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Toward an Inclusive Social Insurance Coverage in the Philippines: Examining Gender Disparities

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List of Acronyms

4Ps	*Pantawid Pamilyang Pilipino* Program
APIS	Annual Poverty Indicator Survey
ADSC	average daily salary credit
CALABARZON	Cavite, Laguna, Batangas, Rizal, and Quezon
CBHI	community-based health insurance
CAR	Cordillera Administrative Region
CYS	credited years of service
DOH	Department of Health
EC	employees' compensation
GSIS	Government Service Insurance System
GDP	gross domestic product
ILO	International Labour Organization
LFS	Labor Force Survey
LGU	local government unit
MSC	monthly salary credit
NCR	National Capital Region
NHIP	National Health Insurance Program
NGO	nongovernment organization
NEE	not in education or employment
NILF	not in the labor force
PhilHealth	Philippine Health Insurance Corporation
PIDS	Philippine Institute for Development Studies
PSPOFS	Philippine Social Protection Operational Framework and Strategy
PSA	Philippine Statistics Authority
RA	Republic Act
SPI	Social Protection Index
SSS	Social Security System
SDG	Sustainable Development Goal
SOCCSKSARGEN	South Cotabato, Cotabato, Sultan Kudarat, Sarangani, and General Santos

Abstract

The Philippines, a country prone to natural calamities and vulnerable to economic fluctuations, has much to accomplish in improving workers' access to social protection. A focus on women's access to social protection programs is crucial because of their significantly lower labor force participation rate than men. An Asian Development Bank study noted disparities between men's and women's access to social protection, particularly in social insurance. The study attributed women's inability to gain social insurance benefits to their low representation in the formal sector. Using survey-based data from the Philippine Statistics Authority, this paper looks into the coverage of major social protection programs in the Philippines, such as the Government Service Insurance System for government workers, Social Security System for private-sector workers, and Philippine Health Insurance Corporation. It examines the circumstances of different types of workers, such as wage and nonwage earners, self-employed, and household workers, among others. It identifies the locations of individuals who have no access to social protection programs and belong to the bottom 30 percent of households in the country, as they represent those most in need of government intervention. This is supplemented by an empirical estimation of the likelihood of social insurance coverage for both employed and unemployed individuals. It likewise looks at the characteristics of those not in the labor force, which the study identified as the primary reason for their exclusion from social protection coverage. Furthermore, it examines the social insurance aspect of the *Pantawid Pamilyang Pilipino* Program to gain insights into how the country can improve coverage of social protection programs.

Introduction

The Philippine economy has grown robustly in recent years. The country's average annual gross domestic product (GDP) growth rate[1] from 1998 to 2018 was 5.2 percent, while that for 2010–2018 was 6.2 percent. Despite this robust economic growth, there has been marginal progress in reducing inequality in the country. The Philippine Gini index was reduced minimally from 0.468 in 1991 to 0.453 in 2015. There was also a reduction in poverty incidence from 26.6 percent to 21.6 percent between 2006 and 2015. This trend continued in the first semester of 2018 when poverty incidence among families was down to 16.1 percent from 22.2 percent during the same period in 2015. However, the country's antipoverty efforts are not on par with the growth of the population. The number of poor families stood at 3.7 million in 2015, larger than the 3.6 million poor families recorded in 1991, based on data from the Philippine Statistics Authority (PSA). Apart from the persistence of poverty and inequality, the country remains vulnerable to natural disasters like typhoons, flooding, and landslides and ranks ninth globally in terms of vulnerability to disasters, according to the *World Risk Report 2020* (Bündnis Entwicklung Hilft 2020). It is usually the agricultural sector, where most of the poor are, that suffers the most from damages caused by natural disasters. Exposure to natural calamities without adequate social protection can make vulnerable groups fall into or back to poverty, leading to persistent inequality. People who do not have access to social insurance are also likely to add to the number of poor who require government assistance in the event of economic shocks, sickness, or unemployment.

This makes the adequacy and coverage of social protection programs an important subject of inquiry. The presence of gaps in the implementation of these programs demands the development and improvement of relevant interventions. The idea is to achieve inclusiveness in providing people with access to social protection programs regardless of their gender, employment status, and class of work. The need to address gender inequality in providing economic opportunity and upholding social and political rights is highlighted in Sustainable Development Goal (SDG) 5, which hopes to achieve gender equality by 2030 through empowering ownership, employment, and participation of women,

[1] The basic data used to compute the average annual GDP growth rate were taken from the National Income Accounts of the PSA at constant 2000 prices.

alongside the mitigation of discrimination and violence against them. SDG 8, meanwhile, aims to promote inclusive and sustainable economic growth, full and productive employment, and decent work for all.

Granting greater access to social policy programs for women is based not only on the notion of social equality but also on its potential gains from holistic development. Various studies evaluating social protection policies have observed that when cash grants and benefits are given to women in households, they are more likely to invest in essential household needs like proper nutrition, education, and healthcare for children (Behrmann and Hoddinott 2005; Himmelweit et al. 2013). The Asian Development Bank (2010) corroborates this by analyzing the *Pantawid Pamilyang Pilipino* Program (4Ps) in the Philippines. They found that conditional cash transfers directly paid to mothers had increased their bargaining power within the household and led to better health and education outcomes, particularly for female children and pregnant women. Similarly, men in the Philippines are traditionally the breadwinners and heads of the family. Because social norms dictate that women do most of the care work at home, families rely heavily on the male head to provide for them. While families must have access to social insurance, they have differentiated circumstances and abilities to overcome risks and uncertainties they face everyday. It is essential to understand such differentiations, so that interventions can be appropriately designed.

Social protection is defined as "policies and programs that seek to reduce poverty, inequality, and vulnerability to risks and enhance the social status and rights of the marginalized by promoting and protecting livelihood and employment, protecting against hazards and sudden loss of income, and improving people's capacity to manage risks"[2] (Villar 2013, p. 1). It has four main components—social insurance, labor market interventions, social assistance, and social safety nets—defined in the Philippine Social Protection Operational Framework and Strategy (Villar 2013, p. 2) as follows:

a. Social insurance and related programs consist of contributory and noncontributory-based programs that protect households from lifecycle and health-related risks. These include life

[2] This definition was taken from Social Development Committee (SDC) Resolution 1, series of 2007, which was adopted in the Philippine Social Protection Operational Framework and Strategy by the Department of Social Welfare and Development and the National Economic and Development Authority-SDC Subcommittee on Social Protection.

and health insurance, agricultural insurance, pension, and retirement programs.

b. Labor market interventions are those that provide gainful employment to citizens via employment facilitation and placement schemes, active labor market programs, emergency and guaranteed employment, and unemployment insurance.
c. Social assistance programs provide basic protection to the poor, excluded, discriminated, and marginalized. These may include conditional and unconditional cash transfers, housing and shelter subsidies, food stamps, and educational scholarships, among others. Social assistance must be specific depending on the needs of the sector. Specific sector example for PWDs [persons with disabilities] includes access to assistive devices/technology, personal assistance, sign language interpreters, home improvement to mitigate the possible impact of disasters or to improve accessibility of home, etc.
d. Social safety nets are short-term stop-gap measures usually implemented as a response to emergencies and crisis situations, unlike social assistance and services which maybe regular programs with longer duration.

This paper examines gaps in access to social insurance by men and women in the Philippines. It aims to identify barriers and opportunities in expanding their access to social insurance. It seeks to create a profile of those deprived of adequate social protection, analyze their circumstances, and identify potential beneficiaries of social protection programs. Its main objective is to propose insights for improving the coverage and implementation of social protection initiatives in the country.

The specific objectives of this study are the following: (1) identify gaps in the coverage of state-run social insurance programs[3] like the Social Security System (SSS), the Government Service Insurance System (GSIS), and the National Health Insurance by the Philippine Health Insurance Corporation (PhilHealth); (2) examine the characteristics and circumstances of men and women who have no access to social insurance; (3) examine factors associated with access to social insurance; and (4) draw insights for program and policy designs that will improve social

[3] See descriptions in the Appendices.

protection coverage in the country. This paper also attempts to describe the group that may be prioritized in social insurance interventions—individuals who do not have access to social insurance and belong to the poorest 30 percent of families. Access to health insurance by beneficiaries of 4Ps is also included in the analysis. It must be noted that the study does not examine labor market interventions, owing to limitations in the survey-based data it used.[4] The main sources of data for the empirical analyses are the PSA's Labor Force Survey (LFS) and Annual Poverty Indicator Survey (APIS) 2016 and 2017. The analyses are limited to associative and descriptive methods. The regression analyses implemented in the study are meant to obtain correlations rather than causal effects. Such approaches suffice to draw insights for the improved coverage of these programs and not to test the impacts of a specific social protection program.

Access to social protection in the Philippines

One of the critical constraints to accessing social insurance in the country is the informality of many workers' sectors. The World Bank estimates that about 75 percent of Filipino workers are informally employed, especially in agriculture and information service sectors. The Department of Trade and Industry also estimated that 90 percent of Filipinos worked in MSMEs (World Bank 2013, 2016). A large number of informal workers in the Philippine economy brings about challenges in the enforcement of social protection systems. Employers of long-term informal workers typically enroll them only in social protection, if at all. On the employees' side, the volatility of their work status and the looming threat of short-term risks, such as health emergencies, loss of income, or investment in the education of their children, nudge them towards immediate compensation, which leads to nonparticipation in social protection programs such as the SSS (Dorfman and Bogomolova 2016).

The disadvantage of women in social protection programs is exhibited in the ADB's Social Protection Index (SPI), which is the ratio of the total expenditure on social insurance, assistance, and labor market

[4] While the PSA's APIS contains information on labor market-related programs, the number of beneficiaries included in the survey is very small to allow any detailed analysis of the characteristics of these beneficiaries.

programs to total intended beneficiaries. Women benefited less from social protection policies based on the SPI of 0.046 or 1.15 percent of the GDP, compared with men who had an SPI of 0.064 or 1.6 percent of the GDP in Asia and the Pacific (Handayani 2014). A comprehensive breakdown of the indexes revealed disparities between the SPIs of men and women in social insurance. This was attributed to the poor representation of women in the formal sector, which leads to less access to social insurance benefits than men. Meanwhile, expenditures on social assistance and labor market programs were markedly lower compared with social insurance and showed minimal disparity across genders. A study by ADB (2013) showed that 6.503 million out of 14.757 million women (44.5%) were under vulnerable employment in 2012, compared with 8.797 million out of 24.617 million men (39%). This shows a gender gap in the vulnerable employment sector.

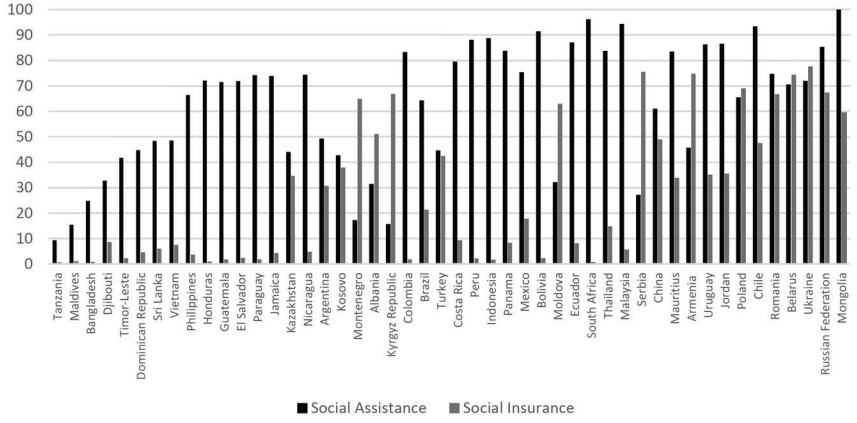
A bigger challenge in expanding social security coverage in the Philippines is the inability of enrolled members to continue their contribution, citing that they could not sustain their membership (Doane 2010). The same study noted that the SSS membership extended to informal workers does not reach home-based workers and that less than half of the respondents did not believe that the SSS and PhilHealth were sustainable. Another reason for the inability of members to sustain their SSS membership, especially for self-employed or informal workers, is the seasonality of their salaries. Thus, workers from these particular categories have greater difficulty paying the required monthly premium (Gonzales and Manasan 2002). The country also offers no sustainable social protection program for the unemployed (Acosta et al. 2018).

A World Bank study (Acosta et al. 2018) further highlighted discrepancies in access to social protection between the two income groups. The study assessed whether social insurance and assistance programs were able to cover the first two income quintiles of the population, which covered those in extreme and material poverty, respectively. The findings showed that many of those who benefited from social insurance were more well-off. Even people from higher income groups were also shown to have benefited from programs like 4Ps, which were supposed to be targeted only to the poor. When it comes to adequate inclusion of the poorest, social insurance efforts need to keep up with social assistance programs. Data from the Atlas of Social Protection Indicators of Resilience and Equity show

that while social assistance programs have covered 66 percent of those in the bottom quintile, those covered by social insurance do not even reach 5 percent, compared with the 18-percent benchmark, which is the average for the countries included in the analysis (Figure 1). This is also the case in many countries. Even among the country's rich, social insurance only covers about 17 percent, compared with the 25-percent benchmark figure.

A study conducted by the International Labour Organization (ILO) (Quesada-Tiongson and Cassirer 2003) about women in the informal sector found that traditional gender division of labor persisted in most

Figure 1. Coverage of the bottom quintile (pretransfer) by social assistance and social insurance (percentage receiving transfer)



Source: World Bank (2020)
Note: Data for the Philippines are from 2015, while others are from the latest available year as of early 2018.

families, wherein women are considered as nurturers responsible for the health needs of the family, as opposed to being beneficiaries of it. Consequently, men who are the breadwinners of their families tend to have greater access to social insurance through their employment. The allocation of health concerns to women leaves men less informed

of the health risks that women face, thus lessening the likelihood of mothers to seek social protection. Furthermore, the ILO study raises pertinent issues that affect access to social protection and argues for microinsurance. First, there are notable transaction costs that come with enrolling, sustaining, and availing of social protection programs' benefits. In the case of informal workers or people in rural areas, issues such as inaccessibility of government centers and the lack of viable sources of information hinder subscription to social insurance programs.

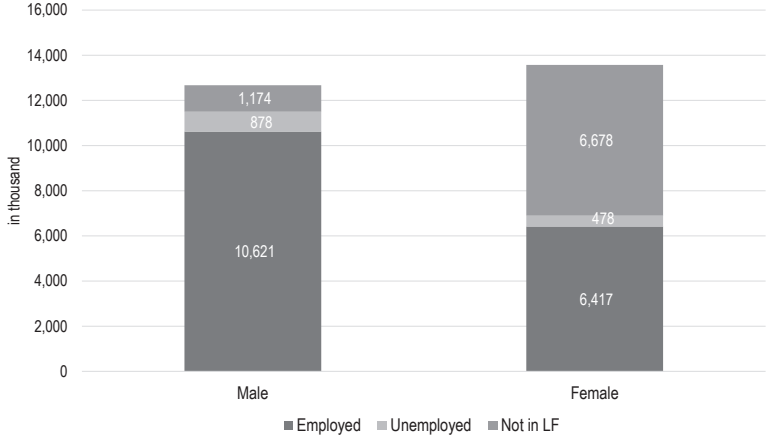
The literature emphasized the need to examine further these issues, particularly the gender dimension and the economic capacity in accessing social insurance. It also enforces the urgency to analyze access to social insurance as an overlooked aspect relative to social assistance efforts in the past.

Characterizing persons who lack access to social insurance

There is a striking gender disparity in the composition of men and women deprived of social protection that requires a more in-depth analysis. Based on estimates from the 2017 LFS-APIS, half of all women deprived[5] of social protection were not in the labor force (NILF), while an overwhelming proportion (84%) of their male counterparts was employed. There are 26 million individuals aged 15 and above who are nonmembers of both insurance schemes. To proceed with the analysis, the composition of male and female workers and their lack of access to social insurance were first examined. This is followed by a more nuanced analysis of nonmembers' characteristics by class of workers, as well as the access to social insurance of 4Ps beneficiaries. Also discussed were the characteristics of NILF to provide recommendations for their inclusion in social protection programs. The objective is to develop insights for immediate and long-term solutions that will enhance access to social protection.

[5] This paper defines social insurance deprivation as a situation where a person is not a member of both SSS/GSIS and PhilHealth.

Figure 2. Composition of persons (15+) who are nonmembers[6] of both SSS/GSIS and PhilHealth, 2017



Source of basic data: PSA (2017a)

There were 12.7 million men and 13.6 million women deprived of adequate social insurance based on calculations from the 2017 APIS. This figure does not include the economically inactive (NILF) persons who were currently in school. Note that if a person is a member of only PhilHealth but not the SSS/GSIS or vice versa, he or she is considered deprived of adequate social insurance as narrowly defined in this paper. In terms of the number of workers without adequate social insurance (i.e., both SSS/GSIS and PhilHealth), women as a group are relatively better off with 7.6 million, compared with 10.6 million male workers who have no protection. These magnitudes are overwhelming, as not even half of all employed workers have protection. Meanwhile, there are far more women at 6.67 million who are NILF and are nonmembers of social insurance, compared with 1.17 million male NILF.

Owing to their composition, many women workers are at a disadvantage compared with men. Of the totality of female workers, 36 out of 100 can be considered informally employed (self-employed, unpaid family worker, employer in own family business/farm, or paid family worker). For men, this proportion is lower at 27 out of 100.

[6] Being a nonmember of PhilHealth means nonmembership in either paying or nonpaying/sponsored scheme.

Figure 3. Composition of employed persons by class and sex (%), 2017

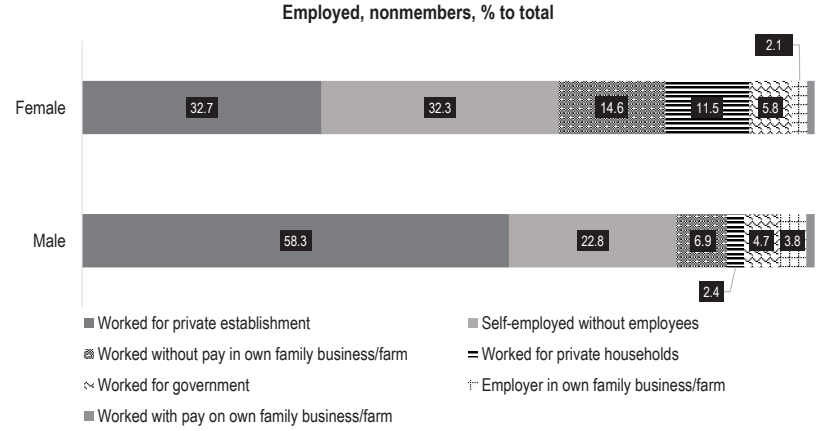
Source of basic data: Merged data from PSA (2017a, 2017b)

A greater proportion of women work as household workers (8% compared with 2% for men) and unpaid family members (10% versus 2% for men).

The composition of workers without social insurance also differs between men and women. Based on merged APIS and LFS 2017 data, 61 percent of female nonmembers (SSS/GSIS and PhilHealth) are self-employed, private household workers, and unpaid family workers. In contrast, the majority (58%) of male workers are employed in private establishments. The three classes of workers with the highest proportion and magnitude of nonmembers in 2017 were workers in private establishments, self-employed, and unpaid family workers. In addition, the equally important group among women that requires immediate inclusion in social insurance programs are private household workers (Figure 4).

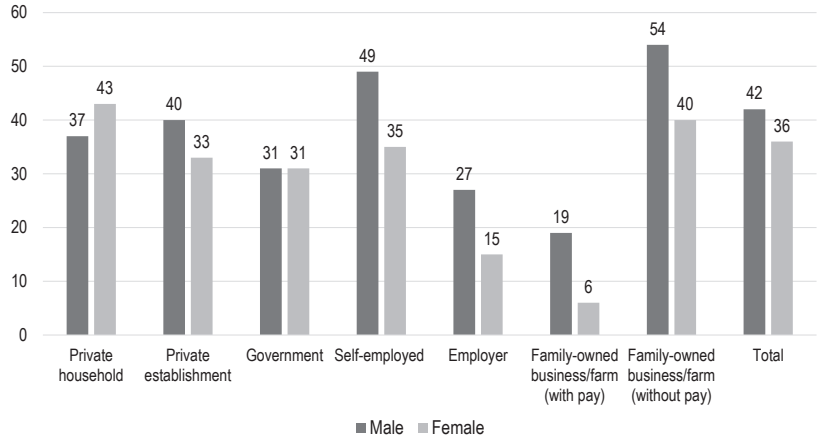
A non-negligible proportion of nonmembers of social insurance in the study belong to the poorest 30 percent of families—42 percent for men and 36 percent for women (Figure 5). The classes of workers with the highest proportion of employed men who are the poorest are unpaid workers in family-owned or operated businesses or farms (54%) and self-employed (49%). In other words, about half of workers without adequate social insurance in these categories are also the poorest. For women, the highest proportions are among private household workers (43%) and unpaid family workers (40%).

Figure 4. Composition of employed persons who are nonmembers of SSS/GSIS and PhilHealth (%), 2017



Source of basic data: Merged data from PSA (2017a, 2017b)

Figure 5. Proportion of employed and nonmembers belonging to poorest 30 percent of families by sex and type of worker



Source of basic data: Merged data from PSA (2017a, 2017b)

The previous section examines the extent of deprivation of adequate social insurance. The term "adequate" is narrowly defined as membership in both SSS (for private-sector workers) or GSIS (for government workers) and PhilHealth. The results are consistent with the reviewed literature, where disparities between men's and women's access to social insurance are noted. It likewise illustrates how the lack of access to social insurance and poverty are closely related. In the ensuing discussions, the more specific characteristics of nonmembers who belong to the poorest households are examined. It is important to distinguish the nonmembers of SSS/GSIS from the nonmembers of PhilHealth to come up with a nuanced understanding of the gaps. The findings can then serve as evidence to formulate insights and help design future interventions.

Workers in private establishments

To better understand the circumstances of nonmembers and gain more specific policy insights, membership in SSS was delineated from PhilHealth.

Of the 16.5 million workers in private establishments,[7] not even half (i.e., 48%) were SSS members. This means that an estimated 8.5 million employees are unable to benefit from SSS. Of this magnitude of nonmembers,[8] 7 out of 10 are men. Nearly 4 out of 10 nonmembers belong to the poorest families. An overwhelming majority (80%) of persons in this situation are men, most of which have permanent jobs, one-third have short-term jobs, while the rest (10%) have different employers. Looking into their work more closely, 66 percent are paid daily, 17 percent are commission-based workers, and only 8 percent are paid monthly. On the other hand, of the number of women who are nonmembers and are from the poorest families, 49 percent are reported to have permanent jobs, about 41 percent have short-term jobs, and the rest (10%) have different employers. Sixty-eight percent are paid daily, 11 percent monthly, and 10 percent are commission-based workers. While 14 percent of women want more hours of work, twice this percentage (28%) of men expressed

[7] This estimate may be lower than the official estimate because the authors used the version consistent with the APIS data. In the process of merging the LFS and the APIS, observations that did not contain both LFS and APIS information were dropped from the sample.

[8] Although a very small percentage (0.7%) of nonmembers of SSS are members of private insurance companies, it is uncertain whether their insurance schemes protect them for old age, unemployment, and sickness. In this study, they are treated as in need of social insurance.

wanting more work hours. Women in this dire situation received only PHP 192 as average basic daily pay while men received PHP 264. Of all nonmembers belonging to the poorest households, 12 percent are found in the National Capital Region and CALABARZON (Cavite, Laguna, Batangas, Rizal, and Quezon), respectively, trailed by Central Luzon (11%), and Central and Western Visayas (8%). Meanwhile, 57 percent of these workers are found in rural areas, while 43 percent reside in urban communities.

For PhilHealth, 44 percent of the 16.5 million private-sector employees are paying members, and 7 percent are sponsored or nonpaying members. This leaves 7.9 million nonmembers, of which 23 percent are women and 77 percent are men. Of the nonmembers, 36 percent belong to the poorest families. A close examination shows that the majority (54%) of male workers in this challenging circumstance are in permanent jobs, 36 percent are in short-term jobs, while the rest (10%) have different employers. Seven out of 10 are paid daily, 15 percent are paid commissions, while only 8 percent are paid monthly. Among female workers in this condition, roughly half have permanent jobs, 40 percent have short-term jobs, while the rest have different employers. Notably, 70 percent are paid daily, 10 percent are paid monthly, while 9 percent get commissions. Of the total workers in this group, it is the nonmembers who are poorest and twice as many men (28%) than women (13%) want more hours of work. The regional distribution of these workers shows that 13 percent are found in Western Visayas, 10 percent in Northern Mindanao, and 9 percent in Central Visayas; 71 percent are found in rural areas while 28 percent are in urban communities.

Self-employed workers

Only 18 percent of self-employed persons were SSS members. Among the nearly 6.2 million self-employed persons who were nonmembers of SSS, 43 percent belong to the poorest 30 percent of all families. The majority (63%) of the poorest nonmembers were men who were mostly in the agriculture sector, with over a quarter of them being considered underemployed. Only 5 percent of these men had reached college. Among the women in the category of nonmembers and poorest, a slightly higher proportion than that of men at 10 percent had some college education. The majority of them worked in the provision of retail services like small *sari-sari* (variety) stores and personal services. A non-negligible

proportion of 20 percent expressed their desire for more hours of work. The majority of the self-employed in need of social security came from Western Visayas, SOCCSKSARGEN (South Cotabato, Cotabato, Sultan Kudarat, Sarangani, and General Santos), Eastern and Central Visayas, and Northern Mindanao.

About PhilHealth, 3 out of 10 self-employed individuals are members, although the majority (55%) are under the nonpaying scheme. The remaining 5.2 million self-employed workers remain without the protection of this program. It is quite unfortunate that 4 out of 10 nonmembers belong to the poorest 30 percent. This group of poorest nonmembers are composed mostly of male workers (62%) and married individuals (82%). Most (70%) male workers in this precarious situation were working in the agricultural sector, while most women were in retail sales like sari-sari stores. More than a quarter of men (26%) want more hours of work, while 21 percent of women do. The majority of persons in this group come from Western Visayas, SOCCSKSARGEN, Central and Eastern Visayas, and Northern Mindanao.

Workers in the government and government-controlled corporations

There was an estimated 2.9[9] million persons who worked for the government and government-controlled corporations in 2017, but only 48 percent were GSIS members. About 1.5 million government workers were nonmembers where the majority were male. Of the nonmembers, over a quarter belonged to the poorest 30 percent of families. Men who worked for the government but were not covered by the GSIS comprised of *barangay* (village) officials and security workers called *tanod* (watchmen), local government unit (LGU) staff, and public school and hospital workers. Women in this category comprised barangay health workers, barangay clerical workers, daycare workers, primary/secondary school teachers, and street sweepers. In terms of geographic distribution, 15 percent came from Eastern Visayas, followed by CALABARZON (11%), Zamboanga Peninsula (10%), and Northern Mindanao (10%). Notably, 81 percent of these workers resided in rural areas, while only 19 percent were in urban communities.

[9] This estimate is not necessarily consistent with official estimates of the 2017 LFS of persons who worked for government and government-controlled corporations because of some of the observations in the dataset.

Fifty-nine percent of government workers were paying members of PhilHealth. Of the 41 percent nonmembers, 19 percent were members through sponsored PhilHealth programs. In total, two-thirds of all government workers were members of the PhilHealth program. However, some 970,000 government workers had no PhilHealth membership. Of this group, the majority (52%) were men. Among the nonmembers, a quarter belongs to the poorest households. For the nonmembers of GSIS, those in the poorest families were female volunteer health workers and daycare workers and male LGU staff and barangay officials. Of those in this category, 14 percent came from CALABARZON, 12 percent were from Eastern Visayas, while 10 percent were from Northern Mindanao. Most of these workers (79%) were in rural communities.

Unpaid workers in family-owned businesses

There was a non-negligible magnitude of unpaid family workers in 2017 when nearly 1.9 million or only 10 percent were SSS members, leaving 1.7 million workers without social insurance. Of the nonmembers, 60 percent were female workers. Nearly half (46%) of nonmembers were in the poorest families. Out of 100 unpaid male workers belonging to the poorest families, 92 were single. An overwhelming 87 percent were engaged in agricultural activities (most of which were rice, corn, and coconut farmers). Of the women in this situation, 72 percent were married while only 24 percent were single—a significant contrast to their male counterparts. Unpaid poor women without SSS membership also engaged mostly in agricultural activities (81%). Of the workers comprising the poorest group, the majority came from only four regions: Western Visayas, Eastern Visayas, Zamboanga Peninsula, and SOCCSKSARGEN.

Only 124,000 or a mere 6.6 percent were contributory members, while 203,000 were covered through the PhilHealth-sponsored program, where an overwhelming majority (83%) were women. These members totaled 17 percent of the total unpaid workers who had access to PhilHealth. There remained some 1.5 million nonmembers. A significant proportion of this group, at 43 percent, belonged to the bottom 30 percent of families. Almost all male unpaid nonmember workers in the poorest families were single (93%). Most of those in this situation (88%) were engaged in agricultural activities as laborers or helpers. Eighty-six in every 100 were young males under the age of 30. In contrast, 68 percent of their female counterpart were married, while only

27 percent were single. Three-quarters of these women also worked in farms as helpers, while the rest worked as helpers in small sari-sari stores. These women were relatively older, as 63 percent of them were over 30 years old. The majority of those in this category were concentrated in Western Visayas (19%), Eastern Visayas (10%), SOCCSKSARGEN (10%), Zamboanga Peninsula (9.8%), and Bicol (9.5%).

Employers in their own family-operated farms or businesses

Some 1.1 million workers, 73 percent of which were male, were employers of their family-operated farm or business in 2017. Only a quarter (26%) of them were SSS members. Of the nearly 800,000 nonmembers, 27 percent were considered poorest, 82 percent of which were men. Nearly 8 in 10 male employers in this category were engaged in growing paddy rice (34%), coconut (25%), and corn (18%). Women in this category, on the other hand, were mostly engaged in retail sales in nonspecialized stores (27%), growing corn (20%), manufacturing bamboo products and others (12%), and growing paddy rice (9%). It was noted that 62 percent of these employers are concentrated in Cagayan Valley (15%), SOCCSKSARGEN (14%), CALABARZON (12%), Western Visayas (10%), and Cordillera Administrative Region (CAR) (10%).

Likewise, only about a quarter were PhilHealth contributory members; 16 percent were covered through the noncontributory scheme, bringing the total proportion to 40 percent. Of the 644,000 employers who were nonmembers, one-fifth belonged to the poorest segment. Most males in this situation were engaged in growing paddy rice (36%), coconut (29%), and corn (15%). This pattern was quite similar to the activities of most women, such as growing corn (28%), manufacture of bamboo products and others (25%), and retail sale in nonspecialized stores (12%). In terms of geographic location, those most deprived came from SOCCSKSARGEN (16%), Cagayan Valley (15%), CAR (12%), and Western Visayas (9%).

Workers in private households

There was a total of 1.3 million private household workers in 2017, 77 percent of whom were women, but only 13 percent were SSS members. Of the 1.1 million nonmembers, 82 percent were females, while 45 percent belonged to the poorest families. Nearly all (90%) of workers in this situation were women. The majority reported that their

job was permanent, 35 percent said it was a short-term engagement, while 11 percent had different employers. These female workers were often paid monthly (51%), some were paid daily (41%), while the rest were paid per task (4%). In contrast, male workers in this category were usually employed short-term (48%) or permanently (48%). The majority reported that they were paid daily (57%), while 39 percent were monthly wage earners. A quarter of these men expressed a desire to work for more hours, while only 13 percent of women did. Among the poorest nonmembers, 17 percent were from CALABARZON, 12 percent from Eastern Visayas, and 11 percent from Central Visayas. Rural dwellers comprised 65 percent of these workers.

Concerning PhilHealth membership, only 28 percent of household workers were members. A closer examination of their composition showed that only half of them were paying members. The other half were sponsored or nonpaying members. Of the nonmembers, 41 percent were considered poorest, 83 percent of which were women. Among women in this condition, 52 percent said their jobs were permanent, 37 percent were in short-term engagements, and 10 percent had different employers. The majority (51%) of these workers were paid monthly; others got paid daily (41%). On the other hand, their male counterparts were mostly short-term workers (49%) and permanent job holders (47%), while the rest worked for different employers. Most (58%) got paid daily, others (38%) were paid monthly. In other categories of workers, more male (25%) than female (13%) workers desired more hours of work. The bulk of workers who were nonmembers and poor were in CALABARZON (15%), Central Visayas (12%), and Western Visayas (11%). In terms of location, 59 percent were found in rural areas.

Paid family workers

There were about 92,000 paid workers in family businesses in the country; 22 percent of this number were SSS members. Of the 71,000 nonmembers, only 13 percent belonged to the country's poorest households, wherein the majority were male (84%). These men worked in permanent jobs (58%) and short-term arrangements (42%). The majority got paid daily (63%) while others on a monthly period (37%).

In contrast, all poor nonmember females that worked in family businesses had short-term arrangements and were paid a commission. Notably, neither male nor female family workers wanted more hours of work. Data showed that large concentrations of poor family workers without SSS membership were found in Bicol Region (35%), Northern Mindanao (31%), Davao Region (17%), and Eastern Visayas (16%). Location-wise, 69 percent of such workers were in rural communities.

In this category of workers, the proportion of PhilHealth members was 29 percent, where 22 percent were paying members while 7 percent were sponsored or nonpaying members. Of the nonmembers, 14 percent were part of the bottom 30 percentile of households, of which the majority were male (84%). These male workers were either permanent workers (58%) or short-term workers (42%). The majority of male family workers received their wage daily (63%), while the rest were paid monthly (37%). Poor nonmember females were mostly short-term workers who received their wages on a commission basis. Neither male nor female family workers wanted more hours of work. The geographic distribution of most of these workers was the same as that of SSS.

4Ps family-beneficiaries access to PhilHealth

In 2017, the LFS-APIS estimated some 2.35 million 4Ps heads and spouses. Of this number, 7 percent were paying members of the PhilHealth. Of the 2.2 million who were not members of the contributory scheme, 54 percent or 1.193 million were covered by the sponsored or noncontributory scheme. Although most had been covered, data showed that nearly a million 4Ps families' heads and spouses were yet to be covered in 2017. These individuals' circumstances were examined in this paper as part of the efforts to understand nonmembers' overall situation. Data showed that 2 out of 10 were heads, and the remaining 8 were spouses. As a dependent of the head, however, the spouse can still avail of PhilHealth benefits even without their own membership. In terms of gender, 89 percent of individuals in this circumstance (4Ps beneficiary and nonmember) were women. Of these women, half were employed, while the other half were NILF. Most had a low level of education since 94 percent were at best graduate of postsecondary, nontertiary courses, which means that only

6 percent reached college. Moreover, most of them were from Western Visayas (14%), Ilocos Region (11%), Autonomous Region in Muslim Mindanao (ARMM) (10%), Caraga (8%), and SOCCSKSARGEN (7.7%).

Persons not in the labor force

Many women do not have social insurance because they are either not employed or considered NILF, with the latter being the much larger group. The increasing trend among women who do not attempt to be employed is a huge blunder in women's access to social protection and improving their welfare and that of their families. Thus, the problem in women's low labor force participation rate requires an in-depth analysis and effective interventions. For this paper, women in this situation were characterized using merged data from the LFS and APIS 2016 and 2017 to gain insights on how to improve their conditions.

It is observed that NILF women are somewhat older and only slightly less educated than their male counterparts (Table 1). There are

Table 1. Characteristics of persons not in the labor force by sex

Persons Not in the Labor Force	2016			2017		
	Male	Female	All	Male	Female	All
Age (mean)	33.1	37.2	35.9	33.9	37.8	36.6
Years of schooling (mean)	9.9	9.6	9.7	10.0	9.8	9.8
Marital status, distribution						
Single	68.9	33.0	44.1	67.3	33.9	44.2
Married	24.5	54.5	45.3	26.2	52.3	44.2
Widowed	5.6	11.2	9.5	5.5	12.1	10.0
Others	1.0	1.3	1.2	1.1	1.8	1.6
Worked at any time before (proportion)	42.9	61.7	55.9	43.1	59.2	54.2
Household per capita income (in Philippine peso)	33,614	28,622	30,159	37,314	32,839	34,219
Head's mean years of schooling (for nonhead members only)	9.3	9.0	9.1	9.5	9.2	9.3
Observations	3,320	7,478	10,798	3,324	7,454	10,778

Source of basic data: PSA (2016b, 2017a)

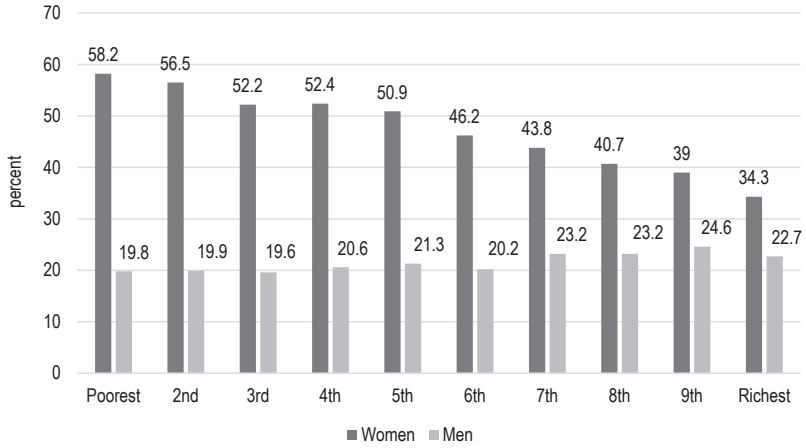
twice as many NILF women who are married than men. In contrast, 7 in 10 NILF men are single. Economically inactive women live in households with lower average per capita income than in households with men who are not economically active. Among NILF persons who are nonheads, women live with less-educated heads than their male counterparts. Interestingly, there is a higher proportion of NILF women who have worked at any time before, 60 percent of them, compared with men's 43 percent. Many of them were previously engaged in farming and other agricultural activities, while some were domestic helpers and salesclerks in their previous occupation.

The abovementioned characteristics of NILF women suggest that they face multiple barriers in exercising their right to employment, and in turn, their access to social insurance. Most of them are married and have had previous work experience. Hence, fulfilling their socially defined roles of looking after their families' needs may be forcing them not to participate in formal employment.

Women can still have access to social protection programs even without labor force participation if they have adequate resources. Unfortunately, aside from their inability to partake in the economy, they are also less capacitated in terms of financial ability, as shown by the lower per capita income of NILF women than men. Although not participating in the labor force is a problem of all income classes, there is a higher proportion of NILF women in poorer households than richer households. The bottom five deciles (poorest to 5th) have an average proportion of 54 percent of persons aged 15 and above who are not economically active. In comparison, the upper deciles (i.e., 6th to richest) have only about 41 percent. Among the population aged 15 and over in the poorest income group, the majority (58%) of women are NILF while 20 percent of men are in the same income category. Even in the richest decile, women have a higher proportion of inactive individuals at 34 percent compared with men's 23 percent.

Economic inactiveness starts early for women. Youth (i.e., those aged 15 to 24) labor force participation rate among women is only 29.7 percent, which translates to 2.8 million out of about 9.6 million female youth. That of their male counterpart is significantly higher at about 50 percent. This gap between the two groups has slightly widened

Figure 6. Proportion of persons not in the labor force (NILF) by sex and income decile



Source: PSA (2016a, 2016b)

in recent years. The percentage of those not in education or employment (NEE) is also higher for girls aged 15 to 24, nearly twice that of their male counterparts. Based on 2017 estimates, the proportion of NEE among girls was 28.5 percent, while that for boys was 15.2 percent (Yap et al. 2020).

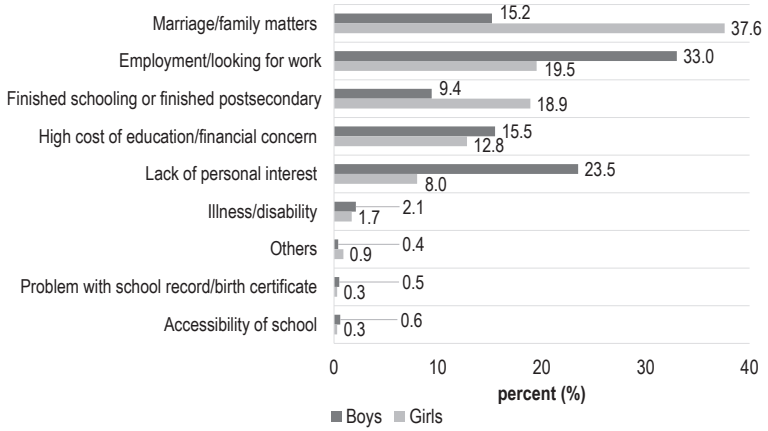
One of the key programs for improving school participation is the 4Ps, a conditional cash transfer scheme where poor families are provided with cash grants for a maximum of three children aged 0 to 18, and in turn, must send their children to school. Data analysis showed, however, that not all children in 4Ps families attend school. This is perhaps because 4Ps provide cash grants only to a maximum of three children aged 0 to 18 years. It is noted that older children are more likely to skip school. The school participation rate among girls is almost 100 percent for the younger cohort (i.e., 6 to 14 years old). This rate starts to go down among those aged 16 years (91%) and decreases further at 17 (75%) and then at 18 (67%). Meanwhile, among boys, the decrease in school participation rate starts earlier at about 13 years old, with only 94 percent going to school. This is reduced to 91 percent at 16 and 80 percent at 17. Only 66 percent of 18-year-old boys did attend school.

It is important to examine the reasons for nonparticipation in school by sex, a piece of information available in the APIS. The results

reveal a distinction between boys and girls. The most common reason for girls, with 38 percent of them identifying such reason, is related to marriage or family matters, which reflects that early marriage and a girl's traditional role in the family limit their ability to develop their skills and talents, and consequently, their employability (Figure 7). While employment is also one key reason for girls (20%), this is the most common reason for boys (33%), which reflects their engagement in the labor force early on. It also suggests their inability to continue in higher education. A significant proportion of boys, at 24 percent, signified a lack of interest, which may be due to peer influence, relatively poor academic performance, and financial issues (David et al. 2018). Marriage/family matters is also a reason for 15 percent of boys, but this percentage is not even half that of girls. There is a non-negligible percentage of both boys and girls who are constrained by the high cost of education or their lack of capacity to meet the financial requirements of schooling.

Among children in 4Ps families, the reasons for not attending also vary by age group. Older children's key constraint is the high cost of education. Some of them also seek employment, perhaps to augment their income, which reflects financial concern in higher education. The lack of personal interest is more prevalent among younger ones (i.e., 6–15-year versus 16–18-year old) (David et al. 2018).

Figure 7. Reasons for not attending school by sex (aged 15 to 24), 2017



Source of basic data: David et al. (2018) based on NSO (2008) and PSA (2014, 2017a)

Data on the school participation of 4Ps families' children suggest that 4Ps as a program is not able to motivate beneficiary-families to send all their children to school. This inability of older children to attend school has an adverse implication on their employability, and consequently, on their access to social insurance. While improving school participation is essential, it is equally important to create an environment that encourages the youth to participate more actively in the economy. A non-negligible proportion of NEE girls and boys are educated and yet are either unemployed or not in the labor force (Yap et al. 2020).

Boys drop out of school earlier than girls, many of whom seek employment. This lands them most probably in elementary jobs or short-term contracts that pay daily. Because they cannot continue their studies, they get stuck in these kinds of jobs as they grow up. Although formally employed in private establishments, many male workers are without social insurance membership. Some of the boys drop out also because their family needs them to help out on family-operated farms, usually without monetary remuneration. These unpaid young workers are shown to have one of the highest percentages of nonmembership in SSS and PhilHealth. On the other hand, girls drop out because of family matters like early marriages or engagement in homecare work, resulting in their inability to participate in income-earning activities that can allow them to afford social insurance. Although many of the girls tend to stay longer in school, traditional roles in the family likely prevent them from engaging more actively in the economy after they finish school.

Factors correlated to access to social insurance

This section examines the correlates of social insurance coverage through logistic regression. This formal analysis aims to complement the descriptive analysis in developing insights about possible barriers and opportunities in expanding social protection coverage. The dependent variable in the estimation takes the value of one (1) if the person is a member of SSS (GSIS in the case of government workers) and a paying member of PhilHealth, and zero (0), otherwise. Pooled datasets of the APIS 2016 and 2017 were used, alongside their corresponding LFS information.

The analysis involved individuals aged 15 to 59 who are employed. The individual-person explanatory variables were age, marital status,

sex, and estimated years of education. The squares of age and number of years of education were included to determine any nonlinear correlations between these variables and the access to social insurance. A variable for being "formally employed" was included and was narrowly defined as being employed in a private establishment or the government as there was no official variable for being formally employed in the survey data. It was also not possible to determine the existence of employee-employer relationship. The major sector of the primary employment of the worker was also controlled for. The hypothesis that women are less likely to have access to social insurance than men was tested. Researchers also controlled for household characteristics, such as per capita income, share of agricultural income to total household income, share of overseas remittance income (because international migration is such a salient aspect of the country's economic development) to total income and location (residents of NCR or rural areas). Interaction of the share of agricultural income and being female was included to control for the circumstances of women in the agricultural sector. Since the dataset included 2016 and 2017 survey information, a dummy for 2017 was also included. The description of these variables is shown in the Appendices.

The summary statistics of the variables used in the model are described in Table 2. Of the 27,930 pooled 2016 and 2017 sample, about 23 percent had either an SSS or GSIS membership and were paying members of PhilHealth. The average age of the sample group was 37 years old. About 62 percent of the sample were male; 69 percent were married. On average, the sample has nine years of education. Six out of 10 are formally employed: working in either a private establishment or the government. Most of the members of the sample worked in the services sector (55%), followed by agriculture (26%) and industry (18%). The average number of members in the family was 5. The average share of remittances to total income was about 3.8 percent per household, while the share of income from agriculture to total income was 10 percent. Of all the households in the sample, 56 percent were in rural locations while 15 percent resided in NCR.

The logistic regression results show that women are less likely to be covered by social insurance than men, all else being equal. Table 3 shows the female dummy having a negative and significant coefficient with a P-value <0.001. Age positively correlates with access to social insurance at the lower age segments but negatively associated with it at higher age levels (Models 1 to 6 results for age). This is shown by the coefficient

Table 2. Summary statistics of variables in the logistic regressions: Employed persons

Variable	Obs	Mean	Std. Dev.	Min	Max
Individual characteristics					
With social insurance	27,930	0.23	0.42	0.00	1.00
Age, years	27,930	37.01	11.64	15.00	59.00
Age, years, squared	27,930	1505.25	883.23	225.00	3481.00
Female	27,930	0.38	0.49	0.00	1.00
Married	27,930	0.69	0.46	0.00	1.00
Years of education	27,930	9.29	3.47	0.00	20.00
Years of education, squared	27,930	98.29	59.33	0.00	400.00
Employed in private/ government establishment	27,930	0.58	0.49	0.00	1.00
Employed in services sector	27,930	0.55	0.50	0.00	1.00
Employed in industry sector	27,930	0.18	0.39	0.00	1.00
Employed in agricultural sector	27,930	0.26	0.44	0.00	1.00
Household characteristics					
Log of per capita income	27,930	10.06	0.80	7.19	14.85
Family size	27,930	5.10	2.30	1.00	21.00
Share of overseas remittances to total income	27,930	0.04	0.12	0.00	0.98
Share of agricultural income to total income	27,930	0.10	0.22	0.00	1.00
Location and period					
Rural	27,930	0.56	0.50	0.00	1.00
NCR	27,930	0.15	0.36	0.00	1.00
2017	27,930	0.46	0.50	0.00	1.00

Obs = observations; Std. Dev. = standard deviation; Min = minimum; Max = maximum; NCR = National Capital Region
Source: Authors' calculations using merged data from PSA (2016a, 2017b)

Table 3. Logistic regression results: Employed persons

Variable	Model 1		Model 2		Model 3		Model 4		Model 5		Model 6	
Age, years	0.086	***	0.086	***	0.089	***	0.089	***	0.087	***	0.082	***
Age, years, squared	-0.001	***	-0.001	***	-0.001	***	-0.001	***	-0.001	***	-0.001	***
Married	0.011	***	0.234	***	0.231	***	0.234	***	0.226	***	0.242	***
Female	-0.142	***	-0.143	***	-0.143	***	-0.142	***	-0.130	**	-0.130	**
Years in education	0.280	***	0.342	***	0.346	***	0.350	***	0.343	***	0.301	***
Years in education, squared	0.005	*	-0.004		-0.005	*	-0.005	*	-0.005	*	-0.002	
2017	0.060		0.015		0.012		0.009		0.017		0.024	
Formally employed	1.798	***	1.906	***	1.905	***	1.894	***	1.830	***	1.819	***
Employed in services sector	1.381	***	0.946	***	0.930	***	0.915	***	0.701	***	0.542	***
Employed in industry sector	1.328	***	0.967	***	0.952	***	0.939	***	0.728	***	0.557	***
Log of per capita income			1.069	***	1.102	***	1.119	***	1.097	***	0.974	***
Family size					0.026	**	0.027	***	0.027	**	0.017	*

Table 3. (continued)

Variable	Model 1		Model 2		Model 3		Model 4		Model 5		Model 6	
Share of overseas remittances to total income							-0.656	***	-0.686	***	-0.580	***
Share of agricultural income									-2.239	***	-1.547	***
Share of agricultural income*female									0.151		0.221	
NCR											0.059	
Rural											-0.642	***
_cons	-8.822	***	-19.040	***	-19.553	***	-19.723	***	-19.118	***	-17.243	***
Number of observations	27,930		27,930		27,930		27,930		27,930		27,930	
Pseudo R^2	0.302		0.350		0.351		0.351		0.355		0.365	
Number of covariate observations	10437		27904		27907		27907		27908		27908	
Pearson chi^2	11496.05		28001.17		28025.12		28231.97		29717.06		28195.05	
Prob > chi^2	0		0.3212		0.2887		0.076		0		0.0986	

***P-value <0.001; **P-value<0.01; *P-value<0.05

Source: Authors' calculations using merged data from PSA (2016a, 2017b)

of age being positive and its square having a negative and significant coefficient. This result suggests that older persons may not have the means to continue paying for their contributions. Education is a key factor in having social insurance, with the likelihood increasing by the number of years a person is educated. Furthermore, formal employment or working in a private establishment or the government also dramatically increases the likelihood of having social insurance. Being employed in the services and industry sectors is positively associated with having social insurance than those in the agricultural sector.

Household variables also show various correlations with regard to access to social insurance. As expected, the level of income positively correlates with being enrolled in both social insurance programs. Meanwhile, the likelihood that a household member is enrolled in a social insurance program inversely correlates with the share of overseas remittances the household receives as a share of total income. This is attributable to the notion that the income from such remittances already acts as a social safety net and income augmentation, making the perceived necessity for social insurance less urgent. Likewise, those from households that have higher shares of agricultural income to total income are also less likely to be covered by social insurance programs. This finding contributes to the notion that most agricultural households in the country are informally employed and have limited means to avail of social insurance.

Note that the dependent variable is 1 if the person is covered by both the SSS/GSIS and the PhilHealth contributory schemes and not the sponsored program. In terms of the area, household members in rural communities are less likely to be enrolled in social insurance programs, which is consistent with expectation. It is interesting to note that women in households that rely more on agriculture do not have a statistically different likelihood of accessing social insurance from others, as shown by the insignificant interaction term for female dummy and the share of agricultural income to total income. This is probably because women in general (including those who work in informal businesses and private households), not just women in the agricultural sector, tend to be left out. Furthermore, both women and men in the agricultural sector are less likely to access social insurance, as shown in the descriptive analysis, particularly for unpaid workers in family-operated farms and businesses.

Discussion

Exposure to different kinds of risks and uncertainties tends to counter past and current development efforts unless there is adequate social protection for all. Thus, addressing gaps in access to social insurance is a key element in bolstering people's capacity to weather any future adverse effects of these risks and uncertainties. Appropriate interventions are urgently needed because many of those who are not covered by the two key insurance schemes belong to the poorest families from regions with the highest incidence of poverty. Thus, the inability to implement immediate sustainable solutions is likely to erode poverty reduction efforts. The Universal Healthcare Law is a major stride toward universal coverage in health insurance. However, a lot of work needs to be done for its implementation. In the meantime, the data presented in this report lend some useful insights.

Employed women's lack of access to social insurance appears to be associated with their lack of capacity to pay for premiums, which is likely the case of self-employed unpaid workers in family enterprises and household workers. Self-employed workers, particularly those in small retail businesses and personal services, have irregular income streams and may not regularly pay off the premium. This problem is more evident in the case of unpaid family workers. Note that women (and men) in this category engaged mostly in agriculture, which is less productive than other sectors. Although the majority of household workers reported that their jobs were permanent, a significant proportion of them was considered short-term and paid daily. It is quite challenging to access social insurance with short-term jobs or contracts or when workers are paid daily. Even if the employer co-pays the premium, there is also the issue of changing employers as it entails paper works. Ensuring these types of workers have access to social insurance requires a different strategy than the employer-employee mandatory contributory system because of the nature of short-term jobs and the fast turnover in household workers. Despite their lack of secure income, women have a comparatively lower underemployment rate. They are likely balancing their time for work and home responsibilities (i.e., childcare and household chores), which is why not many of them desire additional hours of work.

Apart from the three categories mentioned, there is a need to ensure that all employed workers have better access to social insurance since 48 percent of women working in private establishments and 44 percent of government workers still do not have social insurance. For those working for the government, such as volunteer health workers, the short-term and, at times, the coterminous nature of their work with the local political landscape may regularly hinder access to social protection programs.

For employed men, particularly those working in private establishments, their lack of access to social insurance seems to be largely attributed to being daily wage and commission earners, although most of them hold permanent jobs. It is important to investigate any barriers to the private sector workers' membership in social insurance. Any violation of relevant policies on social insurance must be investigated. Work in one's family-operated farm can also be considered a permanent job in the LFS. With their likely meager income, self-employed farmers and farmworkers are unlikely to prioritize social insurance membership. The high underemployment rate among such male workers signifies their need for a higher level of income. Many unpaid male family workers were young and single who worked in the agricultural sector tending their farms. Their farm work is likely seasonal and rather temporary, given their demographic profile. However, their level of educational attainment is relatively low, which tends to limit their capacity to obtain high-paying jobs.

The analysis of the circumstance of those NILF shows the dire situation of women who are nonmembers of both SSS and PhilHealth.These women face multiple barriers in exercising their right to employment, and in turn, their access to social insurance. Most of them are married, slightly less educated than their male counterparts in this category, and many live with less educated household heads and households with lower per capita income. The majority have had previous work experience. Many worked in farming and other agricultural activities, while some were domestic helpers and salesclerks in their previous occupations. Yet, they are unable to continue doing gainful work due to their traditional role in the family.

Economic inactiveness starts early for women; the NEE rate among girls is nearly twice that of boys. Employment and engagement in unpaid farm work, on the other hand, commence early for boys, many of whom drop out of school at an age as early as 13. In 4Ps families, older children drop out of school early because of the high cost of education. They often help in family farms and businesses. Many of them, especially boys, seek employment early. Yet without adequate education and training, they are likely to land in elementary occupations. On the other hand, girls drop out because of family matters, including early marriages and engagement in homecare work. Although many of the girls tend to stay longer in school than boys, their traditional roles in the family tend to prevent them from entering the labor force after they finish school.

The key issues in expanding social insurance appear to be the lack of income security due to the unstable and casual nature of many jobs in private establishments, households, small businesses, and agriculture. With unstable income sources, people are not encouraged to enroll in social insurance programs and sustain their membership. For instance, the main issue for unpaid family workers is that many of them work in agriculture, which is currently less productive than other sectors. This proves that improving agricultural productivity and off-farm opportunities in rural areas are likely to enhance the ability of men and women to access social insurance. There may be a lack of enforcement or implementation of the law in providing access to social insurance for workers in private establishments and households. Further studies must be done to examine barriers in these categories. Another issue is the lack of awareness and a low-level perception of social insurance benefits. It is also possible that there are administrative hurdles in the enrolment and payment or collection of contributions. Lastly, the high rate of economic inactiveness is largely a gender issue, which emanates from women's traditional roles in homes. The high NEE rate among women and the early marriages and cases of teenage pregnancies are also areas of concern. Early drop-out rates among boys to seek work or become unpaid workers in farms also warrants appropriate solutions.

Recommendations

Factors such as the nature, seasonality, and turnover rate of jobs, among others, present difficulties in targeting workers for relevant interventions. People working for the government are relatively more feasible to be located and targeted—these are volunteer health workers, staff of LGUs, street sweepers, local security personnel, and short-term contract-based workers. Ensuring that as many government workers as possible become and remain members of both GSIS and PhilHealth is a good start and can be carried out in the short term. Enhancing current labor policies to ensure the inclusion of all eligible private-sector workers in SSS and Philhealth can benefit many male workers who are nonmembers because a large proportion of this group works in private establishments.

Interventions that seek to improve women's access to social protection must prioritize those in the agricultural sector and the self-employed, unpaid family members, and household workers. Informal workers may be reached through nongovernment organizations (NGOs) and social entrepreneurs employing them. Relevant government agencies and local governments must partner with these bodies for more proactive promotion of social insurance among workers. NGOs, for instance, can be instrumental in facilitating social insurance access through information and education programs, referrals, and documentary assistance for women (Cameron 2019). For the unorganized ones, Doane (2010) noted that social protection is a good entry point. The benefits of this approach come from the fact that social protection is crucial to informal workers (e.g., home-based and casual workers), given the nature of their jobs.

Further analysis must be carried out to understand the barriers faced by young women entering the workforce. Reducing the incidence of teenage pregnancies is important in addressing huge gaps in women's labor force participation. Effective interventions must be designed to address their educational and training needs. If a woman is not able to get the necessary training for work at an early age, she will likely encounter job-related problems in the future. Boosting young men and women's employability is essential to sustain efforts in enhancing access to social protection.

If young girls and married women alike are confined in their homes because of their traditional roles, there are opportunities in home-based work or enterprises that they can take on as an alternative source of income. As such, many women in the country are now engaging in online businesses using online platforms and social media to market their products. While the extent of their exposure to online work and business is yet to be examined, the government must design approaches to entice them to become SSS and PhilHealth members. A partnership between the government and online platforms can be forged to encourage the participation of more entrepreneurs in social insurance.

Efforts that facilitate and improve their access to home-based income opportunities and relevant skills must be implemented. Notably, there are young adults, both men and women, who have relatively high education but are NEE. It is important to create an environment that encourages them to participate more actively in the economy.

Impediments, administrative or otherwise, toward expanding membership must be carefully examined and addressed. Local governments can be more active in expanding social insurance coverage by installing one-stop shops for obtaining documentary requirements and enrolling in relevant agencies. A study on the willingness to pay workers engaged in short-term work and other abovementioned circumstances may help design appropriate schemes that workers are likely to take up and maintain. Informal workers may also prefer other social insurance schemes that are more affordable and easier to tap when needed. Such preferences must be examined more closely. Other difficulties, such as payment or collection of contributions, particularly of members in remote areas, must also be studied.

Among paid family workers and employers in their own family-operated businesses or farms, the proportion of SSS and PhilHealth members is low but relatively higher than those of unpaid workers and self-employed. This suggests the need to improve awareness and enhance people's perception of membership benefits in both schemes. It is also crucial for the national and local governments to conduct a wide campaign to raise awareness and promote social insurance membership. They can also partner with various organizations and platforms, including online venues, to motivate people to be more proactive with social insurance. Insurance providers, such as SSS and PhilHealth, must also take a

more active role in the proposed information and education campaign. Ordinary citizens must understand the importance of social insurance. For instance, income security can be improved in the agricultural sector if farmers are made more aware of the importance of agricultural or crop insurance in a country that is highly vulnerable to natural calamities.

There are initiatives from other countries in rural and remote areas that the local government, its partners, and the communities can explore with the support of the national government. An example is the community-based health insurance (CBHI) implemented in Africa, a micro health insurance that allows low-income households to reduce the risks of financial shocks. The CBHI involves the voluntary membership of people in a community to pool their risks by dutifully sharing premiums to provide care for health emergencies through a local provider. The national government can also share in the financing, while local governments can reduce the burden by waiving local fees for the poorest households.

In a much broader sense, all efforts to achieve income security, enhance agricultural productivity and off-farm income opportunities in rural areas, and facilitate innovative work schemes that are inclusive of women, are all consistent with initiatives for improving access to social insurance in the country.

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Appendices

Appendix 1. Description of variables in the logistic regressions

Variable	Description
Individual characteristics	
With social insurance	With SSS/GSIS and paying member of PhilHealth
Age, years	Age in years
Age- squared	Square of age
Female	Female=1, Otherwise=0
Married	Married=1, Otherwise=0
Years of education	Total years of schooling
Years of education, squared	Square of total years of schooling
Formally employed	Works in either private establishment or the government
Employed in services sector	Employed in service sector=1, otherwise=0
Employed in industry sector	Employed in industry sector=1, otherwise=0
Employed in agricultural sector	Employed in agricultural sector=1, otherwise=0
Household characteristics	
Log of per capita income	Log of per capita income
Family size	Total family members
Share of overseas remittances to total income	Total remittances from abroad divided by total household income
Share of agricultural income to total income	Total household income from agriculture divided by total household income
Agricultural income*female	Interaction between female dummy and share of agricultural income to total income
Location and period	
Rural	Rural=1, Urban=0
NCR	Being in NCR =1, Otherwise=0
2017	2017=1, Otherwise=0

SSS = Social Security System; GSIS = Government Service Insurance System; PhilHealth = Philippine Health Insurance Corporation; NCR = National Capital Region
Source: Authors' calculations; Merged data from PSA (2016a, 2017b)

Appendix 2. Description of the social insurance programs

Social Security System

The SSS was created through Republic Act (RA) 1161 in June 1954, with the policy strengthened by RA 8282. The statute provides for the "meaningful protection of members and their beneficiaries against the risks of disability, sickness, maternity, old age, death, and other contingencies resulting in loss of income or financial burden." The SSS provides compulsory coverage for employers and all private-sector employees not over 60 years old, including self-employed persons, household helpers with a minimum monthly income of PHP 1000, seafarers, and employees of foreign governments and international organizations that are based in the country. RA 11199 or the Social Security Act of 2018 stipulates that self-employed media practitioners like actors, directors, scriptwriters, and news correspondents be included in the program. Self-employed athletes, coaches' trainers, and jockeys are also included. Self-employed agricultural workers like farmers and fisherfolks are also under mandatory coverage of the SSS. Under the law, the SSS shall also be compulsory to sea-based and land-based overseas Filipino workers not over 60 years of age. Meanwhile, voluntary coverage is given to separated members and nonworking spouses of SSS members. Aside from the abovementioned benefits, the SSS also has an Employees Compensation Program, which offers double compensation for work-related incidents and salary loan and calamity relief packages. The table below summarizes the benefits under the SSS.

Appendix 3. Summary of SSS benefits

Type of Benefit	Amount of Benefit
Sickness	The amount of the member's daily sickness benefit allowance is equivalent to 90 percent of his/her average daily salary credit (ADSC). The sickness benefit is granted up to a maximum of 120 days in one calendar year.

Appendix 3. (continued)

Type of Benefit	Amount of Benefit
Maternity	The daily maternity benefit allowance is equivalent to 100 percent of her ADSC, multiplied by 60 days in case of normal delivery/miscarriage/ectopic pregnancy without operation/hydatidiform mole (H-mole), or by 78 days for caesarean section delivery/ectopic pregnancy with operation. The maternity benefit is granted up to the first four deliveries or miscarriages only.
Disability	If qualified, the member is granted a monthly disability pension, plus a PHP 500 monthly supplemental allowance. The lowest monthly disability pension is PHP 1,000 if the member has less than 10 credited years of service (CYS), PHP 1,200 if with at least 10 CYS, and PHP 2,400 if with at least 20 CYS.
Retirement	If qualified, the member is granted a monthly retirement pension, plus a 13th-month pension payable every December. The retiree has the option to receive the first 18 months pension in lump sum, discounted at a preferential rate of interest to be determined by the SSS. This option can be exercised only upon filing of the first retirement claim and the dependent's pension and 13th-month pension are excluded from the advanced 18 months pension. If the member has dependent minor children, they are given a dependent's pension equivalent to 10 percent of the member's monthly pension or PHP 250, whichever is higher. Only five minor children, beginning from the youngest, are entitled to dependent's pension. No substitution is allowed. The lowest monthly retirement pension is PHP1,200 if the member has 120 monthly contributions or at least 10 CYS, or PHP 2,400 if with at least 20 CYS.
Death	If qualified, the member's primary beneficiary is granted a monthly death pension, plus a 13th-month pension payable every December. If the member has dependent minor children, they are given a dependent's pension equivalent to 10 percent of the member's monthly pension or PHP 250, whichever is higher. Only five minor children, beginning from the youngest, are entitled to the dependent's pension. No substitution is allowed. The lowest monthly death pension is PHP 1,000 if the member had less than 10 CYS; PHP 1,200 if with at least 10 CYS; and PHP 2,400 if with at least 20 CYS.
Funeral	The funeral benefit is a variable amount ranging from a minimum of PHP 20,000 to a maximum of PHP 40,000, depending on the member's paid contributions and CYS.

Appendix 3. (continued)

Type of Benefit	Amount of Benefit
Employees' Compensation (EC) Program	The EC Program aims to assist those who suffer from work-connected sickness or injury resulting in disability or death. Starting June 1984, the benefits under the EC Program may be enjoyed simultaneously with benefits under the Social Security Program, allowing double compensation for covered members who suffer work-related contingencies. All SSS-registered employers and their employees are compulsorily covered under the EC Program and need not register again under the EC.
Salary	A one-month loan is equivalent to the average of a member's last 12 monthly salary credits (MSCs), or the amount applied for, whichever is lower. A two-month loan is equivalent to twice the average of the member's last 12 MSCs posted, rounded to the next higher MSC, or the amount applied for, whichever is lower. The loan shall be charged an interest rate of 10 percent per annum until fully paid, based on diminishing principal balance, and shall be amortized for 24 months. If the loan is not fully paid at the end of the term, interest shall continue to be charged on the outstanding principal balance until fully paid. In case of default, the arrearages/unpaid loan shall be deducted from the member's short-term benefit claims (e.g., sickness/maternity), if any, or from his/her final benefit claim (e.g., death, retirement, total disability). The loan can be renewed after payment of at least 50 percent of the original loan amount, and at least 50 percent of the loan term has lapsed.

SSS = Social Security System; PHP = Philippine peso
Source: SSS (2019)

As of the end of 2017, the SSS Annual Report showed about 36.13 million members and 964,000 employers. However, the social security net revenue peaked in 2014 and was in decline since 2015 when it went down to PHP 38.99 billion from PHP 43.19 billion. In 2018, the net revenue was a mere PHP 22.74 billion.

Government Service Insurance System

The GSIS is the insurance company of the government, created to give insurance coverage for all employees within the public sector. RA 8291 states that the GSIS "was established to promote the efficiency and welfare of the employees of the Philippine government under a defined benefit scheme. It insures its members against occurrences of certain contingencies in exchange for their monthly premium contributions." Membership under the GSIS is compulsory for all government employees, save for uniformed members of the Armed Forces of the Philippines and the Philippine National Police, contractual workers without employee-employer relationship with the government agencies they work for, and members of judiciary and constitutional commissions covered by other retirement laws. All members of the GSIS are entitled to life insurance, retirement, disability, separation, and unemployment benefits. In particular, active GSIS members are also entitled to loan privileges such as salary, policy, and emergency loans. As of 2018, GSIS has a total of about 1.5 million members.

National Health Insurance Program

The National Health Insurance Program (NHIP) was institutionalized through RA 7875 or the National Health Insurance Act of 1995, guided by the principle to adopt an integrated and comprehensive approach to health development that make health resources affordable. The NHIP is administered by the PhilHealth, a government corporation attached to the Department of Health (DOH). Article III, Section V of RA 7875, stipulates that PhilHealth shall have a sustainable system of fund collection and distribution that shall finance both basic and supplemental health insurance benefits for a progressively expanding population. PhilHealth is limited, though, to paying for the utilization or purchasing of health services. As such, it cannot provide for purchasing and dispensing drugs, employing physicians, and owning or investing in health care facilities. PhilHealth consists of two packages: Program I, which covers members and dependents of SSS and GSIS, and Program II, which is intended for those not covered in Program I. The end goal is to create a universal health insurance program for the entire population.

PhilHealth members and dependents are entitled to the following benefits: (a) in-patient care, (2) out-patient care, (c) emergency and transfer services, (d) health education packages, and (e) other health services that are determined by PhilHealth and DOH. PhilHealth also has what it calls Z package that provides financial protection for room and boarding fees, laboratory and operating rooms and professional fees for a limited group of patients with conditions that lead to prolonged stays in the hospital. These illnesses, classified as "case type Z", include selected heart ailments, kidney disease, and various types of cancer. Packages were also developed for achieving the Millennium Development Goals on maternal care, human immunodeficiency virus and acquired immunodeficiency syndrome, malaria, tuberculosis, among others.

The institution is mandated to provide universal coverage, including private and public sector employees, household help, individually paying members, indigents, retirees, dependents, and other members of the informal sector. To this end, PhilHealth membership is divided into six categories:

1. Members of the formal economy with formal contracts and fixed employment terms;
2. Members from the informal economy who earn outside of an employee-employer relationship;
3. Indigent members with no means of income or whose income is insufficient for subsistence;
4. Members that are sponsored by other individuals, government agencies, or private entities;
5. Lifetime members who have reached retirement age and paid at 120 monthly contributions;
6. Senior citizens who do not belong to the preceding classifications.

As of June 30, 2018, PhilHealth had served a total of 51,583,321 members, alongside their 48,783,917 dependents. This number is estimated to be 94 percent of the projected population of the Philippines in 2018. Of its total number of beneficiaries, including dependents, 30,360,415 (30.2%) are part of the formal economy, 23,633,033 (23.5%) are part of the informal economy, and 15,218,115 (33.3%) are indigents.

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The Philippines, a country prone to natural calamities and vulnerable to economic fluctuations, has much to accomplish in improving workers' access to social protection. A focus on women's access to social protection programs is crucial because of their significantly lower labor force participation rate than men, and therefore, limited access to social protection. Using data from the Philippine Statistics Authority, this paper looks into the coverage of major social protection programs in the Philippines and examines the circumstances of different types of workers. The study also identifies the locations of individuals who have no access to social protection programs and belong to the bottom 30 percent of households in the country, as they represent those most in need of government intervention. Finally, it examines the social insurance aspect of the *Pantawid Pamilyang Pilipino* Program to gain insights into how the country can improve coverage of social protection programs.

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