

Difficulties in the Availment of PCSO Medical Assistance: Basis for an Action Plan

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Abstract

This study examined the difficulties in the availment of PCSO Medical Assistance, analyzing variations across age, sex, and average family monthly income within the framework of the Equity in Health and Healthcare Access Framework, and individuals' access to health services and the administrative conditions that shape the efficiency of public-assistance programs. Using a quantitative descriptive design, the research assessed three domains: Hospitalization, Diagnostics, and Medicines (Special Medicines & Chemo Drugs) of the PCSO Medical Assistance Program. Overall, respondents reported low to very low difficulty in accessing PCSO Medical Assistance across hospitalization, diagnostics, and medicines, with diagnostics and medicines rated least difficult and hospitalization most difficult. The most common barriers were the need to leave patients in health facilities to process requirements and the burden of traveling between health facilities and the PCSO office, including repeat visits due to documentation errors. Difficulties did not significantly differ by age, sex, or average monthly family income. The study concludes that barriers to accessing PCSO Medical Assistance do not reach a level of high perceived difficulty among respondents.

To improve service, the study advocates for establishing PCSO offices closer to major hospitals and pharmacies. Furthermore, appointing LGU liaison officers to process applications could significantly reduce out-of-pocket overhead expenses and ensure that family members remain with patients, ultimately fostering more equitable access to quality healthcare.

Keywords: *PCSO medical assistance, difficulties, availment.*

Bio-profiles

Cornelio Vicente A. Umilin has been an employee of PCSO for 22 years, now assigned at Negros Occidental Branch, and is a licensed Electronics Engineer. He completed his bachelor's degree in Electronics and Communications Engineering at the University of Saint La Salle, Bacolod, in 1998. **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 government's commitment to equitable access to healthcare is anchored on the Universal Health Care (UHC) Act of 2019 (RA 11223), which mandates financial risk protection, equitable access to quality healthcare, and the integration of health financing mechanisms among PhilHealth, DOH, and partner agencies such as the PCSO. The UHC framework emphasizes minimizing out-of-pocket payments for hospitalization, diagnostic procedures, and essential medicines—areas where PCSO's MAP plays a critical complementary role when PhilHealth benefits are insufficient (Dayrit et al., 2018). Because many catastrophic and high-cost conditions require treatments and procedures beyond standard benefit packages, MAP serves as a bridging mechanism for vulnerable groups.

The 1987 Philippine Constitution establishes health as a fundamental right. Agencies like the DOH and PhilHealth are legally tasked with providing health insurance and public services. The Role of PCSO as mandated by Republic Act 1169, the PCSO allocates 30% of its budget to charity. The PCSO MAP specifically assists with hospital bills, medicines, and diagnostics. Recent 2025 revisions to PCSO's Implementing Rules and Regulations (RIRR) aim to shorten the application process and improve the delivery of Guarantee Letters (Philippine Charity Sweepstakes Office, 2025).

This national policy direction aligns with Sustainable Development Goal 3 (Good Health and Well-being), particularly Target 3.8, which aims to achieve universal health coverage and ensure access to safe, effective, quality, and affordable essential medicines and health services (United Nations, 2015). Strengthening MAP's responsiveness is therefore not only a national mandate but a contribution to global health equity goals.

Nationally, financial protection in health has improved, but inequities persist. Studies by Obermann et al. (2018) and Ulep and Cruz (2016) showed that despite increased PhilHealth coverage, Filipino households—especially the poorest quintiles—still incur significant OOP payments for diagnostics, medicines, and hospitalizations. These gaps compel many low-income patients to seek external support such as PCSO MAP. However, research on Philippine government assistance programs indicates that fragmented service delivery, long processing times, and resource limitations at the local level remain common barriers. Studies show that while assistance programs (like those in China or the U.S.) reduce out-of-pocket (OOP) costs, they also provide psychological relief to families facing "lost wages" and emotional stress (Su et al., 2025). Research indicates that government support is often insufficient on its own (Ku et al., 2019). Charity programs like the PCSO MAP fill the "gap" left by standard social security or insurance (PhilHealth).



In the province, the situation mirrors national patterns. Regional assessments have reported cases in which patients struggle to secure PCSO guarantee letters or timely assistance due to high demand, limited frontline personnel, incomplete documentary requirements, and inconsistent coordination between health facilities and PCSO offices. Local accounts also highlight logistical barriers for patients from island municipalities who must travel to the Capital City to process MAP requests, resulting in higher indirect costs and delays. Patients billing out of hospitals are especially burdened, as guarantee letters can only be issued once final billing is released on the same day.

Common obstacles include "burden of proof" (eligibility documents), complex forms, and delays in obtaining medical abstracts or prescriptions (Santiago et al., 2021). Many eligible citizens do not apply due to a lack of information, the "shame" of seeking charity, or the misconception that the program is strictly for the "indigent" as stated by Dela Cruz (2023) rather than the "financially incapacitated." Effectiveness is often hindered by a lack of manpower and the need for civil service reforms to handle the high volume of applicants.

These realities underscore the need for region-specific analysis of the challenges affecting MAP availment. The problem is not simply the availment of assistance but the budget, accessibility, efficiency, and responsiveness of the administrative process through which patients navigate.

The researcher, serving as an Administrative Officer III at the PCSO in the Province, provides oversight of MAP transactions and daily interacts with beneficiaries, hospitals, and partner facilities. Firsthand exposure to patient complaints, bottlenecks in guarantee letter issuance, and recurring delays in requests for hospital final billing, medical abstract and prescription issuance, and budget constraints—motivated the researcher to conduct this study. Understanding these challenges systematically will support evidence-based recommendations for an action plan that will improve service delivery in Central Visayas.

Theoretical Underpinnings

This quantitative study was anchored on theories that explain measurable factors influencing individuals' access to health services and the administrative conditions that shape the efficiency of public-assistance programs. Andersen's Behavioral Model of Health Service Utilization (BMHSU) provides the principal lens for examining how predisposing factors (age, sex, educational attainment), enabling factors (income), and perceived need influence the utilization of health services. Recent quantitative applications of the model demonstrate that socio-demographic variables significantly predict the likelihood of accessing hospitalization, diagnostics, and medicines among disadvantaged populations (Babitsch et al., 2016). Similarly, Barbosa et al. (2019) found that low income, limited health literacy, and restricted mobility statistically correlate with lower service utilization. For this study, the model justifies the inclusion of beneficiary profile variables and guides the measurement of their relationship to the challenges encountered in availing of the PCSO Medical Assistance Program (MAP).

Beyond individual-level factors, this study also draws on Lipsky's Street-Level Bureaucracy Theory to establish the measurable influence of administrative conditions on program access. Although originally qualitative, recent empirical studies operationalize discretion, workload, and procedural complexity into quantifiable indicators that predict delays and inconsistencies in service



delivery (Tummers et al., 2019). Maynard-Moody and Musheno (2022) highlight that frontline bureaucrats' decisions—shaped by resource constraints—produce measurable variation in processing time and client satisfaction. For MAP, indicators such as document requirements, processing duration, and number of administrative steps can be measured and analyzed to determine their association with reported challenges. Thus, this theory supports quantifying administrative barriers as variables influencing beneficiaries' experience.

To assess structural accessibility, the study employed the Equity in Health and Healthcare Access Framework, which has been widely used in quantitative analyses to measure the dimensions of availment, affordability, accessibility, acceptability, and quality (Gustafson et al., 2023). Marmot (2020) and Raviglione and Maher (2017) affirm that health inequities can be statistically observed through disparities in service utilization and unmet healthcare needs, especially among low-income groups. In the MAP context, these dimensions can be operationalized into measurable survey indicators such as travel distance, ability to meet documentary requirements, timeliness of assistance, financial adequacy of support, and satisfaction with communication. These quantifiable constructs allow the study to examine how systemic inequities contribute to challenges in availing hospitalization assistance, diagnostic procedures, and special medicines or chemotherapy drugs.

By integrating these theoretical frameworks, the study establishes a quantitative foundation for investigating predictors of MAP access issues. Andersen's model guides the identification of demographic and socio-economic variables (Alkhalwaldeh et al., 2023); Street-Level Bureaucracy theory informs the measurement of administrative-process variables (Chang & Brewer, 2023); and the Equity in Health framework supports the quantification of structural barriers affecting indigent patients (Gustafson et al., 2023). Collectively, these theories justify the study's focus on measurable relationships among client profiles, administrative processes, and experienced challenges, providing an evidence-based foundation for developing an action plan to improve MAP implementation in Central Visayas.

Objectives

The study aimed to measure the level of difficulties faced by electoral boards in the 2023 Barangay Elections in a component city in Central Philippines as a basis for an action plan. More specifically, it aimed to determine: 1) the profile of the respondents in terms of age, sex, highest educational attainment, and average monthly family income; 2) the level of difficulties in the availment of PCSO medical assistance, including hospitalization, diagnostics, and medicines; and 3) the level of difficulties in the availment of PCSO medical assistance when grouped according to the aforementioned variables; and 4) significant difference in the level of difficulties in the availment of PCSO medical assistance when grouped and compared according to the aforementioned variables.

Methodology

This section presents a discussion of the research methodology used, the subjects and respondents of the study, the research instruments used, the validity and reliability of the



instruments, the procedure for data gathering, and the statistical tools and procedures for data analysis.

Research Design

The study employed a descriptive research design to determine the difficulties in the availment of PCSO Medical Assistance in a Province in Negros Island Region as the basis for an action plan. According to Singh (2023), descriptive research involves an accurate and systematic description of “something” or “someone,” making it a cornerstone of studies that seek to portray existing conditions without manipulation. This design is appropriate for the present study because it aims to document prevailing circumstances, relationships, perceptions, and processes related to clients’ experiences in accessing PCSO Medical Assistance.

The descriptive design allowed the researcher to observe and describe the behaviors, conditions, and experiences of respondents as they naturally occur, without exerting any influence. As such, it is well-suited for identifying patterns, assessing current difficulties, and generating empirical evidence to formulate a responsive, evidence-based action plan to improve the Medical Assistance Program.

Locale of the Study

The study was conducted in a province in Negros Island Region, including its capital city. The province, with a total population of 3,305,264 million inhabitants as of the 2024 census, is one of the most populous areas in the Negros Island region (City Population, 2024). Its capital, a highly urbanized city, serves as a major administrative, commercial, and healthcare hub for surrounding municipalities and islands.

The province hosts a Philippine Charity Sweepstakes Office (PCSO) Branch Office, which caters to an average of 130 medical assistance clients per month, who were the respondents of the study. The range of assistance provided includes hospitalization expenses, special medicines, chemotherapeutic drugs, erythropoietin injections, laboratory and diagnostic procedures, rehabilitation therapies, and other forms of aid authorized by the PCSO General Manager. Given the volume of clients and the diversity of medical assistance sought, the province is an appropriate setting for examining the difficulties faced by indigent and medically vulnerable populations in availing of PCSO support.

Respondents of the Study

The respondents in the study were selected through stratified random sampling from Beneficiaries of the PCSO Medical Assistance program in a month (N = 130; n = 98).

Data Gathering Instrument



After establishing the validity and reliability of the research instrument, the researcher writes a letter to the branch manager asking permission to conduct the study. Upon approval, the researcher coordinates with the respondents, explains the purpose of the study, and gives instructions on how the questionnaire can be completed objectively and honestly. Thereafter, the Google Form link was distributed to the respondents. As part of the Protocol, they will be assured of the confidentiality of the data.

Instrument Validity and Reliability

To assess the difficulties in the availment of PCSO Medical Assistance in a Province in Negros Island Region, data were collected using a researcher-made survey questionnaire, which underwent validity and reliability testing. The questionnaire consisted of two parts: Part I gathered demographic information, such as Sex, Age, Highest Educational Attainment, and Average Monthly Family Income, while Part II focused on identifying difficulties across Hospitalization, Diagnostics, and Medicines, with 10 items in each area, totaling 30 items. Respondents rated each item on a scale from 1 (Never) to 5 (Always), to indicate the frequency of difficulties encountered. It was subjected to validity (4.52-excellent) and reliability (0.990-excellent). All of them were interpreted as worthy and good, respectively.

Data Gathering Procedure

After establishing the validity and reliability of the research instrument, the researcher sought formal authorization from the branch manager through a written request to conduct the study. Upon approval, the researcher coordinated with the respondents, provided with a brief orientation regarding the study objectives, participation requirements, and instructions for completing the questionnaire accurately and independently. Thereafter, a Google Form link was distributed to the respondents to complete the survey. Prior to participation, respondents were informed of the voluntary nature of their involvement and were assured that all information collected would be treated with strict confidentiality and used solely for research purposes. Completed responses were retrieved from the online platform, screened for completeness, and securely stored for subsequent coding and analysis.

Research Ethics Protocol

The ethical conduct of research primarily lies in the responsibility of the researcher. There were fundamental principles in ethical research. The researcher strictly adhered to established ethical standards, observing regulatory guidelines and institutional review processes to ensure that the study complied with all required ethical protocols. Data collection commenced after securing formal ethical clearance and an official certificate of approval from the appropriate ethics review committee (Ramrathan et al., 2016). Regarding the confidentiality of the results, participants were assured that their personal information would not be distributed to anyone. In terms of anonymity, no names shall be collected in this study; all participants will be anonymous.

Analytical and Statistical Schemes



Objective No. 1 used a descriptive-analytical scheme, and Frequency Count and Percentage distribution were used to determine the profile of the respondents in terms of age, sex, highest educational attainment, and average monthly family income. Objective No. 2 used a descriptive-analytical scheme, and the mean was used to determine the level of difficulties in the availment of PCSO medical assistance, including hospitalization, diagnostics, and medicines. Objective No. 3 used a descriptive-analytical scheme, and the mean was used to determine the level of difficulties in the availment of PCSO medical assistance when grouped according to the aforementioned variables. Objective No. 4 used the comparative-analytical scheme, and the Mann-Whitney U Test was used to determine the significant difference in the level of difficulties in the availment of PCSO medical assistance when grouped and compared according to the aforementioned variables.

Results and Discussion

Profile of the respondents in terms of Age, Sex, Highest Education Attainment, and Average Monthly Income

Table 1
Profile of the Respondents

Variable	Category	Frequency	Percentage (%)
Age	Younger (Below 39 years old)	49	50.0
	Older (39 years old and above)	49	50.0
	Total	98	100.0
Sex	Male	37	36.8
	Female	61	62.2
	Total	98	100.0
Highest Educational Attainment	Lower (Vocational, Elementary, and High School)	36	36.7
	Higher (College)	62	63.3
	Total	98	100.0
Average Monthly Family Income	Lower (Below Php8,500.00)	49	50.0
	Higher (Php8,500.00 and above)	49	50.0
	Total	98	100.0

Table 1 presents data on the profile of respondents according to variables such as Age, sex, Highest Educational Attainment, and Average Monthly Family Income. Ninety-Eight beneficiaries of Medical Assistance in a province in Negros Island Region were surveyed.

The table shows that of 98 respondents or beneficiaries, 49 (50%) were equally divided into younger and older ages, but in the study by Chen et al. (2017), as people age, the quality of problem-solving skills is developed, and the confidence to process requirements for availment will be tasked upon the older-aged respondents.



In terms of sex, 37 (36.8%) were males, while 61 (62.2%) were females. It was observed that majority of the respondents were females, a common trait among women, characterized by greater resilience in problem-solving and the patience to comply with documentation (Borgonovi et al., 2023).

In terms of Highest Educational Attainment, 36 (36.7%) of beneficiaries were Vocational, Elementary, or High School graduates, while 62 (63.3%) had college degrees or higher. This contrasts with the study of Macaraeg et al. (2021), which noted that the majority of respondents were not degree holders in the availment of health programs, attributed to low income and the inability to pursue higher education.

In terms of Average Monthly Family Income, 49(50%) of beneficiaries with below Php8,500.00 and above Php8,500.00 were evenly divided. The average income threshold for the respondents, at Php8,500, serves as the basis for the higher and lower groups, with the ratio closely equal. However, it falls under the “Poor” Income Classification of less than Php10,957.00, based on the study by the Philippine Institute for Development Studies (PIDS, 2019), indicating the need for these respondents to avail of PCSO MAP to alleviate out-of-pocket expenses.

Table 2

Level of Difficulties in the Availment of PCSO Medical Assistance in Hospitalization

Items	Mean	Interpretation
<i>As a PCSO beneficiary, I have difficulty in...</i>		
1. Understanding the requirements on the checklist for hospitalization assistance under the PCSO Medical Assistance Program (MAP)	1.50	Low level
2. filling out and completing the PCSO MAP requirements specifically for hospitalization	1.44	Very low level
3. Getting the medical abstract and Protocol from doctors is being processed because the original or a certified true copy is required	1.73	Low level
4. Securing the final billing from the hospital/healthcare facility for the PCSO MAP application	1.79	Low level
5. leaving my patient in the hospital without a watcher to process the PCSO MAP at Silay	2.30	Low level
6. executing a promissory note for the hospital as a requirement for the PCSO MAP for patients with outstanding bills	2.02	Low level
7. transacting with PCSO because they often run out of budget for the month, and we must come back the next month to process	1.58	Low level
8. Receiving the necessary assistance from the hospital with the requirements	1.68	Low level
9. Getting a medical abstract from doctors as a document because doctors would insist that a medical certificate would do	1.90	Low level
10. processing because the Guarantee Letter granted by PCSO is too small for the amount needed to pay for the hospital bill	1.62	Low level
Overall Mean	1.76	Low level



Table 2 reveals the Level of Difficulties in the Availment of PCSO Medical Assistance in Hospitalization. The overall mean score is 1.76, indicating a low level of difficulty in the Availment of PCSO Medical Assistance in Hospitalization in the said area.

Item 2, “filling out and completing the PCSO MAP requirements specifically for hospitalization” obtained the lowest mean rating of 1.44, indicating “Very Low Level”, while Item 5, “leaving my patient in the hospital without a watcher to process the PCSO MAP” obtained the highest mean score of 2.30, interpreted as “Low Level” of difficulty in the Availment of PCSO Medical Assistance in Hospitalization.

Although beneficiaries have a “Low Level” of difficulty in Hospitalization, the act of leaving a patient in the hospital without a watcher to process the PCSO MAP is perceived as the challenging part. The level of worry from a family member leaving the hospital for errands would also translate to the patients suffering and anxiety, knowing no family member is around, a subject of a study by Barreto et al. (2020) in which both patient and family member mutually suffer.

Table 3

Level of Difficulties in the Availment of PCSO Medical Assistance in Diagnostics

Items	Mean	Interpretation
<i>As a PCSO beneficiary, I have difficulty in...</i>		
1. Understanding the requirements for diagnostic assistance under the PCSO Medical Assistance Program (MAP)	1.40	Very low level
2. filling out and completing the PCSO MAP requirements specifically for diagnostic procedures	1.47	Very low level
3. securing a complete and valid doctor’s request for laboratory or diagnostic tests required by PCSO	1.72	Low level
4. obtaining a quotation or cost estimate for diagnostic procedures from the hospital or diagnostic center	1.73	Low level
5. Receiving assistance from hospital or diagnostic center staff in preparing documents required for PCSO MAP	1.46	Very low level
6. obtaining diagnostic-related documents (e.g., laboratory requests, quotations, results) within a reasonable time	1.73	Low level
7. paying additional fees for documents like a medical abstract required for PCSO MAP diagnostic assistance	1.78	Low level
8. Coordinating between the Laboratory/diagnostic center and PCSO regarding diagnostic requirements	1.47	Very low level
9. traveling to diagnostic centers and PCSO offices, and spending on transportation expenses	2.35	Low level
10. returning to diagnostic centers or PCSO offices due to incomplete, incorrect, or expired diagnostic documents	2.06	Low level
Overall Mean	1.72	Low level

Table 3 reveals the Level of Difficulties in the Availment of PCSO Medical Assistance in Diagnostics. The overall mean score is 1.72, indicating a low level of Difficulties in the Availment of PCSO Medical Assistance in Diagnostics in the said area.

Item 1, “understanding the requirements for diagnostic assistance under the PCSO Medical Assistance Program (MAP)” obtained the lowest mean rating of 1.40, indicating “Very Low Level”



while Item 9, “traveling to diagnostic centers and PCSO offices and spending for transportation expenses” obtained the highest mean score of 2.35, interpreted as “Low Level” of difficulties in the Availment of PCSO Medical Assistance in Diagnostics.

While beneficiaries expressed a “Low Level” of difficulties in Diagnostics, the act of traveling to diagnostic centers and PCSO offices and spending for transportation was perceived to be the difficult part when the respondent in need of financial assistance to reduce OOP expenditures (Coughlin, 2021; Richard et al., 2018) would need additional out-of-pocket (OOP) expense through traveling from healthcare facility to PCSO office for the processing of the availment of Diagnostics.

The burden of OOP in medical care is challenging enough for families to bear, based on a study by Richard et al. (2018); the additional cost of transportation would strain beneficiaries' financial capacity.

Table 4

Level of Difficulties in the Availment of PCSO Medical Assistance in Medicines (Special Medicines & Chemo Drugs)

Items	Mean	Interpretation
<i>As a PCSO beneficiary, I have difficulty in...</i>		
1. Understanding the requirements for medicine assistance under the PCSO Medical Assistance Program (MAP)	1.45	Very low level
2. securing a complete and valid prescription that complies with PCSO requirements	1.47	Very low level
3. obtaining a quotation or price list of medicines from the pharmacy or healthcare facility	1.70	Low level
4. Receiving assistance from pharmacy or hospital personnel in preparing documents for PCSO MAP	1.52	Low level
5. obtaining required documents (prescriptions, quotations, certifications) within a reasonable time	1.71	Low level
6. paying fees for the issuance of medical abstracts or medicine-related documents	1.89	Low level
7. Finding pharmacies accredited by PCSO for medicine assistance, even if PCSO has supplied us with the address	2.24	Low level
8. Coordinating between the pharmacy and PCSO for the processing of medicine assistance	1.50	Low level
9. spending for transportation when traveling to pharmacies, hospitals, and the PCSO office	2.19	Low level
10. reprocessing or returning documents due to errors, missing information, or expired prescriptions	1.94	Low level
Overall Mean	1.76	Low level

Table 4 reveals the Level of Difficulties in the Availment of PCSO Medical Assistance in Medicines (Special Medicines & Chemo Drugs). The overall mean score is 1.76, indicating a low level of Difficulties in the Availment of PCSO Medical Assistance in Medicines (Special Medicines & Chemo Drugs) in the said area.

Item 1, “understanding the requirements for medicine assistance under the PCSO Medical Assistance Program (MAP)” obtained the lowest mean score of 1.45, while Item 7, “finding pharmacies accredited by PCSO for medicine assistance even if PCSO has supplied us with the



address” obtained the highest mean score of 2.24, interpreted as “Low Level” of difficulties in the Availment of PCSO Medical Assistance in Medicines (Special Medicines & Chemo Drugs).

While beneficiaries expressed a “Low Level” of difficulties in Medicines (Special Medicines & Chemo Drugs), spending for transportation in traveling to pharmacies, hospitals, and PCSO office is perceived to be the difficult part when the respondent in need of financial assistance would need additional out-of-pocket (OOP) expense (Coughlin, 2021; Richard et al., 2018) through traveling from healthcare facility to PCSO office for the processing of the availment of Medicines (Special Medicines & Chemo Drugs), which was also the difficulties discussed in the previous table for Diagnostics.

The burden of OOP in medical care is challenging enough for a family to bear; based on a study by Richard et al. (2018), the additional cost of transportation would strain beneficiaries' financial capacity (Coughlin, 2021) to comply with the burden of proof to qualify for assistance from the government (Santiago et al., 2021). It is not enough that the government can share in the medical burdens of citizens in a certain percentage, Baird (2016), but also in other overheads like food and transportation.

Table 5

Level of Difficulties in the Availment of PCSO Medical Assistance in Hospitalization according to age

Hospitalization Items	Younger		Older	
	Mean	Interpretation	Mean	Interpretation
<i>As a PCSO beneficiary, I have difficulty in...</i>				
1. Understanding the requirements on the checklist for hospitalization assistance under the PCSO Medical Assistance Program (MAP)	1.45	Very low	1.55	Low
2. Filling out and completing the PCSO MAP requirements specifically for hospitalization	1.51	Low	1.37	Very low
3. Getting the medical abstract and Protocol from doctors in processing because the original or a certified true copy is required	1.59	Low	1.88	Low
4. Securing the final billing from the hospital/healthcare facility for the PCSO MAP application	1.73	Low	1.84	Low
5. Leaving my patient in the hospital without a watcher to process the PCSO MAP at Silay	2.27	Low	2.33	Low
6. Executing a promissory note for the hospital as a requirement for the PCSO MAP for patients with outstanding bills	1.92	Low	2.12	Low
7. Transacting with PCSO because they often run out of budget for the month, and we must come back the next month to process	1.73	Low	1.43	Very low
8. receiving the necessary assistance from the hospital with the requirements	1.69	Low	1.67	Low
9. Getting a medical abstract from doctors as a document because doctors would insist that a medical certificate will do	1.69	Low	2.10	Low



10. processing because the Guarantee Letter granted by PCSO is too small for the amount needed to pay for the hospital bill	1.67	Low	1.57	Low
Overall Mean	1.73	Low	1.79	Low

Table 5 reveals the Level of Difficulties in the Availment of PCSO Medical Assistance in Hospitalization according to age. The overall mean score is 1.73 for younger age, and the overall mean score is 1.79 for older ages, indicating "Low Level" for both ages in the Level of Difficulties in the Availment of PCSO Medical Assistance in Hospitalization according to age.

Beneficiaries on both younger and older ages rated item 1, "understanding the requirements on the checklist for hospitalization assistance under the PCSO Medical Assistance Program (MAP)" obtained the lowest mean rating of 1.45 for younger ages, while on the older ages item 2, "filling out and completing the PCSO MAP requirements specifically for hospitalization" obtained a mean score of 1.21, still indicating "Very Low Level" of difficulties for both items, while item 5, "leaving my patient in the hospital without a watcher to process the PCSO MAP" obtained the highest mean score of 2.27 and 2.33 for younger and older ages respectively, interpreted as "Low Level" of difficulties for all ages in the Availment of PCSO Medical Assistance in Hospitalization according to age.

Beneficiaries of the lower age bracket would signify a higher level of difficulties than the older age group, in leaving their patient in the hospital without a watcher to process the PCSO MAP and comply with the requirements to qualify for assistance from the government (Santiago et al., 2021).

In a study by Beardsley (2022), it was discussed that the level of anxiety of the younger generation is growing as the years go by, which may be the reason why younger respondents worry about leaving their patients behind in the hospital more than the older age group.

Table 6

Level of Difficulties in the Availment of PCSO Medical Assistance in Diagnostics according to age

Diagnostics Items	Younger		Older	
	Mean	Interpretation	Mean	Interpretation
<i>As a PCSO beneficiary, I have difficulty in...</i>				
1. Understanding the requirements for diagnostic assistance under the PCSO Medical Assistance Program (MAP)	1.47	Very low	1.33	Very low
2. Filling out and completing the PCSO MAP requirements specifically for diagnostic procedures	1.57	Low	1.37	Very low
3. Securing a complete and valid doctor's request for laboratory or diagnostic tests required by PCSO	1.65	Low	1.80	Low
4. Obtaining a quotation or cost estimate for diagnostic procedures from the hospital or diagnostic center	1.67	Low	1.80	Low
5. receiving assistance from hospital or diagnostic center staff in preparing documents required for PCSO MAP	1.55	Low	1.37	Very low



6. obtaining diagnostic-related documents (e.g., laboratory requests, quotations, results) within a reasonable time	1.69	Low	1.78	Low
7. paying additional fees for documents like a medical abstract required for PCSO MAP diagnostic assistance	1.80	Low	1.76	Low
8. Coordinating between the Laboratory/diagnostic center and PCSO regarding diagnostic requirements	1.55	Low	1.39	Very low
9. traveling to diagnostic centers and PCSO offices and spending on transportation expenses	2.33	Low	2.37	Low
10. returning to diagnostic centers or PCSO offices due to incomplete, incorrect, or expired diagnostic documents	2.00	Low	2.12	Low
Overall Mean	1.73	Low	1.71	Low

Table 6 reveals the Level of Difficulties in the Availment of PCSO Medical Assistance in Diagnostics according to age. The overall mean score is 1.73 for younger age and 1.71 for older age, indicating Low Level for both ages in the Level of Difficulties in the Availment of PCSO Medical Assistance in Diagnostics according to age.

Beneficiaries on both younger and older ages rated item 1, "understanding the requirements for diagnostic assistance under the PCSO Medical Assistance Program (MAP)" obtained the lowest mean rating of score of 1.47 and 1.33 for younger and older ages respectively, while item 9, "traveling to diagnostic centers and PCSO offices and spending for transportation expenses" obtained the highest mean score of 2.33 and 2.37 for younger and older ages respectively, interpreted as "Low Level" of difficulty for all ages, while, still indicating "Very Low Level" of difficulties in the Availment of PCSO Medical Assistance in Diagnostics according to age.

Beneficiaries in the higher age bracket would find it difficult to travel to diagnostic centers and PCSO offices and would spend more on transportation than the younger group. However, in a study by Nie and Gautam (2020), the younger age group has a much lower tendency to spend on transportation than the older age group. It may be true that the younger generation is financially dependent on older generations, such as their parents, for expenses.

Table 7

Level of Difficulties in the Availment of PCSO Medical Assistance in Medicines (Special Medicines & Chemo Drugs) according to age

Medicines (Special Medicines & Chemo Drugs) Items	Younger		Older	
	Mean	Interpretation	Mean	Interpretation
<i>As a PCSO beneficiary, I have difficulty in...</i>				
1. Understanding the requirements for medicine assistance under the PCSO Medical Assistance Program (MAP)	1.49	Very low	1.41	Very low



2. Securing a complete and valid prescription that complies with PCSO requirements	1.49	Very low	1.45	Very low
3. Obtaining a quotation or price list of medicines from the pharmacy or healthcare facility	1.69	Low	1.71	Low
4. receiving assistance from pharmacy or hospital personnel in preparing documents for PCSO MAP	1.55	Low	1.49	Very low
5. obtaining required documents (prescriptions, quotations, certifications) within a reasonable time	1.67	Low	1.76	Low
6. paying fees for the issuance of medical abstracts or medicine-related documents	1.86	Low	1.92	Low
7. Finding pharmacies accredited by PCSO for medicine assistance, even if PCSO has supplied us with the address	2.02	Low	2.47	Low
8. Coordinating between the pharmacy and PCSO for the processing of medicine assistance	1.49	Very low	1.51	Low
9. spending for transportation in traveling to pharmacies, hospitals, and PCSO office	2.06	Low	2.33	Low
10. reprocessing or returning documents due to errors, missing information, or expired prescriptions	1.86	Low	2.02	Low
Overall Mean	1.72	Low	1.81	Low

Table 7 reveals the Level of Difficulties in the Availment of PCSO Medical Assistance in Medicines (Special Medicines & Chemo Drugs) according to age. The overall mean score is 1.49 for younger age, and the overall mean score is 1.81 for older age, indicating Low Level for both ages in the Level of Difficulties in the Availment of PCSO Medical Assistance in Medicines (Special Medicines & Chemo Drugs) according to age.

Beneficiaries of both younger and older ages rated item 2 "securing a complete and valid prescription that complies with PCSO requirements" obtained the lowest mean rating of score of 1.49 and 1.45 for younger and older ages, respectively, indicating "Very Low Level". In contrast, item 9, "spending for transportation in traveling to pharmacies, hospitals, and PCSO office" obtained the highest mean score of 2.06 for the younger, while item 7 "finding pharmacies accredited by PCSO for medicine assistance even if PCSO has supplied us with the address" for the older ages, interpreted as "Low Level" of difficulty for both ages in the Availment of PCSO Medical Assistance in Medicines (Special Medicines & Chemo Drugs) according to age.

Beneficiaries in the lower age bracket find it difficult to travel to pharmacies, hospitals, and PCSO offices and spend more on transportation than the older group, while the older group struggles to find accredited pharmacies. However, in a study by Nie and Gautam (2020), the younger group had a much lower tendency to spend on transportation than the older group. It may be that the younger generation is financially dependent on the older generation, such as their parents, for expenses. In comparison, the older generation finds it hard to navigate (Yu & Chattopadhyaya, 2020).

Table 8



Level of Difficulties in the Availment of PCSO Medical Assistance in Hospitalization according to Sex

Hospitalization Items	Male Mean	Interpretation	Female Mean	Interpretation
<i>As a PCSO beneficiary, I have difficulty in...</i>				
1. Understanding the requirements on the checklist for hospitalization assistance under the PCSO Medical Assistance Program (MAP)	1.54	Low	1.48	Very low
2. Filling out and completing the PCSO MAP requirements specifically for hospitalization	1.35	Very low	1.49	Very low
3. Getting the medical abstract and Protocol from doctors in processing because the original or a certified true copy is required	1.57	Low	1.84	Low
4. Securing the final billing from the hospital/healthcare facility for the PCSO MAP application	1.62	Low	1.89	Low
5. Leaving my patient in the hospital without a watcher to process the PCSO MAP at Silay	2.05	Low	2.44	Low
6. Executing a promissory note for the hospital as a requirement for the PCSO MAP for patients with outstanding bills	1.81	Low	2.15	Low
7. Transacting with PCSO because they often run out of budget for the month, and we must come back next month to process	1.59	Low	1.57	Low
8. receiving the necessary assistance from the hospital with the requirements	1.65	Low	1.70	Low
9. Getting a medical abstract from doctors as a document because doctors would insist that a medical certificate will do	1.89	Low	1.90	Low
10. processing because the Guarantee Letter granted by PCSO is too small for the amount needed to pay for the hospital bill	1.68	Low	1.59	Low
Overall Mean	1.68	Low	1.80	Low

Table 8 reveals the Level of Difficulties in the Availment of PCSO Medical Assistance in Hospitalization according to Sex. The overall mean score is 1.68 for males, and the overall mean score is 1.80 for females, indicating “Low Level” for both sexes in the Level of Difficulties in the Availment of PCSO Medical Assistance in Hospitalization according to Sex.

Male Beneficiaries rated item 2, “filling out and completing the PCSO MAP requirements specifically for hospitalization,” obtained the lowest mean rating of 1.35. In contrast, the females rated item 1 “understanding the requirements on the checklist for hospitalization assistance under the PCSO Medical Assistance Program (MAP)” with a mean score of 1.48, still indicating “Very Low Level”, while Item 5, “leaving my patient in the hospital without a watcher to process the PCSO MAP” obtained the highest mean score of 2.05 and 2.44 for Male and Female respectively,



interpreted as “Low Level” for all sexes, in the level of difficulties in the Availment of PCSO Medical Assistance in Hospitalization according to Sex.

Female respondents find it more difficult than males to leave a patient in the hospital without a watcher to process the PCSO MAP. It is a common notion that females have it in their personalities as caring and empathetic over the male counterpart, but in a study by Pang et al. (2023), the question of whether women are more empathetic than men remains an open question, and that social expectations can contribute to common observations of women being more empathetic than men.

Table 9

Level of Difficulties in the Availment of PCSO Medical Assistance in Diagnostics according to Sex

Diagnostics Items	Male		Female	
	Mean	Interpretation	Mean	Interpretation
<i>As a PCSO beneficiary, I have difficulty in...</i>				
1. Understanding the requirements for diagnostic assistance under the PCSO Medical Assistance Program (MAP)	1.32	Very low	1.44	Very low
2. Filling out and completing the PCSO MAP requirements specifically for diagnostic procedures	1.46	Very low	1.48	Very low
3. Securing a complete and valid doctor's request for laboratory or diagnostic tests required by PCSO	1.59	Low	1.80	Low
4. Obtaining a quotation or cost estimate for diagnostic procedures from the hospital or diagnostic center	1.70	Low	1.75	Low
5. receiving assistance from hospital or diagnostic center staff in preparing documents required for PCSO MAP	1.43	Very low	1.48	Very low
6. obtaining diagnostic-related documents (e.g., laboratory requests, quotations, results) within a reasonable time	1.49	Very low	1.89	Low
7. paying additional fees for documents like a medical abstract required for PCSO MAP diagnostic assistance	1.70	Low	1.82	Low
8. Coordinating between the Laboratory/diagnostic center and PCSO regarding diagnostic requirements	1.51	Low	1.44	Very low
9. traveling to diagnostic centers and PCSO offices and spending on transportation expenses	2.16	Low	2.46	Low
10. returning to diagnostic centers or PCSO offices due to incomplete, incorrect, or expired diagnostic documents	1.84	Low	2.20	Low
Overall Mean	1.62	Low	1.78	Low

Table 9 reveals the Level of Difficulties in the Availment of PCSO Medical Assistance in Diagnostics according to Sex. The overall mean score is 1.62 for males, and the overall mean score is



1.78 for females, indicating “Low Level” for both sexes in the Level of Difficulties in the Availment of PCSO Medical Assistance in Diagnostics according to Sex.

Beneficiaries on both sexes rated item 1 “understanding the requirements for diagnostic assistance under the PCSO Medical Assistance Program (MAP)” obtained the lowest mean rating of 1.32 for males Item 9, “traveling to diagnostic centers and PCSO offices and spending for transportation expenses” and for the females mean score of 1.44, equaled by item 2 “coordinating between the Laboratory/diagnostic center and PCSO regarding diagnostic requirements” obtained also a mean score of 1.44, still indicating “Very Low Level” of difficulty for both items, while obtaining the highest mean score of 2.16 and 2.46 for Male and Female respectively is item 9,” traveling to diagnostic centers and PCSO offices and spending for transportation expenses” interpreted as “Low Level” for both sexes, in the level of difficulties in the Availment of PCSO Medical Assistance in Diagnostics according to Sex.

Female respondents find it difficult to travel to diagnostic centers and PCSO offices and spend more on transportation than males. Females prioritize expenditure on home and family products rather than on transportation (Bugheanu & Străchinaru, 2020). Another study shows a traditional patriarchal standpoint in which women are mostly housewives, dependent on their husbands, and constrained by budgets, thereby making travel spending difficult (Wee & Kong, 2024).

Table 10

Level of Difficulties in the Availment of PCSO Medical Assistance in Medicines (Special Medicines & Chemo Drugs) according to Sex

Medicines (Special Medicines & Chemo Drugs) Items	Male		Female	
	Mean	Interpretation	Mean	Interpretation
<i>As a PCSO beneficiary, I have difficulty in...</i>				
1. Understanding the requirements for medicine assistance under the PCSO Medical Assistance Program (MAP)	1.38	Very low	1.49	Very low
2. Securing a complete and valid prescription that complies with PCSO requirements	1.43	Very low	1.49	Very low
3. Obtaining a quotation or price list of medicines from the pharmacy or healthcare facility	1.65	Low	1.74	Low
4. receiving assistance from pharmacy or hospital personnel in preparing documents for PCSO MAP	1.49	Very low	1.54	Low
5. obtaining required documents (prescriptions, quotations, certifications) within a reasonable time	1.68	Low	1.74	Low
6. paying fees for the issuance of medical abstracts or medicine-related documents	1.65	Low	2.03	Low
7. finding pharmacies accredited by PCSO for medicine assistance, even if PCSO has supplied us with the address	1.89	Low	2.46	Low



8. Coordinating between the pharmacy and PCSO for the processing of medicine assistance	1.49	Very low	1.51	Low
9. spending for transportation in traveling to pharmacies, hospitals, and the PCSO office	1.97	Low	2.33	Low
10. reprocessing or returning documents due to errors, missing information, or expired prescriptions	1.89	Low	1.97	Low
Overall Mean	1.65	Low	1.83	Low

Table 10 reveals the Level of Difficulties in the Availment of PCSO Medical Assistance in Medicines (Special Medicines & Chemo Drugs) according to Sex. The overall mean score is 1.65 for Males, and the overall mean score is 1.83 for females, indicating “Low Level” for both sexes in the Level of Difficulties in the Availment of PCSO Medical Assistance in Medicines (Special Medicines & Chemo Drugs) according to Sex.

Beneficiaries of both sexes rated item 2 “securing a complete and valid prescription that complies with PCSO requirements” obtained the lowest mean rating of 1.38 for males, and 1.49 for the females, still indicating “Very Low Level” of difficulty for both groups. In contrast, item 9, “spending for transportation in traveling to pharmacies, hospitals, and PCSO office” obtained the highest mean score of 1.97 for Males, while item 7, “finding pharmacies accredited by PCSO for medicine assistance even if PCSO has supplied us with the address” 2.46 for Females, interpreted as “Low Level” of difficulty for all sexes, in the Availment of PCSO Medical Assistance in Medicines (Special Medicines & Chemo Drugs) according to Sex.

Female respondents find it difficult to travel to pharmacies, hospitals, and PCSO offices, and spend more on transportation than males. This implies that females are keen on allocating expenditure to home and family products rather than transportation, which aligns with the study by Bugheanu and Străchinaru (2020). Similarly, a study shows that, from a traditional patriarchal standpoint, men, as husbands, leave budgeting to women, and the capacity to spend is based on a budget; therefore, the difficulty of the expense of travel (Wee & Kong, 2024).

Table 11

Level of Difficulties in the Availment of PCSO Medical Assistance in Hospitalization according to Highest Educational Attainment

Hospitalization Items	Lower		Higher	
	Mean	Interpretation	Mean	Interpretation
<i>As a PCSO beneficiary, I have difficulty in...</i>				
1. Understanding the requirements on the checklist for hospitalization assistance under the PCSO Medical Assistance Program (MAP)	1.36	Very low	1.58	Low
2. Filling out and completing the PCSO MAP requirements specifically for hospitalization	1.33	Very low	1.50	Low
3. Getting the medical abstract and Protocol from doctors in processing because the original or a certified true copy is required	1.61	Low	1.81	Low



4. Securing the final billing from the hospital/healthcare facility for the PCSO MAP application	1.58	Low	1.90	Low
5. Leaving my patient in the hospital without a watcher to process the PCSO MAP at Silay	2.19	Low	2.35	Low
6. Executing a promissory note for the hospital as a requirement for the PCSO MAP for patients with outstanding bills	2.06	Low	2.00	Low
7. Transacting with PCSO because they often run out of budget for the month, and we must come back next month to process	1.58	Low	1.58	Low
8. receiving the necessary assistance from the hospital with the requirements	1.53	Low	1.77	Low
9. Getting a medical abstract from doctors as a document because doctors would insist that a medical certificate would do	1.83	Low	1.94	Low
10. processing because the Guarantee Letter granted by PCSO is too small for the amount needed to pay for the hospital bill	1.64	Low	1.61	Low
Overall Mean	1.67	Low	1.80	Low

Table 11 reveals the Level of Difficulties in the Availment of PCSO Medical Assistance in Hospitalization according to the highest educational attainment. The overall mean scores are 1.67 and 1.80 for the Lower and Higher Educational Attainment, respectively, indicating “Low Level” in the Level of Difficulties in the Availment of PCSO Medical Assistance in Hospitalization according to Highest Educational Attainment.

Beneficiaries in both groups rated item 2, "filling out and completing the PCSO MAP requirements specifically for hospitalization," as having the lowest mean rating: 1.33 for Lower Educational Attainment and 1.50 for Higher Educational Attainment, indicating a "Very Low Level" of difficulty for both groups. while item 5, "leaving my patient in the hospital without a watcher to process the PCSO MAP" obtained the highest mean score of 2.19 and 2.35 for Lower and Higher Educational Attainment groups, respectively, interpreted as "Low Level" in the difficulties in the Availment of PCSO Medical Assistance in Hospitalization according to Highest Educational Attainment.

Respondents in the Higher Educational Attainment group find it difficult in leaving patients in the hospital without a watcher to process the PCSO MAP more than the Lower Educational Attainment respondents, this is in contrast to a study by Lathapipat (2018), because it is the Lower Educated would have lower confidence in leaving to processing various documents because lacking of critical skills due to education or experience and hindered by embarrassment or tired of hoping that they can be helped (Allard et al., 2015; Hoffman et al., 2016).

Table 12

Level of Difficulties in the Availment of PCSO Medical Assistance in Diagnostics according to Highest Educational Attainment

Diagnostics Items	Lower Mean	Interpretation	Higher Mean	Interpretation
<i>As a PCSO beneficiary, I have difficulty in...</i>				



1. Understanding the requirements for diagnostic assistance under the PCSO Medical Assistance Program (MAP)	1.36	Very low	1.42	Very low
2. Filling out and completing the PCSO MAP requirements specifically for diagnostic procedures	1.31	Very low	1.56	Low
3. Securing a complete and valid doctor's request for laboratory or diagnostic tests required by PCSO	1.61	Low	1.79	Low
4. Obtaining a quotation or cost estimate for diagnostic procedures from the hospital or diagnostic center	1.56	Low	1.84	Low
5. receiving assistance from hospital or diagnostic center staff in preparing documents required for PCSO MAP	1.36	Very low	1.52	Low
6. obtaining diagnostic-related documents (e.g., laboratory requests, quotations, results) within a reasonable time	1.72	Low	1.74	Low
7. paying additional fees for documents like a medical abstract required for PCSO MAP diagnostic assistance	1.67	Low	1.84	Low
8. Coordinating between the Laboratory/diagnostic center and PCSO regarding diagnostic requirements	1.33	Very low	1.55	Low
9. traveling to diagnostic centers and PCSO offices and spending on transportation expenses	2.28	Low	2.39	Low
10. returning to diagnostic centers or PCSO offices due to incomplete, incorrect, or expired diagnostic documents	2.08	Low	2.05	Low
Overall Mean	1.63	Low	1.77	Low

Table 12 reveals the Level of Difficulties in the Availment of PCSO Medical Assistance in Diagnostics according to the highest educational attainment.

The overall mean score is 1.63 for lower educational attainment and 1.77 for higher educational attainment, indicating “Low Level” in the Level for both groups in the Availment of PCSO Medical Assistance in Diagnostics according to Highest Educational Attainment.

Beneficiaries on the lower educational attainment rated item 2 “filling out and completing the PCSO MAP requirements specifically for diagnostic procedures” the lowest mean rating of 1.31, and 1.42 for the higher educational attainment for item 1, “understanding the requirements for diagnostic assistance under the PCSO Medical Assistance Program (MAP)”, indicating “Very Low Level”, while Item 9, “traveling to diagnostic centers and PCSO offices and spending for transportation expenses” obtained the highest mean score of 2.28 and 2.39 for lower and higher educational attainment group respectively, interpreted as “Low Level” of difficulty for all groups, while of difficulty for both groups, in the Availment of PCSO Medical Assistance in Diagnostics according to Highest Educational Attainment.



Respondents in the higher educational attainment group find it difficult to travel to diagnostic centers and PCSO offices and spend more on transportation than lower-attainment respondents, contradicting Lathapipat's 2018 findings, which suggested that those with lower educational attainment would display lower confidence in critical skills due to education. Moreover, their experiences, lack of understanding, and physical and emotional constraints become evident in how they would navigate (Pfeiffer et al., 2022).

Table 13

Level of Difficulties in the Availment of PCSO Medical Assistance in Medicines (Special Medicines & Chemo Drugs) according to Highest Educational Attainment

Medicines (Special Medicines & Chemo Drugs) Items	Lower Mean	Interpretation	Higher Mean	Interpretation
<i>As a PCSO beneficiary, I have difficulty in...</i>				
1. Understanding the requirements for medicine assistance under the PCSO Medical Assistance Program (MAP)	1.44	Very low	1.45	Very low
2. Securing a complete and valid prescription that complies with PCSO requirements	1.36	Very low	1.53	Low
3. Obtaining a quotation or price list of medicines from the pharmacy or healthcare facility	1.72	Low	1.69	Low
4. receiving assistance from pharmacy or hospital personnel in preparing documents for PCSO MAP	1.47	Very low	1.55	Low
5. obtaining required documents (prescriptions, quotations, certifications) within a reasonable time	1.64	Low	1.76	Low
6. paying fees for the issuance of medical abstracts or medicine-related documents	1.92	Low	1.87	Low
7. Finding pharmacies accredited by PCSO for medicine assistance, even if PCSO has supplied us with the address	2.00	Low	2.39	Low
8. Coordinating between the pharmacy and PCSO for the processing of medicine assistance	1.31	Very low	1.61	Low
9. spending for transportation in traveling to pharmacies, hospitals, and the PCSO office	2.06	Low	2.27	Low
10. reprocessing or returning documents due to errors, missing information, or expired prescriptions	1.86	Low	1.98	Low
Overall Mean	1.68	Low	1.81	Low

Table 13 reveals the Level of Difficulties in the Availment of PCSO Medical Assistance in Medicines (Special Medicines & Chemo Drugs) according to the highest educational attainment. The overall mean score is 1.68 for lower educational attainment and 1.81 for higher educational attainment, indicating “Low Level” in the Level for both groups in the Availment of PCSO Medical Assistance in Medicines (Special Medicines & Chemo Drugs) according to Highest Educational Attainment.



Beneficiaries on the lower educational attainment group rated while item 2, “securing a complete and valid prescription that complies with PCSO requirements” obtained the lowest mean rating of 1.36 and 1.45 for the higher educational attainment with item 1, “understanding the requirements for medicine assistance under the PCSO Medical Assistance Program (MAP)”, indicating “Very Low Level” of difficulty for both groups. In contrast, item 9, “spending for transportation in traveling to pharmacies, hospitals, and PCSO office” obtained the highest mean score of 2.06 the lower educational attainment group and 2.39 for higher educational attainment group on item 7 “finding pharmacies accredited by PCSO for medicine assistance even if PCSO has supplied us with the address”, interpreted as “Low Level” in the difficulties in the Availment of PCSO Medical Assistance in Medicines (Special Medicines & Chemo Drugs) according to Highest Educational Attainment.

Respondents in the higher educational attainment group find it difficult in spending for transportation in traveling to pharmacies, hospitals, and PCSO office more than the lower educational attainment respondents, which is unusual for higher educated individuals to have problems to navigate, which was confirmed in a study of Lathapipat (2018) that confidence in critical skills due to low education or experience, is the reason for lower educated individuals finding it hard to navigate from point to point. Similarly, lower-educated individuals may find themselves struggling with negative experiences, shame, lack of understanding, and physical and emotional constraints (Pfeiffer et al., 2022) based on their educational attainment.

Table 14

Level of Difficulties in the Availment of PCSO Medical Assistance in Hospitalization according to Average Monthly Family Income

Hospitalization Items	Lower		Higher	
	Mean	Interpretation	Mean	Interpretation
<i>As a PCSO beneficiary, I have difficulty in...</i>				
1. Understanding the requirements on the checklist for hospitalization assistance under the PCSO Medical Assistance Program (MAP)	1.41	Very low	1.59	Low
2. Filling out and completing the PCSO MAP requirements specifically for hospitalization	1.43	Very low	1.45	Very low
3. Getting the medical abstract and Protocol from doctors in processing because the original or a certified true copy is required	1.69	Low	1.78	Low
4. Securing the final billing from the hospital/healthcare facility for the PCSO MAP application	1.71	Low	1.86	Low
5. Leaving my patient in the hospital without a watcher to process the PCSO MAP at Silay	2.27	Low	2.33	Low
6. Executing a promissory note for the hospital as a requirement for the PCSO MAP for patients with outstanding bills	2.00	Low	2.04	Low
7. Transacting with PCSO because they often run out of budget for the month, and we must come back next month to process	1.57	Low	1.59	Low



8. receiving the necessary assistance from the hospital with the requirements	1.61	Low	1.76	Low
9. Getting a medical abstract from doctors as a document because doctors would insist that a medical certificate will do	1.90	Low	1.90	Low
10. processing because the Guarantee Letter granted by PCSO is too small for the amount that is needed to pay for hospital bill	1.59	Low	1.65	Low
Overall Mean	1.72	Low	1.79	Low

Table 14 reveals the Level of Difficulties in the Availment of PCSO Medical Assistance in Hospitalization according to Average Monthly Family Income. The overall mean score is 1.72 for lower monthly income and 1.79 for higher monthly income, indicating “Low Level” in the Level for both groups in the Availment of PCSO Medical Assistance in Hospitalization according to Average Monthly Family Income.

Beneficiaries on the Lower Average Monthly Family Income rated item 1, “understanding the requirements on the checklist for hospitalization assistance under the PCSO Medical Assistance Program (MAP)” with the lowest mean rating of 1.41, while 1.45 rating for the higher Average Monthly Income on item 2” filling out and completing the PCSO MAP requirements specifically for hospitalization”, indicating “Very Low Level” of difficulty for both groups, while Item 5, “leaving my patient in the hospital without a watcher to process the PCSO MAP” obtained the highest mean score of 2.27 and 2.33 for lower and higher Average Monthly Income respectively, interpreted as “Low Level” in the difficulties in the Availment of PCSO Medical Assistance in Hospitalization according to Average Monthly Income.

Respondents in the Higher Average Monthly Family Income find it difficult in leaving patients in the hospital without a watcher to process the PCSO MAP more than the Lower Average Monthly Family Income respondents, this contradicts the study of Banerjee (2018), because the lower income should be in the difficulty leaving to process due to the state of their financial capacity, leaving the hospital to process would incur another OOP expense in which they lack more than those with higher income. The lower Average Family income group of respondents may even believe that their country or even their neighbors do not care because of their situation or social standing, and do not even want to try to avail themselves of the available services, as revealed in an analysis from Lloyd’s Register Foundation World Risk Poll from an article by Vigers (2025).

Table 15

Level of Difficulties in the Availment of PCSO Medical Assistance in Diagnostics according to Average Monthly Family Income

Diagnostics Items	Lower		Higher	
	Mean	Interpretation	Mean	Interpretation
<i>As a PCSO beneficiary, I have difficulty in...</i>				
1. understanding the requirements for diagnostic assistance under the PCSO Medical Assistance Program (MAP)	1.37	Very low	1.43	Very low



2. filling out and completing the PCSO MAP requirements specifically for diagnostic procedures	1.33	Very low	1.61	Low
3. securing a complete and valid doctor's request for laboratory or diagnostic tests required by PCSO	1.67	Low	1.78	Low
4. obtaining a quotation or cost estimate for diagnostic procedures from the hospital or diagnostic center	1.61	Low	1.86	Low
5. receiving assistance from hospital or diagnostic center staff in preparing documents required for PCSO MAP	1.37	Very low	1.55	Low
6. obtaining diagnostic-related documents (e.g., laboratory requests, quotations, results) within a reasonable time	1.71	Low	1.76	Low
7. paying additional fees for documents like medical abstract required for PCSO MAP diagnostic assistance	1.63	Low	1.92	Low
8. coordinating between the Laboratory/diagnostic center and PCSO regarding diagnostic requirements	1.37	Very low	1.57	Low
9. traveling to diagnostic centers and PCSO offices and spending for transportation expenses	2.24	Low	2.45	Low
10. returning to diagnostic centers or PCSO offices due to incomplete, incorrect, or expired diagnostic documents	1.94	Low	2.18	Low
Overall Mean	1.62	Low	1.81	Low

Table 15 reveals the Level of Difficulties in the Availment of PCSO Medical Assistance in Diagnostics according to Average Monthly Family Income. The overall mean score is 1.62 for Lower Monthly Family Income and 1.81 for higher monthly income, indicating “Low Level” in the Level for both groups in the Availment of PCSO Medical Assistance in Diagnostics according to Average Monthly Family Income.

Beneficiaries on the Lower Average Monthly Family Income group rated while item 2, “filling out and completing the PCSO MAP requirements specifically for diagnostic procedures” obtained the lowest mean rating of 1.33, and 1.43 for the higher Average Monthly Family Income with item 1” understanding the requirements for diagnostic assistance under the PCSO Medical Assistance Program (MAP)”, still indicating “Very Low Level” of difficulty for both groups, while Item 9, “traveling to diagnostic centers and PCSO offices and spending for transportation expenses” obtained the highest mean score of 2.24 and 2.45 for Lower and Higher Average Monthly Family Income respectively, interpreted as “Low Level” in the Difficulties in the Availment of PCSO Medical Assistance in Diagnostics according to Average Monthly Family Income.

Respondents in the Higher Average Monthly Family Income find it difficult in traveling to diagnostic centers and PCSO offices and spending for transportation expenses more than the Hower Average Monthly Family Income respondents, because they are cautious of their hard-earned money,



spending for travel to comply with the burden of proof to qualify for assistance from the government (Santiago et al., 2021) and would incur OOP expense on their hard-earned money (Taylor, 2023).

Table 16

Level of Difficulties in the Availment of PCSO Medical Assistance in Medicines (Special Medicines and Chemo Drugs) according to Average Monthly Family Income

Medicines (Special Medicines & Chemo Drugs) Items	Lower		Higher	
	Mean	Interpretation	Mean	Interpretation
<i>As a PCSO beneficiary, I have difficulty in...</i>				
1. understanding the requirements for medicine assistance under the PCSO Medical Assistance Program (MAP)	1.37	Very low	1.53	Low
2. securing a complete and valid prescription that complies with PCSO requirements	1.35	Very low	1.59	Low
3. obtaining a quotation or price list of medicines from the pharmacy or healthcare facility	1.55	Low	1.86	Low
4. receiving assistance from pharmacy or hospital personnel in preparing documents for PCSO MAP	1.47	Very low	1.57	Low
5. obtaining required documents (prescriptions, quotations, certifications) within a reasonable time	1.63	Low	1.80	Low
6. paying fees for the issuance of medical abstracts or medicine-related documents	1.69	Low	2.08	Low
7. finding pharmacies accredited by PCSO for medicine assistance even if PCSO has supplied us with the address	2.02	Low	2.47	Low
8. coordinating between the pharmacy and PCSO for the processing of medicine assistance	1.31	Very low	1.69	Low
9. spending for transportation in traveling to pharmacies, hospitals, and PCSO office	2.00	Low	2.39	Low
10. reprocessing or returning documents due to errors, missing information, or expired prescriptions	1.84	Low	2.04	Low
Overall Mean	1.62	Low	1.90	Low

Table 16 reveals the Level of Difficulties in the Availment of PCSO Medical Assistance in Medicines (Special Medicines & Chemo Drugs) according to Average Monthly Family Income. The overall mean score is 1.62 for Lower Monthly Family Income and 1.90 for Higher Monthly Income, indicating “Low Level” in the Level for both groups in the Availment of PCSO Medical Assistance in Medicines (Special Medicines & Chemo Drugs) according to Average Monthly Family Income.

Beneficiaries on the Lower Average Monthly Family Income rated item 2, “securing a complete and valid prescription that complies with PCSO requirements” obtained the lowest mean



rating of 1.35 for, and 1.53 for the Higher Average Monthly Family Income with item 1, "understanding the requirements for medicine assistance under the PCSO Medical", still indicating "Very Low Level" of difficulty for both groups, while item 7 "finding pharmacies accredited by PCSO for medicine assistance even if PCSO has supplied us with the address" obtained the highest mean of 2.02 for the Lower Average Monthly Family Income and item 9, "spending for transportation in traveling to pharmacies, hospitals, and PCSO office" obtained the highest mean score of 2.39 for Higher Average Monthly Family Income, interpreted as "Low Level" in the Difficulties in the Availment of PCSO Medical Assistance in Medicines (Special Medicines & Chemo Drugs) according to Average Monthly Family Income.

Respondents in the Higher Average Monthly Family Income find it difficult to travel to diagnostic centers and PCSO offices and spend more on transportation expenses than the Lower Average Monthly Family Income respondents, because they are cautious of their hard-earned money; leaving the hospital to process requirements would incur OOP expense on their hard-earned money (Taylor, 2023).

Table 17

Differences in the Level of Difficulties in the Availment of PCSO Medical Assistance in Hospitalization when grouped and Compared According to Variables

Hospitalization							
Variables	Categories	N	Mean Rank	Mann Whitney U-test	Sig. Level	p-value	Interpretation
Age	Younger	49	47.53	1104.00	0.482	0.482	Not Significant
	Older	49	51.47				
Sex	Male	37	47.09	1039.50	0.504	0.504	Not Significant
	Female	61	50.96				
Highest Educational Attainment	Lower	36	46.65	1013.50	0.05	0.439	Not Significant
	Higher	62	51.15				
Average Monthly Family Income	Lower	49	47.99	1126.50	0.590	0.590	Not Significant
	Higher	49	51.01				

The findings presented in Table 17 reveal no significant differences in the Level of Difficulties in the Availment of PCSO Medical Assistance in the area of Hospitalization when grouped according to age with the younger beneficiaries registering a lower mean rank of 47.53 than the older beneficiaries, 51.47, the p-value of 0.482 which is higher than the 0.05 significance level indicating that that the difference is statistically not significant.

Similarly, male respondents exhibited a slightly lower mean rank of 47.09 than female respondents (50.96), indicating a higher level of difficulty; however, the p-value of 0.504 is higher than the 0.05 significance level, indicating that the difference is not statistically significant.



Likewise, respondents with lower education exhibited a slightly lower mean rank of 46.65 than higher-educated respondents (51.15), indicating a higher level of difficulty. However, the p-value of 0.439 is higher than the 0.05 significance level, indicating that the difference is not statistically significant.

Lastly, the respondents with lower income exhibited a mean rank of 47.99, compared to 51.01 for higher-income respondents, indicating a higher level of difficulty. However, the p-value of 0.590 is greater than the 0.05 significance level, indicating that the difference is not statistically significant. Therefore, the null hypothesis, which states, “There is no significant difference in the level of Difficulties in the Availment of PCSO Medical Assistance when grouped and compared according to the aforementioned variables,” is hereby accepted.

The finding in the difficulties was not evident in the beneficiaries for availment of Hospitalization, this may be attributed to the assistance released to them is sufficient and they are already grateful no matter what sociodemographic factors they are in they can all the difficulties met during the process on availment is replaced by gratitude and thankfulness the moment they avail of what they are applying for, remembering the beautiful experience rather than the difficulty met during the process (Bono & Sender, 2018).

Table 18

Differences in the Level of Difficulties in the Availment of PCSO Medical Assistance in Diagnostics, when grouped and Compared According to Variables

Diagnostics							
Variables	Categories	N	Mean Rank	Mann Whitney U-test	Sig. Level	p-value	Interpretation
Age	Younger	49	49.64	1193.50	0.05	0.959	Not Significant
	Older	49	49.36				
Sex	Male	37	45.95	997.00	0.05	0.323	Not Significant
	Female	61	51.66				
Highest Educational Attainment	Lower	36	47.96	1060.50	0.05	0.675	Not Significant
	Higher	62	50.40				
Average Monthly Family Income	Lower	49	47.19	1087.50	0.05	0.410	Not Significant
	Higher	49	51.81				

The findings presented in Table 18 reveal no significant differences in the Level of Difficulties in the Availment of PCSO Medical Assistance in the area of Diagnostics when grouped according to age with the older beneficiaries registering a lower mean rank of 49.36 than the younger



beneficiaries, 49.64, the p-value of 0.959 which is higher than the 0.05 significance level indicating that that the difference is statistically not significant.

Similarly, male respondents exhibited a slightly lower mean rank of 45.95 than female respondents (59.66), indicating a higher level of difficulty; however, the p-value of 0.323 is higher than the 0.05 significance level, indicating that the difference is not statistically significant. Likewise, respondents with lower education exhibited a slightly lower mean rank of 47.96 than higher-educated respondents (50.40), indicating a higher level of difficulty. However, the p-value of 0.675 is higher than the 0.05 significance level, indicating that the difference is not statistically significant.

Lastly, the respondents with lower income exhibited a mean rank of 47.19, compared to 51.81 for higher-income respondents, indicating a higher level of difficulty. However, the p-value of 0.410 is greater than the 0.05 significance level, indicating that the difference is not statistically significant. Therefore, the null hypothesis, which states, “There is no significant difference in the level of Difficulties in the Availment of PCSO Medical Assistance when grouped and compared according to the aforementioned variables,” is hereby accepted.

The finding in the difficulties was not evident in the beneficiaries for availment of Diagnostics, this may be attributed to the assistance released to them is sufficient and they are already grateful no matter what sociodemographic factors they are in they can all the difficulties met during the process on availment is replaced by gratitude and thankfulness the moment they avail of what they are applying for, remembering the beautiful experience rather than the difficulty met during the process (Bono & Sender, 2018).

Table 19

Differences in the Level of Difficulties in the Availment of PCSO Medical Assistance in Medicines (Special Medicines & Chemo Drugs) when grouped and Compared According to Variables

Medicines							
Variables	Categories	N	Mean Rank	Mann Whitney U-test	Sig. Level	p-value	Interpretation
Age	Younger	49	47.97	1125.503	0.585	0.176	Not Significant
	Older	49	51.03				
Sex	Male	37	44.62	948.006	0.05	0.176	Not Significant
	Female	61	52.46				
Highest Educational Attainment	Lower	36	47.89	1058.00		0.662	Not Significant



	Higher	62	50.4			
			4			
	Lower	49	45.7			
Average Monthly Family Income	Higher	49	53.2	1017.00	0.182	Not Significant
			4			

The findings presented in Table 19 reveal no significant differences in the Level of Difficulties in the Availment of PCSO Medical Assistance in the area of Medicines when grouped according to age with the younger beneficiaries registering a lower mean rank of 47.97 than the older beneficiaries, 51.03, the p-value of 0.585 which is higher than the 0.05 significance level indicating that that the difference is statistically not significant. Similarly, male respondents exhibited a slightly lower mean rank of 44.62 than female respondents (52.46), indicating a higher level of difficulty; however, the p-value of 0.176 is higher than the 0.05 significance level, indicating that the difference is not statistically significant.

Likewise, respondents with lower education exhibited a slightly lower mean rank of 47.89 than higher-educated respondents (50.44), indicating a higher level of difficulty. However, the p-value of 0.662 is higher than the 0.05 significance level, indicating that the difference is not statistically significant. Lastly, the respondents with lower income exhibited a mean rank of 45.76, compared to 53.24 for higher-income respondents, indicating a higher level of difficulty. However, the p-value of 0.182 is greater than the 0.05 significance level, indicating that the difference is not statistically significant.

Therefore, the null hypothesis, which states, “There is no significant difference in the level of Difficulties in the Availment of PCSO Medical Assistance when grouped and compared according to the aforementioned variables,” is hereby accepted. The finding in the difficulties was not evident in the beneficiaries for availment of Medicines, this may be attributed to the assistance released to them is sufficient and they are already grateful no matter what sociodemographic factors they are in they can all the difficulties met during the process on availment is replaced by gratitude and thankfulness the moment they avail of what they are applying for, remembering the beautiful experience rather than the difficulty met during the process(Bono & Sender, 2018).

Conclusion

The study found no statistically significant differences in reported difficulties in accessing PCSO Medical Assistance when respondents were grouped by Age, Sex, Highest Educational Attainment, and Average Family Monthly Income. Across groups, the most prominent barriers were logistical and process-related, particularly concerns about leaving patients unattended during application processing and the additional out-of-pocket costs associated with travel and repeat visits due to documentation issues. These results indicate that while access challenges are generally comparable across demographic and socioeconomic groups, targeted improvements in application procedures—such as reducing processing time, strengthening document verification, and bringing the PCSO office in closer proximity to major hospitals and pharmacies minimizing required trips, may further lessen non-medical burdens and enhance the program’s responsiveness to beneficiaries. Eliminating these difficulties for beneficiaries will greatly strengthen them in the face of the suffering and crisis brought about by sickness and the lack of financial capacity to overcome their predicament.



Acknowledgment

The researcher expresses sincere appreciation to all those who contributed their time, expertise, and support throughout this study. Special thanks are extended to the thesis adviser for their guidance and invaluable insights, which played a critical role in shaping the research. Gratitude is also due to the esteemed panel members for their constructive feedback and thoughtful suggestions, which enhanced the study's quality. The researcher is thankful for the motivation and support from the Dean of Graduate Studies, which was a driving force in completing the academic pursuit. This work is dedicated to the researcher's family, officemates, superiors, mentors, and PCSO. The researcher also thanks friends and colleagues for their encouragement and support throughout the journey and offers this work in gratitude to and my GOD who gave His only begotten SON Jesus Christ.

Authorship Contribution Statement

Umilin: Concept and design, literature review, data collection, analysis, and interpretation.
Dormido: Adviser.

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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