

Financial Constraints and Coping Mechanisms of Barangay Health Workers: A Correlational Study on Savings and Credit Utilization

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ABSTRACT:

Barangay Health Workers (BHWs) play a vital role in delivering primary healthcare services at the community level; however, many continue to experience persistent financial challenges that affect their well-being and capacity to perform their functions effectively. This study examined the financial constraints and coping mechanisms of BHWs in Poblacion, Sta. Cruz, Marinduque, with particular emphasis on savings behavior and credit utilization. Employing a quantitative descriptive–correlational research design, data were collected from 38 BHWs selected through stratified random sampling across five barangays. A researcher-developed questionnaire was used, and data were analyzed using descriptive statistics, Pearson correlation, and the Kruskal–Wallis H test, guided by Financial Strain Theory and Goal Setting Theory. Results revealed that low and irregular honoraria, high out-of-pocket expenses, and limited access to formal financial resources were the primary sources of financial strain among BHWs. A moderate positive relationship was found between financial constraints and coping mechanisms, indicating that increased financial difficulty was associated with greater reliance on adaptive strategies such as borrowing and informal savings. No significant differences were observed in financial constraints when respondents were grouped according to demographic profile, suggesting that financial challenges are structurally driven rather than demographic-specific. The findings support the implementation of inclusive Financial Wellness and Resilience programs, improved access to formal financial services, and strengthened institutional and policy support to enhance the financial stability and quality of life of BHWs. These recommendations contribute to the advancement of Sustainable Development Goals, particularly SDG 1 (No Poverty), SDG 3 (Good Health and Well-being), and SDG 8 (Decent Work and Economic Growth).

Keywords: Barangay Health Workers, coping mechanisms, credit, savings, financial constraints, financial literacy, Financial Strain Theory, Goal Setting Theory

INTRODUCTION

Background of the Study

Barangay Health Workers (BHWs) serve as crucial frontline health personnel, providing essential healthcare services and health education within their communities. They act as vital members of the primary care team, assisting midwives and nurses in implementing various health programs at the local government level. In Sta. Cruz, Marinduque, BHWs are often the first point of contact for residents' health needs. However, despite their critical role, these workers face significant economic hardships stemming from low and irregular salaries combined with daily financial pressures, affecting their ability to save.

Understanding BHWs' financial literacy, saving habits, and credit practices is crucial for supporting their financial resilience. Effective savings and responsible credit use offer protection against financial instability, enable investments in professional development, and enhance overall well-being. While financial literacy training and structured saving programs can help manage limited incomes, the specific coping mechanisms employed by BHWs in dealing with their financial challenges, are largely underexplored and require targeted attention.

Objectives of the Study

1. Identify the primary financial constraints experienced by BHWs.
2. Assess their current saving practices.
3. Evaluate their use of credit facilities and its impact on financial well-being.
4. Explore the relationship between financial constraints and the delivery of healthcare services.

Statement of the Problem

1. What is the demographic profile of the Barangay Health Workers (BHWs) in Sta. Cruz, Marinduque in terms of:

1.1 Age

1.2 Gender

1.3 Education Level

1.4 Marital Status

1.5 Monthly Honorarium

2. What are the financial constraints faced by Barangay Health Workers (BHWs) in their daily lives and how do these manifest:

2.1 Low and Irregular Income

2.2 High Out-of-Pocket Expenses

2.3 Limited Access to Financial Resources

2.4 Financial Insecurity

3. What are the coping mechanisms of Barangay Health Workers (BHWs) in terms of:

3.1 Saving Practices

3.2 Credit Utilization

4. Is there a significant relationship between financial constraints and coping mechanisms of Barangay Health Workers (BHWs) in managing their finances?

5. Is there a significant difference between the demographic profile and financial constraints of Barangay Health Workers (BHWs) in managing their finances?

6. What practical recommendations can be developed to improve the financial constraints and overall wellbeing of Barangay Health Workers (BHWs)?

LITERATURE REVIEW

Existing research documents that BHWs are predominantly female and often volunteer-based with unstable incomes: Pandapatan et al. (2024) found 89.8% of Marawi BHWs remain unpaid, earning under ₱8,000 monthly, while Landingin (2024) noted Santiago City BHWs receive just ₱1,300 – an amount Bacani (2020) describes as

inadequate for living costs. Hatigan-Go et al. (2023) adds that San Miguel BHWs have long tenure but low educational attainment, creating barriers to effective financial management.

Key challenges include low incomes paired with high out-of-pocket expenses (San Juan, 2021) and limited access to formal financial institutions (Balladares & Ramos, 2020), forcing BHWs to rely on "paluwagan" and social networks for support. Thapa et al. (2025) explains that financial literacy training improves saving habits, though such programs are not widely available.

Policy efforts like the Magna Carta (Sornito, 2023; Buena, 2025) promise better pay and protection, but Baliola et al. (2024) finds enforcement is weak – leading to delayed allowances (Gaité, 2024; Cabalza, 2024) and post-election terminations (Villanueva, 2023). Statista (2023) also reports uneven workloads, with 1 BHW per 768 residents in NCR putting extra strain on their capacity.

Scope and Delimitation of the Study

The study specifically focuses on BHWs from the barangays of Maharlika, Bagong Silang, Banahaw, Pag-asa, and Lapu-Lapu in Poblacion, Sta. Cruz, Marinduque, with a total of 38 respondents. Ultimately, it aims to understand their current financial conditions, as well as the challenges they face and potential areas for development.

Despite the meaningful insights generated by this study, certain limitations should be acknowledged. First, the study was conducted with a relatively small sample size of 38 Barangay Health Workers from selected barangays in Poblacion, Sta. Cruz, Marinduque, which may limit the generalizability of the findings to other municipalities or regions. However, this limitation was addressed through the use of appropriate non-parametric statistical techniques, particularly the Kruskal-Wallis H test, which is well-suited for small samples and ordinal data. Second, the study relied on self-reported responses, which may be subject to recall bias or social desirability bias. Third, the scope of the research was geographically limited, and variations in local government support, honorarium structures, and institutional policies in other areas were not captured. Despite these limitations, the consistency of findings across demographic groups and the statistically significant relationships observed provide reasonable confidence in the study's conclusions. Future research may enhance the robustness of the findings by expanding the sample size, including multiple municipalities or provinces, and employing qualitative methods to capture deeper contextual and experiential dimensions of Barangay Health Workers' financial well-being.

Theoretical Framework

Financial Strain Theory

Financial Strain Theory, proposed by Agnew (1992), explains that individuals experience stress when their financial resources are insufficient to meet their needs and obligations. This theory highlights how limited income, rising expenses, and restricted financial support create pressures that influence behavior and decision-making. For Barangay Health Workers (BHWs) in Poblacion, Sta. Cruz, financial strain arises from low allowances, irregular honoraria, and the increasing cost of basic commodities. These stressors may affect their daily functioning, emotional state, and capacity to manage both personal and work-related responsibilities.

Goal Setting Theory

Goal Setting Theory, introduced by Locke and Latham (1981), posits that clear, specific, and attainable goals enhance performance and improve self-regulation. In the context of Barangay Health Workers, setting structured financial goals—such as planned savings, debt management, and organized budgeting—helps them cope with financial strain more effectively. Establishing concrete financial objectives enables individuals to monitor their progress and maintain discipline, allowing them to manage their limited resources more strategically. Supporting this theory, Heintalu (2025) noted that measurable and well-defined goals significantly improve motivation and performance.

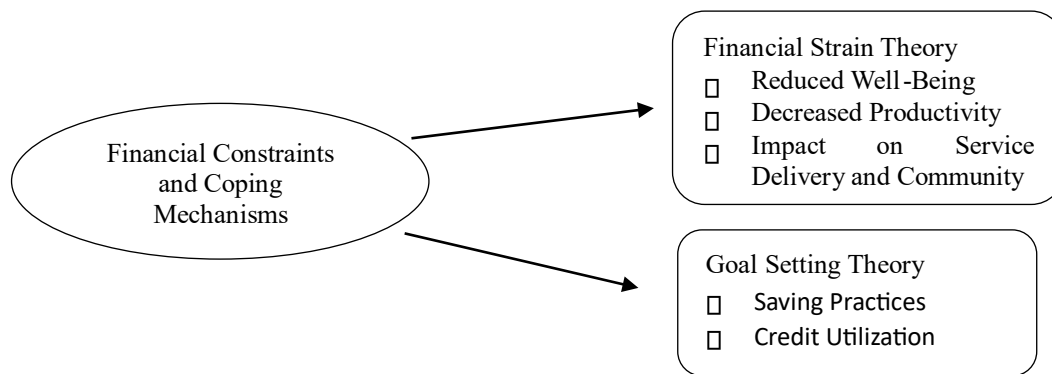


Figure 1. *Theoretical Framework*

Research Hypothesis

Based on the concept discussed, the following hypothesis is presented:

H0₁: There is a significant relationship between financial constraints and coping mechanisms of Barangay Health Workers (BHWs) in managing their finances

H1₁: There is no significant relationship between financial constraints and coping mechanisms of Barangay Health Workers (BHWs) in managing their finances

H0₂: There is a significant difference between the demographic profile and financial constraints of Barangay Health Workers (BHWs) in managing their finances.

H1₂: There is no significant difference between the demographic profile and financial constraints of Barangay Health Workers (BHWs) in managing their finances.

METHODOLOGY

The study employed a quantitative–descriptive correlational research design. The descriptive component was used to determine the level of financial constraints and coping mechanisms of Barangay Health Workers in Poblacion, Sta. Cruz, Marinduque, while the correlational aspect examined whether a

relationship existed between the two variables. This design was suitable for the study because it allowed the researchers to describe existing conditions and analyze the relationship without manipulating any variables.

The research was conducted in Poblacion, Sta. Cruz, Marinduque, where the Barangay Health Workers operate in various barangays. This location was selected because it provided access to BHWs with diverse financial backgrounds and coping strategies. The population of the study consisted of all thirtyeight (38) active Barangay Health Workers assigned in the barangays of Maharlika, Bagong Silang, Banahaw, Pag-asa, and Lapu-Lapu. To ensure fair representation, the study used stratified random sampling wherein each barangay served as a stratum. The number of respondents selected from each barangay was proportionate to the actual number of BHWs in that area, after which random selection was performed. Unique identifiers were assigned to each respondent to maintain organization in data management.

A self-made questionnaire served as the primary data-gathering instrument. It consisted of items assessing the demographic profile, financial constraints, and coping mechanisms of the respondents. The questionnaire utilized a five-point Likert scale to measure the degree of agreement or experience related to each item. Prior to its administration, the instrument underwent expert validation from the College of Business and Accountancy to ensure clarity and appropriateness. Revisions were made based on feedback to improve the final instrument.

The data gathering procedure began with securing approval from barangay officials in Poblacion. Upon approval, the researchers personally distributed the questionnaires and explained the study's purpose to the respondents. The participants were assured of confidentiality and anonymity. After the retrieval of completed questionnaires, the responses were tabulated, organized, and prepared for statistical analysis.

The data were treated using appropriate statistical tools such as frequency and percentage for the demographic profile, mean and mode for determining the level of financial constraints and coping mechanisms, Pearson Correlation for establishing the relationship between the variables, and KruskalWallis H Test to determine whether there is a statistically significant differences in the financial constraints of Barangay Health Workers (BHWs) when grouped according to age, gender, educational attainment, marital status, and monthly honorarium. A significance level of 0.05 was used throughout the analysis.

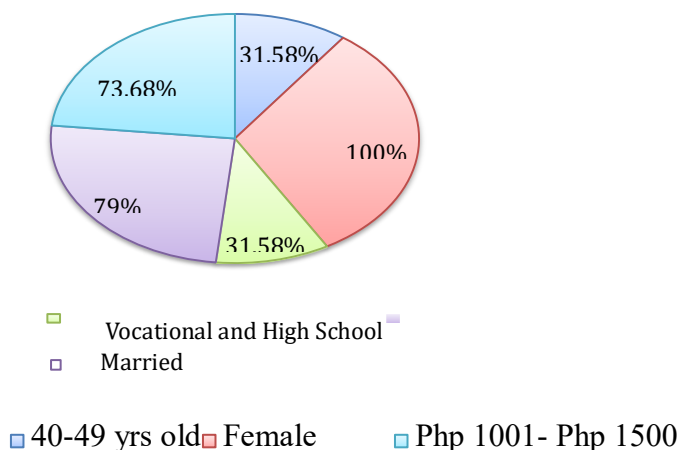
Ethical considerations were observed to protect the rights and welfare of the participants. The respondents were informed about the purpose of the study and their voluntary participation. Confidentiality and anonymity were strictly maintained, and no personal information was disclosed. The researchers ensured that the data collected were used solely for academic purposes and were treated with integrity and honesty.

RESULTS AND DISCUSSION

Demographic Profile of Barangay Health Workers (BHWs) in Poblacion, Sta. Cruz, Marinduque

Figure 2.

Demographic Profile of the Respondents



The demographic profile of Barangay Health Workers (BHWs) in Poblacion, Sta. Cruz, Marinduque reflects how age, gender, education, marital status, and income influence their capacity to perform community health roles. Most BHWs are aged 40–49, indicating a workforce dominated by older adults whose long-term community involvement strengthens trust and service quality, consistent with Social Role Theory, which links age and accumulated experience to caregiving roles. All respondents are female, mirroring national and international patterns where women dominate community health work due to cultural expectations that associate caregiving with femininity, aligning with Gender Role Theory. A large share of BHWs are high school graduates or vocational completers, supporting Human Capital Theory, as educational attainment enhances competence, confidence, and the ability to follow health protocols. The majority are married, suggesting strong family support systems that reinforce commitment and emotional stability, consistent with the Social Support Theory. Most BHWs earn only Php 1,001–1,500 monthly, reflecting financial constraints that shape their coping strategies and parallel Resource Dependency Theory, where limited income affects work motivation and the need to manage multiple responsibilities. Overall, these characteristics show that BHWs operate within intersecting social, economic, and cultural conditions that influence their effectiveness, commitment, and financial vulnerability in performing frontline health services.

Table 1.

Level of Financial Constraints Experienced by Barangay Health Workers (BHWs)

Low and Irregular Income Mean Verbal Description

1. Adjust/limit expenses to make honorarium last	4.24	Strongly Agree
2. Honorarium covers basic needs	2.03	Disagree
3. Look for side jobs	4.45	Strongly Agree
4. Experience delays in honorarium	3.32	Neutral

Composite Mean	3.576	Agree
2.2 High-Out of Pocket Expenses		
1. Spend own money for work duties	2.79 4.37 2.74	Neutral
2. Unexpected expenses affect saving	3.79	Strongly Agree
3. Delay/avoid medical care due to cost		Neutral
4. Borrow money for sudden health expenses		Agree

Composite Mean	3.356	Neutral
2.3 Limited Access to Financial Resources		
1. Hard to apply for loans from formal institutions	2.66	Neutral
2. Lack access to savings and credit services	3.24	Neutral
3. Do not qualify for most credit/loan programs	2.95	Neutral
4. Do not know where/how to access financial	3.13	Neutral

Composite Mean	3.044	Neutral
2.4 Financial Insecurity		
1. Worry about not having enough money	4.21	Strongly Agree
2. Unable to save for the future	4.34	Strongly Agree
3. Feel unprepared for financial emergencies	3.63	Agree
4. Anxious about unexpected expenses	4.39	Strongly Agree

5. Financial insecurity makes me question continuing as Barangay Health Worker	3.24	Neutral
Composite Mean	3.962	Agree
Grand Mean	3.48	Agree

Legend:

<i>Mean</i>	
<i>Range</i>	<i>Level of Agreement</i>
4.21 – 5.00	Strongly Agree
3.41 - 4.20	Agree
2.61 – 3.40	Neutral
1.81 – 2.60	Disagree
1.00 – 1.80	Strongly Disagree

Table 1 presents the financial constraints experienced by Barangay Health Workers (BHWs) in Poblacion, Sta. Cruz, Marinduque, focusing on low and irregular income, high out-of-pocket expenses, and limited access to financial resources. The grand mean of 3.326, interpreted as “Agree/Neutral,” indicates that financial difficulties significantly affect the daily lives of BHWs. Low and irregular income (mean = 3.576) emerged as a primary concern. Respondents reported adjusting or limiting expenses to make their honoraria last, seeking additional side jobs, and experiencing delays in receiving pay. This reflects a reality where financial instability disrupts their ability to cover basic needs and plan long-term, consistent with Mundoc (2024), who emphasized that low-income earners frequently develop coping strategies to manage inconsistent earnings. Ballentine, Goodkind, and Shook (2020) highlighted that low-income workers adapt by prioritizing expenses and relying on community support, which mirrors the BHWs’ experiences of adjusting spending to survive irregular pay schedules. High out-of-pocket expenses (mean = 3.356) also contribute to financial strain. BHWs often spend personal funds for transportation, medical needs, and work-related duties. Some reported delaying or avoiding medical care due to cost or borrowing money for unexpected health expenses. San Juan (2021) critiqued the Philippine healthcare financing system, noting that health workers are frequently compelled to shoulder costs that should be covered by public resources, a situation corroborated by the experiences of BHW respondents. Bernard et al. (2023) further emphasized that such expenditures increase financial vulnerability by forcing workers to choose between essential living needs and work-related obligations. Finally, limited access to financial resources (mean = 3.044) restricts BHWs from obtaining formal loans or accessing structured savings programs. Many respondents reported difficulties in applying for loans or credit, lack of knowledge about available financial assistance, or outright exclusion from formal financial systems. Balladares and Ramos (2020) observed similar patterns among Philippine BHWs, noting that limited access to financial services often leads to reliance on informal lending mechanisms, reinforcing cycles of debt. Collectively, these findings illustrate that financial constraints among BHWs are not only a matter of low income but also a result of structural and systemic barriers, echoing the experiences documented by Ronquillo (2022) and Sano et al. (2021). Moreover, the overall financial insecurity (mean = 3.962), underscores the cumulative effect of low income, high out-of-pocket expenses, and limited financial access. This high level of financial insecurity indicates that BHWs frequently face challenges in meeting both personal and work-related obligations, reflecting systemic vulnerabilities within the community health workforce. Collectively, these findings illustrate that financial constraints among BHWs are not only a

matter of low income but also a result of structural and systemic barriers, echoing the experiences documented by Ronquillo (2022) and Sano et al. (2021).

Table 2.

Coping Mechanisms Adopted by BHWs

3.1 Saving Practices		Mean	Verbal Description	
1. Regularly set aside money for emergencies		3.39	Neutral	
2. Use piggy banks/home-based savings methods		3.03	Neutral	
3. Participate in group savings/paluwagan		3.18	Neutral	
4. Deposit money in bank/cooperative savings		3.03	Neutral	
5. Have a written budget		3.21	Neutral	
Composite Mean		3.168	Neutral	
3.2 Credit Utilization				
1. Borrow money from family/friends		4.16	Agree	
2. Rely on loans to make ends meet		2.97	Neutral	
3. Pawn valuable items to cover expenses		2.89	Neutral	
4. Rely on high-interest “5-6” system		1.95	Disagree	
Composite Mean		2.952	Neutral	
Grand Mean		3.06	Neutral	
Legend:	Mean Range	Level of Agreement		
	4.21 – 5.00	Strongly Agree		
	3.41 - 4.20	Agree		
	2.61 – 3.40	Neutral		
	1.81 – 2.60	Disagree		
	1.00 – 1.80	Strongly Disagree		

Table 2 presents the coping mechanisms that Barangay Health Workers (BHWs) employ to manage financial constraints, focusing on both saving practices and credit utilization. The grand mean of financial coping strategies, considering all aspects, reflects a “Neutral/Agree” level of engagement,

indicating that while BHWs attempt to manage their finances, their strategies are limited by irregular income and structural barriers. In terms of saving practices, BHWs demonstrated varied habits. Some respondents regularly set aside money for emergencies (mean = 3.39) and participated in informal savings systems like paluwagan (mean = 3.18), while others preferred home-based methods such as piggy banks (mean = 3.03) or depositing small amounts in bank accounts or cooperatives (mean = 3.03). The practice of creating written budgets was less consistent (mean = 3.21), reflecting that although BHWs recognize the importance of saving, their actions are irregular and largely influenced by their limited resources. The composite mean for saving practices was 3.168, interpreted as “Neutral,” suggesting moderate engagement in saving behaviors. These findings are supported by the Bangko Sentral ng Pilipinas (2021), which reported that informal savings mechanisms are common among low-income Filipino communities, and by GrinsteinWeiss et al. (2021), who highlighted the significant role of community-based savings in promoting financial inclusion. Similarly, Martinez (2022) emphasized that family-based saving systems often serve as informal safety nets, which aligns with the observed BHW practices. Credit utilization, BHWs primarily borrow money from family and friends (mean = 4.16), occasionally rely on formal loans to make ends meet (mean = 2.97), or pawn valuable items to cover unexpected expenses (mean = 2.89). They generally avoid high-interest informal lenders like the “5-6” system (mean = 1.95), though respondents reported some difficulty paying loans on time (mean = 2.79). The composite mean for credit utilization was 2.952, interpreted as “Neutral,” indicating that BHWs sometimes rely on borrowing as a coping mechanism, particularly during financial shortfalls or emergencies. Gomez et al. (2024) noted that informal lending provides short-term relief but often leads to long-term debt cycles, a pattern reflected in the BHW responses. Chikwira et al. (2022) highlighted the importance of responsible borrowing and financial education to reduce financial vulnerability, which corroborates the study’s findings. The overall financial insecurity experienced by BHWs, considering low and irregular income, high out-of-pocket expenses, and limited access to financial resources, had a grand mean of 3.962, interpreted as “Agree,” which suggests that financial challenges significantly impact their daily lives. Collectively, these findings indicate that while BHWs employ a range of coping strategies, including saving and borrowing, their effectiveness is constrained by inconsistent income and limited structural support, echoing observations by Mundoc (2024), Ballentine et al. (2020), and Bernard et al. (2023).

Table 3.

Relationship Between Financial Constraints and Coping Mechanisms of BHWs

Pearson Correlation

Variables	Pearson	Significance (2-tailed)	rrational Level	Interpretation	Decision
Financial Constraints Coping Mechanisms	0.599**	0.000	Moderate Positive	Significant Relationship	Reject H ₀

Table 3 shows the statistical relationship between financial constraints and coping mechanisms among BHWs using Pearson correlation analysis. The computed r-value of 0.599 ($p = 0.000$) indicates a moderate positive correlation, which is statistically significant at the 0.01 level. This suggests that as financial constraints increase, BHWs intensify their coping strategies, such as budgeting, saving, or borrowing. This finding aligns with Financial Strain Theory, which posits that individuals under economic pressure develop adaptive behaviors to manage stress arising from limited resources. In the context of BHWs, financial strain motivates active engagement in both formal and informal coping mechanisms. For example, respondents with more irregular income reported higher reliance on borrowing from family or informal networks, whereas those facing high out-

of-pocket expenses participated more in group savings systems to offset costs. Similar studies by Calonia et al. (2022), Ettman et al. (2023), and Samuel et al.

(2025) confirm that financial strain correlates with behavioral adaptation, highlighting the link between economic hardship and practical coping strategies. These results demonstrate that coping mechanisms among BHWs are directly influenced by their financial limitations and underline the importance of interventions to support financial resilience.

Table 4.

Demographic Differences and Financial Constraints of BHWs

Kruskal – Wallis H Test

Profile	H-Value	P-Value	Interpretation	Decision
Age	13.660	0.751		
Gender	0.000	1.000	Not	Not Reject H_0
Educational Attainment	20.872	0.467	Significant	
Marital Status	24.111	0.288		
Monthly Honorarium	26.957	0.172		

Note: Correlation is significant at the 0.01 level (2-tailed)

Table 4 examines the influence of demographic factors on financial constraints using the Kruskal–Wallis H Test. The analysis revealed no significant differences in financial constraints when BHWs were grouped according to age ($p = 0.751$), gender ($p = 1.000$), educational attainment ($p = 0.467$), marital status ($p = 0.288$), and monthly honorarium ($p = 0.172$). This indicates that financial constraints are experienced similarly across demographic groups, highlighting that structural and systemic factors are the primary drivers of financial difficulties. These findings suggest that interventions aimed at improving financial well-being should target all BHWs rather than focusing on specific demographic groups. Structural factors such as low pay, irregular honoraria, and mandatory out-of-pocket expenditures play a more critical role in shaping financial outcomes than age, gender, or education level. Clark et al. (2023) and Aydin (2022) supported the use of the Kruskal–Wallis test in analyzing ordinal data, confirming the robustness of these conclusions despite the study’s relatively small sample size. Overall, the results underscore the necessity for comprehensive financial support programs, such as budgeting workshops, access to low-interest loans, and financial literacy initiatives, that can benefit all BHWs regardless of personal demographic characteristics.

The absence of statistically significant differences in financial constraints when Barangay Health Workers (BHWs) were grouped according to age, gender, educational attainment, marital status, and monthly honorarium underscores the dominance of structural rather than demographic determinants of financial well-being. This finding indicates that financial challenges are uniformly experienced across BHWs, regardless of personal characteristics, and are primarily driven by systemic factors such as low and irregular honoraria, mandatory out-of-pocket expenditures for work-related activities, and limited access to formal financial services. Consequently, interventions that narrowly target specific demographic groups may be ineffective and exclusionary. Instead, a universal and inclusive approach to financial well-being is warranted. The use of the Kruskal Wallis H test is methodologically appropriate given the ordinal nature of the data and the relatively small sample size, and prior studies have confirmed its robustness under such conditions, thereby supporting the validity of the findings. These results highlight the need for comprehensive, institutionally supported financial programs such as budgeting and financial literacy workshops, access to low-interest loans, emergency savings mechanisms, and

reimbursement schemes that can address the root causes of financial strain and benefit all BHWs equally, rather than focusing on demographic segmentation.

RECOMMENDATIONS

Based on the findings of the study, which revealed a moderate positive relationship between financial difficulties and coping mechanisms and no significant differences across demographic profiles, the following recommendations are proposed to enhance the financial well-being and overall quality of life of Barangay Health Workers (BHWs):

1. Implementation of Financial Wellness and Resilience Programs (SDG 1: No Poverty; SDG 8: Decent Work and Economic Growth)

It is recommended that local government units (LGUs), in collaboration with relevant agencies, implement inclusive Financial Wellness and Resilience programs for all BHWs. These programs should focus on financial literacy, budgeting, savings management, responsible credit utilization, and emergency fund preparation. Since financial challenges are structurally driven rather than demographic-specific, participation should be universal to ensure equity and maximize impact.

2. Improved Access to Formal Financial Services (SDG 1: No Poverty; SDG 10: Reduced Inequalities)

LGUs may establish partnerships with cooperatives, microfinance institutions, and local banks to facilitate BHWs' access to low-interest loans, savings accounts, micro-insurance, and mobile banking services. Simplified enrollment processes and financial orientation sessions are encouraged to reduce exclusion from formal financial systems and reliance on informal lending mechanisms.

3. Strengthening Institutional and Policy Support (SDG 8: Decent Work and Economic Growth)

Policy reforms should be pursued to ensure the timely release, standardization, and possible augmentation of BHW honoraria. Institutional mechanisms for reimbursing work-related out-of-pocket expenses, such as transportation and medical supplies, are strongly recommended to reduce financial strain and enhance job satisfaction and retention.

4. Integration of Financial Well-Being into Health Workforce Development (SDG 3: Good Health and Well-being)

Financial stability should be recognized as a key component of workforce well-being. Incorporating financial well-being initiatives into existing BHW training and development programs can help reduce stress, improve morale, and ultimately enhance service delivery and community health outcomes.

5. Monitoring, Evaluation, and Research Expansion (SDG 17: Partnerships for the Goals)

Regular monitoring and evaluation of financial support programs are recommended to assess effectiveness and sustainability. Future research may expand coverage to other municipalities or provinces and utilize mixed-method approaches to deepen understanding of financial behaviors and long-term impacts of institutional interventions.

6. For Future Researchers

Future researchers are encouraged to expand the scope of this study by including a larger sample size and covering multiple municipalities or provinces to enhance the generalizability of findings related to the financial constraints and coping mechanisms of Barangay Health Workers (BHWs). Conducting comparative studies across urban and rural settings may also provide deeper insights into how institutional support, honorarium structures, and local governance affect financial well-being.

Researchers may consider employing mixed-method or qualitative research designs, such as in-depth interviews or focus group discussions, to capture the lived experiences, emotional dimensions, and contextual factors influencing financial behavior among BHWs that may not be fully reflected in survey data. Longitudinal studies are likewise recommended to examine changes in financial constraints and coping strategies over time, particularly in response to policy reforms or the implementation of financial wellness programs.

Future studies may also explore the effectiveness and sustainability of Financial Wellness and Resilience interventions, cooperative-based savings schemes, and LGU-supported financial assistance programs through impact evaluation approaches. Additionally, integrating variables such as financial stress, job satisfaction, service delivery outcomes, and retention of BHWs may help establish stronger links between financial well-being and healthcare performance, thereby contributing to evidence-based policymaking and the advancement of Sustainable Development Goals related to poverty reduction, decent work, and health equity.

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