

## Community Members' Satisfaction with the Health Services of a Local Government Unit

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### Abstract

This study examines community satisfaction with the health services of a local government unit, analyzing differences across age, sex, and average family monthly income within a framework of equitable health governance. Using a quantitative descriptive design, four domains were assessed: basic, preventive, frontline, and essential health services. Overall satisfaction was high, particularly regarding free medical consultations at barangay health stations and rural health units. However, gaps were identified in frontline services, especially in access to appropriate care and follow-up for persons with disabilities and in health monitoring support for senior citizens. Significant variations emerged across demographic and socioeconomic groups. Older, female, and higher-income respondents reported higher satisfaction, while younger, male and lower-income residents expressed comparatively lower evaluations in selected areas. Although local health services are generally well-regarded, the findings reveal persistent inequities in accessibility and responsiveness, highlighting the need for targeted policy interventions to strengthen inclusive and equitable service delivery.

**Keywords:** *Community members satisfaction; health services; basic health services; preventive and promotive health services; frontline health services; essential health services*

### Bio-profiles

**Marriane Era Lumanog** is a Filipino nurse-midwife who is working as Sangguniang Bayan Secretary of a first class municipality in Central Philippines. Being a former Executive Assistant to the Mayor of a local government unit, she acted as the key liaison between the local chief executive and the public so she witnessed and experienced firsthand the health-related issues in the community that motivated her to conduct the study. Her research interests include local governance, public health systems, and health service delivery.



**Assoc. Prof. Yasmin Pascual-Dormido, LPT, DPA** is a multi-awarded broadcast journalist, columnist, educator, and published researcher, with an academic background in Mass Communication and as a Licensed Professional Teacher specializing in Secondary Education–English. Her paper, “*Integrating Cybercrime Prevention into Sustainable MSME Practices and Business Education*,” won Best Paper at the Philippine Association of Collegiate Schools of Business 5th International Research Conference in Vietnam on October 14, 2025. She teaches Public Administration, Management, Research, and Communication and Media subjects in the undergraduate and graduate programs of STI West Negros University in Bacolod City, Philippines, where she also serves as Director of External Affairs and Linkages and International Relations Officer. A fellow of WAN-IFRA’s Women in News (WIN) Leadership Accelerator Programme in Southeast Asia, she is a professional lecturer and public speaker who advocates women’s empowerment, gender sensitivity and equality, inclusive education, support for children with special needs, good governance, and campus journalism.

## Introduction

### Rationale

The devolution of health services under the Local Government Code (Republic Act 7160) restructured primary health care delivery in the Philippines by transferring responsibility for rural health units and barangay health stations to local government units (LGUs) (Cuenca, 2018). This decentralization framework was further strengthened by Executive Order No. 138, s. 2021, which accelerated full devolution and reinforced LGU’s central role in implementing Universal Health Care (Republic of the Philippines, 2021). Within this governance structure, local capacity and responsiveness have become decisive factors in health system performance.

Aligned with Sustainable Development Goal 3, which promotes equitable access to quality health services (United Nations, 2015), community satisfaction has emerged as a meaningful indicator of local health system effectiveness. In decentralized settings, citizen feedback provides insight into whether devolved services are accessible, responsive, and inclusive across demographic and socioeconomic groups.

Experiences from low- and middle-income countries indicate that decentralization can produce uneven outcomes. Fragmentation, disparities in fiscal capacity, and insitutional constraints often limit service quality, particularly in geographically isolated and disadvantaged areas (Agyepong et al., 2017; Haque et al., 2021). These structural challenges provide important context for evaluating Philippine LGUs.

National evidence reflects similar patterns. While primary care reforms have improved patient satisfaction in urban LGUs, remote areas have experienced slower and uneven gains, consistent with the inverse inequity hypothesis (Dayrit et al., 2024). Studies also point to operational inefficiencies and workforce concerns that constrain service delivery despite fiscal decentralization (Cuenca, 2018; Lagrada & Ulep, 2020).



Community-based research further reveals that high reported satisfaction may coexist with gaps in awareness and access to essential services (Gonzales & Dator, 2019). Such findings suggest that satisfaction ratings alone do not fully capture equity and service comprehensiveness.

Given these dynamics, systematic local-level assessment remains essential. This study examines community members' satisfaction with LGU health services in a first class municipality in the Central Philippines, generating empirical evidence to inform a context-specific action plan for 2025 and contribute to strengthening equitable, people-centered local health services.

### Theoretical Underpinnings

This study is grounded in Expectation-Confirmation Theory (ECT), which explains satisfaction as the outcome of a cognitive comparison between prior expectations and perceived performance (Oliver, 1980, as cited in Bhattacharjee, 2021). In public service settings, satisfaction arises when institutional performance meets or exceeds what citizens believe they are entitled to receive; dissatisfaction results when performance falls short. In decentralized health systems such as that of the Philippines, where local government units (LGUs) are directly responsible for primary care delivery, ECT provides a useful lens for examining how communities evaluate accessibility, responsiveness, affordability, and quality of services provided through barangay health stations and rural health units.

The relevance of ECT to local health governance is reinforced by public administration scholarship emphasizing citizen-centered performance assessment. Camilleri and Lang (2020) argue that public satisfaction is shaped not only by objective service delivery but also by perceived fairness, reliability, and responsiveness. In resource-constrained environments, expectation gaps become more pronounced, particularly among socially and economically vulnerable groups. Variations in age, sex, educational attainment, and income can influence both the level of expectation and the interpretation of service encounters, thereby explaining demographic differences in satisfaction outcomes. This theoretical perspective situates community feedback as both a perceptual and governance indicator.

International research on decentralization further contextualizes this framework. Studies in low- and middle-income countries highlight that devolved health systems often experience fragmentation, uneven resource allocation, and disparities in local capacity (Agyepong, et al., 2017). Implementation science models such as the Consolidated Framework for Implementation Research (CFIR) and the RE-AIM framework underscore how organizational readiness, infrastructure, and leadership conditions shape service outcomes. These structural factors directly affect whether performance confirms community expectations. Where local systems are under-resourced, negative disconfirmation is more likely to occur, reinforcing inequities in satisfaction across geographic and socioeconomic lines.



Within the Philippines, the Local Government Code of 1991 (Republic Act 7160) institutionalized the devolution of primary health services, transferring operational responsibility to LGUs. Executive Order No. 138 (2021) accelerated full devolution in alignment with the Universal Health Care (UHC) Act. While these reforms aim to strengthen local autonomy and responsiveness, empirical studies reveal uneven results. Dayrit et al. (2024) observed improved satisfaction in better-resourced urban LGUs following primary care reforms, yet reported declining indicators in remote municipalities, reflecting the “inverse inequity hypothesis.” Policy efficiency analyses from the Philippine Institute of Development Studies similarly indicate that discal decentralization alone does not guarantee improved service quality, particularly in capacity-constrained LGUs. These findings reinforce ECT’s assertion that satisfaction depends on alignment between expected and actual performance within structural constraints.

Conceptually, this study operationalizes satisfaction across four interrelated service domains: basic health services, preventive and promotive health services, frontline health services, and essential health services. Basic services represent first contact care and access to consultations and essential medicines. Preventive and promotive services emphasize vaccination, health education, and risk reduction interventions recognized globally as cost-effective public health strategies (Kruk et al., 2018). Frontline services capture the accessibility and responsiveness of barangay health workers, midwives, and community-based providers who serve as the most visible representatives of the local health system. Essential health services correspond to the core package guaranteed under the UHC framework, particularly maternal care, infectious disease management, and emergency interventions (WHO, 2020). Together, these domains reflect both performance dimensions and citizen-facing touchpoints where expectation confirmation occurs.

The conceptual model of the study positions community satisfaction as the department variable, shaped by perceived performance across these four service domains and examined in relation to demographic and socioeconomic characteristics. By comparing satisfaction levels when grouped according to age, sex, and income, the framework assesses whether expectation-performance alignment varies across social categories. This structure allows the analysis to move beyond descriptive ratings toward identifying equity-sensitive gaps in local health delivery.

Ultimately, the integration of ECT with decentralization theory and UHC policy frameworks provides a multidimensional lens for interpreting community satisfaction. Satisfaction is not treated merely as a service outcome but as a reflection of governance quality, institutional capacity, and equity in access. Through this theoretical and conceptual grounding, the study situates local health service evaluation within broader discourses on people-centered care, decentralized accountability, and inclusive health system strengthening in the Philippines.

## Objectives

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This study examined the level of community members' satisfaction with the health services of a local government unit in Central Philippines during the calendar year 2026. Specifically, the study sought to determine 1) the profile of respondents according to age, sex, and average family monthly income; 2) community members' level of satisfaction with the health services of a local government according to basic health services, preventive and promotive health services, frontline health services, and essential health services; and 3) if there is a significant difference in community members' level of satisfaction with the health services of a local government unit when grouped and compared according to the aforementioned variables.

### Methodology

This section presents the research methodology, the study's subjects and respondents, the research instrument, the instrument's reliability, the data-gathering procedure, and the statistical tools and data analysis procedures.



## Research Design

The study employed a descriptive research design to determine the level of community members' satisfaction with the health services provided by a local government unit (LGU) in a first-class municipality in Central Philippines. This design was appropriate for describing the prevailing conditions and community members' perceptions of the accessibility, quality, and responsiveness of local health services, without manipulating any variables. It allowed the researcher to systematically examine how residents evaluate the services delivered through the local health system.

Data were collected through a structured questionnaire designed to capture respondents' demographic characteristics as well as their perceptions of four key service domains: basic health services, preventive and promotive health services, frontline health services, and essential health services. The descriptive design enabled the study to measure the overall level of satisfaction among community members and to identify variations in perceptions when respondents were grouped according to selected demographic variables such as age, sex, and monthly income.

By documenting the current state of community satisfaction, the descriptive approach provided a clear empirical picture of how LGU health services are experienced at the grassroots level. The findings serve as evidence that can inform local health governance and program planning, and may guide the development of an action plan aimed at improving service delivery and strengthening community-centered health care under the Universal Health Care framework.

## Locale of the Study

The study was conducted in a first class municipality in Central Philippines with a total population of 82,540 based on the 2020 Census of the Philippines Statistics Authority. The municipality consists of 40 barangays, of which 26 are upland and 14 are coastal, reflecting its predominantly rural and geographically dispersed context. To capture variations in geographic accessibility and community conditions, the study focused on three barangays representing distinct settlement types: a poblacion barangay (Barangay A), an upland barangay (Barangay B), and a coastal barangay (Barangay C).

Barangay A, located in the municipal center, has 4,461 residents and 1,316 households, with livelihoods largely based on employment and small-scale commerce. Barangay B, the upland study site located approximately 40-45 minutes from the town center, has a population of 8,529 and more than 2,300 households, with agriculture, particularly pineapple farming, as the primary economic activity and schistosomiasis remaining endemic in the area. Barangay C, a coastal community situated near the Tañon Strait, has 2,106 residents and approximately 729 households, with fishing and farming as its main sources of livelihood. While the poblacion benefits from proximity to municipal facilities, upland and coastal communities experience greater challenges in health service access, including transportation barriers, limited medical supplies, and reliance on barangay health stations. These varying geographic and service



conditions make the municipality an appropriate setting for examining community members' satisfaction with local government health services.

### Respondents of the Study

From the total population of households across the three selected barangays, the study involved 354 community members who served as respondents. These participants were residents of Barangay A (poblacion), Barangay B (upland), and Barangay C (coastal) in a first-class municipality in Central Philippines. The respondents represented a range of demographic characteristics, including variations in age, sex, and average family monthly income, which were considered relevant in examining differences in satisfaction with local government health services.

The study employed proportionate stratified sampling, a method that divides the population into subgroups and selects samples proportional to their relative sizes to ensure balanced representation (Etikan & Bala, 2017). This approach allowed the researcher to proportionally represent households from the three barangays while capturing the perspectives of residents from geographically and socioeconomically diverse communities. Through this sampling procedure, the study ensured that the collected data reflected the experiences of community members across different local contexts within the municipality.

### Instrument Validity and Reliability

A researcher-designed survey questionnaire was used to determine community members' satisfaction with the health services provided by the local government unit. The instrument consisted of two parts. Part I gathered respondents' demographic profiles, including age, sex, and average family monthly income. Part II measured respondents' satisfaction with four domains of health services: basic health services, preventive and promotive health services, frontline health services, and essential health services. Each domain contained eight items, for a total of 32 indicators. Responses were rated using a five-point Likert scale, where 5 = Always, 4 = often, 3 = Sometimes, 2 = Rarely, and 1 = Almost Never.

The questionnaire underwent face and content validation by a panel of three subject-matter experts: a municipal health officer who previously served under the Doctors to the Barrios Program, a legislator serving as chairperson of the local Committee on Health, and an experienced statistician and graduate school research adviser. Following the validation criteria of Carter V. Good and Douglas E. Scates, items were evaluated based on clarity, relevance, and alignment with the study constructs. The instrument obtained an overall validity rating of 4.67, interpreted as Excellence.

To establish reliability, the instrument was pilot tested among 30 household respondents from poblacion, upland, and coastal barangays who were not included in the final sample. Internal consistency was assessed using Cronbach's alpha, which yielded a coefficient



of 0.922, interpreted as excellent reliability and indicating high internal consistency of the questionnaire.

### Data Gathering Procedure

After establishing the instrument's validity and reliability, the researcher secured permission from the punong barangay of the participating barangays prior to data collection. The purpose and procedures of the study were explained to the respondents, and instructions for completing the questionnaire were provided. Participation was voluntary, and respondents were assured of the confidentiality and anonymity of their responses.

The researcher personally administered and retrieved the questionnaires to ensure completeness and accuracy. Completed instruments were subsequently organized, tabulated, and prepared for statistical analysis.

### Research Ethics Protocol

The study strictly adhered to established ethical research standards. Data collection commenced only after obtaining the required ethical clearance and approval from the institutional ethics committee, ensuring compliance with accepted research ethics guidelines.

Participants were fully informed about the purpose, procedures, and voluntary nature of the study, and informed consent was obtained prior to participation. Measures were implemented to minimize potential risks and protect respondents' welfare. Confidentiality and anonymity were maintained throughout the study, and all personal information was handled in accordance with the Data Privacy Act of 2012, ensuring that participants' identities and responses remained protected and accessible only to the researcher.

### Analytical and Statistical Schemes

Objective No. 1 used the descriptive-analytical scheme and frequency count and percentage distribution to determine the respondents' profile in terms of age, sex, and average family monthly income. Objective No. 2 used the descriptive-analytical scheme and mean to determine the level of community members' satisfaction with the health services of a local government unit across the following domains: basic health services, preventive and promotive health services, frontline health services, and essential health services. Objective No. 3 used the comparative-analytical scheme and the Mann-Whitney U Test to determine whether there is a significant difference in the level of community members' satisfaction with the health services of a local government unit when grouped and compared according to the aforementioned variables, using a 0.05 level of significance.

## Results and Discussion

This section presents, analyzes, and interprets the data that were gathered consistent with its predetermined objectives.

### Profile of the Respondents According to Age, Sex, and Average Family Monthly Income

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**Table 1***Profile of the Respondents*

Variables	Categories	Frequency	Percentage
Age	Younger (below 31 years old)	175	49.4
	Older (31 years old and above)	179	50.6
	<b>Total</b>	<b>354</b>	<b>100</b>
Sex	Male	97	27.4
	Female	257	72.6
	<b>Total</b>	<b>354</b>	<b>100</b>
Average Family Monthly Income	Lower (below Php5,000)	154	43.5
	Higher (Php5,000 and above)	200	56.5
	<b>Total</b>	<b>354</b>	<b>100</b>

Table 1 presents the demographic profile of the 354 household heads in terms of age, sex, and average family monthly income. In terms of age, 179 respondents (50.6%) belonged to the older age group, while 175 (49.4%) were younger. This nearly equal distribution allows the study to capture perspectives from both younger and older adults, who often differ in health needs and service utilization patterns. Studies suggest that age influences perceptions of health service satisfaction, with older individuals often reporting higher satisfaction due to greater continuity and adjusted expectations (Kin et al., 2024).

In terms of sex, the majority of respondents were female (257 or 72.6%), while 97 (27.4%) were male. This pattern is consistent with health research indicating that women are more actively involved in family healthcare services, enabling them to better assess service delivery (Galvezon et al., 2025).

Regarding average family monthly income, 200 respondents (56.5%) belonged to the higher-income group, while 154 (43.5%) were in the lower-income group. Income level influences access to healthcare services and satisfaction, as lower-income households often face barriers such as transportation costs, treatment expenses, and limited availability of medicines (Jia et al., 2024; Kim, et al., 2024).

Overall, these demographic characteristics provide important context for understanding variations in community members' satisfaction with local government health services.

### Level of Community Members' Satisfaction with the Health Services of a Local Government Unit in the domains Basic Health Services, Preventive and Promotive Health Services, Frontline Health Services, and Essential Health Services



**Table 2*****Community Members' Level of Satisfaction with the Health Services of a Local Government Unit in Basic Health Services***

Basic Health Services	Mean	Interpretation
<i>As a community member, I...</i>		
1. can readily avail of free medical consultations at the barangay health station or rural health unit	4.78	Very high level
2. receive regular monitoring of vital signs such as blood pressure, weight, and temperature from health personnel	4.29	High level
3. have access to free basic medicines for common illnesses at LGU health facilities	4.47	High level
4. am adequately provided with minor wound care and first aid	4.36	High level
5. receive timely and highly accessible treatment for common illnesses (e.g., fever, cough, diarrhea)	4.49	High level
6. can avail of free and regular prenatal check-ups for pregnant women	4.53	Very high level
7. can avail of nutrition assessment and counselling services, especially for children and pregnant women	4.51	Very high level
8. avail of basic laboratory services (eg, blood tests, urine tests) when required	4.38	High level
<b>Overall Mean</b>	<b>4.48</b>	<b>High level</b>

Table 2 presents the level of community members' satisfaction with the local government's basic health services, with an overall mean score of 4.48, interpreted as high satisfaction. The findings indicate that community members generally experience very favorable basic health services. The highest-rated aspect, readily availing free medical consultations at the barangay health station or rural health unit, received a mean of 4.78, reflecting a very high level of satisfaction. Conversely, regular monitoring of vital signs such



as blood pressure, weight, and temperature obtained the lowest mean of 4.29, suggesting that some community members perceive inconsistencies in routine assessment.

The implications of this finding are significant for the LGU as a primary health care provider. Routine measurement of vital signs is a fundamental component of preventive care, allowing early detection of conditions such as hypertension and timely intervention (Persai, 2022). While overall satisfaction remains high, the relatively lower rating for vital sign monitoring highlights the need for improved follow-up care, consistent health worker engagement, and systematic screening at the barangay level.

These results align with Amiruddin et al. (2024), who found that community participation in regular health monitoring is strongly associated with the structure of local health systems. Greater volunteer involvement and systematic monitoring programs correlate with higher rates of routine checks, reinforcing the importance of organized, accessible, and community-centered primary health services in sustaining satisfaction.

**Table 3**

Preventive and Promotive Health Services	Mean	Interpretation
<b>Items</b>		
<i>As a community member, I...</i>		
1. can easily and readily avail of vaccination services for children and adults in the community	4.71	Very high level
2. benefited from health education activities conducted by the LGU and the barangay to promote disease prevention	4.49	High level
3. can avail of family planning services and counselling, as these are made readily available and confidential	4.28	High level
4. have benefited from nutrition supplementation programs (e.g., vitamins, iron supplements) as these are adequately implemented	4.43	High level
5. have witnessed/participated in environmental sanitation and cleanliness campaigns	4.73	Very high level



6. have witnessed/benefited from smoking cessation and healthy lifestyle programs being promoted by LGU health workers	4.41	High level
7. am a beneficiary of oral health education and dental health campaigns provided in the community	3.79	High level
8. have availed of deworming and preventive health services that are regularly implemented	4.44	High level
<b>Overall Mean</b>	<b>4.41</b>	<b>High level</b>

***Community Members' Level of Satisfaction with the Health Services of a Local Government Unit in Preventive and Promotive Health Service***

Table 3 shows community members' satisfaction with preventive and promotive health services provided by the local government unit, with an overall mean of 4.41, indicating a high level of satisfaction. Respondents reported the highest satisfaction with participation in environmental sanitation and cleanliness campaigns, while oral health education and dental health campaigns received comparatively lower ratings.

Although preventive services were generally well-received, the lower satisfaction with dental health promotion suggests that these campaigns are less visible and less frequent. Oral health initiatives are essential for preventing dental caries, periodontal disease, and other conditions that affect overall health and quality of life. When community members seldom participate in such programs, and is most effective when integrated into broader health initiatives rather than offered separately.

The findings indicate that satisfaction could be improved by increasing the visibility, frequency, and integration of dental health education with other community health promotion through targeted communication, collaboration with schools, and engagement of barangay health volunteers can enhance satisfaction while supporting broader preventive health outcomes.

**Table 4**

***Community Members' Level of Satisfaction with the Health Services of a Local Government Unit in Frontline Health Services***

Frontline Health Services	Mean	Interpretation
Items		



*As a community member, I...*

1. have availed of/can avail of barangay-medical consultations because these are accessible within the community	4.75	Very high level
2. get visited by health workers who conduct home visits to monitor the health status of residents when needed	4.68	Very high level
3. have seen/availed of free pregnancy tracking and monitoring throughout pregnancy	4.48	High level
4. have access to emergency referral and transport assistance because these are available during emergencies	4.60	Very high level
5. have participated in/benefited from health education sessions that are conducted during barangay assemblies or meetings	4.60	Very high level
6. seen/received free services from mobile clinics or outreach services for residents in distant or hard-to-reach areas	3.92	High level
7. receive regular health monitoring and assistance for senior citizens	3.76	High level
8. receive and have access to appropriate health services and follow-up care for persons with disabilities (PWDs)	3.65	High level
<b>Overall Mean</b>	<b>4.31</b>	<b>High level</b>

Table 4 presents community members' satisfaction with frontline health services of local government units, with an overall mean of 4.31, indicating a high level of satisfaction. Respondents were most satisfied with the accessibility of barangay medical consultations within the community, while services for persons with disabilities (PWDs), including follow-up care and appropriate support, received comparatively lower satisfaction ratings.

These findings suggest that PWDs experience frontline services differently, with follow-up support and rehabilitation not being as consistently delivered as general consultations. Continuity of care is crucial for ensuring that individuals with special



functional needs receive appropriate monitoring, support, and opportunities for social participation. The lower satisfaction scores for PWD-specific services indicate gaps in outreach, follow-up referrals, and targeted community strategies.

This aligns with research showing that while PWDs can access general consultations, structured follow-up, rehabilitative support, and integrated case management are often less focused on improving frontline care for PWDs. Strengthening barangay PWD registries, training community health workers in person-centered care, establishing referral and tracking mechanisms, and partnering with disability support organizations can ensure that PWDs receive comprehensive, continuous, and equitable health services. These measures not only improve satisfaction but also align frontline services with the principles of responsiveness and equity central to Universal Health Care.

**Comparative Analysis in the Community Members' Level of Satisfaction with the Health Services of a Local Government Unit in Basic Health Services, Preventive and Promotive Health Services, Frontline Health Services, and Essential Health Services when grouped and compared according to Age, Sex, and Average Monthly Income**

**Table 5**

*Differences in the Community Members' Level of Satisfaction with the Health Services of a Local Government Unit in Basic Health Services when grouped and compared according to Variables*

Variables	Categories	N	Mean Rank	Mann Whitney U-test	Sig. Level	p-value	Interpretation
Age	Younger	175	197.72	12123.50	0.05	0.000	Significant
	Older	179	157.73				
Sex	Male	97	147.41	9545.50		0.001	Significant
	Female	257	188.86				
Average Family Monthly Income	Lower	154	156.97	12239.00		0.001	Significant
	Higher	200	193.30				

Table 5 presents the differences in community members' satisfaction with basic health services when grouped according to age, sex, and average family monthly income.



The data reveal that younger members (MR = 197.72), female community members (MR = 188.86), and higher-income households (MR = 193.30) consistently report higher levels of satisfaction compared to older, male, and lower-income respondents. These differences were statistically significantly different ( $p < 0.05$ ), indicating that sociodemographic factors meaningfully influence perceptions of local health service delivery.

The findings suggest that younger community members, being more familiar with health promotion campaigns and outreach programs, may find services more accessible and responsive to their needs (Valdez et al., 2019; Luna et al., 2021). Similarly, women, who typically serve as primary caregivers and frequent users of community health services, are more likely to develop personal rapport with health workers, leading to higher satisfaction (Gonzales & Dator, 2019; Almaleh et al., 2020). Higher-income households likely experience fewer logistical and financial barriers when accessing services, contributing to their greatest satisfaction (Santos & Navarro, 2020; Diaz et al., 2018).

Conversely, older adults, males, and lower-income households report lower satisfaction, potentially reflecting unmet needs in chronic disease management, preventive services, or access to follow-up care. Older adults may perceive preventive services as less comprehensive, while men may engage less frequently in community health programs, and lower-income respondents often face constraints that limit utilization and satisfaction (Valdez et al., 2019; Nketiah-Amponsah et al., 2023).

These disparities underscore the need for targeted interventions to improve equity and responsiveness. Strategies could include tailoring services for older adults, enhancing male-focused health engagement, and providing additional support to economically disadvantaged households to ensure access and continuity of care.

Overall, the results highlight that satisfaction with LGU health services is not uniform but shaped by demographic and socioeconomic factors. Addressing these differences is critical for achieving equitable, people-centered care in alignment with the Universal Health Care Act and advancing SDG 3 (Good Health and Well-Being) and SDG 10 (Reduced Inequalities).

**Table 6**

*Differences in the Community Members' Level of Satisfaction with the Health Services of a Local Government Unit in Preventive and Promotive Health Services when grouped and compared according to Variables*

Variables	Categories	N	Mean Rank	Mann Whitney U-test	Sig. Level	p-value	Interpretation
Age	Younger	175	196.72	12299.00	0.05	0.000	Significant



	Older	179	158.71			
Sex	Male	97	159.62	10730.50	0.042	Significant
	Female	257	184.25			
Average Family Monthly Income	Lower	154	161.02	12862.50	0.007	Significant
	Higher	200	190.19			

The research findings in Table 6 show that community members' satisfaction with preventive and promotive health services varies significantly by age, sex, and average family monthly income. Younger residents (MR = 196.72) reported higher satisfaction than older residents (MR = 158.7,  $p = 0.000$ ). Female respondents (MR = 184.25) were more satisfied than male respondents (MR = 159.62,  $p = 0.042$ ), and households with higher family incomes (MR = 190.19) reported greater satisfaction than lower-income households (MR = 161.02,  $p = 0.007$ ). These results underscore the influence of sociodemographic characteristics on how preventive and promotive health services are perceived and experienced.

Higher satisfaction among younger residents may be attributed to greater exposure to and participation in health-promoting activities such as immunizations, health talks, lifestyle education, and school- or workplace-based preventive programs, which align more closely with their immediate health concerns. Older residents, by contrast, often seek age-specific preventive measures targeting chronic disease management, early detection, and maintenance --- areas that are frequently underrepresented in barangay-level promotive activities (Reyes et al., 2018; Dayrit et al., 2018; Mosadeghard, 2017).

Female residents' higher satisfaction likely reflects their frequent engagement with maternal and child health programs, nutrition initiatives, family planning, and other preventive activities. Regular interaction with barangay health workers and community health services fosters greater awareness and appreciation of these programs (David et al., 2019; Babatunde et al., 2020). In contrast, men's lower satisfaction may stem from less engagement and fewer male-focused preventive interventions.

Higher-income households reported greater satisfaction, likely due to fewer barriers related to transportation, time, or opportunity costs, allowing them to access preventive services more consistently. Conversely, lower-income residents may face constraints that



limit their participation and reduce perceived benefits (Manalili & Cuenca, 2020; Romualdez et al., 2019; Devaux, 2018).

These disparities indicate that satisfaction with preventive and promotive health services is unevenly distributed. Addressing these gaps requires more inclusive age-responsive, gender-sensitive, and equity-oriented strategies. Strengthening preventive outreach for older adults, increasing male participation, and reducing socioeconomic barriers are essential to improving both satisfaction and the effectiveness of these services

Consequently, the null hypothesis that states that there is no significant difference in community members' satisfaction with preventive and promotive health services when grouped by age, sex, and average family monthly income, is rejected. The findings highlight the importance of tailoring preventive programs to meet the diverse needs of the community.

**Table 7**

*Differences in the Community Members' Level of Satisfaction with the Health Services of a Local Government Unit in Frontline Health Services when grouped and compared according to Variables*

Variables	Categories	N	Mean Rank	Mann Whitney U-test	Sig. Level	p-value	Interpretation
Age	Younger	175	187.76	13867.00	0.05	0.060	Not Significant
	Older	179	167.47				
Sex	Male	97	160.34	10800		0.051	Not Significant
	Female	257	183.98				
Average Family Monthly Income	Lower	154	148.06	10866.50		0.000	Significant
	Higher	200	200.17				



The findings in Table 7 reveal that community members' satisfaction with frontline health services does not differ significantly across age and sex groups. Younger residents reported slightly higher satisfaction (MR = 187.76) compared to older residents (MR = 167.47), but the difference was not statistically significant ( $p = 0.060$ ). Similarly, female respondents had marginally higher satisfaction (MR = 183.98) than males (MR = 160.34) with a  $p$ -value of 0.051, also above the 0.05 threshold. Consequently, the null hypothesis that there is no significant difference in satisfaction with frontline health services across age and sex is accepted.

In contrast, satisfaction differed significantly when respondents were grouped by average family monthly income. Residents with higher incomes reported substantially greater satisfaction (MR = 200.17) than those with lower incomes (MR = 148.06,  $p = 0.000$ ), indicating that income is a critical factor in shaping perceptions of frontline services. This disparity likely reflects the influence of socio-economic status on access, utilization, and evaluation of services. Although frontline care, such as barangay medical consultations, home visits, and primary health examinations, is typically offered free or at minimal cost, lower-income households face non-financial barriers, including transportation challenges, opportunity costs, and difficulty taking time off work, which reduce both utilization and satisfaction.

These results align with previous research showing that economic vulnerability continues to shape experiences of local health services. Romualdez et.al. (2019) argue that inequities persist despite decentralization of frontline health care because households differ in their capacity to overcome access barriers. Manalili and Cuenca (2020) similarly observed that low-income families report lower satisfaction with continuity and follow-up, even when services are nominally accessible. Devaux (2018) further emphasizes that income is a key predictor of satisfaction with primary care globally, as socioeconomic position determines one's ability to engage effectively with health systems. Ozawa and Sripad (2017) note that economically advantaged groups consistently rate frontline services more positively, reflecting both perceived quality and responsiveness.

The statistically significant income-based differences underscore the need for equity-oriented adjustments in frontline service delivery. While age and sex inclusivity appear commendable, economic barriers continue to shape how services are experienced. Local government units should address these social determinants of health by implementing strategies such as flexible service schedules, targeted outreach to lower-income households, transportation support, and proactive follow-up by barangay health workers. These measures can help reduce disparities and ensure that frontline health services are both accessible and satisfactory for all community members.



**Table 8**

*Differences in the Community Members' Level of Satisfaction with the Health Services of a Local Government Unit in Essential Health Services when grouped and compared according to Variables*

Variables	Categories	N	Mean Rank	Man Whitney U-test	Sig. Level	p-value	Interpretation
Age	Younger	175	195.76	12467.50	0.05	0.001	Significant
	Older	179	159.65				
Sex	Male	97	156.93	10469.50		0.019	Significant
	Female	257	185.26				
Average Family Monthly Income	Lower	154	148.18	10885.00		0.000	Significant
	Higher	200	200.08				

The findings in Table 8 show that community members' satisfaction with essential health services differs significantly across age, sex, and average family monthly income. Younger residents reported higher satisfaction (MR = 195.76) than older residents (MR = 159.65,  $p = 0.001$ ). Female respondents were also more satisfied (MR = 185.26) than male respondents (MR = 156.93,  $p = 0.019$ ). In addition, respondents from higher-income households expressed substantially greater satisfaction (MR = 200.08 compared to those from lower-income households (MR = 148.18,  $p = 0.0000$ ). These results indicate that demographic and socioeconomic characteristics significantly shape perceptions of essential health service delivery.

Higher satisfaction among younger residents may be attributed to greater mobility, health literacy, and ease in navigating essential services such as emergency care and urgent consultations. Older residents, in contrast, often require sustained management of chronic conditions and continuous follow-up care, which may not always be consistently available at the local level. Previous research suggests that older populations tend to report lower



satisfaction with essential and emergency health services when continuity of care and age-appropriate interventions are limited (van Gaans & Dent, 2018). Similarly, Cruz et al. (2020) observed that older Filipinos often encounter gaps in referral systems and post-treatment monitoring, which may affect their satisfaction with essential services.

Female respondents' higher satisfaction may reflect their more frequent use of health services, particularly those related to preventive, maternal, and family-centered care provided at barangay health stations and rural health units. Women's regular interaction with frontline health providers often strengthens communication and trust, contributing to more favorable service evaluations. This pattern is consistent with international and local studies showing that women tend to report higher satisfaction due to stronger engagement with health providers and greater responsiveness of services to their needs (Bleich et al., 2019; Dizon & Reyes, 2021).

The most pronounced disparity is observed across income groups. Respondents with higher average family monthly incomes reported significantly higher satisfaction than those from lower-income households. Although essential services aim to be universally accessible, economic constraints continue to influence how these services are experienced. Lower-income families often encounter indirect barriers such as transportation costs, limited information, and longer waiting times, which can reduce both utilization and satisfaction. Studies have shown that income-related inequities persist in the use and perception of essential health services even within publicly funded systems (Kim et al., 2018; Dayrit et al., 2018).

These statistically significant differences across age, sex, and income groups highlight the importance of equity-sensitive health service delivery. While essential services may be broadly available, they must be designed and implemented in ways that address the diverse needs of different population groups. Local government units should strengthen age-friendly health initiatives, adopt gender-responsive service approaches, and expand outreach to economically disadvantaged households to improve access and satisfaction.

The findings emphasize the importance of inclusive and equitable health service delivery. Addressing demographic and socioeconomic disparities in satisfaction contributes to advancing universal health coverage and supports the broader goals of Sustainable Development Goal 3 (Good Health and Well-Being) and Sustainable Development Goal 10 (Reduced Inequalities) by ensuring that essential health services are accessible, responsive, and satisfactory for all community members.

## Conclusion

The findings of this study indicate that community members generally reported high to very high levels of satisfaction with the health services delivered by the local government unit across four domains: basic, preventive and promotive, frontline, and essential health services. This suggests that the local health system is largely effective in providing accessible primary health services, particularly through the availability of free medical consultations at barangay health stations and rural health units. However, the results also reveal service gaps in frontline health services, particularly in the provision of appropriate services and follow-



up care for persons with disabilities (PWDs), indicating the need to strengthen continuity of care and targeted support for vulnerable groups.

The study further demonstrates that community members' satisfaction with health services is influenced by demographic and socioeconomic characteristics. Significant differences were observed in basic health services, preventive and promotive health services, and essential health services when respondents were grouped according to age, sex, and average family monthly income. Younger, female, and higher-income residents tended to report comparatively lower satisfaction in certain service areas. Although frontline health services did not significantly differ across age and sex, income-based disparities remained evident, highlighting the continuing influence of socioeconomic conditions on how services are accessed and experienced.

Overall, the study concludes that while local government health services are positively perceived by the community, improving equity and responsiveness remains essential. Strengthening age-responsive services, enhancing gender-sensitive health engagement, expanding outreach and support for lower-income households, and improving follow-up care for persons with disabilities are necessary interventions to address the identified gaps. Implementing these measures will help local government units deliver more inclusive, people-centered health services and contribute to the broader goals of universal health coverage, improved local governance, and sustainable community development.

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#### Authorship Contribution Statement

**Lumanog:** Concept and design, literature review, data collection, analysis, and interpretation. **Pascual-Dormido:** Reviewing, editing, supervision, material, and technical support.



### Conflict of Interest

The authors declare the absence of any conflict of interest that could have influenced the content or conclusions of this paper. They affirm that no financial, personal, or professional relationships with other individuals or organizations have compromised the objectivity, integrity, or impartiality of the research work. As a final point, no external parties influenced the study design, data collection, analysis, or interpretation.

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