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INTRODUCTORY BASELINE STUDY
FOR AN
INFORMATION,
EDUICATION &
COMMUNICATION
CAMPAIGN of **MEDICARE**

By Asia Research (Gallup International), Inc.

&

THE
I E C
CAMPAIGN PLAN

By Letty Quizon - Ang

INTRODUCTORY BASELINE STUDY FOR IEC CAMPAIGN

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INTRODUCTORY BASELINE STUDY FOR INFORMATION, EDUCATION & COMMUNICATION CAMPAIGN

Asia Research (Gallup International), Inc.

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EXECUTIVE SUMMARY

The National Health Insurance Act of 1995 was passed into law by the Philippine Congress on February 14, 1995. It aims to make essential health services available and affordable to all Filipinos by institutionalizing a health insurance program which provides them with the facility of paying for their own health care. The program prioritizes the underprivileged, sick, elderly, disabled, women and children, and providing for the free medical care of the poor.

This legislation supersedes the Philippine Medical Care Law that was promulgated in 1969 as the country's health insurance program - Medicare. It also dissolves the Philippine Medical Care Commission which implemented the mandatory Program I for the formal sector wage and salary workers and the voluntary Program II for the informal sector self-employed, retired and casual workers and members' dependents.

The continuity of ongoing Medicare programs under the new structure will depend on how well-informed its existing members and target markets are on all the facets of the national health insurance program, and how well communicated its benefits and advantages are to the largest number of Filipinos.

A baseline study on the Information, Education and Communication needs of Medicare was commissioned by the Health Finance Development Project of the Department of Health in 1993 for the purpose of expanding the membership coverage base of the program. The guiding principle is that a properly managed information campaign will result in an aware, well-informed and expanded audience who will be attracted to join the membership fold. thus

strengthening the program by making the concept of social solidarity or cross-subsidy, or of the rich subsidizing the poor, the health the sick truly realizable.

This Monograph presents the findings of the IEC study as completed by the Asia Research (Gallup International), Inc. and its sequel, the IEC Campaign Plan conceived by Letty Quizon-Ang.

The Asia Research study involved a nationwide survey that generated information on the following: demographic profile of the prospective audience, public awareness of the Medicare health insurance package, subscription, availment and usage of the benefits, existing alternatives resorted to by Filipinos aside from Medicare, public attitudes and perceptions, and, more significantly, the tri-media exposure of a cross-section of Filipino audiences which identifies the most ideal form of media that can be utilized by the IEC campaign. The campaign plan presents various options and strategies that can be adopted in the course of campaign planning and implementation.

In general, the Asia Research study established that even if about 86 percent of the

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Philippine population know about the Medicare program, actual membership in the program ranks low at 35 percent, of which only 17 percent are active.

Significantly, the scan of the media environment and baseline respondents' exposure to it revealed that the employment of tri-media facilities is advisable, with possible emphasis on radio as the strongest communications media, and print for the production of basic material handouts. On the basis of the study's overall findings, the IEC campaign plan recommends the execution of a basic core campaign involving the use of a radio-print media combination and a succeeding expanded campaign that incorporates special programs such as print supplements.

Generally, the survey findings substantiate the need for a well-planned and implementable

IEC campaign and the earliest operationalization of activities. Already, the working committees of the National Health Insurance Program have made the early scratch to produce and disseminate IEC materials and information collaterals such as the NHI general information brochure and basic Question and Answer Primer, as well as an audio-visual presentation/ documentation of past Medicare initiatives which can assist in the actualization of a full-blown IEC campaign.

This Monograph and its key findings, it is hoped, will provide the needed statistical information base that will guide and support the IEC planned activities. It can serve as a valuable reference guide that can be retrieved anytime to validate present and future information drives.

I. Introduction

A. Background

The Medicare Law was passed in 1969 and implemented in 1972. The Philippine Medical Care Commission (MEDICARE) was established to carry out the program, which had two components: Medicare Program I or P-1 and Medicare Program 2 or P-2.

Program I is administered by the Government Service Insurance System (GSIS) for civil servants, and the Social Security System (SSS) for employees of private sector firms. Since its inception, Program I has been expanded to cover legal dependents of members, military personnel, government retirees, temporary and casual government employees, and the self-employed.

In principle, the program is compulsory and is financed by a payroll tax currently levied on the monthly basic salary of P3,000. Both the schedule of benefits and the ceilings on which collections are based have been raised since the time the law was passed. Overall, it is estimated that the support level for both SSS and GSIS (the ratio of benefit ceilings on reimbursable cost items to actual costs) has fallen to less than 50 percent against the 70 percent PMCC-imposed benchmark, due to the upward adjustments in benefit ceilings, failing to keep up with increases in medical costs and prices.

Program II, intended to cover all those not covered by Program I, was mandated in the enabling legislation, but remains at the pilot stage.

Currently, political will exists to implement the program but problems pertaining to the implementation of Program 1 prevail. Expansion into the areas of coverage mandated by Program II will present even greater administrative difficulties and will have very significant financial implications that must be carefully dealt with effectively prior to the implementation of expanded coverage.

In over 20 years of existence, Program I is estimated to have achieved coverage of 45 percent of the Filipino population. For this percentage to increase significantly, whether through greater compliance with Program I or expansion of Program II, Medicare must develop a greater understanding of its target market population, both beneficiaries and providers.

Medicare must be able to penetrate this target market by increasing awareness of the concept of health insurance in general and Medicare in particular. It may be theorized that limits to Medicare coverage result from this lack of awareness. On the other hand, there are those who may know about its existence but understand little about it.

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One way to remedy Medicare's poor market penetration is to conduct an information, education, and communication (IEC) campaign to increase people's awareness of and to change their attitude towards insurance and Medicare. Such a campaign has to be predicated upon a more informed understanding about the target population's characteristics. This is the rationale behind the conduct of this baseline study.

B. Objectives

The overall objective of this study is the conduct of a baseline survey on Medicare Program I target population's knowledge, attitudes, and practices (KAP) with respect to health insurance and Medicare. The data generated shall be used as the basis for the design of an IEC campaign intended to increase the Program I target population's awareness of, and possibly, attitudes and behaviour toward health insurance, and Medicare with the ultimate aim of optimizing availment among members, and increasing enrollment among non-members.

C. Information Covered By the Study

Specifically, the study generated the following information:

Awareness of health insurance packages and Medicare

- * Top-of-Mind
- * Unaided Awareness
- * Aided Awareness

Subscription/membership in health insurance packages/Medicare

- * Incidence of membership/subscription
- * Type of membership/subscription
- * Type of coverage, individual or group
- * Number of current/previous Medicare members & retirees in the household;
- * Number of declared dependents of current Medicare members
- * For non-Medicare members: reasons for non-membership and degree of interest to be a member based on current contribution rates for non-SSS or GSIS members

Availment and usage of Medicare benefits

- * Awareness of benefits
- * Ease of availing benefits (whether or not Medicare's share of hospital bills were automatically deducted, the volume and type of documentation required)
- * Frequency of usage;
- * Date last used;
- * Problems encountered in availment

Existing alternatives to Medicare aside from health insurance

- * Alternatives being practiced;
- * Reasons for use of alternatives;

Attitudes and perceptions of Medicare benefits

- * Suitability/adequacy of coverage;
- * Perceived importance of Medicare;
- * Among previous members, reasons for interest or non-interest to continue being/to be a Medicare member;

Media Exposure

- * Readership of reading materials;
- * Radio listenership;
- * TV watching habits

Demographic profile

- * Age, sex, educational attainment
- * Occupation/social class, etc.

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D. Methodology & Implementation Plan

Universe

The adult population (18-64 years old) across all socio-economic classes, regardless of whether they were Medicare members or not.

Area Coverage

Nationwide covering all regions of the country.

Sampling Design

Multi-stage area probability sampling with proportionate allocation of samples by region and urban - rural areas was used in the study. The sampling methods per unit are shown in Table 1.

Sample Size

3000 interviews.

Table 1.
SAMPLING METHODS
(Per Unit)

Stage	Sampling Unit	Sampling Method
1	Province	Systematic sampling with a random start from all provinces in each region
2	City/Municipality	Systematic sampling with a random start from among cities and municipalities in each sample province
3	Barangay	Systematic sampling with a random start from among all barangays in each sample city/municipality.
4	Household	Systematic sampling with a random start, from among households in each sample barangay
5	Survey Respondent	Random sampling with the use of a random selection key from among all qualified members (18-64 years old) of the sample household. The male-female split was kept.

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Sample Distribution

The sample distribution is by region and urban/rural group and its corresponding sampling tolerance is 95%. The confidence levels are presented in Table 2 below:

Data Collection

The face-to-face interview method was employed with the aid of a structured questionnaire designed and formulated by ARO

Table 2.
SAMPLE DISTRIBUTION
(By Region)

AREA/REGION	TOTAL	MoE*	URBAN	MoE*	RURAL	MoE*
TOTAL PHILIPPINES	3000	1.8	1556	2.5	1444	2.6
NCR-METRO-MANILA	447	4.6	447	4.6	-	-
TOTAL LUZON	1271	2.7	692	4.0	679	3.8
CAR	56	13.1	19	22.5	37	16.1
I. Ilocos Region	180	7.3	68	11.9	112	9.3
II. Cagayan Valley	113	9.2	28	18.5	85	10.6
III. Central Luzon	321	5.5	196	7.0	125	8.8
IV. Southern Luzon	418	4.8	221	6.6	197	7.0
V. Bicol Region	183	7.2	60	12.7	123	8.8
TOTAL VISAYAS	638	3.9	243	6.3	395	4.9
VI. Western Visayas	266	6.0	100	9.8	166	7.6
VII. Central Visayas	228	6.5	97	10.0	131	8.6
VIII. Eastern Visayas	144	8.2	46	14.4	98	9.9
TOTAL MINDANAO	644	3.9	274	5.9	370	5.1
IX. Western Mindanao	158	7.8	50	13.9	108	9.4
X. Northern Mindanao	172	7.5	78	11.1	94	10.1
XI. Southern Mindanao	162	7.7	105	9.6	59	12.8
XII. Central Mindanao	150	8.0	41	15.3	109	9.4

* MOE - Margin of Error

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in consultation with the client. Pre-testing was accomplished immediately upon the approval of the draft questionnaire.

Data Processing

Conducted through the use of a micro-computer using the Survey System program for tabular data generation and SPSS programs for statistical tests and analysis.

Analytical Approach

Survey results were analyzed using the Chi Square Automatic Interaction Detector (CHAID), Analysis of Correspondence (A N A C O R) , Discriminant, and Descriptive Analyses.

Analysis was done by respondent profile (age, sex, work status, and civil status), by socio-economic class, urban / rural and regional breakdown, and by membership type (active, inactive, non-members)

Recommendations

Recommendations, based on survey findings, focused on the basic information, problems and concerns to be addressed, as well as population groups to be targetted by the IEC Campaign.

Limitations of the Study

Since the data presented were derived from a sample, they are subject to computable margins of error. The margins of error ranges from about 1.8% for total households to about 2.5% for households in urban areas and about 2.6% for households in rural areas. As the total bases are split into cells, the margins of error become larger.

Care has been taken to remove biases during the data collection stage; thus, the data are assumed to be accurate to the extent that the respondents' replies are factual.

II.

DATA ANALYSIS

A. HEALTH-SEEKING PRACTICES IN TIMES OF SICKNESS

A.1 First Thing Done When a Family Member Gets Sick

The survey results show that self-medication is primarily resorted to by the high majority (74%) when a family member gets sick. This holds true across all demographic, socio-economic and geographic groups.

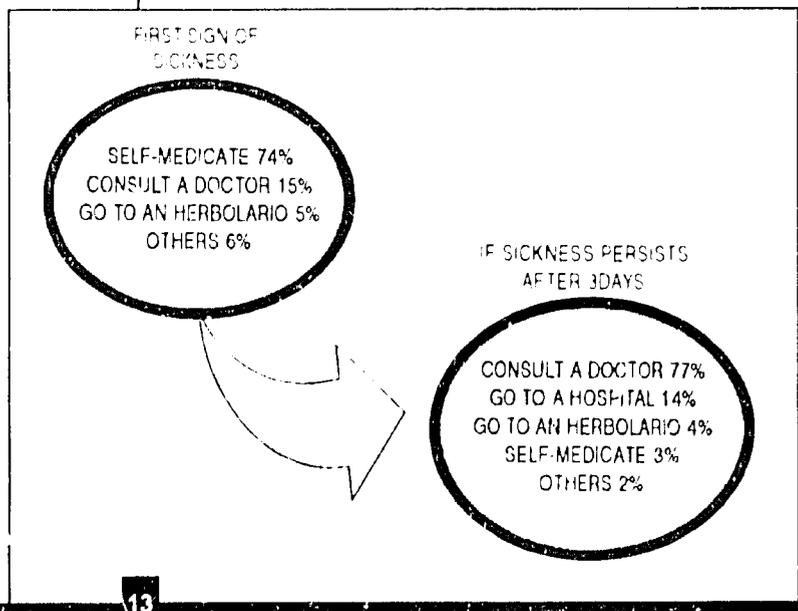
Only close to one-in-five (19%) seek professional advise immediately, most of whom consult a doctor (15%)

Other health-seeking behaviour at the onset of sickness are negligible and consist mostly of seeing quack doctors, informal midwives (*hilots*), *herbolarios*, or simply leaving the condition untreated

A.2 Next Thing Done when Conditions Persist/Worsen

If sickness persists or worsens after three (3) days, respondents switch course and consult doctors (77%), go to a hospital or clinic (14%) or seek the advise of other health providers (1%).

Figure 1
HEALTH-SEEKING BEHAVIOUR & PRACTICE IN TIMES OF SICKNESS



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Again, this behaviour runs true and is carried across all demographic, socio-economic and geographic groups.

A.3 Reasons for not Seeking Professional Advise

Most of the few (8%) who do not mention seeking professional advise are

Table 3.
HEALTH-SEEKING PRACTICES IN TIMES OF SICKNESS

BASE: TOTAL RESPONDENTS	NEXT THING DONE 3,000 (%)	1ST THING DONE 3,000 (%)
Self-Medicare	3	74
Consult a Doctor	77	15
Go to an Herbolario/ Quack Doctor	4	5
Go to a Hospital/Clinic	14	2
Nothing: Just Rest it Out	-	1
Seek Advise of BHW/ Midwife/Nurse/Pharmacist	1	2
Ask Mother/Other Family Members	-	-
Pray Over	-	1
Others	-	-

spontaneously found to have consulted doctors when asked directly and these times are when the patient's condition does not improve (4%) or turns for the worse (3%).

Only 1% do not consult doctors at all.

A.4 Reasons for not Consulting Doctors

The major reasons for not consulting doctors are primarily financial. The other reasons are that there is "no money to pay the doctor's fee"; the patient "gets well on self medication anyway"; and because they have a greater confidence on the capability of faith healers more than the medical doctors.

A.5 Incidence of Hospital/Clinic Confinement Among Family Members

Almost three out of four (73%) respondents and/or their family members have been confined in a hospital or clinic.

- Hospital/Clinic confinement has a higher incidence among older age rather than younger groups; among A,B, and Cs rather than D and Es, among active rather than inactive/non-members of Medicare; and in urban rather than rural areas and in Luzon rather than in Mindanao or Visayas.

A.6 Reasons for Non-Confinement in Hospitals/ Clinics

The reasons for non-confinement focused mostly on not having had any serious illness in the family. The next tables show the incidence of confinements in hospitals/clinics by family members.

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Table 4
INCIDENCE OF "EVER" CONFINEMENT
IN HOSPITALS/CLINICS
AMONG FAMILY MEMBERS
(By Vital Statistics)

	BASE No.	EVER CONFINED %	NEVER CONFINED %
TOTAL	3000	73	27
SEX			
Male	1500	74	26
Female	1500	71	29
AGE GROUP			
18-29	1046	70	30
30-39	868	72	28
40-49	598	75	25
50-64	488	76	24
SOCIO-ECO CLASS			
AB	152	80	20
C	636	76	24
DE	2212	71	29
MARITAL STATUS			
Single	668	75	25
Married	2248	72	28
Widowed/Separated	84	74	26
MEDICARE MEMBERSHIP			
Active	521	77	23
Inactive	545	70	30
Non-member	1934	72	28
TYPE OF MEMBERSHIP			
SSS	817	72	28
GSIS	227	78	22
Both	22	86	14
Non-member	1934	72	28
OCCUPATION			
Exec./Prof./Buss	572	76	24
White Collar	199	75	25
Blue Collar	606	72	28
Agricultural	429	69	31
Farm Owner	82	82	18
Not Gainfully Employed	1112	72	28

Table 5
INCIDENCE OF "EVER" CONFINEMENT
IN HOSPITALS/CLINICS
AMONG FAMILY MEMBERS
(By Working Class & Region)

	BASE No.	EVER CONFINED %	NEVER CONFINED %
CLASS OF WORKERS			
Wage/salary workers	676	74	26
Self-employed formal	326	74	26
Self-employed informal	851	72	28
Employer	35	77	23
Fulltime Student	177	77	23
Housewife/None	935	71	29
REGION			
Metro Manila (NCR)	447	72	28
PROVINCIAL LUZON	1271	76	24
NORTH LUZON	670	76	24
CAR	56	80	20
Region I - Ilocos	180	77	23
Region II - Cagayan	113	69	31
Region III - Central	321	76	24
SOUTH LUZON	601	77	23
Region IV - So. Tag	418	77	23
Region V - Bicol	183	77	23
VISAYAS	638	66	34
Region VI - W. Vis	266	67	33
Region VII - C. Vis.	228	62	38
Region VIII - E. Vis.	144	73	27
MINDANAO	644	72	28
Region IX - W. Min.	158	63	37
Region X - N. Min.	172	72	28
Region XI - So. Min.	164	85	15
Region XII - C. Min.	150	67	33
LOCALE			
Urban	1556	75	25
Rural	1444	70	30

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B. ACCESSIBILITY OF HEALTH CARE FACILITIES

B.1 Distance to the Nearest Hospital/ Clinic

The distance to the nearest hospital or clinic varied from as close as 10 meters to as far as 85 kilometers. The mean or average distance is 6.24 kilometers but the median is 4.16 kilometers. The mode is between 1 to 29 kilometers.

- The ABs and Cs tended to be closer to the hospitals and clinics than the DEs. The same is true of Medicare members (regardless of whether active or inactive) vis-a-vis non-members.
- The National Capital Region (NCR) residents are closest to hospitals and clinics, followed by Provincial Luzon residents and the Visayans; farthest are those from Mindanao.
- In Luzon, regions where people are close to health care facilities are

Table 6.
DISTANCE TO THE NEAREST HOSPITAL/CLINIC

	BASE NO	DISTANCE IN KMS.							Don't Know %	Average Distance (in Kms.)
		< 1 KM. %	1.0 - 2.9 %	3.0 - 4.9 %	5.0 - 6.9 %	7.0 - 8.9 %	9.0 - 10.9 %	11 KMS. & OVER %		
TOTAL	3000	19	22	13	11	10	6	18	1	6.24
SOCIO ECONOMIC CLASS										
AB	152	27	33	20	6	5	1	8		3.38
C	636	33	31	11	7	5	4	8	1	3.31
DE	2212	14	19	13	12	12	7	21	2	7.21
MEDICARE MEMBERSHIP										
ACTIVE	521	27	28	14	9	7	5	10	*	4.11
INACTIVE	545	23	29	13	10	10	4	11	*	4.57
NON-MEMBER	1934	16	19	13	11	11	7	21	2	7.31
REGION										
METRO MANILA (NCR)	447	42	39	12	4	1	1	*	1	1.47
PROVINCIAL LUZON	1271	18	21	17	13	12	6	12	1	5.25
NORTH LUZON										
CAR	56	7	13	7	14	7	7	34	11	9.65
Region I - Ilocos	180	12	23	28	19	13	1	3	1	4.09
Region II - Cagayan	113	3	16	13	12	14	13	27	2	8.99
Region III - Central	321	14	22	15	21	12	7	9	*	5.12
SOUTH LUZON										
Region IV - So Tagalog	418	30	18	14	8	13	7	9	1	4.52
Region V - Bicol	183	14	31	17	7	13	5	11	2	4.79
VISAYAS										
Region VI - Western	266	7	20	18	17	15	5	18		6.59
Region VII - Central	228	15	21	11	7	8	12	26	*	6.61
Region VIII - Eastern	144	17	15	2	3	3	7	49	4	11.94
MINDANAO										
Region IX - Western	158	9	15	4	*	2	4	62	4	19.47
Region X - Northern	172	22	14	1	10	9	9	35		7.51
Region XI - Southern	164	13	20	14	13	22	1	17		6.78
Region XII - Central	150	5	16	18	15	15	14	15	2	6.74
LOCALE										
URBAN	1556	31	32	12	8	4	4	8	1	3.69
RURAL	1444	5	12	15	14	16	8	28	2	9.02

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Ilocos (I), Southern Tagalog (IV), Bicol (V) and Central Luzon (III). The farthest live in CAR.

- In the Visayas, people in Western (VI) and Central (VII) Visayas are relatively closer to health care facilities than in Eastern Visayas (VIII).
- In Mindanao, residents of Central (XII), Southern (XI) and Northern (X) Mindanao are closer to the hospitals and clinics rather than those in Western Mindanao (IX) which is also the farthest from the health care facilities among all the regions.
- Between urban and rural areas, the difference in average distances to health care facilities is great - 3.69 kms. for the former and 9.02 kms. for the latter.

B.2 Accessibility of Hospital/Clinics by Public Transportation From Place of Residence (Figure 2, Table 7)

Almost all (98%) respondents confirmed the accessibility of the nearest hospital or clinic from their places of residence by public means of transportation

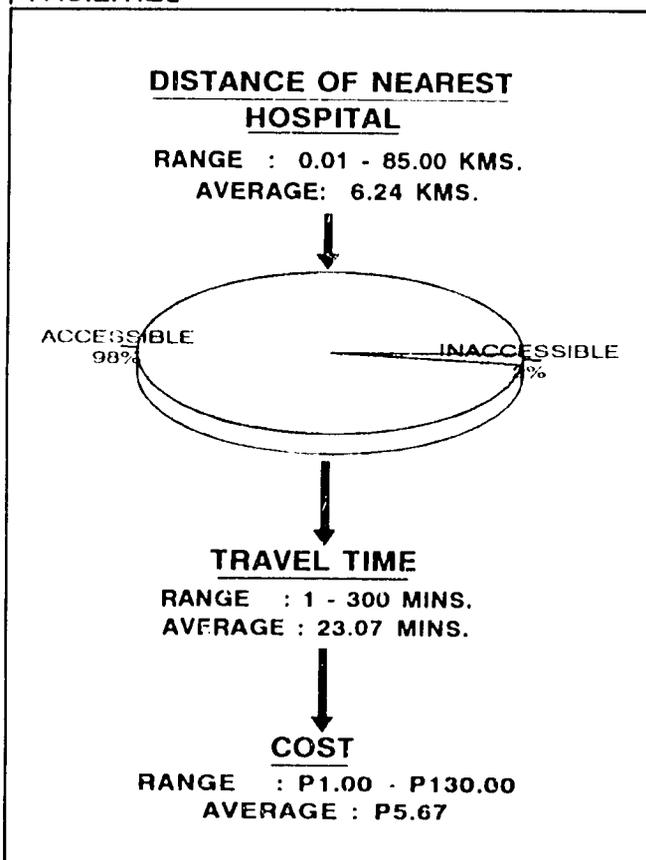
- This is true across all demographic, socio-economic and geographic groups, with the Cordillera Autonomous Region (CAR) as the only exception. In this region, only 2/3 believed that hospitals/clinics are accessible to public transportation.

B.3 Cost of Travel to Nearest Hospital/ Clinic

The cost of travel to the nearest hospital or clinic ranged from P1.00 to as much as P400.00. The average transportation expense is P5.67.

- Results showed that the lower classes (DE) paid almost twice more than the upper classes (AB and C) to go to the nearest hospital or clinic.
- Non-members of Medicare likewise pay more than the active and non-active members to get to the nearest hospital or clinic.

Figure 2.
ACCESSIBILITY TO HEALTH CARE FACILITIES



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Area-wise, the lowest average cost of going to the nearest health care facility is found in Metro-Manila. The cost is highest in Region IX (Western Mindanao), followed by Region VIII (Eastern Visayas) and CAR in Northern Luzon.

B.4 Verified Presence and Awareness of Presence of Health Providers in the Barangay (Figure 3, Table 8)

- The high majority of barangays were observed to have their own barangay health workers (87%), midwives (85%), herbolarios (79%) and health centers (75%).
- Nurses (62%) and public health doctors (55%) were likewise found in more than half of total barangays, but private doctors and drugstores were only present in 38% and 30% of the barangays, respectively.

Table 7.
AVERAGE DISTANCE, TIME AND TRAVEL COST TO NEAREST HOSPITAL/CLINIC

	BASE NO	Average Distance (In Kms.)	Average Travel Time (In Minutes)	Average Cost of Travel (In Pesos)
TOTAL	3000	6.24	23.07	5.67
SOCIO-ECONOMIC CLASS				
A1	152	3.38	12.11	1.00
C	636	3.61	13.60	1.94
D1	2212	7.21	26.55	6.31
MEDICARE MEMBERSHIP				
ACTIVE	523	4.33	15.29	4.86
INACTIVE	545	4.57	18.20	4.50
NON-MEMBER	1934	7.31	26.55	6.21
TYPE OF MEMBERSHIP				
SSS	817	4.19	16.42	4.55
GSIS	227	5.04	18.36	5.35
BOTH	22	2.93	11.82	4.41
NON-MEMBER	1934	7.31	26.55	6.21
REGION				
METRO MANILA (MCR)	442	1.47	9.99	2.38
PROVINCIAL LUZON	1221	5.21	22.83	4.89
NORTHERN LUZON	670	5.83	22.69	5.77
CAR	56	9.65	52.14	7.54
Region I - Ilocos	180	4.09	15.05	4.35
Region II - Cagayan	113	8.99	26.81	5.31
Region III - Central	735	5.32	29.32	5.48
SOUTHERN LUZON	601	4.69	22.29	4.77
Region IV - Sta. Ispahan	418	4.52	21.41	4.94
Region V - Ilocos	183	4.79	26.61	4.41
VISAYAS	628	7.27	27.22	5.55
Region VI - W. Vis	266	6.59	19.97	4.25
Region VII - C. Vis	228	6.61	22.19	5.74
Region VIII - E. Vis	144	11.94	35.56	8.97
MINDANAO	643	10.91	31.51	8.62
Region IX - W. Min	358	19.47	47.75	10.05
Region X - N. Min	172	7.51	30.38	5.75
Region XI - So. Min	364	6.78	22.52	5.34
Region XII - C. Min	350	6.74	25.63	5.83
LOCALITY				
URBAN	1556	1.60	14.22	4.19
RURAL	1444	9.02	32.65	7.36

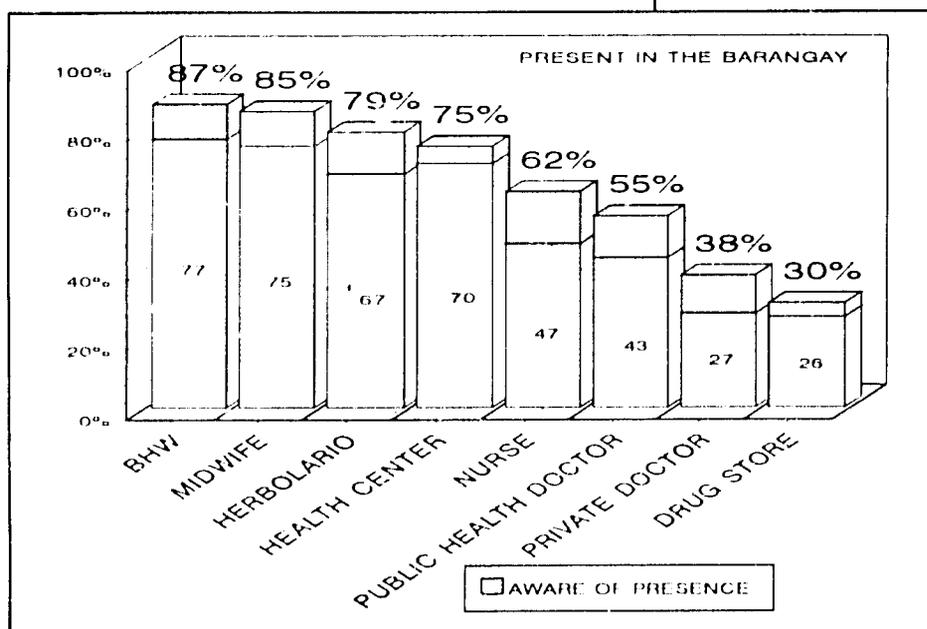


Figure 3.
INCIDENCE OF HEALTH PROVIDER PRESENCE IN THE BARANGAY

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- * The high visibility of health workers, midwives, health centers and herbolarios in the barangays resulted in a high level of awareness among the residents in the area.

Table 8
VERIFIED PRESENCE AND AWARENESS OF PRESENCE OF HEALTH PROVIDERS IN THE BARANGAYS

BASE	TOTAL RESPONDENTS	OBSERVATION	AWARENESS
		3000 %	3000 %
BARANGAY HEALTH WORKER		87	77
MIDWIFE		85	75
HERBOLARIO		79	67
HEALTH CENTER		75	70
NURSE		62	47
PUBLIC HEALTH DOCTOR		55	43
PRIVATE DOCTOR		38	27
DRUGSTORE		30	26

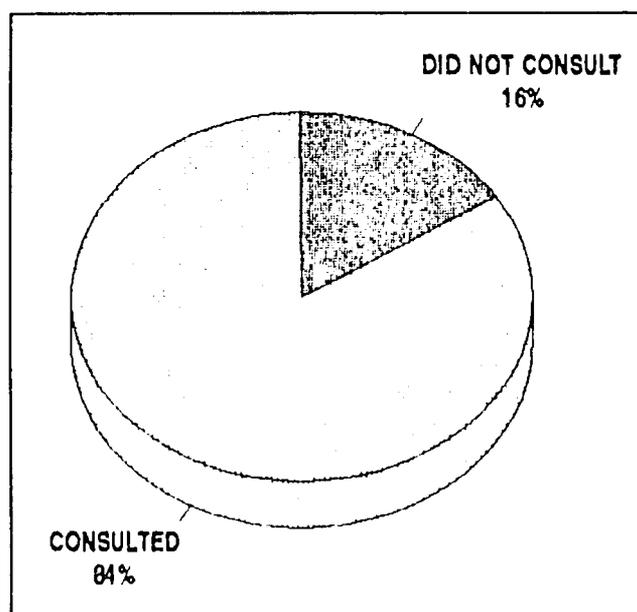
While the ABs and the Cs tended to go to the private doctors, the DEs tended to go to the public health doctors. DEs also tend to seek the advice of health centers, herbolarios, midwives and barangay health workers more than the ABs and Cs.

- Midwives, barangay health workers and nurses were less consulted on matters of health.

Regardless of whether they have consulted or sought the advice of any health provider within the past 12 months, however, most respondents (51%) claimed to usually seek the advice of a doctor on matters of health.

Next to doctors, family members run to the mothers or other family members (17%) or to "nurses and midwives" (16%) for advice.

Figure 4.
INCIDENCE OF CONSULTING HEALTH PROVIDERS IN THE PAST 12 MONTHS



B.5 Incidence of Consulting with or Seeking the Advice of Health Providers within the Past 12 Months (Figure 4)

More than four out of five (84%) claimed to have consulted or sought the advice of health providers within the past twelve months. Some 16% did not.

Doctors were the most sought after professionals when there was sickness in the family. This is true across all socio-economic classes.

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Figure 5.
INDIVIDUALS/PROFESSIONALS CONSULTED ON HEALTH MATTERS

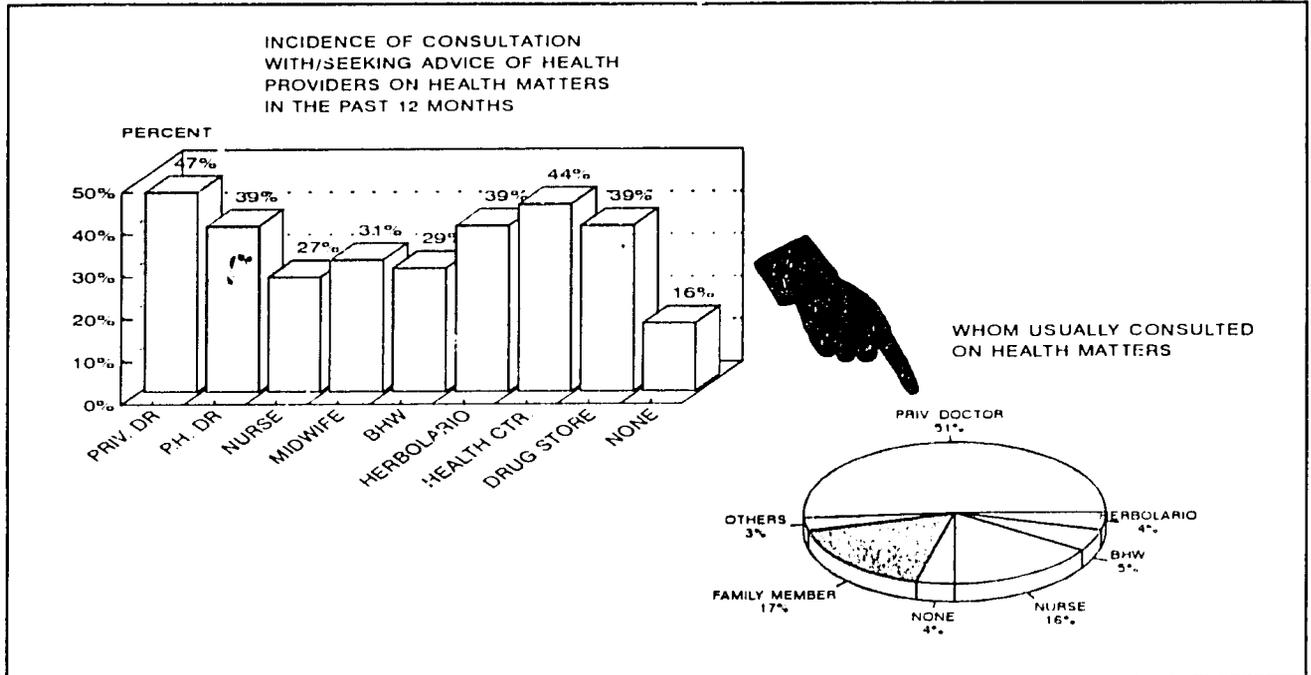


Table 9.
INCIDENCE OF CONSULTING WITH HEALTH PROVIDERS WITHIN THE PAST 12 MONTHS

BASE:	TOTAL RESPONDENTS	INCIDENCE OF CONSULTATION WITHIN THE PAST 12 MONTHS		WHOM USUALLY CONSULTED IN MATTERS OF HEALTH	
		3000	%	3000	%
PRIVATE DOCTOR		47		51	
PUBLIC HEALTH DOCTOR		39		-	
NURSE		27		16	
MIDWIFE		31		-	
BARANGAY HEALTH WORKER		29		5	
HERBOLARIO		39		4	
HEALTH CENTER		44		-	
DRUGSTORE / PHARMACIST		39		1	
FAMILY MEMBER / MOTHER		-		17	
FRIENDS / NEIGHBORS		-		2	
PROFESSIONALS (MED TECH, MED REP, NUTRITIONIST, SOCIAL WORKER, ETC.)		-		1	
ALL OTHERS		-		-	
NONE / DON'T KNOW		16		4	

C. HEALTH INSURANCE PACKAGE AWARENESS

C.1 AWARENESS OF THE TERM "HEALTH INSURANCE"

(Tables 10 and 11)

The term "Health Insurance" seems to be very little understood with only slightly less than one in five (18%) claiming to have heard of it. The high majority (82%) have not.

Awareness of the same term varied greatly according to socio economic classes, marital status, Medicare membership, occupation, class of worker, geographic regions and urban-rural areas. Awareness is higher among the following segments of the population under study:

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- the ABs than the Cs and the Cs rather than the DEs;
- the younger than the older age groups;
- the professionals and white collar workers vis-a-vis blue collar and agricultural workers and, the not gainfully employed;
- the employers, wage and salary workers and full time students against the self-employed, the housewives and the unemployed groups, and
- the active versus inactive Medicare members and non-members

Table 10.
AWARENESS OF THE TERM "HEALTH INSURANCE"
(By Socio-Economic Class)

	BASE NO	AWARE %	NOT AWARE %
TOTAL	3000	18	82
SOCIO-ECONOMIC CLASS			
A	152	57	43
B	636	31	69
C	2212	11	89
AGE GROUP			
18-29	1046	17	83
30-39	868	18	82
40-49	598	22	78
50-64	488	13	87
MARITAL STATUS			
SINGLE	668	22	78
MARRIED	2248	16	84
WIDOW/NEE	84	19	81
MAJOR OCCUPATIONAL GROUPS			
PROFESSION	572	28	72
WHITE COLLAR	199	26	74
BLUE COLLAR	606	18	82
AGRIC. WORKER	429	7	93
FARMER/OWNER	82	13	87
NOT GAINFULLY EMPLOYED	1112	15	85
MEDICARE MEMBERSHIP			
ACTIVE	521	36	64
INACTIVE	545	19	81
NON-MEMBER	1934	12	88
TYPE OF MEMBERSHIP			
SSS	817	27	73
GSSS	227	28	72
BOTH	22	45	55

By geographic regions and locales, those from NCR and Western Visayas (VI) have the highest awareness of the term "Health Insurance" while the lowest awareness are in CAR and in Western (IX), Central (XII) and Northern (X) Mindanao; and Cagayan Valley (II) regions.

Awareness is likewise higher in urban rather than in rural areas.

Table 11.
AWARENESS OF THE TERM "HEALTH INSURANCE"
(By Class of Workers and Regions)

	BASE NO	AWARE %	NOT AWARE %
CLASS OF WORKERS			
WAGE/SAL	676	28	72
SELF-EMPLOYED FORMAL	326	17	83
SELF-EMPLOYED INFORMAL	851	13	87
EMPLOYER	35	34	66
FULL TIME STUDENT	177	25	75
HOUSEKEEPER	935	13	87
REGION			
METRO MANILA/CRIB	447	34	66
CENTRAL LUZON	1271	14	86
NORTH LUZON	670	11	89
CAR	56	2	98
Region I - Ilocos	180	16	84
Region II - Cagayan	113	8	92
Region III - Central	321	10	90
SOUTH LUZON	601	18	82
Region IV - So. Tagalog	418	19	81
Region V - Bicol	183	17	83
VISAYAS	638	22	78
Region VI - Western	266	32	68
Region VII - Central	228	11	89
Region VIII - Eastern	144	19	81
MINDANAO	644	9	91
Region IX - Western	158	4	96
Region X - Northern	172	8	92
Region XI - Southern	164	15	85
Region XII - Central	150	7	93
LOC ALL			
URBAN	1556	23	77
RURAL	1444	12	88

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C.2 Awareness of Types of Health Insurance Packages

C.2.1 HMOs (Tables 12 and 13)

Awareness of Health Maintenance Organizations is extremely low with only 4% unaided awareness and 16% total aided and unaided awareness. The incidence of total unaided and aided awareness varies significantly by demographics:

- Awareness increases as the socio-economic status rises (AB>C>DE).

- Awareness among the older age group (50-64 years old) is lower than the younger age groups.

- Awareness is likewise higher among the single than the married and the widowed/separated groups.

- Occupation-wise, white collar employees and professionals; businessmen have higher awareness than the other occupational groups.

- By Medicare membership status, awareness is highest among active members and lowest among Medicare non-members.

Geographically, total unaided and aided awareness of HMO is found to be very low (0-15%) across all regions of the country except in Metro Manila (38%) and Western Visayas (25%). It is higher in the urban than the rural areas (23% vs 7%).

Table 12 AWARENESS OF THE TERM "HMO" (By socio-economic class)

	BASE NO	AWARE		
		TOTAL UNAIDED %	TOTAL AIDED & UNAIDED %	NOT AWARE %
TOTAL	3000	4	16	84
SOCIO ECONOMIC CLASS				
AB	152	19	55	45
C	636	6	28	72
DE	2212	2	9	91
AGE GROUP				
18-29	1046	2	18	82
30-39	868	4	15	85
40-49	598	6	20	80
50-64	488	2	8	92
MARITAL STATUS				
SINGLE	668	3	20	80
MARRIED	2248	4	15	85
WIDOW/SEP.	84	5	13	87
MAJOR OCCUPATIONAL GROUPS				
PROF/BUS.	572	8	25	75
WHITE COLLAR	199	10	29	71
BLUE COLLAR	606	3	17	83
AGRIC WORKER	429	-	3	97
FARMER OWNER	82	-	6	94
NOT GAINFULLY EMPLOYED	1112	2	14	86
MEDICARE MEMBERSHIP				
ACTIVE	521	12	35	65
INACTIVE	545	6	18	82
NON-MEMBER	1934	1	10	90

Table 13. AWARENESS OF THE TERM "HMO" ((By geographic distribution)

	BASE NO	AWARE		
		TOTAL UNAIDED %	TOTAL AIDED & UNAIDED %	NOT AWARE %
REGION				
<u>METRO MANILA (NCR)</u>	<u>447</u>	<u>11</u>	<u>38</u>	<u>62</u>
<u>PROVINCIAL LUZON</u>	<u>1271</u>	<u>2</u>	<u>12</u>	<u>88</u>
NORTH LUZON	670	1	8	92
CAR	56	-	-	100
Region I - Ilocos	180	1	10	90
Region II - Cagayan	113	1	12	88
Region III - Central	321	1	7	93
SOUTH LUZON	601	3	15	85
Region IV - So. Tagalog	418	4	15	85
Region V - Bicol	183	2	15	85
<u>VISAYAS</u>	<u>638</u>	<u>2</u>	<u>16</u>	<u>84</u>
Region VI - Western	266	1	25	75
Region VII - Central	228	4	10	90
Region VIII - Eastern	144	1	8	92
MINDANAO	644	1	2	21
Region IX - Western	158	9	9	91
Region X - Northern	172	2	8	92
Region XI - Southern	164	4	9	91
Region XII - Central	150	1	8	92
LOCALE				
URBAN	1556	6	23	77
RURAL	1444	1	7	93

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C.2.2 Awareness of Specific HMOs (Table 14)

Only 16% claimed to be aware of specific HMOs, with Philamcare Health Systems Inc. obtaining the highest mention (9%). Other HMOs mentioned were: 5% each, for Medicaid Phils. Inc. and PAMANA (Golden Care) Phils. Inc.; 4% each for Fortune Medicare, Inc., Health Care Medical Systems, Inc. and Health Kard International, Inc.; 3% each for Health Plans Phils., Inc. and Health Maintenance, Inc.; and 2% for Blue Cross HealthCare. Only 1% are aware of other HMOs, and another 1% can't recall specific HMOs.

Awareness of HMOs, by region and urban-rural areas is dominated by PhilamCare except in Cagayan Valley where Medicaid Phils. Inc. and Health Maintenance, Inc. rated higher than the former.

C.2.3 Awareness of the term "Indemnity Health Insurance" (IHI) (Tables 15-16)

Unaided awareness of Indemnity Health Insurance is, likewise, very low - only 6% among the adult population are aware of the term. Awareness went up to 19% when aided.

By demographic data, total unaided and aided awareness of IHI is found to vary significantly only with two (2) groups, namely

- Socio-economic class - awareness is higher among the upper socio-economic classes
- Medicare Membership Status - awareness is highest among active members and lowest among non-members of Medicare

Table 14.
AWARENESS OF SPECIFIC HMOs

BASE TOTAL RESPONDENTS	TOTAL		LUZON								VISAYAS				MINDANAO					LOCAL		
	TOTAL 10000 %	SUR 447 %	TOTAL PROV 1371 %	NORTH LUZON 679 %	CAR 56 %	I 180 %	II 113 %	III 321 %	SOUTH LUZON 601 %	IV 418 %	V 183 %	TOTAL VISA 638 %	VI 266 %	VII 228 %	VIII 144 %	TOTAL MIN 644 %	IX 158 %	X 122 %	XI 164 %	XII 150 %	URBAN 1556 %	RURAL 1444 %
Philamcare Health Systems, Inc.	9	24	7	4	7	3	4	9	10	8	10	19	3	3	3	3	1	2	5	3	14	4
Medicaid Phils., Inc.	5	16	5	3	3	6	2	6	6	7	2	4	1	1	2		3	3	9	9	2	
PAMANA (Golden Care) Phils., Inc.	5	14	4	2	5	2	1	5	6	3	5	9	2	2	2		3	4	1	8	2	
Fortune Medicare, Inc.	4	13	3	2	3	2	2	3	4	2	4	6	2	3	2		2	5		7	2	
Health Care Medical Systems, Inc.	4	9	3	2	2	3	2	3	4	3	4	7	2	3	2		1	4	3	6	2	
Health Kard Intl, Inc.	4	13	3	1	2	3	1	4	5	2	2	2	2	2	1			2	1	6	1	
Health Plan Phils., Inc.	3	9	2	2	3	5		2	2	3	3	3	3	2	1			4	1	5	1	
Health Maintenance, Inc.	3	9	3	2	2	6	1	3	3	3	1	2	1		*			2		5	1	
Blue Cross HealthCare	2	4	1	1		3	1	1	1	2	2	3	1	1	1		1	3		3	1	
Others																						
Don't Know/Can't Recall	1	*	*	*		1		*	*		1	2			2	9				1	1	
Not Aware of Health Maintenance Organizations	84	62	88	92	100	90	88	93	85	85	85	84	75	90	92	91	91	92	91	92	77	93

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By region, awareness is significantly higher in Western Visayas (4%), Bicol (39%) and Metro Manila (38%) than in other regions. It is found to be rather low in Eastern (4%) and Central Visayas (6%), Northern Mindanao (5%), Central Luzon (7%) and the Cordillera Autonomous Region (7%). Awareness is higher among the urban (26%) than the rural population (12%).

Table 15.
AWARENESS OF THE TERM "INDEMNITY HEALTH INSURANCE"

	BASE NO	AWARE		NOT AWARE %
		TOTAL UNAIDED %	TOTAL AIDED %	
TOTAL	3000	6	19	81
SOCIO ECONOMIC CLASS				
AB	152	2.2	5.0	50
C	836	1.0	3.1	69
DE	2212	3	1.4	86
MEDICARE MEMBERSHIP				
ACTIVE	521	1.4	3.4	66
INACTIVE	545	6	2.5	75
NON-MEMBER	1934	3	1.4	86
REGION				
METRO MANILA (NCR)	447	1.1	3.8	62
PROVINCIAL LUZON	1271	5	1.6	84
NORTH LUZON	870	4	1.1	89
CAR	56	2	7	93
Region I - Ilocos	180	6	1.4	86
Region II - Cagayan	113	4	1.6	84
Region III - Central	321	3	7	93
SOUTH LUZON	601	7	2.2	78
Region IV - So Tagalog	418	7	1.4	86
Region V - Bicol	183	7	3.9	61
VISAYAS	638	3	2.0	80
Region VI - Western	268	4	4.1	59
Region VII - Central	228	4	6	94
Region VIII - Eastern	144	-	4	96
MINDANAO	644	4	1.2	88
Region IX - Western	158	9	1.1	89
Region X - Northern	172	2	5	95
Region XI - Southern	184	3	1.5	85
Region XII - Central	150	1	1.7	83
LOCALE				
URBAN	1558	8	2.6	74
RURAL	1444	3	1.2	88

C.2.4 Awareness of Specific Indemnity Health Insurance Companies

Respondents who claimed awareness of Indemnity Health Insurance were not all that knowledgeable about it.

Only 11% were able to correctly identify the companies that offer it; and 17% of the 19% mentioned companies do not offer indemnity health insurance.

- This shows that the term Indemnity Health Insurance is not at all well understood by the people in general.

Only two (2) of the companies that offer Indemnity Health Insurance were mentioned. these are:

- Insular Life 10%
- CIGNA 2%

The other companies mentioned are mostly HMOs, and these are:

- Philam 12%
- Ayala Life 9%
- Filipinas 8%
- Philtrust 6%
- CAP HEALTH 5%

Table 16.
AWARENESS OF IHI COMPANIES

BASE:	TOTAL RESPONDENTS	UNAIDED RECALL		TOTAL UNAIDED & AIDED RECALL
		TOP-OF-MIND 3000 %	TOTAL 3000 %	
RIGHT RECALL				
INSULAR LIFE		1	1	10
CIGNA (AIA)		*	*	2
WRONG RECALL				
PHILAM (PHILAMCARE)		2	2	12
CAP HEALTH (INTERCARE)		1	1	5
AYALA LIFE		*	*	9
FILIPINAS		*	*	8
PHILTRUST		*	*	6
OTHERS		*	*	1
CAN'T RECALL		2	2	2
NOT AWARE		24	24	81

* - Less than 0.5%.

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C.3 PERCEPTIONS ABOUT HEALTH INSURANCE, HEALTH MAINTENANCE ORGANIZATIONS, AND INDEMNITY HEALTH INSURANCE (Table 17)

The perception about Health Insurance, Health Maintenance Organizations, and Indemnity Health Insurance focused on their primary function of covering hospitalization expenses either in part or in full. This perception is mentioned by:

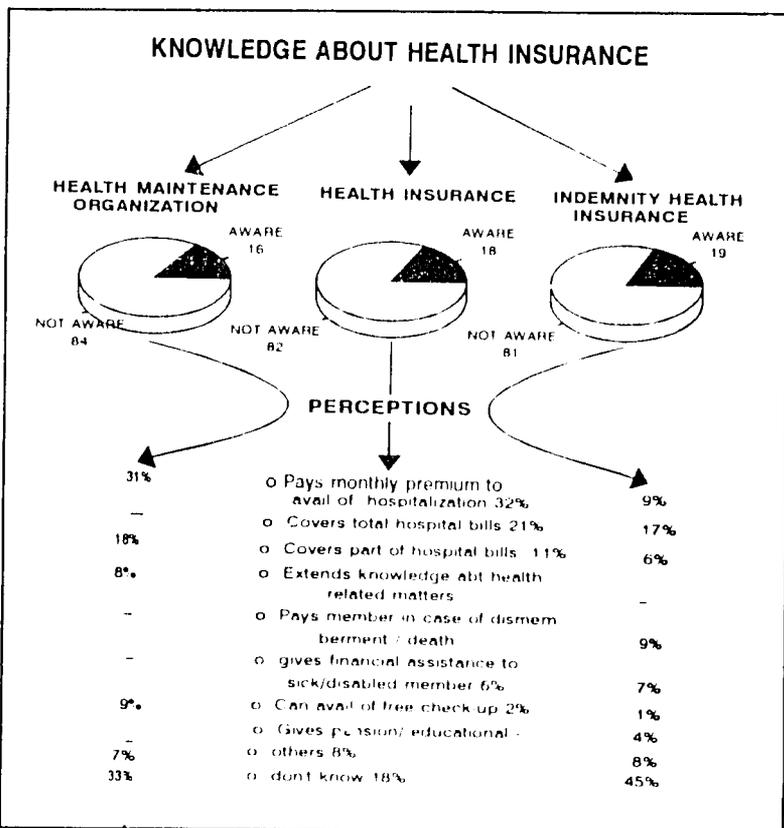
- about 2-in-3 (64%) of those who are aware of Health Insurance
- about 1-in-2 (49%) of those who are aware of Health Maintenance Organizations, and
- about 1-in-3 (32%) of those who are aware of Indemnity Health Insurance.

Health Insurance is further perceived to extend knowledge about health-related matters (9%), to give financial assistance to dependents of the insured individual (6%), and to facilitate confinement even without downpayment (3%), among other perceptions. However, it is wrongly perceived by a few (1%) to grant loans to members.

Health Maintenance Organization is, likewise, perceived to extend knowledge about health-related matters (8%), in addition to the perception that it is extending free medical check-up (8%), and give free medicines (2%), a wrong perception.

Indemnity Health Insurance, on the other hand, is also perceived to render payment to members or beneficiaries in case of dismemberment or death (10%); extend financial assistance to dependents (6%); refund hospital bills (3%); provide educational pension plans (2%); and to be another form of life insurance (2%).

Figure 5. KNOWLEDGE ABOUT HEALTH INSURANCE



C.4 PERCEPTION OF WHICH INSURANCE PACKAGE IS BETTER AMONG THOSE AWARE OF BOTH HMOs AND IHIs (Table 18, Figures 5-6)

Of those who are aware of both healthmaintenance organization and indemnity health insurance, more than 1-in-4 (27%) claimed that the former is better

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than the latter, while only 13% claimed otherwise.

Table 17.
PERCEPTIONS ABOUT HI, HMO, & IHI
AMONG THOSE AWARE OF THESE TYPES
OF HEALTH INSURANCES

BASE: Respondents aware of HI/HMO/HI	Health Insurance 528	Health Maintenance Organization 449	Health Indemnity Insurance 532
Pay monthly premium to avail of free hospitalization	32	31	9
Covers total hospital bills	21	-	17
Covers part of hospital bills	11	18	16
Extends knowledge about health related matters	9	8	-
Extends financial assistance to dependents	6	-	6
Can be confined even without downpayment	3	-	1
Can avail of free medical check up	2	8	1
Refunds hospital bills	1	1	3
Provides educational program on	-	-	2
Pays member beneficiaries in case of dismemberment/death	-	1	10
Gives free medicine	1	2	-
Insurance pays expenses on catastrophic ailments	1	-	-
It's also a life insurance	-	-	2
Works like Medicare, a lifetime health insurance	1	-	-
Grants loans to members	1	-	-
Can avail of hospitalization from accredited hospitals	-	1	-
Others	1	1	1
Hospitalization subsidized by other members	-	-	-
Must pay back if not hospitalized	-	-	-
Accumulates company shares	-	-	-
Has deadline for refund	-	-	-
Premiums can't be refunded	-	-	-
Provides pension after a certain period	-	-	-
TOTAL	18	33	45

Note: Totals may exceed 100% due to multiple responses

The perception that both health insurance packages are good is shared by another 27% while only 1% perceive both not to be good. The rest (32%) are non-committal.

The reason of those who perceive one to be better than the other is shared by those who perceive that both are good. The

reason is that hospital bills are paid in full (either through direct payment to the hospital or through refund of claims).

Other major reasons for the distinction pertain to the uniqueness or difference in the features of the insurance packages. These are:

- For those who prefer HMOs:

Can avail of Medical check-ups anytime (5%); simple presentation of card enables admission to accredited hospital (45%); educates members regarding health (2%); and enables confinement even without downpayment (2%).

- For those who prefer IHI:

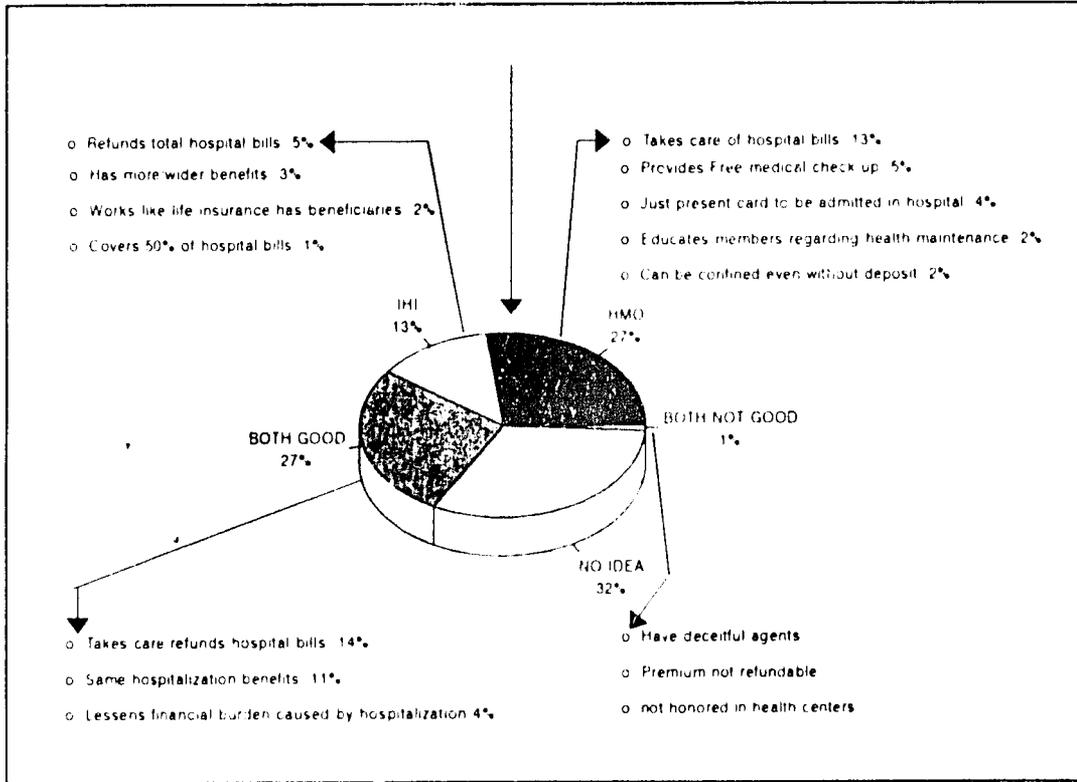
Can be confined in any hospital (3%); just like life insurance, it has beneficiaries (2%); aside from the perception that it has more benefits than HMOs (3%)

Those who believe that both health insurance packages are good claimed that both packages offer the same hospitalization benefits (11%) and, lessen the financial burden when one is hospitalized (4%).

Those who claimed that both packages are not good countered that the companies offering these packages have deceitful agents who are not true to their commitments, that premiums can't be refunded once not used, and are not honored in public health centers.

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**Figure 6
BETTER
OF THE
TWO
PACKAGES**



**Table 18.
PERCEPTION
ON WHICH
INSURANCE
PACKAGE IS
BETTER**

BASE 281 Respondents who are aware of both HMO & IHI	Health Maintenance Organization (HMO)	Indemnity Health Insurance	Both Are Good (IHI)	Both Are Not Good	Don't Know
	%	%	%	%	%
Provides for the Perception	27	13	27	1	32
Takes care of hospital bills	13	5	14	-	-
Provides Free medical check up	5	-	-	-	-
Just present card to be admitted in hospital	4	-	-	-	-
Educates members regarding health maintenance	2	-	-	-	-
Can be confined even without deposit	2	-	-	-	-
Refunds total hospital bills	2	-	-	-	-
Has more wider benefits	1	3	-	-	-
Works like life insurance has beneficiaries	1	1	-	-	-
Covers 50% of hospital bills	1	-	-	-	-
Takes care refunds hospital bills	1	-	-	-	-
Same hospitalization benefits	1	-	11	-	-
Lessens financial burden caused by hospitalization	-	-	4	-	-
Have deceitful agents	-	-	-	-	-
Premium not refundable	-	-	-	-	-
not honored in health centers	-	-	-	-	-
Others	1	1	1	-	-
Don't know and specify	0	-	1	-	-

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C.5 FELT NEED FOR HEALTH INSURANCE

(Table 19)

Table 19.

FELT NEED FOR HEALTH INSURANCE

C.5.1 Perception of the Need for Health Insurance

The concept of health insurance defined by Lewis as "a means of prepaying for health care and spreading the risk of substantial medical care costs across a pool of potential patients" was presented to the respondents who were asked whether they felt any need for health insurance. It turned out that most respondents (85%) feel the need for health insurance. Only 14% claimed there was no need and 1% gave no opinion. This attitude is felt across all demographic groups and regions but is seen to be significantly prevalent among:

- Younger rather than the married populations, unmarried rather than the married;
- The white and blue-collar workers and those not gainfully employed rather than the agricultural workers and farm owners;
- The population of Metro Manila and regions in Luzon and Visayas rather than those in Mindanao except Southern Mindanao.

C.5.2 Factors Hindering Population From Subscribing to Health Insurance (Table 20)

The primary reason for non-subscription, despite the felt need for health insurance, is economic difficulty. Eighty-four percent (84%) of the respondents claim this to be true.

BASE: TOTAL RESPONDENTS		Felt There is a Need %	Felt There is No Need %	Don't Know %
TOTAL	3500	85	14	1
AGE GROUP				
18-29	1046	89	10	1
30-39	868	85	14	1
40-49	508	84	15	1
50-64	488	78	21	1
MARITAL STATUS				
SINGLE	648	89	10	1
MARRIED	2248	84	15	1
WIDOWED	84	79	19	2
MAJOR OCCUPATIONAL GROUPS				
PROF. BUS.	572	82	17	1
WHITE COLLAR	199	90	10	1
BLUE COLLAR	606	86	14	1
AGRI. WORKER	429	81	17	1
FARMER/OWNER	87	80	18	1
NOT GAINFULLY EMPLOYED	1112	87	12	2
REGION				
METRO MANILA (GR. R)	442	87	13	-
LUZON	1221	89	11	-
NORTH LUZON	679	91	8	-
CAR	56	89	11	-
Region I - Ilocos	189	91	9	-
Region II - Cagayan	113	90	7	3
Region III - Central	371	92	8	-
SOUTH LUZON	601	86	14	-
Region IV - No. Tagalog	418	86	14	-
Region V - Mind.	183	85	15	-
VISAYAS	638	89	11	-
Region VI - Western	266	91	9	-
Region VII - Central	228	87	13	-
Region VIII - Eastern	144	86	14	-
MINDANAO	641	73	23	4
Region IX - Western	158	68	24	8
Region X - Northern	172	60	39	1
Region XI - Southern	164	86	12	2
Region XII - Central	159	79	15	6

- Only 14% blamed lack of knowledge about health insurance;
- 3% were distrustful of insurance companies and
- 1% did not favor the load of documentation requirements and the length of time for a refund to take place as among the disincentives.

The economic reasons given were:

- Lack of money for health insurance (77%);
- No permanent job (14%)

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- High cost of insurance (7%)
- A mere added expense for the family (2)

The reasons given for non-subscription were more or less the same across demographic sections, geographic regions and urban-rural areas.

Table 20.
FACTORS HINDERING POPULATION FROM SUBSCRIBING TO HEALTH INSURANCE

BASE : Respondents who thinks there is a need for health insurance	TOTAL
	2553
	%
ECONOMIC	84
Lack of money for Health Insurance	77
Does not have permanent employment	14
Health Insurance are very costly	7
Just additional expense for family	2
KNOWLEDGE ABOUT HEALTH INSURANCE	14
Lack of Knowledge about health insurance	12
Lack of Insurance Agents/promotions	3
Does not know about insurance benefits	1
RELIABILITY OF INSURANCE CO	3
Might be deceived by false agents	3
Some insurance co.'s are unstable	.
Unreliable not true to its commitments	.
Needs cash before one can claim benefits	.
PROLIFERATION OF DOCUMENTS	1
Too many documents in claiming benefits	.
Takes too much time to refund	.
NEGATIVE ASPECTS OF HEALTH INSURANCE	.
Can't fund when you stop paying premiums	.
People with dreaded illness are excluded	.
NEGATIVE CONCEPT	.
Thought of getting sick when insured	.
With or without insurance, death is inevitable	.
OTHERS	.
DO NOT KNOW	2

C.5.3 Reasons for Feeling No Need for Health Insurance (Table 21)

The main reason for feeling that there is no need for health insurance was

economic. Forty percent (40%) gave the following reasons:

- They had no funds to spare for health insurance (37%)
- They had no permanent job (7%)
- Health insurance is costly (6%)
- It is a mere added expense for the family (2%)

To a lesser degree, respondents feel they can easily go to a doctor directly (14%), sickness can be prevented (9%), personal savings is better (9%), and their SSS/GSIS/Medicare membership is already enough (8%).

Adverse public perception of health insurance gives rise to negative feelings among those aware of it, as shown by the reasons given such as: lack of trust in companies and sales agents (6%); the volume of documents required and long reimbursement processes (5%) and inability to refund premium (4%).

Lack of knowledge about health insurance is another factor among 5% of those who do not feel the need for any form of health insurance.

Economic difficulty is frequently cited as a reason by the poor (DE) than the rich (AB) segments of the population, and equally among the Medicare non-members rather than their active and inactive counterparts.

Regionally, the attribution is significantly higher in Mindanao than in the other major geographic subdivisions of the country. Consequently, it is more frequently cited in the rural than in the urban areas.

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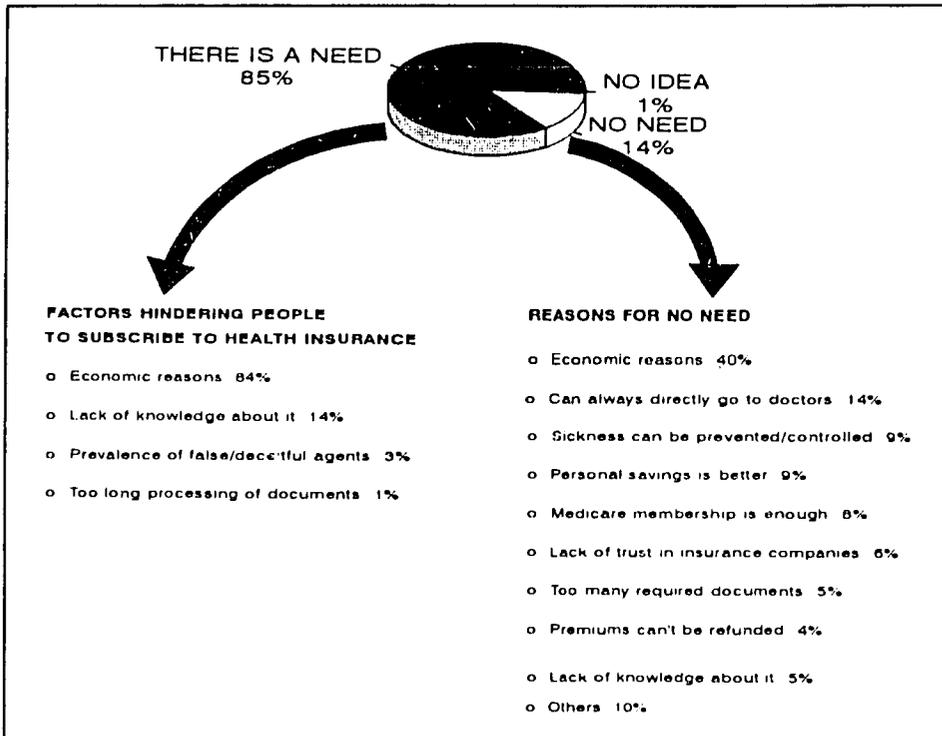


Figure 7.
FELT NEED FOR HEALTH INSURANCE

Table 21.
REASONS FOR FEELING NO NEED FOR HEALTH INSURANCE

BASE	SOCIO-TECHNOMIC DATA														REGION										TOTAL	
	TOTAL 416	AD 24	C 18	DE 314	METRO MANILA 54	TOTAL LUZON 111	LUZON 58	CAR 6	NORTH 17	II 8	III 25	LUZON IV 58	SOUTH 1	V 27	VIS 73	TOTAL 25	VII 30	VIII 20	MIND. 146	IX 28	TOTAL 67	XI 19	XII 22	URBAN 279	RURAL 207	
FINANCIAL REASONS	40	8	18	47	34	27	21	29	38	19	31	29	33	22	13	20	35	63	74	61	42	68	33	46		
No money to spare for Health Insurance	31	4	9	38	20	21	13	18	13	12	27	24	33	19	13	13	35	49	58	46	26	64	26	35		
No permanent job	7	4	3	9	7	9	7	18	13	4	6	9	5	4	3	10	8	3	9	16	5	6	9			
Health Insurance is costly	6	-	8	7	14	1	2	-	13	-	1	2	-	1	-	5	11	13	12	16	-	7	6			
Just an additional expense for family	3	-	3	3	-	3	4	-	13	4	2	3	-	3	-	7	-	3	3	4	-	5	1	4		
CAN ALWAYS GO DIRECTLY TO A DOCTOR	14	29	15	12	18	16	18	17	12	25	16	15	16	15	14	4	10	20	10	8	13	5	9	15	13	
SICKNESS CAN BE PREVENTED/CONTROLLED	9	8	13	9	11	13	18	33	8	25	20	11	18	-	11	22	10	-	4	5	8	-	-	13	6	
PERSONAL SAVINGS IS BETTER	9	21	18	8	7	16	13	-	24	-	12	19	22	11	8	-	17	5	3	3	-	11	5	11	7	
SSS/SGS/MEDICARE MEMBERSHIP IS ENOUGH	8	4	14	7	13	7	6	-	8	-	8	7	10	-	8	22	3	-	8	3	14	5	-	10	8	
LACK OF TRUST ON INSURANCE COMPANIES	6	8	9	6	9	10	14	17	12	-	20	7	7	7	4	-	3	10	3	8	-	11	-	7	0	
TOO MANY REQUIRED DOCUMENTS	5	13	6	4	4	4	-	-	-	-	-	7	5	11	8	9	7	10	5	-	-	16	18	5	5	
PREMIUMS CAN'T BE REFUNDED	4	4	4	4	11	4	2	-	-	-	4	5	-	15	5	9	-	10	-	-	-	-	-	5	2	
LACK OF KNOWLEDGE ABOUT HEALTH INSURANCE	5	4	1	6	-	9	9	33	18	-	-	4	-	11	15	9	30	-	2	3	1	-	5	2	9	
OTHERS	10	16	17	9	18	14	16	17	12	25	20	10	11	11	12	13	13	10	5	6	1	10	-	11	8	
DONT KNOW	2	4	1	2	-	1	2	-	-	13	-	-	-	-	3	-	10	4	3	0	-	5	1	3		

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C.6 MEMBERSHIP IN HEALTH INSURANCE

C.6.1 Incidence of Health Insurance Membership (Table 22)

Only a small segment (4%) of the country's adult population (18-64 years old) are members of health insurance aside from Medicare. The bulk (96%) are non-members and may be relying only on their Medicare membership or their savings, if ever.

Membership in health insurance is basically concentrated among the rich active Medicare members, wage and salaried workers and employers.

Table 22.
INCIDENCE OF HEALTH INSURANCE MEMBERSHIP

	CASE NO.	MEMBER %	NON-MEMBER %
Total	1000	4	96
SOCIO-ECONOMIC CLASS			
A1	172	22	78
C	636	8	92
D1	222	1	99
MEDICAL MEMBERSHIP			
ACTIVE	521	14	86
INACTIVE	545	4	96
NON-MEMBER	1934	1	99
CLASS OF WORKERS			
WAGE/SALARIED WORKERS	676	10	90
SELF-EMPLOYED/FORMAL	326	4	96
SELF-EMPLOYED/IRREGULAR	851	2	98
EMPLOYER	75	17	83
PHILIPINENO	177	1	97
FOREIGNER	684	1	99
PHILIPINENO	251		100
Region			
IBR	442	10	90
REGIONAL OFFICE			
Manila/Quezon	1221	1	97
Central Luzon	179	3	97
Other	56	2	98
Corporate Offices	100	1	97
Corporate - Accounts	113	4	96
Corporate - Insurance	121	1	97
NON-HEALTHY	691	3	97
Corporate - SOCIAL WORK	418	2	98
Corporate - Health	181	6	94
MANILA	630	1	97
Region 1 - WESTERN	206	5	95
Region 2 - CENTRAL	220	1	97
Region 3 - EASTERN	144	1	99
MINDANAO	141	1	97
Region 4 - WESTERN	130	1	99
Region 5 - SOUTHERN	172	2	98
Region 6 - SOUTHERN	104	2	98
Region 8 - CENTRAL	130	1	99

This high incidence is prevalent only within Metro Manila which represents only 10%. It is only 6% or less in the other regions of the country.

C.6.2 Specific Health Insurance Coverage

Philam Life Insurance Company has the most number of health insurance enrollees, followed by Insular Life and Fortune Medicare, Inc. The membership in health insurance programs are as follows:

Base: Subscribers to Health Insurance Programs (116)%

Philam/Philamcare Health Systems Inc.	22
Insular Life	11
Fortune Medicare, Inc.	8
Health Maintenance, Inc.	6
Medikard Phils, Inc.	5
CAP Health	5
LifeCare	5
CIGNA	4
Ayala Life	3
Maxi Care	3
Blue Cross Health Care	2
Health Medical Sys. Inc.	2
Health Plan Phils., Inc.	2
PAMANA Golden Care Phils. Inc.	2
Filipinas Life	2
Loyola Life Plan (with educational & health insurance)	2
Philippine Educational Trust	2
Grepa Life	2
Others	22

C.6.3 Type of Health Insurance Membership (Table 23)

Slightly more than half (54%) of the members of health insurance programs are individual enrollees, while the rest (46%) are corporate enrollees.

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Corporate enrollment is higher among the males than the females, among active Medicare members than the inactive and non-members (combined) and wage and salary workers than the other class of workers. The reverse is true for individual enrollees.

The individual enrollees mostly pay the health insurance program personally (82%). Only around a fifth (18%) pay through their offices. (Table 24)

Table 23.
TYPE OF INSURANCE MEMBERSHIP
(Among members of health insurance)

	BASE	CORPORATE	INDIVIDUAL
	NO	%	%
Total	114	46	54
SEX			
MALE	64	55	45
FEMALE	50	34	66
MEDICARE MEMBERSHIP			
ACTIVE	71	56	44
INACTIVE	20	30	70
NON MEMBER	23	26	74
CLASS OF WORKERS			
WAGE/SALARY WORKERS	63	59	41
SELF-EMPLOYED FORMAL	13	23	77
SELF-EMPLOYED INFORMAL	17	29	71
EMPLOYER	6	-	100
FULL STUDENT	6	33	67
HOUSEKEEPER	9	56	44

C.6.4 Incidence of HMO/IHI Coverage of Other Family Members (Table 25)

When asked whether there are other household members covered by HMO/IHI only, 5% answered affirmatively. The ABs are covered to a much higher extent than the DEs.

Of the 5%, an average of 1.88 members per household are enrolled. This

Table 24.
MANNER OF PAYING HEALTH INSURANCE
(Among individual members of health insurance)

	BASE	THROUGH OFFICE	PERSONALLY
	NO	%	%
Total	62	18	82
SEX			
MALE	29	28	72
FEMALE	33	9	91
MEDICARE MEMBERSHIP			
ACTIVE	31	29	71
INACTIVE	14	14	86
NON-MEMBER	17	-	100
CLASS OF WORKERS			
WAGE/SALARY WORKERS	26	35	65
SELF-EMPLOYED FORMAL	10	-	100
SELF-EMPLOYED INFORMAL	12	8	92
EMPLOYER	6	17	83
FULL STUDENT	4	-	100
HOUSEKEEPER	4	-	100

would mean that about 2.4% of total population are covered by health insurance. Estimates were based on the following survey results and National Statistics Office (NSO) figures.

Respondents covered by health insurance	116
Other family members of sample households covered by health insurance (1.88 enrollees/enrollee households x 144 enrollee households)	270
No. of individuals in the total sample households covered by health insurance	386
Total sample households	3,000
Ave number of individuals per household (based on 1990 NSO Census)	5.32
Est % of total population covered	2.4%

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Table 25.
INCIDENCE OF HEALTH INSURANCE COVERAGE AMONG OTHER
MEMBERS OF THE HOUSEHOLD

	Total 1000 %	SOCIO ECONOMIC CLASS		
		AB 152 %	C 616 %	DE 2212 %
HOUSEHOLDS WITH MEMBERS OF HEALTH INSURANCE PACKAGE	5	24	11	2
AVERAGE NO OF OTHER HOUSEHOLD MEMBERS WITH HEALTH INSURANCE PACKAGE	1.88	2.81	1.59	1.53
HOUSEHOLDS WITHOUT MEMBERS OF HEALTH INSURANCE PACKAGE	95	76	89	98

Figure 8.
SUBSCRIPTION TO HEALTH INSURANCE
PACKAGES

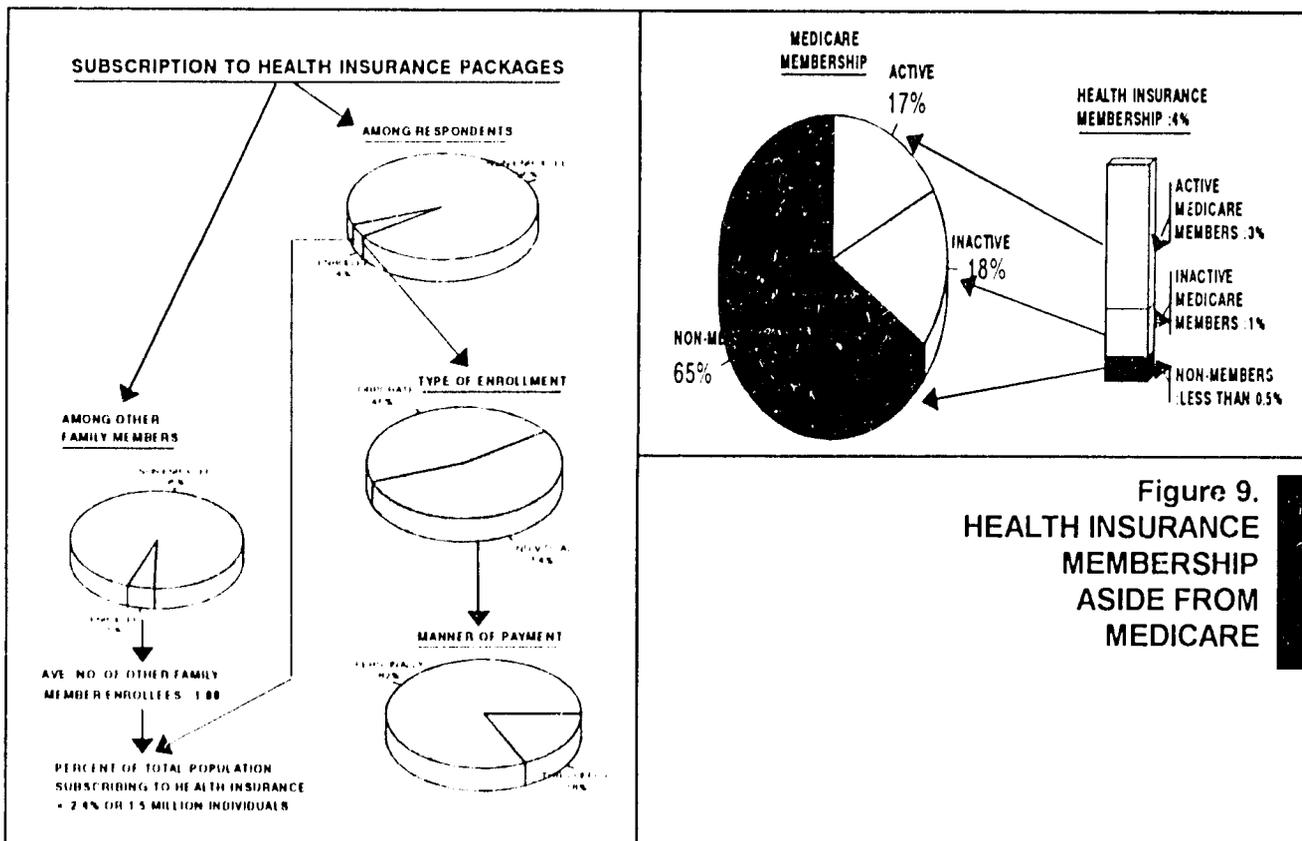


Figure 9.
HEALTH INSURANCE
MEMBERSHIP
ASIDE FROM
MEDICARE

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D. AWARENESS, PERCEPTIONS AND ATTITUDES ABOUT MEDICARE

D.1 AWARENESS OF MEDICARE (Table 26)

Eighty-six percent (86%) of adult population are aware of Medicare, while 14% are not.

By demographic groupings, the level of awareness is found to be significantly higher among the following:

- The upper and middle socio-economic groups (AB and C) than the poor (DE);
- Middle age group (30-49) than the young (18-30) and the older (50-64) age groups;
- Married than the unmarried;
- Medicare members than non-members, and
- Wage and salary workers and employers than the other classes of workers.

It is curious to note that about 2% of SSS members and 1% of active Medicare members are not aware of Medicare.

By region, awareness of Medicare is highest in the following areas:

Metro Manila	95%
Southern Mindanao	95%
Western Visayas	93%
Central Visayas	90%

while its lows are registered in:

Cagayan Valley	67%
Cordillera AR	71%
Eastern Visayas	72%
Western Mindanao	75%
Ilocos Region	76%

In terms of locale, the urban areas are more aware of Medicare than the rural areas (78%).

Table 26.
AWARENESS OF MEDICARE

	BASE NO.	AWARE %	NOT AWARE %
TOTAL	3000	86	14
SOCIO ECONOMIC CLASS			
AB	152	95	5
C	636	95	5
DE	2212	82	18
AGE GROUP			
18-29	1046	79	21
30-39	868	90	10
40-49	598	91	9
50-64	488	84	16
MARITAL STATUS			
SINGLE	668	81	19
MARRIED	2248	87	13
WIDOW/SEPARATED	84	92	8
MEDICARE MEMBERSHIP			
ACTIVE	521	99	1
INACTIVE	545	97	3
NON MEMBER	1934	78	22

D.2 PERCEPTIONS ABOUT MEDICARE

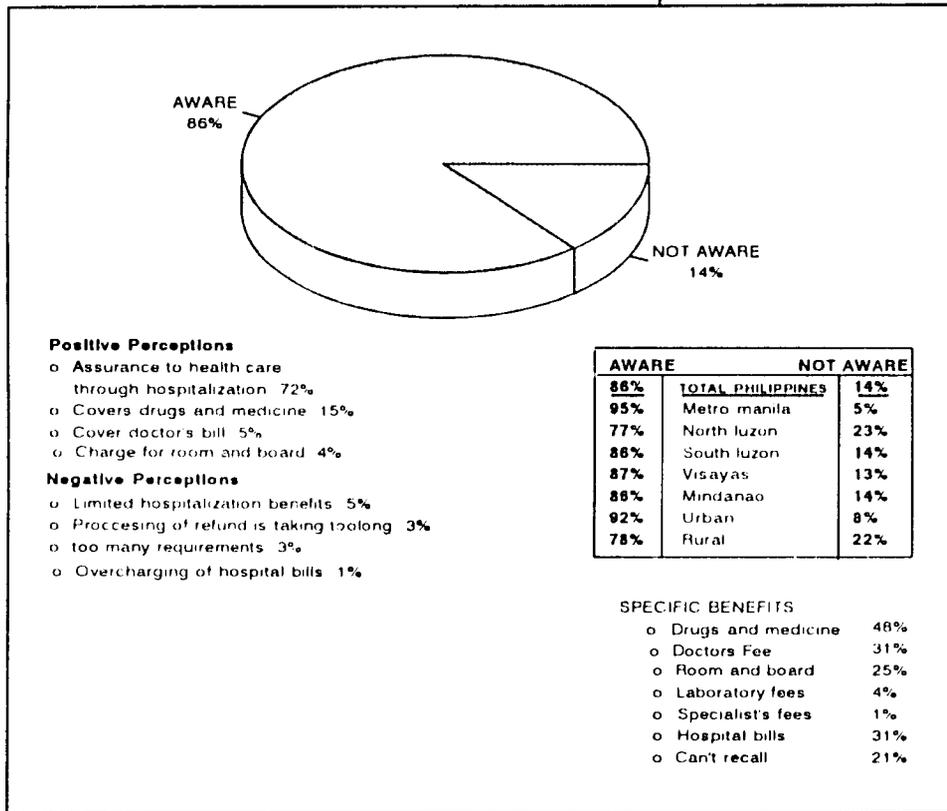
(Figure 9)

D.2.1 Positive Perceptions

Medicare is an assurance in health care. This is a perception shared by 7-in-10 (72%) respondents who are aware of Medicare. They perceive Medicare as a body that:

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Figure 10.
AWARENESS AND PERCEPTIONS OF
MEDICARE



Charges for room and board 4%
Laboratory fees -

Other positive perceptions about Medicare are that it is:

An agency that receives payment of monthly contributions 11%
For wage and salary employees only 11%

D.2.2 Negative Perceptions About Medicare

Slightly less than 1-in-5 respondents (18%) aware of Medicare has negative perceptions about it. However, none of those mentioned are distinctly ahead of the others.

Extends hospitalization benefits to its:
Members 30%
Dependents 6%

Helps members pay hospital bills 29%

Assures members and dependents of hospital admission 3%

Refunds hospital expenses 3%

Extends information about health care 1%

Specific benefits were also mentioned as they articulated their views on Medicare:

Expenses on Medicine 15%
Doctor's professional fees 5%

The negative perceptions that were mentioned touched on:

Limited hospitalization benefits 5%
Too minimal hospitalization benefits 2%
Total expenses not covered 2%
Medicine bought outside not covered 1%

Processing of refund takes too long 3%

Too many requirements to avail of benefit 3%

Overcharging of hospital bills 1%

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Benefits can't be availed of unless hospitalized	1%
Benefits not availed of forfeited in a year	1%
Premium not refundable	1%
Other negative perceptions	4%

D.3.2 Reasons for the Importance of Medicare (Figure 11)

Similarly, reasons for the importance of Medicare focused on the hospitalization benefits it extends to members and their dependents (67%). They claim that:

D.3 IMPORTANCE OF MEDICARE (Table 27)

D.3.1 Degree of Importance of Medicare

On a 4-point rating scale where 4 is Very Important and 1 is Not Important At All, Medicare got a 3.16 mean rating score with respect to its importance to the lives of respondents aware of Medicare.

Only 9% consider Medicare not important while 88% felt it is important and the rest (3%) gave no opinion. In analyzing demographic groups, no significant variations were noticed.

By region, only Western Visayas (3.36), and Southern Mindanao (3.36) registered a significantly higher mean rating score compared to the other regions of the country.

Table 27.
DEGREE OF IMPORTANCE OF MEDICARE
(Among those aware of Medicare)

	BASE NO.	VERY IMPT. %	IMPT. %	NOT SO IMPT. %	NOT IMPT. AT ALL %	'DON'T KNOW' %	MEAN RATINGS X
TOTAL	2567	26	63	7	1	3	3.16
REGION							
METRO MANILA (NCR)	426	24	62	10	1	3	3.13
PROVINCIAL LUZON	1033	19	71	7	1	2	3.10
NORTH LUZON	519	21	70	6	1	2	3.13
CAR	40	25	55	10	5	5	3.05
Region I - Ilocos	137	22	69	8	1	-	3.11
Region II - Cagayan	76	22	65	5	-	8	3.19
Region III - Central	266	18	75	5	-	2	3.13
SOUTH LUZON	514	18	71	7	1	3	3.08
Region IV - So. Tag.	353	23	65	8	1	3	3.13
Region V - Bicol	161	6	84	6	3	1	2.96
VISAYAS	557	35	54	6	2	3	3.25
Region VI - Western	247	43	51	5	1	-	3.36
Region VII - Central	206	30	57	7	3	3	3.19
Region VIII - Eastern	104	25	55	5	6	9	3.10
MINDANAO	551	31	56	7	2	4	3.20
Region IX - Western	118	35	52	6	1	6	3.29
Region X - Northern	148	12	68	13	5	2	2.88
Region XI - Southern	156	42	46	6	1	5	3.36
Region XII - Central	129	34	58	6	-	2	3.29
LOCALE							
URBAN	1434	26	62	8	1	3	3.17
RURAL	1133	25	63	7	2	3	3.14

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Medicare extends hospitalization benefits to its members and dependents	49%
Assures admission to hospitals	12%
Hospital expenses are refundable	1%

Specific benefits, likewise, are second-ranking. They say that Medicare covers the following:

Drugs & Medicines	12%
Doctor's professional fees	5%
Room and board	3%
Laboratory fees	-

Others, however, maintain that Medicare is important because it gives financial assistance when a member gets hospitalized (24%). This apparently is an SSS benefit.

D.3.3 Reasons for the Non-Importance of Medicare

Those who claim Medicare is not important gave negative impressions regarding the benefits which Medicare provides to its members. They say that:

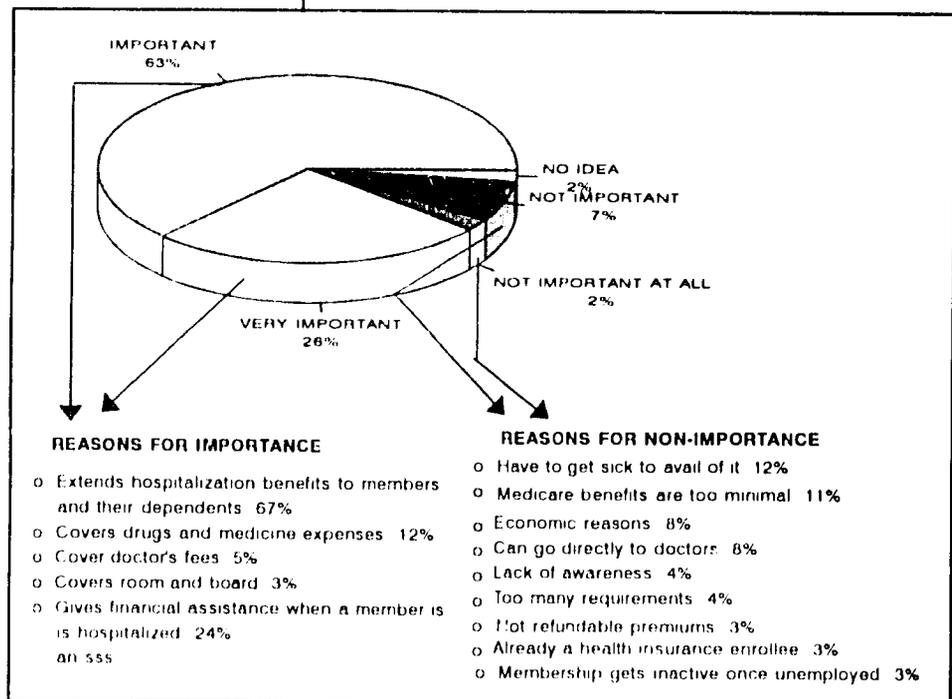
One can't avail of Medicare unless he is sick 12%
 Medicare benefits are too minimal 11%
 Medicare does not cover total hospital expenses 1%

Economic difficulty, likewise, is a major reason for the non-importance of Medicare as stated by 8% of respondents while another 8% claim that they can always go directly to the doctor so long as they have the money.

Other reasons given are:

Not aware of the mechanics of Medicare	4%
Too many requirements in availing of Medicare benefits	4%
Premium payments are not refundable	3%
Already a member of other health insurance	3%
Membership becomes inactive once unemployed	3%
Forced automatic deduction	3%
Takes too long to refund	2%

Figure 11. IMPORTANCE OF MEDICARE



E. ATTITUDES AND PERCEPTIONS ABOUT THE PLANNED OUTPATIENT PROGRAM OF MEDICARE

E.1 INTEREST IN THE OUTPATIENT PROGRAM (Table 28)

The proposed Outpatient Program of Medicare can expect wide acceptance should it materialize. It obtained a 3.74 mean rating score on a 5-point rating scale where 5 is Very Interested and 1 is Very Uninterested. This attitude seems to be prevalent across all demographic groups and regions.

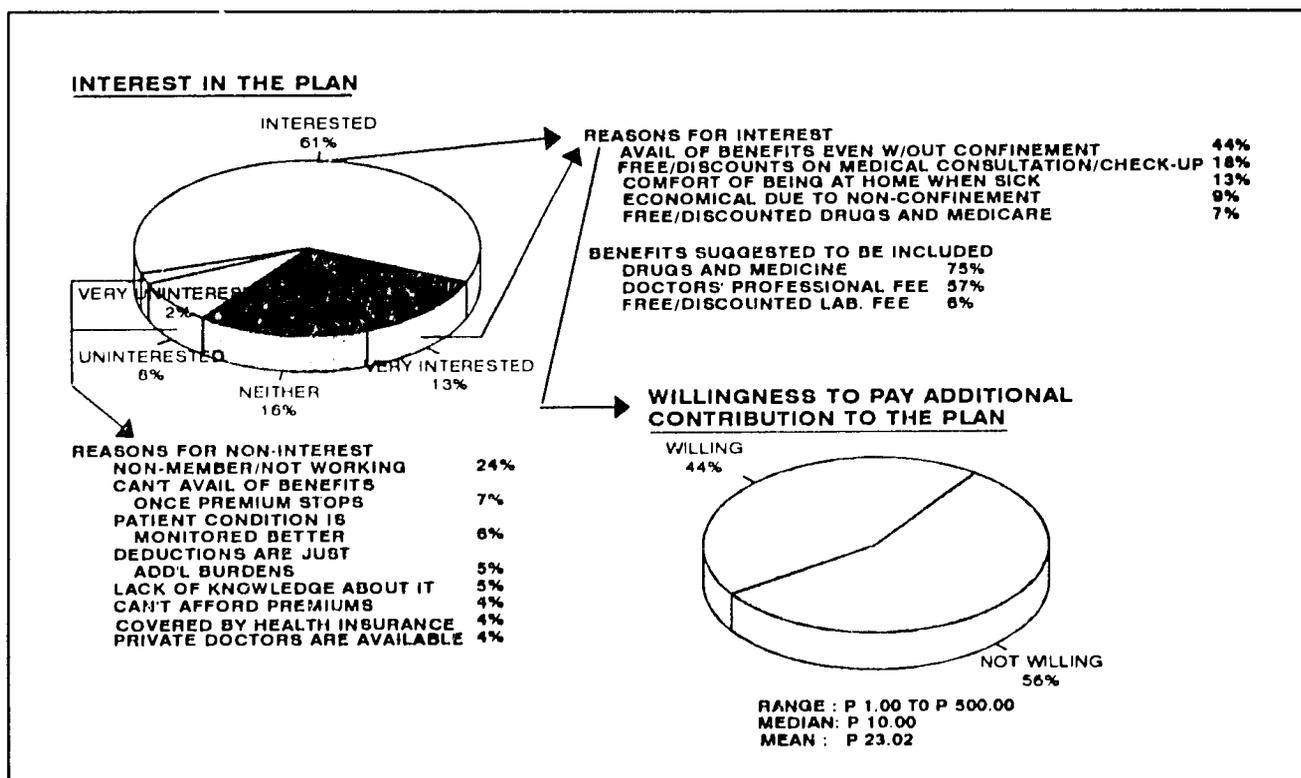
Interest in the program, however, is higher among the rich and middle classes rather than the poor socio-economic group.

By region, its highest rating was obtained in Western Visayas while its lowest was registered by Northern Mindanao. The other regions had relatively the same interest level compared to the national sentiment.

E.1.1 Reasons for Interest in the Outpatient Program (Table 29)

The high interest in the planned Outpatient Program is primarily because it is perceived to be an expansion of the present benefits of Medicare (52%). Respondents feel that they can continuously avail of Medicare benefits

Figure 12. PERCEPTIONS ABOUT THE PLANNED OUTPATIENT MEDICARE PROGRAM



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Table 28.
DEGREE OF INTEREST IN THE OUTPATIENT PROGRAM
(Among those aware of Medicare)

	BASE NO	Very	Interested	Neither	Uninterested	Very	MEAN RATINGS
		Interested	Interested			Uninterested	
		%	%	%	%	%	X
TOTAL	2567	13	61	16	8	2	3.74
SOCIO-ECONOMIC CLASS							
AB	144	14	65	10	10	1	3.82
C	606	14	66	10	9	1	3.82
DE	1817	12	59	19	8	2	3.70
REGION							
MEIRO MANILA (NCR)	426	11	67	9	12	1	3.76
PROVINCIAL LUZON	1031	10	65	13	11	1	3.73
NORTH LUZON							
CAR	519	10	63	13	10	2	3.71
Region I - Ilocos	40	13	55	27	5	-	3.75
Region II - Cagayan	137	15	64	9	8	4	3.78
Region III - Central	76	11	64	18	7	-	3.79
Region III - Central	266	8	64	15	12	1	3.65
SOUTH LUZON							
Region IV - So. Tag	514	10	68	10	11	1	3.74
Region IV - So. Tag	353	13	65	10	11	1	3.76
Region V - Bicol	161	4	74	9	12	1	3.69
VISAYAS							
Region VI - Western	557	18	62	13	6	1	3.90
Region VI - Western	247	22	65	9	4	-	4.06
Region VII - Central	206	14	58	20	8	-	3.77
Region VIII - Eastern	104	15	62	10	10	3	3.78
MINDANAO							
Region IX - Western	551	13	45	33	5	4	3.58
Region IX - Western	118	19	38	41	2	-	3.73
Region X - Northern	148	5	47	30	7	11	3.26
Region XI - Southern	156	21	38	32	5	4	3.67
Region XII - Central	129	9	56	31	4	-	3.71

Mention of the primary reason for the interest in the program (program is an expansion of present benefits) is seen to:

- Increase as the socio economic status decreases
- Be higher among the males than the females
- Increase as the population gets older.

It is, likewise, the foremost reason in all regions except in:

- Cordillera Autonomous Region where more of them feel that the planned program will enable them to continue enjoying the comforts of their home while being treated; and

- Ilocos where more respondents feel the program is more economical on their part.

E.1.2 Reasons for Non-Interest in the Outpatient Program (Table 31)

A plurality (35%) of those not interested in the planned Outpatient Program claimed that they would not be able to avail of the program inasmuch as:

They are non-members/ not working	24%
Deductions are just additional burdens	5%
Can't afford premiums	4%
Nobody in the family gets sick.	3%

even without confinement (44% and even during mild illnesses (3%), as well as, avail of financial support in times of sickness (6%).

To a lesser extent, respondents feel that the program shall give them better access to free medical consultations and check-ups (18%) and, to drugs and medicines (7%) while enjoying the comforts of their home (13%). They likewise feel that it shall be more economical because of non-confinement (9%).

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Table 29.
REASONS FOR
INTEREST IN THE
OUTPATIENT
PROGRAM
(Among those
interested in the
program, by
demographic groups)

BASE: THOSE INTERESTED IN THE OUT-PATIENT PROGRAM	TOTAL 1879 %	SEC				SEX		AGE-GROUP			
		AB 114 %	C 484 %	DE 1281 %	MALE 924 %	FEMALE 955 %	18-29 597 %	30-39 555 %	40-49 405 %	50-64 282 %	
EXPANSION OF MEDICARE BENEFITS	52	48	50	53	54	49	50	51	52	57	
Avail of benefits even w/out confinement	44	42	40	42	42	40	40	42	39	47	
Gives financial support in times of sickness	6	4	5	6	6	5	5	5	7	6	
Avail of Medicare even for mild illnesses	3	2	4	3	3	3	3	3	4	3	
FREE/DISCOUNTED MEDICAL CONSULTATIONS/CHECK-UPS	18	25	23	16	17	20	20	17	20	14	
COMFORT OF BEING AT HOME WHEN SICK	13	12	11	14	13	14	14	12	12	14	
ECONOMICAL, DUE TO NON- CONFINEMENT	9	9	9	9	9	9	9	10	8	8	
FREE/DISCOUNTED DRUGS & MEDICINE	7	10	8	6	7	6	7	8	5	5	
OTHERS	2	2	*	2	2	2	2	3	1	2	
DON'T KNOW	1	2	*	*	*	1	1	*	*	1	
NONE	*	*	*	*	*	1	*	*	*	*	

Table 30.
REASONS FOR INTEREST IN THE OUTPATIENT PROGRAM
(Among those interested in the program, by region)

BASE : THOSE WHO ARE INTERESTED IN THE OUT-PATIENT PROGRAM	TOTAL 334 %	REGION																		
		TOTAL NORTH						SOUTH			TOTAL									
		N.C.	RUZON	LUZON	CAR	I	II	III	LUZON	IV	V	VIS.	VI	VII	VIII	TOTAL	IX	X	XI	XII
		781	382	27	108	57	190	399	273	128	445	218	148	81	319	87	78	92	84	
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	
EXPANSION OF MEDICARE BENEFITS	47	45	48	22	31	47	61	43	47	33	72	83	66	57	45	57	39	50	33	
Avail of benefits even w/out confinement	39	34	34	22	21	46	41	33	37	24	61	69	56	47	36	46	37	38	25	
Gives financial support in times of sickness	3	8	9	-	5	2	15	7	7	6	5	6	4	2	3	4	-	4	5	
Avail of Medicare even for mild illnesses	3	2	2	-	1	-	4	2	3	1	4	3	4	7	5	4	3	8	4	
FREE/DISCOUNTED MEDICAL CONSULTATIONS/CHECK-UPS	28	22	16	-	19	4	21	27	24	33	11	3	18	19	11	7	1	18	13	
COMFORT OF BEING AT HOME WHEN SICK	12	14	16	52	10	42	6	13	11	17	2	1	3	2	26	24	32	17	31	
ECONOMICAL, DUE TO NON- CONFINEMENT	10	5	3	-	2	4	5	7	5	12	9	5	9	20	4	-	4	9	2	
FREE/DISCOUNTED DRUGS & MEDICINE	9	11	16	22	39	4	6	7	7	6	2	1	3	1	14	6	16	10	23	
OTHERS	3	1	1	-	1	-	1	1	1	2	3	4	4	1	1	1	-	3	-	
DON'T KNOW	1	*	*	-	-	-	1	1	1	-	1	-	1	2	1	-	3	-	-	
NONE	*	*	-	1	-	-	-	-	-	-	*	-	1	1	1	1	1	1	1	

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Some 12% claimed that hospital confinement is better because:

Patient's condition is monitored better	6%
Check-ups are regular/more frequent	3%
Things needed by patients are always available	2%
Patient is more rested in a hospital	-

Another 6% do not feel the need for the planned outpatient program because:

They are covered by health insurance	4%
--------------------------------------	----

Table 31.
REASONS FOR NON-INTEREST IN THE OUTPATIENT PROGRAM

	TOTAL
BASE: Respondent who are uninterested	265
	%
Non-member/non-working	24
Deductions are just additional burden	5
Can't afford premiums	4
Nobody in the family gets sick	3
Patient's condition is monitored better	6
Check-ups are regular/more frequent	3
Things needed by patients are always available	2
Patient is more rested in a hospital	-
They are covered by health insurance	4
Company handles health problems	1
Health centers available for free	1
Can't avail of benefits once premium stops	7
Lack of knowledge about it	5
Private doctors are available on mild cases	4
Benefits are too minimal	3
Can be a source of fraud/graft & corruption	3
Medicare is sometimes unreliable	2
Expenses have got to be reimbursed	2
Others	6
Don't Know	8
None	1

Company handles health problems 1%

Health centers are available for free 1%

Other reasons given were that they:

Can't avail of benefits once premium stops 7%

Lack knowledge 5%

Think that private doctors are available for mild cases 4%

Benefits are too minimal 3%

Medicare is sometimes unreliable 2%

Expenses have yet to be reimbursed 2%

E.2 SUGGESTED BENEFITS TO BE INCLUDED BY THOSE INTERESTED IN THE PLANNED OUTPATIENT PROGRAM (Table 32)

Two major benefits of the existing program rank high among the list of benefits suggested to be included in the planned Outpatient Program of Medicare. These are drugs and medicines (74%) and doctors professional services (51%). Majority of those who cited these benefits wished that these could be availed of for free. Other recommended benefits are

Free dental services	1%
Minor operations not requiring confinement	1%
Supply of vitamins/milk to patients	1%
Extension of financial support to sick members	4%
Free food/meals while on queue	3%

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Free transportation/ allowance	3%
Doctor follow-up/ home visits	2%
Provision of other facilities/amenities like mobile clinics, ambulance, check-up stations, information campaigns on health/ family planning, livelihood programs and ID cards for better control/faster service	1%

Table 32.
SUGGESTED BENEFITS TO BE INCLUDED
(By those interested in the program)

BASE : Respondents who are interested in the Program	TOTAL 1879 %
Drugs & Medicine	74
Doctor's Professional Service	51
Laboratory Fee	6
Discounted laboratory fee	4
Free laboratory fee	2
Additional Medicare Benefits	
Free Dental Services	1
Performs minor operations that needs no confinement	1
Supply Vitamins and Milk to patients	1
Extend financial support to sick	4
Free food meals while on queue	3
Free transportation transportation Allowance	3
Doctors to conduct follow-up/home visits	2
Provide other facilities/amenities like mobile clinic, ambulance, information campaigns on health/family planning livelihood programs, and issue ID cards for better control and faster service	1
Others	2
Don't Know	1
None	10

E.3 ADDITIONAL CONTRIBUTION FOR THE PLANNED OUTPATIENT PROGRAM

E.3.1 Willingness to Pay an Additional Premium (Table 33)

Of those interested in the planned program, only 44% are willing to pay additional premiums for the plan while the majority (56%) are not.

- This feeling is true across all demographic groups and regions but Bicol and Central Mindanao tend to favor an additional contribution (57% and 54% respectively)

E.3.2 Suggested Additional Contribution (Table 34)

Suggested additional contributions vary widely from P1.00 to P500.00 with a weighted average of P23.20 and a median of P10.00.

By demographic groups, those who are willing to contribute more than the median (P10.00) are the:

Rich	P 18.75
and middle socio- economic classes	15.00
Businessmen/Professionals	15.00
Active Medicare Members	13.00
GSIS members	20.00
Members of SSS & GSIS	40.00
Wage and Salary Workers	15.00

By region, Ilocos is willing to contribute an additional P15.00 while Central Visayas and Northern Mindanao are giving P20.00 extra.

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Table 33.
WILLINGNESS TO PAY AN ADDITIONAL CONTRIBUTION TO THE PLANNED OUT-PATIENT PROGRAM (By Income Class)

	BASE NO	WILLING %	NOT WILLING %
TOTAL	1879	44	56
SOCIO ECONOMIC CLASS			
AB	114	41	59
C	484	48	52
DE	1281	43	57
SEX			
MALE	924	48	52
FEMALE	955	41	59
AGE GROUP			
18-29	597	48	52
30-39	585	44	56
40-49	405	44	56
50-64	292	36	64
MARITAL STATUS			
SINGLE	407	47	53
MARRIED	1420	44	56
WIDOW/SEP.	52	29	71
MAJOR OCCUPATIONAL GROUPS			
PROF/BUS	408	48	52
WHITE COLLAR	158	49	51
BLUE COLLAR	409	47	53
AGRIC WORKER	192	37	63
FARMER OWNER	39	51	49
NOT GAINFULLY EMPLOYED	673	40	60
MEDICARE MEMBERSHIP			
ACTIVE	446	48	52
INACTIVE	407	45	55
NON MEMBER	1026	42	58
TYPE OF MEMBERSHIP			
SSS	647	48	52
GSIS	187	45	55
BOTH	19	26	74

Table 34.
SUGGESTED ADDITIONAL CONTRIBUTION (Among those willing to pay) (Mean and Median in Pesos)

	MEAN	MEDIAN
TOTAL	23.02	10.00
SOCIO ECONOMIC CLASS		
AB	32.27	18.75
C	31.78	20.00
DE	18.77	10.00
MAJOR OCCUPATIONAL GROUPS		
PROF/BUS	25.21	15.00
WHITE COLLAR	10.85	10.00
BLUE COLLAR	23.00	10.00
AGRIC WORKER	18.84	10.00
FARMER OWNER	22.23	10.00
NOT GAINFULLY EMPLOYED	23.00	10.00
MEDICARE MEMBERSHIP		
ACTIVE	28.35	13.00
INACTIVE	19.07	10.00
NON MEMBER	23.39	10.00
TYPE OF MEMBERSHIP		
SSS	21.58	10.00
GSIS	27.09	20.00
BOTH	40.90	40.00
CLASS OF WORKERS		
WAGE/SALARY	26.73	12.50
SELF EMPLOYED FORMAL	20.59	10.00
SELF EMPLOYED INFORMAL	18.42	10.00
EMPLOYER	27.50	12.50
FULL TIME STUDENT	39.22	12.50
HOUSE KEEPER	20.47	10.00
REGION		
METRO MANILA (NCR)	30.38	12.50
PROVINCIAL LUZON	22.10	11.00
NORTH LUZON	20.71	10.00
CAR	8.81	10.00
Region I - Ilocos	29.84	10.00
Region II - Cagayan	13.81	10.00
Region III - Central	18.24	10.00
SOUTH LUZON	24.05	12.00
Region IV - So Tagalog	20.40	11.00
Region V - Bicol	19.72	12.50
VISAYAS	22.38	10.00
Region VI - Western	10.21	10.00
Region VII - Central	32.67	20.00
Region VIII - Eastern	18.15	10.00
MINDANAO	18.18	10.00
Region IX - Western	17.40	10.00
Region X - Northern	21.25	20.00
Region XI - Southern	18.77	10.00
Region XII - Central	13.04	10.00

F. MEMBERSHIP IN SSS/GSIS

Majority (65%) of the country's adult population are non-members of either SSS or GSIS. Only a little over one fourth (27%) are SSS members, while less than a tenth (8%) are GSIS members and less than 1% are members of both SSS and GSIS.

The ratio between SSS and GSIS membership is about 3.61 and this is true of the ABs and the 30-39 age group. The 18-29 age group has the highest ratio of 8.6.

- while the Cs have a slightly lower ratio of 2.4:1 and the DEs have a higher ratio of 4.8:1;

- the males have a 4.2:1 and the females, 2.7:1 ratio between SSS and GSIS.

Membership in SSS and GSIS is significantly higher among the:

- ABs and Cs than the DEs
- Males than the females
- 40-49 and 30-39 age groups than the young (18-29) and old (50 and over) age groups.

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- Regionwise, the highest ratio for SSS membership is registered in Southern Mindanao (Region XI) where it is more than seven (7) times greater than GSIS membership. This is followed by Metro Manila with an even 7.1:1 ratio and Ilocos with 7.0:1. (Tables 35-36)

- Two (2) regions registered slightly more GSIS than SSS membership. These are CAR and Western Mindanao with ratios of 0.6:1 and 0.9:1 respectively. Caution, however, should be taken in treating the ratio for the Cordillera Autonomous Region due to the smallness of its base (56 only).

- Highest SSS membership was observed in Metro Manila (49%) followed by Southern Mindanao (37%) and Central

Table 35.
MEMBERSHIP IN SSS/GSIS
(By region and locale)

	BASE No.	MEMBERSHIP			NON-	
		SSS	GSIS	BOTH	MEM-	SSS-
		%	%	%	BER	GSIS
						RATIO
TOTAL PHILIPPINES	3000	27	8	*	65	3.4:1
REGION						
METRO MANILA (NCR)	447	49	7	1	43	7.1:1
PROVINCIAL LUZON	1271	25	8	1	66	3.2:1
NORTH LUZON	670	25	7	1	67	3.5:1
CAR	56	11	18	-	71	0.6:1
Region I - Ilocos	180	27	4	1	68	7.0:1
Region II - Cag. Val.	113	14	10	-	76	1.5:1
Region III - Ce. Luzon	321	30	6	1	63	5.0:1
SOUTH LUZON	601	25	9	1	65	3.0:1
Region IV - So. Tag.	418	25	6	1	68	4.1:1
Region V - Bicol	183	27	14	1	58	1.9:1
VISAYAS	638	24	8	*	68	3.2:1
Region VI - W. Vis.	266	27	6	-	67	4.6:1
Region VII - C. Vis.	228	28	9	*	63	3.0:1
Region VIII - E. Vis.	144	11	8	*	81	1.5:1
MINDANAO	644	20	8	*	72	2.6:1
Region IX - W. Mindanao	158	12	13	*	75	0.9:1
Region X - N. Mindanao	172	19	5	-	76	4.1:1
Region XI - S. Mindanao	164	37	5	-	58	7.5:1
Region XII - C. Mindanao	150	11	9	-	80	1.2:1
LOCALE						
URBAN	1556	35	9	1	55	3.9:1
NCR	447	49	7	1	43	7.1:1
Prov'l. Luzon	592	29	9	2	60	3.1:1
Visayas	243	30	11	-	59	2.8:1
Mindanao	274	29	9	-	62	3.1:1
RURAL	1444	19	6	*	75	3.1:1
Prov'l Luzon	679	22	6	*	72	3.4:1
Visayas	395	20	6	*	74	3.5:1
Mindanao	370	13	7	*	80	2.0:1

Table 36.
MEMBERSHIP IN SSS/GSIS
(By demographics)

	TOTAL PHILS.	SOCIO- ECONOMIC CLASS			SEX		AGE GROUP			
		AB	C	DE	MALE	FEMALE	18-29	30-39	40-49	50-64
BASE: TOTAL RESPONDENTS	3000	152	636	2212	1500	1500	1046	868	598	488
	%	%	%	%	%	%	%	%	%	%
SSS MEMBER	27	45	39	23	38	17	21	33	35	22
GSIS MEMBER	8	13	16	5	9	6	3	10	13	8
BOTH	*	1	1	*	1	*	*	*	2	*
NON-MEMBER	65	41	44	72	52	77	76	57	50	70
SSS-GSIS MEMBERSHIP RATIO (both not considered)	3.6:1	3.4:1	2.4:1	4.8:1	4.2:1	2.7:1	8.6:1	3.3:1	2.8:1	2.5:1

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Luzon (30%). Lowest were in CAR, Eastern Visayas, Western Mindanao and Central Mindanao with 11% each.

- GSIS, on the other hand, was able to get its three (3) highest membership incidences in CAR (18%), Bicol (14%), and Western Mindanao (13%) and the lowest in Ilocos (4%) and Northern and Southern Mindanao (5%) each.

By locale, the urban areas have almost twice the percentages of SSS/GSIS membership compared to the rural areas (45% vs. 25%).

- SSS/GSIS membership ratio is 3.9:1 in the urban areas and 3.1:1 in the rural areas.

G. MEDICARE MEMBERSHIP

G.1 STATUS OF MEDICARE MEMBERSHIP

(Table 37-38)

Medicare Membership was classified as either active or inactive. Active Medicare members are members who have paid at least three (3) monthly contributions in the past 12 months, and Inactive Medicare members are members with less than three (3) monthly contributions in the past twelve (12) months.

Slightly more than a third (35%) of total respondents claimed to be Medicare members, of which only 17% are active and 18% are inactive.

The remaining 65% are non-members of Medicare.

Active Medicare membership is significantly higher among:

The ABs and Cs than the DEs (39% and 34% vs 11%).

- The males than the females (24% vs 11%)

- The middle-aged groups (30-39 and 40-49) than the younger and older age groups; and

- among GSIS than the SSS members (82% vs 39%).

Inactive Medicare membership is, likewise, significantly higher among:

- The males than the females (24% vs 12%);

- The middle aged groups (30-39 and 40-49) than the younger and older age groups;

- The Cs than the DEs. The ABs are at par with either Cs and DEs.

- The SSS than the GSIS members.

By region, Medicare membership is:

- Highest in Metro Manila (57%) followed by Bicol (Region V - 42%) and Southern Mindanao (Region XI - 41%)

- Lowest in Central Mindanao (19%), Eastern Visayas (20%), Northern Mindanao (24%), Cagayan Valley (24%) and Western Mindanao (25%),

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- Active Medicare membership is likewise highest in Metro Manila (30%) and lowest in Eastern Visayas (8%), followed by Northern and Central

Table 37.
STATUS OF MEDICARE MEMBERSHIP
(By demographic groups)

BASE: TOTAL RESPONDENTS	TOTAL PHILS. (3000) %	SOCIO-ECONOMIC			SEX		AGE GROUP				SSS/GSIS MEMBERSHIP		
		AB (152) %	C (636) %	DE (2212) %	MALE (1500) %	FEMALE (1500) %	18-29 (1046) %	30-39 (868) %	40-49 (598) %	50-64 (486) %	SSS (817) %	GSIS (227) %	BOTH (22) %
		ACTIVE MEMBER	17	39	34	11	24	11	13	20	26	11	39	82	82
INACTIVE MEMBER	18	20	22	17	24	12	11	23	23	18	61	18	18
NON-MEMBER	65	41	44	72	52	77	76	57	51	71	-	-	-

Mindanao (10%) each, Central Luzon (11%), Ilocos (12%) and Cagayan Valley (12%).

- Inactive Medicare membership registered highest in Metro Manila (27%), followed by Central Luzon (26%) and Southern Mindanao (25%).

By locale, the urban areas have more or less the same proportion of active and inactive Medicare members. The same is true in rural areas.

Table 38.
STATUS OF
MEDICARE
MEMBERSHIP
(By region and locale)

TOTAL	BASE 3000 No.	MEMBER		NON-MEMBER (%)
		ACTIVE (%)	INACTIVE (%)	
REGION		17	18	65
METRO MANILA (NCR)	447	30	27	43
PROVINCIAL LUZON	1271	16	18	66
NORTH LUZON	670	12	21	67
CAR	56	13	16	71
Region I - Ilocos	180	12	20	68
Region II - Cag. Val	113	12	12	76
Region III - Ce. Luzon	321	11	26	63
SOUTH LUZON	601	20	15	65
Region IV - So. Tap.	418	17	15	68
Region V - Bicol	183	26	16	58
VISAYAS	638	17	15	68
Region VI - W. Vis.	266	20	14	66
Region VII - C. Vis.	228	19	18	63
Region VIII - E. Vis.	144	8	12	80
MINDANAO	644	13	15	72
Region IX - W. Mindanao	158	15	10	75
Region X - N. Mindanao	172	10	14	76
Region XI - S. Mindanao	164	16	25	59
Region XII - C. Mindanao	150	10	9	81
LOCALE				
URBAN	1556	23	22	55
NCR	447	30	27	43
Prov'l Luzon	592	19	21	60
Visayas	243	23	18	59
Mindanao	274	18	20	62
RURAL	1444	12	14	74
Prov'l Luzon	679	12	16	72
Visayas	395	13	13	74
Mindanao	370	9	11	80

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G.2.1 Awareness of Medicare Membership Among Active Medicare Members (Table 39)

Medicare members (SSS and/or GSIS members who have paid three (3) monthly contributions in the past 12 months) were asked the question:

"Are you a Medicare member?"

Two percent (2%) replied that they were not and 98% admitted they are.

Apparently, some efforts have to be made in order to attain the 100% awareness level. Inasmuch as they are active Medicare members, all of them should be made to know of their membership. Unawareness level is significantly higher among the:

- Females than the males
- SSS members than GSIS members
- Active members in Metro Manila than those in the other areas
- Residents of urban than the rural areas.

G.2.2 Awareness of Medicare Membership Among Inactive Medicare Members (Table 40)

Similarly, awareness of Medicare membership was surveyed among Inactive Medicare members (who have not paid at least 3 monthly contributions in the past 12 months)

- The high majority (85%) still claim to be Medicare members and the rest (15%) claim to be non-members.

- Should Medicare membership be categorized as **once a member always a member**, it then follows that the 15% who claimed they are non-members need clarification; however, should Medicare membership be stipulated as having accomplished the three (3) monthly contributions in the

Table 39.
AWARENESS OF
MEDICARE MEMBERSHIP
(Among active Medicare
members)

BASE	PHILS.	S E X		M E M B E R S H I P			S S S / G S I S					L O C A L E	
		(521)	MALE	FEMALE	TOTAL	SSS	GSIS	BOTH	METRO	NORTH	SOUTH	VI-	MIN-	URBAN	RURAL
ACTIVE MEDICARE MEMBERS	(521)	(354)	(167)	(317)	(189)	(18)	(135)	(78)	(119)	(106)	(83)	(352)	(169)
AWARE THAT HE/SHE IS A MEDICARE MEMBER	98	99	96	97	99	100	94	99	99	100	100	97	99
NOT AWARE THAT HE/SHE IS A MEDICARE MEMBER	2	1	4	3	1	-	3	1	1	-	-	3	1

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Table 40.
AWARENESS
OF MEDICARE
MEMBERSHIP
(Among
inactive
Medicare
members)

BASE: INACTIVE MEDICARE MEMBERS	TOTAL PHILS. (540)	GEOGRAPHIC DIVISION					LOCALE	
		METRO MANILA (120)	NORTH LUZON (140)	SOUTH LUZON (91)	VI-SAYAS (95)	MIN-DANAO (94)	URBAN (343)	RURAL (197)
		%	%	%	%	%	%	%
AWARE THAT HE/SHE IS A MEDICARE MEMBER	85	81	83	88	92	85	84	88
NOT AWARE THAT HE/SHE IS A MEDICARE MEMBER	15	19	17	12	8	15	16	12

past 12 months, then the 85% who claimed to be members of Medicare need qualification.

- Both situations suggest the need for educating both active and inactive members about the mechanics of Medicare membership.

The level of awareness of Inactive Medicare members, by region, approximates that of the national average except in the Visayas where there is a significantly higher awareness level compared to Metro Manila and the national total figure. Metro Manila registered the lowest level of awareness of Medicare membership among the inactive members.

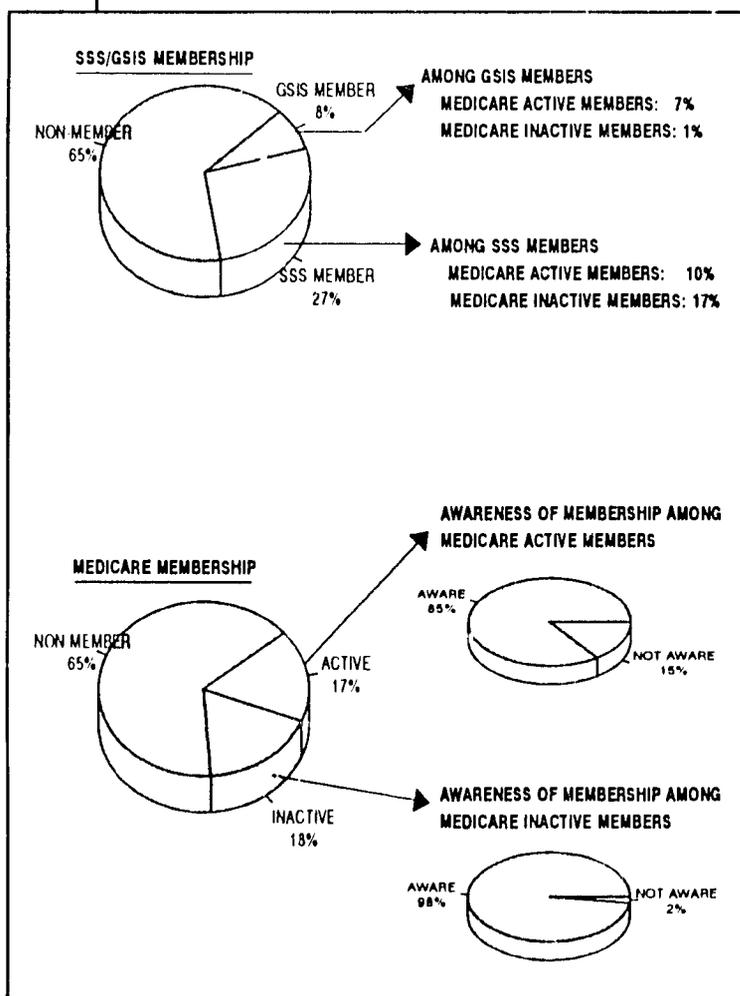


Figure 13.
SSS/GSIS AND
MEDICARE MEMBERSHIP

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H. SPECIFIC MEDICARE BENEFITS

H.1 AWARENESS OF SPECIFIC MEDICARE BENEFITS (Table 41-42)

Four (4) specific Medicare benefits are more commonly known to respondents who are either Medicare members or dependents. These are coverages of:

Drugs and medicines	48%
Hospital bills	31%
Doctor's fees	31%
Room and board	26%

Other specific benefits were, likewise, mentioned but to a much lesser extent. These are the following:

Laboratory fees	4%
Surgeon's/specialists' fee	1%
Operating room fee	1%
Anesthesiologist's fee	-

Slightly over 1% mentioned some SSS or GSIS benefits which they

erroneously attributed to Medicare, such as the provision of:

- Maternity/sick leave benefits
- Disability/retirement pensions
- Financial assistance/salary loans
- Burial benefits

About 1 in 5 (20%) are either not aware of or can't recall any specific Medicare benefit.

The order of mention of the top four (4) specific benefits is maintained in most demographic groups, regions and locale (urban/rural areas) except in the socio-economic groupings with coverage of hospital bills taking precedence over drugs and medicines among the ABs. By region, the same pattern was repeated in Ilocos, Southern Tagalog and Western Visayas.

Non-awareness of specific Medicare benefits is rather high in the Ilocos Region (41%) and in Northern Mindanao (39%).

Higher awareness levels of specific Medicare benefits were registered in Bicol, Central Visayas, Eastern Visayas and Southern Mindanao.

Table 41.
AWARENESS OF SPECIFIC MEDICARE BENEFITS (Among Medicare beneficiaries, by socio-economic class)

BASE MEDICARE BENEFICIARIES	TOTAL	SOCIO-ECONOMIC CLASS		
		AB	C	DE
		%	%	%
DRUGS AND MEDICINE	48	40	51	47
HOSPITAL BILLS	31	42	32	39
DOCTOR'S PROFESSIONAL FEES	31	29	36	28
ROOM AND BOARD	25	29	29	22
COVERAGE OF LABORATORY FEES	4	7	4	4
ALLOWANCE FOR SURGEON/SPECIALIST	.	1	1	.
ALLOWANCE FOR OPERATING ROOM	1	2	1	.
ALLOWANCE FOR ANAESTHESIOLOGIST	.	-	-	.
MATERNITY/SICK LEAVE BENEFITS	1	2	1	1
DISABILITY/RETIREMENT PENSIONS	1	1	2	.
FINANCIAL ASSISTANCE/SALARY LOANS	1	1	1	.
BURIAL BENEFITS	.	-	.	.
OTHERS	1	-	1	1
CAN'T RECALL/DON'T KNOW	21	14	16	24

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Table 42.
AWARENESS OF SPECIFIC MEDICARE BENEFITS
(Among active/inactive Medicare members and dependents, by region)

BASE MEDICARE BENEFICIARIES	NCR	TOTAL	NORTH					SOUTH			TOTAL				TOTAL				
	334	781	LUZON	CAR	I	II	III	LUZON	IV	V	VIS.	VI	VII	VIII	MIND.	IX	X	XI	XII
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
DRUGS AND MEDICINES	48	40	37	44	20	36	45	43	33	62	58	35	73	79	57	56	59	62	45
HOSPITAL BILLS	37	32	32	11	31	36	35	31	35	23	28	55	7	13	25	16	9	35	36
DOCTOR'S PROFESSIONAL FEES	34	26	25	15	11	29	34	27	21	39	33	7	55	45	36	37	27	41	36
ROOM AND BOARD	27	19	20	26	10	29	23	19	14	28	32	7	47	57	27	37	14	33	18
COVERAGE OF LABORATORY FEES	4	1	1	4	2	-	1	1	*	3	6	-	10	13	8	13	13	6	2
ALLOWANCE FOR SURGEON/ SPECIALIST	-	-	1	4	1	-	-	-	-	-	1	1	-	-	*	-	2	-	-
ALLOWANCE FOR OR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	*	2	-	-	-
ALLOWANCE-ANESTHESIOLOGIST	1	-	-	-	-	-	-	*	*	-	*	-	1	-	1	-	2	1	-
MATERNITY/SICK LEAVE BENEFITS	2	1	1	-	1	-	1	2	2	2	2	-	4	-	-	-	-	-	-
DISABILITY/RET. PENSIONS	-	1	1	-	2	-	1	1	2	-	1	-	1	-	*	-	-	1	-
FINANCIAL ASSISTANCE/SALARY LOANS	1	1	1	-	-	2	1	1	1	-	1	-	1	-	-	-	-	-	-
BURIAL BENEFITS	-	-	*	-	1	-	-	*	*	-	*	-	1	-	-	-	-	-	-
OTHERS	-	1	*	-	-	-	1	3	1	6	2	1	3	4	1	2	-	1	-
CAN'T RECALL/DON'T KNOW	16	23	24	30	41	16	17	22	28	10	16	22	12	13	24	27	39	12	23

B.2 CONSIDERED MOST IMPORTANT BENEFITS (Table 43)

Respondents were asked to cite the benefits they considered most important and to rank them from *most important* to the *least important*, as follows:

	Weight
Most important	3
2nd most important	2
3rd most important	1

Since the highest number of benefits mentioned was 3, the most important was thus given a weight of three. In computing the weighted scores of each specific benefit, the frequency of the answers was multiplied by the weighing factor in each rank; the weighted cumulative total of the benefits

were added together and presented in percentages.

The most important benefit considered by Medicare members/dependents is coverage of **drugs and medicines** with 38% of total weighted score.

This is followed by coverage of hospital bills with 27%. This indicates that more than 1-in-4 Medicare members/dependents do not consider any specific benefit as most important; instead, they consider the entire hospitalization coverage as the most important.

Third ranking Medicare benefit is coverage of doctor's fees (21%) followed by the allowance for room and board (12%), and laboratory fees (2%), among others.

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MOST IMPORTANT BENEFITS

	DEGREE OF IMPORTANCE						TOTAL	
	FIRST		SECOND		THIRD		WTD. SCORE	PERCENT OF TOTAL
	FREQ. (No.)	WT. (1)	FREQ. (No.)	WT. (2)	FREQ. (No.)	WT. (1)		
MEDICARE BENEFITS								
Drugs and Medicine	556	3	223	2	34	1	2148	38
Hospital bills	484	3	32	2	9	1	1525	27
Doctor's fee	198	3	265	2	64	1	1188	21
Room and board	62	3	161	2	189	1	697	12
Laboratory fees	10	3	22	2	33	1	107	2
Specialists/Surgeons' fees	1	3	2	2	3	1	10	*
Operating room fees	5	3	2	2	1	1	20	*
TOTALS	1216	3	107	2	333	1	5692	100
Weighted Score	(Freq.)	(WT.)	•	(Freq.)	(WT.)	•	(Freq.)	(WT.)
* : Less than 0.5%								

Table 43.
MOST IMPORTANT BENEFITS

- GSIS than the SSS member-households.

Regionally, the survey found that the highest incidence of hospital confinement is registered in Eastern Visayas (77%), followed by Southern Mindanao (62%) and Bicol (61%), in that order.

Table 44.
INCIDENCE OF CONFINEMENT AMONG MEDICARE HOUSEHOLDS

I. EXPERIENCE OF HOSPITAL CONFINEMENT AMONG MEDICARE HOUSEHOLDS

I.1 INCIDENCE (Table 44)

Among Medicare households, half (50%) had experienced the hospital confinement of a family member.

By demographic groups, incidence of hospital confinement among Medicare households is higher among:

- Upper socio-economic classes. The higher the class, the higher the incidence of confinement.

- Active Medicare member-households than the inactive and non-member households.

	BASE NO	EVER CONFINED	NEVER CONFINED
		%	%
Total	1687	50	50
SOCIO ECONOMIC CLASS			
AB	126	64	36
C	536	56	44
DE	1025	45	55
MEDICARE MEMBERSHIP			
ACTIVE	521	63	37
INACTIVE	545	43	57
DEPENDENT	621	45	55
SSS/GSIS MEMBERSHIP			
SSS MEMBER	817	49	51
GSIS MEMBER	227	64	36
BOTH	22	59	41
NONE	621	45	55
REGION			
NCB	378	51	49
PROV. LUZON	693	49	51
NORTH LUZON	342	44	56
CAR	27	44	56
ILOCOS	94	45	55
CAGAYAN	42	33	67
CENTRAL LUZON	179	46	54
SO. LUZON	351	54	46
SO TAGALOG	234	50	50
BICOL	117	61	39
VISAYAS	327	52	48
WESTERN	139	41	59
CENTRAL	135	53	47
EASTERN	53	77	23
MINDANAO	289	50	50
WESTERN	63	51	49
NORTHERN	64	33	67
SOUTHERN	106	62	38
CENTRAL	56	45	55

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- Cagayan Valley and Northern Mindanao showed the lowest incidence of hospital confinement with a rating of 33%.

I.2 Number of Hospital Confinements in the Past 5 Years Among Medicare Households (Table 45)

On the average, about 1.45 confinements were experienced within the past five (5) years by Medicare households who had family members confined in a hospital.

- Forty-five percent (45%) of these households had one confinement, 13% and 8% had two (2) and three (3) confinements respectively, about 7% had 4 or 5 confinements, and 3% had 6 or more confinements.

- A fourth (25%), however, claimed that the confinements occurred more than five (5) years ago.

The hospital confinements tended to increase with the rise of the family's socio-economic stature. The survey also found that the incidence showed highest in Bicol (2.56 confinements) and in the Cordillera Autonomous Region (0.94 confinements) within the last 5 years.

It should, likewise, be noted that Southern Mindanao displayed the second highest experience of hospital confinements. It also indicated that most of the confinements occurred more than six (6) years ago.

Table 45.
NUMBER OF HOSPITAL CONFINEMENTS IN THE LAST FIVE YEARS
(Among Medicare households)

	AVERAGE NUMBER OF CONFINEMENTS
Total	1.45
SOCIO-ECONOMIC CLASS	
AB	2.11
C	1.55
DE	1.28
REGION	
NCR	1.47
TOTAL PROV'L LUZON	1.59
NORTH LUZON	1.27
CAR	2.08
ILOCOS	1.69
CAGAYAN	0.64
CENTRAL LUZON	1.04
SO. LUZON	1.84
SO. TAGALOG	1.41
BICOL	2.56
TOTAL VISAYAS	1.29
WESTERN	1.23
CENTRAL	1.44
EASTERN	1.12
TOTAL MINDANAO	1.31
WESTERN	1.69
NORTHERN	1.71
SOUTHERN	0.94
CENTRAL	1.44

I.3 Last Confinement

1.3.1 Date of Last Confinement

A large percentage of the latest hospital confinements was recorded in 1993 (30%); 16% occurred from July to December and 14% from January to June.

However, at the rate of 1994 figures, statistics may equal or even surpass the number of hospital confinements of 1993; further, the survey revealed that:

- The rate of yearly confinements is on the uptrend from 8% in 1991 to

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13% in 1992, 30% in 1993 and is estimated to reach the 40% level by 1994. The increase may either be actual, or a factor of memory recall (the later the confinement, the greater the recall).

Figure 14.
AVAILMENT OF
MEDICARE BENEFITS
AMONG MEDICARE
BENEFICIARIES

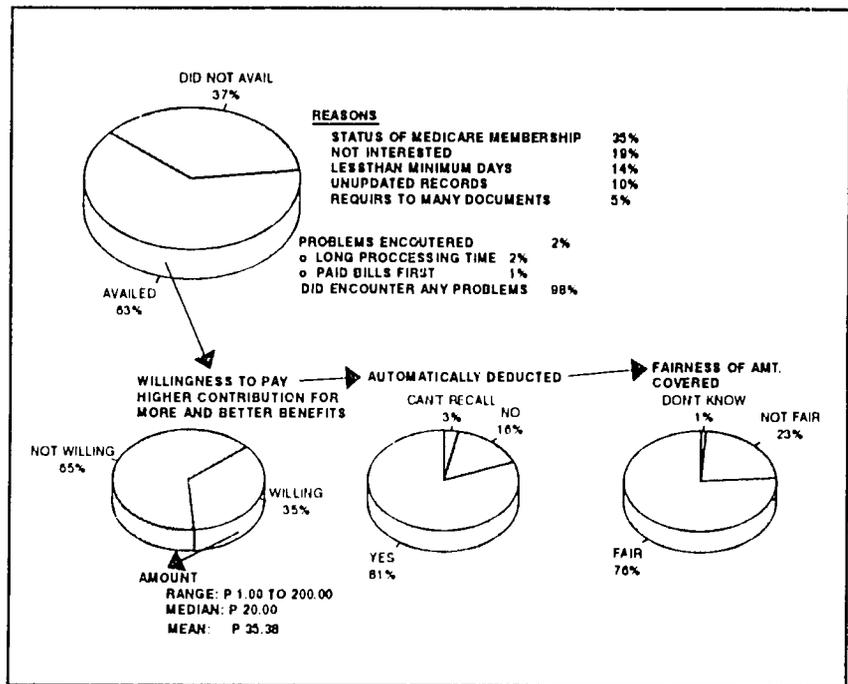


Table 46.
DATE OF LAST CONFINEMENT AMONG MEDICARE BENEFICIARIES
WHO HAD A FAMILY MEMBER HOSPITALIZED

MEDICARE BENEFICIARIES WHO HAD A	TOTAL PHILS.	SOCIO- ECONOMIC CLASS			GEOGRAPHIC DIVISION					LOCALE	
		AB	C	DE	METRO MANILA	NORTH LUZON	SOUTH LUZON	VI- SAYAS	MIN- DANAO	URBAN	RURAL
		%	%	%	%	%	%	%	%	%	%
BASE: FAMILY MEMBER HOSPITALIZED	844	81	302	461	194	150	187	169	144	573	271
1994 (January - April)	14	19	12	15	16	13	14	9	18	14	13
1993	30	38	34	27	30	22	38	29	27	30	29
July - December	16	19	16	15	15	9	17	20	19	16	15
January - June	14	19	18	11	15	13	21	9	8	14	4
1992	13	20	10	13	11	17	9	19	10	12	14
1991	8	7	9	8	9	9	8	9	6	8	9
1990	6	1	7	6	4	6	5	7	8	6	6
1989	5	4	5	4	5	4	6	4	5	5	4
BEFORE 1989	24	11	23	27	25	29	20	23	26	25	25

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1.3.2 Availment of Medicare Benefits During Last Confinement (Table 47)

More than 6-in-10 Medicare households (63%) who had a family member confined in a hospital were able to avail of Medicare benefits during the last confinement. Only 3% claimed otherwise.

Results show that availment of Medicare benefits are significantly:

- higher among GSIS than SSS member households.

Table 47.
AVAILMENT OF MEDICARE BENEFITS DURING LAST CONFINEMENT

	BASE NO.	AVAILED OF %	DID NOT AVAIL OF %
TOTAL	844	63	37
SSS/GSIS MEMBERSHIP			
SSS MEMBER	404	59	41
GSIS MEMBER	145	80	20
BOTH	13	85	15
NON-MEMBER	282	59	41
REGION			
NCR	124	55	45
TOTAL PROVL LUZON	337	61	39
NORTH LUZON	150	57	43
CAR	12	83	17
ILOCOS	42	48	52
CAGAYAN	14	79	21
C LUZON	82	55	45
SOUTH LUZON	187	64	36
SO-TAGALOG	116	64	36
BICOL	71	63	37
TOTAL VISAYAS	169	67	33
WESTERN	57	81	19
CENTRAL	71	65	35
EASTERN	41	54	46
TOTAL MINDANAO	144	74	26
WESTERN	32	72	28
NORTHERN	21	81	19
SOUTHERN	66	74	26
CENTRAL	25	68	32

- higher in Western Visayas and Northern Mindanao, and

- Lower in Ilocos than the country as a whole.

1.3.3 Reasons for Not Availing of Medicare Benefits (Table 48)

Majority (35%) of those who were not able to avail of Medicare benefits during the last hospital confinement had problems concerning the status of their membership. Thirty-one percent (31%) claimed to be inactive members and 4% were still casual employees at the time of their last confinement.

Secondary reasons for non-interest in claiming benefits (19%) are: they forgot about it (12%), hospital bills were paid in cash (4%), they were concurrently members of private health insurances (2%) and that they did not find it worth the effort (1%).

The third-ranking reason is "Confinement is less than the prescribed minimum number of days" (14%).

The other reasons given are:

- Records with SSS/GSIS were not updated (10%);
- Preparation/processing of documents was claimed to have taken too long (6%). Claimants feel there are too many documents being required (5%), or that processing of claims takes too long (2%).
- Lack of awareness of Medicare benefits (5%).

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Table 48.

REASONS FOR NOT-AVAILING OF MEDICARE BENEFITS

(Among confined Medicare beneficiaries who did not avail of benefits)

BASE MEDICARE BENEFICIARIES WHO DID NOT AVAIL OF MEDICARE BENEFITS	TOTAL NORTH CAROLINA												REGION					LOCALE				
	TOTAL	NC	RU	LU	ZO	LU	ZO	CAR	I	II	III	IV	V	TOTAL	MIND	IX	X	XI	XII	URBAN	RURAL	
	313	88	132	64	22	22	337	68	42	26	55	11	25	19	38	9	4	17	8	230	83	
MEDICARE MEMBERSHIP STATUS	35	39	31	33	41	32	29	38	15	29	39	20	37	45	33	25	71	13	34	36		
Not a Medicare member then	31	35	27	28	32	30	25	33	12	29	35	20	37	42	33	25	65	13	30	34		
Casualty employees not covered by Medicare	4	5	5	5	9	3	4	5	4								6		4	2		
NOT AWARE OF OR CLAIMING BENEFITS	19	23	20	14	23	11	25	17	38	16	27	16	11	16			18	38	20	18		
Not aware of claiming benefits	12	11	13	6	9	5	19	10	35	9	27	4	5	16			18	38	13	10		
Medicare was paid in cash	4	6	5	6	9	5	3	5		5		8	5						4	5		
Medicare was paid	2	5	2	2	5		1	2		2		4							2	2		
Benefit was not effort	1	1	1				1		4											1		
MEMBERMENT WAS LESS THAN THE FEDERAL MINIMUM MEMBER DAILY	14	9	19	16	50	67	22	14	35	16	9	20	16	8	22	25			12	22		
RECORDS WITH PROBLEMS WERE NOT UPDATED	10	13	10	13	50	5	7	12		7		8	11	5	11		6		11	6		
TAKING TIME FOR PAPERS PROCESSING	6	11	5	5	14		4	5	4	5	8	5		3	11				7	4		
Preparation of documents	5	8	5	5	14		4	5	4	2	4			3	11				5	4		
Processing of documents	2	5								4	4	5							3	4		
UNAWARE OF MEDICARE BENEFITS	5	7	4	6	5	8	1	2		5	1	11		3	11				5	4		
OTHERS	12	7	13	16	18	33	10	14	4	16	18	20	11	18	22		6	50	13	12		
UNKNOWN	3	1	1				1		4	7	9	8	5	5		50			3			

BASE MEDICARE BENEFICIARIES	TOTAL		IN		NON		SSS/GSIS MEMBERSHIP			
	MEMBERSHIP	STATUS	ACTIVE	MEMBER	MEMBER	MEMBER	SSS	GSIS	BOTH	MEMBER
MEDICARE MEMBERSHIP STATUS	35	19	48	32	39	21	1	32		
Not a Medicare member then	31	18	44	28	36	17	1	28		
Casualty employees not covered by Medicare	4	1	5	4	4	4		4		
NOT AWARE OF OR CLAIMING BENEFITS	19	23	16	21	18	24		21		
Not aware of claiming benefits	12	11	11	14	10	17		14		
Medicare was paid in cash	4	6	4	4	5	4		4		
Medicare was paid	2	5	1	2	2	3		2		
Benefit was not effort	1	1		1	1	1		1		
MEMBERMENT WAS LESS THAN THE FEDERAL MINIMUM MEMBER DAILY	14	20	14	11	25	9		11		
RECORDS WITH PROBLEMS WERE NOT UPDATED	10	6	11	10	10	3	50	10		
TAKING TIME FOR PAPERS PROCESSING	6	14	3	5	6	14		5		
Preparation of documents	5	10	3	3	5	10		3		
Processing of documents	2	5		2	2	4		2		
UNAWARE OF MEDICARE BENEFITS	5	5	3	6	4	7		5		
OTHERS	12	15	7	16	11	7		16		
UNKNOWN	3		3	3	2			3		

Table 49.
REASONS FOR NOT AVAILING OF MEDICARE BENEFITS (Among confined Medicare beneficiaries, by Medicare and SSS/GSIS memberships)

Problems regarding records updating, non-coverage of casual employees and the lack of awareness by the public of Medicare benefits may be adequately addressed

by an IEC campaign among employers and personnel officers of government and private sector companies.

The order of mention of the reasons given for the non-availing of Medicare benefits do not vary significantly across demographic groups and regions. One of the reasons - "confinement of less than the prescribed minimum number of days" - however, was remarkably high in Bicol (35%) than in the country as a whole (14%), and in the rural areas (22%) than the urban areas (12%).

1.3.4 Problems Encountered in Availing of Medicare Benefits (Table 50)

Only two (2) percent of those who avail of Medicare benefits encounter a problem. The high majority (98%) do not.

Of those who encounter a problem, ten (10) respondents feel that processing of refunds takes too long and three (3) respondents had to pay hospital bills first prior to filing their claims. Most of these incidents occurred in Metro Manila.

1.3.5 Perception of the Fairness of the Amount Covered by Medicare Compared to Monthly Contributions (Table 51)

On the overall, the amount covered by Medicare is perceived to be fair compared to the members' monthly contributions. This is the consensus of more than 3-in-4 respondents (76%) who were able to avail of Medicare benefits.

BASE - THOSE WHO AVAILED OF MEDICARE BENEFITS	TOTAL 531	
	No.	%
ENCOUNTERED PROBLEMS	12	2
Processing took too long	10	2
Paid hospital bills first, before filing their claims	3	1
DID NOT ENCOUNTER PROBLEMS	519	98

Table 50.
PROBLEMS ENCOUNTERED IN AVAILING OF MEDICARE BENEFITS
(Among active/inactive Medicare members and dependents who availed of confinement benefits)

This perception prevails in all demographic groups and regions, most specially in Western Mindanao (90%) and in the rural areas (83%).

1.3.6 Automatic-deduction of Medicare's Share of Hospital Bills (Table 52)

Most of the Medicare households which availed of benefits (81%) claim that Medicare's share of the hospital bills was automatically deducted from their account. Only 16% claim otherwise and had to ask for a refund, while 3% remain unaware of the process. Results likewise showed that:

- Automatically deducted hospital bills are prevalent in Northern, Central and Southern Mindanao, Bicol and Western Visayas than in the rest of the country.

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I.4 WILLINGNESS TO PAY HIGHER MONTHLY CONTRIBUTION FOR MORE AND BETTER MEDICARE BENEFITS (Table 53)

Medicare members and dependents who availed of Medicare benefits are, generally, not willing to pay additional monthly contributions. This was the consensus of almost 2-in-3 Medicare members/dependents (65%). The remaining 1-in-3 are willing to pay more for a better package.

Table 51.
PERCEPTION OF THE FAIRNESS OF THE AMOUNT COVERED BY MEDICARE COMPARED TO MONTHLY CONTRIBUTIONS (Among Medicare beneficiaries who availed of confinement benefits)

	BASE	FAIR	NOT FAIR	DON'T KNOW
	NO.	%	%	%
TOTAL REGION	531	76	23	1
NCR	106	64	35	1
TOTAL PROV'L LUZON	205	77	22	1
NORTH LUZON	86	78	19	3
CAR	10	80	10	10
ILOCOS	20	80	15	5
CAGAYAN	11	55	36	9
C LUZON	45	82	18	-
SOUTH LUZON	119	76	24	-
SO. TAGALOG	74	72	28	-
BICOL	45	84	16	-
TOTAL VISAYAS	114	77	22	1
WESTERN	46	85	15	-
CENTRAL	46	72	26	2
EASTERN	22	73	27	-
TOTAL MINDANAO	106	82	16	2
WESTERN	23	91	9	-
NORTHERN	17	88	12	-
SOUTHERN	49	78	18	4
CENTRAL	17	76	24	-
LOCALE				
URBAN	343	71	27	2
RURAL	188	83	16	1

	BASE	AUTOMATICALLY DEDUCTED	WAITED FOR REFUND	DON'T KNOW
	NO.	%	%	%
TOTAL	531	81	16	2
REGION				
NCR	106	74	25	1
TOTAL PROV'L LUZON	205	80	18	2
NORTH LUZON	86	77	18	5
CAR	10	60	30	10
ILOCOS	20	75	20	5
CAGAYAN	11	55	27	18
C LUZON	45	87	13	-
SOUTH LUZON	119	82	18	-
SO. TAGALOG	74	77	23	-
BICOL	45	91	9	-
TOTAL VISAYAS	114	83	12	5
WESTERN	46	91	9	-
CENTRAL	46	80	9	11
EASTERN	22	73	27	-
TOTAL MINDANAO	106	90	7	3
WESTERN	23	83	17	-
NORTHERN	17	94	6	-
SOUTHERN	49	90	6	4
CENTRAL	17	94	-	6

Table 52.
AUTOMATIC DEDUCTION OF MEDICARE'S SHARE OF HOSPITAL BILLS (Among active/inactive members and dependents who availed of confinement benefits)

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This feeling runs true across all demographic groups except in the socio-economic classes where the upper (AB) and middle (C) are more willing to pay a higher monthly contribution than the lower income group; similarly, active Medicare members express more willingness to pay a higher amount of monthly contributions than the inactive members and non-members of the program.

Table 53.
WILLINGNESS TO PAY HIGHER MONTHLY CONTRIBUTIONS FOR MORE AND BETTER MEDICARE BENEFITS

	BASE NO.	WILLING TO PAY	NOT WILLING TO PAY
		%	%
TOTAL	531	35	65
<u>SOCIO ECONOMIC CLASS</u>			
AB	52	37	63
C	205	40	60
DE	274	31	69
<u>MEDICARE MEMBERSHIP</u>			
ACTIVE	247	44	56
INACTIVE	118	31	69
NON-MEMBER	166	24	76

The regional and local figures, on the other hand, do not manifest a significant variance.

1.4 1 Amount of Additional Medicare Contribution (Tables 54-55)

The amount of additional contribution which Medicare members are willing to pay in exchange of bigger and better benefits vary widely from a low of P1.00 to a high of P200.00, with a median of P20.00 and a weighted average of P353.38 nationally.

Medians lower than the national median are registered by the 50-64 age group, inactive Medicare members (P10.00 each) and the unmarried (P15.00), while the median that is higher than the national median is found among the ABs (P25.00) only.

Regionwise, the P20.00 median is maintained in all but two (2) regions, namely, Metro Manila and Eastern Visayas, with medians of P25.00 and P15.00 respectively.

The mean additional contribution tends to increase as the socio-economic class increases.

The amount of additional Medicare contribution is found to be:

- Lower among the 50 - 64 age bracket, and the unmarried; and
- Higher among professionals, businessmen and active Medicare members.

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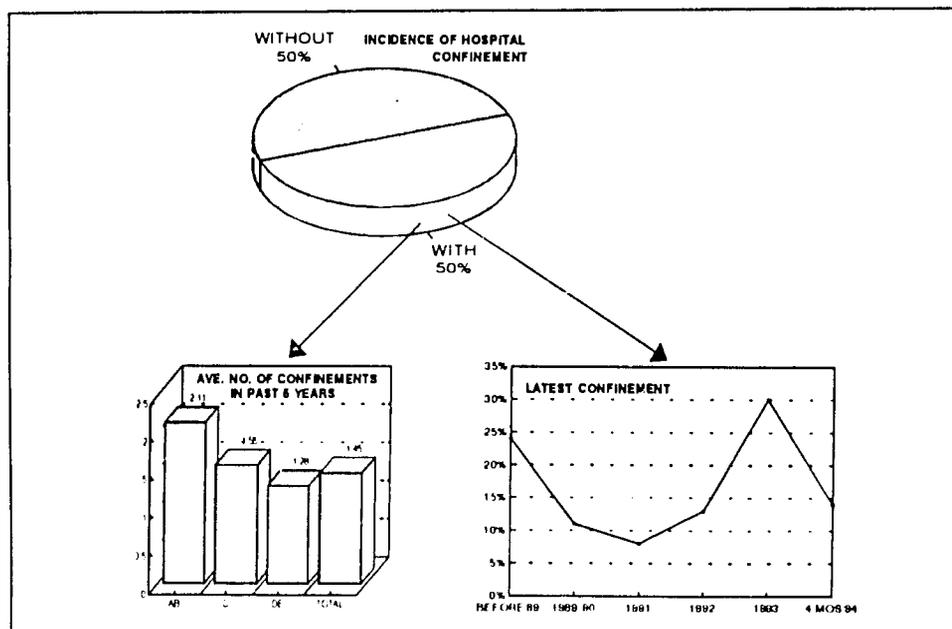


Figure 15.
AVAILMENT OF
MEDICARE
BENEFITS
DURING LAST
CONFINEMENT

Table 54 and 55.
AMOUNT OF
ADDITIONAL MEDICARE
CONTRIBUTION
(Among beneficiaries
willing to add
contributions, by
demographic groups
and region/locale)

	BASE (No.)	RANGE	MEAN (₱) (IN PESOS)	MEDIAN (IN PESOS)
TOTAL	185	1.00 - 200.00	35.38	20.00
REGION				
METRO MANILA (NCR)	41	2.50 - 200.00	36.34	25.00
PROVINCIAL LUZON	75	1.00 - 200.00	38.09	20.00
NORTH LUZON	27	1.00 - 200.00	34.19	20.00
CAR	5	1.00 - 20.00	10.20	10.00
Region I - Ilocos	7	10.00 - 200.00	19.86	10.00
Region II - Cag. Val.	3	50.00 - 60.00	60.00	50.00
Region III - Ce. Luzon	12	2.00 - 100.00	28.09	20.00
SOUTH LUZON	48	2.50 - 200.00	40.20	20.00
Region IV - So. Tag.	26	5.00 - 200.00	53.28	20.00
Region V - Bicol	22	2.50 - 100.00	24.75	20.00
VISAYAS	39	1.00 - 200.00	33.63	20.00
Region VI - Western	16	1.00 - 200.00	36.00	20.00
Region VII - Central	17	5.00 - 150.00	32.04	15.00
Region VIII - Eastern	6	10.00 - 70.00	31.79	25.00
MINDANAO	30	2.00 - 200.00	29.21	20.00
Region IX - Western	5	5.00 - 100.00	32.25	15.00
Region X - Northern	4	2.00 - 200.00	100.67	100.00
Region XI - Southern	15	5.00 - 50.00	19.47	20.00
Region XII - Central	6	10.00 - 20.00	15.83	20.00
LOCALE				
URBAN	126	1.00 - 200.00	36.25	20.00
NCR	41	2.50 - 200.00	36.42	25.00
Prov'l Luzon	43	2.00 - 200.00	34.88	20.00
Visayas	21	1.00 - 200.00	50.21	30.00
Mindanao	21	2.00 - 200.00	24.20	20.00
RURAL	59	1.00 - 200.00	33.50	20.00
Prov'l Luzon	32	1.00 - 200.00	42.54	20.00
Visayas	18	5.00 - 37.00	14.28	10.00
Mindanao	9	9.00 - 100.00	41.75	20.00

	BASE (No.)	RANGE	MEAN (₱) (IN PESOS)	MEDIAN (IN PESOS)
TOTAL	185	1.00 - 200.00	35.38	20.00
SOCIO-ECO. CLASS				
AB	19	3.50 - 200.00	40.30	25.00
C	81	2.00 - 200.00	39.71	20.00
DE	85	1.00 - 200.00	30.06	20.00
SEX				
Male	106	2.00 - 200.00	34.89	20.00
Female	79	1.00 - 200.00	36.02	20.00
AGE GROUP				
18-29	45	1.00 - 200.00	30.22	20.00
30-39	60	2.00 - 200.00	35.47	20.00
40-49	62	1.00 - 200.00	42.28	20.00
50-64	18	5.00 - 100.00	24.10	10.00
MARITAL STATUS				
Single	27	1.00 - 100.00	23.24	15.00
Married	156	1.00 - 200.00	37.03	20.00
Widow ed/Separated	2	50.00 - 100.00	75.00	50.00
MEDICARE MEMBERSHIP				
Active	108	1.00 - 200.00	41.34	20.00
Inactive	37	2.00 - 100.00	25.35	10.00
Non-member	40	1.00 - 200.00	27.76	20.00
TYPE OF MEMBERSHIP				
SSS	92	1.00 - 200.00	38.59	20.00
GSIS	48	5.00 - 200.00	36.02	20.00
Both	5	3.50 - 100.00	32.20	20.00
OCCUPATION				
Exec./Prof./Bus.	60	1.00 - 200.00	43.62	20.00
White Collar Worker	30	2.50 - 200.00	35.89	20.00
Blue Collar Worker	51	1.00 - 150.00	29.95	20.00
Agricultural	4	15.00 - 100.00	45.00	20.00
Farm Owner	2	5.00 - 10.00	7.50	10.00
Not Gainfully Employed	38	2.00 - 200.00	29.74	20.00

- INTRODUCTORY BASELINE STUDY FOR IEC CAMPAIGN

I.5 DOCUMENTS REQUIRED TO AVAIL OF MEDICARE BENEFITS

1.5.1 Number of Documents Required

More than 7-in-10 respondents (72%) are asked to submit PMCC Form 1 in order to avail of Medicare benefits. Others are required to present the following:

E-4 Form for parents/children	18%
Policy Contract	17%
E-1 for dependant spouse	15%
Birth certificate	9%
Certified true copy of service record	4%
Marriage contract	4%
Term renewal insurance certificate	3%
Certified true copy of original appointment	2%
Other documents	11%

On the average, 6-in-10 (60%) of total Medicare households are asked to submit two or more documents to avail of Medicare benefits. Apparently, this is a deterrent to some Medicare members in the availment of benefits, as indicated in Item I.3.3.

Visayas and Mindanao Medicare households seem to have been required to submit more documents than the rest of the country. Average number of documents per household were 1.7 in the Visayas and 1.8 in Mindanao. Meanwhile, Metro Manila households only ranked 1.5, Northern Luzon 1.4, and Southern Luzon, 1.5:

Ave. No. of Documents Required	Households Who Availed of Benefits	No. of Documents Required
1.5	98	145
1.4	82	113
1.5	115	171
1.7	113	196
1.8	102	198

1.5.2 Problems Encountered in the Submission of Required Documents

Majority or 98% of those who have availed of Medicare benefits did not experience any problem in the submission of the required documents. Only 2% claimed otherwise.

The ease with which the submittals were made was experienced across all socio-economic groups and regions.

	BASE NO.	NO PROBLEM	WITH PROBLEM
TOTAL RP	531	98%	2%
SOCIO-ECO CLASS			
AB	52	98%	2%
C	205	97%	3%
DE	274	99%	1%
GEOGRAPHIC DIVISIONS			
Metro Manila	106	99%	1%
North Luzon	86	100%	-
South Luzon	119	98%	2%
Visayas	114	96%	4%
Mindanao	106	98%	2%
LOCALE			
Urban	343	98%	2%
Rural	188	98%	2%

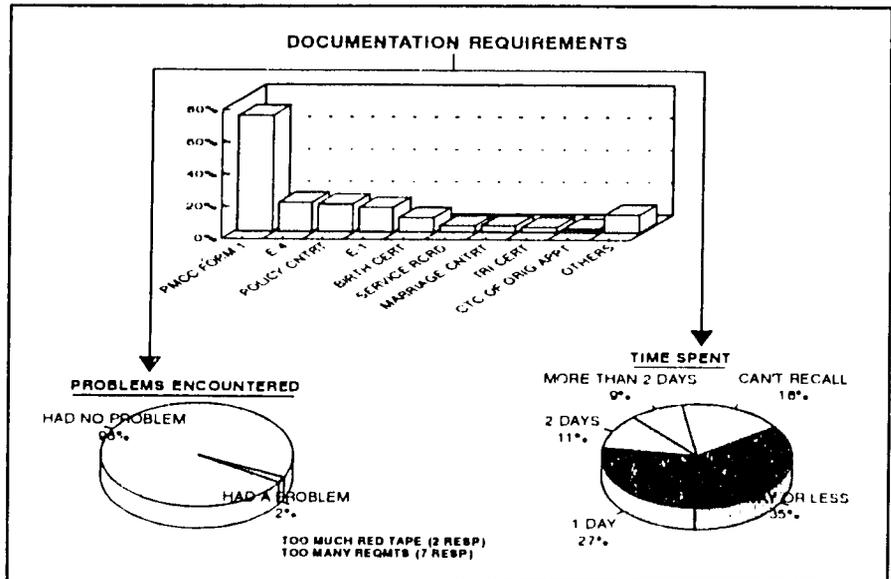
INTRODUCTORY BASELINE STUDY FOR IEC CAMPAIGN

Seven (7) of the nine (9) respondents who experienced problems in producing the needed documents claim that the requirements were too many: two (2) claim having encountered red tape, and one (1) blames the Medicare system for the "inefficiency" of personnel.

1.5.3 Time Spent to Produce Documents

About 8-in-10 (78%) households which availed of Medicare benefits were able to produce the required documents in just a week. Of these, 62% were able to submit them in one day, 11% in two (2) days, and 5% in 3 - 5 days.

Figure 16. DOCUMENTATION REQUIREMENTS



- This is true across all socio-economic groups, although it seems that more of the ABs than the Cs and the DEs (73% vs. 61%) were able to produce their documents within the day.

Table 56. TIME SPENT TO PRODUCE DOCUMENTS

MEDICARE BENEFICIARIES BASE: WHO AVAILED OF BENEFITS	TOTAL PHILS	SOCIO-ECONOMIC CLASS			METRO MANILA	GEOGRAPHIC DIVISIONS				LOCALE	
		ALL	C	DE		NORTH LUZON	SOUTH LUZON	VI-SAYAS	MIN-DANAO	URBAN	RURAL
	531	52	205	274	106	86	119	114	106	343	188
WITHIN THE DAY	62	73	61	61	58	60	74	52	66	60	66
1 hour or less	28	27	25	30	25	24	29	35	25	25	32
Half day	7	4	7	7	8	2	10	1	12	8	6
One day	27	42	29	24	25	34	35	16	29	27	28
WITHIN TWO DAYS	11	2	9	13	8	13	9	8	17	11	1
1 1/2 days	4	-	4	4	1	5	4	4	5	4	3
2 days	7	2	5	9	7	8	5	4	12	7	8
3 - 5 DAYS	5	3	4	6	6	5	6	4	3	6	3
1.5 - 2.0 WEEKS	4	3	5	4	5	5	3	5	3	5	2
3 WEEKS OR MORE	*	-	1	1	1	-	-	-	-	1	-
CAN'T RECALL	18	19	20	15	22	17	8	31	11	17	18

* Less than 0.5%

INTRODUCTORY BASELINE STUDY FOR IEC CAMPAIGN

J. INTEREST IN MEDICARE

J.1 DEGREE OF INTEREST IN MEDICARE (Figure 17 and Table 57)

The large majority (72%) of the country's adult population are interested in Medicare. Only 24% signified non-interest and 4% are not sure. The degree of interest in Medicare - measured on a 5-point rating scale where 5 is **very interested** and 1 is **very uninterested** - is 3.60, meaning interested.

This positive attitude towards Medicare is reflected across all respondents regardless of their Medicare membership status.

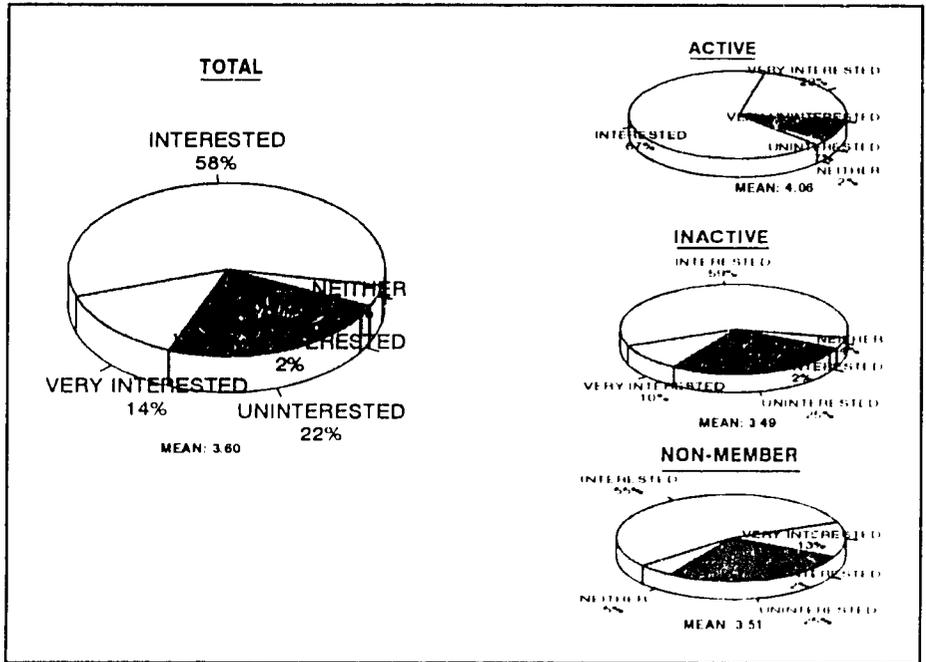


Figure 17. INTEREST IN MEDICARE

The active Medicare members, however, appear to be significantly more interested than the inactive and non-members of Medicare (90% vs. 69% and 67%, respectively).

BASE: TOTAL RESPONDENTS	(Weight)	TOTAL 3000	MEMBER		NON-MEMBER 1934
			ACTIVE 521	INACTIVE 545	
	(x)	%	%	%	%
VERY INTERESTED	(5)	14	23	10	13
INTERESTED	(4)	58	67	59	55
NEITHER	(3)	4	2	4	5
UNINTERESTED	(2)	22	7	25	25
VERY UNINTERESTED	(1)	2	1	2	2
MEAN (x)		3.60	4.06	3.49	3.51

Table 57. DEGREE OF INTEREST IN MEDICARE

INTRODUCTORY BASELINE STUDY FOR IEC CAMPAIGN

J.2.1 Reasons for Interest

(Table 58)

Interest in Medicare is primarily due to its coverage of hospital bills as claimed by 51% of the total adult population.

This reason is found to be significantly given more by non-members (56%) than the active (40%) and inactive (44%) members of Medicare.

To a lesser extent, the perception that Medicare gives financial assistance to hospitalized members (20%) and the coverage of drugs and medicines (14%) were also cited as reasons for interest.

Others likewise manifested interest in Medicare because of the extension of the benefits to dependents (10%), and the certainty of hospitalization even without the availability of cash (7%).

J.2.2 Reasons for Non-Interest (Table 59)

Non-interest in Medicare, on the other hand, is primarily due to economic reasons (65%), as shown by these results:

- Respondents feel that their sources of income are unstable (36%), that they could not afford the premium payments (30%), and that they regard Medicare contributions as an

Table 58.
REASONS FOR INTEREST IN MEDICARE

BASE : RESPONDENTS INTERESTED IN MEDICARE	TOTAL 2153 %	M E M B E R		NON-MEMBER 1308 %
		ACTIVE 472 %	INACTIVE 373 %	
EXTENDS BENEFITS ON TOTAL HOSPITAL EXPENSES	51	40	44	56
Allowance on hospital expenses	49	38	43	54
Pays total hospital bills	2	2	1	2
NATURE OF THE PROGRAM	38	40	41	31
Gives financial assistance when hospitalized	20	21	20	19
Benefits extended to dependents	10	10	10	6
Can be hospitalized even without cash	7	8	10	5
Kind of health insurance	1	1	1	1
COVERS DRUGS AND MEDICINE	14	15	14	11
Allowance for drugs and medicine	12	12	11	10
Pay total drugs and medicine expenses	2	3	3	1
PARTIALLY COVERS SPECIALISTS SURGEON'S FEES	2	3	3	2
GIVES ROOM AND BOARD ALLOWANCE	3	6	3	1
COVERS DOCTOR'S FEES	3	2	3	3
PROVIDES PENSION DISABILITY BENEFITS	2		2	2
PARTIALLY COVERS LABORATORY FEES	1	1		

additional financial burden to the family (1%).

- Economic reasons are given by majority of inactive Medicare members (65%) and non-members (68%), but are cited by only a few active Medicare members.

- The active Medicare members' non-interest in Medicare are due to the limited basket of benefits (23%). This is primarily attributed to the non-coverage of the full hospital bills, and the perception of premium payments as some kind of a forced deduction from the salary (20%).

Other reasons for the non-interest in Medicare pertain mostly to the stated status/character of prospective members, which could be any of the following:

Being too old to be a member	7%
Unaware of benefits/coverage	6%
Being already a dependent/ one is enough	5%

INTRODUCTORY BASELINE STUDY FOR IEC CAMPAIGN

Table 59.
REASONS FOR NON-INTEREST IN MEDICARE

BASE : RESPONDENTS NOT INTERESTED IN MEDICARE	TOTAL	M E M B E R		NON-
	811	ACTIVE	INACTIVE	MEMBER
	%	%	%	%
ECONOMIC REASONS	65	13	65	68
Unstable source of income	36	5	44	35
Can't afford premium payments	30	5	23	34
Just an additional financial burden	1	-	1	1
ERRATIC PREMIUM PAYMENT/REMITTANCE	3	23	2	2
Forced deduction from salary	2	20	1	1
Has to update contribution to maintain membership	1	3	-	1
Contribution not remitted by employer	1	-	1	1
TOO OLD TO BE A MEMBER	7	5	7	7
NOT AWARE OF BENEFITS AND COVERAGE	6	3	4	6
LIMITED MEDICARE BENEFITS	3	23	4	2
ALREADY A DEPENDENT ONE IS ENOUGH COVERED BY HEALTH INSURANCE PACKAGE	1	5	5	6
NO USE UNLESS ONE GETS SICK	1	5	1	1
REIMBURSEMENT DEFICIENCIES	3	13	5	1
Reimbursement takes too long	1	5	-	1
Too many required documents	2	8	5	1
OTHERS	5	10	6	5
CAN'T SPECIFY	4	-	-	5

J.3 REASONS FOR NOT HAVING CONTINUED MEMBERSHIP DESPITE INTEREST IN MEDICARE AMONG INACTIVE MEDICARE MEMBERS (Table 60)

Inactive members who show interest in Medicare but did not continue their membership pointed to **economic difficulties** (74%) as a major reason for discontinuing membership:

Unstable source of income	55%
Non-affordable premium payments	16%
Low salary/income	3%

They neither had the time for pursuing their membership applications nor the idea of where to go or how to apply for it. Others blame their employers for neither deducting/

remitting their Medicare contributions (2%) as lawfully prescribed.

Economic difficulty was the reason cited to a high extent by the poorer segments of the population (DEs) than the ABCs; the unmarried than the married; and the rural than the urban respondents.

- By region, this attribution was highest in the Visayas (81%), followed by Mindanao (77%) and MetroManila (75%).

The lack of time to apply for Medicare membership was the reason cited more frequently by the ABCs than the DEs. Non-awareness of location and procedures in membership application were reasons cited by the CDEs only.

INTRODUCTORY BASELINE STUDY FOR IEC CAMPAIGN

Table 60.
REASONS FOR NOT HAVING CONTINUED MEMBERSHIP DESPITE THEIR INTEREST IN MEDICARE
(Among inactive Medicare members)

INACTIVE MEMBERS WHO ARE INTERESTED IN MEDICARE	TOTAL PHILS.	SOCIO-ECONOMIC CLASS			RESPONDENT			MARITAL STATUS OF GEOGRAPHIC DIVISION					LOCALE	
		AB	C	DE	SINGLE	MAR-RIED	WIDOW	METRO MANILA	NORTH LUZON	SOUTH LUZON	VI-SAYAS	MIN-DANAO	URBAN	RURAL
		%	%	%	%	%	%	%	%	%	%	%	%	%
BASE:	373	22	87	264	54	314	5	80	103	60	70	60	232	141
ECONOMIC REASONS	74	64	62	79	85	72	80	75	70	70	81	77	71	78
Unstable source of income	55	50	47	58	69	54	-	50	53	48	63	63	54	57
Can't afford premium payment	16	5	11	19	13	16	80	16	16	20	19	11	15	18
Low salary/income	3	9	5	3	4	4	-	9	2	2	1	3	4	3
NO TIME TO APPLY FOR MEDICARE MEMBERSHIP	12	36	22	6	6	13	-	16	13	12	10	7	14	8
DON'T KNOW WHERE AND HOW TO APPLY	8	-	7	8	-	9	20	4	14	7	3	8	7	8
EMPLOYER DOES NOT DEDUCT/REMIT CONTRIBUTIONS	2	-	3	1	4	1	-	1	1	5	-	2	3	-
OTHERS	3	-	6	3	6	3	-	4	3	3	3	4	4	3
CAN'T SPECIFY	2	-	-	3	-	2	-	-	-	3	3	5	1	4

3.4.1 Degree of Interest to Pay the Minimum Total Monthly Contributions of P119 Among Inactive Members and Non-Members of Medicare (Table 61)

Inactive members and non-members of Medicare who are interested in Medicare are almost unanimous in voicing their willingness to pay the minimum monthly contribution of P119.00 which represents the employee's and employer's share of SSS and Medicare contributions.

- Interest in paying the minimum monthly Medicare contribution is signified by more than 3-in-4 inactive members (76%) and more than 7-in-10 non-members of Medicare (72%).
- Non-interest in paying monthly contribution to Medicare is only 22% among inactive members and 27% among non-members of Medicare.

The rest (2% and 1% respectively) are indifferent.

On a 5-point rating scale where 5 is "very interested" and 1 is "very uninterested", the inactive members

Table 61.
DEGREE OF INTEREST TO PAY THE MINIMUM TOTAL MONTHLY CONTRIBUTIONS

	MEDICARE	
	Inactive Member	Non-Member
Inactive Member/Non-Member Base: Interested in Medicare	373	1308
Very Interested	10	11
Interested	66	61
Neither Interested Nor Uninterested	2	1
Uninterested	21	26
Very Uninterested	1	1
Weighted Average (x)	3.63	3.56

INTRODUCTORY BASELINE STUDY FOR IEC CAMPAIGN

J.4.2 Monthly Contributions Willing to be Paid by Inactive Members and Non-Members of Medicare who find the Minimum Total Monthly Contributions Too High (Table 62)

Those who are not interested in Medicare because they find the minimum monthly contribution to be "too high" suggest the payment of an average monthly contribution almost equivalent to the employee's share of SSS and Medicare monthly contributions combined.

- They suggest a monthly contribution ranging from P2.00 to P100.00 with a weighted average of P40.10 among inactive members and P37.19 among non-members of Medicare.

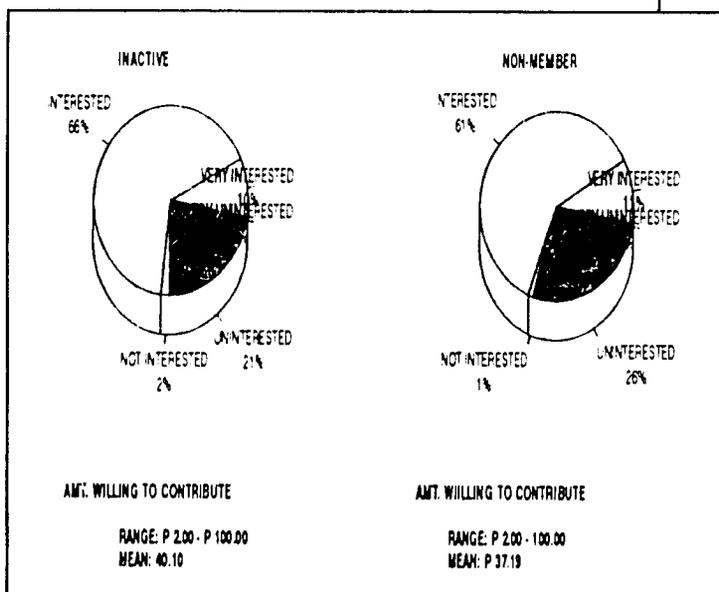
- A plurality of inactive members (34%) and non members (32%) opt to contribute P50.00 to P54.00 monthly.

- Only 15% of inactive members and 11% of non-members are willing to pay P55.00 or more monthly.

Table 62.
MONTHLY CONTRIBUTIONS WILLING TO BE PAID BY INACTIVE MEMBERS/NON-MEMBERS

	M E D I C A R E	
	Inactive Member	Non-Member
Inactive Members/Non-Members Interested In Medicare But Not Interested To Pay The Minimum Total Monthly Base: Medicare Contributions	83	348
P 2.00 - P 10.00	14	22
2.00 - 20.00	15	18
25.00 - 40.00	15	7
50.00 - 54.00	34	32
55.00 - 70.00	7	2
75.00 - 100.00	8	9
Don't Know	7	10
Weighted Average (x̄)	40.10	37.19

Figure 18.
INACTIVE/NON-MEMBERS INTERESTED TO CONTINUE BEING A MEDICARE MEMBER



EVER-EMPLOYMENT AMONG MEDICARE NON-MEMBERS

K.1 INCIDENCE (Table 63)

The incidence of having previous employment among Medicare non-members is relatively high. More than 1-in-4 (27%) non-members claim having previous employment.

- About 3-in-4 (73%) had no previous employment and, therefore, had no chance of being members of the old (unexpanded) Medicare program.

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- By demographic groups, having previous employment appears to be significantly higher among the males than the females and among the younger (28-39 age group) than the older (40-64 age group) population.

- The mountain regions of Luzon (CAR and Cagayan Valley) have the lowest incidence of previous employment among the adult population who are Medicare non-members (8%) while the highest incidence was found in Northern Mindanao (46%). This is followed by Eastern Visayas (41%), Western Visayas (40%), and Metro Manila (36%).

Table 63.
INCIDENCE OF EVER-EMPLOYMENT
AMONG MEDICARE NON-MEMBERS BY SEX
AND AGE GROUP

MEDICARE BASE: NON-MEMBERS	TOTAL (1934)	SEX		AGE GROUP			
		MALE (777)	FEMALE (1157)	18-29 (794)	30-39 (494)	40-49 (302)	50-64 (344)
	%	%	%	%	%	%	%
HAD PREVIOUS EMPLOYMENT	27	32	23	29	30	22	22
HAD NO PREVIOUS EMPLOYMENT	73	68	77	71	70	78	78

K.2 REASONS FOR NOT BEING SSS/GSIS MEMBERS AMONG THOSE WHO HAD PREVIOUS EMPLOYMENT (Table 64-65)

Medicare non-members with previous employment histories point to the nature of their employment (66%) as the main reason for not having been SSS/GSIS members. They claimed that they :

Were casual/part-time employees	46%
Worked in a small shop/company	18%
Worked abroad	2%

Others claim that negligence of employers (21%) is likewise a major reason. They also believe that:

Table 64.
INCIDENCE OF EVER-EMPLOYMENT AMONG
MEDICARE NON-MEMBERS
(By region)

	BASE NO.	HAD PREVIOUS EMPLOYMENT %	HAD NO PREVIOUS EMPLOYMENT %
MEDICARE NON-MEMBER REGION	1934	27	73
NCR	190	30	64
TOTAL PROVL LUZON	641	20	80
NORTH LUZON	450	17	83
CAR	40	8	92
ILOCOS	123	25	75
CAGAYAN	88	8	92
C LUZON	201	18	82
SOUTH LUZON	391	23	77
SO TAGALOG	285	25	75
BICOL	106	18	82
TOTAL VISAYAS	438	35	65
WESTERN	177	40	60
CENTRAL	143	25	75
EASTERN	118	41	59
TOTAL MINDANAO	487	28	72
WESTERN	119	18	84
NORTHERN	131	46	54
SOUTHERN	96	25	75
CENTRAL	121	22	78
LOCALE			
URBAN	857	32	68
RURAL	1077	23	77

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- Employers do not deduct (14%) and do not remit contributions (4%).
- Employers do not want their employees to be SSS members (3%)

A few claim that they:

- Were not included in the program before (5%) being domestic helpers (4%) and sales workers (1%)
- Had no time to apply for membership (5%); and
- Do not know where and how to apply (3%)

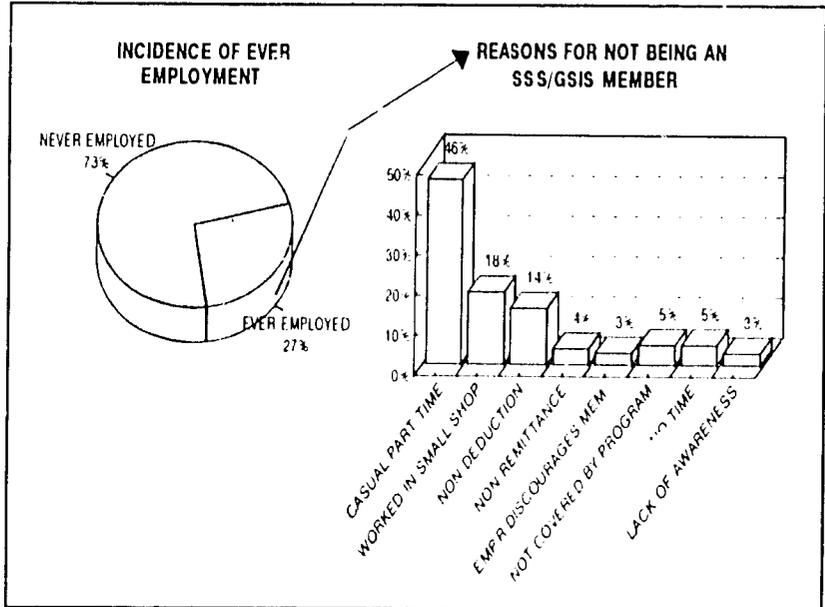


Figure 18.
EVER-EMPLOYMENT AMONG MEDICARE NON-MEMBERS

Table 65.
REASONS FOR NOT BEING SSS/GSIS MEMBERS (Among Medicare non-members with no previous employment, by region)

	TOTAL PHILS	METRO MANILA		L U Z O N		VISAYAS	MIN-DANAO	LOCALE	
		MANILA	%	NORTH	SOUTH			URBAN	RURAL
BASE: MEDICARE NON-MEMBERS WHO HAD PREVIOUS EMPLOYMENT	520	89	%	78	90	153	130	275	245
NATURE OF EMPLOYMENT	68	70	%	59	82	82	78	87	85
Casual/Part time employee	48	43		35	41	51	52	48	48
Worked in a small company	18	21		21	20	12	22	19	18
Worked abroad	2	6		4	1	-	2	3	1
NEGLIGENCE OF EMPLOYER	21	23		30	23	19	11	23	19
Employer does not deduct	14	19		28	14	12	7	18	13
Contributions were not remitted	4	4		8	5	1	1	4	2
Don't want us to be SSS members	3	-		-	4	7	3	3	4
NOT INCLUDED IN THE PROGRAM BEFORE	5	4		4	8	6	6	6	5
Domestic helper	4	3		4	2	5	6	4	6
Sales worker	1	1		-	6	-	-	2	-
NO TIME TO APPLY FOR MEMBERSHIP	5	3		4	8	7	3	4	8
DOES NOT KNOW WHERE & HOW TO APPLY	3	-		-	1	8	3	-	8
TOO OLD TO BE A MEMBER	1	-		-	-	1	1	1	-
CAN'T SPECIFY	1	-		-	1	1	1	-	2

K.3 PROJECTED MEDICARE BENEFICIARIES AND DEPENDENCY RATES

(Figures 20-21)

Projections were based on National Statistics Office (NSO) 1993 estimated total population of 66,390,000 of which about 51% are males and 49%, females.

Work/labor force is estimated at 37.2 million individuals whose ages are from 18 to 64 years old representing 56% of the population.

- This, however, includes those physically and mentally impaired who are projected to comprise more than a quarter of a million (259,000)

- This results in a slight drop in the population to about 36.9 million able/potential work force or 55.6% of total population.

This is further subdivided into Gainfully Employed (35%), and Not Gainfully Employed (20.6%)

- Gainfully employed are classified into wage and salary earners (12.5%), self-employed (29.1%), and employers (0.6%); the group comprises more than 23 million.

- Not gainfully employed, on the other hand, are composed of full-time students (3%), housekeepers (12.7%), and the unemployed (4.6%)

- The national dependency rate, therefore, is 2.9% which means that every gainfully employed individual is supporting an average of 2.9 more individuals, aside from himself.

Membership in SSS/GSIS or Medicare is about 19.5% of total population which is projected to be around 13.0 million. It is distributed into 10.0 million SSS members (15.1% of total population), 2.8 million GSIS members (4.2% of total population), and 0.2 million members of both SSS and GSIS (0.3% of total population).

- Medicare membership is likewise around 1.30 million which is categorized into Active Members (6.3 million), and Inactive Members (6.7 million). They comprise about 9.5% and 10% of total population respectively, or 17% and 18% of the potential labor force

Members of Medicare and SSS/GSIS declare a total of 31.7 million dependents (47.7% of total population), of which only 17.9 million qualify as dependents and 13.8 million do not qualify as such.

- Qualified dependents are those who are not Medicare members themselves and are either the members' unmarried children below 21 years old, spouse, or parents 60 years old and over.

- Not qualified as dependents are those who have been declared as dependents but who do not fall under any of the categories above.

- Apparently, only slightly more than half (56%) of the declared dependents are qualified or legal dependents. The rest (44%) are not.

- The legal dependency rate is 1.4.

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It appears from the computation of the extent of Medicare coverage that the number of declared dependents is actually double than the actual figure.

- Using the split of Medicare membership status (6.3 million active and 6.7 million inactive members), and assuming that the average number of dependents is the same among active and inactive members, it is estimated that the present Medicare coverage is only 15 million or 22.6% of the total population composed of 6.3 million active members and 8.7 million dependents.

- Based on what has been declared by Medicare members, Medicare coverage is about 21.7 million or 32.7 % of the total population, irrespective of whether these are qualified/legal dependents or not. The declared dependency ratio is 2.5.

- In reality, had the members updated their records with SSS.GSIS

Figure 19.
POPULATION DISTRIBUTION
(By class of worker)

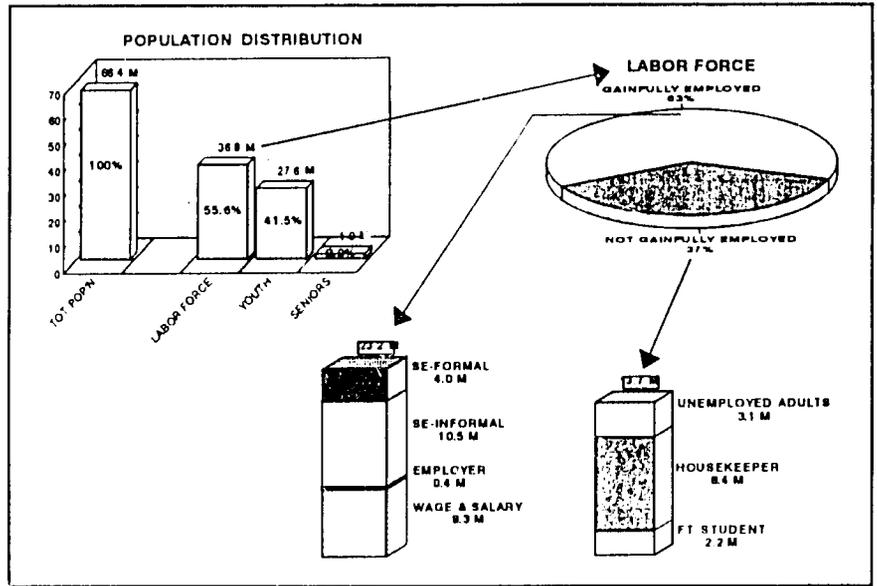
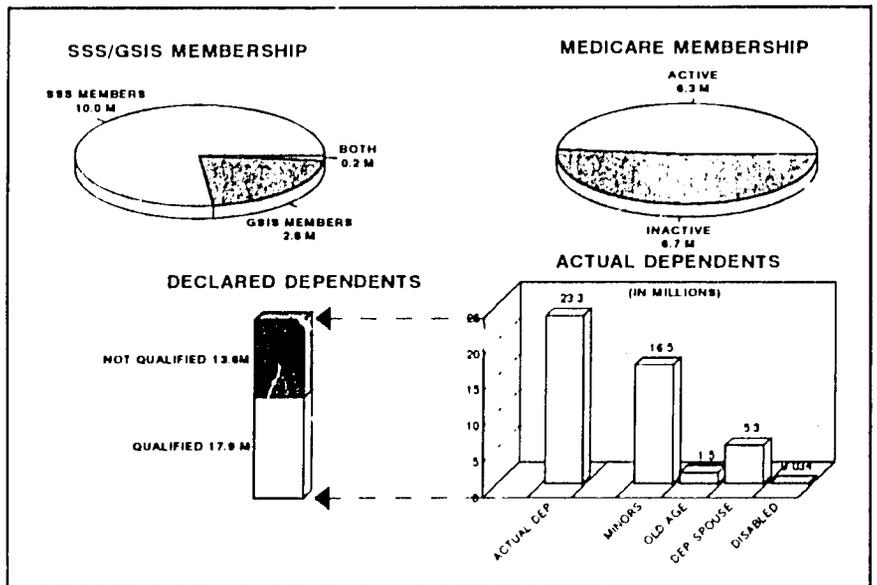


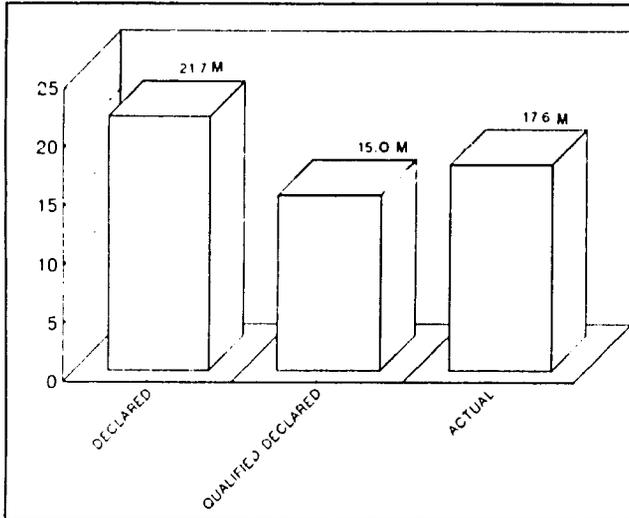
Figure 20.
PROJECTED SSS/GSIS AND MEDICARE BENEFICIARIES



and Medicare, benefits of the two (2) programs may be availed of by 17.6 million, or an increase of 2.6 million from the present Medicare coverage. Actual dependency ratio is 1.8.

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Figure 21.
PRESENT TOTAL MEDICARE
BENEFICIARIES (Based on declared,
qualified declared, and actual dependents)



	POPULATION		SHARE OF TOTAL (%)
	RAW DATA (IN 000)	PROJECTED (IN 000)	
MEDICARE MEMBERS	3.36	12,940	19.5
Active Members	1.63	6,285	9.5
Inactive Members	1.73	6,655	10.0
DECLARED DEPENDENTS	8.22	31,695	47.7
Qualified	4.65	17,914	27.0
Not Qualified	3.57	13,781	20.7
ACTUAL DEPENDENTS	6.04	23,289	35.1
Minor (20 yrs. or below)	4.27	16,484	24.8
Old Age (60 yrs or over)	0.39	1,496	2.3
Dependent Spouse	1.37	5,275	7.9
Disabled	0.01	34	**
PRESENT MEDICARE BENEFICIARIES ***			
Actual	9.40	36,229	54.6
Declared	*****	44,635	67.2
Qualified	8.01	30,854	46.5

** - Less than 0.5%
*** - Includes members and dependents

Table 66.
PROJECTED MEDICARE BENEFICIARIES
AND DEPENDENCY RATES

	POPULATION		SHARE OF TOTAL (%)
	RAW DATA (IN 000)	PROJECTED (IN 000)	
TOTAL INDIVIDUALS	17.22	66.39 *	100.0
MALES	8.74	33.72	50.8
FEMALES	8.47	32.67	49.2
WORK FORCE (18-64 yrs. old)	9.64	37.15	56.0
INDIVIDUALS (14-64 yrs. old)	11.10	42.80	64.5
POTENTIAL WORK FORCE (18-64 yrs. old)	9.57	36.89	55.6
CLASS OF WORKER (18-64 yrs. old)			
Gainfully Employed	6.02	23,217	35.0
Wage And Salary	2.16	8,313	12.5
Self-Employed (Formal)	1.04	4,009	6.1
Self-Employed (Informal)	2.71	10,465	15.8
Employer	0.11	430	0.6
Not Gainfully Employed	3.55	13,675	20.6
Full-time Student	0.57	2,177	3.3
Housekeeper	2.18	8,411	12.7
Unemployed Adults	0.80	3,087	4.6
SSS-GSIS MEMBERSHIP	3.36	12,940	19.5
SSS Members	2.52	9,993	15.1
GSIS Members	0.79	2,776	4.2
Both	0.05	171	0.2

* - NSO 1993 Projected Population

Table 67.
PROJECTED MEDICARE
BENEFICIARIES AND
DEPENDENCY RATES

- Still, this is relatively low (26%) compared to the estimated 1993 population of the country, the coverage of which is the ultimate goal of Republic Act 7875 of 1995, the duly promulgated national health insurance law. The computation formula for the dependency rates are



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shown as follows for the national dependency rate and for the actual, declared, and qualified members of SSS and GSIS::

	<u>Gainfully</u>	
NATIONAL	<u>Total Population - Employed</u>	
DEPENDENCY RATE	Gainfully Employed	
=	1.9	
SSS/GSIS	<u>Actual Dependents</u>	
DEPENDENCY RATE	Total SSS/GSIS Members	
=	1.8	
	<u>Declared Dependents</u>	
	Total SSS/GSIS Members	
=	2.4	
	<u>Qualified Declared Dep.</u>	
	Total SSS/GSIS Members	
=	1.4	

L. ATTITUDE TOWARDS A TOTALLY INDEPENDENT MEDICARE FROM SSS AND GSIS

L.1 PREFERENCE (Tables 68-69)

The adult population (18-64 years old) predominantly prefer to be members of both Medicare and SSS/GSIS (65%) either under the old set-up (39%) or under the planned separation

of Medicare from SSS/GSIS (24%). The remaining 37% prefer other options, as follows: be an SSS/GSIS member only (11%); be a Medicare member only (8%); or be a non-member of both Medicare and SSS/GSIS (15%). Some 3% were undecided.

It is worthy to note that a good plurality (39%) of total respondents opted to choose the old set-up. This is an indication that pursuing with the plan should be done more cautiously and studied more deeply.

- Choice of the old set-up (although just a plurality) is seen in all demographic groups and regions except in Western Visayas, Bicol, and Central Luzon. To be both a Medicare and SSS/GSIS member under the planned scheme is preferred by the majority in Western Visayas (61%) and Bicol (55%) and the plurality (30%) in Central Luzon.

Those who prefer to be SSS/GSIS members appear to have only a slight edge over those who prefer to be Medicare members only. However, its edge gained significance among inactive Medicare members in Metro Manila and Southern Tagalog and among the urban areas.

- Persons who preferred to be Medicare members only significantly outnumbered those preferred being SSS/GSIS members as well only in the region of Western Mindanao.

Those who prefer to be non-members of both programs are a slight plurality in Eastern Visayas (35%).

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Table 68.
ATTITUDE TOWARDS A TOTALLY
INDEPENDENT MEDICARE
(By demographic groups)

	BASE No.	BE A MEDICARE MEMBER ONLY		BE BOTH A MEDICARE AND SSS/GSIS MEMBER			BE A NON-MEMBER		DON'T KNOW
		%	%	TOTAL	AS PLANNED	OLD SET-UP	OF BOTH	%	
TOTAL	3000	8	11	63	24	39	15	3	
SEX									
Male	1500	8	12	66	27	39	12	2	
Female	1500	8	9	61	22	39	19	3	
AGE GROUP									
18 - 29	1046	8	10	67	28	39	12	3	
30 - 39	868	9	11	66	25	41	12	2	
40 - 49	598	9	11	62	22	40	16	2	
50 - 64	488	8	10	52	19	33	27	3	
SOCIO-ECONOMIC CLASS									
AB	152	10	10	72	37	35	8	6	
C	636	5	11	73	28	45	9	2	
DE	2212	9	10	59	22	37	18	4	
MARITAL STATUS									
Single	668	7	11	67	28	39	12	3	
Married	2248	9	10	62	23	39	16	3	
Widowed/Separated	84	8	11	54	23	31	24	3	
MEDICARE MEMBERSHIP									
Active	521	3	7	87	35	52	2	1	
Inactive	545	7	17	67	22	45	8	1	
Non-member	1934	10	10	56	22	34	21	3	
TYPE OF MEMBERSHIP									
SSS	817	5	13	75	26	49	5	2	
GSIS	227	5	7	81	37	44	6	1	
Both	22	-	23	77	32	45	-	-	
OCCUPATION									
Exec./Prof./Bus.	572	6	10	70	26	44	13	1	
White Collar Workers	199	5	11	77	30	47	7	0	
Blue Collar Workers	606	6	11	71	29	42	11	1	
Agricultural	429	12	9	53	20	33	23	3	
Farm Owner	82	17	13	44	9	35	20	6	
Not Gainfully Employed	1112	10	11	59	23	36	17	3	

• Less than 0.5%

Table 69.
ATTITUDE TOWARDS A TOTALLY
INDEPENDENT MEDICARE
(By region and locale)

	BASE No.	BE A MEDICARE MEMBER ONLY		BE BOTH A MEDICARE AND SSS/GSIS MEMBER			BE A NON-MEMBER		DON'T KNOW
		%	%	TOTAL	AS PLANNED	OLD SET-UP	OF BOTH	%	
TOTAL	3000	8	11	63	24	39	15	3	
CLASS OF WORKERS									
Wage and salary works	676	4	10	79	34	45	7	0	
Self employed formal	326	9	10	60	16	44	19	2	
Self employed informal	851	10	12	58	22	36	19	1	
Employer	35	14	9	68	14	54	9	-	
Fulltime student	177	7	7	73	31	42	10	3	
Housewife/None	935	10	11	56	21	35	19	4	
REGION									
METRO MANILA (NCR)	447	5	21	66	23	43	8	0	
PROVINCIAL LUZON	1277	7	12	61	30	31	20	0	
NORTH LUZON	670	6	9	64	26	38	21	0	
CAR	56	9	7	73	30	43	11	-	
Region I - Ilocos	180	4	4	70	22	48	22	-	
Region II - Cag. Val.	113	7	4	69	19	50	17	3	
Region III - Bicol	321	6	14	56	30	26	24	-	
SOUTH LUZON	601	8	14	58	35	23	19	1	
Region IV - So. Tag.	418	7	17	54	26	28	20	2	
Region V - Bicol	183	10	8	66	55	11	16	0	
VISAYAS	368	8	7	73	29	44	11	1	
Region VI - W. Vis.	266	5	11	81	61	20	3	0	
Region VII - C. Vis.	228	6	3	81	2	79	5	5	
Region VIII - E. Vis.	144	15	6	44	13	31	35	-	
MINDANAO	644	14	5	57	9	48	16	8	
Region IX - W. Mindanao	158	23	3	47	13	34	14	0	
Region X - N. Mindanao	172	7	3	55	5	50	22	0	
Region XI - S. Mindanao	164	9	7	72	9	63	11	1	
Region XII - C. Mindanao	150	17	9	52	9	43	18	4	
LOCALE									
URBAN	1556	6	13	68	26	42	12	1	
NCR	447	5	21	66	23	43	8	0	
Prov'L Luzon	592	6	14	64	34	30	15	1	
Visayas	243	5	6	79	26	53	7	3	
Mindanao	274	11	6	65	11	54	13	5	
RURAL	1444	10	7	59	23	36	20	4	
Prov'L Luzon	679	8	9	58	27	31	23	2	
Visayas	395	9	7	69	31	38	13	2	
Mindanao	370	16	5	51	7	44	19	9	

• Less than 0.5%

L.2 REASONS FOR PREFERING THE OLD SET-UP (Table 70)

The main reason for preferring the old set-up wherein one gets to acquire a Medicare membership once he becomes an SSS/GSIS member centered on the convenience of paying monthly premiums (79%). This is the foremost reason across all demographic groups and geographic divisions. The attribution was made more by the inactive and non-members of Medicare than the active members

themselves. It obtained the highest citation in Mindanao and North Luzon than by any other geographic division in the country.

About 1-in-5 respondents (18%) acknowledged the importance of the benefits of both programs while 76% found the older set-up more convenient when availing of benefits because the process was much faster and more systematic (5%), and that there were less documents to prepare and follow-up (2%).

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Table 70.
REASONS FOR PREFERRING THE OLD SET-UP OF MEDICARE AND SSS/GSIS

RESPONDENTS WHO PREFER BASE: THE OLD SET-UP	TOTAL	MEMBERSHIP			MEDICARE					LOCALE	
		PHIL.S. ACTIVE	INACTIVE	NON- MEMBER	GEOGRAPHIC DIVISION					MIN- URBAN	RURAL
					METRO MANILA	NORTH LUZON	SOUTH LUZON	VI- SAYAS	DANAOG		
1170	270	244	656	190	252	139	280	309	647	523	
	%	%	%	%	%	%	%	%	%	%	%
CONVENIENCE OF PREMIUM PAYMENTS	79	73	80	81	68	83	74	71	91	77	81
Payment more convenient/easier	79	73	80	81	68	83	74	71	91	77	81
No need to increase payment	1	1	•	•	1	-	1	1	-	1	•
Previous payments won't be wasted	1	1	•	•	-	-	1	•	1	1	•
BENEFITS OF BOTH PROGRAMS CAN BE AVAILABLE	18	18	13	20	24	10	26	25	11	16	21
CONVENIENCE IN AVAILING OF BENEFITS	7	9	10	5	9	4	2	8	9	7	6
Processing of papers is more systematic/faster	5	5	8	4	6	3	1	4	5	5	3
Less documents to follow-up	2	4	2	1	3	1	1	4	4	2	3
CONVENIENCE TO APPLY FOR MEMBERSHIP	6	8	5	5	10	3	8	4	4	6	5
Needs only one application for both	5	7	4	5	8	1	4	4	3	5	5
Automatic membership to both program	1	1	1	-	2	2	4	-	1	1	-
USED TO THE SET-UP	3	5	5	1	1	3	4	2	3	2	3
OTHERS	1	1	-	1	1	-	1	•	-	1	-

NOTE: Totals exceed 100% due to multiple responses.

Some 6% perceive the old set-up to be more convenient for new members since only one set of application form needs to be completed (4%) and membership in Medicare is automatic once one becomes an SSS or GSIS member.

L.3 REASONS FOR PREFERRING TO BE A MEMBER OF BOTH MEDICARE AND SSS/GSIS ON THE PLANNED SEPARATION OF MEDICARE (Table 71)

Reasons for preferring to be a member of both Medicare and SSS/GSIS on the planned separation of Medicare from SSS/GSIS dealt on the specific benefits a member derives from the two (2) programs. They mentioned the following:

- SSS benefits such as retirement/disability/death pensions (37%), granting of short-term and

long-term loans (22%), and maternity/sickness leaves (3%) coupled with:

- Medicare benefits which are primarily hospitalization (40%) and coverage of expenses on Medicare (6%) and doctor's fees, among other benefits.

Secondarily, they feel that being members of both programs will enable them to claim for more benefits (29%) and that having two separate membership (17%) will:

Enable them to have two separate records	5%
Facilitate processing of claims	4%
Enable them to avail of its benefits simultaneously	4%
Be beneficial to them because the programs have different functions & goals	3%

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Table 71.
REASONS FOR PREFERRING TO BE A MEMBER OF BOTH MEDICARE AND SSS/GSIS

RESPONDENTS WHO PREFER TO BE BOTH MEDICARE AND SSS/GSIS MEMBERS	TOTAL PHILS. (728)	SOCIO-ECONOMIC CLASS			MEDICARE MEMBERSHIP			MEMBERSHIP			SSS/GSIS GEOGRAPHIC DIVISION					LOCALE	
		AB (56)	C (175)	DE (497)	ACTIVE (184)	IN. (119)	MEMBE (425)	SSS (212)	GSIS (84)	BOTH (7)	METRO MANILA (104)	NORTH LUZON (174)	SOUTH LUZON (209)	VI. SAYAS (161)	MIN. DANAOG (57)	URBAN (397)	RURAL (331)
		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
SSS HAS RETIREMENT/ DISABILITY/ DEATH BENEFITS WHILE MEDICARE.	37	26	33	36	17	40	44	31	13	29	34	38	38	40	18	36	27
Has hospitalization coverage	24	14	24	25	13	24	28	20	10	29	16	25	26	28	14	23	25
Shares hospital bills	3	5	4	3	-	3	5	1	-	-	7	2	3	3	-	3	3
Covers expenses on medicine	3	-	3	3	1	5	3	3	1	-	4	1	6	1	2	3	3
Covers doctor's fees	2	-	2	2	-	3	3	1	-	-	2	1	3	2	-	2	2
Unspecified Medicare benefit	5	7	5	3	3	5	5	6	2	-	5	9	-	6	2	5	4
SSS PROVIDES LOANS WHILE MEDICARE.	22	29	23	21	22	25	20	23	20	42	31	18	27	15	12	24	18
Has hospitalization coverage	15	14	16	14	16	20	12	18	15	14	20	12	20	11	2	17	12
Covers expenses on medicine	2	2	2	1	1	1	2	1	1	-	5	1	2	-	-	2	1
Covers doctor's fees	1	-	1	1	1	-	1	1	-	-	-	1	2	-	-	1	1
Unspecified Medicare benefit	4	13	4	5	4	4	5	6	4	28	6	4	3	4	10	4	4
SSS HAS SICKNESS/MATERNITY BENEFITS WHILE MEDICARE.	3	2	6	3	5	1	3	5	-	-	7	-	1	-	-	4	2
Has hospitalization coverage	1	-	2	1	2	1	1	2	-	-	5	-	1	-	-	2	1
Covers expenses on medicine	1	-	2	1	2	-	1	1	-	-	2	-	1	-	-	1	1
Covers doctor's fees	1	-	1	1	1	-	1	1	-	-	-	1	-	-	-	1	-
Unspecified Medicare benefit	1	2	1	1	-	-	2	1	-	-	6	1	2	-	-	-	1
MORE BENEFITS IF A MEMBER OF BOTH	29	26	26	30	32	23	30	23	42	14	19	29	26	47	21	21	39
TO HAVE TWO SEPARATE MEMBERSHIP.	17	18	19	16	26	21	12	22	29	29	16	28	8	5	53	29	12
Have separate records	5	4	8	5	8	8	4	7	10	-	-	14	3	1	12	8	3
Processing of clearance would be faster	4	5	7	3	9	4	2	5	14	-	2	6	1	2	21	5	3
Can avail of benefits simultaneously	4	-	3	4	3	4	4	4	2	14	2	6	3	2	7	3	4
Have different functions	3	5	1	4	5	3	3	4	2	14	10	2	1	1	12	4	2
OTHERS	3	6	4	2	5	5	2	4	6	14	5	5	1	1	7	3	3
CANT SPECIFY	1	-	1	1	1	-	1	-	1	-	-	2	1	-	2	1	1

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Retirement/Disability/Death benefits are reasons more pronounced among the:

- C and DEs than the ABs;
 - Inactive and non-members than the active members of Medicare
 - SSS than the GSIS members;
- Adult population in all geographic divisions than in Mindanao.

GSIS (42%) members in the Visayas (47%) gave the following as a foremost reason for dual membership: "Being a member of both programs will mean more benefits" The same reason proliferated more in the rural than the urban areas.

L.4 REASONS FOR PREFERING TO BE A MEDICARE MEMBER ONLY (Table 72)

Those who preferred being Medicare members only offer very basic reasons. They claim that one membership results in lesser premiums (50%) and that hospitalization benefits are more important (45%).

Some said that one program promotes better service and faster processing of claims (11%) and that one "can be a Medicare member even without SSS membership (2%)."

L.5 REASONS FOR PREFERING TO BE AN SSS/GSIS MEMBER ONLY (Table 73)

The reason for preferring to be an SSS/GSIS member only are mainly because of the benefits which both systems provide to members (83%). Of these benefits, retirement/disability/death benefits were mentioned by 67%, granting of short-term or long-term loans by 30%, and avilment of sickness and maternity leaves by 7%.

To a much lesser degree, SSS/GSIS is perceived to provide more and better benefits (11%), and to provide financial assistance for hospitalization (7%).

Others feel that being an SSS/GSIS member only would mean lesser premium

Table 72.
REASONS FOR PREFERING TO BE A MEDICARE MEMBER ONLY

RESPONDENTS WHO PREFER TO BE BASE: MEDICARE MEMBERS ONLY	TOTAL PHILS. (250) %	Socio- Economic			SEX CLASS		MARITAL STATUS			GEOGRAPHIC DIVISION					LOCALE	
		AB	C	DE	MALE	FEMALE	SINGLE	MARRIED	WIDOW	METRO MANILA	NORTH LUZON	SOUTH LUZON	VI- SAYAS	MIN- DANAO	URBAN	RURAL
		(15) %	(32) %	(203) %	(125) %	(125) %	(48) %	(195) %	(7) %	(22) %	(41) %	(48) %	(49) %	(90) %	(100) %	(150) %
ONE MEMBERSHIP MEANS LESSER PREMIUM	50	40	22	55	46	55	41	54	29	36	32	23	47	79	38	58
HOSPITALIZATION BENEFITS ARE MORE IMPORTANT	45	47	59	42	48	42	50	44	43	50	66	79	37	20	44	45
ONE PROGRAM PROMOTES BETTER SERVICE/FASTER PROCESSING OF CLAIMS	11	27	16	9	9	13	10	11	-	5	10	10	12	12	18	6
CAN BE A MEDICARE MEMBER EVEN WITHOUT SSS	2	-	3	2	3	2	4	2	-	14	-	-	4	1	5	1
OTHERS	2	-	6	1	2	2	-	3	-	5	2	-	4	1	5	-

Note: Totals exceed 100% due to multiple responses.

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RESPONDENTS WHO PREFER TO BE BASE: SSS/GSIS MEMBERS ONLY	TOTAL PHILS. (317) %	SOCIO-ECONOMIC CLASS				MEMBERSHIP			MEDICARE					LOCALE	
		AB (15) %	C (73) %	DE (229) %	ACTIVE (37) %	IN- ACTIVE (93) %	NON- MEMBER (187) %	METRO MANILA (92) %	GEOGRAPHIC DIVISION				URBAN (209) %	RURAL (108) %	
									NORTH LUZON (61) %	SOUTH LUZON (87) %	VI SAYAS (43) %	MIN- DANAO (34) %			
DUE TO SPECIFIC BENEFITS	83	80	77	85	73	82	81	82	85	86	84	88	81	85	
Provides retirement/disability/death benefits	67	69	67	67	41	77	67	67	59	70	74	62	66	69	
Grants loans	30	33	25	32	38	27	30	38	44	26	19	9	32	28	
Provides sick/maternity leaves	7	-	7	7	5	9	6	13	5	6	2	-	9	3	
PROVIDES MORE AND BETTER BENEFITS	11	7	19	8	16	6	12	10	16	11	7	6	12	8	
PROVIDES FINANCIAL ASSISTANCE FOR HOSPITALIZATION	7	7	5	7	8	9	6	8	10	8	-	6	6	8	
ONLY ONE LESSER PREMIUM TO PAY	6	7	3	7	8	3	6	4	-	5	2	26	6	6	
LESS DOCUMENTS MEANS FASTER PROCESSING	5	-	7	5	5	3	6	5	3	2	-	24	5	6	
NEGATIVE PERCEPTIONS ABOUT MEDICARE	5	13	2	6	5	5	5	11	-	5	2	6	6	5	
Has to get sick to avail of benefits	5	13	1	5	3	5	5	10	-	3	2	6	5	5	
Takes time to refund	1	-	1	1	3	-	2	3	-	1	-	-	2	-	
OTHERS	4	13	5	3	14	5	2	5	3	2	9	-	3	6	

Note: Totals exceed 100% due to multiple responses

Table 73.
REASONS FOR PREFERING TO BE AN SSS/GSISMEMBER ONLY

payments (6%) and lesser volume of documentation (5%)

A few voice some issues concerning Medicare. They lament the process that in order to avail of benefits, one must get sick first (5%); and, if need be, refunds take long to process (1%).

L.6 REASONS FOR PREFERING TO BE A NON-MEMBER OF BOTH MEDICARE AND SSS/GSIS (Table 74)

Reasons for opting to be a non-member of both Medicare and SSS/GSIS should the two be separated focused on economic reasons (68%) with 42% saying that they could not afford to pay the premiums and 39% saying that they have no permanent jobs. Thus, there was no

certainty of truly being able to pay the monthly premiums.

Others claim that they:

Are too old to be members	11%
Don't want to be members	6%
Lack awareness of the programs	5%
Are dependents and need not be members	4%
Feel it just to be a waste of time	3%
Lack confidence in both programs because they were denied benefits or there were anomalies	2%
	1%

Reasons for opting to be non-members of both programs due to their economic standing is understandably high among the DEs than the AB and Cs (71% vs 42% and 51% respectively)

The other reasons showed no significant difference in the frequency of mention by demographic groups and regions.

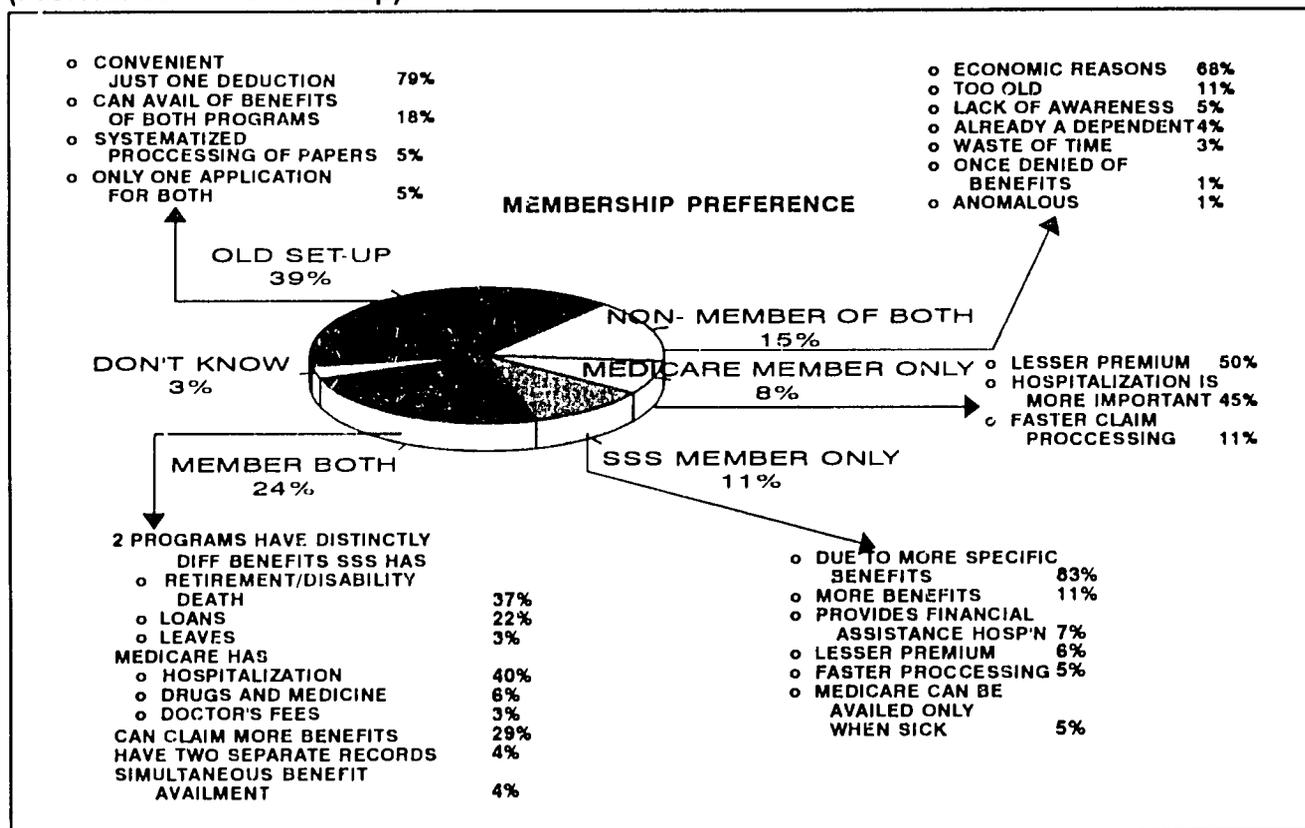
INTRODUCTORY BASELINE STUDY FOR IEC CAMPAIGN

Table 74.
REASONS
FOR
PREFERRING
TO BE NON-
MEMBERS OF
BOTH
MEDICARE
AND SSS/GSIS

RESPONDENTS WHO PREFER TO BE NON-MEMBERS OF BOTH MEDICARE AND SSS/GSIS	TOTAL PHILS. (462)	GEOGRAPHIC DIVISION													
		DE		METRO MANILA		NORTH LUZON		SOUTH LUZON		VI- SAYAS		MIN- DANAOG		LOCALE	
		(191)	(59)	(37)	(138)	(114)	(69)	(104)	(180)	(282)					
ECONOMIC REASONS	68	42	51	71	68	79	67	54	64	66	70				
Can't afford payment of premium	42	25	19	46	27	52	40	42	36	33	48				
Has no permanent job	31	17	34	31	43	36	30	19	30	39	26				
TOO OLD TO BE A MEMBER	11	8	15	11	11	10	15	17	9	12	11				
SIMPLY DON'T LIKE TO BE A MEMBER	6	-	5	6	6	4	4	14	7	4	7				
LACK OF AWARENESS OF BOTH PROGRAMS	5	17	5	4	3	3	6	7	5	4	5				
ALREADY A DEPENDENT	4	8	3	4	3	3	6	1	4	5	3				
JUST A WASTE OF TIME	3	8	3	2	-	1	4	3	5	1	4				
LACK OF CONFIDENCE ON BOTH PROGRAM	2	17	7	1	8	2	2	1	2	6	-				
Was once denied of benefits	1	8	3	1	5	1	1	-	1	3	-				
Full of anomalies	1	8	3	1	3	1	1	1	1	2	-				
OTHERS	5	8	15	3	14	3	4	4	5	8	3				
CAN'T SPECIFY	1	-	-	1	-	1	-	-	2	-	1				

Note: Totals exceed 100% due to multiple responses.

Figure 22.
TOTALLY INDEPENDENT MEDICARE FROM SSS/GSIS
(Preference of membership)



**M.
MEDIA
EXPOSURE**

M.1 INCIDENCE (Tables 75-76))

Radio is by far the most dominant medium among broadcast and print media combined. It has claimed listenership of 87%, followed by Television with a reach of 74% and Newspapers with 63%. Cinema, Comics and Magazines lag behind with viewership/readership of 39%, 36% and 35% respectively.

The ABs have the highest exposure to all types of media except comics. The Cs follow closely behind. The DEs trail far behind with the exception of comics where in they register a higher exposure than the Cs and the ABs.

Between sexes, the males obtained a higher exposure than the females to radio, TV, newspapers and cinema. It was the other way around for magazines. The sexes were on par with each other when it came to comicbooks.

By age groups, the 18 to 29 years old registered highest exposure to radio, cinema, comics and magazines. They were at par with the 30 to 39 and 40 to 49 age groups in terms of TV viewership and newspaper readership. The oldest age group (50 and over) lagged far behind in TV and cinema viewership and in newspaper and magazine readership, while they were at par with the middle age groups in terms of radio listenership and comics readership.

The singles have the widest exposure to all kinds of media without exception. The married couples followed while the widowed and separated bring up the rear with the exception of comics and magazine readership where they are on par with the married groups.

In Medicare membership status, the active members are ahead of inactive members and non-Medicare members in the area of TV, newspaper, magazine, and cinema exposure. They are at par with the inactive members but ahead of non-members in the vicinity of radio listenership and behind both inactive members and non-members in comics readership.

SSS and GSIS members have more or less equal exposure to TV, radio, cinema and comics. GSIS members, however, are ahead of SSS members in terms of newspaper and magazine reading.

By occupation, all occupational groups are on par with one another in radio listenership and comics readership. Some occupational groups (executive/professionals/businessmen, white collar workers and blue collar workers) are ahead in newspaper and magazine readership and TV and cinema viewership than the agricultural workers and farmer owners.

Regionwise, TV is the dominant medium in Metro Manila, followed by newspapers and radio. Comics rank fourth, followed by cinema, with magazines trailing last.

In provincial Luzon, radio is directionally ahead of TV with the latter almost catching up, followed by newspapers and comics. Cinema and magazines are

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tail enders. Radio listenership and TV viewership are neck-to-neck in all regions in provincial Luzon with the exception of Cagayan Valley and the Cordilleras where radio lords it over the TV.

In the Visayas and Mindanao regions, radio reigns supreme with a penetration of between 87% to 94%. TV viewership is around 63% in both areas, although there are big variations between regions (37% to 76% in the Visayas and 56% to 81% in Mindanao). Comics is ahead of newspapers in these regions, while magazine and cinema are a parity.

Radio and TV are likewise at par with each other in the urban areas, while the former is very much ahead of the latter in rural areas. Newspapers rank third in urban areas but only fourth in rural areas, with 61% reach each

Table 75.
MEDIA EXPOSURE
(By demographic groups)

	BASE No.	READERSHIP			LISTENER SHIP	VIEWERSHIP	
		NEWS-PAPER	MAGA-ZINE	COMICS	RADIO	TELE-VISION	CINEMA
		%	%	%	%	%	%
TOTAL PHILIPPINES	3000	63	35	36	87	74	39
SOCIO ECONOMIC CLASS							
AB	152	95	52	24	90	97	59
C	636	85	52	32	89	94	51
DE	2212	55	28	39	86	67	35
SEX							
Male	1500	68	33	37	89	76	46
Female	1500	59	37	36	84	72	32
AGE GROUP							
18 - 29	1046	68	42	48	89	76	57
30 - 39	868	65	34	38	86	77	38
40 - 49	598	64	34	27	85	74	29
50 - 64	488	48	20	22	85	66	15
MARITAL STATUS							
Single	668	72	48	45	93	82	64
Married	2248	61	31	34	85	72	31
Widowed/Separated	84	56	35	38	74	57	21
MEDICARE MEMBERSHIP							
Active	521	85	51	31	90	89	51
Inactive	545	75	35	37	87	82	41
Non-member	1934	54	30	38	86	68	36
TYPE OF MEMBERSHIP							
SSS	817	78	39	35	88	85	46
GSIS	227	86	56	30	90	86	47
Both	22	95	59	9	86	95	36
OCCUPATION							
Exec./Prof./Bus.	572	75	43	30	86	84	42
White Collar Workers	199	76	46	30	87	79	50
Blue Collar Workers	606	71	33	40	87	79	44
Agricultural	429	41	18	37	86	55	29
Farm Owner	82	45	29	29	88	40	23
Not Gainfully Employed	1112	60	36	39	87	75	39

M.2 RADIO LISTENERSHIP

M.2.1 Frequency of Radio Listening (Table 77)

Radio listening, in general is a daily activity among the adult population of the country. About 3-in-4 respondents (75%) claim this to be a part of their daily routine. Only 2% do it five to six times a week. Four percent do it three to four times a week, 4% one to two times a week, another 2% less often than once a week, and 13% do not listen at all to the radio.

- This level of radio listening is true for all demographic groups, regions and locales.

- Daily radio listening however, is tested to be significantly higher in Western Mindanao (84%) compared to Southern Tagalog (65%), Metro-Manila (71%), Cordillera Autonomous Region (71%), Central Luzon (72%) and Cagayan Valley (72%) but is found to be equal with other regions.

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Table 76.
MEDIA EXPOSURE
(By region and locale)

	BASE %	READERSHIP			LISTENERSHIP %	VIEWERSHIP	
		NEWS-PAPER %	MAGAZINE %	COMICS %		VISION %	TELE-CINEMA %
TOTAL	1000	61	35	36	87	74	19
REGION							
METRO MANILA (NR)	447	86	41	69	83	94	57
PROVINCIAL LUZON	1271	79	32	61	83	78	38
NORTHERN LUZON	670	70	28	61	83	77	46
CAR	56	59	23	86	84	34	32
REGIONAL ILOCOS	189	77	34	53	85	88	47
REGIONAL CAG. VAL.	113	43	23	63	85	45	38
REGIONAL C. LUZON	321	77	28	60	81	90	39
SOUTHERN LUZON	601	70	35	62	84	79	34
REGIONAL SOUT. TAG.	418	67	29	66	81	79	27
REGIONAL BICOL	183	75	51	54	91	81	52
VISAYAS	638	50	37	58	92	63	30
REGIONAL W. VIS.	266	50	37	56	93	76	27
REGIONAL C. VIS.	228	54	42	61	93	66	35
REGIONAL S. VIS.	144	44	26	58	87	37	28
MINDANAO	644	48	34	69	90	63	40
REGIONAL W. MIND.	158	44	30	77	94	56	34
REGIONAL C. MIND.	172	38	23	78	91	56	41
REGIONAL S. MIND.	164	57	42	64	87	81	43
REGIONAL C. MIND.	150	54	43	55	89	58	36
LOCALE							
URBAN	1556	74	40	66	85	86	48
NR	447	86	41	69	83	94	57
URBAN LUZON	542	77	35	65	81	85	45
VISAYAS	243	60	46	58	93	81	42
MINDANAO	274	60	45	67	91	89	46
RURAL	1444	52	29	61	88	61	30
RURAL LUZON	679	63	29	58	85	72	31
VISAYAS	365	44	31	58	91	53	23
MINDANAO	379	39	27	70	90	50	35

- DZRH leads in all regions of Luzon except in Metro Manila and Cagayan Valley. It is edged out by DZMM in Metro Manila and outclassed by DZNC, a local station in Cagayan Valley.

- DZMM is consistently at second spot in all but one of the other regions of Luzon. This is in Central Luzon where DWRR, a sister station broadcasting on FM band, relegated it to the third spot.

The other local radio stations which figure prominently in their respective regions are:

- DZWT in CAR
- DZBR in Ilocos
- DZGE, DZGB and DZNG in Bicol

In Visayas

DYHP leads all radio stations in terms of listenership of the adult population in Visayas and Mindanao. It dominates the airwaves of Central Visayas with a 48% share of radio listenership.

- Its broadcast can still be heard in some portions of Eastern Visayas and Western, Northern and Southern Mindanao with a radio listenership share of 7%, 3%, 15% and 2% respectively.

- DYNC is second in Central Visayas with 17% and a poor third is DYMF with only 4%.

M.2.2 Radio Stations Most Listened To

(Tables 78-79)

In Luzon:

Adult populations in Luzon appear to have a preference for AM stations over FM stations except in Metro Manila and Bicol.

The two (2) leading radio stations in Luzon are DZRH (17%) and DZMM (10%), two of the leading radio stations in Metro Manila whose broadcast can be heard throughout Luzon. Both are AM stations.

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	BASE No.	DAILY %	WEEKLY			THAN ONCE A WK %	DOES NOT LISTEN %
			5-6 %	3-4 %	1-2 %		
TOTAL	3000	75	2	4	4	2	13
MEDICARE MEMBERSHIP							
Active	521	80	1	4	4	1	10
Inactive	545	78	2	4	2	1	13
Non member	1934	73	2	5	4	2	14
REGION							
METRO MANILA (NCR)	447	71	1	5	3	3	17
PROVINCIAL LUZON	1271	72	1	4	5	1	17
NORTH LUZON	670	74	1	3	4	1	17
CAR	56	71	-	2	9	2	16
Region I - Ilocos	180	78	2	1	3	1	15
Region II - Cag. Val	113	72	-	5	6	2	15
Region III - Ce. Luzon	321	72	1	5	3	-	19
SOUTH LUZON	601	70	3	5	5	1	16
Region IV - So. Tag	418	65	2	7	6	1	19
Region V - Bicol	183	83	2	1	5	-	9
VISAYAS	638	79	2	5	3	3	8
Region VI - W. Vis	266	81	2	4	2	4	7
Region VII - C. Vis	228	78	3	7	3	2	7
Region VIII - E. Vis	144	78	2	2	3	2	13
MINDANAO	644	80	2	4	3	1	10
Region IX - W. Min	158	84	1	5	3	1	6
Region X - N. Min	172	79	4	4	3	1	9
Region XI - S. Min	164	76	1	6	3	1	13
Region XII - C. Min	150	80	2	3	3	1	11
LOCALE							
URBAN	1856	74	2	4	3	2	15
NCR	447	71	1	5	3	3	17
Prov'l Luzon	592	72	2	3	4	-	19
Visayas	243	80	3	4	3	3	7
Mindanao	274	82	1	4	3	1	9
RURAL	1444	76	2	4	4	2	12
Prov'l Luzon	679	72	2	5	5	1	15
Visayas	195	79	1	5	3	3	9
Mindanao	570	79	3	4	3	1	10

Table 77.
FREQUENCY OF RADIO LISTENING
(By membership, region and locale)

In Western Visayas, DYFM (27%), an FM station, leads. It is followed by DYHM and DYWB which share second place with 17% each.

- DYUR and DYRR are a poor third with only 4% each.

In Eastern Visayas, DYWR is leading with 26%. DYSM, its closest rival, leads by 16 percentage points.

- DYBL ranks third with 8%, followed by DYTC, an FM station with 6%.

In Mindanao

The leading stations in Mindanao, by region, are all AM stations. These are:

- DXPR in Western Mindanao (33%)
- DXCC and DXIF in Northern Mindanao, 16% each
- DXDC in Southern Mindanao (30%), and
- DXMS in Central Mindanao (17%)

Table 78.
RADIO STATIONS MOST LISTENED TO IN LUZON

Base Total Respondents, Luzon	TOTAL LUZON (1718)		NORTH LUZON				SOUTH LUZON			
	ME (447)	TOTAL (670)	SUB CAR (56)	ILOCOS (180)	CAG. VALLEY (114)	CENT. LUZON (121)	SUB TOTAL (601)	CAG. VALLEY (418)	ILOCOS (183)	
AM STATIONS	43	39	47	70	43	51	44	42	49	28
DZRH	17	11	18	9	13	-	29	21	29	2
DZSM	10	18	5	4	6	-	7	10	13	1
DZSC	2	-	7	9	1	14	-	-	-	-
DZAI	1	2	1	-	1	-	2	1	2	-
DZAJ	1	-	-	-	-	-	-	4	-	12
DZNI	1	2	-	-	-	-	1	1	2	-
DZBI	1	1	2	4	4	1	2	1	1	1
DZWI	1	-	2	25	-	-	-	-	-	-
DZWM	1	-	1	11	-	-	-	-	-	-
OTHER AM STATIONS	8	5	12	11	20	16	6	6	3	13
FM STATIONS	17	41	34	18	42	23	16	18	30	58
DYWR	6	5	5	-	8	-	15	2	3	-
DYHT	3	6	3	-	1	-	5	3	4	-
DYTS	3	7	1	2	-	-	2	3	4	-
DZMB	3	5	1	-	-	-	3	2	4	-
DZJO	3	-	-	-	-	-	-	7	-	2
DZKO	2	4	2	-	-	-	1	1	2	-
DZFB	2	4	1	-	1	-	1	1	2	-
DZBK	1	-	3	2	9	2	-	-	-	-
DZNS	1	2	1	-	-	-	2	7	2	-
DZVO	1	-	-	-	-	-	-	3	-	10
DZB	1	-	-	-	-	-	-	3	-	9
OTHER FM STATIONS	12	10	13	14	24	21	4	11	10	16
NO REGULAR STATION	3	1	2	-	1	11	1	3	2	5
DID NOT LISTEN TO RADIO IN THE PAST 7 DAYS	18	20	18	18	16	17	19	17	20	9

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Other stations which register well are:

- In Western Mindanao, DXLL (11%), DXGD (9%) and DXCM-FM (8%)

- In Northern Mindanao, DXDD-FM (5%) and DXIC (3%);

- In Southern Mindanao, DXMF (12%), DXBM-FM (8%) and DXWT-FM (5%)

- And in Central Mindanao, DXSY (12%), DXMY (11%), DXCL-FM (11%), DXCM-FM (8%), DXKR (8%), and DXRO.

M.2.3 Types of Radio Programs Usually Listened To

(Table 80)

On the overall, **News Broadcasts** are usually listened to by about 2-in-4 (39%) of the adult population of the country. It is found to have significantly more listeners than the other radio program types, individually.

- The second ranking program types are **Musicals** where slightly more than 1-in-3 respondents (31%) claim to listen to usually. This is followed by **Soap Operas** (drama series) (20%) and **Variety Programs** (4%) among other program types.

Apparently, News Broadcasts and Music Programs have opposite sets of listeners, as shown on Page 84

Table 79.
RADIO STATIONS MOST LISTENED TO IN VISAYAS AND MINDANAO

TOTAL RESPONDENTS IN BASE	VISAYAS				MINDANAO				
	SUB-TOTAL	WESTERN	CENTRAL	EASTERN	SUB-TOTAL	WESTERN	NORTHERN	SOUTHERN	CENTRAL
	(638)	(266)	(228)	(144)	(644)	(158)	(172)	(164)	(150)
AM STATIONS	58	49	61	71	69	70	70	67	67
DYHP	19	4	48	7	5	3	15	2	
DYHO	8	17	1	1					
DYWB	7	17							
DYWR	6			26					
DYSM	2			10					
DYJL	2			8					
DYCF	2	4							
DYMI	2		4	1					
DYKR	2	4							
DYF					8		2	10	
DYEP					8	31	2		
DYMS					4	1			17
DYOC					4		16		
DYB				1	4		16		
DYLL					3	11			1
DYMB					3			12	
DYSS					3		1		12
DYOF					2	9			
DYF					2	4	3		
DYMY					2				11
DYRO					2				7
DYKR					2				8
OTHER AM STATIONS	11	10	9	19	19	11	16	31	17
FM STATIONS	29	38	28	15	21	20	18	25	23
DYFM	12	27	1	1					
DYNO	6		17	1					
DYFR	2	4							
DYJC	1			6					
DYAM					4	8	1		8
DYBM					3		2		8
DYDD					2	1	5		2
DYCL					2				11
DYWL					1				5
DYML					1				
DYLO					1				
OTHER FM STATIONS	9	8	11	7	6	8	9	10	2
NON-REGULAR STATION	5	6	4	1	2	4	3	3	1
DID NOT LISTEN TO THE RADIO IN THE PAST 7 DAYS	11	11	9	15	11	7	10	14	12

Soap Opera listenership, on the other hand, is significantly more among the following:

DEs than ABCs	24% vs 6% and 7%
Females than Males	24% vs 16%
Married than Unmarried	21% vs 16%
SSS than GSIS members	9% vs 5%
Inactive and Non-members than active Medicare members	15% and 25% vs 8%

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Listeners of Broadcasts and Musicals

<u>Demographic Groups</u>	<u>LISTENERS OF</u>	
	<u>News Broadcasts</u>	<u>Musical Programs</u>
Socio Economic Class	Parity	Rich and Middle
Sex	Males	Parity
Age Group	Older Population	Younger Population
Marital Status	Married	Single
SSS/GSIS Membership	More GSIS than SSS members	More SSS than GSIS members

Regionwise,

- News broadcast registered the highest listenership in CAR (55%), Bicol (61%), Western (53% and Eastern Visayas (55%) and Western (48%) and Central Mindanao (55%).

- Music programs had it in Metro Manila (43%) and Central Luzon (40%)

- Soap Operas rules in Central Visayas (43%).

By locale, News broadcasts and Soap Operas have the adult population of the rural areas for listeners, while Musical Programs are top choices in the urban areas.

	BASE NO.	NEWS %	MUSICAL %	SOAP OPERA %	VARIETY %	OTHERS %	DID NOT LISTEN IN PAST 7 DAYS %
TOTAL	3000	39	31	20	4	3	15
SOCIO-ECO. CLASS							
AB	152	33	46	6	1	7	10
C	636	48	43	7	2	4	13
DE	2212	39	25	24	5	3	16
SEX							
MALE	1500	44	31	16	4	3	13
FEMALE	1500	35	29	24	4	2	16
AGE GROUP							
18 - 29	1046	26	47	21	5	2	12
30 - 39	868	39	29	21	3	3	16
40 - 49	598	50	79	16	3	5	17
50 - 64	488	54	11	20	5	3	17
MARITAL STATUS							
SINGLE	668	26	57	16	4	3	7
MARRIED	2248	43	22	21	4	3	17
WIDOWED/SEPARATED	84	36	14	30	2	1	29
MEDICARE MEMBERSHIP							
ACTIVE	521	48	34	8	2	2	11
INACTIVE	545	44	30	15	3	4	14
NON-MEMBER	1934	36	29	25	5	3	16
TYPE OF MEMBERSHIP							
SSS	817	42	36	9	3	3	13
GSIS	227	58	22	5	4	4	10
BOTH	22	64	4	14	-	4	14
OCCUPATION							
EXEC/PROF/BU	572	45	29	14	3	3	15
WHITE COLLAR	199	45	34	12	2	3	16
BLUE COLLAR	606	43	31	15	3	3	14
AGRICULTURA	429	38	16	28	8	2	16
FARMOWNER	82	21	20	26	13	1	17
NOT-GAINFULL	1112	34	36	24	3	3	15

NOTE: Tables exceed 100% due to multiple responses.

M.3 TELEVISION VIEWERSHIP

(Table 82)

M.3.1 TV Viewership Frequency

TV viewing is done daily by the majority (56%) of the adult

Table 80.
TYPES OF OF RADIO PROGRAMS USUALLY LISTENED TO BY DEMOGRAPHIC GROUPS

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Table 81.
TYPES OF RADIO PROGRAMS USUALLY LISTENED TO BY REGION

	BASE NO.	NEWS %	MUSICAL %	SOAP OPERA %	VARIET. %	OTHERS %	DID NOT LISTEN IN PAST 7 DAYS %
TOTAL	3000	32	31	20	4	3	15
REGION							
METRO MANILA	447	30	43	3	1	6	20
PROVINCIAL LUZON	1271	37	32	11	3	3	18
NORTH LUZON	670	32	34	12	6	3	18
CAR	56	55	11	7	16	1	16
REG. I - ILOCOS	180	42	40	7	2	1	17
II - CAL. VAL.	113	24	20	17	24	4	19
III - CNS. LUZ.	321	25	40	15	-	4	17
SOUTH LUZON	501	43	29	9	-	4	17
IV - SO. TAG.	418	36	31	10	-	5	20
V - BICOL.	183	61	25	7	1	1	9
VISAYAN	638	43	29	33	5	1	11
VI - WESTERN	266	53	24	28	2	1	11
VII - CENTRAL	228	24	16	43	9	3	9
VIII - EASTERN	144	55	20	28	3	1	15
MINDANAO	644	46	28	37	8	2	11
IX - WESTERN	154	48	25	28	-	1	7
X - NORTH	172	41	28	51	15	-	10
XI - SOUTHERN	164	40	27	35	1	-	14
XII - CENTRAL	150	55	31	35	2	1	12
LOCALE							
URBAN	1556	37	37	13	2	4	17
UR.	447	30	43	3	1	6	20
PROV. LUZON	592	34	38	6	2	4	19
VISAYAN	243	44	29	26	2	2	10
MINDANAO	274	47	32	32	5	3	10
RURAL	1444	42	23	28	7	2	14
PROV. LUZON	679	40	27	14	5	3	16
VISAYAN	395	43	14	38	7	1	12
MINDANAO	370	44	25	41	10	1	11

NOTE: Tables exceed 100% due to multiple responses.

Table 82.
TV VIEWERSHIP FREQUENCY BY DEMOGRAPHIC GROUPS

	BASE NO.	YES-TER. NEWS %	WITHIN 7 DAYS %	1 WEEK TO 1 MONTH %	MORE THAN 1 MONTH %	DO NOT READ PAPER %		
TOTAL	3000	62	27	11	14	8	2	37
SOCIO-ECON. CLASS								
AB	152	95	61	20	10	3	1	5
C	636	84	52	16	11	3	2	16
DE	2212	55	17	9	15	10	4	45
SEX								
MALE	1500	68	33	13	13	6	3	32
FEMALE	1500	59	20	10	15	10	4	41
AGE GROUP								
18-29	1046	68	28	13	14	10	3	32
30-39	868	65	28	11	15	7	4	35
40-49	598	64	28	14	14	5	3	36
50-64	488	48	19	6	11	9	3	52
MARITAL STATUS								
SINGLE	668	72	34	13	15	8	2	28
MARRIED	2248	61	25	11	13	8	4	39
WIDOWED					11			
SEPARATED	84	56	21	10	5	8	6	44
MEDICAL MEMBERSHIP								
ACTIVE	521	85	53	14	10	6	2	15
INACTIVE	545	75	34	16	13	9	3	25
NON-MEMBER	1934	54	17	9	15	9	4	46
TYPE OF MEMBERSHIP								
SSS	817	78	42	14	12	7	3	22
GENS	227	86	46	18	13	7	2	14
BI-ETH	22	95	64	4	9	9	9	5
OCCUPATION								
EMPLOYED	572	84	68	2	6	6	2	16
WHITE-COLLAR WORKERS	199	79	67	-	6	3	3	21
BLUE-COLLAR WORKERS	606	79	60	1	9	6	3	21
AGRICULTURAL	429	55	34	2	5	9	5	45
FARM OWNER	82	40	27	-	5	5	3	60
NOT-GAINFULLY EMP.	1112	75	55	3	6	7	4	25

population. Only 2% watch TV five to six times a week, 7% three to four times a week, 6% once or twice a week, and 3% less often than once a week. The rest (26%) do not watch television.

By demographic groups, daily watching of television is done more by:

- ABCs than DEs 73% and 82% vs. 47%
- Unmarried than Married respondents 62% vs 54%
- Active than Inactive Members 71% vs 65%
- Traditional: (Executive Professionals and White and Blue-collar workers) than the Non-traditional (Agricultural Workers and Farm Owners) labor force.

By region, incidence of daily watching of television appears to diminish as the area gets farther from Metro Manila. By locale, more of the urbanites watch television daily than those in the rural areas. (Table 83)

M.3.2 Favorite TV Programs (Table 84)

Survey results indicate that Channel 2's programming appeals to the viewing preference of the adult population of the country. It topped all but one (sports) major TV program category. Favorite shows in each category are the following:

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Table 83.
TV VIEWERSHIP FREQUENCY BY REGION AND LOCALE

BASE NO.	TV %	FREQUENCY OF WATCHING TV						DOES NOT WATCH TV %
		DAILY	5-5X A WEEK	3-4X A WEEK	1-2X A WEEK	LESS THAN 1X A WEEK	OTTER	
TOTAL	3000	74	56	2	2	6	3	26
REGION								
M. MANILA (NCR)	447	94	81	1	7	4	1	6
PR. JY. LUZON	1271	78	69	2	7	7	2	22
NORTH LUZON								
CAR	670	77	61	1	6	7	2	23
REG. I - ILOCOS	53	34	27	-	2	3	2	66
II - CAG. VAL.	180	88	72	1	7	5	3	12
III - CEN. LUZ.	113	45	22	-	4	18	1	55
SOUTH LUZON								
IV - SO. TAG.	321	90	74	2	7	6	1	10
V - BICOL.	601	79	59	3	8	7	2	21
VISAYAS								
VI - WESTERN	418	79	59	2	8	7	3	21
VII - CENTRAL	183	81	62	3	7	7	2	19
VIII - EASTERN	638	63	42	2	7	5	7	37
MINDANAO								
IX - WESTERN	266	76	50	3	7	6	10	24
X - NORTH	228	66	42	3	10	4	7	34
XI - SOUTHERN	144	37	29	-	3	2	3	63
XII - CENTRAL	644	63	42	3	5	9	4	37
LOCALE								
URBAN	1556	86	71	1	6	6	2	14
NCR	447	94	81	1	7	4	1	6
PROV. LUZON	592	85	71	1	5	6	2	15
VISAYAS	243	81	63	3	6	3	6	19
MINDANAO	274	80	60	3	6	9	2	20
RURAL	1444	61	40	2	7	7	5	39
PROV. LUZON	679	72	51	3	8	8	2	28
VISAYAS	395	53	30	2	8	5	8	47
MINDANAO	370	50	29	2	5	8	6	50

Eat Bulaga (Variety show)	20%
TV Patrol (News program)	17%
Valiente (Drama Anthology)	5%
Hoy Gising! (Commentary/ Public Service)	5%
Magandang Gabi Bayan (same)	5%
Home Along the Riles (Sitcom)	4%
Teysi ng Tahanan tied with Eye to Eye (Talk show)	2%

In sports, Channel 4's PBA games led others with 4% share; most programs in the runner-up list in each category are, likewise, Channel 2 programs.

Variety shows, on the other hand, are usually patronized by:

- Viewers of all ages
- Females than males (32% vs 21%)
- Medicare Non-members
- Students and House-keepers

Table 84.
FAVORITE TV PROGRAMS

CHAN. NO.	TOTAL	SEX		AGE GROUP				MEDICARE MEMBERSHIP		WAGE/ SALARIED	SELF EMPLOYED	WORK CLASS		TIME STUDENT	HOUSE-KEEPER
		MALE	FEMALE	18-29	30-39	40-49	50-64	ACTIVE	INACTIVE			EMPLOYED	SELF EMPLOYED		
MUSICAL/VARIETY SHOW															
Eat Bulaga	2	21	32	23	28	24	18	22	27	29	22	23	12	41	33
Sharon Cuneta Show	2	1	2	11	2	2	1	1	2	1	2	1	3	3	1
Others	8	9	9	18	8	6	5	8	8	0	7	8	-	24	8
NEWS															
TV Patrol	2	17	14	2	20	20	10	25	24	13	23	18	34	13	13
World Tonight	2	1	1	1	2	2	1	4	2	1	2	1	8	2	1
GMA Delta	7	1	2	1	2	2	2	2	4	1	2	1	-	1	1
Others	5	8	4	2	7	6	5	10	8	3	7	4	19	4	3
TV GALOG DRAMA															
Valiente	2	5	8	5	5	4	5	2	7	5	2	4	3	3	7
Anne Luna	2	4	8	4	4	3	5	2	4	4	1	3	-	1	7
Mara Clara	2	4	8	3	4	4	4	1	3	4	1	2	3	-	7
Mara's ala Mo Kays	2	3	4	3	3	3	1	4	2	3	3	2	-	1	4
Maricel Soriano Series	2	1	2	2	2	2	1	1	1	1	1	1	3	1	2
Others	5	3	7	5	5	4	4	4	5	5	4	8	3	8	7
COMMENTARIES															
Hoy Gising	2	11	8	8	10	12	10	14	13	7	12	9	10	7	8
Magandang Gabi Bayan	2	5	4	4	8	8	4	7	7	3	6	4	5	3	5
Others	10	8	8	8	10	12	10	14	13	7	12	9	10	7	8
SPORTS															
PBA	4	5	1	10	9	7	8	15	15	5	14	7	8	15	4
Others	5	9	1	5	5	8	3	8	4	7	5	5	8	2	2
SITCOM/COMEDIES															
Home Along De Riles	2	4	3	4	4	2	3	6	3	3	5	3	5	12	8
Others	3	4	3	4	3	2	3	3	4	3	2	3	3	8	9
TALK SHOW															
Teysi ng Tahanan	2	2	1	2	1	2	1	2	1	1	2	1	-	1	1
Eye to Eye	7	2	3	2	2	3	2	2	2	3	2	2	-	4	3
Others	2	2	1	3	2	3	1	5	2	3	2	3	1	2	2
OTHERS															
NO FAVORITE TV PROGRAM	18	22	13	22	17	15	12	18	18	18	14	17	20	25	15

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Table 84 (Cont'd)
FAVORITE TV PROGRAMS

	CHAN- NEL	TOTAL 3000	TOTAL										TOTAL				TOTAL					
			NCR 447	LUZON 1271	LUZON 670	CAR 58	I 180	II 113	III 321	SOUTH LUZON 601	IV 418	V 183	TOTAL 638	VI 268	VII 228	VIII 144	MIND. 644	IX 158	X 172	XI 164	XII 150	
MUSICAL VARIETY SHOW		27	38	27	28	5	32	17	33		25	24	27	25	28	29	15	21	17	18	32	19
Eat Bulaga	2	20	30	20	23	4	28	15	28		17	20	13	17	23	20	1	14	7	9	23	10
Sharon Cuneta Show	2	1	2	1	1	-	1	2	1		1	2	1	1	-	3	-	2	2	1	4	1
Others		8	10	8	7	4	10	1	9		9	5	17	9	3	12	15	8	9	9	3	9
NEWS		23	31	23	25	14	30	11	29		22	21	23	18	20	21	10	21	11	15	44	13
TV Patrol	2	17	28	18	19	9	23	10	23		17	17	15	12	17	11	4	14	8	2	40	8
World Tonight	2	1	3	2	1	-	1	-	1		2	2	2	1	1	1	-	1	1	1	4	-
GMA Balita	7	1	1	1	1	2	1	-	1		1	1	2	2	-	1	6	1	1	2	-	3
Others		5	3	2	2	4	7	1	5		4	4	6	5	4	9	2	6	2	11	6	4
TAGALOG DRAMA																						
ANTHOLOGIES		14	22	18	17	4	17	3	25		13	14	12	10	14	9	9	11	8	8	19	14
Valiente	2	2	11	5	5	-	4	-	10		5	8	4	3	3	3	-	3	3	1	6	1
Anna Luna	2	4	7	5	5	-	1	-	11		4	5	2	2	2	2	-	1	1	-	4	1
Mara Clara	2	4	7	5	5	-	3	-	10		3	4	3	1	1	2	-	1	-	1	3	1
Mesa sa Mo Kays	2	3	3	3	2	2	5	1	2		3	3	3	3	2	3	-	3	1	3	7	-
Maricel Drama Series	2	1	1	2	3	2	5	1	3		1	2	1	1	1	1	-	1	-	-	3	1
Others		5	7	4	4	-	4	1	6		3	3	4	4	5	3	3	8	4	3	8	12
COMMENTARIES		10	10	11	12	2	14	14	10		11	10	13	4	4	5	1	7	3	6	6	5
Hoy Gising	2	5	13	8	8	-	5	11	5		8	8	7	1	1	1	-	3	2	4	4	1
Magandang Gabi Bayan	2	5	5	6	7	2	11	5	6		6	8	7	3	3	5	1	4	1	3	11	4
SPORTS		9	9	9	10	7	11	10	10		10	10	7	8	7	11	3	7	14	2	9	3
PPA	4	5	8	8	7	5	8	7	6		8	7	6	4	1	8	3	3	4	-	6	1
Others		5	5	5	5	2	4	4	7		4	5	2	4	6	7	1	6	12	2	5	3
SITCOM/COMEDIES		8	12	7	7	-	7	5	8		7	6	8	3	4	5	-	4	3	2	5	5
Home Along Be Rules	2	4	7	4	4	-	5	2	5		4	3	5	3	2	5	-	1	1	1	3	1
Others		3	7	3	3	-	3	4	4		3	3	3	1	2	2	-	3	2	1	3	5
TALK SHOW		8	8	8	5	9	4	4	5		7	5	13	4	5	4	8	5	3	2	8	10
Taysi Ng Tahanan	2	2	3	1	1	-	1	1	2		1	2	-	1	-	1	-	1	-	1	2	-
Eye To Eye	7	2	3	3	2	7	3	1	3		4	2	10	1	-	1	5	2	-	1	-	2
Others		2	4	2	2	2	1	2	1		3	3	3	2	5	2	3	3	3	1	5	3
OTHERS		18	21	17	17	4	23	9	23		17	19	19	11	17	18	5	22	13	34	20	24
NO FAVORITE PROG.		2	2	2	2	-	1	5	1		3	4	2	3	2	2	1	1	2	-	1	2

Tagalog drama anthology is, likewise, more of a program category patronized by females than the males (22% vs 7%)

By region, Variety shows and news programs are in hot pursuit for the lead with the former edging out the latter by only a slight margin in Luzon and Visayas. In Mindanao, they registered identical percentage shares.

M.4 NEWSPAPER READERSHIP (Tables 85-86)

M.4.1 Latest Newspaper Reading

More than 1-in-4 respondents (27%) admit having read a newspaper either this day or yesterday. Only 1% read one within the past week, 14% within 1-4 weeks 8%

within 1-6 months, and 3% more than 6 months ago. The rest (37%) do not read newspapers at all.

Incidence of having read a newspaper either today or yesterday appears to be higher among Males (33%) than the Females (20%), the Younger than the Older age group; and the white collar workers and professional businessmen than the other occupational groups. It is noted, however, to be decreasing:

- as the socio-economic class lowers;
- as the individual experiences a change in marital status from single to married to widowed/separated;

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Table 85.
LAST READING OCCASION, NEWSPAPERS
(By demographic groups)

	BASE NO.	FREQUENCY OF WATCHING TV					DOES NOT WATCH TV	
		5-6X DAILY	3-4X A WEEK	1-2X A WEEK	LESS THAN 1X A WEEK			
TOTAL	3000	74	56	2	7	6	1	26
SOCIO-ECO. CLASS								
A-B	152	97	73	2	13	5	4	3
C	636	94	82	2	5	3	2	6
D-F	2212	67	47	2	7	7	4	33
SEX								
MALE	1500	76	56	2	8	7	3	24
FEMALE	1500	72	55	2	5	7	3	28
AGE GROUP								
18-29	1046	76	55	2	7	8	4	24
30-39	864	77	57	3	7	7	3	23
40-49	598	74	59	1	7	4	3	26
50-64	488	66	50	2	4	5	5	32
MARITAL STATUS								
SINGLE	668	82	62	2	8	6	4	18
MARRIED	2248	72	54	2	6	7	3	28
WIDOWED/ SEPARATED	84	57	42	1	5	7	2	43
MEDICARE MEMBERSHIP								
ACTIVE	521	89	71	1	10	5	2	11
INACTIVE	545	82	65	1	7	6	3	18
NON-MEMBER	1934	68	49	2	6	7	4	32
TYPE OF MEMBERSHIP								
SSS	817	85	67	1	9	6	2	15
GSSS	227	86	71	1	8	4	2	14
BOTH	22	95	91	-	-	-	4	5
OCCUPATION								
EXEC. PROFBUS	572	84	68	2	6	6	2	16
W. COLLAR W.	199	79	67	-	6	3	3	21
R. COLLAR W.	506	79	60	1	9	6	3	21
AGRICULTURAL	429	55	34	2	5	9	5	45
FARMOWNER	82	40	27	-	5	5	3	60
NOT GARNISHED	1112	75	55	1	6	7	4	25

- in Medicare membership status from active to inactive to being a non-member

These observations are likewise true of total newspaper readers and of those who last read a newspaper in the past 7 days

Regionwise, having read a newspaper in the past 7 days is highest in Metro Manila (78%) and lowest in Northern Mindanao (11%)

Similar to TV viewership, Newspaper readership in the past 7 days seems to decline as the area gets farther from Metro Manila as indicated by the 41% readership in North and 40% in South Luzon, 23% in the Visayas, and 20% in Mindanao.

- This may be an effect of the increased cost of newspapers due to additional transportation and handling costs.

M.4.2 Newspapers Read in the Past 7 Days (Table 87)

Tabloids, as a group, are ahead of broadsheet newspapers by a ratio of almost 2:1 (28% vs 16%), on the average. They are significantly ahead among the:

- Cs and DEs but are outclassed among the ABs
- Males and females
- 18-49 years old population

Table 86.
LAST READING OCCASION, NEWSPAPERS
(By region and locale)

	BASE NO.	READ NEWS PAPER TODAY	MORE THAN 1 WEEK PAST			DO MORE THAN 1 MONTH THAN 6 MONTHS PAST		
			7 DAYS	1 TO 6 WEEKS	1 TO 3 MONTHS	3 TO 6 MONTHS		
TOTAL	3000	63	27	11	14	8	3	27
REGION								
METRO MANILA (NCR)	447	86	64	14	6	2	1	14
PROVINCIAL LUZON	1271	70	25	13	18	8	3	39
NORTH LUZON	670	70	28	15	15	19	2	39
CAB	53	59	13	25	7	14	-	41
RIZAL (RIZOS)	180	77	38	15	15	8	1	23
BI. CALAB. (CAL)	115	43	15	19	10	6	1	57
BI. CEN. LUZ. (CENLUZ)	321	77	29	15	17	12	4	23
SOUTH LUZON	601	70	29	11	21	5	4	39
BI. SOUTH. (SOUTH)	418	67	33	11	18	4	1	33
VISAYAS (VIS)	183	75	20	12	26	8	9	25
VISAYAS	925	70	14	9	12	19	5	59
VI. WESTERN (WEST)	266	50	11	10	15	12	2	50
VI. CENTRAL (CENT)	228	54	18	10	14	8	4	46
VI. EASTERN (EAST)	144	44	19	6	6	10	12	56
MINDANAO	644	42	11	9	12	10	5	52
DK. WESTERN (WEST)	178	44	7	16	13	8	5	56
DK. NORTH (NORTH)	172	38	6	5	13	9	5	62
DK. SOUTH (SOUTH)	164	57	17	11	12	12	5	43
DK. CENTRAL (CENT)	150	54	13	5	14	13	9	46
LOCALL								
UPDAN	1276	74	49	14	12	6	2	26
NCR	447	86	64	14	6	2	1	14
PROV. LUZON	592	77	40	13	16	7	1	23
VISAYAS	243	60	16	13	10	8	3	40
MINDANAO	274	60	18	14	13	10	5	40
RURAL	1724	52	12	9	16	19	5	48
PROV. LUZON	679	63	18	13	19	9	4	37
VISAYAS	395	44	6	7	13	12	6	56
MINDANAO	650	39	5	6	11	11	4	61

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group. They are at par with broadsheets among the 50-64 group.

- Married and unmarried individuals and inactive and non-members of Medicare. They are held to parity by broadsheets among the active Medicare members

- SSS members but a parity among GSIS members

- Blue-collar workers and the not gainfully employed adults

By region, Metro Manila, Ilocos, Central Luzon and Southern Tagalog registered significantly higher levels of tabloid readership, while the others showed almost similar levels for both.

Among specific newspapers, however, *Philippine Daily Inquirer* shows a percentage point lead over *Manila Bulletin*, *People's Journal*, and *Abante* (7% respectively), its closest rivals.

- Apparently, broadsheet is only outread due to the limited number of newspapers following under the category. It has only 3 major newspapers while tabloids have seven (7).

- All four (4) leading newspapers are at par with each other in terms of readership in all demographic groups except among the ABs where *Philippine Daily Inquirer* and *Manila Bulletin* made headway against its two (2) tabloid counterparts.

Table 87.
NEWSPAPERS READ IN THE PAST SEVEN DAYS

	BASE NO	Read News- paper	BROADSHEETS						TABLOIDS							Did not Read New- paper				
			Sub- Total	POI	Ma Dul	PH Star	Others	Sub- Total	Peo- ple's Journal	Aban- te	Tempo Beta	Peo- ple's Tonga	Bu- dyor Tabla	Ban- dera	Aban- te Tonga		Bun- Star	Others		
TOTAL	3000	38	18	8	7	2	2	28	7	7	8	4	3	2	2	1	1	1	3	82
SOCIO ECONOMIC CLASS																				
AB	152	41	83	38	28	11	7	38	13	8	7	8	8	-	-	1	-	3	3	19
C	836	88	33	17	15	5	5	47	18	10	8	7	7	2	3	1	2	1	8	32
DE	2212	27	8	4	3	1	2	22	4	8	3	4	2	2	1	1	1	1	3	73
SEX																				
MALE	1500	48	26	11	8	3	3	33	8	9	8	8	3	3	2	2	1	1	4	84
FEMALE	1500	31	12	8	5	2	2	23	8	4	4	4	3	1	1	1	1	1	3	68
AGE GROUP																				
18-29	1048	41	18	8	7	3	2	31	7	7	6	4	4	2	2	2	2	1	4	89
30-39	868	39	18	8	7	2	3	29	7	10	4	4	3	2	2	1	1	1	3	61
40-49	898	42	20	11	10	3	4	29	8	8	4	5	4	3	1	1	1	1	3	66
50-64	488	25	12	8	4	1	1	17	4	2	3	4	1	1	1	1	1	2	78	
MARITAL STATUS																				
SINGLE	906	47	21	12	8	3	4	34	10	7	8	4	8	1	2	2	1	1	3	53
MARRIED	2248	78	18	8	8	2	2	28	8	7	4	8	3	2	1	1	1	1	3	84
WIDOW/SEP	84	31	13	5	8	5	4	23	8	4	2	1	8	2	1	1	1	2	1	68
MEDICARE MEMBERSHIP																				
ACTIVE	821	47	47	24	18	8	8	42	12	8	8	8	7	2	3	3	1	2	8	33
INACTIVE	845	50	18	8	8	2	2	38	11	10	8	8	8	3	3	1	1	1	4	50
NON MEMBER	1934	27	8	4	3	1	1	21	4	8	4	4	2	2	1	1	1	1	3	73
TYPE OF MEMBERSHIP																				
SSS	817	57	25	12	12	4	5	42	12	10	8	8	8	3	3	2	1	1	5	43
GSIS	227	44	45	29	17	8	8	54	8	8	7	7	4	2	2	2	2	2	4	38
BOTH	22	38	52	18	36	8	18	38	18	8	-	-	9	-	8	-	-	-	8	32
OCCUPATION																				
Exec/Prof/Sp	872	52	28	15	13	4	4	33	8	8	7	8	4	1	2	1	1	1	3	48
White Collar Workers	198	40	33	20	11	8	8	42	12	8	10	8	8	3	2	3	1	3	2	40
Blue Collar Workers	808	48	18	8	8	2	4	38	8	11	4	8	8	4	3	2	1	1	8	52
Agricultural	424	14	3	1	1	-	-	11	2	4	1	3	-	1	1	-	-	-	8	68
Farm Owner	82	18	11	2	5	1	4	7	1	-	2	-	-	-	-	-	-	1	2	64
Not Gainfully Employed	1117	32	11	8	4	1	1	25	8	8	4	4	2	2	1	1	2	1	4	88

INTRODUCTORY BASELINE STUDY FOR IEC CAMPAIGN

Table 87 (Cont'd)
NEWSPAPERS READ IN THE PAST SEVEN DAYS

REGION	Read News- BASE paper NO. %	BROADSHEETS						TABLOIDS										Did not Read News- paper %	
		Sub- Total %	PDI %	Mia. Bull. %	Phil Star %	Others %	Sub- Total %	Peo- ple's Journal %	Aban- te %	Tempo %	Balita %	Peo- ple's Torres %	Bulgar %	Taliba %	Ban- dera %	Aban- te Torres %	Sun- Star %		Others %
METRO MANILA (NCR)	447 77	29	8	19	5	2	64	23	14	14	8	9	15	4	2	4	-	8	23
PROVINCIAL LUZON	1271 51	15	8	7	2	1	32	8	11	2	7	2	3	2	1	1	-	2	59
NORTH LUZON	670 42	14	9	6	2	1	34	10	11	5	8	1	3	1	1	-	-	1	58
CAR	56 38	23	18	4	-	4	21	4	4	11	2	-	4	-	2	-	-	4	62
Region I - Ilocos	180 52	20	13	9	4	1	42	22	13	7	4	2	3	1	2	-	-	2	48
Region II - Cagayan	113 26	15	10	7	-	-	18	3	1	5	8	-	-	-	-	-	-	-	74
Region III - Central	321 44	9	5	4	1	1	37	6	14	2	11	2	3	2	1	1	-	2	56
SOUTH LUZON	601 40	16	9	8	2	1	30	5	11	2	8	3	2	3	1	1	-	3	60
Region IV - So. Luzo	418 44	14	6	9	1	1	37	7	14	2	8	5	3	4	-	2	-	4	56
Region V - Sicol	183 31	22	19	5	6	2	14	2	3	1	7	1	-	2	1	-	-	1	69
VISAYAS	629 23	15	9	4	2	5	12	1	-	2	-	-	1	-	2	-	4	3	77
Region VI - W. Vis	288 21	16	8	5	2	5	9	1	1	2	-	-	-	3	-	-	-	2	79
Region VII - C. Vis	228 29	16	9	4	2	7	17	1	-	-	-	-	-	1	-	11	6	71	
Region VIII - E. Vis	144 17	12	10	2	1	-	8	1	-	3	1	-	4	-	-	-	-	-	83
MINDANAO	644 20	12	7	2	2	3	12	-	-	7	-	-	-	-	2	-	-	3	80
Region IX - W. Min	158 23	13	8	1	5	2	13	-	-	8	-	-	-	3	-	-	-	4	77
Region X - N. Min	172 11	6	3	2	-	1	6	-	1	5	1	-	-	-	-	-	-	1	69
Region XI - So. Min	184 28	16	10	4	1	5	17	1	1	12	-	-	-	2	-	-	-	2	72
Region XII - C. Min	150 18	11	5	3	1	3	10	1	-	3	1	-	-	3	-	-	-	5	62
LOCALE																			
URBAN	1558 54	22	11	11	3	3	40	11	9	7	8	5	3	2	2	1	1	5	46
RURAL	1444 21	9	5	3	2	1	15	2	5	2	3	1	1	1	1	1	-	1	79

- Regionwise, all four (4) newspapers are in the thick of the fight for the lead, except in Bicol which was dominated by *Philippine Daily Inquirer* (19%). In this region, *Balita* gave the other leaders a fight by registering 7% share which is good enough to obtain second spot.

- Similarly, the four (4) major newspapers were edged out in Central Visayas by *Sun Star*, a local publication.

M.5 MAGAZINE READERSHIP (Tables 88-89)

M.5.1 Last Reading Occasion (Magazine)

Only seventeen percent (17%) of the total adult population has read a magazine in the past month. Fifteen percent (15%) last read more than a month ago up to 6

months ago, while 3% last read over 6 months ago. The remaining 65% do not read magazines at all.

The incidence of having read a magazine in the past month appears to be higher among the:

- ABs and Cs than DEs 43% and 32% vs 11%
- Single than married individuals 28% vs 14%
- Active Medicare members than non-members of Medicare 31% vs 17% and 13%
- GSIS members than SSS members 35% vs 21%
- Traditional work force and those not gainfully employed than non-traditional workforce

It registered its highest mention in Metro Manila (26%) followed by Southern and Central Mindanao with 25% and 24% respectively; while its lowest mention was in Northern Mindanao (5%)

INTRODUCTORY BASELINE STUDY FOR IEC CAMPAIGN

	BASE NO.	READ WITHIN MAGAZINE		WITHIN PAST 4 MONTHS		MORE THAN 1 MO. TO OVER 6 MONTHS		DO NOT READ MAGAZINES
		%	%	%	%	%	%	
TOTAL	3000	35	11	6	15	3	65	
SOCIO-ECON. CLASS								
AB	152	56	34	9	11	2	44	
C	636	52	21	11	17	3	48	
DE	2212	28	7	4	14	3	72	
SEX								
MALE	1500	33	11	5	14	3	67	
FEMALE	1500	37	11	7	16	3	63	
AGE GROUP								
18-29	1046	42	13	8	18	3	58	
30-39	868	34	8	5	16	5	66	
40-49	598	34	13	5	14	2	66	
50-64	488	20	8	2	8	2	80	
MARITAL STATUS								
SINGLE	668	48	17	11	17	3	52	
MARRIED	2248	31	9	5	14	3	69	
WIDOWED								
SEPARATED	84	35	10	6	14	5	65	
MEDICARE MEMBERSHIP								
ACTIVE	521	51	22	9	17	3	49	
INACTIVE	545	35	10	7	14	4	65	
NON-MEMBER	1934	30	8	5	14	3	70	
TYPE OF MEMBERSHIP								
SSS	817	39	14	7	15	3	61	
GSIS	227	56	24	11	18	3	44	
BOTH	22	59	23	9	23	4	41	
OCCUPATION								
EXEC/PROF/BUS	572	43	15	9	17	2	57	
WH/ COLL WORKERS	199	46	22	8	13	3	54	
BLUE COLL WORKER	606	33	11	4	15	3	67	
AGRICULTURAL	429	18	3	1	9	5	82	
FARMOWNER	82	29	5	7	12	5	71	
NOT CATEGORIZED	112	36	11	6	16	3	64	

Table 88.
LAST READING OCCASION,
MAGAZINE
(By demographic groups)

magazine in the past four (4) weeks are almost evenly distributed to reading *Panorama*, *Woman Today*, *Liwayway*, *Women's Journal*, and *Mod*; all of which got 2% readership share;

- The other magazines had one or less percentage shares.

Magazine readership across demographic groups remained static except among ABs where *Panorama*, a Sunday supplement of *Manila Bulletin*, and *Woman Today* tend to lead others.

Table 89.
LAST READING OCCASION,
MAGAZINE
(By region and locale)

The urban areas have more recent readerships than the rural areas. Twenty-three percent (23%) of them read a magazine in the past month while only 11% did the same in the rural areas.

M.5.2 Magazines Read in the Past 4 Weeks (Table 90)

On magazines read in the past 4 weeks, survey results indicate that no magazine has a specific edge over its competition.

- The seventeen percent (17%) who read a

	BASE NO.	READ WITHIN MAGAZINE		WITHIN PAST 4 WEEKS		MORE THAN 1 MO. TO OVER 6 MONTHS		DO NOT READ MAGAZINES
		%	%	%	%	%	%	
TOTAL	3000	35	11	6	15	3	65	
REGION								
METRO MANILA (MCR)	447	41	18	8	13	2	59	
PROVINCIAL LUZON	1271	32	11	4	14	3	68	
NORTH LUZON	670	28	8	5	13	2	72	
IAR	56	23	5	4	12	2	77	
REG I ILOCOS	180	34	11	7	16		66	
II-CAG VAL	113	21	7	6	9	1	77	
III-C LUZON	321	28	7	4	13	4	72	
SOUTH LUZON	601	35	13	4	15	3	65	
IV-SO TAG	418	29	13	3	12	1	71	
V-BICOL	183	51	15	6	24	6	49	
VISAYAS	928	37	9	6	16	6	63	
VI-WESTERN	266	37	8	4	21	4	63	
VII-CENTRAL	228	42	11	8	16	7	58	
VIII-EASTERN	144	26	7	5	8	6	74	
MINDANAO	644	34	9	7	15	3	66	
IX-WESTERN	158	30	6	8	16		70	
X-NORTHERN	172	23	3	2	15	3	77	
XI-SOUTHERN	164	42	13	12	14	3	58	
XII-CENTRAL	150	43	16	8	13	6	57	
LOCAL								
URBAN	1556	49	16	7	14	3	60	
MCR	447	41	18	8	13	2	59	
PROV LUZON	592	35	15	4	13	3	65	
VISAYAS	243	46	15	8	17	6	54	
MINDANAO	274	45	15	10	16	4	55	
RURAL	1444	29	6	5	15	3	71	
PROV LUZON	679	29	9	4	15	1	71	
VISAYAS	395	31	5	5	16	5	69	
MINDANAO	370	27	5	5	14	3	73	

INTRODUCTORY BASELINE STUDY FOR IEC CAMPAIGN

Table 90.
MAGAZINE READERSHIP IN THE PAST FOUR WEEKS

	BASE NO	Read Magazine	Pano-rama	Women Today	Lhwey-way	Women's Journal	MOD	Kislap	Reporter	Sunday Inquirer	Money Saver	Sports Mag	News-week	Others	Did not Read Magazine
		%	%	%	%	%	%	%	%	%	%	%	%	%	%
TOTAL	3000	17	2	2	2	2	2	1	1	1	1	1	1	8	83
SOCIO ECONOMIC CLASS															
AB	152	43	9	8	1	4	4	1	1	5	3	1	3	28	57
C	838	32	5	5	2	4	3	1	1	1	2	2	2	14	88
DE	2212	11	1	1	2	1	1	1	1	1	.	.	.	4	89
SEX															
MALE	1500	13	2	1	2	1	1	.	1	1	1	1	1	8	84
FEMALE	1500	18	2	3	2	2	2	2	1	1	1	.	1	7	82
AGE GROUP															
18-29	348	21	2	2	2	2	2	1	1	1	1	1	1	10	79
30-39	888	14	1	2	1	2	1	1	1	1	1	.	.	5	88
40-49	598	18	4	2	1	2	1	1	1	1	1	.	1	9	82
50-64	488	11	1	1	2	1	.	1	1	2	.	.	.	5	89
MARITAL STATUS															
SINGLE	888	28	3	3	3	2	3	1	1	1	2	2	1	14	72
MARRIED	2248	14	2	2	1	2	1	1	1	1	1	.	.	8	88
WIDOW/SEP	84	15	2	2	.	1	.	2	1	2	.	1	1	4	85
MEDICARE MEMBERSHIP															
ACTIVE	521	31	5	5	1	4	3	1	2	2	2	2	2	14	89
INACTIVE	545	17	3	2	1	2	1	1	1	1	1	.	1	9	83
NON-MEMBER	1934	13	1	1	2	1	1	1	1	.	1	1	.	8	87
TYPE OF MEMBERSHIP															
SSS	817	21	4	3	1	2	2	1	.	2	1	.	1	11	79
GSIS	227	34	3	1	3	7	3	1	4	2	1	2	2	14	88
BOTH	22	32	14	9	.	5	9	.	.	.	.	.	.	18	88
OCCUPATION															
Exec /Prof /Buss	572	24	3	4	2	3	3	1	1	2	1	1	1	13	76
White Collar Works	199	30	4	4	2	6	4	2	2	2	3	1	2	13	70
Blue Collar Works	808	18	3	2	1	1	1	1	1	1	.	1	1	5	84
Agricultural	429	4	.	.	1	.	.	.	.	.	.	.	.	3	96
Farm Owner	82	12	1	.	1	.	.	.	2	.	.	1	.	0	88
Not Gainfully Employed	1112	17	2	2	2	1	1	2	1	1	1	1	1	7	83

A status magazine readership was, likewise, observed across all regions and locales.

M.6 Comic Magazine Readership

(Tables 91-92)

M.6.1 Last Reading Occasion (Comics)

Comics appear to have been read more recently than magazines as indicated by a 4% edge of the former over the latter in terms of readership in the past month (21% vs 17%). Thirteen percent (13%) read it more than a month ago, and 64% donot read comics.

- Having read comics in the past month is seen to increase as the population gets younger and as the socio-economic class gets lower.

- The other demographic groups registered relative the same readership incidence compared to that of the total adult population.

- By region, Ilocos and the Visayas edged the others with respect to past month readership with 32% and 28% respectively. The lowest mention was likewise registered in Northern Mindanao.

INTRODUCTORY BASELINE STUDY FOR IEC CAMPAIGN

	BASE No.	LAST READING OCCASION						DO NOT READ COMICS %
		READ COMICS %	WITHIN PAST 7 DAYS %	WITHIN PAST 4 WEEKS %	OVER 4 WKS TO 6 MOS %	OVER 6 MOS %	CANT RECALL %	
TOTAL	1000	16	16	5	10	3	2	64
SOCIO ECONOMIC CLASS								
AB	152	24	11	1	9	2	1	76
C	636	32	16	5	8	1	2	68
DE	2212	39	17	5	11	4	2	61
SEX								
Male	1500	37	17	5	10	3	2	63
Female	1500	36	16	5	10	3	2	64
AGE GROUP								
18 - 29	1046	48	24	8	11	4	1	52
30 - 39	868	38	17	3	12	3	3	62
40 - 49	598	27	11	4	9	2	1	72
50 - 64	488	22	7	2	7	4	2	78
MARITAL STATUS								
Single	668	45	22	6	12	3	2	55
Married	2248	34	15	4	10	3	2	66
Widow/Separated	84	38	13	7	12	4	2	62
MEDICARE MEMBERSHIP								
Active	521	31	17	4	8	1	1	69
Inactive	545	37	15	4	11	4	3	63
Non member	1934	18	17	5	10	4	2	62
TYPE OF MEMBERSHIP								
SSS	817	35	16	4	10	3	2	65
GSIS	227	30	16	3	9	1	1	70
Both	22	9			9			91
OCCUPATION								
Exec. Prof. Bus.	572	30	14	3	9	2	2	70
White Collar Workers	199	30	15	5	8	1	1	70
Blue Collar Workers	606	40	21	5	10	2	2	60
Agricultural	429	37	12	5	11	6	3	63
Farm Owner	82	29	4	5	14	5	1	71
Not Gainfully Employed	1112	19	18	5	11	3	2	61

Table 91.
LAST READING OCCASION, COMICS
(By demographic groups)

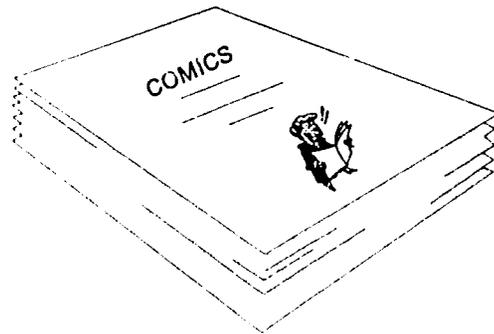


Table 92.
LAST READING OCCASION,
COMICS
(By region and locale)

M.6.2 Comics Read in the Past Four Weeks (Tables 93-94)

Similarly, survey results show that no comic magazine is significantly ahead of the others in terms of readership. Four (4) comics magazines registered 3% or more shares of readership. These are: Horoscope, Lovelife, Horror, and Love Story.

- Apparently, the reading population is not choosy with the magazines and comics they read.

	BASE	LAST READING OCCASION						DO NOT READ COMICS %
		READ COMICS %	WITHIN PAST 7 DAYS %	WITHIN PAST 4 WEEKS %	WKS. TO 6 MOS. %	OVER 6 MOS. %	CANT RECALL %	
TOTAL	1000	16	16	5	10	3	2	64
REGION								
METRO MANILA (NCR)	447	31	17	4	6	2	2	69
PROVINCIAL LUZON	1271	39	19	5	12	2	1	61
NORTHLUZON								
CAR	56	14	7	4	3			86
Region I - Ilocos	180	47	27	5	12	3		53
Region II - Cag. Val.	113	37	17	6	11	3		63
Region III - Ce. Luzon	321	40	17	4	13	3	3	60
SOUTHLUZON								
Region IV - So. Tag.	418	38	19	5	11	2	1	62
Region V - Bicol	183	34	20	5	7	1	1	66
VISAYAS								
Region VI - W. Vis.	638	42	16	6	12	5	3	58
Region VII - C. Vis.	266	44	14	8	14	6	2	56
Region VIII - E. Vis.	228	39	14	3	13	6	3	61
Region VIII - E. Vis.	144	42	23	5	5	2	7	58
MINDANAO								
Region IX - W. Mindanao	644	31	12	3	9	5	2	69
Region IX - W. Mindanao	158	23	6	2	9	4	2	77
Region X - N. Mindanao	172	22	6	1	6	5	4	78
Region XI - S. Mindanao	164	36	14	4	13	3	2	64
Region XII - C. Mindanao	156	45	21	7	10	6	1	55
LOCALE								
URBAN								
NCR	1556	34	18	4	8	2	2	66
Prov. Luzon	447	31	17	4	6	2	2	69
Visayas	592	35	19	5	9	1	1	65
Mindanao	243	42	21	6	9	3	3	58
RURAL								
Prov. Luzon	274	33	13	3	10	4	3	67
Prov. Luzon	1444	39	15	5	12	5	2	61
Visayas	679	42	20	5	13	3	1	58
Visayas	395	42	13	5	13	7	4	58
Mindanao	370	30	10	4	9	5	2	70

INTRODUCTORY BASELINE STUDY FOR IEC CAMPAIGN

Table 93.
COMICS READERSHIP IN THE PAST FOUR WEEKS
(By demographic groups)

	BASE No.	IN PAST 4 WKS	HORROR COMICS	LOVE LIFE COMICS	HORROR COMICS	LOVE STORY COMICS	LOVE TALK COMICS	READ COMICS	FILIPINO KOMIKS	TAGALOG KOMIKS	WAKASAN	STAR	SUPER-HEROES	KOMIKS	PINOY	OTHER	DO NOT READ COMICS IN PAST 4 WKS
TOTAL	1000	21	6	3	3	3	2	2	2	2	1	1	1	1	1	10	79
SOCIO ECONOMIC CLASS																	
AB	152	12	3	3	3	2	1	1	1	1	1	1	1	1	1	3	88
C	636	20	6	4	2	2	2	1	1	1	1	1	1	1	1	10	80
DE	221	22	6	3	4	3	2	2	2	1	1	1	1	1	1	10	78
SEX																	
Male	1500	21	4	3	4	3	3	2	1	1	1	1	1	1	1	11	79
Female	1500	21	7	4	3	3	2	2	2	1	2	1	1	1	1	8	79
AGE GROUP																	
18 - 29	1044	31	9	7	6	4	4	2	2	1	1	1	1	1	2	16	69
30 - 39	868	10	6	2	3	3	2	2	2	2	1	1	1	1	1	8	80
40 - 49	598	14	4	2	2	1	2	1	1	1	1	1	1	1	1	8	86
50 - 64	488	9	3	1	2	1	1	1	1	1	1	1	1	1	3	91	
MARITAL STATUS																	
Single	668	28	8	6	5	4	3	2	1	1	1	1	1	1	1	15	72
Married	2244	19	5	3	3	2	2	2	2	1	1	1	1	1	1	8	81
Widowed/Separated	84	20	4	2	5	4	2	2	2	1	2	1	1	1	1	11	80
MEDICARE MEMBERSHIP																	
Active	521	20	6	3	3	2	2	2	1	1	1	2	2	1	1	13	80
Inactive	545	19	5	2	4	2	2	2	1	1	1	1	1	1	1	8	81
Non-member	1934	22	6	4	3	3	2	2	2	1	1	1	1	1	1	9	78
TYPE OF MEMBERSHIP																	
SSS	817	20	6	3	4	2	2	2	1	1	1	1	1	1	1	11	80
GSIS	227	19	4	3	2	3	4	1	1	1	1	2	1	1	1	13	81
Both	22	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
OCCUPATION																	
Exec./Prof./Bus.	572	17	5	3	2	2	3	1	1	1	1	1	1	1	1	10	83
White Collar Workers	199	20	6	3	5	3	3	2	1	3	1	1	1	1	1	9	80
Blue Collar Workers	606	26	7	4	4	2	3	2	2	1	1	2	2	1	1	13	74
Agricultural	429	17	3	1	3	1	2	2	1	1	1	1	1	1	1	7	83
Farm Owner	82	9	-	-	-	2	-	-	-	-	-	1	1	1	1	4	91
Not Gainfully Employed	1114	23	7	5	4	3	2	2	2	1	1	1	1	1	10	77	

Table 94.
COMICS READERSHIP IN THE PAST FOUR WEEKS
(By region and locale)

	BASE No.	IN PAST 4 WKS	HORROR COMICS	LOVE LIFE COMICS	HORROR COMICS	LOVE STORY COMICS	LOVE TALK COMICS	READ COMICS	FILIPINO KOMIKS	TAGALOG KOMIKS	WAKASAN	STAR	SUPER-HEROES	KOMIKS	PINOY	OTHER	DO NOT READ COMICS IN PAST 4 WKS
TOTAL	3000	21	6	3	3	3	2	2	2	2	1	1	1	1	1	10	79
REGION																	
METRO MANILA (NCR)	447	21	6	3	5	1	1	1	1	1	1	1	1	1	1	12	79
PROVINCIAL LUZON	1274	24	7	4	3	3	3	2	2	2	1	2	1	1	1	12	76
NORTH LUZON	674	24	9	4	3	4	2	2	2	1	1	1	1	1	1	8	76
CAR	54	11	7	2	2	2	2	4	1	1	1	1	1	1	2	7	89
Region I - Ilocos	190	32	17	6	6	5	2	1	3	1	1	1	1	1	1	9	68
Region II - Cag. Val.	113	23	8	4	1	4	2	1	3	1	4	1	1	1	2	8	77
Region III - C. Luzon	321	21	6	4	3	3	3	2	2	1	1	1	1	1	1	8	79
SOUTH LUZON	601	25	4	4	3	2	5	3	2	2	2	2	1	1	1	15	75
Region IV - So. Tag.	418	25	4	6	4	2	4	2	2	2	2	2	1	1	1	16	75
Region V - Bicol	183	23	4	2	3	1	5	5	4	1	2	2	1	1	1	14	77
VISAYAS	630	21	7	3	5	3	1	2	2	1	1	1	1	1	1	8	79
Region VI - W. Vis.	244	22	10	2	5	2	1	2	2	1	1	1	1	1	1	6	78
Region VII - C. Vis.	228	17	3	2	4	3	2	2	1	1	1	1	1	1	1	5	83
Region VIII - E. Vis.	144	28	6	3	6	4	1	3	3	1	3	3	1	3	17	72	
MINDANAO	644	15	3	3	1	3	1	1	1	1	1	1	1	1	1	7	85
Region IX - W. Mindanao	158	8	1	1	1	3	1	1	1	1	1	1	1	1	1	3	92
Region X - N. Mindanao	172	6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	94
Region XI - S. Mindanao	144	18	5	6	1	2	1	2	1	1	1	1	1	2	1	4	82
Region XII - C. Mindanao	150	28	6	3	3	5	2	2	1	1	1	1	1	3	1	16	72
LOCALE																	
URBAN	1556	22	6	4	4	3	2	2	1	2	2	1	1	1	1	11	78
NCR	447	21	6	3	5	1	1	1	1	1	1	1	1	1	1	12	79
Prov. Luzon	592	23	7	4	3	3	3	2	1	2	1	2	1	1	1	11	77
Visayas	243	27	9	4	6	4	2	3	2	3	1	1	1	2	1	12	73
Mindanao	274	16	3	4	1	3	1	2	1	1	1	1	1	2	1	8	84
RURAL	1444	20	6	3	3	3	2	1	2	1	1	1	1	1	1	9	80
Prov. Luzon	679	25	7	4	3	3	4	2	3	1	2	1	1	1	1	12	75
Visayas	395	18	5	2	5	2	1	1	1	1	1	1	1	1	1	6	82
Mindanao	370	14	4	2	1	2	1	1	1	1	1	1	1	1	1	6	86

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M.7 Movie-Watching Frequency (Tables 95-96)

The movie-watching frequency of adult population shows that 6% see a movie at least once a week, 5% twice a month, 18% once a month, and 10% less often than once a month. The majority (61%) don't watch movies at all.

- The mode is at once a month which is true across all demographic groups, regions and locales.

Similar to movie-watching incidence, seeing a movie at least once a week seems to increase as the population group gets younger and as the socio-economic group improves. It is also found to be more among the:

- Males than females;
- Unmarried than married individuals, and

- Active members than inactive and non-members of Medicare

Metro Manila registered a higher incidence of going to the movies at least once a week compared to the other major geographic divisions. It has 11% against 6% in North Luzon, 5% in South Luzon, 4% in Visayas, and 6% in Mindanao.

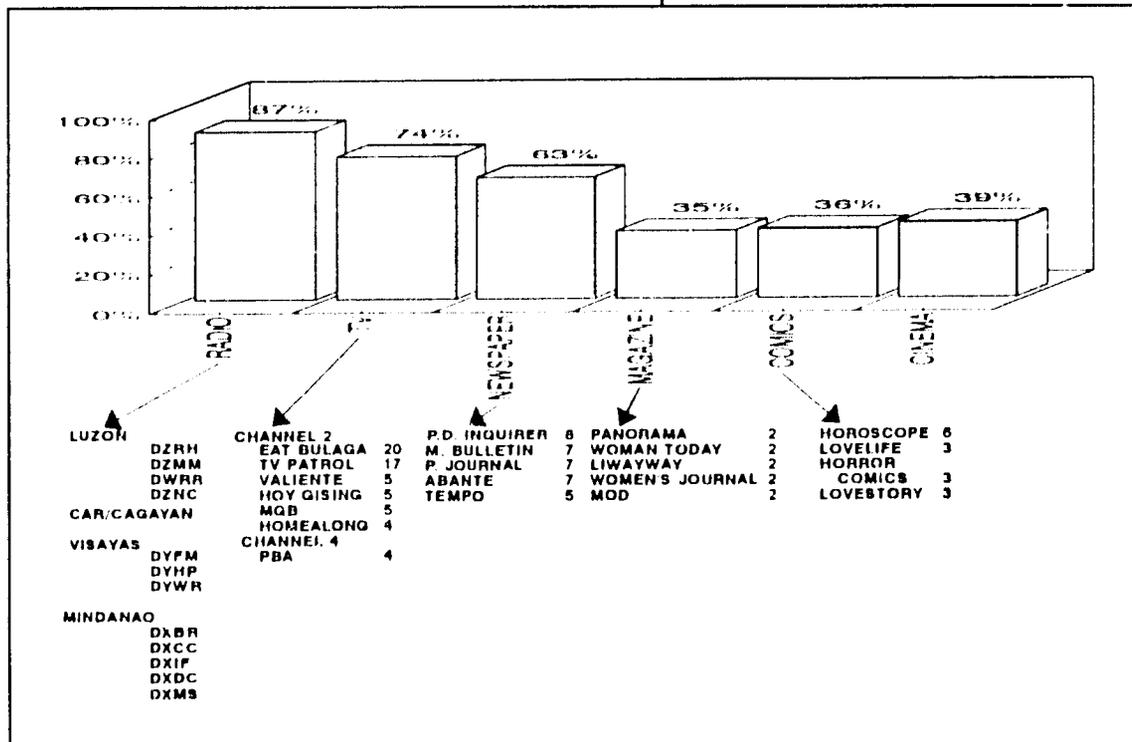
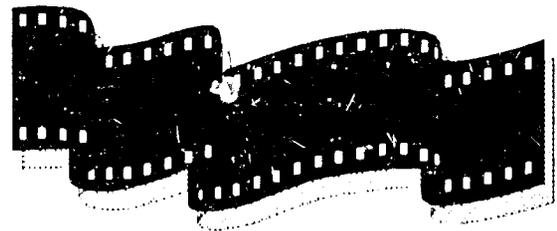


Figure 22. MEDIA EXPOSURE

INTRODUCTORY BASELINE STUDY FOR IEC CAMPAIGN

Table 95.
MOVIE-WATCHING INCIDENCE AND FREQUENCY
(By demographic groups)

	BASE No	WATCH MOVIES %	MOVIE WATCHING FREQUENCY AT LEAST					DO NOT WATCH MOVIES %	
			ONCE A WEEK %	TWICE A MONTH %	ONCE A MONTH %	ONCE IN 1-4 MONTHS %	ONCE IN 6 MONTHS %		ONCE A YEAR %
TOTAL	1000	79	6	5	18	2	2	6	61
SOCIO ECONOMIC CLASS									
AB	152	59	13	8	26	4	1	7	41
C	616	51	9	8	24	2	3	5	49
DE	2212	35	5	4	16	2	2	6	65
SEX									
Male	1500	46	8	6	21	2	3	6	54
Female	1560	32	3	4	15	2	2	6	68
AGE GROUP									
18-29	1046	57	10	9	29	2	3	4	43
30-39	868	38	5	3	18	3	2	7	62
40-49	598	29	3	4	10	2	2	8	71
50-64	488	15	3	1	5	2	2	4	85
MARITAL STATUS									
Single	668	63	13	10	31	2	2	5	37
Married	2248	33	4	4	14	2	3	6	67
Widowed/ Separated	84	21	6	1	8	1	2	3	79
MEDICARE MEMBERSHIP									
Active	521	51	9	7	22	3	3	7	49
Inactive	545	41	5	4	19	3	3	7	59
Non-member	1934	36	6	5	16	2	2	5	64
TYPE OF MEMBERSHIP									
SSS	817	46	7	6	19	4	4	6	54
GSIS	227	47	8	4	21	2	2	10	53
Both	22	36	9	5	13	-	-	9	64
OCCUPATION									
Exec./Prof./Bus.	572	42	5	5	20	2	3	7	58
White Collar Workers	199	50	7	10	21	3	4	5	50
Blue Collar Workers	606	44	8	5	20	2	4	5	56
Agricultural	429	29	3	5	11	1	2	7	71
Farm Owner	82	23	4	2	10	2	-	5	77
Not occupationally Employed	1112	39	6	5	19	2	2	5	61

Table 96.
MOVIE WATCHING INCIDENCE AND FREQUENCY
(By region and locale)

	BASE No	WATCH MOVIES %	MOVIE WATCHING FREQUENCY AT LEAST					DO NOT WATCH MOVIES %	
			ONCE A WEEK %	TWICE A MONTH %	ONCE A MONTH %	ONCE IN 1-4 MONTHS %	ONCE IN 6 MONTHS %		ONCE A YEAR %
TOTAL	1000	79	6	5	18	2	2	6	61
REGION									
ME TRO MANILA (NCR)	447	57	11	7	26	4	3	6	43
PROVINCIAL LUZON	1271	38	5	5	17	3	2	6	62
NORTHERN LUZON	670	40	6	5	18	2	3	7	60
CAR	56	32	5	3	14	-	-	9	68
Region I - Ilocos	180	47	7	7	16	2	2	13	53
Region II - Cag. Val.	113	38	7	5	24	1	1	-	62
Region III - C. Luzon	921	39	4	5	18	3	4	5	61
SOUTHERN LUZON	601	34	5	5	15	2	2	5	66
Region IV - So. Luz.	418	27	4	4	13	1	2	3	73
Region V - Bicol	181	52	8	6	20	6	3	9	48
VISAYAS	638	30	4	5	14	1	2	4	70
Region VI - W. Vis.	266	27	2	3	14	1	2	5	73
Region VII - C. Vis.	228	35	5	8	14	2	3	5	65
Region VIII - E. Vis.	144	28	5	5	13	1	2	2	72
MINDANAO	444	40	6	5	20	1	1	7	60
Region IX - W. Mindanao	158	39	5	6	23	-	1	4	61
Region X - N. Mindanao	172	41	6	6	16	2	2	9	59
Region XI - S. Mindanao	144	43	7	4	23	2	1	6	57
Region XII - C. Mindanao	150	36	7	3	16	1	2	7	64
LOCALE									
URBAN	1556	48	8	6	23	2	3	6	52
Sub R.	447	57	11	7	26	4	3	6	43
Prov. Luzon	592	45	6	5	22	3	3	6	55
Visayas	243	42	6	7	18	1	4	6	58
Mindanao	274	46	8	6	23	1	2	5	54
RURAL	1444	30	4	4	13	2	2	5	70
Prov. Luzon	679	31	5	4	12	2	2	6	69
Visayas	195	23	2	4	11	1	2	3	77
Mindanao	170	35	4	3	17	2	1	8	65

IV. CONCLUSIONS & RECOMMENDATIONS

A. CONCLUSIONS

A.1.1 AWARENESS OF HEALTH INSURANCE PACKAGES AND MEDICARE

Awareness of Medicare is very high (86%), however, awareness of Health Insurance (18%), Health Maintenance Organization (HMO) (16%) and Indemnity Health Insurance (IHI) (19%) are low.

Among those who claim awareness of IHI (19%), only 11% are able to name specific companies offering Indemnity Health Insurance, namely Insular Life (10%) and CIGNA (2%).

On the other hand, those who claim to know HMOs (16%) are able to name specific companies that offer the package, led by Philamcare (9%), Medicare (5%) and Pamana (5%).

A.1.2 PERCEPTIONS ABOUT HEALTH INSURANCE (HI), HEALTH MAINTENANCE ORGANIZATIONS (HMO) AND INDEMNITY HEALTH INSURANCE (IHI)

Perceptions about Health Insurance, HMO and IHI focused on their primary function of covering hospitalization expenses fully or partially.

Other perceptions about HI, HMO and IHI touch on their dissemination of knowledge about health-related matters (HI and HMO); giving financial assistance/loans to sick or disabled members, and/or dependents (HI and IHI); providing free medical check-ups/consultations (HMO); and payment in case of dismemberment/death of member (IHI), among others.

What is significant concerning the dearth of knowledge about health insurance packages is that a third or more (33% of HMO and 45% of IHI) of those who claim to be aware of the packages had no perceptions about them whatsoever. Hence, the need for an information, and education campaign about health insurance packages.

A.1.3 Preference Between the Health Insurance Packages Among Those Aware of HMO AND IHI

Reasons for Preference

Only 9% are aware of HMO and IHI. The preference between health insurance packages tips the scale in HMO's favor over IHI (27% vs 13% respectively), among those aware of both health insurance packages. Another 27% consider both packages equally good, while only 1% believe both to be equally bad and one-third (33%) do not have any knowledge at all.

The reason for choosing one package over another is due mainly to its full or partial coverage of hospital bills and to certain unique features of the packages. For instance, the HMOs' free medical check-up privileges and ease of admission in accredited hospitals can be acquired by the mere presentation of the membership card; others prefer IHIs because IHIs honor enrollees' expenses in any hospital and its widervariety of benefits.

A.1.4 Attitude Towards Health Insurance

The target population are favorably disposed toward the health insurance

concept, defined as "a means of preparing for health care and spreading the risk of substantial medical care cost across a pool of potential patients". The high majority (85%) feel the need for health insurance.

The major deterrents to health insurance subscription appear to be **Economic reasons (84%)** and **Lack of knowledge about IHI (14%)**. These were the causes mainly given by those who feel that they have no need for any health insurance at all.

Many respondents pointed to the non-availability of a doctor when the need arises. Those who "can't see a doctor directly" constitute about 14%.

On the other hand, there are those who do not trust insurance companies and its agents, a factor which is equally cited as another deterrent, among others.

A.2 MEMBERSHIP/SUBSCRIPTION TO HEALTH INSURANCE PACKAGES

A.2.1 Membership in Health Insurance Packages

Membership in any kind of health insurance other than Medicare is **dismally low (4%)** and basically concentrated among the rich (ABs), active Medicare members and employees; and wage and salary workers.

Philamcare Health System, Inc. has the highest share of health insurance enrollees (22%) followed by **Insular Life (11%)**, and **Fortune Medcare, Inc. (8%)**.

Health insurance membership consists of **54% Individual** and **46% Corporate** enrollees.

The incidence of other family member enrollees in health insurance packages is likewise very low (5%) with an average of 1.88 members per household enrollee.

Projected to the population, this means 1.5 million or 2.4% of the total Philippine population.

A.3 AWARENESS, PERCEPTIONS, ATTITUDES AND MEMBERSHIP IN MEDICARE

A.3.1 Awareness of Medicare

As mentioned earlier, the awareness of Medicare is very high (86%).

A.3.2 Perceptions and Attitudes About Medicare

Perceptions about Medicare are generally positive since it is highly regarded as an **assurance of health care (72%)**.

Extends hospitalization benefits to members (30%) and dependents (6%)	36%
Helps members pay hospital bills	29%
Assures members/dependents of assistance to hospitals	3%
Extends information about health care	1%

Many tend to associate Medicare with the

specific benefits it offers to members, in particular **medicine expenses (15%)**.

Some tend to think of Medicare as:

An agency that receives payments of monthly contributions 11%

An agency for wage and salary workers only 11%

Negative perceptions about Medicare come from 18% of the total respondents aware of Medicare. These touched on:

Limited hospitalization benefits	5%
Processing of refund takes too long	3%
Too many requirements to avail of benefits	3%
Other complaints	3%

Medicare is considered important by nine out of ten (89%) respondents.

Again, it is deemed important due to hospitalization benefits (62%) and medicine expense coverage (12%), etc.

On the other hand, the negative impressions of Medicare are due to the lack of knowledge about the mechanics of application and the documentation required prior to the availment of benefits, on top of poverty.

A.3.3 Medicare Membership

Slightly more than one-third (35%) of total respondents are Medicare members and 65% are not. All of them are either SSS members (27%), GSIS members (8%) or members of both SSS and GSIS (1%).

Of the total number of Medicare members, 17% have paid at least three (3) monthly contributions within the past 12 months, thus making them active, while 18% are inactive.

A.4 AVAILMENT AND USAGE OF MEDICARE BENEFITS

A.4.1 Awareness of Benefits

Awareness of specific Medicare benefits revolve around its coverage of:

Drugs and medicine	48%
Hospital bills	31%
Doctor's professional fees	31%
Room and board	25%

A.4.2 Importance of Benefits

The order of importance of specific benefits to Medicare members and dependents follow the same ranking as the above-mentioned benefits

A.4.3 Ease of Benefit Availment

About 50% of Medicare members and/or their dependents experienced hospital confinement within the past four years.

Approximately three out of five (63%) of those who experienced confinement availed of Medicare benefits, 62% of whom did not encounter any problem in availment matters and only 1% did. The problems were caused by:

- Procedural delays;
- Advancing hospital payment prior to filing of claims;

But the main reason for the non-availment of Medicare benefits was **faulty Medicare membership status (35%)** which had something to do with:

Inactive Medicare members not having paid 3 contributions in the past months	31%
Casual employees were not covered by Medicare	4%

Other major reasons were:

Negligence or lack of interest in claiming benefits	19%
Confinement less than the minimum number of days covered	14%
Records with SSS/GSIS not updated	10%
Takes time to prepare/process documents	6%
Unaware of benefits	5%
Other reasons	12%

The above-mentioned reasons imply that those who availed of the benefits knew of their rights, while those who did not either had Medicare membership problems, were not interested, or simply did not know what to do.

A.4.4 Frequency of Usage

Among the Medicare members who had ever experienced hospital confinement in their families, only three out of four (75%) were confined in the hospital within the past five years. Their number of confinements ranged from 1 to 15 times in that period. The average is 1.45 times for all who were ever confined, and 1.94 times for those confined within the past five years.

A.5 EXISTING ALTERNATIVES TO MEDICARE ASIDE FROM HEALTH INSURANCE

A.5.1 Alternatives Being Practiced

Membership in any health insurance package other than Medicare is 4%, of which only 1% have unduplicated coverage from Medicare. Furthermore, members of HMOs and/or IHI mostly belong to the ABC socio-economic classes; hence, the poor (DEs) who are in most need of alternatives have nothing to speak of. What is therefore resorted to in times of sickness are the following:

Three fourths (74%) of the adult population generally resort to self-medication at the onset of sickness. Only a fifth (19%) seek the advice of health providers, most of whom (15%) are doctors.

If sickness persists after three days, that is when the majority (77%) consult a doctor, while 14% go to the hospital or seek the help of other health providers (1%). Some 4% to 5% run to *herbolarios* and quack doctors.

A.6 ACCESS TO HEALTH CARE FACILITIES

A.6.1 Accessibility to Hospitals/Clinics

The distance to the nearest hospital or clinic varied from 10 meters to 85 kilometers. The average distance, however, is 6.24 kilometers while the median is 4.16 kilometers. The mode is between 1 to 2.9 kilometers.

Almost all (98%) respondents were unanimous in saying that the nearest clinic or hospital is accessible from their places

of residence by public transportation. Average travel time from residence to the nearest hospital or clinic is 23 minutes.

The cost of travel to the nearest hospital or clinic ranges from P1.00 to P400 but the average expense is P5.67.

A.6.2 Availability and Quality of Health Services

Upon observation, 75% of the total barangays covered in the study had health centers, but 87% had barangay health workers and 85% had midwives. The *herbolarios* were also present in 79% of the barangays, the nurses in 62%, the public health doctors were in 55% and the private doctors in 38%. In a nutshell, they provide for the health care of barrio folk.

More than four out of five (84%) of the people admit having consulted doctors, on matters of health.

A.7 ATTITUDES AND PERCEPTIONS ABOUT MEDICARE

A.7.1 Degree of Interest in Medicare Membership

The survey results show that there is a high degree of interest in Medicare membership - 72% Interested versus 24% Not Interested and 45% Indifferent.

Among the active Medicare members, 90% are interested. Inactive members and non-members also profess interest, but way below the interest of active members (69% and 67% respectively).

The reasons for interest in membership are its coverage of hospital

expenses (51%), financial assistance to hospitalized members (20%) and coverage of drugs and medicines (14%).

The non-interest of inactive and non-members in Medicare stems mostly from their economic difficulties, unstable income, non-affordability of premium payments, and among active members - limited benefits (23%) and forced salary deduction (20%).

Inactive members who are interested in Medicare but did not continue their membership also cited economic reasons (74%) for not continuing membership.

The majority of the inactive (79%) and non-members (72%) of Medicare who were interested in re-activating membership were willing to pay the P119.99 minimum monthly contribution.

Those who found the minimum contributions too high were also willing to pay an average contribution equal to the employee's share of SSS and Medicare contributions combined. Inactive members were willing to pay an average monthly contribution of P40.10, while non-members were willing to shell out P37.19.

A.7.2 Attitude Towards a Totally-Independent Medicare from SSS and GSIS

The majority (63%) of respondents prefer to be both a Medicare member - 39% in the old set-up and 24% in the new. Some 15% do not want to be members of both, while 11% want to be SSS members only and 8% want to be GSIS members only.

Many expressed preference for the old set-up because of the convenience of

paying monthly premiums (79%). Moreover, it enabled the availment of benefits under both programs (18% Medicare and SSS/GSIS), and document filing and application for membership were easy to follow up (7%), and (6%) respectively.

Others preferred the planned separation of Medicare from SSS/GSIS because there were specific benefits to be derived from the two programs (29%).

Continued preference for Medicare membership solely centered on the belief that one membership meant a lower amount of premium and that hospitalization benefits it offers is sufficient.

Preferences expressed for being an SSS or GSIS member only are mainly due to the provision of specific benefits (83%) such as:

Retirement/disability/ death benefits	67%
Provision of grants/loans	30%
Provision of maternity/sick leaves	7%

Preference for non-membership is basically rooted in **economic difficulties** (68%) such as:

Non-affordability of premiums	42%
Absence of permanent job	39%

A.8 MEDIA EXPOSURE

A.8.1 Incidence of Listenership/Viewership/Readership

The high majority of the adult population listen to RADIO (87%), watch TV (74%) and/or read NEWSPAPERS (63%).

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The minority also watch MOVIES (39%) and/or read COMICS (36%) and MAGAZINES (35%).

A.8.2 Radio Listenership

Radio is the most heavily favored medium among the print and broadcast media combined. Radio listening is part of the daily routine of three-fourths (75%) of the target population.

It is, therefore, the best medium to use for an Information, Education and Education Campaign for Medicare.

NEWS BROADCASTS (39%) are the most listened to radio program, followed by MUSIC PROGRAMS (31%) and SOAP OPERAS (30%).

A.8.3 TV Viewership

TV viewership is the second most important medium with an audience reach of 74%. It is the most dominant medium in Metro Manila and in the urban areas of Luzon. It remains second to radio in the urban areas of Visayas and Mindanao.

TV viewing is likewise a daily activity to most (56%) and is a predominantly favored pastime.

Channel 2 is the most popular TV channel with most of the people's favorite TV programs (13 out of 16 top programs) being aired in Channel 2. Channel 7 ranks second with only two programs on the favorite list. Channel 4 ranks third with only 1 program cited.

Top-rated shows are: *EAT BULAGA* (20%) for Variety Shows; TV PATROL

(17%) for News Program; *VALIENTE* (Drama Anthology); *HOY! GISING* and *MAGANDANG GABI BAYAN* (6% each) for Commentary/Public Service; *TEYSI NG TAHANAN* and *EYE-TO-EYE* for Talk Shows; and PBA for Sports Program.

A.8.4 Newspaper Readership

Slightly more than three out of five (63%) claim to read newspapers but only 38% are regular readers and have read them within a period of the past 7 days.

Tabloids, as a group, have higher readership ratings than the broadsheet papers. The most read newspapers by type are:

BROADSHEETS

<u>Rank</u>		<u>Readership (%)</u>
1	Phil. Daily Inquirer	8%
2	Manila Bulletin	7%
3	Philippine Star	2%
4	Manila Times	1%
	All others	2%

TABLOIDS

<u>Rank</u>		<u>Readership (%)</u>
1	People's Journal	7%
2	Abante	7%
3	Tempo	5%
4	Balita	4%
5	People's Tonight	3%
6	Bulgar	2%
7	Taliba	2%
	All others	7%

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A.8.5 Magazine Readership

Magazines' claimed readership is 35% but readership within the last four (4) weeks is only 17%.

The top five magazines read within the past four weeks are *Panorama*, *Woman Today*, *Liwayway*, *Women's Journal* and *Mod* with equal readership incidence of 2% each.

Magazines have a very limited audience and are, therefore, a poor medium to use for an IEC campaign.

A.8.6 Audience Reach

Based on the foregoing media exposure data, it seems to be most advantageous to use tri-media (radio, TV

and newspaper) for the IEC campaign of Medicare, in order to achieve the maximum reach of the target audience.

A further analysis of the data, however, shows that Medicare can do a lot better by using two instead of three media and use the savings for printing more Primers for wider dissemination to the inactive members and non-members of Medicare.

The data below shows that the increment in audience reach from using two to three media is negligible (1.1%). Hence, it would be better to use Radio and TV for the campaign and increase the dissemination of the Medicare Primer to new entrants to the labor market and even to non-members.

MAXIMUM AUDIENCE REACH OF MEDIA COMBINATIONS

	<u>TOTAL</u>	<u>MEDICARE MEMBERS (%)</u>		
		<u>ACTIVE</u>	<u>INACTIVE</u>	<u>NON-MEMBER</u>
TV/Radio/Newspapers	96.2	99.4	97.6	94.9
TV/Radio	95.1	98.4	97.1	93.8
TV/Newspaper	84.0	96.3	92.4	78.4
Radio/Newspaper	93.2	97.7	94.9	91.6
TV Only	74.0	88.8	81.7	67.9
Radio Only	86.5	90.4	86.6	85.5
Newspapers Only	63.2	84.8	75.5	54.0

**B.
RECOMMENDATIONS**

B.1 OVERALL

1. The Information, Education and Communication (IEC) Campaign should be crafted to drum up interest in Medicare membership and availing of benefits.

2. Basic information about Medicare should zero in on:

- o Importance and advantages of Medicare
- o Benefits provided to members
- o Definition of membership
- o Privileges of members
- o Requirements in availing of benefits

which should be the main thrust of the IEC Campaign.

3. In addition, image-building of Medicare may be launched to remove the impression of those who have not availed of its benefits that the corporation tasked to handle it is simply a government entity that collects dues from members.

4. Medicare must be informative. It has to tell its members and prospective members of its accomplishments, plans and programs for the betterment of service.

5. Medicare should prioritize its moves and determine the population that will be its initial target.

6. The traditional labor force should be addressed first:

o It is to be noted that many of the workers are non-members of Medicare. Coordination with other government agencies should be maintained to strictly monitor compliance with the health insurance act, as well as Social Security Act.

o Measures such as non-renewal of franchises of transport operators and business licenses of traders, retailers and wholesalers for non-compliance should be considered.

o The workers, on the other hand, should be informed of their rights and obligations, and encouraged to protect them.

7. The IEC Campaign should utilize tri-media, especially the broadcast media as its main vehicle. In addition, it should hold symposia among labor groups in order to disseminate Medicare information. Furthermore, Medicare should seek collaboration with personnel of line agencies operating in the barangays to help in the distribution of Medicare Primers to the target population. The conduct of these seminars/ fora should be a continuing activity.

8. Medicare has to involve SSS and GSIS in coming up with a comprehensive IEC Campaign since coverage hinges on SSS/GSIS membership.

9. The IEC Campaign should be studied carefully. Professional services should be engaged.

10. SSS and Medicare have to set up their offices closer to target population, more specifically, the self-employed groups.

11. Implementation of the IEC Campaign should synchronize with the time when the economy is upbeat. It should not be forgotten that premium payments are out-of-pocket.

B.2 Specific Target Groups

B.2.1 Wage and Salary Workers

1. Wage and salary workers represent about 22% of the total work force (18 - 64 years old) of the country, of which 14% are active members, 3% are inactive members, and 5% are non-members of Medicare.

2. This means that more than 1-in-3 (37%) of wage and salary workers are currently not contributing to SSS and Medicare. To ensure a higher membership in this group, it is suggested that a stricter enforcement of the Social Security Law be observed among employers, and that basic information materials are distributed to employers and employees.

3. The IEC information materials need to be written/conceived in the vernacular or a combination of Pilipino and English to ensure a better understanding of key messages, since most of those not currently contributing are in the DE socio-economic group.

4. SSS and GSIS assistance have to be sought for the smoother vertical flow of information and for a wider horizontal reach.

5. Tri-media must be exploited to support face-to-face IEC campaign. The

campaign must be able to address employers directly and influence them to register their workers with SSS/Medicare. It should likewise be able to address the employees who should be made aware of the benefits and privileges that they will miss in case of inactive or non-membership in SSS and Medicare.

B.2.2 Self-Employed Group

B.2.2.A The Formal Sub-Group

1. The formal sub-group of the self-employed category accounts for eleven percent (11%) of the total work force (18 - 64 years old) of the country, distributed into 1% active, 3% inactive, and 7% non-members of Medicare.

2. This sub-group consists of licensed professionals, artists, athletes, brokers, storeowners and other individuals who are required to have business permits in the pursuit of their trade.

3. Similarly, the strict compliance with the Social Security Law must be enforced wherein licenses, permits and franchises shall not be issued or renewed unless employed individuals register with the SSS and their subsequent remittances are made.

4. To lower resistance to coverage, tri-media must be used to address this group.

5. Similar to wage and salary workers, this self-employed sub-group may be swayed into membership in a much shorter time than the other groups because they are the ones who can afford contributions.

B.2.2.B The Informal Group

1. The Informal group presents the biggest problem of all the gainfully employed individuals. It is composed mainly of farmers, fishermen and domestic helpers.

2. It is made up of about 28% of the total work force (18 - 64 years old) consisting of 1% active, 7% inactive, and 20% non-members of Medicare.

3. This is the group which can afford the contributions the least, therefore, lower rates should be extended, if possible.

4. Radio broadcast may be a more effective medium to reach this group since most of them are in the rural areas where radio lords it over other media types in terms of audience reach.

5. Messages imparting ideas concerning the value of Medicare and SSS to Filipino lives should be the focus of the campaign.

6. Medicare and SSS Primers and fact sheets written in the dialects are helpful tools and may be used as reference materials.

7. Continuing dialogues with this group should be maintained, and coordination with the various line agencies operating in the barangays should be set up in order to facilitate the gathering of prospective members.

8. Encourage the formation of cooperatives which, in turn, may be

used as collecting agents of SSS and Medicare.

B.2.3 Employers

1. Employers comprise the smallest group, with only a 1% share of the work force. However, it is the most influential and most highly resistant to SSS and Medicare coverage;

2. However, this group may have been already adequately addressed in the set of recommendations for wage and salary workers.

B.2.4 Not Gainfully Employed

1. This group has been indirectly motivated by the IEC Campaign for the gainfully employed group of the work force.

2. Their membership may be ensured by requiring them to register with SSS prior to employment or before entering into any kind of business or trade.

3. The group represents about 8% of the total work force (18 - 64 years old) and is composed mainly of dependents, inactive members, and non-members of Medicare.

B.2.5 Housekeepers

1. The group is composed mainly of housewives. It represents about 23% of the total workforce consisting of 11% Medicare dependents, 9% non-members, and 3% inactive members of Medicare.

2. The group may only be considered a secondary target insofar as membership is concerned and inasmuch as they would automatically be covered once their husbands become SSS/Medicare members.

3. However, housekeepers will play a vital role in motivating their husbands into acquiring or continuing with their SSS and Medicare memberships.

4. Housewives should therefore be made to realize that they, together with their children, stand to benefit more fully from the membership of their husbands in SSS/Medicare.

B.2.6 Full-Time Students

1. Full-time students are about 6% of the total work force (18-24 years old), mostly Medicare non members (3%) and dependents (2%). The rest are inactive Medicare members.

2. Making students appreciate more fully the importance of Medicare may be an

easier task. With proper representation to the Department of Education, Culture and Sports (DECS), the concept of health insurance and Medicare can be incorporated into a Social Science course on the college level, or in Health Education classes on the secondary level.

3. With this move, interest in Medicare and SSS can be initiated prior to their formal entry into the active work force.

4. This group, similar to housewives, may be a vehicle for promoting the IEC Campaign. Awareness of Medicare and its benefits made by the schools can be brought home and taken up in informal discussions with parents, members of the extended family, and friends.

**THE
IEC
CAMPAIGN PLAN**

By Letty Quizon - Ang

I. Background

A. Key Facts

The need for a massive IEC campaign was established by a baseline study on knowledge, attitudes and practices regarding Medicare by Asia Research, Inc. This study established the following key facts:

- There is a high level of awareness of Medicare at 85%;
- Perceptions about Medicare are positive and deal with its being an assurance in health care (72%);
- Medicare membership is low at 35%. Among Medicare members, only 17% are active.
- Only 4% out of 8 specific Medicare benefits are more commonly known to its members and these cover drugs and medicines, hospital bills, doctor's professional fees and room and board.

Past research on Medicare by Virata, Bacungan and Guerrero also established the following relevant facts regarding employers and employees:

- Half of the firms studied knew very little (42%) about Medicare benefits;
- Three out of five SSS/GSIS contributors (62%) admitted to having little

(50%) or no knowledge (12%) at all about Medicare benefits.

- 39% of SSS/GSIS members have availed of Medicare benefits

During interviews with the seven (7) Medicare commissioners, the following possible campaign thrusts were discussed:

- Increase public awareness of specific benefits'
- Entice prospective members to become active members;
- Launch a grassroots values-oriented educational campaign to make the target market understand and accept the benefits of socialized health insurance, which will help control frauds and abuses.

B. Statement Of Objectives

The primary objective of this IEC Campaign Plan is to increase the level of awareness among the target audience of the Medicare program about specific benefits, thereby encouraging the proliferation of active members.

A corollary objective is to create a positive attitude towards Medicare and a favorable image of Medicare as a caring, concerned and benefit-oriented institution.

C. Target Audience

The primary target of this IEC Campaign Plan are potential members of Medicare, while the secondary target are Medicare members.

In terms of demographics, the audience targetted are either male or female members of the population, aged from 18 to 45 years of age, belonging to the CD socio-economic income class, who are residents of both urban and rural areas, and are wage and salary or self-employed formal and informal earners.

In terms of psychographics, the target audiences must at least be aware of Medicare and must have developed a positive attitude towards it. "Medicare " should have been associated with the general idea of health insurance. However, it would not be necessary for potential members to be fully aware of specific benefits which can be enjoyed. This could be the precise reason why they are lukewarm about their membership, are unaware of their rights as employed persons and care little whether payments are remitted to the system agencies or not.

Some employers, for their part, choose not to pay their share, do not remit payments or simply refuse membership because contributions are viewed as an added expense item in their operational budgets. Be this as it may, they should be made aware that it is in their power to influence employers to register them as SSS/Medicare members whose contributions, including the appropriate counterparts, should be remitted on time.

D. Message Focus

The campaign will focus on disseminating information about specific benefits that can be derived from being a member of Medicare, such as drugs and medicines, hospitalization, doctor's professional fees, room and board, laboratory and operating room fees, and specialist's fees.

The desire for membership will have to be created by clearly dramatizing these advantages. The message composition will attempt to create a wholesome and favorable image of Medicare and transform it from being a mere collecting agency into a caring, concerned, helpful and benefit-oriented institution. IEC message dissemination will be complemented by the conduct of information seminars and group dynamics with the overriding objectives stated above.

E. Overall Strategy

The overall strategy of the IEC Plan would be to launch a grasroot level information campaign with the following elements:

- Nationwide
- Substantially informative
- Benefit-oriented
- Multi-media, making maximum use of radio, print and cinema in selected areas
- In terms of specific format, jingle-based

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- Using Pilipino and regional dialects
- Family centered
- Utilization of the radio drama presentation as called for by the medium.

E.1 Positioning/Image

Medicare will be positioned as a caring, concerned, dependable, and benefit-oriented institution.

In personifying Medicare, if Medicare were indeed a person, it would be a mother about 35 years of age, very caring, takes care of the family members when they are sick, strong and gentle, very loving, concerned about the health of her family, continually looking for ways of maintaining health, can be relied upon in times of sickness, is always around especially during difficult times.

The ideal image of Medicare would then be that of a mother looking after the health needs of her family, the entire Philippines.

E.2 Desired Response

The IEC plan should be able to create the desired positive awareness and its corresponding reaction or turnaround, as exemplified by the following script for a message plug:

E.2.1 Attitude before the campaign:

"Medicare? That's something they deduct from my salary every month. But I have no use for it if I don't get sick. I think I can only get sickness benefits after submitting tons of paper and after months of waiting."

E.2.2 Desired response after the campaign:

"I'm glad I'm a member of Medicare. I didn't know I was entitled to so many benefits and that I could get up to P15,000 for a single operation. I'll see to it that my employer always remits my payments on time so I won't lose this wonderful benefit."

E.2.3 Tone

The tone must be informative but warm, natural and credible.

E.2.4 Mood

Dramatic.

E.3 Campaign Overview

Plan A

Core Campaign (Tri-Media)

- Radio (3 versions)
- Print (2 versions)
 - Ads (2 versions)
 - Posters (full color, standard size)
 - Comics (1 version)
- Cinema (1 version)
- Audio-visual Presentation

Campaign Period: 6 months or
23 weeks

Total No. of Placements:

Radio	-	
Print	-	102
Cinema	-	

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Plan B

Core Campaign (Tri Media)

- Radio (3 versions)
- Print (2 versions)
 - Ads (3 versions)
 - Posters
 - Comics (3 versions)
- Cinema
- TV (pool of 3 versions)
- Audio Visual Presentation

Plus:

PR/Publicity
Special Projects
Corollary programs for employers
and retirees

Campaign Period: 1 Year or
48 weeks

Total No. of Placements: (to be determined)

F. Creative Strategy

The concept of Entertainment for Education (Enter-Educate) will be used to ensure the maximum acceptance of the message.

F.1 Concept

Communication of information, beliefs and attitudes by using indigenous forms of mass media entertainment.

F.2 Rationale

People mostly remember messages rendered audio-visually and are more open

to such messages when the form, medium, and manner through which they are conveyed are entertaining, easy to remember and can be integrated into their way of life.

F.3 Elements of Enter-Educate

The implementation of Enter-Educate principles and concepts is based on the utilization of indigenous media forms that possess mass appeal and whose messages have the most far-reaching effects.

G. Recommended Executions

G.1 Plan A: Basic or Core Campaign

G.1.1 Radio

Format 1: Slice-of-life Commercials

Introduced by a pool of three (3) slice-of-life commercials using dramatic dialogues. A suggested plot would be to show how an active member benefitted from his/her Medicare membership and how Medicare was able to save his family from the ensuing tight financial situation. The announcer/disc jockey can then recap the other specific benefits punctuated by a jingle stinger. Credit should be given to employers who remit payments accordingly.

Format 2: 30-second Commercials

Information briefs on Medicare availability and other prime data.

G.1.2 Print

Format 1: Comics

Four (4) full-color comicbooks highlighting and dramatizing Medicare benefits.

Format 2: Posters

Informative posters - a detailed but encapsulized primer on everything there is to know about Medicare at a glance.

Format 3: Ads

7 x 40 cm black and white print advertisements to appear in leading dailies.

G.1.3 Cinema

A 60-second movie commercial, slice--of-life or soap opera style: "*Sa kabila ng ulap. . .*"

G.1.4 Audio-Visual Presentation

The Medicare story highlighting the history of the system, specific benefits, membership, providers, NHI

G.2 Plan B: Expanded Campaign

G.2.1 Core Campaign

Conduct of a core campaign similar to Plan A.

G.2.2 PR/Publicity

A package of print articles on Medicare benefits, taped interviews with commissioners, members, or

dependents for magazine feature stories, columns in leading broadsheets/tabloids, TV/radio guestings on primetime talk shows. Suggested TV programs are *Mel and Jay*, *Public Forum* and *Firing Line*. Suggested radio programs are *Mel and Jay*, *Magandang Gabi, Bayan*.

G.3 Special Projects

To add dimension to the IEC campaign, the holding of special projects will form an integral part of the program activities.

G.3.1 Medicare Consciousness Month

Seek approval for the declaration of Medicare's anniversary month as Medicare Consciousness Month. Support IEC materials to back up this activity may take the form of a two-paged Newspaper supplement, the production of a telecine with the assistance of a running high-rated TV drama series zeroing in on the role of Medicare on the lives of Filipinos, the holding of a Medicare Forum on Channel 4 or on radio with a panel discussion and listener's open forum, and the publication of a 4 column space ad on Q&A excerpted from the Medicare primer, and newscasts.

G.3.2 Medicare Roadshow

Holding of a Medicare caravan wherein team visits will be made in key cities and rural areas to disseminate information on Medicare benefits, etc. Supported by audio-visual presentation, the invitation of a celebrity as a crowd drawer, and the

conduct of public forum.

G.3.4 Movie

Extended version of a basic presentation.

G.3.5 Radio Drama

Production of a radio drama backed by a corporate sponsorship.

G.3.6 Medicare Concert

Planning and holding of a concert featuring DOH talents and family celebrities in a two-hour concert tour with built-in info plugs on Medicare benefits to be held in selected venues.

G.4 Corollary Events/Activities

G.4.1 Communication Program for Employers

Conduct of seminars/fora on advantages, benefits, and mechanics of medical health insurance among personnel managers, administrative officers, finance and accounting officers. To be supported by the distribution of information posters for display in prominent locations in all SSS/Medicare member companies, the distribution of the Primer and showing of the audio-visual presentation. Targetting of employer ranks is crucial to the program because of their role in expanding benefit coverages to a wider number of members. This will also address problems and issues relating to non-registration of unscrupulous employers of their employees.

G.4.2 Communication Program for Retirees

This program is geared toward the retiree segment of the population and will consist of the distribution of the basic Primer or specialized leaflets, the sending of direct mailers or updates (newsletters), the inclusion of a segment on retiree benefit affairs in the various media formats/presentations such as talk shows, etc.

H. Media Selection and Timetable

The IEC Campaign plan will be implemented in 1995 using radio as the most effective medium to carry the Medicare message, owing to the following attribute:

- High radio ownership nationwide;
- Large listenership covering a sizeable percentage of the target audience;
- Wider reach in comparison to other media

The print medium, however, will provide auxiliary support in the case of longer messages and due to its shelf life.

The elements of the Activity Grid are as follows for the genres of cinema, radio and print:

	Cinema	Radio	Print
Month 1	Storyboarding Presentation and approval of creative mat. Revisions Re-presentation Pre-production Preparatory	Scriptwriting Recording	Layout Pictorial

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	Shooting Shooting	Translation Commercials Final Art	
Month 2	Processing Editing 1st Interlock	Translation Editing Approval	Bromide prep.
	Soundtrack Printing	Recording Presenta- tion to client	Editing
Month 3	Printing Presentation Release print Breakdate	Breakdate	Breakdate

travel of Medicare staff. Final production costs will depend on specific script lengths/criteria to be approved by the Board.

I. Budget Summaries

The total budget summary for the individual plans and activities are as follows:

	Plan A	Plan B
Print	2,066,114.72	3,558,788.33
Radio	1,730,788.00	3,648,417.50
Cinema	215,281.50	609,964.25
Television	-	3,000,000.00
Sub-Total	<u>4,012,174.22</u>	<u>10,817,170.08</u>
Add:		
Media	4,000,000.00	12,867,655.00
Production	1,000,000.00	1,200,000.00
Sub-Total	<u>5,000,000.00</u>	<u>14,067,655.00</u>

Note: Estimates do not include printing costs for comics, posters, release print for cinema, PR/publicity, special projects, contingencies and

