

# HEALTH LITERACY AND AWARENESS ON SELECTED HEALTH PROGRAMS IN TAGBILARAN CITY

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## ABSTRACT

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Health literacy and awareness of health programs are critical determinants of effective health service utilization and improved health outcomes. While national data on health literacy in the Philippines are available, city-level evidence integrating both health literacy and health program awareness remains limited, particularly in Tagbilaran City, Bohol. This study used a descriptive cross-sectional correlational design to determine the level of health literacy

and awareness of selected health programs among 395 adult residents from 15 barangays in Tagbilaran City. Stratified random sampling was employed. Health literacy was measured using the HLS-EU-Q47 questionnaire, while awareness of selected health programs—including maternal health, infant and child care, communicable and non-communicable diseases, and service delivery networks—was assessed using a standardized awareness



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tool. Descriptive statistics and correlation analyses were conducted at a 0.05 significance level. The overall mean health literacy score was 30.22, reflecting a problematic level across the domains of healthcare, disease prevention, and health promotion, with disease prevention scoring the lowest. Conversely, respondents demonstrated a high overall level of awareness of selected health programs (mean = 2.81), although awareness related to communicable and non-communicable disease programs was comparatively lower. Educational attainment and occupation were significantly associated with health literacy, while sex and income were significantly associated with awareness levels. A moderate positive correlation was found between health literacy and awareness of health programs (Spearman's  $\rho = 0.605$ ,  $p < 0.001$ ). Although awareness of health programs in Tagbilaran City is generally high, residents exhibit limited health literacy skills necessary for informed health decision-making. The significant relationship between health literacy and program awareness highlights the need for integrated, community-based interventions emphasizing disease prevention and chronic disease education.

## INTRODUCTION

Health literacy and awareness of health programs are key determinants of effective health service utilization and population health outcomes. Health literacy, as defined in Sørensen's Health Literacy Framework, refers to individuals' ability to access, understand, appraise, and apply health information to make decisions about healthcare, disease prevention, and health promotion. Health program awareness, while related, is conceptually distinct and refers to knowledge of the existence, purpose, and availability of specific health programs, such as those addressing maternal health, child care, communicable and non-communicable diseases, and service delivery networks.

While health literacy reflects cognitive and functional skills, awareness represents an earlier informational condition that is necessary—but not sufficient—for effective use of health services. Examining awareness separately enables assessment of whether individuals who are aware of health programs also possess the literacy skills needed to engage meaningfully with them.

International evidence shows that higher health literacy is associated with better understanding of health risks, preventive behaviors, and service utilization. Philippine studies similarly report that a substantial proportion of the population exhibits limited health literacy, with variations by education and socioeconomic status. However, most available evidence is national or regional in scope and does not examine awareness of specific government health programs alongside health literacy.

Despite the national health literacy survey conducted by Tolabing et al. (2022), no city-level data exist for Tagbilaran City examining both health literacy and health program awareness using standardized tools. This absence of localized evidence limits the ability of local government units and health

institutions to tailor interventions. This study addresses this gap by assessing health literacy and awareness of selected health programs among adult residents of Tagbilaran City and examining the relationship between the two constructs.

**Theoretical Background.** This study is grounded in three complementary theories. Sørensen's Health Literacy Framework (2012) informs the measurement of health literacy across four competencies—accessing, understanding, appraising, and applying health information—within the domains of healthcare, disease prevention, and health promotion. Paasche-Orlow and Wolf's General Health Literacy Model (2007) explains how individual literacy skills interact with system-level barriers, justifying the examination of sociodemographic factors in relation to health literacy. Endsley's Theory of Situation Awareness (1995) informs the concept of health program awareness, operationalized as perception (knowledge of the program's existence), comprehension (understanding the program's purpose), and projection (anticipated use of services). Together, these theories justify examining health literacy and awareness as related but distinct constructs and support correlational analysis between them.

**Legal Bases.** This study is anchored in Sustainable Development Goals (SDGs) 3 (Good Health and Well-Being) and 4 (Quality Education), which emphasize health promotion, preventive care, and lifelong learning. It aligns with the 1987 Philippine Constitution, which guarantees the right to health and education, and Republic Act No. 11223 (Universal Health Care Act), which underscores informed access to health services. Republic Act No. 7160 (Local Government Code of 1991) mandates local government units to deliver basic health services, reinforcing the need for localized evidence to guide health education and program implementation.

**Related Literature.** Health literacy is more than a simple reading capability—it is understanding, appraising, evaluating, and applying health information to enhance health (Tolabing et al., 2022). It is not simply about reading and writing, but rather about navigating the complex information landscape surrounding health and making informed decisions that impact our well-being. In the last decade, awareness has become a subject of research on health literacy, including becoming aware of health risks, knowing resources exist, and being mindful of how to prevent them.

In the Philippines, the DOH has utilized health programs to train communities and promote primary healthcare (NEDA, 2019). Notable programs include the National Immunization Program for children and Women, the Men, Women, and Children Health Development Programs for mothers and children. These community programs aim to improve health status, educate people, and provide resources for healthy choices, ultimately leading to healthier individuals. These programs demonstrate a foundational understanding that health literacy, and the awareness it fosters, are crucial for successful public health interventions. The COVID-19 pandemic hastened the

agenda on health literacy, as it revealed weaknesses in accessing information and raised awareness of the need for education among people (Bautista, 2020; Pant et al., 2020). Bautista, J. R. (2020) emphasizes the importance of health literacy in empowering Filipinos to navigate health crises effectively, particularly during the COVID-19 pandemic. The paper advocates a stronger research culture among Filipino professionals and students to generate localized insights and inform health literacy policies, educational strategies, and research initiatives, ultimately leading to improved health outcomes and resilience in future health emergencies. Simultaneously, Pant et al. (2020) emphasize the need for robust health preparedness in the face of the pandemic, which has disrupted healthcare systems worldwide and poses unique challenges for pregnant women. They note that women face increased barriers to accessing maternal healthcare, including movement restrictions, limited transportation options, and increased anxiety about contracting the virus.

In 2022, studies examined health literacy for maternal attachment (Liu et al., 2022), exploring the impact of the COVID-19 pandemic on maternal-infant bonding during the postpartum period, finding that depressive symptoms were associated with lower-quality bonding, and campaign efficacy that highlights the critical role awareness plays in promoting healthy behaviours and ultimately improving public health outcomes (Bugshan et al., 2022). They emphasize that health awareness campaigns are crucial for improving public health by promoting health and protecting it, and by preventing illness and the impacts of climate change (Ercan et al., 2022). Researchers also advanced community-based, culturally responsive methods for health education (Osborne et al., 2022; Örsal, 2022).

Recent research continued with such themes. Halas et al. (2024) prioritized community outreach in health education. Alissa and Alwargash (2024) and Spencer et al. (2024) explained that health workers must raise awareness and engage communities in co-creating responses. Inadequate awareness of HIV prevention and the management of chronic diseases also underscores the need for targeted health education (Obeagu & Onuoha, 2024; Johnson et al., 2024).

**Related Studies.** Several studies have examined the relationship between health literacy and awareness, showing both their connection and limits. For instance, Srisawat et al. (2022), El Harake et al. (2025), and García-García et al. (2023) found that individuals with higher health literacy tend to demonstrate greater awareness and better health behaviors, such as disease prevention and proper medication use.

However, other research indicates that awareness does not necessarily translate into greater understanding or action. Patel et al. (2024) and Khosravi and Ahmadzadeh (2023) reported that, despite adequate health literacy, many remain unaware of or underutilize health services. Although the level of awareness was high, it is also important to consider that awareness does not always equate to knowledge, wherein the study by Patel et al. (2024), it was stated that while individuals may be aware of health programs, this does not

always mean they fully understand the information or know how to properly apply it in daily life, which makes up health literacy. Likewise, Masoomi et al. (2023) found no systematic relationship between health literacy and self-reported health status, indicating that being health literate does not always increase a person's awareness or perception of their own health.

Internationally, Singh et al. (2024) emphasized the value of culturally tailored health literacy interventions, while Rosário et al. (2024) and Tsai et al. (2021) supported the role of wellness education and lifestyle programs in improving both mental health outcomes and health awareness.

This research aims to assess the health literacy levels and awareness of selected health programs among residents of Tagbilaran City, Bohol, for the year 2024–2025. Particularly, it seeks to examine the socio-demographic characteristics of the respondents, such as age, sex, civil status, occupation, educational attainment, and income, and how these are connected to their capacity for accessing, understanding, appraising, and applying health information in healthcare, disease prevention, and health promotion, and their awareness of selected health programs. It also examines respondents' awareness of programs tailored to maternal health, infant and childcare, communicable and non-communicable diseases, and the service delivery network. The research further aims to determine whether there is a substantial relationship between respondents' profiles and their health literacy and awareness, and whether health literacy and awareness correlate with awareness of the selected health programs. Finally, the research aims to recommend practical measures based on its findings to improve public health education and outcomes in the city.

## RESEARCH METHODOLOGY

**Study Design.** This study employed a descriptive cross-sectional correlational design to examine the relationship between health literacy and awareness of selected health programs among adult residents of Tagbilaran City, Bohol. A cross-sectional design was appropriate because data on all variables were collected at a single point in time, allowing the assessment of existing levels and associations without manipulating variables. The correlational approach enabled analysis of the strength and direction of relationships between health literacy, health program awareness, and selected sociodemographic variables.

**Study Setting and Participants.** The study was conducted in Tagbilaran City, Bohol, comprising 15 barangays. The respondents were heads of households, selected because they commonly make health-related decisions, access health services, and disseminate health information within the household, making them suitable informants for assessing both health literacy and program awareness. Eligibility criteria included being 18 years of age or older, having lived in Tagbilaran City for at least 6 months, and being able to

understand English, Cebuano, or Filipino.

**Sampling Procedure and Sample Size.** Stratified random sampling was used, with each barangay serving as a stratum to ensure proportional representation. The total sample size of 395 respondents was determined using Slovin's formula with a 5% margin of error and 95% confidence level, based on a total household population of 25,017. The sample allocation per barangay is presented in Table 1. Within each barangay, households were randomly selected from official barangay household lists.

**Research Instruments.** The first part gathered sociodemographic information, including age, sex, civil status, occupation, educational attainment, and income.

The second part used the HLS-EU-Q47 Health Literacy Questionnaire, adopted from Tolabing et al. (2022) and translated into Cebuano. The instrument consists of 47 items across three domains—healthcare, disease prevention, and health promotion—and assesses four competencies: accessing, understanding, appraising, and applying health information. Responses were rated on a four-point Likert scale from 1 (very difficult) to 4 (very easy). Index scores were computed and interpreted using established cut-off values.

The third part assessed awareness of selected Department of Health programs using an instrument adapted from Fontanilla et al. (2023). The tool measured awareness in four domains: maternal health, infant and child care, communicable and non-communicable diseases, and service delivery networks. Responses were rated on a four-point Likert scale from 1 (not aware) to 4 (fully aware), with interpretation ranging from low to very high awareness.

**Validity and Reliability.** Both instruments underwent pilot testing among ten respondents who met the inclusion criteria but were excluded from the final sample. Face validity was established through expert review. Reliability was assessed using Cronbach's alpha, with values  $\geq 0.70$  considered acceptable. The health literacy domains demonstrated high internal consistency: healthcare ( $\alpha = 0.915$ ), disease prevention ( $\alpha = 0.909$ ), and health promotion ( $\alpha = 0.975$ ). The awareness instrument also showed excellent reliability ( $\alpha = 0.975$ ).

**Data Collection Procedure.** Ethical approval was obtained from the University of Bohol Research Ethics Committee (UBREC). Study permits were secured from institutional authorities and local government units. Coordination was conducted with the City Health Office and barangay officials prior to data collection.

Data were collected via face-to-face administration over three weekends, after obtaining informed consent from all participants. Confidentiality and anonymity were strictly maintained in accordance with the Data Privacy Act of 2012.

**Data Analysis.** Data were encoded in Microsoft Excel and analyzed using appropriate statistical software. Descriptive statistics (frequencies, percentages, means, and standard deviations) were used to summarize respondent characteristics and study variables. Associations between categorical variables

were examined using the Chi-square test. Pearson's correlation coefficient was applied to normally distributed continuous variables, while Spearman's rank correlation was used when normality assumptions were not met. All statistical analyses were conducted at a 0.05 level of significance.

## RESULTS AND DISCUSSION

This section presents a summary of the socio-demographic profile of the 395 respondents from Tagbilaran City, highlighting key characteristics such as age, sex, civil status, occupation, education, and income. The data reveal a predominance of middle-aged, married, female individuals with varied educational backgrounds and mostly low monthly incomes.

In terms of age, the majority were between 41 and 65 years old (48.10%), followed by those aged 18 to 40 years (39.00%), while only 12.90% were 65 years old and above. This age breakdown may reflect Kwon and Kwon's (2025) findings that health literacy tends to decline with age, underscoring the importance of age-specific health interventions for the sizable middle-aged and older adult groups. In terms of sex, females constituted the majority at 67.10%, while males were 31.60%, and 1.30% preferred not to disclose their sex. This predominance of female respondents in Tagbilaran City, as indicated by the results, is supported by Milner et al.'s (2020) observations on gender differences, suggesting that the female-majority sample may experience different health challenges than males.

Regarding marital status, most respondents were married (64.30%), followed by single (19.20%), widowed (12.70%), and the remainder were separated or identified as others. This immediately resonates with Pandey et al.'s (2019) evidence that marriage often provides protective social support, positively influencing health outcomes. Regarding occupation, 33.92% were employed full-time or part-time, followed by self-employed individuals (28.61%), unemployed individuals (18.99%), retired individuals (7.34%), students (4.30%), and others (6.84%).

Regarding educational attainment, a significant proportion of respondents were high school graduates (38.23%) and college graduates (34.68%). College undergraduates accounted for 15.95%, followed by elementary graduates (9.11%), vocational/technical graduates (1.27%), and postgraduate degree holders (0.76%). Finally, regarding income status, the majority (63.80%) reported earnings below ₱10,000 per month, indicating a predominantly low-income population. The rest earned between ₱10,000 and above ₱50,000, with very few (1.01%) in the highest income bracket. Finally, the low income and educational attainment reported are critical determinants of health literacy and access to care, as emphasized by Ehmann et al. (2021), underscoring the need for targeted health promotion in economically disadvantaged communities. Together, these findings provide a comprehensive framework for tailoring health literacy programs that address the unique demographic

and socioeconomic context of this population.

**Level of Health Literacy.** This section presents the respondents' health literacy levels across the domains of healthcare, disease prevention, and health promotion. Health literacy is crucial for enabling individuals to make informed health decisions and effectively navigate the healthcare system (Sorensen et al., 2012).

The respondents generally exhibited problematic levels of health literacy across all three domains assessed. In the Healthcare domain, the mean score was 30.66, indicating difficulties accessing and understanding information about medical care and services. For Disease Prevention, the mean score was slightly lower at 29.57. This suggests that the respondents had challenges in recognizing risk factors, adhering to preventive measures, and interpreting relevant health advice. The Health Promotion domain had a mean score of 30.44, again classified as problematic, indicating that respondents had limited ability to evaluate and use information to improve overall well-being and adopt healthy behaviors. The overall mean health literacy score was 30.22, placing in the "problematic" category, indicating a pressing concern.

This suggests that, on average, the respondents struggle with the core competencies required to make informed health decisions. The results showed a p-value of 0.131, with mean ranks of 608.92 for Health Promotion, 605.29 for Healthcare, and 564.78 for Disease Prevention. This indicates that all three domains are statistically tied, suggesting that respondents' health literacy scores did not differ significantly across the three domains.

Tagbilaran's problematic health literacy is indicative of a larger national trend in the Philippines. 51.5% of Filipinos, according to the First National Health Literacy Survey (Tolabing et al., 2022), have low health literacy and frequently struggle to access and comprehend health information. Similarly, the Philippine Medical Association (2019) emphasized that poor health outcomes, such as higher hospitalization rates and lower use of preventive care, are attributable to low health literacy, particularly among underprivileged groups.

**Table 1.** Results of the Multiple Comparisons test in the different domains of awareness on selected programs (n=395)

Program	Mean Ranks	p-value	Decision	Interpretation
Maternal health	801.27 <sup>ab</sup>			
Infant care and child health	790.95 <sup>ab</sup>			
Communicable and non-communicable diseases	733.1 <sup>a</sup>	0.014	Significant (Reject H0)	Not Equal
Service delivery network	836.68 <sup>b</sup>			

Note: Subscales having the same letter are not significantly different from each other.

*Legend: 1.00-1.74: Low Level Awareness; 1.75 - 2.49: Moderate Level Awareness; 2.50 - 3.24: High Level Awareness; 3.25 - 4.00: Very High-Level Awareness*

The findings presented indicate that the respondents demonstrated a high level of awareness across all selected health programs. Among the programs assessed, Service Delivery Network received the highest mean score of 2.89, followed closely by Maternal Health at 2.84 and Infant Care and Child Health at 2.82. Although slightly lower, awareness of Communicable and Non-Communicable Diseases remained in the high awareness category, with a mean of 2.72. The overall mean score was 2.81, indicating that respondents generally have a strong awareness of the featured health programs implemented in Tagbilaran City. The results revealed a significant difference in awareness levels across the programs (p-value = 0.014). The mean ranks suggest that Service Delivery Network (836.68) had the highest level of awareness,

followed by Maternal Health (801.27) and Infant Care and Child Health (790.95). In contrast, Communicable and Non-Communicable Diseases had the lowest (733.10).

The City Health Office’s placement among the Top-5 Performing LGUs for health budget utilization and receipt of the John Snow Award for Disease Surveillance demonstrates an efficient, high-functioning service delivery network. The study by Cananua-Labid et al. (2024) supports the finding that community outreach and health education initiatives have been successful, indicating that the local population well recognizes these initiatives.

**The Significant Relationship Between Profile of the Respondents and their Level of Health Literacy as well as their Level of Awareness.** Table 2 examines how selected socio-demographic characteristics—age, sex, civil status, occupation, educational attainment, and income—are associated with respondents’ **health literacy** and **awareness of health programs** in Tagbilaran City. Understanding these relationships is essential in identifying population groups that may require targeted health education and communication strategies.

The findings indicate that occupation and highest educational level are strongly associated with health literacy. Respondents who are employed and have greater levels of education had better levels of health literacy, implying that continuous exposure to formal learning environments and workplace systems improves people’s ability to obtain, interpret, and use health information.

This finding is consistent with both international and local research that has identified education and occupation as structural predictors of health literacy. Sørensen et al. (2012) found that educational attainment influences individuals’ cognitive and functional skills in navigating health systems. Additionally, occupational contexts can improve information processing by requiring communication and problem-solving skills. Similarly, Svendsen et al. (2019) found that employees have higher health literacy due to regular exposure to company health information and policies.

**Table 2.** *Correlation Test Between Profile of the Respondents and their Level of Health Literacy as well as their Level of Awareness (n=395)*

Variables	Statistical Test Used	Test Value	P-value	Decision	Interpretation
Age and Health Literacy	Pearson Chi-square	-0.074	0.142	Failed to reject the null hypothesis.	There is no significant relationship between the variables.
Sex and Health Literacy	Pearson Chi-square	-0.021	0.673	Failed to reject the null hypothesis.	There is no significant relationship between the variables.
Civil Status and Health Literacy	Pearson Chi-square	0.09	0.652	Failed to reject the null hypothesis.	There is no significant relationship between the variables.

<i>Occupation and Health Literacy</i>	<i>Pearson Chi-square</i>	<i>0.026</i>	<i>0.026</i>	<i>Reject the null hypothesis.</i>	<i>There is a significant relationship between the variables.</i>
<i>Highest Educational Attainment and Health Literacy</i>	<i>Pearson Chi-square</i>	<i>0.014</i>	<i>0.014</i>	<i>Reject the null hypothesis.</i>	<i>There is a significant relationship between the variables.</i>
Income and Health Literacy	Pearson Chi-square	0.685	0.685	Failed to reject the null hypothesis.	There is no significant relationship between the variables.

Age and Level of Awareness	Pearson Chi-square	.532	.997	Failed to reject the null hypothesis.	There is no significant relationship between the variables.
<i>Sex and Level of Awareness</i>	<i>Pearson Chi-square</i>	<i>20.200</i>	<i>.003</i>	<i>Reject the null hypothesis.</i>	<i>There is a significant relationship between the variable</i>
Civil Status and Level of Awareness	Pearson Chi-square	18.226	.109	Failed to reject the null hypothesis.	There is no significant relationship between the variables
Occupation and Level of Awareness	Pearson Chi-square	21.280	.128	Failed to reject the null hypothesis.	There is no significant relationship between the variables
Highest Educational Attainment and Level of Awareness	Pearson Chi-square	11.032	.750	Failed to reject the null hypothesis.	There is no significant relationship between the variables
<i>Income and Level of Awareness</i>	<i>Pearson Chi-square</i>	<i>32.869</i>	<i>.005</i>	<i>Reject the null hypothesis.</i>	<i>There is a significant relationship between the variables</i>

In contrast, **age, sex, civil status, and income** did not show significant associations with health literacy. This suggests that, within an urban context such as Tagbilaran City, health literacy may be less influenced by demographic or economic status and more strongly shaped by **institutional access to learning opportunities**. Tolabing et al. (2022) similarly observed that in urban Philippine settings, basic access to health information may reduce disparities traditionally associated with age and sex.

Notably, the lack of a significant relationship between **income** and health literacy—despite the significant effects of education and occupation—suggests that financial resources alone do not guarantee improved health literacy. This finding supports the arguments of Osborne et al. (2022) that health literacy is not merely a function of economic capacity but also depends on the accessibility and comprehensibility of health information systems.

**The Correlation Between the Level of Health Literacy and the Level of Awareness on the Selected Health Programs.** The study examines the relationship between health literacy and awareness of health programs, focusing on disease prevention, maternal and child care, and service accessibility. The findings suggest a significant correlation between health literacy and individuals’ awareness and engagement with health-related programs, highlighting the potential impact of health literacy.

**Table 3.** *Correlation Between the Level of Health Literacy and the Level of Awareness on the Selected Health*

Variables	Statistical Test Used	Correlation Coefficient	p-value	Decision	Interpretation
Level of Health Literacy and Level of Awareness	<b>Spearman's rho Correlation</b>	0.605	0	<b>Significant (Reject H0)</b>	<b>There is a positive, moderate correlation between the two variables. This relationship is statistically significant at the 0.01 level (2-tailed).</b>

**Programs**

Table 3 demonstrates a statistically significant positive association between health literacy and awareness of selected health initiatives, as measured by Spearman’s rho ( $r = 0.605, p = .000$ ). This suggests a moderately favorable association: as health literacy increases, so does awareness of these initiatives. According to this study, persons who can better access, understand, appraise, and utilize health information are more likely to be aware of available health services and activities. The data support rejecting the null hypothesis, as a strong relationship between health literacy and awareness of the selected health programs in Tagbilaran City was discovered. It is consistent with a study by Srisawat et al. (2022), who discovered that those with higher health literacy were more aware of hypertension prevention measures.

While health literacy improves awareness, it may not always lead to knowledge or practical application. Patel et al. (2024) observed that awareness does not always correspond to knowledge or effective use. In contrast, Khosravi and Ahmadzadeh (2023) found no clear link between health literacy and the proper use of emergency services. Masoomi et al. (2023) observed no relationship between health literacy and self-perceived health. These contradictory findings suggest that, while the study found a positive association, more research is needed to examine how health literacy translates into actual health behaviors and awareness.

## CONCLUSIONS

This study assessed health literacy and awareness of selected health programs among adult residents of Tagbilaran City, Bohol. The findings indicate that, although residents generally demonstrate a high level of awareness of available health programs, their overall health literacy remains problematic, particularly in disease prevention. This suggests that although many residents are aware of health services and programs, they experience difficulty accessing, understanding, evaluating, and applying health information effectively.

Health literacy was strongly associated with occupation and educational attainment, whereas awareness of health programs was significantly correlated with sex and income. These findings highlight the need for targeted approaches in health education and communication and show how sociodemographic traits are significantly associated with both. Importantly, a somewhat positive correlation between health program awareness and health literacy was observed, suggesting that advances in one are likely to support gains in the other.

The study shows that awareness alone does not ensure effective involvement in health programs. Despite high awareness levels, lower scores on programs related to chronic disease and disease prevention indicate gaps in knowledge and in the practical application of these activities. These results align with known health literacy models that emphasize the importance of individual competencies and system-level accessibility in supporting informed health decisions.

Overall, the results highlight the need for community-based, integrated interventions that go beyond information sharing to improve health literacy, particularly in chronic illness management and disease prevention. Local-language, culturally sensitive health education methods adapted to Tagbilaran City's socioeconomic context may improve comprehension and the efficient use of health services, ultimately leading to better community-level health outcomes.

## RECOMMENDATIONS

The College of Allied Health Sciences, in collaboration with the City Health Office, recommends a program called “Tagbilaran City Health Literacy Empowerment and Strengthening Public Awareness of Selected Health Programs” that focuses on disease prevention for health literacy and communicable and non-communicable diseases for the selected health programs to be implemented in the city for a whole year. This aims to elevate health literacy in Tagbilaran City regarding disease prevention, which had the lowest mean score across all domains, moving it from problematic to sufficient and ideally to excellent. Additionally, it seeks to strengthen residents’ awareness of health programs for communicable and non-communicable diseases, which has the lowest mean score among all programs included, increasing awareness from high to very high.

It is strongly recommended that the residents of Tagbilaran City actively participate in well-organized healthcare education sessions led by their barangay. These sessions should be designed to help everyone better access, understand, apply, and evaluate healthcare and health promotion information. These sessions should go beyond general participation by including interactive learning modules such as guided walks through available local health services, simulations of patient–doctor dialogues, and practical explanations of health documents and prescriptions, all delivered in Cebuano or the local dialect.

All residents in Tagbilaran City are recommended to join health education programs and seminars that provide updated and accessible information about health programs in order to strengthen and possibly increase the level of awareness in all programs from high-level to very high-level, while also encouraging long-term engagement and community participation.

It is recommended that future researchers replicate the study and use a different standardized tool to assess awareness of selected health programs, including those focused on maternal health, infant and child care, communicable and non-communicable diseases, and service delivery networks to avoid bias, reveal significant differences across domains, and yield compelling results.

For future research, it is recommended to explore the socio-demographic variables that are significantly correlated with health literacy but not with awareness, and vice versa. This is to ensure consistent results across the variables.

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