

An Exploratory Study on the Perception on PhilHealth Membership of Students Beyond the Age of Dependency (21 years old and above)

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Technical Abstract

Background: The first batch of graduates from the enhanced education system are expected to emerge this 2022, following the realization of the six-year secondary education commencement in 2016. As a result of the additional two years of learning under this law, generally, there will also be a two-year delay before this breed of fresh graduates can join the workforce and be gainfully employed. Hence, this creates a gray area on the current provisions of the UHC Act that sets 20 years old as the limit of dependency. Nevertheless, nowhere in the definition of membership to the program were students mentioned. Students were not classified as direct nor indirect contributors since they are not yet gainfully employed nor professionals. While the students, especially those who are no longer qualified as dependents, may be classified under the indirect contributors, there is not yet an absolute definition, as of this writing, of the encompassing term of having the “capacity to pay.”

Objectives: This study aims to engage the students and describe their knowledge, awareness, and perception regarding their PhilHealth membership and the mandatory monthly premium.

Methodology: Data for the quantitative part of the study was collected through 1) conducting a survey online using Google Forms and 2) in-person through three different LHIOs within NCR. Snowball and purposive method were implemented in recruiting participants. The link to answer the online form was purposefully sent within the network of the researcher who are known to be eligible to participate in the study. These respondents later on were requested to disseminate the online form to their own network. To maximize data gathering and further enrich the discussion by validating the quantitative part, it was deemed necessary by the researcher to conduct interviews with select students from the pool of survey participants. Interviews are beneficial for both the study population and the researcher since it will give the students an avenue to better explain their thoughts and opinions. Concurrently, the researcher will better understand and explore their experience and the scenario being investigated. Open-ended interview guide questions were drafted to drive the flow of the conversation and to collect in-depth information.

Scopes and Limitations: The qualified respondents of the study are the students enrolled in any secondary until tertiary education institution who are 21 years old and above. This study considered only the students who are enrolled within education institutions in the National Capital Region (NCR), whether from a private or public school. NCR was chosen since it has the greatest number of higher education enrollment by region. Time or duration of the study, manpower, resources, and existence of available data were the major limitations. Furthermore, with regards to data, there were no primary data obtained from PhilHealth’s database such as total number of dependents and their age, number of members tagged as students, etc. Information from other sources such as CHED and PSA population are also limited and does not provide data on the total population of students per age bracket nor academic year level. The participants of the study were not statistically and randomly selected. Thus, the quantitative part of the study does not hypothesize, generalize, or provide inferences on the results; rather, it aims to describe the results of the study, its trend, and observations. Similarly, since this is a study that heavily relies on the

answers of the participants through self-reporting survey and interview, there might be a response bias. However, it is assumed that respondents answer truthfully to the questions asked.

Results and Discussions: The participants of the study were asked about their profile, capacity to pay monthly premium, awareness on PhilHealth policies, willingness to pay, and their membership to PhilHealth. The brief results and discussion are analyzed according to and as follows:

- A. Profile
 1. Out of the 174 respondents, 61.5% is comprised of female with 107 respondents and the rest are male with 67 respondents or 38.5%. There is an almost equal distribution of participants studying in public and private schools, with 89 students (51%) from public and 85 students (49%) from private institutions.
- B. Capacity to Pay Monthly Premium
 1. Source of Income
 2. Monthly Household Income
- C. Awareness on PhilHealth Policies
 1. Awareness on the limit of age dependency to 20 years of age and on the amount of monthly premium
- D. Willingness to pay
 1. Student's perception on the PhP 400.00 monthly premium and amount willing to be paid are consolidated as follows:
 - i. having not enough allowance or income to pay for their contribution
 - ii. amount is too expensive
 - iii. varying social class or financial capacity of Filipino students, and
 - iv. economic reasons related to inflation, low minimum wage, and low purchasing power of peso
- E. Membership to PhilHealth
 1. PhilHealth Member
 2. Member Tagging
 3. Adherence to monthly payment
 4. Preferred payment scheme

Recommendations: The following are recommendations summarized from the survey and interviews on how PhilHealth can go about with the student membership.

- The current required contribution should be lowered or cut to half [PhP 200.00].
- The government should make PhilHealth truly accessible for all students by subsidizing the membership payments.
- Streamline social health insurance into the enrollment in education institutions.
- Determine those who have the capacity to pay from those who do not have by filtering base from monthly household income.
- Every student is eligible to free PhilHealth membership once he/she was certified as student during their registration, instead of having to be tagged as an indigent.