

Involvement of Municipal Social Workers in the Local Health Programs

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Abstract—*In three municipalities and one city in Pangasinan, the study examined the involvement of Municipal Social Workers (MSWs) in community health initiatives. Fifteen respondents were surveyed in each location. The majority of respondents were female, between the ages of 26 and 30, most of them had college degrees, and they worked predominantly as social welfare assistants or area managers. MSWs demonstrated moderate involvement in Reproductive Health, Family Planning, and PhilHealth Registration (ranging from 2.68 to 2.77), high engagement in Maternal and Child Health initiatives (3.51), and room for improvement in the Measles Immunization and Breastfeeding Awareness campaigns (2.33 and 2.43, respectively). Issues such as concerns about manpower (2.28), perceived overemployment (1.98), and the need for greater experience and seminars (2.30) were revealed by challenges identified with a weighted mean of 2.56 or less. By overcoming these issues, local health services could be delivered more comprehensively.*

Indexed Terms— *Awareness campaigns, Community, Maternal and Child Health initiatives, Municipalities Social Workers*

I. INTRODUCTION

According to Gilboa and Weiss-Gal (2022), the Municipal Social Worker is an essential component of community health program delivery, acting as a bridge between social support networks and medical services. Their participation is necessary to address the social determinants of health that affect people individually and as a community, as well as to promote holistic well-being. Municipal social workers support the creation of complete and person-centered local health initiatives by addressing social, emotional, and psychological aspects in addition to physical health considerations (Ursulom, et al.,

2021). The importance of incorporating social work techniques and concepts into healthcare systems has gained more attention in recent years. This acknowledgment is founded on the knowledge that social and environmental factors also have an impact on health outcomes, in addition to medical interventions. Local health programs benefit from the skills of Municipal Social Workers in identifying social needs, offering psychosocial assistance, and standing up for the rights of marginalized communities wherein the main goals of public health are disease prevention and control, population protection, and health promotion (Higashida, 2023). The commercial sector, as well as communities, families, and individuals, must support the government to achieve this aim. The local delivery of basic health services is contingent upon the dynamics of supply and demand. The local government takes on the responsibility of delivering these public health services from the central Department of Health. In the majority of cases, the inadequate service delivery encountered in the centralized system was made worse by the devolution according to Dsw and WuWu (2021). Health social work is a specialty area within the social work profession. Medical social workers assist patients in navigating the healthcare system by providing them with information about resources and medical issues. By speaking out for patients or pointing them in the direction of certain programs or services, we can assist people with anything from obtaining health care to affording treatment costs to getting well after an illness or accident. Social workers provide care coordination, education, counseling, and advocacy on behalf of the public to support their access to health care and their dignity. With the devolution of health care services to the Local Government Units (LGU), local health services suffered several difficulties. These distinct administrative controls are the reason why the devolution has disrupted the integration process. Hospital services and public health services are the

two tiers of the newly established health system, and they are run separately (Leadbeater, 2023). The technical oversight and support provided by the Barangay Health Station (BHS) and Rural Health Unit (RHU) make this scenario even more apparent. Moreover, municipalities operate autonomously from each other resulting to greater isolation even of the public health system within the province (Ugrinov, et al. 2023). Furthermore, implementing public health programs got problematic due to the ideal national and local interface. Nevertheless, despite their significance, a more thorough investigation and assessment of Municipal Social Workers' participation in the implementation of community health programs is required. Policymakers and stakeholders may create plans to maximize their contributions and close any gaps in the system by having a thorough grasp of their roles, responsibilities, and influence (Monkatar, et al., 2021). The purpose of this study is to clarify the role Municipal Social Workers play in neighborhood health initiatives and to pinpoint areas in need of development.

II. METHODOLOGY

A quantitative descriptive study design was employed by the investigator. The researcher believes that this approach is suitable for determining outcomes. This kind of research aims to investigate averages, frequencies, and other statistical computations. For the purpose of summarizing and quantifying patterns, spotting any correlations or variations, and giving a clear picture of the MSWs' involvement in providing local health services, the descriptive quantitative technique is useful. The results of this study can be used as a basis for pinpointing problem areas, developing solutions, and boosting the efficiency of MSWs' engagement in maintaining regional health initiatives. The chosen municipalities and cities of Pangasinan—Dagupan City, Mangaldan Municipality, San Jacinto, and Manaoag Pangasinan—were the sites of this study. There were fifteen (15) respondents in each municipality and (15) respondents in Dagupan City. The Municipal Social Workers were allocated to go in different barangays within their place every second week of the month. In order to gather the necessary data from the right sources and eventually meet the

study's goals, purposeful sampling was used. Purposive sampling is a non-probabilistic sampling strategy that involves selection of individuals that meet a specified condition. The Frequency Distribution was adopted in this study in keeping with the profile of the Municipal Social Workers (MWS) participating in the delivery of the Local Health Programs. The Average Weighted Mean approach was applied in line with the level of involvement of Municipal Social workers in the delivery of local health programs and the challenges being addressed relating to the involvement of MSW in the delivery of various health services. To examine the significant difference in the level of involvement of Municipal Social Workers in the execution of local health programs as to their profiles, the researcher chose the Statistical analysis, such as t-tests or ANOVA, can be performed to determine the significance of these differences. The F-value can then be compared against the critical value from the F-distribution with the necessary degrees of freedom to establish the statistical significance of the differences among the groups.

III. RESULTS AND DISCUSSION

Table 1. Frequency Distribution of the Profile of the Respondents As to Age

Age (f)	Frequency Percentage	Percentage (%)
18-25 years old	14	23.33
26-30 years old	16	26.67
31-35 years old	3	5.00
36-40 years old	9	15.00
41-45 years old	8	13.33
46-50 years old	7	11.67
51-55 years old	1	1.67
56-60 years old	1	1.67
61 and above	1	1.67
	60	100.00

As to age, the table reveals that the majority of the respondents were under the age range 26-30 years old while few of them were under age 51-55 years old, 56-60, and 61 years and above, This implies that a substantial number of the social workers are relatively young. Also, this age range represents the workforce of young professionals who are likely to be college graduates who have started their jobs. In

the field of municipal social work, the majority of young professionals are merely beginning their professions that demand new ideas and viewpoints. They must adapt to shifting social expectations and perhaps offer original solutions to local issues. Considering that they make up a major section of the workforce of the future, their eagerness and willingness to change could bring fresh insights and a revitalized sense of vigor to the business.

Table 2. Frequency Distribution of the Profile of the Respondents as to Sex

Sex	Frequency (f)	Percentage (%)
Female	42	70.00
Male	18	30.00
Total	60	100.00

Table 2 displays the sex distribution of the respondents. As stated in the table there were 42 females and 18 were males. This shows that Municipal Social Workers were considerably preferred by females than males. Based on the Study of the National Association of Social Workers (NASW) frequently conducts workforce studies, consistently indicating a higher proportion of women in the social work field. For example, their 2020 Profile of the Social Work Workforce Report stated that about 83% of social workers in the United States were women. The lower pay and the history of social work are two reasons why males are underrepresented in this field. Social workers on average make roughly \$40,000 to \$50,000 depending on the position and the type of education they have (Master’s, PhD, license) hence some men might not regard it as “worth it” to pursue a degree in something that will not pay them much, especially if they intend to be the primary income earner.

Table 3. Frequency Distribution of the Profile of the Respondents As to Highest Educational Attainment

Highest Educational Attainment	Frequency (f)	Percentage (%)
Elementary Graduate	0	0.00
High School Graduate	6	10.00
College Graduate	47	78.33

Post Graduate	3	5.00
Vocational	2	3.33
Graduate		
Total	60	100

Table 3 presents the greatest level of education attained by the participants, with 47 or 78.33 percent having completed college, 6 or 10% having completed high school, 3 or 5% having completed post-graduation, and 2 or 3.33 having completed vocational training. The high number of college graduates demonstrates a dedication to educational excellence within the municipal social work profession. This may contribute to a well-informed and capable staff. The distribution of educational attainment among city social workers points to a workforce that is both varied and well-educated. Opportunities for specialized professional development, strategic planning, and programs to assist career advancement within the area are presented by this diversity.

Table 4. Frequency Distribution of the Profile of the Respondents As to Work Experience

Work Experience	Frequency (f)	Percentage (%)
Municipal Link	10	16.67
HR Assistant	1	1.67
Psychometrician	1	1.67
Project Development Officer	5	8.33
Social Welfare Assistant	18	30.00
Admin Aid	3	5.00
Nutritionist		
Dietician	1	1.67
Area Supervision	19	31.67
Local Researcher	1	1.67
Cashier	1	1.67
TOTAL	60	100

Table 4 illustrates the job expertise of the municipal social worker. It shows that 19 or 31.67% worked as area supervision, 18 or 30% worked as social welfare assistants, 10 or 16.37 employed as municipal link, 5 or 8.33% were project development officer, 3 or 5% were employed as administrative aid, and 1 or 1.67%

work as HR assistant, nutritionist dietitian, local researcher, and cashier. The most popular job positions among municipal social workers are area supervision (31.67%) and social welfare assistant (30%). The prominence of area supervision and social welfare assistant posts suggests a focus on leadership, management, and direct service provision within municipal social work departments. Acknowledging the diversity in employment roles, organizations can offer tailored training and development opportunities to increase the specialized skills required for different occupations. This ensures that social workers are well-equipped for their roles.

Table 5 Frequency Distribution of the Profile of the Respondents as to Relevant Training
n=60

Relevant Training	Frequency (f)	Percentage (%)
Universal Curriculum for Substance Disorder	8	13.33
21-Day Based Mobile Treatment Program	1	1.67
Mental Health Awareness	8	13.33
Stress Management	6	10.00
LNAP Formulation	7	11.67
Philippine Integrated Management of Acute Malnutrition	3	5.00
Research training for expanded National Nutrition Survey	7	11.67
Basic Life Support	8	13.33
Occupational Safety H	5	8.33
TOTAL	60	100

Table 5 illustrates that municipal social workers acquire relevant training during their work as municipal social workers. In addition to receiving basic life support, universal curriculum for drug abuse disorders, and mental health awareness training, 13.33% of respondents also completed 7 or 11.67 hours of LNAP Formulation and Research training for the expanded national Nutrition Survey. 6 or 10% take instruction on stress management, 5 or 8.33% undergo OSH. Throughout their employment, municipal social workers have participated in a number of pertinent training courses. 13.33% of respondents indicated they have received training on mental health awareness and the universal curriculum for substance disorders, which is the most prevalent type of training. The large percentage of responders who have taken training in mental health awareness and substance disorders demonstrates a realization of the need of addressing mental health concerns and substance abuse within the municipal social work context.

Table 6. Mean Result of the Involvement of Municipal Social Workers in the Delivery of Local Health Program

Maternal and Child Health Program	Weighted Mean	Descriptive Equivalent
1. Conduct daily home visit	2.70	MI
2. Educate mothers about prenatal check up	2.68	MI
3. Educate mothers after clinic consultation	2.62	MI
4. Distribute pamphlet about DOH programs on Maternal And Child Health	2.40	M
5. Identifying and addressing child safety concerns	3.35	MI
6. Complications against pregnancy	2.42	M
7. They assist families in accessing healthcare services, child care programs, financial	3.68	HI

assistance			
8. Conduct survey of possible women who must undergo pap smear	2.05	M	
9. Referral system	3.35	MI	
10. Submit weekly or monthly reports	2.80	MI	
Overall Mean Rating	2.81	MI	

Table 6 displays the level of involvement of municipal social workers in the delivery of local health programs related regards mother and child health programs with an overall mean rating of 2.81 or moderately involved. Among the ten items, the following are perceived to be highly involved based on the evaluation made by the municipal social workers, these are First, They assist families in accessing healthcare services, childcare programs, and financial assistance with a weighted mean of 3.68, and second, Referral System which has weighted mean of 3.35. The lowest engagement of municipal social workers in the delivery of local health programs for maternity and child health programs is the Conduct survey of probable women who must get pap smear with a weighted mean of 2.05.

Table 7. Mean Result of the Involvement of Municipal Social Workers in the Delivery of Local Health Program as to Reproductive Health and Family Planning programs

Reproductive Health and Family Planning Program	Weighted Mean	Descriptive Equivalent
Conduct a daily home visit	2.52	M
Educate mothers after clinic consultation	2.70	MI
Distribute pamphlet	2.35	M
Discuss what is all about the program	2.67	MI
Promote health teachings about FP	2.98	MI
delivers these supplies to all FP providers	2.22	M

outlets		
inform mothers of the availability of FP supplies and where to get supplies	2.73	MI
practice referral system by informing mothers of family planning	2.88	MI
conduct counseling for couples about FP	2.98	MI
submit weekly or monthly reports	2.50	M
conduct counseling	2.90	MI
Conduct training/participate in all family planning activities and health education	2.77	MI
Overall Mean Rating	2.68	MI

Table 7 displays the degree of involvement that municipal social workers have in implementing community health programs that are especially targeted at improving the health of mothers and children. With a mean rating of 3.51 overall, there is a high level of involvement. Among the ten analyzed categories, municipal social workers regarded certain components to have especially high participation, Assisting families in accessing healthcare services, childcare programs, and financial support obtained the highest grade, achieving a weighted mean of 3.68. Referral System, with a weighted mean of 3.35, also show substantial engagement. On the other hand, with a weighted mean of 2.05, the least amount of municipal social workers' participation in the implementation of community health initiatives pertaining to maternal and child health was surveying potential candidates for pap smears. This review emphasizes areas where municipal social workers are actively involved, particularly in enabling access to services and building referral mechanisms. demonstrates the degree to which municipal social workers are involved in providing community health programs that are especially centered around maternity and child health efforts. With a mean rating of 3.51 overall, there is a high level of involvement. Municipal social workers found that of the 10 things evaluated, some had a significantly high

level of participation. Financial support, childcare programs, and helping families access healthcare services received the highest grade, with a weighted mean of 3.68. The Referral System exhibits significant engagement as well, with a weighted mean of 3.35. On the other hand, with a weighted mean of 2.05, the least amount of municipal social workers' participation in the implementation of community health initiatives pertaining to maternal and child health was surveying potential candidates for pap smears. This review emphasizes areas where municipal social workers are actively involved, particularly in enabling access to services and building referral mechanisms.

Table 8. Mean Result of the Involvement of Municipal Social Workers in the Delivery of Local Health Program as to PhilHealth Registration

PhilHealth Program	Registration	Weighted Mean	Descriptive Equivalent
		2.77	M
Inform the public of the venue for Philhealth Registration		2.68	MI
Conduct house-to-house information gathering for PhilHealth Registration		3.52	HI
Informing the public about Philhealth Registration		2.33	MI
Gathering list of residents qualified as Philhealth beneficiaries		3.38	MI
Submit weekly or monthly reports		2.77	HI
OVERALL RATING	MEAN	2.77	M

The assessment of municipal social workers' participation in providing a community health program particularly connected to PhilHealth Registration is displayed in Table 8. Their involvement is rated as moderately involved overall, with a mean value of 2.77. Some of the particular jobs that were reviewed were thought to take more

effort than others. For instance, the highest perceived engagement was in conducting house-to-house information gathering for PhilHealth Registration, getting a weighted mean of 3.52, indicating a highly involved level. The compilation of a list of residents eligible for PhilHealth benefits comes in second, with a weighted mean of 3.38, indicating moderate involvement. Towards the reduced level of engagement, initiatives like educating the public about the venue for PhilHealth Registration obtained a weighted mean of 2.68, classed as moderately involved. Comparably, publicizing PhilHealth Registration received a weighted mean of 2.33, placing it in the category of somewhat involved. Reports submitted on a weekly or monthly basis demonstrated a comparable degree of involvement, classified as moderately involved with a weighted mean of 2.77. Overall, it was determined that the municipal social workers' involvement in these particular PhilHealth Registration-related duties was moderate, with differences observed among the various activities evaluated.

Table 9. Mean Result of the Involvement of Municipal Social Workers in the Delivery of Local Health Program as to Measles Supplemental Immunization Campaign

Measles Supplemental Immunization Campaign	Weighted Mean	Descriptive Equivalent
	2.18	M
Distribute pamphlet on Measles Supplemental Immunization Campaign	2.13	M
Help the BHWs on house to house activities for Measles Supplemental Immunization Campaign	2.48	M
Collaborate with healthcare providers to arrange for on-site vaccination clinics or refer social workers to nearby healthcare	2.52	M

facilities where they can receive the measles vaccine.

Establish a system to schedule vaccination appointments for social workers	2.33	M
OVERALL MEAN RATING	2.33	M

A summary of municipal social workers' degree of participation in the Measles Supplemental Immunization Campaign is given in Table 9, which is part of the delivery of local health initiatives. An overall weighted mean of 2.33 is revealed by the combined assessment, which indicates a moderate degree of involvement across the many campaign-related activities. The chart shows that there is a moderate amount of involvement in handing out pamphlets about the Measles Supplemental Immunization Campaign, with a weighted mean of 2.13. The Measles Supplemental Immunization Campaign's house-to-house assistance for Barangay Health Workers (BHWs) has a weighted mean of 2.48, indicating a moderate degree of engagement. Connecting with healthcare practitioners to establish on-site vaccination clinics or directing social workers to neighboring healthcare facilities for the measles vaccine reveals a somewhat higher engagement, with a weighted mean of 2.52. A weighted mean of 2.33 was assigned to the establishment of a vaccine appointment scheduling system for social workers, indicating a moderate level of involvement.

Table 10. Mean Result of the Involvement of Municipal Social Workers in the Delivery of Local Health Program as to Breastfeeding Campaign Awareness

Breastfeeding Awareness Campaign	Weighted Mean	Descriptive Equivalent
distribute pamphlet on Breastfeeding Awareness Campaign	2.37	MI

help the BHWs on house to house activities for Breastfeeding Awareness Campaign	2.25	M
conduct counselling	2.55	M
conduct trainings/participate in all breastfeeding activities and health education	2.33	MI
referral system	2.63	MI
OVERALL MEAN RATING	2.43	MI

Table 10 highlights the amount of engagement of municipal social workers within the delivery of local health programs, notably focused on the Breastfeeding Awareness Campaign. The entire evaluation's aggregated weighted mean of 2.43 indicates that the municipal social workers participated in this campaign to a moderate extent. The municipal social workers ranked the implementation of a referral system to encourage breastfeeding awareness as the most successful way to increase involvement, with a weighted mean of 2.63, indicating a moderately-to-highly involved level of engagement. Second, demonstrating a moderately involved degree, conducting counseling sessions related to breastfeeding awareness received a weighted mean of 2.55. Third, a weighted mean rating of 2.37 was obtained by distributing booklets on the Breastfeeding Awareness Campaign, indicating a moderate level of involvement. The fourth category shows a weighted mean of 2.33 for engaging in all breastfeeding activities and health education through training, while the fifth category shows a moderate level of involvement. A weighted mean of 2.25 was found for helping Barangay Health Workers (BHWs) with house-to-house activities for the Breastfeeding Awareness Campaign, indicating a modest degree of participation.

Table 11. Summary on the level of Involvement of Municipal Social Workers in the Delivery of Local Health Programs

Level of Involvement of Municipal Social Workers in the Delivery of Local Health Programs	Weighted Mean	Descriptive Equivalent
Maternal And Child Health Program	3.51	HI
Reproductive Health and Family Planning Program	2.68	MI
PhilHealth Registration Program	2.77	HI
Measles Supplemental Immunization Campaign	2.33	M
Breastfeeding Awareness Campaign	2.43	MI
OVERALL MEAN RATING	2.74	MI

Municipal social workers participate in different local health programs in different ways depending on the initiative. With a weighted mean score of 3.51, these employees in the Maternal and Child Health Program exhibit an exceptionally high degree of involvement. On the other hand, municipal social workers' involvement in the Reproductive Health and Family Planning Program is assessed at 2.68, which indicates a moderately involved position. On the other hand, municipal social workers score 2.77, indicating excellent participation in the PhilHealth Registration Program. However, the Measles Supplemental Immunization Campaign only shows a moderate level of involvement (2.33), indicating that social workers could do a better job of organizing vaccination clinics, distributing information, and supporting house-to-house campaigns in order to increase immunization coverage. Likewise, municipal social workers demonstrate a modest level of involvement (2.43) in the Breastfeeding Awareness

Campaign. By addressing these variances, the community may get local health services through a more comprehensive and well-balanced support system.

Significant Difference between the Level of Involvement of Municipal Social Workers in the delivery of local health programs as to their profile. The notable variations in municipal social workers' involvement in local health program delivery based on their profile in maternal care. The crucial F-value (1.99) for age is greater than the computed F-statistic (0.98). As a result, there is no discernible variation between municipal social workers' levels of involvement in maternal care according to age. For sex, the computed F-statistic (36.55) is greater than the crucial F-value (3.02). This implies that there is a notable variation in the degree of participation of female municipal social workers in Maternal Care. For sex, the computed F-statistic (36.55) is greater than the crucial F-value (3.02). This implies that there is a notable variation in the degree of participation of female municipal social workers in Maternal Care. The crucial F-value (2.12) is less than the computed F-statistic (95.68). As a result, depending on their greatest degree of education, municipal social workers' involvement in maternal care varies significantly. For job experience, the computed F-statistic (173.39) is higher than the crucial F-value (1.99). Based on their professional experiences, this suggests a notable variation in the degree of participation of municipal social workers in maternal care. For pertinent trainings, the computed F-statistic (80.84) is smaller than the crucial F-value (1.98). Therefore, based on their participation in pertinent training, there is no discernible difference in the amount of involvement of municipal social workers in maternal care. When it comes to age, the computed F-statistic (97.185) is higher than the crucial F-value (1.8898). The estimated F-statistic (38.95) surpasses the crucial F-value (2.717331) for sex, indicating a considerable variation in the level of involvement of municipal social workers in the Reproductive Health and Family Planning Program based on their age. Based on their gender, municipal social workers' involvement in the Reproductive Health and Family Planning Program varies significantly. The determined F-statistic (119.33) is higher above the threshold F-value (1.99458). Depending on their greatest level of education,

municipal social workers' involvement in the Reproductive Health and Family Planning Program varies significantly. The threshold F-value (1.878388) is exceeded by the computed F-statistic (181.996). Based on their professional background, municipal social workers' involvement in the Reproductive Health and Family Planning Program varies significantly. The computed F-statistic (101.9667) is higher than the crucial F-value (1.8783). Based on their attendance at pertinent trainings, municipal social workers' involvement in the Reproductive Health and Family Planning Program varies significantly. The level of involvement of municipal social workers in the Reproductive Health and Family Planning Program varies significantly depending on age, gender, highest educational attainment, work experience, and relevant trainings. The calculated F-statistic (43.1) is greater than the critical F-value (2.6414) for age. Depending on their age, municipal social workers' participation in the Measles Supplemental Immunization Campaign varies significantly. The critical F-value (6.591) for sex is exceeded by the computed F-statistic (18). Based on their gender, municipal social workers' participation in the Measles Supplemental Immunization Campaign varied significantly. The computed F-statistic (49.8) is higher than the crucial F-value (3.23887). Depending on their highest degree of education, municipal social workers' participation in the Measles Supplemental Immunization Campaign varies significantly. The crucial F-value (2.866) is less than the computed F-statistic (87.975). Based on their professional background, municipal social workers' involvement in the Measles Supplemental Immunization Campaign varies significantly. The computed F-statistic (43.1) is higher than the crucial F-value (2.866266). Based on their participation in pertinent trainings, municipal social workers' levels of involvement in the Measles Supplemental Immunization Campaign vary significantly. Factors such as age, gender, highest educational level attained, work experience, and relevant trainings all indicate notable differences in municipal social workers' levels of involvement in the Measles Supplemental Immunization Campaign. The crucial F-value (2.6059) for age is less than the computed F-statistic (115.911). Depending on their age, municipal social workers' participation in the Breastfeeding Campaign Program varies

significantly. For sex, the computed F-statistic (130.1) is greater than the crucial F-value (5.192). Based on their gender, municipal social workers' participation in the Breastfeeding Campaign Program varies significantly. The computed F-statistic (236.16) is higher than the crucial F-value (2.86). Depending on their greatest degree of education, municipal social workers' participation in the Breastfeeding Campaign Program varies significantly. The crucial F-value (2.578739) is less than the computed F-statistic (521.52). Based on their professional background, municipal social workers' participation in the Breastfeeding Campaign Program varies significantly. The crucial F-value (2.57) is not equal to the computed F-statistic (378). Based on their attendance at pertinent trainings, municipal social workers' levels of participation in the Breastfeeding Campaign Program vary significantly. The amount of participation of municipal social workers in the Breastfeeding Campaign Program varies significantly depending on age, gender, highest educational level attained, job experience, and appropriate trainings.

Problems being met relative to the involvement of the MSW in the delivery of various health services

Table 13. Problems being met relative to the involvement of the MSW in the delivery of various health services

<i>Problems being met</i>	WM	DE
MANPOWER		
Lack of Competent Manpower	2.28	LS
Over employed/oversupply	1.98	LS
Lack of Experiences and Seminars	2.30	LS
	2.19	LS
Budgetary Support from government	3.32	MS
from DSWD and Health Centers	2.58	LS
from NGOs	2.15	LS
From sponsors and other health care team	2.30	LS
from Residents	2.17	LS
Limited budget from all the above entities	2.15	LS

FACILITIES AND EQUIPMENT	2.45	LS
Untrained MWS and BHWs to use equipment	2.17	LS
Availability of Medical Supplies	2.80	MS
Availability of Medical Equipment	2.73	MS
Limited supplies of Birth Control Pills, Medicine for communicable diseases, Medicine supplies for children, and Multivitamins	2.67	MS
Unavailability of transportation to reach far-flung places	2.53	LS
Lack of medical and dental facilities to cater to the needs of the residents	2.63	MS
Lack of laboratory equipment	2.42	LS
OAWM	2.56	LS

Legend:

54.205.00	Highly Serious (HS)
43.40 – 4.19	Serious (S)
32.60 – 3.39	Moderately Serious (MS)
21.80 – 2.59	Less Serious (LS)
11.0 – 1.79	Not Serious (NS)

The issues that Municipal Social Workers (MSW) face with regard to staffing, financial assistance, and facilities and equipment are listed in Table 13, along with the corresponding interpretations and weighted mean (WM) ratings. In terms of manpower, they scored 2.28, 1.98, and 2.30, respectively, for lack of experience and seminars, overemployment, and seriousness. In general, the MSWs consider the issues around personnel to be less serious. In terms of budgetary support, the government budget was regarded as fairly serious (3.32); the DSWD and Health Center budget was viewed as "less serious" (2.58); the sponsors and residents of NGOS were all rated as less serious (LS) between 2.15 and 2.30. There are differing opinions overall, with government assistance being seen as more worrisome than other sources.

CONCLUSION

Most Municipal Social Workers (MSWs) in Pangasinan's chosen municipalities are quite young, with a large proportion of them being between the ages of 18 and 30. Although there are differences in educational achievement, most people (78.33%) are college graduates. Social welfare assistant (30%) and area supervision (31.67%) are the most popular jobs held by MSWs. During their employment, MSWs receive pertinent training in topics like stress management, substance abuse awareness, and mental health awareness. Furthermore, MSWs are thought to be very involved in programs related to mother and child health. Participation in the family planning and reproductive health program is viewed as somewhat involved. The PhilHealth registration program demonstrates a moderate degree of participation, with differences between localities. Mangaldan exhibits the least amount of interest in the measles supplemental immunization program, with variable levels of involvement. There are variations among towns regarding the level of involvement in the breastfeeding awareness campaign. In the meantime, there are notable variations in the degree of involvement according to factors including age, gender, educational background, employment history, and attendance at pertinent trainings. Common difficulties can include a shortage of skilled labor, insufficient financial backing, and problems with construction and machinery.

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