

RESEARCH ARTICLE

Assessing the Compliance of Pantawid Pamilya Pilipino Program Beneficiaries with Health Conditionalities: A Descriptive Study

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Abstract

This study explored the extent of compliance of Pantawid Pamilya Pilipino Program (4Ps) beneficiaries with health-related conditionalities in La Carlota City. Utilizing a descriptive research design, the study employed both qualitative and quantitative methods to systematically collect and analyze data, allowing for a comprehensive understanding of compliance patterns (Bueno, 2016). This methodological approach proved effective in achieving the research objective of gathering factual and actionable information about beneficiary adherence to program conditions. The findings highlight the degree to which health-related requirements of the 4Ps are met by beneficiaries, shedding light on factors that facilitate or hinder compliance. The study's results provide evidence-based insights for program implementers and policymakers to strengthen health-related components of the 4Ps and enhance overall program effectiveness. The descriptive research design was deemed most appropriate for this inquiry, demonstrating its utility in addressing research questions that require both qualitative depth and quantitative precision.

Keywords: 4Ps; compliance; health; education; beneficiaries; collaboration

Introduction

Poverty alleviation remains one of the most pressing global concerns, as millions of people worldwide continue to struggle with inadequate access to basic necessities such as food, healthcare, education, and employment (Beegle & Christiaensen, 2019; Hulme, 2012; Smith, 2015). Although significant progress has been made in reducing extreme poverty, it remains a persistent issue that requires continuous and sustained intervention. According to Cruz et al. (2015), efforts to combat poverty have led to notable advancements, with poverty rates declining in many parts of the world. However, the struggle is far from over, as disparities in wealth distribution, access to social services, and economic opportunities continue to hinder progress in various developing nations (Royce, 2022). Dasola and Adeniran (2018) highlight that the incidence of extreme poverty has declined significantly, from nearly 100% in the 19th century to approximately 10.7% in 2013, based on household survey data. This drastic reduction is a testament to the success of economic reforms, policy-driven poverty reduction programs, and international development initiatives. Nevertheless, in many countries, particularly in low- and middle-income regions, large segments of the population remain vulnerable to poverty due to systemic inequalities, economic instability, and insufficient social protection mechanisms (Cook & Pincus, 2014).

In the Philippines, the fight against poverty has been a major government priority for decades (Rivera, 2020; Tabuga et al., 2010). Despite various initiatives aimed at addressing economic inequality, poverty remains a significant issue, with many families struggling to access essential services such as healthcare and education. Recognizing the need for targeted interventions, the Philippine government has implemented several poverty alleviation programs designed to provide financial assistance, improve human capital development, and empower communities (Diokno-Sicat & Mariano, 2018; Singh & Chudasama, 2020). One of the most prominent and extensive poverty alleviation initiatives in the country is the Pantawid Pamilya Pilipino Program (4Ps) (Ranario, 2012). Established in 2007 under the administration of President Gloria Macapagal-Arroyo, the 4Ps is a conditional cash transfer (CCT) program aimed at breaking the cycle of intergenerational poverty. The program seeks to invest in human capital by focusing on two primary areas: health and education. Through financial support and behavioral conditions, the program encourages beneficiaries to participate in activities that contribute to their long-term well-being and economic stability (Orbeta & Paqueo, 2016).

By December 2016, the 4Ps had expanded significantly, reaching over 4.4 million poor households and benefiting approximately 20 million Filipinos. The program's impact has been widely recognized, as it has helped many families access vital social services, improve their children's educational attainment, and enhance overall family health outcomes. However, despite its success, the program's effectiveness heavily relies on beneficiary compliance with its set conditionalities (Albert et al., 2024). The conditionalities imposed by the 4Ps are designed to ensure that the financial assistance provided leads to meaningful and long-term improvements in beneficiaries' lives. These conditions include ensuring school attendance, accessing regular health check-ups, participating in Family Development Sessions (FDS), and adhering to other health and education-related requirements. Compliance with these conditions is critical in achieving the program's broader developmental goals, such as eradicating hunger, reducing child mortality, improving maternal health, and promoting gender equality (Olson, 2014).

Failure to comply with these conditions, however, poses significant challenges to the effectiveness of the program. Noncompliance not only limits the benefits received by individual families but also undermines the overall objectives of poverty alleviation efforts. If beneficiaries do not adhere to program conditions, the potential long-term impact on education, health, and social mobility is significantly diminished. In La Carlota City, an assessment of 4Ps beneficiaries has revealed critical gaps in compliance. Official program data from September 2023 indicate that while there were 4,072 beneficiaries aged 3-18 years old, only 3,526 were enrolled in school. This finding suggests that 546 children, or 13.41%, were not attending school, with some enrolled students failing to meet the minimum required attendance rate of 85% per month. Such statistics raise concerns regarding the effectiveness of the program in ensuring educational access and retention among beneficiary children. Health compliance among beneficiaries has also been found to be alarmingly low. Program records show that only 25 beneficiaries aged 3-18 years had been monitored in health facilities, a number that is significantly lower than expected. This raises serious concerns about the ability of the program to meet its health objectives, particularly in terms of maternal and child healthcare, disease prevention, and overall wellness promotion. Through surveys, the researcher—has noted recurring noncompliance among beneficiaries. Some of the most prevalent issues include school dropouts, irregular health check-ups, and missed Family Development Sessions (FDS). These trends suggest that there are underlying barriers to compliance that need to be examined in greater depth. Understanding these barriers is essential in developing strategies that can help improve adherence to program conditions and maximize its impact.

The extent to which 4Ps beneficiaries comply with program conditions is influenced by various demographic and socioeconomic factors. Age, sex, civil status, number of children, and household location all play a role in determining the likelihood of compliance. For instance, single-parent households may face greater challenges in

ensuring school attendance and participation in FDS due to time and financial constraints. Similarly, families living in remote areas may struggle to access healthcare services, thereby affecting their compliance with health-related requirements. This study seeks to evaluate the extent of compliance among 4Ps beneficiaries in La Carlota City, with a specific focus on health and education conditionalities. By investigating the factors that influence compliance levels, this research aims to identify barriers to adherence and propose evidence-based interventions to improve program effectiveness. The findings of this study will be valuable for policymakers, program implementers, and social workers involved in the administration of the 4Ps. A deeper understanding of compliance trends can inform strategies to improve monitoring, provide additional support to beneficiaries, and enhance the overall design of the program. Moreover, this research contributes to the broader discourse on poverty alleviation strategies, particularly in the context of conditional cash transfer programs. By examining the relationship between financial assistance and behavioral compliance, the study offers insights into how such programs can be optimized to achieve maximum impact. At a societal level, the study underscores the importance of integrating social protection programs with education and health initiatives. Strengthening linkages between the government, non-governmental organizations (NGOs), and local communities is crucial in ensuring that conditional cash transfer programs translate into meaningful, long-term improvements in beneficiaries' lives. By providing a comprehensive analysis of compliance challenges, this study also aims to contribute to the refinement of existing policies. If compliance rates improve, the program's ability to break the cycle of poverty and foster self-reliance among beneficiaries will be significantly enhanced.

In conclusion, while the Pantawid Pamilya Pilipino Program (4Ps) has made significant strides in reducing poverty in the Philippines, compliance with program conditionalities remains a critical issue. Understanding the factors that influence adherence to these conditions is essential in ensuring that the program achieves its intended goals. Through a descriptive research design and in-depth data analysis, this study aims to provide actionable recommendations that will improve program compliance, enhance service delivery, and contribute to the overarching goal of poverty reduction in the country. Ultimately, strengthening compliance mechanisms will not only benefit individual beneficiaries but also contribute to the socioeconomic development of the Philippines by fostering a healthier, more educated, and economically empowered population.

Method

Research Design

This study adopted a descriptive research design to explore and analyze the extent of compliance of Pantawid Pamilya Pilipino Program (4Ps) beneficiaries in La Carlota City. According to Bertrand and Fransoo (2002), a descriptive research design is instrumental in uncovering facts that serve as the foundation for specific judgments. It provides essential insights into the nature of individuals and objects, allowing closer observation of behaviors, practices, methods, and procedures.

Additionally, Rovai et al. (2013) emphasized that descriptive research is effective in portraying individuals through observation, case studies, or surveys. This makes it suitable for understanding prevailing conditions, relationships, opinions, beliefs, processes, effects, and emerging trends. Furthermore, this design is effective for analyzing numeric data, making it applicable to both qualitative and quantitative research studies. By employing this research design, the study systematically collected, described, and analyzed data regarding the extent of compliance of 4Ps beneficiaries with program conditions related to health and education. This approach ensured a comprehensive understanding of the beneficiaries' adherence to the program's requirements.

Research Locale

The study was conducted in La Carlota City, a landlocked component city in Negros Occidental. It covers a land area of 137.29 square kilometers (53.01 square miles), accounting for 1.75% of the province's total land area. As per the 2020 Census, La Carlota has a total population of 66,664, which constitutes 2.54% of the population of Negros Occidental and 0.84% of the Western Visayas region. The city's population density is calculated at 486 people per square kilometer or 1,258 people per square mile. La Carlota is politically divided into 14 barangays, three of which—Barangay 1, Barangay 2, and Barangay 3—are classified as urban areas located in the Poblacion, while the remaining 11 are rural barangays. The city is widely known for its Pasalamat Festival, held every last Sunday of April, and its Christmas Festival of Lights and Music, celebrated from December 15 to January 1 (PhilAtlas, 2020).

Respondents of the Study

The study focused on 4Ps beneficiaries residing in the four barangays with the highest number of Pantawid households in La Carlota City. These barangays included Barangay II (Poblacion) and Batuan, located in the Poblacion area, as well as Ayungon and Yubo, which are rural barangays. The respondents were identified as registered, clean, and active 4Ps beneficiaries as of September 2023.

Stratified random sampling was used to proportionally distribute respondents across these barangays. Barangay II (Poblacion), with the highest number of Pantawid households, contributed the largest sample size (69 respondents, or 27% of the total), while Batuan, which had the smallest population of Pantawid households, contributed 58 respondents (22.5% of the total).

Data Gathering Instrument

The primary data collection tool was a self-formulated survey questionnaire designed to assess the extent of compliance among 4Ps beneficiaries with the program's health and education conditions. The questionnaire consisted of two sections. The first section gathered demographic information, including age, sex, civil status, number of children, and household location. The second section measured compliance levels using a total of thirty questions—fifteen focused on health-related behaviors and practices, while the remaining fifteen addressed educational requirements. Responses were measured on a five-point Likert scale, ranging from "Almost Never" (1) to "Almost Always" (5), allowing for a detailed assessment of compliance levels.

Validity and Reliability

To ensure content validity, the questionnaire was reviewed by three subject matter experts—social welfare officers and compliance verification officers with expertise in the Pantawid program. Following Carter V. Good and Douglas F. Scates' criteria, the instrument obtained a validity index of 4.70, indicating "very high validity." Reliability testing was conducted through a pilot survey involving 30 4Ps beneficiaries in Himamaylan City, who were not part of the main study. The instrument's reliability score, measured using Cronbach's Alpha, was 0.969, which is interpreted as "very highly reliable."

Data Gathering Procedure

The researcher personally administered the validated and reliable questionnaire to ensure clarity and comprehension among respondents. The study emphasized confidentiality to encourage honest participation. After the collection phase, responses were carefully tallied and subjected to appropriate analytical schemes for interpretation.

Analytical Schemes

To achieve the study's objectives, both descriptive and comparative analytical approaches were utilized (Lawless & Heymann, 2010). Descriptive analysis was employed to summarize respondents' demographic profiles and their extent of compliance with the program's health and education conditions. Comparative analysis was used to examine differences in compliance levels based on demographic variables. Specific statistical tools were applied to process the data. Frequency and percentage distributions were used to profile respondents according to demographic factors such as age, sex, and civil status. The mean was calculated to determine the extent of compliance with program conditions, with interpretations ranging from "Very Great Extent" (4.24–5.04) to "Very Low Extent" (1.00–1.80). Additionally, the Mann-Whitney U Test was utilized to identify significant differences in compliance levels when grouped by demographic characteristics.

Findings and Discussions

Statistical Profile of Respondents

The demographic profile of the respondents for this study is summarized in Table 1. A total of 257 Pantawid Pamilya Pilipino Program (4Ps) beneficiaries from La Carlota City were categorized based on five variables: age, sex, civil status, number of children, and location of household. The analysis of the data provides a comprehensive understanding of their characteristics.

Age

Among the respondents, 50.6% (130 individuals) were categorized as belonging to the younger age group, defined as 42 years old and below. The remaining 49.4% (127 individuals) were part of the older age group, aged 43 years old and above. This indicates that the respondents were almost equally distributed between the two age categories, with a slight majority being younger.

Sex

The sex distribution highlights a significant gender disparity, as 77.4% (199 individuals) of the respondents were female, while only 22.6% (58 individuals) were male. This finding underscores the dominant participation of women in the program.

Civil Status

In terms of marital status, the majority of respondents, 72.8% (187 individuals), were married, while 27.2% (70 individuals) were categorized as single. This demonstrates that the majority of beneficiaries are part of households with marital partnerships.

Number of Children

When classified by the number of children, 52.9% (136 respondents) had four or fewer children, which was categorized as "few children." Meanwhile, 47.1% (121 respondents) belonged to the category of "many children," with five or more offspring. The data indicates a nearly balanced distribution, with a slight majority having fewer children.

Location of Household

Regarding the respondents' place of residence, 50.6% (130 individuals) lived outside the Poblacion or urban area, while the remaining 49.4% (127 individuals) resided within the Poblacion. This near-equal distribution suggests a diverse geographical representation among the respondents. Overall, the statistical profile of the respondents indicates that most beneficiaries were young, female, married, had fewer children, and resided outside the Poblacion.

Table 1. Profile of the Respondents

Variables	Categories	Frequency	Percentage
Age	younger (42 years old and below)	130	50.6
	older (43 years old and above)	127	49.4
	Total	257	100.0
Sex	Male	58	22.6
	Female	199	77.4
	Total	257	100.0
Civil Status	Single	70	27.2
	Married	187	72.8
	Total	257	100.0
Number of Children	few (4 and below)	136	52.9
	many (5 and above)	121	47.1
	Total	257	100.0
Location of Household	within Poblacion	127	49.4
	outside Poblacion	130	50.6
	Total	257	100.0

Extent of Compliance with Health Conditions

The extent of compliance of Pantawid Pamilya Pilipino Program beneficiaries with health conditions is detailed in Table 2. The findings reveal a "very great extent" of compliance, with an overall mean score of 4.28. The data reflects the high adherence of beneficiaries to various health-related conditions mandated by the program.

Key Indicators of High Compliance

The item with the highest mean score, 4.58 (interpreted as "very great extent"), was "Young children are completely immunized." This indicates a strong commitment among beneficiaries to ensuring their children receive complete immunization, a vital preventive healthcare measure mandated by Republic Act 10152, also known as the "Mandatory Infants and Children Health Immunization Act of 2011." Similarly, the item "The mother visits the health center for prenatal check-ups" achieved a mean score of 4.53, underscoring the beneficiaries' proactive approach to maternal healthcare during pregnancy. Other notable indicators with high compliance levels include "Young children are monitored for growth and weight at least once every two months" (mean: 4.42), "Children receive school-based immunizations" (mean: 4.51), and "Children are given deworming pills twice a year" (mean: 4.49). These results reflect alignment with the Department of Health's focus on comprehensive maternal and child health services, highlighting beneficiaries' adherence to key program conditions.

Areas of Lower Compliance

In contrast, some conditions reflected comparatively lower levels of compliance. For instance: "My spouse attends the Family Development Session during my absence" scored 4.09, interpreted as "great extent". This suggests that many spouses are unable to attend due to conflicts with their work schedules or other responsibilities; "I actively participate in the communal garden in our barangay" received a mean score of 3.78, also interpreted as "great extent." This indicates limited participation, possibly due to a lack of awareness or motivation among some beneficiaries; "The mother delivers her baby in a health facility" and "The mother's delivery is attended by a health professional" scored 3.65 and 3.64, respectively, highlighting a preference for traditional birthing practices among some respondents.

The findings suggest that while beneficiaries demonstrate strong compliance with preventive health measures and essential child healthcare requirements, there are areas where adherence could be improved, particularly in communal activities and ensuring safe delivery practices. The lower compliance in these areas may stem from socio-economic challenges or traditional beliefs. The high compliance with prenatal and immunization-related conditions reflects the effectiveness of government health initiatives. However, the study highlights the need for strengthened implementation and awareness campaigns to address gaps, such as the utilization of health facilities for childbirth and participation in communal activities.

Extent of Compliance of Pantawid Pamilya Pilipino Program Beneficiaries in the Education Condition

Table 3 provides a detailed analysis of the extent to which Pantawid Pamilya Pilipino Program beneficiaries comply with the program's educational conditions. The overall mean score of 4.33, categorized as "very great extent," indicates a high level of adherence among beneficiaries to the educational requirements set by the program.

The highest compliance was observed in item 6, which states that "All children are provided with school supplies, projects, and school fees." This received a mean score of 4.59, interpreted as "very great extent." This suggests that beneficiaries prioritize fulfilling their children's academic material needs, effectively utilizing the cash grants provided by the program to cover essential educational costs, including school fees. Similarly, items 5 and 7, both with mean scores of 4.58, demonstrate that beneficiaries ensure their children have allowances and appropriate school attire, promoting a sense of dignity and readiness for school activities. These practices align with the

principles outlined in Presidential Decree No. 603, or the Child and Youth Welfare Code of the Philippines, emphasizing children's rights to education and personal development (Yanco, 2010).

Table 2. Extent of Compliance of Pantawid Pamilya Pilipino Program Beneficiaries in the Health Condition

Items	Mean	Interpretation
1. The mother visits the health center for her prenatal check-up.	4.53	Very Great Extent
2. The mother delivers her baby in the health facility.	3.65	Great Extent
3. The mother's delivery is attended by a health professional.	3.64	Great Extent
4. The mother visits the health center for post natal check-up.	4.48	Very Great Extent
5. Young children are completely immunized.	4.58	Very Great Extent
6. Young children are monitored in health center for growth and weight monitoring at least once in 2 months.	4.42	Very Great Extent
7. All children receive preventive check-ups.	4.48	Very Great Extent
8. All children are given oral vitamin supplements regularly.	4.37	Very Great Extent
9. All children receive school-based immunization.	4.51	Very Great Extent
10. All children receive deworming pills twice a year.	4.49	Very Great Extent
11. I attend the Family Development Session every month.	4.37	Very Great Extent
12. My spouse attends the Family Development Session during my absence.	4.09	Great Extent
13. I plant vegetables and fruits at home for my family's consumption.	4.43	Very Great Extent
14. I maintain my garden of vegetables and fruits at home for my family's consumption.	4.33	Very Great Extent
15. I actively participate in the communal garden in our barangay.	3.78	Great Extent
Over all Mean	4.28	Very Great Extent

In contrast, five items achieved a mean score within the range of 4.19 to 4.05, interpreted as "great extent." For instance, item 12, which concerns the return of previously out-of-school children, and item 14, addressing absenteeism and class cutting, scored lower than other aspects. The lowest score was attributed to item 10, "I visit the school and submit an excuse letter when my child is sick," which had a mean of 3.92. This indicates that many parents fail to inform schools of their children's absences, leading to unexcused absences despite legitimate reasons like illness. This practice potentially violates compliance rules under the Pantawid Pamilya Joint Memorandum Circular s. 2009, which specifies that absences due to illness are excusable only when properly communicated to school authorities (Bala, 2009).

The data suggests that while beneficiaries exhibit a high degree of compliance with providing for their children's educational needs and regular attendance, there is room for improvement in parental engagement, particularly in communication with schools during absences.

Table 4. Extent of Compliance of Pantawid Pamilya Pilipino Program Beneficiaries in the Education Condition

Items	Mean	Interpretation
1. All children are enrolled in school.	4.43	Very Great Extent
2. All children are attending school or classes regularly.	4.34	Very Great Extent
3. All children incurred not more than 3 absences per month.	4.14	Great Extent
4. All children participate in school activities.	4.36	Very Great Extent
5. School allowances are provided to all children.	4.58	Very Great Extent
6. All children are provided with school supplies, projects and school fees.	4.59	Very Great Extent
7. All children wear their appropriate school uniforms and shoes when going to school.	4.58	Very Great Extent
8. I support my children's school affairs.	4.47	Very Great Extent
9. I attend meetings in school to monitor my children's performance in school.	4.49	Very Great Extent
10. I visit the school and submit an excuse letter when my child is sick.	3.92	Great Extent
11. All children do not engage to any trouble in school.	4.05	Great Extent
12. Children, who previously stopped attending school, returned to school this school year.	4.19	Great Extent
13. Children, below 18 years old, are not employed for work to earn a living for the family.	4.27	Very Great Extent
14. My children refrain from cutting classes or being absent.	4.15	Great Extent
15. All children showed interest in completing high school education.	4.32	Very Great Extent
Over all Mean	4.33	Very Great Extent

Extent of Compliance in the Health Condition by Age

Table 4 examines compliance with health conditions among Pantawid Pamilya beneficiaries, segmented by age. Beneficiaries under the younger age group achieved an overall mean score of 4.38 ("very great extent"), while the older group scored 4.17 ("great extent"). Both age groups excelled in ensuring young children were completely immunized (item 5), with mean scores of 4.70 (younger group) and 4.46 (older group). This reflects strong adherence to vaccination programs, a cornerstone of the Department of Health's initiatives to reduce preventable diseases among children.

However, the two age groups diverged in their lowest-scoring areas. For the younger group, item 15, which addresses active participation in communal gardening, received the lowest score of 3.76. This suggests a lack of engagement in community health initiatives designed to combat malnutrition. For the older group, the lowest score of 3.44 was observed in item 2, "The mother delivers her baby in the health facility." This highlights persistent cultural and financial barriers that prevent safe delivery practices, such as preference for home births and limited knowledge about the benefits of health facilities.

Efforts to enhance compliance in these areas should focus on promoting community gardening participation among younger groups and addressing misconceptions and barriers regarding maternal health care among older groups.

Table 4. Extent of Compliance of Pantawid Pamilya Pilipino Program Beneficiaries in the Health Condition according to Age

Items	Younger		Older	
	Mean	Interpretation	Mean	Interpretation
1. The mother visits the health center for her prenatal check-up.	4.63	Very Great Extent	4.42	Very Great Extent
2. The mother delivers her baby in the health facility.	3.86	Great Extent	3.44	Great Extent
3. The mother's delivery is attended by a health professional.	3.81	Great Extent	3.46	Great Extent
4. The mother visits the health center for post natal check-up.	4.55	Very Great Extent	4.41	Very Great Extent
5. Young children are completely immunized.	4.70	Very Great Extent	4.46	Very Great Extent
6. Young children are monitored in health center for growth and weight monitoring at least once in 2 months.	4.43	Very Great Extent	4.41	Very Great Extent
7. All children receive preventive check-ups.	4.56	Very Great Extent	4.40	Very Great Extent
8. All children are given oral vitamin supplements regularly.	4.47	Very Great Extent	4.28	Very Great Extent
9. All children receive school-based immunization.	4.58	Very Great Extent	4.44	Very Great Extent
10. All children receive deworming pills twice a year.	4.60	Very Great Extent	4.39	Very Great Extent
11. I attend the Family Development Session every month.	4.47	Very Great Extent	4.28	Very Great Extent
12. My spouse attends the Family Development Session during my absence.	4.33	Very Great Extent	3.85	Great Extent
13. I plant vegetables and fruits at home for my family's consumption.	4.58	Very Great Extent	4.28	Very Great Extent
14. I maintain my garden of vegetables and fruits at home for my family's consumption.	4.35	Very Great Extent	4.31	Very Great Extent
15. I actively participate in the communal garden in our barangay.	3.76	Great Extent	3.80	Great Extent
Over all Mean	4.38	Very Great Extent	4.17	Great Extent

Extent of Compliance in the Health Condition by Sex

Table 5 evaluates the compliance of male and female beneficiaries with health-related conditions. Female respondents demonstrated a "very great extent" of compliance (4.36), while male respondents scored lower, with an overall mean of 3.99, categorized as "great extent."

Table 5. Extent of Compliance of Pantawid Pamilya Pilipino Program Beneficiaries in the Health Condition according to Sex

Items	Male		Female		
	Mean	Interpretation	Mean	Interpretation	
1. The mother visits the health center for her prenatal check-up.	3.98	Great Extent	4.68	Very Extent	Great
2. The mother delivers her baby in the health facility.	3.79	Great Extent	3.61	Great Extent	
3. The mother's delivery is attended by a health professional.	3.66	Great Extent	3.63	Great Extent	
4. The mother visits the health center for post natal check-up.	3.97	Great Extent	4.63	Very Extent	Great
5. Young children are completely immunized.	4.10	Great Extent	4.72	Very Extent	Great
6. Young children are monitored in health center for growth and weight monitoring at least once in 2 months.	4.10	Great Extent	4.51	Very Extent	Great
7. All children receive preventive check-ups.	4.16	Great Extent	4.58	Very Extent	Great
8. All children are given oral vitamin supplements regularly.	4.10	Great Extent	4.45	Very Extent	Great
9. All children receive school-based immunization.	4.16	Great Extent	4.61	Very Extent	Great
10. All children receive deworming pills twice a year.	4.05	Great Extent	4.62	Very Extent	Great
11. I attend the Family Development Session every month.	3.95	Great Extent	4.50	Very Extent	Great
12. My spouse attends the Family Development Session during my absence.	4.03	Great Extent	4.11	Great Extent	
13. I plant vegetables and fruits at home for my family's consumption.	4.09	Great Extent	4.53	Very Extent	Great
14. I maintain my garden of vegetables and fruits at home for my family's consumption.	3.98	Great Extent	4.43	Very Extent	Great
15. I actively participate in the communal garden in our barangay.	3.78	Great Extent	3.78	Great Extent	
Over all Mean	3.99	Great Extent	4.36	Very Extent	Great

For males, the highest compliance scores were observed in items 7 and 9, related to preventive health check-ups and school-based immunizations, both scoring 4.16. Despite lower overall scores, these findings suggest that male respondents prioritize their children's access to essential health services. However, the generally lower scores among males may reflect ingrained gender roles that associate health-related responsibilities with women. Female respondents excelled in areas such as prenatal check-ups (item 1) and child immunizations (item 5), with mean

scores of 4.68 and 4.72, respectively. This indicates that women, as primary caregivers, are more proactive in seeking health services for themselves and their children. Both male and female groups scored lowest in areas like delivering babies in health facilities and participating in communal gardening. These findings suggest that such areas are undervalued or overlooked by beneficiaries of both genders, despite their potential contributions to overall health and well-being.

Tailored interventions targeting men's engagement in health-related activities, alongside educational campaigns to emphasize the importance of facility-based deliveries and community initiatives, can bridge compliance gaps in these areas.

Extent of Compliance of Pantawid Pamilya Pilipino Program Beneficiaries in the Health Condition Based on Civil Status

Table 6 illustrates the extent of compliance among Pantawid Pamilya Pilipino Program (4Ps) beneficiaries in health-related conditions, categorized by civil status. The results show that married respondents demonstrated a higher level of compliance, with an overall mean score of 4.35, interpreted as "very great extent." Conversely, single respondents achieved a slightly lower compliance level, with a mean score of 4.09, interpreted as "great extent." This disparity might be attributable to married individuals being more family- and child-oriented, which fosters a sense of responsibility and prioritization of health-related activities.

Among single respondents, the highest compliance was observed in item 1 ("The mother visits the health center for her prenatal check-up") with a mean score of 4.31, and item 5 ("Young children are completely immunized") at 4.26, both interpreted as "very great extent." These findings emphasize the importance single respondents placed on maternal health and child immunization. However, their lowest compliance was recorded in item 12 ("My spouse attends the Family Development Session during my absence"), with a mean score of 3.83, due to the absence of a spouse to fulfill this role. Compliance with this requirement is mandated by the 4Ps guidelines, as outlined in the program manual. In contrast, married respondents recorded their highest compliance for item 5 ("Young children are completely immunized") at 4.70, highlighting their prioritization of disease prevention for their children. However, their lowest compliance was observed in item 3 ("The mother's delivery is attended by a health professional"), with a mean score of 3.50. This suggests that some married mothers opted for deliveries assisted by unlicensed midwives or traditional birth attendants, possibly influenced by cultural beliefs or limited access to health facilities. Research supports these findings. For instance, Manguiat et al. (2021) reported that 4Ps beneficiaries regularly attend Family Development Sessions, although reasons for non-attendance include work, family emergencies, and scheduling conflicts. Similarly, a study by Edwards (2013) revealed that personal beliefs about childbirth and a desire to maintain autonomy over birthing experiences often led mothers to choose home births over hospital deliveries.

Table 6. Extent of Compliance of Pantawid Pamilya Pilipino Program Beneficiaries in the Health Condition according to Civil Status

Items	Single		Married	
	Mean	Interpretation	Mean	Interpretation
1. The mother visits the health center for her prenatal check-up.	4.31	Very Great Extent	4.60	Very Great Extent
2. The mother delivers her baby in the health facility.	3.97	Great Extent	3.53	Great Extent
3. The mother's delivery is attended by a health professional.	4.00	Great Extent	3.50	Great Extent
4. The mother visits the health center for post natal check-up.	4.19	Great Extent	4.59	Very Great Extent
5. Young children are completely immunized.	4.26	Very Great Extent	4.70	Very Great Extent
6. Young children are monitored in health center for growth and weight monitoring at least once in 2 months.	4.09	Great Extent	4.55	Very Great Extent
7. All children receive preventive check-ups.	4.06	Great Extent	4.64	Very Great Extent
8. All children are given oral vitamin supplements regularly.	4.17	Great Extent	4.45	Very Great Extent
9. All children receive school-based immunization.	4.23	Great Extent	4.61	Very Great Extent
10. All children receive deworming pills twice a year.	4.16	Great Extent	4.62	Very Great Extent
11. I attend the Family Development Session every month.	4.07	Great Extent	4.49	Very Great Extent
12. My spouse attends the Family Development Session during my absence.	3.83	Great Extent	4.19	Great Extent
13. I plant vegetables and fruits at home for my family's consumption.	4.01	Great Extent	4.59	Very Great Extent
14. I maintain my garden of vegetables and fruits at home for my family's consumption.	4.00	Great Extent	4.45	Very Great Extent
15. I actively participate in the communal garden in our barangay.	4.03	Great Extent	3.69	Great Extent
Over all Mean	4.09	Great Extent	4.35	Very Great Extent

Extent of Compliance of Pantawid Pamilya Pilipino Program Beneficiaries in the Health Condition Based on Number of Children

Table 7 examines the extent of compliance among 4Ps beneficiaries grouped by the number of children. Families with fewer children (four or fewer) displayed a "very great extent" of compliance with an overall mean score of 4.34, while families with more children (five or more) achieved a "great extent" of compliance, with a mean

score of 4.21. These results suggest that smaller families can allocate more resources and attention to fulfilling health-related conditions compared to larger families. For families with fewer children, the highest compliance was observed in item 5 ("Young children are completely immunized") with a mean score of 4.74, reflecting their ability to ensure complete vaccination. However, the lowest compliance, item 3 ("The mother's delivery is attended by a health professional") at 3.55, indicates that traditional birthing practices persist despite the smaller family size.

Table 7. Extent of Compliance of Pantawid Pamilya Pilipino Program Beneficiaries in the Health Condition according to Number of Children

Items	Few		Many	
	Mean	Interpretation	Mean	Interpretation
1. The mother visits the health center for her prenatal check-up.	4.69	Very Great Extent	4.34	Very Great Extent
2. The mother delivers her baby in the health facility.	3.71	Great Extent	3.59	Great Extent
3. The mother's delivery is attended by a health professional.	3.55	Great Extent	3.74	Great Extent
4. The mother visits the health center for post natal check-up.	4.54	Very Great Extent	4.41	Very Great Extent
5. Young children are completely immunized.	4.74	Very Great Extent	4.40	Very Great Extent
6. Young children are monitored in health center for growth and weight monitoring at least once in 2 months.	4.51	Very Great Extent	4.32	Very Great Extent
7. All children receive preventive check-ups.	4.61	Very Great Extent	4.34	Very Great Extent
8. All children are given oral vitamin supplements regularly.	4.44	Very Great Extent	4.30	Very Great Extent
9. All children receive school-based immunization.	4.55	Very Great Extent	4.46	Very Great Extent
10. All children receive deworming pills twice a year.	4.62	Very Great Extent	4.36	Very Great Extent
11. I attend the Family Development Session every month.	4.44	Very Great Extent	4.30	Very Great Extent
12. My spouse attends the Family Development Session during my absence.	4.07	Great Extent	4.12	Great Extent
13. I plant vegetables and fruits at home for my family's consumption.	4.46	Very Great Extent	4.40	Very Great Extent
14. I maintain my garden of vegetables and fruits at home for my family's consumption.	4.29	Very Great Extent	4.37	Very Great Extent
15. I actively participate in the communal garden in our barangay.	3.79	Great Extent	3.77	Great Extent
Over all Mean	4.34	Very Great Extent	4.21	Great Extent

Larger families demonstrated the highest compliance in item 9 ("All children receive school-based immunization") at 4.46, showcasing the accessibility and effectiveness of school-based vaccination programs. However, their lowest compliance was in item 2 ("The mother delivers her baby in the health facility") at 3.59, possibly due to financial or logistical constraints associated with larger households. Studies corroborate these findings. Barker et al. (2018) reported that larger families often face resource constraints, which can influence health outcomes such as birth settings and nutrition. Furthermore, Fantaye et al. (2019) noted that financial limitations, proximity to health facilities, and traditional beliefs contribute to the preference for home births.

Extent of Compliance of Pantawid Pamilya Pilipino Program Beneficiaries in the Health Condition Based on Household Location

Table 8 compares the extent of compliance among 4Ps beneficiaries based on their household location. Those residing within Poblacion areas exhibited "very great extent" compliance with an overall mean score of 4.36, while beneficiaries living outside Poblacion areas achieved a "great extent" compliance at 4.20. The higher compliance among Poblacion residents can be attributed to easier access to healthcare services and greater awareness of health programs. For both groups, the highest compliance was recorded in item 5 ("Young children are completely immunized"), with scores of 4.66 (within Poblacion) and 4.50 (outside Poblacion), indicating the successful implementation of immunization programs across locations. However, the lowest compliance for Poblacion residents was in item 2 ("The mother delivers her baby in the health facility") at 3.76, while for those outside Poblacion, it was item 3 ("The mother's delivery is attended by a health professional") at 3.50. These results highlight that traditional birthing practices persist regardless of location, though they are more pronounced in rural areas.

According to Madimenos et al. (2022) emphasized the role of Community Health Workers in extending culturally competent services to remote areas, underscoring the need for such initiatives to improve compliance in rural settings. Similarly, Gillen et al. (2023) found that low literacy, multiparity, and limited access to health facilities significantly influenced the preference for home births among urban and rural populations. These analyses highlight the varying levels of compliance among 4Ps beneficiaries based on civil status, family size, and household location, underscoring the need for tailored interventions to address gaps in health-related compliance.

Extent of Compliance of Pantawid Pamilya Pilipino Program Beneficiaries in the Education Condition according to Age

The extent of compliance with the education condition among Pantawid Pamilya Pilipino Program beneficiaries was assessed based on various factors such as age, sex, civil status, and the number of children in the household. In terms of age, the younger group of beneficiaries demonstrated a "very great extent" of compliance, with an overall mean score of 4.43, compared to the older group, which had a mean score of 4.22 and was categorized as "great extent." This suggests that younger beneficiaries were more committed to ensuring their children attended school and placed a higher priority on education compared to their older counterparts. Notably, the younger group scored the highest on item 5, which stated that "School allowances are provided to all children," with a mean score of 4.69. The older group, in contrast, had the highest score for item 6, indicating that "All children are provided with school supplies, projects, and school fees," with a mean score of 4.51. Both groups showed a similar lowest score for item 10, which asked about visiting the school and submitting an excuse letter when a child was sick, with the younger group scoring 4.00 and the older group scoring 3.83. This suggests that both groups had

difficulty fulfilling this particular condition, potentially due to a lack of communication with schools regarding absences due to illness.

Table 8. Extent of Compliance of Pantawid Pamilya Pilipino Program Beneficiaries in the Health Condition according to Household Location

Items	Within Poblacion		Outside Poblacion	
	Mean	Interpretation	Mean	Interpretation
1. The mother visits the health center for her prenatal check-up.	4.62	Very Great Extent	4.43	Very Great Extent
2. The mother delivers her baby in the health facility.	3.76	Great Extent	3.55	Great Extent
3. The mother's delivery is attended by a health professional.	3.78	Great Extent	3.50	Great Extent
4. The mother visits the health center for post natal check-up.	4.53	Very Great Extent	4.44	Very Great Extent
5. Young children are completely immunized.	4.66	Very Great Extent	4.50	Very Great Extent
6. Young children are monitored in health center for growth and weight monitoring at least once in 2 months.	4.46	Very Great Extent	4.38	Very Great Extent
7. All children receive preventive check-ups.	4.55	Very Great Extent	4.42	Very Great Extent
8. All children are given oral vitamin supplements regularly.	4.48	Very Great Extent	4.27	Very Great Extent
9. All children receive school-based immunization.	4.61	Very Great Extent	4.41	Very Great Extent
10. All children receive deworming pills twice a year.	4.63	Very Great Extent	4.36	Very Great Extent
11. I attend the Family Development Session every month.	4.49	Very Great Extent	4.26	Very Great Extent
12. My spouse attends the Family Development Session during my absence.	4.14	Great Extent	4.05	Great Extent
13. I plant vegetables and fruits at home for my family's consumption.	4.47	Very Great Extent	4.39	Very Great Extent
14. I maintain my garden of vegetables and fruits at home for my family's consumption.	4.32	Very Great Extent	4.34	Very Great Extent
15. I actively participate in the communal garden in our barangay.	3.91	Great Extent	3.66	Great Extent
Over all Mean	4.36	Very Great Extent	4.20	Great Extent

Research on absenteeism, such as a study by Sosu et al. (2021), found that sickness-related absences can negatively affect a child's educational outcomes due to missed instructional time. Additionally, Gottfried (2019) noted that chronic absenteeism in students, particularly in secondary education, often results from a lack of

motivation and has a detrimental impact on both individual and school performance. Chronic absenteeism is often associated with health issues and socioeconomic factors, as discussed by Lim et al. (2019).

Table 9. Extent of Compliance of Pantawid Pamilya Pilipino Program Beneficiaries in the Education Condition according to Age

Items	Younger		Older	
	Mean	Interpretation	Mean	Interpretation
1. All children are enrolled in school.	4.52	Very Great Extent	4.33	Very Great Extent
2. All children are attending school or classes regularly.	4.49	Very Great Extent	4.18	Great Extent
3. All children incurred not more than 3 absences per month.	4.23	Great Extent	4.06	Great Extent
4. All children participate in school activities.	4.46	Very Great Extent	4.26	Very Great Extent
5. School allowances are provided to all children.	4.69	Very Great Extent	4.46	Very Great Extent
6. All children are provided with school supplies, projects and school fees.	4.67	Very Great Extent	4.51	Very Great Extent
7. All children wear their appropriate school uniforms and shoes when going to school.	4.67	Very Great Extent	4.48	Very Great Extent
8. I support my children's school affairs.	4.56	Very Great Extent	4.38	Very Great Extent
9. I attend meetings in school to monitor my children's performance in school.	4.59	Very Great Extent	4.39	Very Great Extent
10. I visit the school and submit an excuse letter when my child is sick.	4.00	Great Extent	3.83	Great Extent
11. All children do not engage to any trouble in school.	4.07	Great Extent	4.04	Great Extent
12. Children, who previously stopped attending school, returned to school this school year.	4.38	Very Great Extent	4.00	Great Extent
13. Children, below 18 years old, are not employed for work to earn a living for the family.	4.42	Very Great Extent	4.12	Great Extent
14. My children refrain from cutting classes or being absent.	4.25	Very Great Extent	4.06	Great Extent
15. All children showed interest in completing high school education.	4.48	Very Great Extent	4.16	Great Extent
Over all Mean	4.43	Very Great Extent	4.22	Great Extent

Table 10. Extent of Compliance of Pantawid Pamilya Pilipino Program Beneficiaries in the Education Condition according to Sex

Items	Male		Female		
	Mean	Interpretation	Mean	Interpretation	
1. All children are enrolled in school.	4.10	Great Extent	4.52	Very Extent	Great
2. All children are attending school or classes regularly.	3.93	Great Extent	4.46	Very Extent	Great
3. All children incurred not more than 3 absences per month.	3.78	Great Extent	4.25	Very Extent	Great
4. All children participate in school activities.	4.00	Great Extent	4.47	Very Extent	Great
5. School allowances are provided to all children.	4.10	Great Extent	4.72	Very Extent	Great
6. All children are provided with school supplies, projects and school fees.	4.19	Great Extent	4.71	Very Extent	Great
7. All children wear their appropriate school uniforms and shoes when going to school.	4.10	Great Extent	4.71	Very Extent	Great
8. I support my children's school affairs.	4.07	Great Extent	4.59	Very Extent	Great
9. I attend meetings in school to monitor my children's performance in school.	4.10	Great Extent	4.61	Very Extent	Great
10. I visit the school and submit an excuse letter when my child is sick.	3.78	Great Extent	3.96	Great Extent	
11. All children do not engage to any trouble in school.	3.78	Great Extent	3.96	Great Extent	
12. Children, who previously stopped attending school, returned to school this school year.	4.07	Great Extent	4.14	Great Extent	
13. Children, below 18 years old, are not employed for work to earn a living for the family.	3.76	Great Extent	4.23	Great Extent	
14. My children refrain from cutting classes or being absent.	3.91	Great Extent	4.42	Very Extent	Great
15. All children showed interest in completing high school education.	4.03	Great Extent	4.22	Great Extent	
Over all Mean	3.98	Great Extent	4.41	Very Extent	Great

Extent of Compliance of Pantawid Pamilya Pilipino Program Beneficiaries in the Education Condition according to Sex

Further analysis based on gender revealed that female respondents exhibited a higher level of compliance, with an overall mean score of 4.41, categorized as "very great extent," compared to their male counterparts who had a mean score of 3.98, categorized as "great extent." The female respondents had the highest score on item 5, "School allowances are provided to all children," with a mean score of 4.72, suggesting that mothers were more diligent in ensuring their children had the necessary school allowances. However, both male and female respondents shared the lowest score for item 10, which was related to visiting the school and submitting excuse letters when children were sick, indicating that both genders struggled with this aspect of parental involvement.

The male respondents, on the other hand, scored the highest for item 6, which concerned the provision of school supplies, with a mean score of 4.19, indicating that fathers, as providers, played a significant role in ensuring their children had the necessary school supplies. Nonetheless, the male group scored the lowest for item 13, which asked about children under 18 not being employed, with a mean score of 3.76, suggesting that child labor may be more prevalent in households with male beneficiaries. This aligns with data from the Department of Labor and Employment, which defines child labor as work that endangers a child's health, safety, and development.

Extent of Compliance of Pantawid Pamilya Pilipino Program Beneficiaries in the Education Condition according to Civil Status

When considering civil status, the findings showed that married respondents had a higher overall compliance score of 4.43, indicating "very great extent" compliance, compared to single respondents, who had a mean score of 4.04, indicating "great extent." The presence of both parents in the household appears to contribute to a higher level of compliance, as both parents are able to share responsibilities related to sending their children to school. Single parents, particularly those with limited resources and time, face more challenges in fulfilling the education conditions of the program. Single respondents scored highest on item 5, "School allowances are provided to all children," with a mean score of 4.19, while they had the lowest score on item 3, which asked about absences, scoring 3.84. This suggests that single parents, despite their efforts to provide for their children, often faced difficulties in preventing absences due to various pressures. Research by Mohammed (2016) highlighted that the absence of a parent, especially a mother, negatively affects girls' school attendance, while boys tend to compensate by increasing their work in market-related activities. In contrast, married respondents scored highest on item 7, "All children wear their appropriate school uniforms and shoes," with a mean score of 4.76, reflecting the ability of two-income households to better provide for their children's educational needs. However, married respondents also scored the lowest on item 10, suggesting that communication with schools about children's absences remained a challenge for both single and married parents.

Extent of Compliance of Pantawid Pamilya Pilipino Program Beneficiaries in the Education Condition according to Number of Children

Finally, when examining compliance based on the number of children, households with fewer children had an overall mean score of 4.42, indicating "very great extent" compliance, while households with many children had a mean score of 4.22, categorized as "great extent." This suggests that smaller households tend to comply more fully with the education conditions of the program, likely because they have fewer children to support. Households with fewer children had the highest score on item 6, "All children are provided with school supplies, projects, and

school fees," at 4.71, while households with many children had the highest score on item 5, "School allowances are provided to all children," at 4.46.

Table 11. Extent of Compliance of Pantawid Pamilya Pilipino Program Beneficiaries in the Education Condition according to Civil Status

Items	Single		Married		
	Mean	Interpretation	Mean	Interpretation	
1. All children are enrolled in school.	4.03	Great Extent	4.58	Very Extent	Great
2. All children are attending school or classes regularly.	4.09	Great Extent	4.43	Very Extent	Great
3. All children incurred not more than 3 absences per month.	3.84	Great Extent	4.26	Very Extent	Great
4. All children participate in school activities.	4.01	Great Extent	4.49	Very Extent	Great
5. School allowances are provided to all children.	4.19	Great Extent	4.73	Very Extent	Great
6. All children are provided with school supplies, projects and school fees.	4.16	Great Extent	4.75	Very Extent	Great
7. All children wear their appropriate school uniforms and shoes when going to school.	4.07	Great Extent	4.76	Very Extent	Great
8. I support my children's school affairs.	4.10	Great Extent	4.61	Very Extent	Great
9. I attend meetings in school to monitor my children's performance in school.	4.14	Great Extent	4.63	Very Extent	Great
10. I visit the school and submit an excuse letter when my child is sick.	3.86	Great Extent	3.94	Great Extent	
11. All children do not engage to any trouble in school.	3.90	Great Extent	4.11	Great Extent	
12. Children, who previously stopped attending school, returned to school this school year.	4.10	Great Extent	4.23	Great Extent	
13. Children, below 18 years old, are not employed for work to earn a living for the family.	4.10	Great Extent	4.33	Very Extent	Great
14. My children refrain from cutting classes or being absent.	3.91	Great Extent	4.24	Very Extent	Great
15. All children showed interest in completing high school education.	4.07	Great Extent	4.42	Very Extent	Great
Over all Mean	4.04	Great Extent	4.43	Very Extent	Great

The data also showed that both groups scored the lowest on item 10, highlighting that regardless of the number of children, parental involvement in notifying the school about absences due to sickness remained a common challenge. According to Mahuro and Hungi (2016), the importance of parental involvement in improving children's attendance and academic performance. Parents with fewer children were able to provide more attention and support, leading to better outcomes in terms of attendance and educational engagement. Conversely, households with many children often faced greater financial and time constraints, which impacted their ability to comply with the program's education conditions. These findings align with research by Wikel and Markelz (2023), which showed that children from larger families, particularly those from lower socioeconomic backgrounds, were more likely to experience chronic absenteeism.

Table 12. Extent of Compliance of Pantawid Pamilya Pilipino Program Beneficiaries in the Education Condition according to Number of Children

Items	Few	Interpretation	Many	Interpretation
	Mean		Mean	
1. All children are enrolled in school.	4.57	Very Great Extent	4.26	Very Great Extent
2. All children are attending school or classes regularly.	4.46	Very Great Extent	4.21	Great Extent
3. All children incurred not more than 3 absences per month.	4.17	Great Extent	4.12	Great Extent
4. All children participate in school activities.	4.46	Very Great Extent	4.26	Very Great Extent
5. School allowances are provided to all children.	4.68	Very Great Extent	4.46	Very Great Extent
6. All children are provided with school supplies, projects and school fees.	4.71	Very Great Extent	4.45	Very Great Extent
7. All children wear their appropriate school uniforms and shoes when going to school.	4.68	Very Great Extent	4.45	Very Great Extent
8. I support my children's school affairs.	4.52	Very Great Extent	4.41	Very Great Extent
9. I attend meetings in school to monitor my children's performance in school.	4.56	Very Great Extent	4.42	Very Great Extent
10. I visit the school and submit an excuse letter when my child is sick.	3.92	Great Extent	3.92	Great Extent
11. All children do not engage to any trouble in school.	4.15	Great Extent	3.94	Great Extent
12. Children, who previously stopped attending school, returned to school this school year.	4.42	Very Great Extent	3.94	Great Extent
13. Children, below 18 years old, are not employed for work to earn a living for the family.	4.35	Very Great Extent	4.18	Great Extent

14. My children refrain from cutting classes or being absent.	4.24	Very Great Extent	4.06	Great Extent
15. All children showed interest in completing high school education.	4.45	Very Great Extent	4.18	Great Extent
Over all Mean	4.42	Very Great Extent	4.22	Great Extent

Extent of Compliance with Education Conditions for Pantawid Pamilya Pilipino Program Beneficiaries Based on Household Location

Table 13 presents the extent of compliance of Pantawid Pamilya Pilipino Program (4Ps) beneficiaries with the education condition, categorized by household location. The data revealed that beneficiaries residing within the Poblacion achieved an overall mean score of 4.42, interpreted as “very great extent,” while those outside the Poblacion had a mean score of 4.23, interpreted as “great extent.” This suggests a higher incidence of noncompliance with education conditions among those living outside the Poblacion, primarily due to increased absenteeism and nonattendance of children aged 18 and below. Specifically, the item “All children incurred not more than 3 absences per month” yielded a mean score of 4.04. Furthermore, the item “Children, who previously stopped attending school, returned to school this school year” had a mean score of 4.06, “Children below 18 years old are not employed for work to earn a living for the family” scored 4.19, and the item “My children refrain from cutting classes or being absent” received a mean score of 3.98. On the other hand, respondents from both within and outside the Poblacion scored the highest mean values on the same items: “All children are provided with school supplies, projects, and school fees” (mean scores of 4.70 and 4.48, respectively), “School allowances are provided to all children” (mean scores of 4.70 and 4.46), and “All children wear their appropriate school uniforms and shoes when going to school” (mean scores of 4.69 and 4.46). These findings suggest that, regardless of location, beneficiaries receive their school allowances, supplies, and uniforms through the program’s cash grants. However, both groups showed similar low scores on certain items, such as “I visit the school and submit an excuse letter when my child is sick.” Within the Poblacion, this item had a mean score of 4.13, while outside the Poblacion, the mean score was lower at 3.71. Similarly, the item “All children do not engage in any trouble in school” received a mean score of 4.02 for the Poblacion group and 4.09 for the group outside the Poblacion. These results imply that the location of the household does not significantly influence compliance with these particular conditions. In both groups, parents tended to fail to contact the school regarding their children’s absences or check on their children’s social development at school. Lanham (2023) supports this observation, noting that chronic absenteeism exists across all types of locales—rural, town, suburban, and urban. Schools in areas with higher poverty levels are more likely to experience extreme chronic absenteeism. Thus, poverty, rather than geographical location, remains a key factor in student absenteeism.

Comparative Analysis of Compliance with Health Conditions Among Pantawid Pamilya Pilipino Program Beneficiaries Based on Various Demographic Variables

The fourth objective of this study aimed to examine whether there are significant differences in the extent of compliance with the health conditions of the Pantawid Pamilya Pilipino Program (4Ps) beneficiaries when categorized by age, sex, civil status, number of children, and location of the household.

Differences in Compliance with Health Conditions Based on Demographic Variables

Table 14 illustrates the differences in the extent of compliance to health conditions among 4Ps beneficiaries across various demographic variables. The analysis revealed that significant differences in compliance were found based on age, sex, and civil status, while no significant differences were observed in relation to the number of children and the location of the household.

Table 14. Extent of Compliance of Pantawid Pamilya Pilipino Program Beneficiaries in the Education Condition according to Household Location

Items	Within Poblacion		Outside Poblacion	
	Mean	Interpretation	Mean	Interpretation
1. All children are enrolled in school.	4.49	Very Great Extent	4.37	Very Great Extent
2. All children are attending school or classes regularly.	4.38	Very Great Extent	4.30	Very Great Extent
3. All children incurred not more than 3 absences per month.	4.25	Very Great Extent	4.04	Great Extent
4. All children participate in school activities.	4.41	Very Great Extent	4.32	Very Great Extent
5. School allowances are provided to all children.	4.70	Very Great Extent	4.46	Very Great Extent
6. All children are provided with school supplies, projects and school fees.	4.70	Very Great Extent	4.48	Very Great Extent
7. All children wear their appropriate school uniforms and shoes when going to school.	4.69	Very Great Extent	4.46	Very Great Extent
8. I support my children's school affairs.	4.57	Very Great Extent	4.38	Very Great Extent
9. I attend meetings in school to monitor my children's performance in school.	4.61	Very Great Extent	4.38	Very Great Extent
10. I visit the school and submit an excuse letter when my child is sick.	4.13	Great Extent	3.71	Great Extent
11. All children do not engage to any trouble in school.	4.02	Great Extent	4.09	Great Extent
12. Children, who previously stopped attending school, returned to school this school year.	4.33	Very Great Extent	4.06	Great Extent
13. Children, below 18 years old, are not employed for work to earn a living for the family.	4.35	Very Great Extent	4.19	Great Extent
14. My children refrain from cutting classes or being absent.	4.32	Very Great Extent	3.98	Great Extent
15. All children showed interest in completing high school education.	4.36	Very Great Extent	4.28	Very Great Extent
Over all Mean	4.42	Very Great Extent	4.23	Great Extent

Younger beneficiaries exhibited a higher level of compliance with the health conditions, achieving a mean score of 4.38, interpreted as “very great extent,” compared to the older group, which had a mean score of 4.17, interpreted as “great extent.” This results in a mean difference of 0.21, suggesting that younger respondents were more proactive in adhering to the program's health conditions, possibly due to greater awareness and commitment. In contrast, older respondents may have been more influenced by traditional beliefs, which could hinder full compliance with the health requirements. The p-value of 0.024, which is less than the alpha level of 0.05, indicates that the difference in compliance between the younger and older age groups is statistically significant. A significant difference was also noted between male and female beneficiaries, with females showing higher compliance (mean score of 4.36) than males (mean score of 3.99), resulting in a mean difference of 0.37. This disparity could be attributed to the fact that a larger proportion of 4Ps beneficiaries are women, who may be more knowledgeable and attentive to health-related matters. The p-value of 0.002, which is well below the significance threshold of 0.05, confirms that the differences in compliance based on sex are statistically significant. When comparing the compliance of single and married beneficiaries, the married group exhibited a higher extent of compliance (mean score of 4.35) compared to the single group (mean score of 4.09), with a mean difference of 0.26. This could be due to the presence of a supportive partner in married households, making it easier for them to meet health-related program requirements. The p-value of 0.034, which is less than 0.05, indicates a significant difference in compliance between single and married respondents.

The data suggested that households with fewer children showed a higher degree of compliance with health conditions, with a mean score of 4.34, as opposed to households with more children, which had a mean score of 4.21. However, the mean difference of 0.13 was not statistically significant, as indicated by the p-value of 0.694, which is greater than the 0.05 significance level. This suggests that the number of children in a household does not have a significant impact on the extent of compliance with health conditions. With respect to the location of the household, respondents within the Poblacion area had a higher mean score of 4.36, compared to those residing outside the Poblacion, who had a mean score of 4.20. The mean difference of 0.16, however, was not significant, as the p-value of 0.107 exceeds the 0.05 significance threshold. This implies that the location of the household—whether in the Poblacion or outside—does not significantly influence the compliance with health conditions. This finding is further supported by the provision of health services in all areas, as the Department of Health deploys more health workers in barangays to ensure that medical services reach most, if not all, beneficiaries.

Table 14. Summary of Statistical Findings

Variable	Category	Mean	p-value	Interpretation
Age	Younger	4.38	0.024	Significant
	Older	4.17		
Sex	Male	3.99	0.002	Significant
	Female	4.36		
Civil Status	Single	4.09	0.034	Significant
	Married	4.35		
Number of Children	Few	4.34	0.694	Not Significant
	Many	4.21		
Location of Household	Within Poblacion	4.36	0.107	Not Significant
	Outside Poblacion	4.20		

The analysis led to the rejection of the null hypothesis, which stated that there would be no significant differences in compliance based on the variables of age, sex, and civil status. The results demonstrated that age, sex, and civil status indeed play a role in the extent of compliance with health conditions. Conversely, the null hypothesis regarding the number of children and household location was accepted, as these factors did not exhibit significant differences in compliance. These findings are consistent with the study conducted by Orbeta et al. (2021), which noted that health services are adequately provided to both Pantawid and non-Pantawid households, regardless of their distance from health centers or the number of children in the household.

Conclusion and recommendation

This study provides valuable insights into the compliance of Pantawid Pamilya Pilipino Program (4Ps) beneficiaries with health and education conditions. The findings indicate that most respondents were female, younger, married, had fewer children, and resided outside the Poblacion area. These demographic factors influenced compliance levels, with younger, female, married beneficiaries and those with fewer children or living within the Poblacion demonstrating higher compliance ("very great extent"). Meanwhile, older, male, single beneficiaries and those with more children or living outside the Poblacion exhibited a "great extent" of compliance. In health-related conditions, compliance was particularly high in maternal delivery in health facilities, spouse attendance at Family Development Sessions, and participation in community initiatives. Regarding education, the highest compliance was observed in children's school attendance and the submission of excuse letters during justified absences. Despite these positive findings, compliance gaps persisted in both health and education sectors, indicating areas where improvements are necessary. The study revealed that demographic variables such as age, sex, and civil status significantly influenced compliance with health conditions, whereas the number of children and household location did not. Similarly, in education, age, sex, civil status, and the number of children were determining factors, but household location showed no significant impact. These findings highlight the need for targeted interventions to ensure consistent compliance across all demographic groups and to improve the overall well-being of beneficiary families.

Limitations of the Study

While this study provides important insights, it is not without limitations. First, the research was limited to 4Ps beneficiaries in La Carlota City, restricting the generalizability of the findings to other regions with different socio-economic and cultural contexts. Second, the study relied on self-reported survey responses, which may introduce biases such as social desirability bias, where respondents may have provided answers they perceived as favorable. Third, the study focused primarily on demographic factors affecting compliance but did not extensively examine external influences such as economic stability, employment, or community support systems. Lastly, the cross-sectional nature of the study limits the ability to capture changes in compliance over time.

Future Research Directions

Given these limitations, future research can explore several areas to deepen the understanding of compliance among 4Ps beneficiaries. Longitudinal studies can be conducted to examine how compliance behaviors evolve over time and the factors influencing these changes. Additionally, expanding the scope to include multiple regions with varying socio-economic conditions can provide a more comprehensive picture of compliance patterns nationwide. Future studies may also integrate qualitative methods, such as interviews or focus group discussions,

to capture in-depth perspectives on the challenges and motivations behind compliance behaviors. Lastly, exploring the impact of external factors such as financial stability, employment, and access to support services could provide more holistic insights into the determinants of compliance.

Implication to Practice

This study offers several recommendations to enhance the implementation and outcomes of the Pantawid Pamilya Pilipino Program (4Ps). First, it is crucial to strengthen collaboration among key stakeholders—DSWD, DOH, DepEd, and local government officials. A unified approach with shared targets will ensure more effective delivery of health and education services to marginalized beneficiaries. The study also suggests that the DSWD hire more qualified program implementers, reducing the current caseload of 1 worker per 800 households. This will allow for better case management and more personalized support for each household. To improve health service delivery, particularly in institutional delivery, the study recommends that health professionals intensify their outreach, providing education and monitoring antenatal care. Local government units should also allocate more funds to hire additional health workers and maintain essential health resources. Regarding Family Development Session (FDS) attendance, it is recommended that the FDS team increase the frequency of sessions, ensuring active participation from both parents. This will improve awareness of the program's conditions and promote better health and education decisions. In terms of communal garden initiatives, barangay officials should provide space and collaborate with the Department of Agriculture to supply resources, promoting food security and community engagement. In the education sector, it is essential to monitor school attendance among Pantawid Pamilya children and ensure equal access to school programs. The study also suggests expanding alternative learning options, like the Alternative Learning System (ALS), to reduce dropout rates and increase enrollment. Lastly, Youth Development Sessions (YDS) should be more widely implemented in schools to empower young beneficiaries, helping them understand their roles in their families, schools, and communities. By addressing these recommendations, stakeholders can improve compliance with health and education conditions, ultimately benefiting the families enrolled in the Pantawid Pamilya Pilipino Program.

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Consent for publication: The author confirms that all participants were fully informed about the objectives and scope of the study. Voluntary consent was obtained from each participant to include their anonymized responses in the publication. The author ensured that all ethical standards related to participant confidentiality and data usage were strictly observed throughout the research process.

Data availability: The data supporting the findings of this study are available from the corresponding author upon reasonable request.

Authors contribution: The sole author conceptualized the study, conducted the data collection and analysis, and wrote the final manuscript.

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