



Where Care Begins: Community Perspectives on the Accessibility, Quality, and Responsiveness of Barangay Healthcare Services in Selected Barangays of Tanjay City

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Princess Margareth A. Colina

Tanjay City Science High School, Tanjay City Division, Negros Oriental, Philippines

Vanessa Louise Z. Basay

Tanjay City Science High School, Tanjay City Division, Negros Oriental, Philippines

Ma. Catherine A. Silva

Tanjay City Science High School, Tanjay City Division, Negros Oriental, Philippines

John Santino B. Garet

Tanjay City Science High School, Tanjay City Division, Negros Oriental, Philippines

Niña Mae M. Llagas

Tanjay City Science High School, Tanjay City Division, Negros Oriental, Philippines

Eron Jay Samorin

Tanjay City Science High School, Tanjay City Division, Negros Oriental, Philippines

Joseph L. Torres

Tanjay City Science High School, Tanjay City Division, Negros Oriental, Philippines

<https://orcid.org/0009-0008-1516-1743>

Abstract

This qualitative phenomenological study explored community residents' perspectives on the accessibility, quality, and responsiveness of barangay healthcare services in selected barangays of Tanjay City, Negros Oriental. The study was conducted in response to challenges in accessing timely and effective healthcare, particularly in the context of the non-operational Tanjay City General Hospital and residents' reliance on barangay health centers and government assistance. Ten participants were targeted through purposive sampling. Semi-structured, face-to-face interviews were conducted using a validated interview guide, and the collected data were analyzed through Braun and Clarke's six-phase thematic analysis. The findings revealed five major themes: (1) Navigating Accessibility, Affordability, and Availability of Barangay Healthcare Services; (2) Experiences of Quality, Responsiveness, and Continuity of Care; (3) Adaptation and Decision-Making in Healthcare-Seeking Practices; (4) Building Trust and Satisfaction with Barangay Health Centers; and (5) Community-Centered Governance, Equity, and Support in Healthcare Delivery. Participants described financial and transportation burdens, limited medicine and healthcare worker availability, and procedural requirements as barriers to healthcare access. Nevertheless, residents also reported positive experiences involving responsive and approachable healthcare workers, clear communication, free services, and reliable assistance. When barangay services were insufficient, residents adapted by seeking care elsewhere, purchasing medicines, waiting for assistance, or seeking government support. The study implies that strengthening barangay healthcare requires improved resource availability, staffing, referral systems, assistance programs, communication, and community-centered planning to provide more accessible, quality, and responsive healthcare services for Tanjayanons.

Keywords: *Barangay healthcare services, healthcare accessibility, healthcare responsiveness, health-seeking practices, Tanjay City, qualitative phenomenology*



Introduction

Healthcare is a basic human right and a big part of keeping a community healthy. Local health centers are the main building blocks of a good health system because they give people easy access to essential care, help prevent sickness, promote healthy habits, and treat illnesses early.

In the Philippines, the Universal Health Care Act of 2019 made barangay health centers even more important by giving them the job of bringing basic medical care straight to local neighborhoods. Since they are usually the first place people go for medical help, these health centers are meant to offer easy, fast, and good-quality care that meets the community's needs.

Easy access to healthcare, however, is still considered a pressing issue in Tanjay City. Since there is no Tanjay City General Hospital, most residents have to avail health services within or outside the city. This, in turn, means that the majority of Tanjayanons now rely on the provided healthcare services of their barangays' centers, and local government support in terms of consultations, maintenance medications, referrals, transportation, and even financial assistance. Despite this, many still face challenges in accessing both timely and effective healthcare services. Such conditions therefore demand an understanding of the community's perspective on the health care services of their barangays and the role it plays in influencing their access and quality of care. Their experiences on healthcare utilization, and service satisfaction, is important in understanding how proper healthcare services can influence overall community health that Tanjayanons need.

Previous studies have identified several factors that influence the accessibility and quality of primary healthcare services. The qualitative study *Connecting Communities to Primary Care: A Qualitative Study on the Roles, Motivations and Lived Experiences of Community Health Workers in the Philippines* revealed that Barangay Health Workers face persistent challenges, including limited resources, inadequate government support, and excessive workloads, which affect the availability and quality of healthcare services provided within communities. Likewise, the study *Using the Socioecological Model to Explore Barriers to Health Care Provision in Underserved Communities in the Philippines* identified transportation difficulties, workforce shortages, and resource limitations as major barriers that hinder the delivery of timely and responsive healthcare services in underserved communities.

Other studies further emphasize the importance of healthcare facility readiness and accessibility. Khan et al. (2022) explained that the operational readiness of health facilities, including adequate staff training, effective administrative systems, and functional medical equipment, significantly influences the quality of healthcare services. Well-managed health facilities with competent personnel and sufficient resources are more capable of providing efficient and satisfactory healthcare. Furthermore, research consistently shows that geographical barriers, such as long travel distances and the lack of reliable transportation, reduce the utilization of healthcare services, particularly in rural communities (Khan et al., 2022). These findings demonstrate that both internal facility readiness and physical accessibility play important roles in shaping the healthcare experiences of community members.

Although these studies provide valuable perspectives into healthcare delivery, important gaps still remain. Much of the previous literature mainly focuses on healthcare providers' perspectives, health system performance, or the underserved population in general, with minimal attention given to how community residents themselves view and experience barangay healthcare services within the borders of Tanjay City. Moreover, these previous studies have more often than naught examined healthcare facility readiness and geographical accessibility in a separate manner rather than exploring how these factors as a whole influence the residents' experiences in regard to the accessibility, quality, and responsiveness of the barangay healthcare services they receive. There is also limited qualitative evidence that captures the lived experiences of residents in selected barangays and how barangay support mechanisms, such as financial assistance, transportation assistance, medical referrals, and other health-related services, affect their ability to access healthcare. Responding to these gaps will provide the system with useful community-based evidence that can guide future improvements in the delivery of barangay healthcare services.



The participants of this study are community residents from selected barangays in Tanjay City with experience in accessing barangay healthcare services. This includes individuals with chronic illnesses who regularly obtain maintenance medications, residents who often visit the barangay health center(s) for consultation, immunization and other primary healthcare related services, persons who have limited or no access to private transportation options, senior citizens, parents or guardians who seek healthcare services for their family members and other residents who often access barangay health services. Their participation is important as they are the end users of these services and are able to provide insights on barriers, strengths and limitations of the services available at the barangay level. Through their experiences and recommendations, the study intends to provide insights on accessibility and availability of appropriate healthcare services, time spent waiting, attitudes of healthcare personnel, accessibility of healthcare transportation services and the overall quality of healthcare services.

The primary purpose of this study is to gain a deeper understanding of the community's perspectives on the accessibility, quality, and responsiveness of barangay healthcare services in selected barangays of Tanjay City. Specifically, it seeks to identify the factors that influence residents' healthcare-seeking experiences, examine their awareness and utilization of available healthcare services and barangay assistance, and determine the strengths and areas that require improvement in local healthcare delivery. The findings are expected to provide evidence-based recommendations that can assist barangay officials, healthcare workers, and the Local Government Unit (LGU) in strengthening healthcare programs, improving service accessibility and quality, and developing more responsive community-based healthcare services that better address the health needs of Tanjayanons.

Specifically, it seeks to answer the following questions:

- 1.) How do residents perceive the quality, accessibility, and responsiveness of the services provided by the barangay with regards to their healthcare needs?
- 2.) What ways or strategies do residents practice in order to provide themselves with the care they need?
- 3.) What factors influence community residents' perceptions of the accessibility, quality, and responsiveness of barangay healthcare services in selected barangays of Tanjay City?

Literature Review

Perceptions of Accessibility, Quality, and Responsiveness of Barangay Healthcare Services

Accessibility, quality, and responsiveness are essential components of an effective primary healthcare system. These factors influence how community members evaluate healthcare services and determine whether they are willing to utilize available health programs. In the Philippine setting, strengthening community-based healthcare has become increasingly important in achieving universal health coverage and improving health outcomes.

Morcilla and Quinto (2026) emphasized that community health worker readiness, service quality, and the acceptance of digital health technologies significantly improve healthcare accessibility and responsiveness. Their proposed integrated community-based primary healthcare model demonstrated that competent and well-trained community health workers enhance healthcare delivery by responding effectively to the needs of residents. Furthermore, the integration of digital health technologies enables communities to access healthcare information and services more efficiently, resulting in higher patient satisfaction and stronger confidence in primary healthcare services. These findings suggest that strengthening the competencies of frontline healthcare workers while embracing technological innovations can enhance the quality and responsiveness of barangay healthcare services.

Similarly, Cananua-Labid et al. (2024) examined residents' awareness, availment, and satisfaction with various health services in a rural community in Samar. Their findings revealed that greater awareness of available healthcare programs encouraged residents to utilize healthcare services and increased their overall satisfaction. However, several health services remained underutilized due to insufficient public awareness and inadequate dissemination of information. The study further highlighted that healthcare accessibility extends beyond the



physical presence of healthcare facilities; it also involves effective communication, health promotion, and timely dissemination of information. In addition, residents' satisfaction was strongly associated with service quality, efficiency, and the responsiveness of healthcare providers in addressing community health concerns. These findings reinforce the importance of communication strategies and quality service delivery in shaping positive community perceptions of barangay healthcare services.

Collectively, these studies demonstrate that accessibility, quality, and responsiveness are interconnected dimensions of healthcare delivery. While competent healthcare workers and technological innovations improve service efficiency, effective communication and community awareness ensure that residents are able to access and benefit from available healthcare programs. These insights provide a strong foundation for understanding how communities perceive the accessibility and quality of barangay healthcare services.

Health-Seeking Practices and Strategies

Health-seeking behavior reflects how individuals recognize health concerns, make healthcare decisions, and utilize available medical services. These behaviors are influenced by community structures, personal experiences, cultural values, and healthcare system characteristics. Understanding these practices provides valuable insights into why some residents actively seek healthcare while others delay or avoid utilizing available services.

Costelo et al. (2022) highlighted the significant role of the purok system in facilitating healthcare delivery within barangays. Their study found that purok leaders serve as important intermediaries between barangay officials and residents by disseminating health information, identifying community needs, and promoting participation in public health programs such as immunization campaigns and medical missions. Through organized community engagement, the purok system strengthens residents' awareness of available healthcare services and encourages timely utilization of primary healthcare resources. These findings suggest that community-based organizations contribute substantially to improving health-seeking practices by making healthcare information more accessible and fostering stronger community participation.

Beyond community structures, individual healthcare decisions are influenced by several socioeconomic and personal factors. Song et al. (2025) conducted a meta-analysis that identified demographic characteristics, socioeconomic status, educational attainment, perceived severity of illness, accessibility of healthcare facilities, and previous healthcare experiences as significant determinants of healthcare-seeking behavior. The researchers further reported that financial capability and convenience greatly affect healthcare utilization, while trust in healthcare providers and perceived service quality encourage individuals to seek professional medical care promptly. Although conducted in China, the study offers valuable perspectives that can be applied to understanding healthcare utilization in various contexts, including the Philippines.

Healthcare-seeking behavior is also deeply rooted in Filipino cultural values. Jose et al. (2024) explored Filipino patients' perspectives on healthcare access through the concept of pakikisama, emphasizing the importance of harmonious interpersonal relationships in healthcare decision-making. The study revealed that individuals often consult family members, friends, and trusted community members before seeking healthcare. Positive interactions with healthcare providers foster trust, improve communication, and increase patients' willingness to utilize healthcare services. Conversely, poor communication and unpleasant healthcare experiences discourage healthcare utilization despite the availability of services. These findings underscore the importance of culturally sensitive and patient-centered healthcare delivery in promoting positive health-seeking behaviors among Filipino communities.

Taken together, these studies demonstrate that health-seeking behavior is shaped by both structural and personal factors. Community organizations improve awareness and access, socioeconomic conditions influence healthcare decisions, and cultural values strengthen or weaken trust in healthcare providers. Understanding these influences is essential in explaining variations in healthcare utilization within barangay communities.

Influencing Factors of Community Perception

Community perception of healthcare services develops through residents' experiences with healthcare providers, availability of resources, accessibility of services, and the overall quality of care they receive. Positive



perceptions contribute to greater trust and healthcare utilization, whereas negative experiences often discourage residents from seeking available healthcare services.

Oracion et al. (2020) found that older adults generally appreciated accessible and affordable healthcare services but expressed concerns regarding the adequacy of medical facilities, availability of medicines, and efficiency of healthcare delivery. Their findings suggest that residents evaluate healthcare not only based on the existence of services but also on whether these services effectively meet their healthcare needs. Improvements in healthcare resources, infrastructure, and service efficiency therefore play a significant role in strengthening public confidence in local healthcare systems.

The competence and professionalism of community health workers also strongly influence public perception. Ahmed et al. (2026) identified competence, communication skills, trustworthiness, accessibility, and cultural sensitivity as the primary factors affecting residents' perceptions of healthcare services delivered by community health workers. The review further indicated that healthcare workers who consistently demonstrate empathy, professionalism, and effective communication generate higher levels of trust and satisfaction among community members. Conversely, inadequate training and limited healthcare resources contribute to negative public perceptions of healthcare services.

Supporting these findings, Landingin (2024) reported that the effectiveness of Barangay Health Workers depends largely on their knowledge, communication abilities, commitment, and capacity to perform assigned responsibilities. Competent Barangay Health Workers contribute to improved healthcare delivery by providing reliable health information, implementing community health programs, and addressing residents' concerns promptly. Positive interactions between healthcare workers and residents strengthen public trust and improve perceptions of healthcare quality and responsiveness.

Likewise, Dorado and Ramos-Florece (2024) emphasized that competent and committed Barangay Health Workers play a crucial role in promoting preventive healthcare and building positive relationships with community members. Their ability to communicate health information clearly and provide compassionate care enhances residents' confidence in barangay healthcare services. The researchers further recommended continuous professional development and institutional support to sustain quality healthcare delivery.

Community participation also shapes healthcare perceptions. Sumile et al. (2024) demonstrated that involving community members in identifying health concerns and developing healthcare interventions increases health awareness, strengthens community participation, and promotes shared responsibility for health promotion. Their findings indicate that collaborative healthcare initiatives foster trust and create healthcare programs that are more responsive to local needs, ultimately improving residents' perceptions of healthcare services.

Despite these positive initiatives, healthcare inequities continue to influence public perception. Serafica et al. (2024) identified geographical isolation, transportation difficulties, financial limitations, and shortages of healthcare resources as persistent barriers to preventive healthcare services in rural communities. These challenges contribute to unequal healthcare access and negatively affect residents' confidence in the healthcare system. The researchers emphasized the need for culturally appropriate interventions, stronger community partnerships, and policies addressing the social determinants of health to improve healthcare equity.

Similar barriers were identified by Inoy et al. (2024), who found that senior citizens experienced financial constraints, long waiting times, transportation difficulties, and inadequate healthcare resources despite the availability of healthcare facilities. These obstacles reduced healthcare utilization and negatively influenced residents' perceptions of healthcare accessibility and quality. Their findings highlight the importance of improving healthcare infrastructure and ensuring that healthcare services remain responsive to the needs of vulnerable populations.

Beyond healthcare resources, responsiveness itself is a critical determinant of public perception. Khan et al. (2021) identified dignity, respect, prompt attention, effective communication, confidentiality, autonomy, and quality of healthcare facilities as key dimensions of health system responsiveness. The review concluded that respectful and timely healthcare delivery increases patient satisfaction, strengthens public trust, and encourages



greater utilization of healthcare services. In contrast, delayed services, poor communication, and inadequate responsiveness diminish public confidence in healthcare providers.

Finally, De Mesa et al. (2025) demonstrated that Filipino community health workers exhibit remarkable resilience and adaptability in delivering healthcare services despite limited resources and challenging working conditions. Their ability to build strong relationships with community members and develop innovative approaches to healthcare delivery enhances community trust and reinforces positive perceptions of the accessibility, reliability, and responsiveness of barangay healthcare services. The researchers further emphasized that continuous institutional support, capacity building, and recognition of community health workers are essential for sustaining quality healthcare delivery.

Overall, the reviewed literature consistently indicates that community perception of barangay healthcare services is shaped by multiple interrelated factors, including healthcare worker competence, accessibility of services, responsiveness, healthcare resources, community participation, and the quality of patient-provider relationships. Strengthening these dimensions can improve public confidence and encourage greater utilization of primary healthcare services.

Methodology

This study utilized a qualitative phenomenological research design to gain an in-depth understanding of the lived experiences, personal perspectives, and perceptions of community residents regarding the accessibility, quality, and responsiveness of barangay healthcare services in selected barangays of Tanjay City. This research design was appropriate because it focuses on exploring how individuals experience a particular phenomenon and the meanings they attach to those experiences. Unlike quantitative research, which focuses on numerical data and statistical relationships, qualitative phenomenology allows the researchers to gather rich, detailed descriptions of participants' experiences through open-ended interviews. This approach enabled the study to identify the strengths, challenges, and factors that influence residents' access to and perceptions of barangay healthcare services. The findings are expected to provide valuable insights that may serve as a basis for improving the delivery of healthcare services at the barangay level in Tanjay City.

Research Design

This study utilized a qualitative phenomenological research design to gain an in-depth understanding of the lived experiences, personal perspectives, and perceptions of community residents regarding the accessibility, quality, and responsiveness of barangay healthcare services in selected barangays of Tanjay City. This research design was appropriate because it focuses on exploring how individuals experience a particular phenomenon and the meanings they attach to those experiences. Unlike quantitative research, which focuses on numerical data and statistical relationships, qualitative phenomenology allows the researchers to gather rich, detailed descriptions of participants' experiences through open-ended interviews. This approach enabled the study to identify the strengths, challenges, and factors that influence residents' access to and perceptions of barangay healthcare services. The findings are expected to provide valuable insights that may serve as a basis for improving the delivery of healthcare services at the barangay level in Tanjay City.

Research Locale

This study will be conducted in five selected barangays of Tanjay City Negros Oriental barangays namely Barangay 1, Barangay 4, Barangay 5, Barangay 6 and Barangay 9. Five barangays were randomly selected from the barangays of Tanjay City for this study. Each barangay is under the jurisdiction of Tanjay City Health Office and has a barangay health station (BHS) which provides primary healthcare services such as maternal and child healthcare, immunization, health consultation, nutrition program, disease prevention and other basic public health services.

The subject population of this investigation will be community residents who are currently living in the selected barangays and who have ever been personally utilizing barangay healthcare services. They are selected as the



study participants because they can share their direct experiences from their utilization of the healthcare services provided in their own barangay health stations on the accessibility, quality and responsiveness.

Barangays 1, 4, 5, 6, and 9 were selected arbitrarily and not based on their performance in health, population, or geographic characteristics. The selection process was random to reduce selection bias and to guarantee that all barangays in Tanjay City were given an equal chance of being selected.

The scope of the study is restricted to residents of these five selected barangays who meet the inclusion criteria. Accordingly, the results will only depict the experiences and perceptions of participants from the selected barangays on the accessibility, quality and responsiveness of barangay health services. It will not assess the clinical competence of healthcare workers, effectiveness of medical treatments, health outcomes or the performance of the City Health Office. Similarly, the results will only depict the selected areas of research and should not be generalized to all barangays in Tanjay City or other municipalities.

Research Participants

The participants of this study were community residents from selected barangays in Tanjay City who had firsthand experience accessing barangay healthcare services. Purposive sampling was used to select participants who could provide relevant and meaningful information based on their lived experiences. This sampling technique was chosen because, as explained by Etikan et al. (2016), purposive sampling enables researchers to deliberately select individuals who possess specific characteristics and are best positioned to answer the study's research questions effectively, making it ideal for qualitative inquiries focused on in-depth understanding rather than generalizability. A total of 15 participants were included in the study, with three participants each from Barangay 5, Barangay 9, Barangay 6, Barangay 1, and Barangay 4.

Participants must meet the following inclusion criteria:

- Residents of one of the selected barangays in Tanjay City;
- At least 18 years old and above;
- Have accessed or utilized barangay healthcare services; and
- Household automobile unavailability, excluding motorized two-wheelers
- Are willing to voluntarily participate in the study and provide informed consent.

Research Instrument

The researchers used a self-made semi-structured interview guide for one-on-one interviews with Tanjay City residents. It helped the interviewers follow easy-to-answer questions to help them conduct the interview more efficiently. The questions were made using the study's research objectives while keeping the participants' responses in mind, letting the participants freely talk about their lived experiences with barangay health centers within Tanjay City.

Before its development, the instrument was validated by experts and recommended by such experts in the field of research to ensure alignment with the research's main objectives. The instrument was then pilot tested on a small group of people who were not participants but fit within our criteria and were from Tanjay City. This ensured that the questions were right, to identify the terms, adjust the timings of the interview, and ensure its clarity and feasibility before its use.

Interviews followed informed consent and debriefing protocols and were audio and video-recorded using mobile devices (smartphones and tablets) only with explicit participant permission. Video and audio recordings were utilized during interviews to ensure the participants' non-verbal cues, such as facial expressions and body language to aid in precise transcription. Per Lincoln and Guba (1985), all recordings of the participants were transcribed verbatim to uphold their confirmability; this ensured the participants' real thoughts rather than researcher bias. To further strengthen its credibility, the researchers did regular debriefings and member checking to verify the interpretations matched the participants' intended thoughts.

Data Analysis



Borrowing from Braun and Clarke's (2006) six-stage thematic analysis, a method was employed to analyze qualitative data collected from semi-structured interviews. Although Braun and Clarke's thematic analysis was chosen from the fact that it provides structure and rigor to identify, organize, and interpret patterns of meaning in qualitative data, even when viewed from different perspective or analytical process, while remaining faithful to the participants' accounts, the study design was phenomenological in investigating the experiences and perceptions of community members concerning the services of barangay health center.

The first step to get acquainted with the data was that all interview recordings have been transcribed and the researchers read the transcripts several times while listening to the recordings. This step was relevant in order to be sure that data analysis was accurate and that the researchers could fully understand the lived experience of the participants.

The generation of initial codes was the second phase. Each transcript was carefully examined by the researchers, which identified important words, phrases and statements in relation to the participants' real experience and perception about the services offered by the barangay health center. These important answers were classified with the codes reflecting the main ideas that emerged in the data.

During the third stage, we aggregated related codes into broader categories to develop themes. We group similar codes together to generate themes that represent patterns of perceptions, experiences, and meanings common among participants.

The fourth and final phase entailed revisiting coded concepts. The researchers revisited each codified concept in light of the extracted together with the entire data set, to ensure that it adequately represents the accounts of the participants. The concepts were combined, refined or revised as appropriate to improve the conceptual coherence and relevance.

In stage five, the researchers named the themes that were identified sequentially according to the meaning that each contained, to determine the meaning of each theme and how it related to the phenomenon being studied. Each theme was given a short and meaningful name reflecting its core message, expressed in the words of the participants.

The researchers eventually compiled the report in the sixth phase by interpreting the themes in relation to the research questions and the literature on the topic. Representative quotes from the participants were cited to support the conclusions, while they had to preserve participants' confidentiality and anonymity. The final themes were recorded and arranged based on community members' experience and perceptions about the services received from the barangay health center.

Data Gathering Procedure

In this study, data gathering underwent a tripartite procedure, namely, pre-data gathering, data gathering, and post-data gathering. During the pre-data gathering phase, the researchers established the inclusion criteria to identify qualified participants who were residents of the selected barangays in Tanjay City and had experience utilizing barangay healthcare services. A letter requesting permission to conduct the study was submitted to the barangay officials of the selected barangays. Upon approval, the researchers coordinated with the barangay officials regarding the recruitment of participants and the schedule and venue of the interviews. Before the conduct of the interviews, the participants were oriented on the nature, objectives, and significance of the study. They were also informed of their rights as research participants, including voluntary participation, confidentiality, anonymity, and their right to withdraw from the study at any time without any consequences. Written informed consent was obtained from each participant prior to the commencement of data collection.

During the data gathering phase, the researchers conducted semi-structured face-to-face interviews using a validated interview guide developed based on the research questions. The interviews were conducted at a venue that was convenient, comfortable, and mutually agreed upon by the participants and the researchers to encourage open and honest discussions. Prior to each interview, the researchers sought permission from the



participants to audio-record the conversation for documentation purposes. Upon receiving their consent, the interviews were recorded, while the researchers simultaneously took field notes to document relevant observations and nonverbal responses. Follow-up and probing questions were asked whenever necessary to obtain richer and more detailed descriptions of the participants' experiences and perceptions. The interviews continued until data saturation was achieved, or when no new information or themes emerged from the participants' responses.

In the post-data gathering phase, the audio-recorded interviews were transcribed verbatim to ensure that the participants' responses were accurately documented. The researchers carefully reviewed and compared the transcripts with the recordings to verify their accuracy. Member checking was then conducted by returning the transcribed responses to the participants to confirm that the recorded statements accurately reflected their intended meanings and lived experiences. After validation, the researchers repeatedly read the transcripts to familiarize themselves with the data and identify significant statements relevant to the research questions. These significant statements served as the basis for generating initial codes, clustering similar codes into categories, and developing themes through thematic analysis. Throughout the entire data gathering process, the researchers strictly observed ethical principles by ensuring participants' confidentiality and anonymity. All information collected was used solely for academic and research purposes and was securely stored to protect the participants' privacy.

Trustworthiness of the Study

To ensure rigor and quality consistent with qualitative research standards, this study adheres to Lincoln and Guba's (1985) four criteria for trustworthiness.

Credibility

It ensures that the findings accurately reflect the real experiences and perspectives of the participants. This was achieved through member checking, which involves verifying preliminary findings with selected participants to confirm that interpretations match their actual experiences, and peer debriefing, where emerging findings were discussed with research advisers to minimize personal bias.

Transferability

A thick description of the study context was provided by the researchers to establish transferability. The selected barangays of Tanjay City, Barangay 1, Barangay 4, Barangay 5, Barangay 6, and Barangay 9 were the locations where the research was conducted. Barangay Health Center was the primary source of healthcare as defined in the local healthcare context of Tanjay City. This was because the Tanjay City General Hospital was not functional, leaving residents to rely on the Barangay Health Center for basic healthcare needs.

Residents living in the selected barangay of Tanjay City were the participants of this study. These participants were selected based on the inclusion criteria: being a resident in the selected barangay in Tanjay City, being at least 18 years old, having accessed barangay healthcare services, not owning any private three-wheeled or above vehicle, and were willing to participate voluntarily and provide informed consent.

Semi-structured interviews were conducted directly with the selected participants using an interview guide to gather data. The contextual factors that influenced the participants' experiences such as travel distance to the Barangay Health Center, availability of medicines, and staff responsiveness were also thoroughly described in the study. These descriptions will enable future researchers to determine whether the findings may be applicable or transferable to other similar settings and other characteristics.

Dependability

It demonstrates that the research process was consistent, logical, and can be verified by others. This was ensured through the maintenance of a comprehensive audit trail that keeps complete and organized records of all steps, from interviews and coding notes to analysis decisions and through the uniform application of procedures, where the same interview guide and analysis process were consistently followed across all participants.



Confirmability

It guarantees that the findings were derived directly from the participants' data and not from the researcher's personal assumptions, views, or biases. This was maintained through reflexivity, where the researcher keeps a personal journal to acknowledge and set aside pre-existing beliefs, data-driven analysis where codes and themes were based strictly on the actual accounts shared by the participants, and transparent reporting, which presented direct quotes from the respondents to support every interpretation and conclusion presented in the study.

Ethical Considerations

Strict adherence to ethical research standards was observed throughout the study. All participants were informed that their involvement was entirely voluntary; they may decline to answer questions, withdraw at any time, or stop the interview without negative consequences. Prior to participation, individuals were fully oriented regarding the study's purpose, procedures, benefits, risks, and their rights to ensure informed consent. To safeguard privacy, real names, addresses, and other personal identifiers remained undisclosed in all reports and presentations, with pseudonyms used instead; all digital and physical records were kept secure and accessible only to the authorized research team. Collected data were utilized exclusively for academic purposes and disposed of properly upon study completion. Artificial intelligence tools such as ChatGPT and Gemini were used to assist in grammar checking, word organization, and sentence structuring during the writing process; all content and interpretations remain the original work of the researchers, who take full responsibility for the final manuscript.

Findings and Discussion

This chapter presents and discusses the experiences of residents in accessing barangay healthcare services in selected barangays of Tanjay City. It explores how they navigate the conditions that shape their ability to receive care, the quality and responsiveness of the services they encounter, and the practical decisions they make when their healthcare needs are not fully met. Drawing on the accounts shared by participants and supported by related studies, this section examines the different factors that influence healthcare access and how these are experienced in the community.

CODES	THEMES
Easy access to assistance Service Accessibility Requirements as a Barrier Physical Proximity Travel Convenience Free Healthcare Services Out-of-Pocket Medicine Expenses Transportation Expenses Consistent Supply Availability Occasional Medicine Shortages Availability of Essential Equipment Insufficient Range of Supplies Prioritizing Healthcare Despite Inconvenience Preparing Necessary Requirements Enduring Additional Expenses and Effort Utilizing Available Transportation Assistance Finding Ways to Cover Healthcare Expenses	Navigating Accessibility, Affordability, and Availability of Barangay Healthcare Services



Choosing Accessible Healthcare Facilities
Financial Capacity Influencing Healthcare
Decisions Free Maternal and Child Health Services
Needs for Funding and Resource Allocation
Needs for Emergency and Medical Equipment
Availability of Doctors in Barangay Health Centers
Maintain Supplies and Equipment
Reduction of Requirements
Need for Access to Photocopying Services
Longer and More Opening Hours

Positive Service Quality and Responsiveness
Approachable and Respectful Staff Interaction
Continuity of Patient Care and Outreach
Variation and Availability of Staff
Timely and Coordinated Emergency Response
Limited Emergency Capacity
Need for Specialized and Hospital-Level Care

Experiences of Quality, Responsiveness, and Continuity of Care

Need for Personal Medicine Purchase
Seeking Alternative Healthcare Facilities
Seeking Alternative Sources of Medicine
Seeking Government Assistance and Referrals
Choosing Accessible Healthcare Facilities
Utilizing Available Transportation Assistance
Finding Ways to Cover Healthcare Expenses
Managing Additional Time and Effort

Adaptation and Decision-Making in Healthcare-Seeking Practices

Trust in the Quality and Reliability of Services
Trust in the Approachability of Barangay Health Workers
Views the Barangay Health Center as the Initial Source of Basic Healthcare Needs
Limited Personal Experience
Satisfaction with Barangay Health Center Services

Building Trust and Satisfaction with Barangay Health Centers

Free Services and Support
Needs Funding and Resource Allocation
Favoritism and Misallocation of Resources
Accessibility for Distant Residents
More Attention for Underprivileged Children
Need for a City Hospital

Community-Centered Governance, Equity, and Support in Healthcare Delivery

Navigating Accessibility, Affordability, and Availability of Barangay Healthcare Services

Navigating Accessibility, Affordability, and Availability of Barangay Healthcare Services is the term given to how residents experience the conditions that affect whether they can actually get healthcare within their community. These three areas are grouped together because access to healthcare is not based only on whether a health center exists. A service may be nearby but may still be difficult to use if the cost is too high, the process is difficult, or the needed healthcare worker is not available. Accessibility is related to the ability to reach and use a service, affordability is related to the costs of receiving care, and availability is related to whether the healthcare workers and other resources needed for care are present. The World Health Organization (WHO, 2023) explains that access to health services involves different factors, including whether services are available and whether people can reach and use them. The WHO also explains that accessibility includes physical and financial barriers. This means that a health service may be present in a community but may still not be easy to access if residents cannot



afford the costs, have difficulty reaching or using the service, or cannot receive the care they need because the right healthcare worker or resource is not available. Therefore, accessibility, affordability, and availability are treated as connected concerns because they all affect whether residents can actually get the care they need.

Reyes et al. (2023) identified barriers to healthcare in Philippine barangay health centers at different levels, including individual, interpersonal, institutional, community, and policy levels. This shows that problems can happen at different points in the process of receiving care. Dans et al. (2024) found that people in remote areas experienced greater difficulty accessing healthcare and higher out-of-pocket expenses. This shows that reaching healthcare and paying for it can affect a person's ability to receive care at the same time. Similarly, Aytona et al. (2022) identified shortages, unequal distribution, and gaps in the skills of healthcare workers in Philippine primary care facilities. These findings are important to the present theme because they show that healthcare access is affected by several conditions that work together. A resident may have a health facility nearby, but access can still be limited if receiving care is too expensive or if the healthcare worker needed to provide the service is not available. Thus, the theme is not simply about three separate problems; it describes the different conditions that affect whether healthcare can actually be received.

Participant 1 from Barangay 4 added,

"Endure the expenses and the exhaustion."

Participant 1 from Barangay 9 added,

"Reducing the number of requirements needed to receive assistance."

Participant 2 from Barangay 9 added,

"Assign a doctor to the barangay health center."

These statements show that the participants' understanding of healthcare access goes beyond the physical presence of a barangay health center. Their responses focus on what residents' experience while trying to get care: the money and effort needed to seek it, the difficulty of completing the process, and the availability of healthcare workers. Taken together, these concerns suggest that the participants judge healthcare not only by asking whether a service exists, but also by asking whether they can realistically reach, afford, and receive that service. This interpretation is supported by the WHO's view that accessibility includes physical and financial barriers and that availability requires health services and healthcare resources to be present (World Health Organization, 2023).

The experience described through "endure the expenses and the exhaustion" shows the relationship between affordability and accessibility. The participant does not simply say that healthcare is expensive; the statement connects expenses with exhaustion, suggesting that getting care may require both money and personal effort. This is important because having a healthcare service in the community does not always mean that residents can easily use it. When seeking care requires costs that residents find difficult to manage, or when getting care requires a lot of time and effort, the service may become harder to access. Dans et al. (2024) supports this interpretation by finding that people in remote areas experienced greater difficulty accessing healthcare and higher out-of-pocket expenses. Capuno et al. (2020) also examined financial access, physical access, and the time and other things people give up when seeking healthcare in the Philippines. These findings support the idea that the burden experienced by residents is part of healthcare access itself, rather than a separate concern.

The statement "reducing the number of requirements needed to receive assistance" adds another part of accessibility. The participant's concern suggests that having healthcare assistance available does not automatically mean that it is easy to obtain. When residents must complete several requirements or go through a difficult process, the service may become harder to use even when the assistance itself is available. This shows why accessibility should be understood through the actual experience of receiving care, rather than only through the presence of services. Reyes et al. (2023) supports this wider view by showing that barriers to healthcare in Philippine barangay health centers can happen at different levels. The participant's recommendation therefore



points to a practical concern in healthcare access: services may become easier to access when the process of receiving assistance is simpler for the people who need it.

Meanwhile, “assign a doctor to the barangay health center” shows the importance of availability. The statement suggests that residents consider the health center itself insufficient when the healthcare professional needed to provide care is not available. This is supported by Aytona et al. (2022), who found healthcare workforce shortages, unequal distribution, and gaps in the skills of healthcare workers in Philippine primary care facilities. Panganiban et al. (2025) also found that rural and remote primary care sites had limited staffing and limited access to other healthcare providers, while efforts to improve healthcare worker numbers and connections between providers were used to improve primary care. These findings show why the availability of healthcare workers is directly connected to accessibility: residents cannot fully benefit from a healthcare facility when the people needed to provide the right service are not present.

The three participant statements therefore show a common pattern even though they focus on different problems. “Endure the expenses and the exhaustion” concerns the money and effort needed to seek care. “Reducing the number of requirements needed to receive assistance” concerns how easy or difficult it is to go through the process. “Assign a doctor to the barangay health center” concerns whether the needed healthcare provider is actually present. Although these statements are different, they all point to the same main question: Can residents realistically get the healthcare they need? This is why accessibility, affordability, and availability are properly grouped under one theme. The concerns happen at different points in the process of getting healthcare, but each one can affect whether a resident is able to receive care.

The relationship among these areas is further supported by the World Health Organization's framework on access to healthcare. The WHO identifies availability, accessibility, acceptability, and quality as related parts of the right to health. It explains that availability means having enough working health facilities, goods, and services, while accessibility includes physical and financial access (World Health Organization, 2023). In primary healthcare, the WHO also identifies geographical access, cost-related barriers, service availability, and provider availability as measures of access (World Health Organization, 2024). This framework supports the present findings because the participants' concerns match different but connected parts of getting healthcare: the money and effort involved, the ease of receiving assistance, and the presence of the healthcare provider needed to give care.

The Philippine context further supports this interpretation. Panganiban et al. (2025) reported that rural and remote primary care sites had limited diagnostic services, limited medicines, and limited staffing. The study also found that patients in these areas had limited access to other healthcare providers outside their local public facilities. These findings show that having a barangay health station or another primary care facility in a community does not always mean that residents have full access to healthcare. The services, workers, medicines, and other resources available within the facility determine what care residents can actually receive. In this way, accessibility is not simply a question of distance. It also depends on whether the service is affordable, whether the process is manageable, and whether the needed resources and healthcare workers are available.

When the participants' experiences and the supporting studies are considered together, the theme becomes strongly supported. The findings do not simply show that residents have several complaints about barangay healthcare. Instead, they show different problems within the same process of getting care. Financial expenses can make healthcare difficult to seek, exhausting travel or effort can add to the burden, complicated requirements can make assistance harder to receive, and a lack of healthcare workers can limit the services that can actually be given. These factors are connected because a problem in one area can affect the overall ability of residents to receive care. A nearby health center may not provide meaningful access if residents cannot afford the costs, cannot easily complete the process, or cannot find the healthcare professional they need.

Therefore, barangay healthcare should not be considered fully accessible based only on the presence of a health center in the community. True access involves whether residents can realistically reach and use the service, manage the costs involved, complete the process of receiving assistance, and receive care from the healthcare workers and resources available. The participants' experiences directly reflect these concerns through their references to expenses and exhaustion, requirements for assistance, and the need for a doctor in the barangay



health center. Supported by both Philippine studies and the WHO framework on healthcare access, these findings show that accessibility, affordability, and availability are connected parts of residents' actual healthcare experience. Thus, Navigating Accessibility, Affordability, and Availability of Barangay Healthcare Services is an appropriate theme because it captures the main issue found in the participants' experiences: healthcare is accessible not merely when it is present, but when residents can realistically afford, reach, understand the process of, and receive the care they need.

Experiences of Quality, Responsiveness, and Continuity of Care

Experiences of Quality, Responsiveness, and Continuity of Care refers to how residents perceive the standard of service, the speed and manner of response, and the consistency of assistance provided by the Barangay Health Center. These three aspects are placed together because quality of care is not limited to the competence of the health workers—it also includes how approachable they are, how quickly concerns are addressed, and whether care remains consistent and reliable over time. Quality is related to the respect, attention, and thoroughness shown during interactions; responsiveness is related to how promptly and appropriately staff act in addressing questions and urgent needs; and continuity is related to the ongoing monitoring, consistent presence, and reliable follow-up that residents can depend on. Adiputra and Sari (2026) found that responsiveness, reliability, and empathy are key dimensions that directly shape service quality perceptions and overall satisfaction at community health centers, showing that timely, consistent, and respectful service are inseparable parts of a positive healthcare experience. Zhou et al. (2024) also identified staff behavior, communication, and service timeliness as critical factors that influence how residents evaluate the overall quality of care. Pickard (2003) further notes that user responsiveness in healthcare encompasses the quality of interaction, the speed of attention, and the willingness to address individual needs—all core elements of person-centered service. Furthermore, Nambisan et al. (2016) highlight that consistent and supportive communication strengthens perceptions of service quality and builds trust over time, which is essential to sustaining continuity of care. These findings support the theme because the experience of healthcare is shaped not only by medicines or facilities but also by how staff treat residents, how quickly they respond, and whether care is consistent and dependable. Thus, the three areas are closely related through one main concern: whether residents receive respectful, timely, and consistent care whenever they need it.

Participant 1 from Barangay 4 added,

“They actively listen to our concerns and respond appropriately to our questions.”

Participant 1 from Barangay 6 added,

“They respond very quickly. If we inform them in the morning, they usually assist us by the afternoon.”

Participant 2 from Barangay 4 added,

“They immediately assess the situation.”

The experience described through “they actively listen to our concerns and respond appropriately to our questions” gives attention to the quality of interaction and communication between residents and health workers. The phrase “actively listen” suggests that residents feel their concerns are heard and given proper attention, while “respond appropriately” indicates that the assistance provided matches their actual needs. This means that the quality of care is shaped not only by medical knowledge but also by how respectfully and attentively residents are treated. This is supported by Pickard (2003), who identifies effective communication and respectful interaction as central components of user responsiveness, noting that being heard and understood is a key part of quality care. Adiputra and Sari (2026) also emphasize that empathy and responsiveness in staff interactions are strongly linked to how residents perceive service quality, making respectful and attentive communication a critical factor in their overall satisfaction. Zhou et al. (2024) similarly found that effective communication and courteous staff behavior were strongly associated with positive perceptions of service quality at community health facilities. The concern is therefore not simply about receiving a service, but about being understood and treated with respect when seeking help.



A different part of the experience is shown in “they respond very quickly. If we inform them in the morning, they usually assist us by the afternoon.” This statement points to responsiveness—the ability of the health center to provide timely assistance without unnecessary delay. Quick response time suggests that the service is reliable and that residents do not have to wait long periods to receive the help they need. Assistance may be available, but its value is greatly affected by how quickly it can be obtained. This is related to Zhou et al. (2024), who identified prompt service delivery and reduced waiting times as key indicators of health center responsiveness, directly influencing residents’ overall satisfaction and willingness to seek care. Adiputra and Sari (2026) also found that responsiveness and reliability—meaning timely and consistent service—were among the strongest predictors of satisfaction, showing that residents highly value quick and dependable assistance when accessing local health services.

Meanwhile, “they immediately assess the situation” reflects the readiness and efficiency of the health workers in evaluating a concern as soon as it is presented. Immediate assessment means that residents are promptly evaluated to determine their needs, enabling appropriate action or referral without unnecessary waiting. Nambisan et al. (2016) explain that timely and consistent attention strengthens the perceived reliability and continuity of care, as residents come to depend on the service to address their concerns promptly and thoroughly. Adiputra and Sari (2026) also note that reliability—delivering consistent and timely care over time—is closely related to responsiveness, since being able to assess and address needs promptly builds trust and ensures that care remains continuous and dependable for residents.

When these experiences are considered together with the other findings under the theme, a wider pattern can be seen. The concerns are different, but they all affect the quality, responsiveness, and continuity of care that residents receive. Active listening and appropriate response affect how residents feel valued and understood; quick response time affects how promptly assistance is received; and immediate assessment affects how quickly needs are identified and addressed. For this reason, quality, responsiveness, and continuity are not treated as separate concerns in this theme. They are connected through the residents’ experience of how care is delivered and received. The findings also show that the presence of a health center alone cannot fully describe the quality of healthcare. How staff interact with residents, how quickly they respond, and how promptly they assess needs also need to be considered.

In this context, barangay healthcare may be viewed as having good quality, responsiveness, and continuity when residents are treated with respect, receive timely assistance, and are promptly assessed whenever they seek care. The participants’ experiences support this view because concerns were raised about how staff communicate and listen, how quickly assistance is provided, and how promptly needs are evaluated. These concerns show that healthcare quality is experienced through the actual process of receiving care, from the manner of interaction to the speed of assistance and the readiness of assessment. Therefore, Experiences of Quality, Responsiveness, and Continuity of Care is an appropriate theme because the findings are connected by the common experience of how care is delivered, received, and sustained within the community.

Adaptation and Decision-Making in Healthcare-Seeking Practices

Adaptation and Decision-Making in Healthcare-Seeking Practices refers to how residents adjust their choices, time, money, and resources when they need healthcare. This is especially seen when the Barangay Health Center cannot provide the medicine, service, or level of care they need. Residents may go to other facilities, buy medicine elsewhere, ask for the government’s help, prepare requirements, use available transportation, or find ways to pay for additional expenses. The actions presented indicate that seeking healthcare is not always about getting the care you need but what to do when problems from healthcare seeking come up. The findings show that these decisions are gravely affected by the availability of medicines in the health center, its services, the distance from the health center, the availability of mode of transportation, financial situations, and the graveness of the health need. This is supported by Capuno et al. (2019), who found that financial access, physical access, and other costs related to seeking care can affect healthcare-seeking in the Philippines. A qualitative study among Filipinos also found that cost, distance, transportation, and convenience can influence where people choose to get healthcare.



Participant 1 from Barangay 1 added,

"I go to the Urgent Care Center when the Barangay Health Center cannot provide the medicine or service I need, especially when it is more accessible or further medical care is needed."

Participant 1 from Barangay 9 added,

"I set aside an entire day to travel to places such as Dumaguete when the needed service or medicine is unavailable in the barangay."

Participant 2 from Barangay 9 added,

"I rely on the Barangay Health Center for assistance, and when medicine is unavailable, I either purchase it myself if I have money or wait for the health center to provide assistance."

The experience of choosing Urgent Care Center as its alternative when the Barangay Health Center cannot provide the necessary medicine or service shows how the residents adapt by choosing another healthcare facility. The residents also consider other facilities based on their accessibility or when further attention is needed. This shows that residents may change their usual place of care depending on what the Barangay Health Center can provide. This is supported by Kim et al. (2014), who studied healthcare utilization in Muntinlupa City and found that low cost, transportation availability, accessibility, and perceived quality of care influenced people's choice of healthcare facility. Most caregivers in their study used government health centers, while others went to private clinics or hospitals depending on their needs.

The same experience can also be connected to the study of Luu et al. (2022) among low-income women in Negros Occidental. The study found that the decisions of people in need of healthcare services were greatly influenced by their financial resources, availability of resources at facilities, severity of illness, and transportation of the resident in need. Some participants chose closer or alternative sources of care when formal healthcare was difficult to reach or too costly. This is similar to the present participant who goes to the Urgent Care Center when the Barangay Health Center cannot provide the needed medicine or service.

The statement from Participant 1 from Barangay 9, "I set aside an entire day to travel to places such as Dumaguete when the needed service or medicine is unavailable in the barangay," shows another form of adaptation. The residents are forced to adjust their time and the additional effort of traveling to another facility when the needed care is not available locally. Capuno et al. (2019) found that opportunity costs are one of the main factors that affect delays of seeking healthcare. If faced with this decision, the residents are forced to spend time traveling to another place to obtain their needed healthcare.

This experience is also supported by Panganiban et al. (2025), whose study examined primary care utilization in urban, rural, and remote settings in the Philippines. Their findings showed differences in healthcare utilization and out-of-pocket expenses across these settings, showing that where people live can affect how they use healthcare and how much they spend. Similarly, the 2024 study on health benefit utilization and out-of-pocket expenses found that people in remote areas had more difficulty accessing healthcare and had higher out-of-pocket expenses. The study specifically noted that difficult access and transportation costs contributed to higher healthcare expenses in remote areas. These findings support the participant's experience of setting aside an entire day and traveling to Dumaguete when the needed service or medicine is unavailable in the barangay.

Another related study is Reyes et al. (2023), which examined barriers to healthcare provision in barangay health centers in underserved Philippine communities. The study found problems involving human resources, supplies, medicines, physical resources, and the availability of appropriate healthcare resources. These limitations can affect the ability of barangay health centers to provide the services that communities need. This relates to the participants' experiences because the decision to travel to another place is partly caused by the fact that the needed medicine or service is not available within the barangay.

The statement from Participant 2 from Barangay 9 also shows how financial capacity affects healthcare decisions. The participant relies on the Barangay Health Center but may purchase medicine personally when it is



unavailable, depending on whether they have enough money. If they do not have enough money, they may wait for the health center to provide assistance. This shows that residents may have to choose between using their own money and waiting for available assistance.

This finding is supported by Luu et al. (2022), who found that financial resources affected healthcare decisions among low-income women in Negros Occidental. Their study also found that some participants purchased medicines or used alternative sources of care because these options were more affordable or convenient than formal healthcare. Transportation and other indirect costs were also reported as barriers to healthcare access. Kim et al. (2014) similarly found that cost was the main factor influencing caregivers' choice of healthcare facility, followed by transportation availability and perceived quality of care. These findings support the participant's experience of purchasing medicine only when they have enough money and otherwise waiting for assistance.

The 2024 study on health benefit utilization also supports this experience because it found that remote households had higher out-of-pocket healthcare expenses and lower utilization of healthcare benefits compared with some urban and rural settings. The researchers noted that difficult access and transportation costs contributed to these higher expenses. This shows that even when healthcare assistance or benefits are available, residents may still need to spend their own money to obtain care.

When these experiences are considered together, a clear pattern can be seen. Residents adjust their healthcare decisions depending on what is available to them. When the Barangay Health Center cannot provide the needed medicine or service, they may go to another healthcare facility. When the needed care is outside the barangay, they may set aside additional time and travel to another place. When medicine is unavailable, they may purchase it themselves if they have enough money or wait for the health center to provide assistance. These actions show that residents do not follow only one way of seeking healthcare. Instead, they adapt based on their needs, available resources, financial situation, distance, transportation, and the services they can access.

The six studies also show a similar pattern. Capuno et al. (2019) emphasize financial and physical access and opportunity costs. Kim et al. (2014) found that cost, transportation, and accessibility influenced healthcare facility choice. Luu et al. (2022) found that financial resources, transportation, illness severity, and resource availability affected healthcare decisions. Reyes et al. (2023) identified limitations in human resources, medicines, supplies, and other resources in barangay health centers. Panganiban et al. (2025) showed differences in healthcare utilization and expenses between urban, rural, and remote settings. The 2024 health benefit study also found that remote communities experienced more difficult access and higher out-of-pocket expenses.

In this context, Adaptation and Decision-Making in Healthcare-Seeking Practices can be understood as the ways residents adjust where, when, and how they seek healthcare when they encounter limitations. The participants' experiences show that they may travel to other facilities, set aside additional time, purchase medicines themselves, or wait for assistance depending on what is available and what they can afford. The studies support these experiences by showing that financial capacity, transportation, distance, healthcare resources, medicine availability, and accessibility can influence healthcare-seeking decisions in the Philippines. Therefore, Adaptation and Decision-Making in Healthcare-Seeking Practices is an appropriate theme because the findings are connected by the common experience of residents adjusting their choices, time, and resources in order to obtain the healthcare they need.

Building Trust and Satisfaction with Barangay Health Centers

Building Trust and Satisfaction with Barangay Health Centers refers to how residents develop confidence in and satisfaction with the services and healthcare workers in their Barangay Health Centers. Trust can develop when residents feel that health workers are approachable, respectful, helpful, and willing to listen to their concerns. Satisfaction can also come from receiving the needed assistance, medicines, consultations, and other basic health services. When residents have good experiences with the health workers and feel that their concerns are taken seriously, they may become more comfortable relying on the Barangay Health Center. However, satisfaction can also be affected when medicines, healthcare workers, or services are unavailable. This is supported by De Mesa et al. (2019), who found that strengthening primary care services in the Philippines was associated with higher patient satisfaction, especially in areas such as waiting time, coordination of care, and health advice.



Panganiban et al. (2024) also found that patient satisfaction in Philippine primary care was related to healthcare availability, service efficiency, technical competency, health communication, and handling.

Participant 1 from Barangay 1 added,

"The health workers are approachable, and they listen to my concerns, which makes me comfortable asking for help."

Participant 2 from Barangay 4 added,

"The staff are helpful and they explain what I need to do, so I feel more confident asking for assistance."

Participant 1 from Barangay 9 added,

"The Barangay Health Center is my first option because I trust the health workers and the services are free."

The experience of having approachable health workers who listen to residents' concerns shows how the way healthcare workers interact with residents can help build trust. When residents feel comfortable talking to the health workers, they may be more willing to ask questions and seek help when they need it. Trust therefore does not only come from the healthcare service itself, but also from the way residents are treated during their visit. This is related to Panganiban et al. (2024), who found that health communication and handling were among the areas connected with patient satisfaction in Philippine primary care.

The statement that the staff are helpful and explain what the resident needs to do also shows the importance of clear communication. When residents understand the process, they may feel less confused and more comfortable asking for assistance. The participant's statement that they feel more confident asking for help suggests that good communication can make residents more willing to use the health center. Panganiban et al. (2024) similarly included health communication as one of the areas related to patient satisfaction in urban, rural, and remote Philippine primary care sites.

The statement from Participant 1 from Barangay 9 also shows that trust can influence where residents choose to get healthcare. The participant considers the Barangay Health Center as the first option because they trust the health workers and because the services are free. This suggests that residents may continue to rely on the health center when they have confidence in the people providing care and when the services are affordable.

This is also supported by De Mesa et al. (2019), who found that improving primary care services led to higher patient satisfaction in several areas. Their study showed that improvements such as better coordination, health advice, pharmaceutical services, and staff retraining were related to better patient satisfaction. This supports the present finding because residents' satisfaction can be affected by both how healthcare workers provide care and how well the health center is able to provide the services they need.

The findings also show that satisfaction is connected to the actual services residents receive. Residents may feel more satisfied when they receive consultations, medicines, health monitoring, and assistance from the Barangay Health Center. Some participants described relying on the health center for basic healthcare needs, which suggests that these services are important in maintaining residents' confidence in the facility.

However, satisfaction may also be affected when the health center cannot provide the medicine or service that residents need. Some participants reported purchasing medicine themselves or traveling to another healthcare facility when supplies or services were unavailable. This shows that satisfaction is not only based on the attitude of health workers. The availability of medicines, services, and healthcare workers also matters. Panganiban et al. (2024) found similar results, with patient satisfaction being connected to healthcare availability and service efficiency.

Another study by De Mesa et al. (2023) looked at the experiences of healthcare workers in Philippine primary care settings and found that strengthening primary care systems could improve healthcare workers' satisfaction



and intention to stay. The study is relevant because the quality and stability of healthcare workers can affect how services are delivered to residents. When health workers are supported and able to continue providing care, this may also help create more consistent relationships between residents and their local healthcare providers.

When these experiences are considered together, a clear pattern can be seen. Residents develop trust when health workers are approachable, listen to their concerns, explain what they need to do, and provide assistance. Satisfaction is also affected by whether the health center can provide the medicines and services they need. Positive experiences can encourage residents to continue using the Barangay Health Center, while unavailable medicines or limited services may make them less satisfied or cause them to seek care somewhere else.

The findings therefore show that trust and satisfaction are connected. When residents are treated well and receive useful assistance, they may develop more confidence in the health workers. At the same time, the availability and quality of services can affect whether that trust and satisfaction are maintained. This means that a Barangay Health Center is not only viewed as a place to receive healthcare but also as a source of support that residents judge based on their actual experiences.

In this context, Building Trust and Satisfaction with Barangay Health Centers can be understood as the way residents develop confidence in their local healthcare providers through their experiences with communication, assistance, treatment, and available services. The participants' experiences show that approachable health workers, clear explanations, helpful assistance, free services, and available healthcare can encourage trust and satisfaction. The studies by De Mesa et al. (2019), Panganiban et al. (2024), and De Mesa et al. (2023) also support the importance of service quality, health communication, availability, and healthcare workers in shaping experiences with primary care in the Philippines. Therefore, Building Trust and Satisfaction with Barangay Health Centers is an appropriate theme because the findings are connected by the common experience of how residents' interactions with healthcare workers and their experiences with the services provided shape their trust and satisfaction with the Barangay Health Center.

Community-Centered Governance, Equity, and Support in Healthcare Delivery

Community-Centered Governance, Equity, and Support in Healthcare Delivery refers to how residents experience the cooperation, fairness, and assistance involved in receiving healthcare within their community. These three areas are placed together because healthcare delivery does not depend only on the services provided by the Barangay Health Center. It also depends on how government offices respond when local services are limited, whether residents can rely on the healthcare workers serving them, and whether important resources such as medicines are available. Community-centered governance relates to how local government offices and healthcare providers work together to respond to residents' needs; equity relates to whether residents have a fair opportunity to receive the services and resources they need; and support relates to the assistance, referrals, and resources that help residents continue receiving care. Liwanag and Wyss (2020) found that decision-making in the decentralized Philippine health system involves different levels of government, showing the importance of clear roles and coordination in local healthcare. De Claro et al. (2024) further explained that poor coordination can affect information sharing, resource allocation, and the delivery of healthcare services in decentralized settings. These ideas support the theme because the participants' experiences show that healthcare is affected not only by what happens inside the health center, but also by government support, reliable healthcare workers, and available resources. Thus, the three areas are connected through one main concern: whether the local healthcare system can provide residents with coordinated, fair, and dependable support.

Participant 1 from Barangay 5 added,

"I seek assistance from the office of the congressman or congresswoman."

Participant 1 from Barangay 1 added,

"People continue to trust and seek assistance from the Barangay Health Center because the healthcare workers provide good and reliable service."



Participant 1 from Barangay 4 added,

“Increase the variety and availability of medicines.”

The experience described through “I seek assistance from the office of the congressman or congresswoman” shows that residents may need support beyond the Barangay Health Center when their needs cannot be met locally. This points to the importance of coordination between different sources of healthcare support. De Claro et al. (2024) explained that stronger coordination between local health actors can help improve the delivery of health services, while Liwanag and Wyss (2020) showed that decision-making and responsibility in the Philippine health system are shared across different levels of government. The statement about people continuing to trust the health center because healthcare workers provide “good and reliable service” shows that dependable care can strengthen residents’ trust in their local healthcare providers. This is important because reliable healthcare workers are part of the community’s ability to receive continuous and people-centered care. Meanwhile, the recommendation to “increase the variety and availability of medicines” highlights the importance of having needed resources within the health center. Panganiban et al. (2025) found that primary care sites in rural and remote Philippine settings faced limitations in healthcare resources and providers, while Lat et al. (2025) found differences in the availability and affordability of essential medicines in Philippine primary care facilities. These findings support the participant’s concern because a health center may be present, but residents may still have difficulty receiving treatment when the medicines or other resources they need are limited.

When these experiences are considered together, a wider pattern can be seen. The participants’ concerns are different, but all three show that effective community healthcare requires more than simply having a Barangay Health Center. Government assistance can help residents find appropriate care when local services are limited; reliable healthcare workers can build trust and encourage residents to continue using the health center; and sufficient medicines can help residents receive treatment without having to seek assistance elsewhere. These findings can help barangay officials and other local government offices identify practical areas for improvement, particularly in strengthening referral and support systems, improving coordination between healthcare providers and government offices, supporting healthcare workers, and making needed medicines more available. De Claro et al. (2024) emphasized the need for better integration of primary care and public health services in the Philippines, while Yu et al. (2023) showed that local governance and politics can affect how healthcare is planned and delivered. Therefore, the findings may help guide future healthcare planning by showing what residents actually experience when seeking care. Overall, the theme is supported by a common pattern: residents are better supported when government offices coordinate, healthcare workers provide dependable care and needed healthcare resources are available within the community.

Conclusion

Barangay healthcare remains an important source of primary care for residents of Tanjay City, particularly when access to higher-level healthcare is limited. The experiences of the participants show that residents’ views are shaped by how easily they can reach and afford services, the quality of care and interaction, and how well healthcare personnel and the local system respond to their needs. When barangay services cannot fully meet healthcare needs, residents seek care from other facilities and find financial, transportation, or other forms of support. These experiences are influenced by available healthcare workers, medicines and supplies, service schedules, transportation, costs, requirements, previous healthcare experiences, and healthcare facilities beyond the barangay. Accessibility, quality, and responsiveness are therefore closely connected and should be considered together when assessing barangay healthcare, especially in Tanjay City, where the delayed implementation of the Tanjay City General Hospital has made strong barangay-level healthcare services more important for residents who depend on local care.

More importantly, the study provides community-based evidence that can guide practical improvements in local healthcare. Barangay officials, Barangay Health Councils, healthcare workers, and the Local Government Unit can use the concerns and recommendations identified by residents when reviewing programs, setting priorities, planning budgets, and allocating resources. Concerns about medicines and supplies, healthcare workers, requirements, transportation, financial assistance, and referrals can guide improvements in resources, staffing,



service schedules, procedures, and systems for residents who need care outside the barangay. The results can also improve communication about available healthcare services and assistance. The study can further serve as a baseline for monitoring and evaluation, allowing local health authorities to implement changes and assess whether these improve residents' access to healthcare and experiences with service quality and responsiveness. In this way, the study can help move local healthcare planning from identifying problems toward taking and evaluating concrete action based on community needs. The findings are based on residents from Barangays 1, 4, 5, 6, and 9, which were selected based on their accessibility and convenience within the available time and resources. The study included residents with experience using barangay healthcare services but did not include healthcare workers, barangay officials, or other healthcare providers. Thus, the findings should be understood within the context of the selected participants and should not be treated as representative of all residents of Tanjay City. Further research may examine whether the concerns identified are also shared by other communities.

Recommendations

Future research should include residents from more barangays and examine how healthcare experiences may differ according to location, transportation access, available resources, and proximity to other healthcare facilities. Including healthcare workers, barangay officials, and LGU representatives may provide a broader understanding of the challenges involved in providing local healthcare and how these challenges compare with residents' experiences. Further studies may also focus on specific concerns identified in this research, such as medicine availability, healthcare worker staffing, transportation and financial assistance, referral systems, service schedules, and awareness of available healthcare programs. Researchers may also examine how residents' reliance on barangay healthcare changes as higher-level healthcare services in Tanjay City develop. Quantitative or mixed-method studies could further determine how common the concerns identified in this qualitative study are among a larger population. Meanwhile, the barangays, Tanjay City Government, and City Health Office may use these findings to identify priority needs, maintain sufficient medicine supplies, address gaps in healthcare worker staffing, and strengthen referral and assistance systems for residents who need services beyond the barangay health center. Barangay health centers may also provide updated and clearly posted service schedules, available programs, and referral procedures, while the City Health Office may coordinate with barangays to monitor medicine stocks, staffing needs, and recurring service gaps. Regular coordination between barangay officials, health workers, the City Health Office, and the City Government may help ensure that residents' concerns are considered in planning, resource allocation, and improvement of local healthcare services. Ultimately, strengthening barangay healthcare requires more than placing services within the community; residents must be able to reach, afford, understand, and rely on those services when they need them. By placing residents' experiences at the center of healthcare planning, this study provides a basis for more informed local decisions, targeted service improvements, and future research toward a more accessible, quality, and responsive healthcare system for Tanjayans.

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