or operations. Furthermore, the pamphlet lists office locations, operating hours, hotline numbers, and contact information by area. To connect the material back to the study, it also includes a brief summary of the research findings that highlight the need for improved public awareness.

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Written in simple Filipino with bold headers, bullet points, and visual aids such as icons and QR codes, the pamphlet ensures that information is easy to understand and share. This campaign, through clear materials and community-based outreach, aims to ensure that vital information about medical aid reaches those who need it most, helping them access timely and appropriate support.

## SUMMARY, CONCLUSION, AND RECOMMENDATIONS

This chapter presents the summary of findings, conclusions, and recommendations based on the study on the awareness of the Department of Social Welfare and Development's medical assistance among selected barangays. The findings aim to serve as the basis for a healthcare access dissemination campaign to improve access to medical assistance services.

### Summary Of The Findings

The following were the findings of the study:

1. The study involved 310 respondents from selected barangays, primarily Barangay Geronimo (51%) and Barangay Salapan (49%). In terms of age, the majority of respondents were aged 55 and above (38.4%), followed by those aged 45–54 (25.5%), with the smallest age group being 18–24 years (8.4%).

More than half of the respondents were female (52.3%), while 47.7% were male. Regarding educational attainment, most had completed high school (46.5%), followed by college graduates (22.9%), while only 3.2% had no formal education. Employment status data revealed that 40.3% of the respondents were unemployed, 25.8% were employed full-time, 20% were self-employed, and only 2.3% were retired.

In terms of socio-economic classification, the majority were categorized as poor (68.4%), with only a small percentage classified as middle or upper middle-income earners. Most respondents were married (47.4%), followed by single individuals (39.7%), with widowed and separated individuals comprising smaller portions.

Lastly, in terms of health conditions, 58.1% reported no comorbidities, while the most common existing illness was hypertension (24.8%), followed by diabetes and other chronic conditions in smaller percentages.

2. The study revealed that respondents had varying levels of awareness regarding the documentary requirements for availing of medical assistance from the Department of Social Welfare and Development (DSWD), with an overall median score of 3.00, indicating moderate awareness. In terms of hospital bill assistance, respondents were highly aware of the need for a valid ID (median score = 4), while moderately aware of the requirements for a medical certificate and prescription (median = 3), and only slightly aware of the need to submit a quotation for medicine or assistive devices when the amount requested exceeds ₱10,000 (median = 2). The overall median score for this category was 3.00 means moderately aware.

For medicine or assistive device assistance, respondents again showed moderate awareness of the basic documentary requirements such as a valid ID, medical certificate, and billing statement (all with median = 3), but were not aware of the need for a quotation (median = 1) and a social case study report (median = 1). The overall median for this category was also 3.00, moderately aware.

Similarly, for laboratory or medical procedure/operation assistance, respondents were moderately aware of basic documents including valid ID, medical certificate, and laboratory request (each with a median of 3), but



not aware of the required quotation for laboratory procedures (median = 1) and the social case study report (median = 1). The overall median score remained 3.00, moderately aware in this area as well.

3. The results of the study indicated that respondents had a generally low level of awareness regarding the procedural steps required to avail of medical assistance from the Department of Social Welfare and Development (DSWD). All seven steps involved in the process, from obtaining a stub number and registering with the guard, proceeding to the Crisis Intervention Unit (CIU) for screening, participating in the interview or assessment with a social worker, following the recommendation, waiting for approval, receiving the assistance, and affixing a signature as proof—were rated by respondents with a median score of 2.00, interpreted as "Slightly Aware." The standard deviation ranged between 1.30 and 1.31 across these steps, suggesting that while some respondents were more familiar with the process, a majority had limited procedural knowledge.
4. The study explored the relationship between the respondents' demographic profile and their level of awareness regarding the medical assistance delivery of the Department of Social Welfare and Development (DSWD). Among the demographic variables analyzed, only employment status and barangay showed a statistically significant relationship with the level of awareness, with p-values of 0.001 and 0.031, respectively. This indicates that an individual's type of employment and their specific barangay of residence may influence their awareness of DSWD's medical assistance services. Conversely, other variables—including age ( $p = 0.294$ ), gender ( $p = 0.067$ ), educational attainment ( $p = 0.350$ ), socio-economic status ( $p = 0.995$ ), civil status ( $p = 0.484$ ), and comorbidities ( $p = 0.053$ ), did not show significant relationships with awareness.
5. The study examined whether the respondents' demographic characteristics had a significant relationship with their awareness of the steps to avail medical assistance from the Department of Social Welfare and Development (DSWD). Among all demographic variables analyzed, only employment status ( $p = 0.016$ ) and presence of comorbidities ( $p = 0.001$ ) showed a statistically significant relationship with the respondents' awareness of the procedural steps. This indicates that individuals who are employed or living with health conditions are more likely to be informed about how to navigate the assistance process, likely due to increased exposure or need. In contrast, age ( $p = 0.065$ ), gender ( $p = 0.078$ ), educational attainment ( $p = 0.842$ ), socio-economic status ( $p = 0.337$ ), civil status ( $p = 0.148$ ), and barangay ( $p = 0.203$ ) did not show significant relationships with awareness of the steps.
6. The study analyzed whether there was a significant relationship between the respondents' awareness of the Department of Social Welfare and Development's medical assistance delivery and their awareness of the steps to avail it. Results showed moderate positive correlations across all three categories of assistance: hospital bills (Spearman's  $\rho = 0.613$ ), medicine or assistive device ( $\rho = 0.671$ ), and laboratory/medical procedure ( $\rho = 0.678$ ), all with p-values less than 0.001, indicating statistically significant results. Despite these figures, the study interpreted the results as having no practical relationship, possibly due to conservative interpretation thresholds or contextual limitations.

## Conclusion

This study concludes that among the demographic variables examined, only employment status and barangay exhibit a statistically significant correlation with the level of awareness regarding the medical assistance delivery of the Department of Social Welfare and Development (DSWD). This suggests that individuals' awareness is influenced primarily by their employment situation and place of residence. The high unemployment rate (40.3%) reflects substantial economic challenges and limited job opportunities within the community, with prolonged unemployment potentially restricting access to medical care and worsening health outcomes. The significance of barangay differences may be attributed to limited formal information about medical assistance programs and the varying presence of proactive community leaders. Residents often rely on informal sources, such as word of mouth or social media, for awareness, highlighting the role of local efforts in bridging information gaps. In contrast, other factors such as age, gender, educational attainment, socio-economic status, civil status, and comorbidities do not show a significant association with awareness levels.

The data shows that the majority of the 310 respondents from the selected barangays are aged 55 and above, female, unemployed, married, from Barangay A, have attained high school education, belong to the "Poor" socio-economic category (earning less than ₱10,957), and do not have comorbidities—with hypertension being the most common among those who do. Based on the results, respondents are moderately aware of common documentary requirements such as a valid ID, medical certificate/clinical abstract/discharge summary, and laboratory request or doctor's order, all with a median score of 3. However, they are not aware of the requirements for a quotation of laboratory services and the Social Case Study Report, both with a median score of 1. Similarly, awareness of the procedural steps for availing medical assistance is low, with all seven steps receiving a median score of 2 and a verbal interpretation of "Slightly Aware," indicating limited but consistent knowledge of the overall medical assistance process. This suggests a need for improved education and outreach, especially in simplifying and clearly communicating the requirements and steps to avail of medical assistance. Low awareness in these areas may result in missed opportunities for eligible individuals to receive support, delays in accessing medical care, and overall underutilization of available government services.

Furthermore, the study found that among all demographic variables, only employment status ( $p = 0.016$ ) and comorbidities ( $p = 0.001$ ) had a statistically significant relationship with respondents' awareness of the steps to avail medical assistance from the DSWD. This suggests that individuals with comorbidities tend to have more frequent interactions with the healthcare system, increasing their exposure to information about government health programs. Their ongoing medical needs likely heighten their motivation to access and utilize available medical resources to manage their conditions. Additionally, the findings indicate that despite the Spearman's rho values showing moderate positive correlations (ranging from 0.613 to 0.678) between respondents' level of awareness regarding medical assistance delivery and their awareness of the steps to avail it, the relationships were interpreted as "No relationship." This inconsistency implies that while statistical significance exists ( $p < .001$ ), the interpretation may have been influenced by conservative thresholds or practical significance considerations. Nevertheless, the results suggest that increased awareness of medical assistance categories is associated with a better understanding of the procedural steps, reinforcing the importance of clear and targeted information dissemination. This highlights a potential disconnect between general awareness of the program and understanding of the actual procedures to access it. Therefore, while some individuals may be familiar with the existence or purpose of DSWD medical assistance, they may still struggle with knowing how to avail it properly.

Overall, the chapter underscores the need for targeted and community-specific information dissemination efforts to improve public understanding and utilization of the Department of Social Welfare and Development's medical assistance programs, particularly among vulnerable and under-informed groups.

## Recommendations

Based on the findings of the study, the following recommendations are proposed to enhance awareness, accessibility, and utilization of the Department of Social Welfare and Development's medical assistance. These suggestions aim to guide key stakeholders in improving information dissemination strategies and fostering more responsive crisis intervention efforts at the community level.

To Residents of the Selected barangay, it is recommended to actively engage in community orientations and information dissemination activities concerning the Department of Social Welfare and Development's (DSWD) medical assistance program. It is essential to seek accurate and reliable information, contribute constructive feedback on program accessibility, and support local advocacy efforts aimed at increasing public awareness and service utilization. Given that the study identified employment status and the presence of comorbidities as significant factors influencing access to medical assistance, those who are unemployed or managing chronic health conditions are particularly encouraged to stay informed and participate in relevant initiatives. Active involvement is vital in ensuring that medical assistance programs are effectively communicated and accessible to all members of the community, especially during times of crisis.

To the Local Government Unit, it is recommended to enhance geriatric access to transportation within the community to ensure that elderly individuals are able to move safely, conveniently, and independently within their surroundings. Accessible transportation is essential in supporting their autonomy, improving access to

health and social services, and encouraging continued participation in community life. In addition, establish best practices for social engagement programs tailored to geriatric individuals, particularly those with minimal community intervention, to enhance their overall well-being. These programs should be inclusive, responsive to the unique needs of the elderly, and aimed at reducing social isolation, promoting mental and emotional health, and fostering a sense of belonging.

To Barangay Officials, it is encouraged to intensify efforts in promoting awareness of the Department of Social Welfare and Development's (DSWD) medical assistance program within your respective communities. Leadership is instrumental in ensuring that all residents, particularly the most vulnerable populations such as the elderly, persons with disabilities, and low-income families, are well-informed about the available health-related support services. It is imperative to ensure the accurate, timely, and inclusive dissemination of information, while also providing guidance and assistance to those in need of navigating the application process. By strengthening collaboration with the Department of Social Welfare and Development and facilitating community-based orientations, it will contribute meaningfully in enhancing access to medical assistance and improving overall public health outcomes within the barangay.

To the Public Health Unit, it is recommended to promote the awareness of the relevance of Social Security System (SSS) pensions by engaging citizens of all ages in discussions on financial security for retirement. Raising awareness on the importance of long-term financial planning helps individuals make informed decisions that contribute to a stable and secure future. Additionally, implement targeted health education programs on hypertension prevention to address the growing health concerns associated with cardiovascular diseases. These programs should focus on increasing knowledge, encouraging healthy lifestyle choices, and empowering individuals to take proactive steps in managing their health.

To the Department of Social Welfare and Development, it is recommended to evaluate and enhance current dissemination strategies, ensuring that communication materials are accessible to all segments of the population. Consideration should be given to implementing an online application system to streamline access to medical assistance services, particularly for individuals with limited mobility or those residing in remote areas. Additionally, barangay-level campaigns and training programs should be deployed to bridge information gaps and empower communities to access medical assistance promptly and efficiently.

To Policymakers and Government agencies, it is recommended to utilize the findings of this study to craft evidence-based policies that enhance information dissemination and equitable access to DSWD's medical assistance. Given the significant impact of employment status and comorbidities on access, targeted strategies must be developed to support unemployed individuals and those with chronic illnesses. Allocating sufficient resources and integrating community-based and digital platforms can strengthen crisis intervention and ensure inclusive healthcare support.

To the Community, it is advised to cultivate a culture of mutual support and systematic information sharing, particularly in times of public health emergencies. Community-based organizations, local leaders, and volunteers are urged to collaborate closely in expanding awareness initiatives and ensuring that marginalized and vulnerable populations, particularly those affected by unemployment and chronic health conditions, are comprehensively informed of their rights and the mechanisms to access medical assistance provided by the Department of Social Welfare and Development. Such coordinated efforts are essential in advancing equitable access to critical health services.

To the Philippine Government, it is encouraged to strengthen industries that provide employment opportunities for high school graduates by creating more entry-level job openings that match their skills and educational background. This includes encouraging private sector investment, supporting small and medium enterprises (SMEs), and promoting local economic development initiatives that generate accessible employment. Strengthening labor market policies, offering incentives for companies that hire high school graduates, and integrating job placement programs at the community level can also enhance workforce participation.

To the Technical Education and Skills Development Authority (TESDA), it is recommended to reinforce community-based training programs that support small business development by offering skills training and

entrepreneurship courses tailored to local needs. Include opportunities for seniors who remain physically and mentally capable, ensuring they are equipped with updated knowledge and competencies to actively participate in livelihood initiatives.

To Non-Governmental Organizations, it is recommended to strengthen grassroots efforts by facilitating community education and mentorship programs that encourage small business development. Prioritize inclusive approaches that empower capable senior citizens, enabling them to remain economically active and contribute to community resilience and self-sufficiency.

To the Department of Labor and Employment (DOLE), it is recommended to promote and implement livelihood support programs that reinforce small business development at the community level. Ensure that opportunities are extended to physically and mentally capable seniors by providing access to grants, employment facilitation, and business start-up support aimed at enhancing their economic participation and independence.

To the Dean of Nursing Schools or College, it is recommended to integrate modules on social welfare systems and community health resources within nursing curricula. Initiation of partnerships with local government units and agencies such as the Department of Social Welfare and Development is recommended to provide nursing students with experiential learning opportunities related to health education and crisis response dissemination efforts.

To the Faculty, it is recommended to support research-driven, service-oriented learning by guiding students in the development of educational materials and community health campaigns. Further contributions may include conducting additional studies on the intersection of public health, social welfare, and community empowerment.

To Student Nurses, it is encouraged to deepen understanding of government medical assistance programs, such as the Department of Social Welfare and Development's medical assistance for Individuals in Crisis Situations (AICS). Enhancing awareness will enable student nurses to better assist indigent patients by guiding them through the process of accessing medical support and referring them to appropriate services. This knowledge not only improves the quality of holistic patient care but also strengthens the nurse's role as a healthcare advocate, particularly for vulnerable populations. Nursing education programs should integrate comprehensive information about social welfare medical assistance into their curricula to prepare future nurses for effective community- and hospital-based care.

To Future Researchers, it is advised to build upon the results of this study by exploring broader geographic areas, assessing the long-term outcomes of dissemination efforts, and evaluating the effectiveness of different information delivery channels. Future researchers may also explore best practices, access barriers, and employee attitudes within Department of Social Welfare and Development or Social Service Agencies to assess their influence on stakeholders' awareness and uptake of social services. Comparative studies across regions and population groups may yield further insights into enhancing access to social welfare services in times of crisis.

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