Awareness on and availment of Philhealth's maternity care benefits among the selected patients of a tertiary hospital in Southern Luzon from February 2015 to February 2016*

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ABSTRACT

Background: In spite of policy changes and government programs aimed to improve maternal health and reduce maternal morbidity, the Philippines failed to achieve its Millennium Development Goals targets because of several identified factors.

Objective: To determine the relationships of maternal profile and awareness on and availment of PhilHealth maternity care benefits among the selected patients of a Tertiary Hospital in Southern Luzon Department of Obstetrics and Gynecology were investigated from February 2015 to February 2016.

Methodology: Descriptive cross-sectional survey method was used in the study involving 365 respondents selected through convenience sampling. Chi-square test and Cramer's V was used to determine relationships among the variables. Maternal profile, which included the patient's age, educational attainment, employment, family income, health insurance coverage, access to mass media and the Internet and number of pregnancies were considered as an intervening variable.

Results: The results of the study revealed low level of benefit awareness even for the respondents who have existing PhilHealth coverage. They also failed to avail most of the benefits. Statistical analyses revealed that age, family income, health insurance coverage and number of pregnancies were significantly related to awareness while only family income and health insurance coverage were significantly related to availment. It was established further that pregnant women who were more aware of their benefits were more likely to avail them.

Conclusion: To achieve optimum availment of benefits, an iterative process of awareness campaign should be instituted starting from high school education to women's employment and from initial contact with Barangay Health Workers to their consultation with health care providers.

Keywords: awareness, availment, PhilHealth

INTRODUCTION

The years to achieve the Millennium Development Goals (MDGs) have lapsed. The Philippines has made significant strides towards the achievement of these goals. Unfortunately, in the area of maternal health (MDG 5), the country is likely to fail as forecasted (NSCB 2010). Thus, the Aquino Health Agenda was issued proclaiming that one of the focuses of public health programs was improving maternal health in the country (DOH 2010).

In 2013, the National Health Insurance Act of 1995 or PhilHealth Law that established the Philippine Health Insurance Corporation was amended. Found in Section 29-B of the amended version was a provision guaranteeing financial protection to all women who are about to give birth regardless of social and economic status. This provision ensured that every pregnant woman in the country was covered by PhilHealth. Cognizant of this provision, PhilHealth issued Circular 025-2015 updating and detailing the policies and mechanisms by which every pregnant woman could have access to health services during pregnancy, while in and after delivery, including the necessary healthcare for her newborn and the subsequent family planning method she might opt in.

While the effort of the government to improve health services to pregnant women, it is imperative that such policies and mechanisms be sustained and refined to ensure that the country would be on a trajectory towards achieving Sustainable Development Goal (SDG) (Gables et al 2015). The policy of insuring health services to all women who are about to give birth in the country is indeed a potent tool towards achieving this goal. Even if the law ensures access to PhilHealth benefits to every pregnant woman, non-availment of such benefits,

particularly among poor women, could still pose a huge barrier towards reducing maternal mortality in the country. The effort of the government, particularly those in the health service sector, to improve maternal health and thereby, reduce maternal mortality would simply go to waste. Thus, it is imperative that a study be conducted to understand the awareness and availment of PhilHealth maternal and newborn care benefits among pregnant women. The ultimate outcome aimed by the study was the improvement of PhilHealth policies, programs and mechanisms of benefit availment for pregnant women that could in turn improve maternal health and reduce maternal mortality.

OBJECTIVES

General Objective

The study was conducted to determine the relationships of maternal profile and awareness on and availment of PhilHealth's maternity care benefits among the selected patients of a tertiary hospital in Southern Luzon Department of Obstetrics and Gynecology from February 2015 to February 2016.

Specific Objectives

1. To determine the maternal profile of selected patient in terms of age, educational attainment, employment, monthly family income, health insurance coverage, access to mass media and the Internet and number of pregnancies.
2. To determine their awareness on PhilHealth's maternity and newborn care benefits.
3. To determine their availment of PhilHealth's maternity and newborn care benefits.
4. To determine if significant relationships exist among maternal profile, awareness on and availment of PhilHealth's maternity and newborn care benefits.

METHODOLOGY

Research Design, Selection of the Subject

Descriptive cross-sectional survey method was used in the study because it can establish correlation among variables (Bowling 2014). The computed sample size was 365 at 95% confidence interval with a 5% margin of error using the Epi Info™ sample size calculator for Population Survey based from the 2012 to 2016 annual numbers of pregnancy-related admissions in the institution. The subjects were the in-patients of the Department of Obstetrics and Gynecology of a Tertiary Hospital in Southern Luzon from February 2015 to February 2016. Convenience sampling technique was used to select the respondents of the study.

Instrument

A survey questionnaire was used. It was then presented on the Institutions Ethical Review Committee, edited based on their comments and suggestions. The survey questionnaire was then tested and validated using Cronbach's alpha supported by study of Peacock and Peacock (2011). Survey administration guide were then formulated to ensure validity and reliability of the results. The survey questionnaire contained request to participate in the survey, explanation of the survey purposes, confidentiality agreement and the survey proper.

Data Gathering Procedures, Analysis Plan and Statistical Treatment

The survey questionnaire was administered by the researcher to the respondents who are readily available and are willing to participate in the study (Latham 2007) for at least 20 minutes.

The answers on the numbered survey questionnaire were then encoded in a predesigned MS Excel spreadsheet. This spreadsheet contained syntaxes and validation rules to ensure the correctness and accuracy of the encoded responses.

In this study, chi-square test and Cramer's V were used to establish correlation between and among variables. Table 1 summarizes the data analysis plan and statistical treatment of variables considered in this study.

RESULTS AND DISCUSSION

The National Demographic and Health Survey (NDHS) of 2013 provide important and relevant information regarding the variables investigated in this study, particularly on maternal profile. It is specifically mentioned that the data gathered in the survey would help assess the country's progress towards achieving the Millennium Development Goal, including the target of reducing maternal death to 75% of the 1990 figure by 2015 (PSA 2014).

Table 2 shows the maternal profile of the respondents. Ninety two percent of the population were 19 years old and above, 67 % reached high school level, 70 % never been employed prior to the survey administration and 55 % belong to a family whose income range is ₱4,500 to ₱9,000. Of those who have been employed, 50% had tenured status. Only seven percent of respondents have accessed the Internet within the week prior to survey administration. Nineteen percent of the respondents have no PhilHealth coverage. Indigent members/beneficiaries, or those whose PhilHealth premiums are paid for by the government, constitute 24% of the respondents. Only 23% of the respondents have PhilHealth coverage while also simultaneously covered by other social/health insurance,

Table 1. Summary of Statistical Treatment of variables considered in the study of awareness on and availment of PhilHealth maternity care benefits among Selected Patients of a Tertiary Hospital in Southern Luzon from February 2015 to February 2016

Objectives	Statistical Treatment
1. To determine the maternal profile of the selected patients in terms of age, educational attainment, employment, monthly family income, health insurance coverage, access to mass media and the Internet and number of pregnancies	Descriptive Statistics (Frequency and Percentage Tables, average and standard deviation)
2. To determine their awareness on the maternity care benefits under the amended Republic Act 7875.	Descriptive Statistics (Frequency and Percentage Tables)
3. To determine their availment of the maternity care benefits under the amended Republic Act 7875.	Descriptive Statistics (Frequency and Percentage Tables)
4. To determine if significant relationships exist among maternal profile, awareness on and availment of the maternity care benefits under the amended Republic Act 7875.	Chi-square test and Cramer's V

Table 2. Distribution of respondents according to maternal profile among Selected Patients of a Tertiary Hospital in Southern Luzon from February 2015 to February 2016

	Frequency	Percentage
Age		
Below 19 years old	32	8
19 and above	333	92
Educational Attainment		
Elementary Level	54	15
High School Level	246	67
College and Higher Levels	65	18
Employment		
Yes	111	30
No	254	70
Tenured	55	50
Non-Tenured	56	50
Family Income		
Below 4,500	104	29
4,500 - 9,000	202	55
9,000 and above	59	16
Access to Mass Media and the Internet		
Traditional	338	93
Internet	26	7
Health Insurance Coverage		
No PhilHealth Coverage	69	19
With PhilHealth Coverage		
Paying Member	82	22
Paying Member Beneficiary	43	12
Indigent		
Member/Beneficiary	86	24
And Other Insurance	85	23
Number of Pregnancies		
1	143	39
2	87	24
3	51	14
4 and above	84	23

specifically by the GSIS or SSS. Moreover, 39 % of the respondents experience their first pregnancy, while 23% have already pregnancies at least four times.

The awareness of the respondents on specific PhilHealth maternity care benefits are numerically described in Table 3. The only benefit that most of the respondents are aware of is the Normal Spontaneous Delivery Package (92%) and the Insertion of Intrauterine device (IUD) (69%). Only seven percent of the respondents are aware of the existence of Maternity Care Package, 29 % on Cesarean Section and 16% on Bilateral Tubal Ligation. For the other six maternal care PhilHealth benefits, the figures are dismally low since either only one percent or two percent of the respondents are aware that they can avail of such benefits.

Seven percent and two percent respectively shows awareness for Maternity Care Package and Antenatal Care Package which are alarmingly low since these benefits covers "pre-natal check-ups to screen, detect and manage complications of pregnancy; maternal nutrition; immunizations; and counselling for healthy lifestyle, breastfeeding, and family planning," which are very important to ensure maternal and newborn health and may reflect to reduce maternal mortality in the country. PhilHealth itself explained that these benefits are made distinct from Normal Spontaneous Delivery Package because of the low availment (PhilHealth 2012a). However, the study shows that this change in the mechanism of benefit availment did very little to improve the awareness on and availment of such benefits. In spite of the passage

Table 3. Awareness on PhilHealth maternity care benefits among Selected Patients of a Tertiary Hospital in Southern Luzon from February 2015 to February 2016

Benefits	Frequency	Percentage
1 Maternity Care Package	24	7
2 Normal Spontaneous Delivery Package	337	92
3 Cesarean Section	105	29
4 Breech Extraction	4	1
5 Vaginal Delivery after Cesarean Section	5	1
6 Antenatal Care Package	6	2
7 Intrapartum Monitoring (w/o delivery)	7	2
8 Complicated Vaginal Delivery	5	1
9 Newborn Care Package	172	47
10 Bilateral Tubal Ligation	58	16
11 Insertion of Intra Uterine Device (IUD)	252	69
12 No-scalpel vasectomy – Unilateral or Bilateral	4	1
Level of Awareness on Benefits		
0 or 1	73	20
2	93	25
3 and above	199	55
Awareness on Policies/Programs/ Mechanisms		
1 Enrollment as indigent through DSWD	20	5
2 Mandatory enrollment of kasambahay	342	94
3 Mandatory enrollment of women about to give birth	23	6
4 No balance billing	20	5
5 No additional professional fee for covered medical services	11	3
6 Mandatory referral to hospital for high-risk pregnancy	13	4
7 Hospitals' mandatory acceptance of referred patients	19	5
8 Mother's book	18	5
9 Hospitals' assistance for patients' continuous coverage	17	5
Mode of Awareness		
Newspaper	8	2
Flyers, pamphlets and other print medium	144	39
Radio	11	3
TV	343	94
Internet	24	7
Explanation of a doctor, nurse, spouse, friend etc.	272	75
Seminar	5	1

of Republic Act 9288 or the Newborn Screening Act of 2004, Department of Health (DOH) newborn screening test campaign (Gutierrez 2012) and its expansion (Crisostomo 2014), more effort is still needed to improve the awareness of mothers on Newborn Care Package since only 47% of the respondents are aware of this benefit.

Based on this study a dismally low percentage of the respondents being aware of specific maternal and newborn care benefits are reflected on the level of awareness as observed in Table 3. Only 55% of the respondents know at least three of the 12 specified benefits as shown on Table 3. The figures for the awareness on policies, programs and

availment mechanisms of these benefits are also alarmingly low. Only on the mandatory enrolment of *kasambahay*, are the respondents mostly aware (94%). Even for the required Mother's Book, only 5% of the respondents are aware that they should have one provided by hospitals or clinics. Mother's Book is important tool for prenatal check-ups; it includes follow ups and other specific data which is needed for maternal care and delivery. For the rest of the specified policies, programs and mechanisms, only three percent to six percent of the respondents indicate awareness. These specified policies were the following, enrolment as indigent through DSWD (5%), Mandatory enrolment of kasambahay (94%), Mandatory enrolment of women about to give birth (6%), No balance billing (5%), no additional professional fee for covered medical services (3%), Mandatory referral to hospital for high risk pregnancy (4%), Hospitals mandatory acceptance of referred patients (5%), Mothers book (5%) and Hospital assistance for patients continuous coverage (5%). Evidence suggests that lack of awareness on this benefit is the culprit for non-availment, and a barrier in achieving the sustainable development goal.

Among the ways by which the respondents became aware of any of the specified benefits, programs, policies and availment mechanisms, the most popular is through Television which is 94 %. A campaign, lectures, announcements or circulars should be broadcasted via Television in the form of commercials or even interactive TV programs directed particularly for the poor or those who belong to the lower-income group to increase availment of health care services and health insurance benefits, as a result in the study. A significant majority about 75% indicate that their awareness is made possible through the explanation of a doctor, nurse, spouse, friend and/or others. Based from the result of the research, it is recommended to expand PhilHealth CARES program that involves registered nurses assigned to assist members and beneficiaries regarding their benefit claims (Castillo-Carandang et. al. 2015) not only placed to the hospital but also to the Barangay level and involvement of a Barangay Health Worker. In addition, the research recommended that Philhealth should work with private and government organizations to improve benefit awareness among their female employees. Employers tend to follow the law requiring them to enroll their employees to Philhealth but it appears that they are not doing enough so that their female employees become more aware of their benefits. Philhealth then, could design awareness drive that employer could incorporate in their female worker empowerment programs.

Table 4 summarizes the distribution according to availment of maternity care benefits of the 296 who reportedly have existing PhilHealth coverage. Of these respondents, 260 have actually availed at least one of the benefits while 70% have already availed Normal Spontaneous Delivery Package while 49% have availed the Newborn Care Package. A small minority have availed Maternity Care Package (5%), Cesarean Section (21%), Bilateral Tubal Ligation (4%) and Insertion of IUD (20%). For the rest, of the benefits, availment is either 0% or 1%. The most alarming of these figures is that of the Antenatal Care Package (2%). No one among the 296 respondents have availed this benefit in spite of the fact that PhilHealth has changed a mechanism to promote its availment as mentioned earlier. Ideally, pregnant women should have availed at least four of the 12 specified maternity and newborn care benefits, namely Maternity Care Package, one of the delivery packages, Antenatal Care Package and Newborn Care Package. For women with more than two pregnancies, one of the family planning methods covered by PhilHealth should be the fifth of this ideal benefit availment. However, this study revealed that only 25% of the respondents have availed at least three of the 12 specified benefits. This number poses a serious challenge to the national goal of improving maternal and newborn health. The Philippine National Demographic and Health Survey of 2013 indicates that only 62% of the women surveyed had received antenatal care in the first trimester of pregnancy (PSA 2014) while Philhealth benefits cover four check-ups for the entire duration of pregnancy.

Almost all (98%) of those who have availed one of PhilHealth maternity care benefits, do so in public hospitals. Among those who have existing PhilHealth coverage, 169 or 57% have reported instances of non-availment of one or more benefits. Most of these instances of non-availment, around 87% occur because these respondents are not yet PhilHealth members. These figures indicate that these pregnant women have realized the importance of PhilHealth maternity care benefits only when they already needed them but were not able to avail them because of lack of coverage. Lack of knowledge on filing of claims and on benefits is identified as a significant culprit of why there are instances Philhealth benefits are not availed by members or beneficiaries (Faraon et al 2013). Thus, the mandatory enrolment to PhilHealth in accordance to Section 29-B of the National Health Insurance Act of 2013 is indeed a potent policy and campaign towards ensuring the availability of maternal and newborn care to all pregnant women in the country. Also it shows that this study and other studies as mentioned have established that awareness and availment are significantly related. That is, women who are more aware are also likely to avail the benefits they needed.

Shown in Table 5 is the summary of the relationship between maternal profile and awareness of the respondents on PhilHealth maternity care benefits.

Table 4. Availment of PhilHealth maternity care benefits among Selected Patients of a Tertiary Hospital in Southern Luzon from February 2015 to February 2016

Benefits	Frequency	Percentage
1 Maternity Care Package	16	5
2 Normal Spontaneous Delivery Package	206	70
3 Cesarean Section	61	21
4 Breech Extraction	0	0
5 Vaginal Delivery after Cesarean Section	1	0
6 Antenatal Care Package	0	0
7 Intrapartum Monitoring (w/o delivery)	1	0
8 Complicated Vaginal Delivery	2	1
9 Newborn Care Package	144	49
10 Bilateral Tubal Ligation	11	4
11 Insertion of Intra Uterine Device (IUD)	58	20
12 No-scalpel vasectomy – Unilateral or Bilateral	0	0
Number of Benefits Availed		
0 or 1	138	46
2	85	29
3 and above	73	25
Medical Institutions of PhilHealth Availment		
Public Hospital	256	98
Others	4	2
Occurrence of Non-Availment		
Yes	169	57
No	127	43
Reasons For Non-Availment		
Not yet a PhilHealth member/beneficiary	147	87
Discontinued PhilHealth contribution	12	7
Others	13	8

Results of the chi-square test reveals that access to mass media and the Internet is not related to awareness. On the other hand, the p-value of 0.030 establishes a statistically significant relationship between age and awareness while the computed 0.138 Cramer's V indicates weak positive association between these variables. The older, the respondents are, the more they are aware of PhilHealth maternity care benefits. Similarly, Olayinka et al (2014) have established that age is significantly related to the awareness on maternal health care benefits.

Statistical analysis reveals that there is no sufficient evidence to support the claim that educational attainment and employment are significantly related to awareness.

The analysis of Paredes (2015) of NDHS 2008 and 2013 data pointing to lack of benefit awareness, particularly among Sponsored Program (SP) members could explain these findings. In this study, 25% of the respondents are indigent members/beneficiaries or those so called SP members and another 19% have no PhilHealth coverage at all who would eventually be enrolled under SP. In other words, four out of every ten respondents in this study are SP members, most of whom have relatively lower family income, lower educational attainment and not been employed prior to the survey period. It is also important to note that even among those who had employment prior to the survey period, having a tenured status does

Table 5. Relationship between maternal profile and awareness on PhilHealth maternity care benefits among the Selected Patients of a Tertiary Hospital in Southern Luzon from February 2015 to February 2016

	Chi-Square	p-Value	Cramer's V
Access to Mass Media and the Internet	0.01	0.920	--
Age*	6.98	0.030	0.138
Employment (a) Status (b) Tenure	0.68 1.82	0.712 0.177	-- --
Family Income*	32.71	0.000	0.212
Health Insurance Coverage*	23.08	0.003	0.178
Educational Attainment	6.12	0.190	--
Number of Pregnancies*	22.02	0.001	0.174

n= 365, α = 0.05   *with statistical significance

Table 6. Relationship between maternal profile and availment of PhilHealth maternity care benefits among Selected Patients of a Tertiary Hospital in Southern Luzon from February 2015 to February 2016

	Chi-Square	p-Value	Cramer's V
Access to Mass Media and the Internet	0.71	0.399	NA
Age	2.31	0.510	NA
Educational Attainment	4.40	0.355	NA
Employment (a) Status (b) Tenure	2.23 2.45	0.328 0.294	NA NA
Family Income*	18.82	0.001	0.161
Health Insurance Coverage*	27.49	0.000	0.194
Number of Pregnancies*	7.39	0.286	NA

n= 296, α = 0.05   *with statistical significance

not make a difference in terms of benefit awareness. Results of chi-square analysis reveal that those who have tenured status are not necessarily more aware on the benefits than those who have a non-tenured status. This means that the laws in the country requiring employers to enrol their employees to PhilHealth and GSIS or SSS might help to ensure enrolment but is not enough to ensure that employees would be sufficiently aware of the health/social insurance benefits.

Test statistic also reveals that family income is significantly related to awareness. The computed 0.212 Cramer's V indicates weak positive association. As family income increases, so too is the level of awareness. The same results are supported by the studies of Olayinka et al (2014) and Alvaro and Oducado (2015).

Health insurance coverage also turns out to be significantly related to awareness as indicated by the computed 0.003 p-value and 0.178 Cramer's V. The indigent members/beneficiaries (SP members) and those without PhilHealth coverage tend to have lower level of awareness. A weak positive relationship (0.001 p-value, 0.174 Cramer's V) is also observed between the respondents' number of pregnancies and their awareness on maternity and newborn care benefits. Those who have experienced more pregnancies are more aware of the said benefits.

Table 6 shows the relationship between maternal profile and availment of PhilHealth maternity benefits. Access to mass media and the Internet, age, educational attainment, employment, and the number of pregnancies turn out to be not significantly related to availment. The analysis of Paredes (2015) sheds light on these findings.

Table 7. Relationship between awareness on and availment of PhilHealth maternity care benefits among Selected Patients of a Tertiary Hospital in Southern Luzon from February 2015 to February 2016

	Chi-Square	p-Value	Cramer's V
Awareness	0.71	0.000	0.318

n= 296, α = 0.05

According to this analysis, the significant increase in PhilHealth membership, particularly of the SP members does not translate to availment of benefits, which could be attributed to the lack of benefit awareness among the members as confirmed in this study.

The p-value of 0.001 indicates that family income is significantly related to benefit availment. The 0.161 Cramer's V shows positive weak association between these variables. The respondents with lower family income have availed fewer benefits. These respondents are identified as the indigent members/beneficiaries (SP members) as confirmed by a related variable, the health insurance coverage, which also shows significant relationship with benefit availment at 0.000 p-value. The indigent members/beneficiaries have the greatest proportion availing fewer benefits compared to the other groups (paying member, paying member beneficiary and with other health/social insurance coverage).

Table 7 shows that awareness on and availment of PhilHealth maternity care benefits is significantly related. The Cramer's V of 0.318 indicates weak positive association

between these variables. Similarly, in the study of Faraon et. al. (2013), it was established that awareness affects the utilization of PhilHealth benefits while in the study of Olayinka et. al. (2014), lack of awareness is identified as a barrier towards utilization of maternal health care services.

CONCLUSION AND RECOMMENDATIONS

The mandatory PhilHealth enrolment of women who are about to give birth is expected to deliver better outcomes in terms of maternal and newborn health in the country where maternal deaths remain relatively high resulting to the failure of achieving the country's MDG 5 targets. However, in spite of the implementation of this potent policy on a national scale, optimum availment of PhilHealth maternity care benefits among pregnant women remains elusive because of the general lack of benefit awareness. Of the twelve benefits specified in this study, only Normal Spontaneous Delivery Package and the Insertion of IUD have come into an acceptable level of awareness as a result of the information obtained from TV and from personal explanation of a doctor, nurse, spouse, friend and/or others.

The result of the study indicates that most women are not aware that PhilHealth provides Maternity Care Package and Antenatal Care Package designed to ensure that they would have the necessary health care services while having their pregnancy. Even on the essential Mother's Book, awareness is dismally low about 5% only. Furthermore, 47 % of the respondents are not aware of the Newborn Care Package, which includes newborn screening test. Consequently, widespread non-availment of these benefits is observed. Ironically, those who are in dire need of government support under the SP are the ones who are not aware of and are not availing PhilHealth maternity care benefits. These women, constituting four out of every ten respondents have relatively lower family income, have lower educational attainment and have not been employed prior to the survey period.

The results of the study also establish a significant relationship between awareness on and availment of the maternity care benefits. In summary, maternal profile is an intervening variable and has a significant relationship with the respondents' awareness on Philhealth maternity care benefits. Maternal profile has a significant relationship with the respondent's availment of Philhealth maternity care benefits. The respondent's awareness on Philhealth maternity care benefits has a significant relationship with the availment of such benefits.

Based on this and other significant findings, the following are recommended:
1. Based on this study, pregnant women who have been employed or have been tenured do not necessarily become more aware of their maternity and newborn care benefits. PhilHealth and other concerned government agencies should work with private and government organizations to ensure that pregnant women employees are not only PhilHealth enrolled but are also aware of their maternity and newborn care benefits. These organizations could initiate and sustain an information drive on maternal healthcare as part of their program to empower female employees.

2. The study reveals that majority of the pregnant women have reached high school level. However, it is also established that higher educational attainment does not necessarily translate to higher level of awareness on PhilHealth maternity and newborn care benefits. Thus, it is recommended that lessons on social security under DepEd's Social Studies (Araling Pantlipunan) curriculum be revitalized. The health benefits provided by PhilHealth should also be introduced to high school students through the health education curriculum.

3. Mother and Child Book should be revised to include a checklist of PhilHealth maternity and newborn care benefits. Included in the checklist is a time framework (antenatal, labor/delivery and postpartum) of when to avail the applicable benefits. The attending health care provider would mark the next benefit to avail and when to avail it so that pregnant women would be guided accordingly.

4. Since one of the better modes by which pregnant women become aware of PhilHealth maternity and newborn care benefits is thru personal explanation of a doctor, nurse, spouse, friend and/or others, it is recommended that Barangay Health Workers (BHWs) be involved in the current information drive of PhilHealth through an interagency arrangement. BHWs would then be at the forefront of informing women of their rights to be enrolled in PhilHealth as an SP member if they are not yet enrolled and the benefits that they can avail. They could also distribute Mother and Child Books and mark the first benefit that pregnant women should avail to prevent non-availment of benefits, particularly the Antenatal Care Package.

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