

FACTORS AFFECTING THE ROLES AND EMPOWERMENT OF BARANGAY HEALTH WORKERS

Angelica Jiana F. Marabut¹, Maxine V. Aguilar², Casey Marielle M. De Vera³, Queen Lycka Peralta⁴, Melchora M. Bautista, RPh, MSPharm⁵

ABSTRACT

The barangay health workers (BHWs) play a vital role in the community by providing basic healthcare services. It is therefore important to identify the factors that affect how they carry out their roles and to think of ways to empower them, which will also improve the quality of care provided to the community. This study was geared toward determining the extent to which factors affect the roles of BHWs and identifying the mandated and assumed roles they perform. It also analyzed whether there is a significant difference in the factors affecting BHW roles across profile groups. The researchers employed the descriptive-comparative research design. Data was gathered through a survey by floating an adapted questionnaire. A total of 146 BHWs participated in the study. Data was analyzed and interpreted using frequency and percentage counts, weighted means, and ANOVA. The findings show that personal, political, environmental, emotional, and physical factors moderately affect the BHWs. The most frequently performed mandated role is taking anthropometric assessments while providing prenatal care in the absence of healthcare professionals. There was a significant difference in the effects of personal factors across educational attainment groups. The effects of political factors significantly differ in terms of educational attainment and employment status. An IEC material was designed to highlight the key roles of BHWs and ways to empower them, with the goal of improving their capacity to serve the community effectively by providing clear, concise information about their mandated roles in healthcare delivery.

Keywords: Assumed roles, emotional factor, environmental factor, mandated roles, personal factor, political factor

INTRODUCTION

Health is a fundamental human right recognized globally, and access to quality health care is essential to achieving it. Health professionals serve as the backbone of the health system, ensuring the promotion, protection, and restoration of health across all levels of care. The World Health Organization (WHO, 2019) defines Primary Health Care (PHC) as essential health care made universally accessible to individuals and families in the community through their full participation. PHC emphasizes prevention, health education, and community participation to ensure health equity and well-being for all.

In developing countries like the Philippines, access to health services remains uneven due to geographic, economic, and systemic challenges. During community immersion in various barangays of Bayombong, Nueva Vizcaya, the researchers observed issues affecting primary health care delivery. Some health stations were open only once a week, while others had insufficient personnel or displayed favoritism in service delivery. Many residents lacked awareness of available free health services, and some barangays had too few active health workers to meet community needs. These observations highlight the crucial role and challenges faced by Barangay Health Workers (BHWs) in ensuring accessible, efficient, and equitable health care.

The Philippine government has implemented policies to strengthen community-based health care. Republic Act No. 11223, the Universal Health Care Act of 2019, mandates that all Filipinos have access to comprehensive and quality health services without financial hardship.

Earlier, the Aquino Health Agenda and Kalusugang Pangkalahatan emphasized universal coverage and health equity. Central to these efforts are BHWs, who serve as the first link between communities and the formal health system. Under Republic Act No. 7883, the Barangay Health Workers' Benefits and Incentives Act of 1995, a BHW is defined as a trained volunteer who provides primary health care services within the community. The law grants incentives and recognition to BHWs for their vital role in promoting health and preventing disease. They function as health educators, promoters, and basic care providers, particularly in underserved areas. However, despite these legal protections, BHWs often face challenges such as irregular work schedules, inadequate compensation, limited training, and political interference, which hinder consistent service delivery.

According to the Department of Health (DOH, 2023), BHWs perform various functions, including community organizing, health education, disease prevention, and assistance in basic clinical services. They take vital signs, record data, assist in maternal and child care, and help maintain medical supplies. In many communities, they also perform non-mandated tasks such as distributing medications, assisting in immunizations, and conducting home visits. These roles make them indispensable to achieving public health goals, yet their effectiveness depends on multiple factors that shape their work environment and motivation. Numerous studies have explored BHWs' challenges and contributions. Abelardo et al. (2021) and Hartigan-Go et al. (2023) identified workload, limited resources, and lack of support as major barriers. Taburnal (2017, 2020) highlighted personal, political, and environmental factors influencing BHW performance. Despite these findings, limited research examines how these factors collectively affect their empowerment and role fulfillment, especially at the local level.

This study is anchored in Role Theory (Merton, 1957), which posits that individuals' behaviors are shaped by expectations associated with their roles. BHWs' effectiveness depends on how well they internalize and perform their roles amid community and institutional expectations. Complementing this is Erikson's Psychosocial Theory, which emphasizes that fulfilling meaningful roles contributes to an individual's sense of purpose and identity. These frameworks help explain how BHWs' sense of role clarity and empowerment influences their performance. This study assumes that the profile of BHWs—including age, sex, civil status, educational attainment, employment status, length of service, and training—affects how personal, political, environmental, emotional, and physical factors influence their roles. The research differentiates between mandated roles (as defined by DOH) and assumed roles (voluntary duties performed beyond their official scope). Understanding these relationships can help develop targeted interventions to empower BHWs and improve community health service delivery.

Statement of the Problem

This study aimed to describe the roles of barangay health workers in Bayombong, Nueva Vizcaya, and to determine the factors affecting these roles. As the main output, an IEC material was developed to empower BHWs. The research was conducted during the 2024-2025 school year.

Specifically, it sought answers to the following problems:

1. What is the profile of the BHWs in terms of:
 - a. Age;
 - b. Sex;
 - c. Civil Status;
 - d. Educational Attainment;
 - e. Employment Status;
 - f. Length of Service as a BHW; and
 - g. The number of Health Care Trainings Attended?

2. What is the level of effect of the following factors on the roles of barangay health workers?
 - a. Personal
 - b. Political
 - c. Environmental
 - d. Emotional
 - e. Physical
3. What are the assumed roles of the barangay health workers as their responsibility aside from what is stated in the law?
4. Is there a significant difference between the level of effects of the factors on the roles of BHWs when grouped according to their profile variables?
5. What IEC Material can be produced to empower BHWs in their health roles?

METHODOLOGY

This study employed a quantitative, descriptive-comparative research design to describe the demographic profiles, mandated and assumed roles, and factors affecting the performance of Barangay Health Workers (BHWs) in Bayombong, Nueva Vizcaya. It also compared the levels of these factors across groups defined by selected profile variables. The study was conducted in Bayombong, Nueva Vizcaya, the provincial capital and a first-class municipality located in the Cagayan Valley Region. One hundred forty-six respondents are BHWs assigned to the 25 barangays of Bayombong, as listed by the Bayombong Municipal Health Office (2023). Because the total population of BHWs was relatively small and unevenly distributed across barangays, total enumeration sampling was employed.

BHWs below 60 years old and actively serving during the data collection period were included in the study. Excluded from participation were those aged 60 years and above, as well as health professionals or graduates of health-related programs working in the barangays. Respondents' eligibility was confirmed through the informed consent process, which involved verifying age, educational background, and employment status.

Data were collected using a researcher-modified survey questionnaire adapted from the works of Taburnal (2017), "*Barangay Health Workers' Level of Competence*," and Taburnal (2020), "*Knowledge and Competence of Barangay Health Workers*." The modified tool underwent pilot testing among 20 BHWs in Solano, Nueva Vizcaya.

Surveys were conducted face-to-face at times convenient for the participants, often during periods when barangay health stations were least busy. All completed questionnaires were securely stored and later encoded into a single file for statistical analysis. Frequency counts, percentages, means, and standard deviations were used to describe the respondents' socio-demographic profile variables, and means and standard deviations to determine the extent of the effect of the predominant factors on the roles of BHWs in the delivery of basic health services. An independent-samples t-test was used to compare the effect sizes of the different factors across sex. For the other profile variables, a one-way ANOVA was used.

RESULTS AND DISCUSSION

Section 1. Profile of the Barangay Health Workers (BHWs)

When categorized by age, most of the respondents fall within the 40 to 49 years age group (33.9%), while the least represented group is those aged 18 to 29 years (12.5%). The data indicate that nearly all respondents are female (99.1%), with only one male respondent (0.9%). Regarding civil status, the majority of respondents are married (82.1%), and only one

respondent is widowed (0.9%). In terms of educational attainment, most respondents have completed high school (47.3%), while the fewest have completed only elementary education (8.9%). The survey findings reveal that a significant portion of respondents are unemployed (42%), with the least number being self-employed (18.8%). When considering the length of service as barangay health workers (BHW), the majority of respondents have served for less than 1 year to 5 years (67%). Conversely, only 2.7% of respondents have been in service for 21 to 25 years. Furthermore, a significant majority of respondents (91.1%) have attended 1 to 8 health care training programs.

Section 2. Factors That Affect the Roles of BHWs

Table 3

Personal Factors

Statements	Mean	SD	QD
1 Formal education related to current work	2.33	1.42	Slightly Affects
2 Need for training and seminars	3.29	1.49	Moderately Affects
3 Self-confidence in healthcare services delivery	3.21	1.47	Moderately Affects
4 Personal beliefs/attitudes/ interests/ practices towards work are different from those of the client	3.00	1.47	Moderately Affects
5 Communication skills, verbal, and nonverbal	2.97	1.37	Moderately Affects
6 Management and leadership style	2.99	1.50	Moderately Affects
7 Use of technology to facilitate healthcare delivery	3.13	1.40	Moderately Affects
Overall	2.99	1.14	Moderately Affects

Legend: 1.00 – 1.49: Does not affect (DNA); 1.50 – 2.49: Slightly affects (SA); 2.50 – 3.49: Moderately affects (MA); 3.50 – 4.49: Affects (A); 4.50 – 5.00: Greatly affects (GA)

The results reveal that personal factors moderately affect the roles and performance of Barangay Health Workers (BHWs), with an overall computed mean of 2.99 (SD = 1.14). Notably, the need for training and seminars emerged as the highest-rated item, with a mean of 3.29, and was qualitatively described as moderately affecting. The result implies that BHWs perceive continuous education and professional development as essential components for effectively fulfilling their responsibilities. Since BHWs serve as the community's first line of contact for health concerns and emergencies, they must be equipped with sufficient knowledge and skills to provide competent, immediate care.

In contrast, formal education related to current work had the lowest computed mean of 2.33 (SD = 1.42), indicating a slight effect. This finding suggests that formal academic attainment does not have a substantial influence on the effectiveness of BHWs in performing their duties. Instead, practical experience, hands-on exposure, and continuous learning opportunities are more influential in improving their competency. As supported by Carrillo et al. (2023) and Taburnal (2020), ongoing training and seminars significantly enhance the quality of patient care and ensure safety in community health practice. Therefore, strengthening training initiatives and institutional support systems is vital to improving BHW performance and community health outcomes.

Table 4

Political Factors

Statements	Mean	SD	QD
1 Harmonious relationship with barangay officials	3.01	1.37	Moderately Affects
2 Support of barangay officials for health programs and activities	2.99	1.37	Moderately Affects
3 Concern of barangay officials about the condition of the barangay health center and support facility	3.06	1.32	Moderately Affects

4	Fund allocation of the barangay officials for trainings and seminars of BHW	3.13	1.42	Moderately Affects
5	Honorarium is received/paid on time	2.68	1.45	Moderately Affects
6	Duties and responsibilities are well defined	3.00	1.54	Moderately Affects
7	Replacement of BHW when barangay officials change	3.22	1.39	Moderately Affects
8	Relationship with municipal local government unit officials	3.03	1.51	Moderately Affects
Overall		3.02	1.13	Moderately Affects

Legend: 1.00 – 1.49: Does not affect (DNA); 1.50 – 2.49: Slightly affects (SA); 2.50 – 3.49: Moderately affects (MA); 3.50 – 4.49: Affects (A); 4.50 – 5.00: Greatly affects (GA)

Findings indicate that political factors moderately affect the performance of Barangay Health Workers (BHWs), with an overall computed mean of 3.02 (SD = 1.13). All items under this category were perceived to have a moderate influence, suggesting that political dynamics within the barangay environment play a significant yet not overwhelming role in shaping BHW engagement and stability. Among the political indicators, the replacement of BHWs when barangay officials change obtained the highest computed mean of 3.22 (SD = 1.39), indicating it as the most influential factor. Respondents reported that there are no standardized guidelines governing the retention or replacement of BHWs, leaving their tenure largely at the discretion of local leaders. This practice creates insecurity and instability, as political transitions often result in the replacement of experienced BHWs regardless of performance or tenure. Thus, BHW appointments and continuance in service must be based on merit, competence, and community service record rather than political affiliation. Institutionalizing fair and transparent selection criteria can ensure continuity and professionalism in community healthcare delivery.

Conversely, the timely receipt of honorarium recorded the lowest computed mean of 2.68 (SD = 1.45), suggesting it is the least influential political factor. Despite financial challenges and delayed incentives, BHWs remain motivated by their commitment to serve, particularly the marginalized sectors of the community. Nonetheless, increasing their honorarium and providing additional benefits can serve as positive reinforcement, enhancing their performance and morale. Consistent with Ramirez et al. (2019), effective local governance—through adequate funding, legislative support, and recognition of BHW contributions—plays a crucial role in sustaining health programs and ensuring community well-being.

Table 5
Environmental Factors

	Statements	Mean	SD	QD
1	Timely transport of supplies to health care facilities	2.95	1.35	Moderately Affects
2	Proper information and communication system	2.91	1.36	Moderately Affects
3	Appropriate care/utilization of records and reports	2.96	1.42	Moderately Affects
4	Enough supplies, materials, and equipment	3.04	1.15	Moderately Affects
5	Condition of the barangay health station and support facility	2.97	1.24	Moderately Affects
6	Active participation of the community in the prevention of illnesses and promotion of wellness	2.96	1.38	Moderately Affects
Overall		2.97	1.11	Moderately Affects

Legend: 1.00 – 1.49: Does not affect (DNA); 1.50 – 2.49: Slightly affects (SA); 2.50 – 3.49: Moderately affects (MA); 3.50 – 4.49: Affects (A); 4.50 – 5.00: Greatly affects (GA)

Environmental factors were found to moderately affect Barangay Health Workers (BHWs), with an overall computed mean of 2.97 (SD = 1.11). The availability of supplies, materials, and

equipment obtained the highest mean of 3.04 (SD = 1.15), indicating it as the most influential factor. Insufficient medical supplies, limited facilities, and outdated equipment—such as only one BP set or weighing scale per barangay—hinder efficient healthcare delivery and prompt residents to seek services elsewhere. Conversely, effective information and communication systems had the lowest mean of 2.91 (SD = 1.36), suggesting minimal influence; however, digital barriers such as poor internet access, limited gadgets, and low digital literacy still affect coordination. While communication platforms like Messenger facilitate information sharing, basic digital literacy training is still needed. Consistent with Carrillo et al. (2023) and Taburnal (2020), environmental resources and infrastructure directly influence BHW competence and the overall quality of community health services.

Table 6*Emotional Factors*

Statements	Mean	SD	QD
1 Love for work (perform work religiously)	3.14	1.75	Moderately Affects
2 Feel that you are part of the health system through supportive supervision and appropriate training	3.18	1.65	Moderately Affects
3 Willingness to conduct voluntary service	3.04	1.65	Moderately Affects
4 Self-fulfillment when providing service to people	3.15	1.73	Moderately Affects
5 Willing to exert extra effort for the sake of the organization	3.08	1.67	Moderately Affects
Overall	3.12	1.57	Moderately Affects

Legend: 1.00 – 1.49: Does not affect (DNA); 1.50 – 2.49: Slightly affects (SA); 2.50 – 3.49: Moderately affects (MA); 3.50 – 4.49: Affects (A); 4.50 – 5.00: Greatly affects (GA)

Emotional factors were found to moderately affect Barangay Health Workers (BHWs), with an overall computed mean of 3.12 (SD = 1.57). The item with the highest mean, feeling part of the healthcare system through supportive supervision and training (3.18, SD = 1.65), indicates that emotional connection and recognition have the greatest impact on BHW motivation. Respondents reported feeling undervalued due to limited financial and moral support from barangay officials, with some even covering their own training expenses. Conversely, the willingness to engage in voluntary service had the lowest mean (3.04, SD = 1.65), indicating that while BHWs face challenges, their commitment and resilience remain strong. However, sustained motivation requires emotional validation, inclusion in decision-making, and access to professional development. These findings highlight the need for local governments to strengthen emotional and psychosocial support mechanisms to enhance the morale, volunteerism, and overall performance of BHWs in community health service delivery.

Table 7*Physical Factors*

Statements	Mean	SD	QD
1 Having adequate food, supplies, and proper nutrition	2.94	1.48	Moderately Affects
2 Long working hours	2.93	1.34	Moderately Affects
3 Too much paperwork to finish	3.06	1.23	Moderately Affects
4 Exhaustion at work	2.79	1.38	Moderately Affects
Overall	2.93	1.11	Moderately Affects

Legend: 1.00 – 1.49: Does not affect (DNA); 1.50 – 2.49: Slightly affects (SA); 2.50 – 3.49: Moderately affects (MA); 3.50 – 4.49: Affects (A); 4.50 – 5.00: Greatly affects (GA)

The findings reveal that physical factors moderately affect Barangay Health Workers (BHWs), with an overall computed mean of 2.93 (SD = 1.11). The most significant factor is "too much paperwork to finish" (mean = 3.06), highlighting that administrative tasks consume much

of the BHWs' time, limiting their ability to focus on community health services. Many BHWs serve large populations, including numerous pregnant women and children. They are also tasked with census duties required by the Philippine Statistics Authority. These responsibilities often lead to fatigue and time constraints. Conversely, "exhaustion from work" has the lowest mean (2.79), indicating that despite their heavy workload, most BHWs remain committed and find fulfillment in serving their communities. However, the study underscores the need for better task delegation, organized scheduling, and administrative support to reduce physical strain and prevent burnout while maintaining efficient health service delivery at the barangay level.

Section 3. Roles of BHWs

The findings reveal that all Barangay Health Workers (100%) perform anthropometric assessments, making it the most commonly performed task, as it serves as the initial and baseline assessment for patients seeking care in barangay health centers. In contrast, only 15.2% of BHWs are involved in collecting sputum, urine, and stool samples, as these procedures are primarily conducted in higher-level health facilities such as rural health units and hospitals. Additionally, 35.7% of BHWs provide prenatal care in the absence of healthcare professionals, especially in remote areas where they coordinate closely with midwives and community health nurses. The least performed role is administering medications without guidance (8.9%), as BHWs recognize the risks of unsupervised medication administration. Despite this, they play a crucial role in educating residents about the safe use of prescribed medicines, avoiding self-medication, and promoting proper health-seeking behaviors in their communities.

Section 4. Significant Differences in the Factors Affecting the BHWs When Grouped According to Profile Variables

Table 9

Personal Factors with Demographic Profiles of BHWs

Profile	Groups	f	Mean	SD	QD	F-value	p-value
Age	18-29	14	3.16	1.24	MA	1.247 ^{ns}	0.296
	30-39	27	2.68	1.06	MA		
	40-49	38	3.20	1.23	MA		
	50-59	33	2.93	1.03	MA		
Civil Status	Single	16	3.04	1.20	MA	1.530 ^{ns}	0.211
	Married	92	2.97	1.12	MA		
Educational Attainment	Elementary	10	3.69 ^A	0.75	A	3.025*	0.043
	High School	53	2.78 ^B	1.18	MA		
	College	49	3.08 ^B	1.11	MA		
Employment Status	Employed	44	2.83	1.15	MA	0.866 ^{ns}	0.424
	Unemployed	47	3.04	1.20	MA		
	Self-employed	21	3.22	0.98	MA		
Length of Service as a BHW	0 to 5	75	2.97	1.18	MA	0.896 ^{ns}	0.469
	6 to 10	18	3.28	1.19	MA		
	11 to 15	12	3.07	0.80	MA		
Number of Health Care Training Attended	1 to 8	102	3.02	1.16	MA	0.675 ^{ns}	0.569
	9 to 18	7	2.80	0.90	MA		

*Legend: 1.00 – 1.49: Does not affect (DNA); 1.50 – 2.49: Slightly affects (SA); 2.50 – 3.49: Moderately affects (MA); 3.50 – 4.49: Affects (A); 4.50 – 5.00: Greatly affects (GA); ns- not significant; *significant at $\alpha=0.05$*

The study revealed no significant differences in the personal factors affecting Barangay Health Workers (BHWs) across age, civil status, employment status, length of service, and number of health-related trainings attended. However, a significant difference ($F = 3.025$; $p = 0.043$) was observed by educational attainment, with BHWs who completed only elementary education being more affected by personal factors than those with higher levels of education. This finding indicates that educational background influences how BHWs perceive and manage the personal factors impacting their roles. Supporting this, Vera-Toscano et al. (2017) emphasized that continuous education and adult learning significantly enhance volunteer performance, as skills evolve through experience and informal training. Therefore, even after formal schooling, opportunities for lifelong learning and professional development remain essential for enhancing BHWs' competencies and adaptability to fulfill their community health responsibilities effectively.

Table 10
Political Factors with Demographic Profiles of BHWs

Profile	Groups	f	Mean	SD	QD	F-value	p-value
Age	18-29	14	2.82	0.91	MA	1.508 ^{ns}	0.217
	30-39	27	2.68	1.07	MA		
	40-49	38	3.21	1.16	MA		
	50-59	33	3.15	1.19	MA		
Civil Status	Single	16	2.98	0.99	MA	0.552 ^{ns}	0.648
	Married	92	3.02	1.16	MA		
Educational Attainment	Elementary	10	3.73 ^A	0.53	A	5.863 ^{**}	0.004
	High School	53	2.67 ^C	1.10	MA		
	College	49	3.24 ^B	1.15	MA		
Employment Status	Employed	44	2.69 ^B	0.94	MA	3.303 [*]	0.040
	Unemployed	47	3.16 ^A	1.24	MA		
	Self-employed	21	3.36 ^A	1.12	MA		
Length of Service as a BHW	0 to 5	75	2.97	1.13	MA	1.085 ^{ns}	0.368
	6 to 10	18	3.35	1.21	MA		
	11 to 15	12	3.14	1.02	MA		
Number of Health Care Training Attended	0 to 8	102	3.05	1.14	MA	0.329 ^{ns}	0.804
	9 to 18	7	2.82	1.29	MA		

*Legend: 1.00 - 1.49: Does not affect (DNA); 1.50 - 2.49: Slightly affects (SA); 2.50 - 3.49: Moderately affects (MA); 3.50 - 4.49: Affects (A); 4.50 - 5.00: Greatly affects (GA); ns- not significant; *significant at $\alpha=0.05$; **significant at $\alpha=0.01$*

The study found significant differences in the effects of political factors on Barangay Health Workers (BHWs) across educational attainment ($F = 5.863$; $p = 0.004$) and employment status ($F = 3.303$; $p = 0.040$). Respondents with only an elementary education and those who were self-employed perceived stronger political influences than their counterparts. This may be attributed to job insecurity stemming from political turnover, as newly elected officials often replace existing BHWs. Retention should therefore be based on performance, willingness to learn, and community feedback rather than political affiliation. Self-employed BHWs also face added vulnerability due to unstable income and limited LGU support. Studies by Dhar (2011), the NCSA (2022), Shaffril et al. (2010), and Choi (2012) support the view that education, diversity, and merit-based systems improve workplace stability. Hence, promoting transparency and inclusivity can reduce political interference and enhance BHW effectiveness.

Table 11*Environmental Factors with Demographic Profiles of BHWs*

Profile	Groups	f	Mean	SD	QD	F-value	p-value
Age	18-29	14	2.98	1.00	MA	0.749 ^{ns}	0.525
	30-39	27	2.69	1.06	MA		
	40-49	38	3.05	1.16	MA		
	50-59	33	3.09	1.14	MA		
Civil Status	Single	16	2.93	1.13	MA	0.13 ^{ns}	0.942
	Married	92	2.97	1.13	MA		
Educational Attainment	Elementary	10	3.23	0.49	MA	2.468 ^{ns}	0.09
	High School	53	2.72	1.06	MA		
	College	49	3.17	1.22	MA		
Employment Status	Employed	44	2.73	1.06	MA	1.688 ^{ns}	0.19
	Unemployed	47	3.12	1.10	MA		
	Self-employed	21	3.13	1.22	MA		
Length of Service as a BHW	0 to 5	75	2.94	1.13	MA	0.224 ^{ns}	0.924
	6 to 10	18	3.02	1.18	MA		
	11 to 15	12	3.18	1.06	MA		
Number of Health Care Training Attended	1 to 8	102	2.97	1.13	MA	0.383 ^{ns}	0.765
	9 to 18	7	3.12	1.04	MA		

Legend: 1.00 – 1.49: Does not affect (DNA); 1.50 – 2.49: Slightly affects (SA); 2.50 – 3.49: Moderately affects (MA); 3.50 – 4.49: Affects (A); 4.50 – 5.00: Greatly affects (GA); ns- not significant

The study found no significant differences in how environmental factors affect Barangay Health Workers (BHWs) across age, civil status, educational attainment, employment status, length of service, and training attended. This indicates that BHWs share a common experience of environmental challenges regardless of demographic differences. Abelardo et al. (2021) support this finding, revealing that BHWs in geographically isolated and disadvantaged areas face similar obstacles such as poor transportation, inadequate medical supplies, and substandard barangay health facilities. These systemic issues hinder the consistent delivery of healthcare services across all settings. The results emphasize that environmental barriers are universal among BHWs and not dependent on personal factors. Thus, there is a pressing need for government and local health authorities to invest in infrastructure, logistics, and resource allocation. Strengthening environmental support systems would empower BHWs to perform their duties effectively and ensure equitable health service delivery in all communities.

Table 12*Emotional Factors with Demographic Profiles of BHWs*

Profile	Groups	f	Mean	SD	QD	F-value	p-value
Age	18-29	14	3.51	1.75	A	2.245 ^{ns}	0.087
	30-39	27	2.68	1.47	MA		
	40-49	38	3.52	1.52	A		
	50-59	33	2.84	1.53	MA		
Civil Status	Single	16	2.86	1.47	MA	1.595 ^{ns}	0.195
	Married	92	3.14	1.58	MA		

Educational Attainment	Elementary	10	4.04	1.28	A	2.901 ^{ns}	0.059
	High School	53	2.83	1.52	MA		
	College	49	3.24	1.61	MA		
Employment Status	Employed	44	3.07	1.55	MA	0.036 ^{ns}	0.965
	Unemployed	47	3.15	1.64	MA		
	Self-employed	21	3.15	1.53	MA		
Length of Service as a BHW	0 to 5	75	3.13	1.58	MA	0.603 ^{ns}	0.661
	6 to 10	18	3.11	1.69	MA		
	11 to 15	12	3.48	1.50	MA		
Number of Health Care Training Attended	0 to 8	102	3.16	1.58	MA	0.843 ^{ns}	0.473
	9 to 18	7	2.97	1.58	MA		

Legend: 1.00 – 1.49: Does not affect (DNA); 1.50 – 2.49: Slightly affects (SA); 2.50 – 3.49: Moderately affects (MA); 3.50 – 4.49: Affects (A); 4.50 – 5.00: Greatly affects (GA); ns- not significant

The study found no significant differences in how emotional factors affect Barangay Health Workers (BHWs) across profile variables, indicating that emotional influences are experienced similarly across all demographics. Bandura's Social Cognitive Theory (2001) explains that emotional well-being is shaped by external factors—such as leadership, organizational support, and workplace culture—through cognitive and emotional processes. When BHWs feel supported and psychologically safe (Kahn, 1990), they become more confident and committed to fulfilling their roles. Furthermore, their sense of fulfillment and purpose reflects alignment between personal and professional values, consistent with Schwartz's (2000) and Bardi and Schwartz's (2003) findings that aligning one's behavior with values fosters motivation and goal achievement. This uniformity in emotional perception highlights that motivation among BHWs stems more from shared values and intrinsic purpose rather than demographic differences. Hence, fostering supportive and value-driven environments is vital to sustaining their emotional resilience and performance.

Table 13
Physical Factors with Demographic Profiles of BHWs

Profile	Groups	f	Mean	SD	QD	F-value	p-value
Age	18-29	14	3.21	1.28	MA	0.989 ^{ns}	0.401
	30-39	27	2.74	1.12	MA		
	40-49	38	3.09	1.13	MA		
	50-59	33	2.79	1.01	MA		
Civil Status	Single	16	2.55	1.02	MA	1.752 ^{ns}	0.161
	Married	92	2.97	1.12	MA		
Educational Attainment	Elementary	10	3.40	0.97	MA	1.219 ^{ns}	0.300
	High School	53	2.81	1.03	MA		
	College	49	2.96	1.22	MA		
Employment Status	Employed	44	2.98	1.30	MA	0.323 ^{ns}	0.725
	Unemployed	47	2.84	0.98	MA		
	Self-employed	21	3.05	1.02	MA		
Length of Service as a BHW	0 to 5	75	2.90	1.19	MA	0.568 ^{ns}	0.687
	6 to 10	18	2.88	0.92	MA		
	11 to 15	12	3.33	1.07	MA		

Number of Health Care Attended	0 to 8	102	2.93	1.13	MA	0.011 ^{ns}	0.998
	9 to 18	7	2.93	1.20	MA		

Legend: 1.00 – 1.49: Does not affect (DNA); 1.50 – 2.49: Slightly affects (SA); 2.50 – 3.49: Moderately affects (MA); 3.50 – 4.49: Affects (A); 4.50 – 5.00: Greatly affects (GA); ns- not significant

The study revealed that there is no significant difference in how physical factors affect Barangay Health Workers (BHWs) across age, civil status, educational attainment, employment status, length of service, or number of healthcare trainings attended. This indicates that physical challenges, such as workload, mobility, and environmental conditions, are commonly experienced by all BHWs, regardless of demographic differences. Similar findings were reported by Carbonell et al. (2012), who found that BHWs in Dasmariñas City faced comparable stressors, including work overload, limited communication with supervisors, and difficulty balancing work and personal life. Despite these challenges, BHWs generally maintained control over their tasks, felt recognized for their efforts, and did not report significant physical or emotional strain. Overall, these findings highlight the shared resilience and adaptability of BHWs and emphasize the importance of implementing systemic improvements—such as fair workload distribution, supportive supervision, and better physical resources—to enhance their working conditions and well-being.

Section 5. Information, Education, and Communication Material

The researchers developed an information, education, and communication (IEC) material based on the study's findings. Since the study found that roles are frequently, rarely, or not performed at all, the IEC material provides tips on how BHWs can perform their roles accurately and effectively. The material also provides a brief overview of BHWs' roles and their importance in the community.

CONCLUSION AND RECOMMENDATIONS

Conclusion

The study reveals that the majority of respondents are aged 40-49. Most have completed high school and are self-employed. The majority of them are married and have served as barangay health workers (BHWs) for 1 to 5 years. Almost all participants are female, with only one male BHW.

All identified factors moderately affect the roles of BHWs. The most significant personal factor is the need for training. Politically, the replacement of BHWs when barangay officials change occurs to the highest extent. In terms of environmental factors, the adequacy of supplies, materials, and equipment significantly impacts BHWs. Emotionally, feeling integrated into the healthcare system through supportive supervision and appropriate training affects BHW performance. Lastly, the main physical factor impacting BHWs is the burden of excessive paperwork.

Taking anthropometric assessments is a mandated responsibility consistently performed by all barangay health workers (BHWs), while providing prenatal care in the absence of healthcare professionals is an assumed role BHWs frequently undertake to fill service delivery gaps. Respondents differ significantly in their experiences with personal factors, with BHWs who have only completed elementary education being more affected. Additionally, those with an elementary education and those who are self-employed are more negatively affected by political factors. However, BHWs do not differ significantly in how they experience environmental,

emotional, and physical factors across profile groups.

Recommendations

The following recommendations surfaced from the findings of the study, which are directed toward governing bodies with the authority to implement policies and programs:

1. Provide ongoing training, seminars, and capacity-building programs every year
2. Create sustained linkages with government and non-governmental organizations to ensure the availability and timely provision of medical supplies, materials, and equipment to support BHWs' tasks.
3. Strengthen barangay leadership support through mentorship, peer support programs, recognition, and incentives to foster a sense of belonging in the health care system.
4. Implement simplified documentation or provide digital tools and clerical assistance.
5. Provide specialized training in key areas, such as prenatal care, to ensure competency when assisting in the absence of healthcare professionals.
6. Offer refresher courses for BHWs with limited formal education to bridge knowledge gaps.
7. Establish standardized criteria for hiring and retaining BHWs based on qualifications and experience rather than political affiliations.
8. The barangay health workers are to engage in training and skills workshops at least two times a year, participate in IT training for digital record keeping, and collaborate with local leaders and health professionals for support.
9. To future researchers, conduct similar research using a qualitative method in other municipalities or regions to compare findings and identify broader trends.
10. To include senior citizens (≥ 60 years old) as respondents in future similar studies and to include a larger, more diverse sample of BHWs, particularly increasing the representation of male BHWs, to achieve a more balanced perspective.
11. Study the long-term effects of training programs on BHW performance and community healthcare outcomes, using a post-intervention assessment.

REFERENCES

- Abelardo, R. A., Bustamante, K. B., Cabanes, J. T. O., Diana, R. G., Grande, S., & Dagohoy, R. G. (2021). Accounts of barangay health workers in geographically isolated and disadvantaged areas in the new normal. *International Journal of Research and Innovation in Social Science*, 5(7), 434–442. <https://doi.org/10.47772/ijriss.2021.5720>
- Bardi, A., & Schwartz, S. H. (2003). Values and behavior: Strength and structure of relations. *Personality and Social Psychology Bulletin*, 29(10), 1207–1220. <https://doi.org/10.1177/0146167203254602>
- Carbonell, P. R. J., Pelisco, M. Y., Salcedo, M. Y. C., & Tuban, J. P. (2012). Level of stress of barangay health workers in Dasmariñas City, Cavite. *GreenPrints*. <https://greenprints.dlshsi.edu.ph/bsrt/112/>
- Carrillo, V., Dael, J., Retuya, K. M. A., Tangapa, L., Vistal, J., Yanez, D., & Faller, E. (2023). The situation of barangay health workers in the Philippines: A review. <https://ijrpr.com/uploads/V4ISSUE4/IJRPR12273.pdf>
- Hartigan-Go, K., Valenzuela, S., & Prieto, M. L. (2023). Important but neglected: A qualitative study on the lived experiences of barangay health workers. *Social Science Research Network*. <https://doi.org/10.2139/ssrn.4461587>
- Ramirez, M. A., Viajar, R., & Azana, G. (2019). Operationalizing local children nutrition surveillance system: The Philippines Operation Timbang revisited (the case of Abra de Ilog). *World Nutrition*, 10(4), 86–98. <https://doi.org/10.26596/wn.201910486-98>
- Republic Act No. 7883. (1995). *Barangay Health Workers' Benefits and Incentives Act of 1995*.

- Official Gazette of the Republic of the Philippines.
<https://www.officialgazette.gov.ph/1995/02/20/republic-act-no-7883/>
- Schwartz, B. (2000). Self-determination: The tyranny of freedom. *American Psychologist*, 55(1), 79–88. <https://doi.org/10.1037/0003-066X.55.1.79>
- Shaffril, H. A. M., & Uli, J. (2010). The influence of socio-demographic factors on work performance among employees of government agriculture agencies in Malaysia. *International Journal of Social Science and Humanity*, 1(2), 151–156. <https://repo.uum.edu.my/id/eprint/4094/>
- Taburnal, M. (2017). Barangay health workers' level of competence. *Asia Pacific Health Education Research Journal*, 4(1). <https://doi.org/10.56278/apherj.v4i1.437>
- Taburnal, M. (2020). Knowledge and competence of barangay health workers (BHWs). *International Journal of Innovation, Creativity and Change*, 14(1). https://www.ijicc.net/images/Vol_14/Iss_1/14160_Taburnal_2020_E_R.pdf
- United Nations. (2023, October 19). *Health*. <https://www.un.org/sustainabledevelopment/health/>
- Vera-Toscano, E., Rodrigues, M., & Costa, P. (2017). Beyond educational attainment: The importance of skills and lifelong learning for social outcomes—Evidence for Europe from PIAAC. *European Journal of Education*, 52(2), 217–231. <https://doi.org/10.1111/ejed.12211>
- World Health Organization. (2013). *Transforming and scaling up health professionals' education and training*. <https://www.ncbi.nlm.nih.gov/books/NBK298950/>
- World Health Organization. (2019, March 14). *UHC Act in the Philippines: A new dawn for health care*. <https://www.who.int/philippines/news/feature-stories/detail/uhcact-in-the-philippine-s-a-new-dawn-for-health-care>
- World Health Organization. (2019, June 18). *Primary health care*. <https://www.who.int/health-topics/primary-health-care>
- World Health Organization. (2023, October 5). *Universal health coverage (UHC)*. [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc))