San Gaspar, Salcedo, Ilocos Sur: A Community Health Profile

Hansel Luis Duro

College of Medicine, University of the Philippines Manila
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ABSTRACT

Introduction. Community health profiles guide health workers in identifying health problems and prioritizing programs for implementation. A community health profile document helps local health stakeholders realize the need for collaborative effort to address and solve health problems. This paper is a situational analysis which looks at the community health profile of San Gaspar, Ilocos Sur, focusing on direct and indirect dimensions of the community that can affect the health status of the population,.

Methods. Survey of 59 households, focus group discussion, key informant interviews, and review of existing records were done.

Results & Conclusion. San Gaspar is found to be similar to other rural communities in the absence of an established water system, poor garbage disposal, lack of concrete waste management programs, and high prevalence of acute respiratory illnesses. However, it significantly differs from majority of rural areas in nutritional status, some health practices and health seeking behaviors. These differences can be attributed to: a) proximity to rural health unit, b) active and dynamic rural health workers, c) people's high regard for health, and d) relatively high educational attainment.

Key Words: San Gaspar Ilocos Sur, Community Health

Introduction

Community health profiles present basic relevant health information and can be used as baseline data for planning and organizing activities to address health concerns.[1] Community health profiles have been useful for program planners and implementers in reviewing the impact of programs to the community. It also allows local health stakeholders to prioritize programs which need to be addressed and funded. Compared to urban areas, rural areas in the Philippines are found to have poorer health outcomes, characterized by delayed delivery of health services and highly politicized healthcare system.[2]

San Gaspar, Salcedo, Ilocos Sur was chosen to be the community immersion site of a University of the Philippines College of Medicine – Regionalization Program Region I student for summer 2010. Through collaboration with the local government unit, municipal health office, *barangay* health council and Regionalization Program, the summer immersion allowed the student to get to know the health profile of his rural community. This paper establishes baseline data for planning the next year's immersion, focusing on direct and indirect dimensions of the community that can affect the health status of *Barangay* San Gaspar.

Methods

Legal, moral, and social permission was taken from UPCM Regionalization Program Committee and Salcedo Municipal Health Office to conduct a community health profiling, last April 12-23, 2010. All participants gave informed consents to signify their willingness to join the study.

Fifty-nine (59) households of the total 68 households were able to participate in the survey. The other households were excluded either due to 1) absence of credible informant left at home, or 2) no household member present during house-to-house visitation. Community health survey was done by the student with the help of 2 *barangay* health workers who served as additional enumerators. The BHW's underwent training and return demonstration to level expectations and ensure smooth flow of questioning. The survey questionnaire was translated to Ilocano to facilitate understanding and questioning by enumerators. The questionnaire consists of sub-categories namely; 1) demography, 2) environmental health, 3) nutrition, 4) health status, and 5) health seeking behaviors. To supplement information from survey, a focus group discussion was conducted among primary care givers, and key informant interviews of BHWs and *barangay* councilors were also done. Review of existing records was also done to check for changes and consistency of data gathered.

Corresponding author: Hansel Luis Duro
Regionalization Student Organization
College of Medicine
University of the Philippines Manila
547 Pedro Gil St., Ermita, Manila, Philippines 1000
Telephone: +632 5361368
E-mail: hans_duro@yahoo.com

Results & Discussion

1. Community Background

Barangay (barrio) San Gaspar is one of the 21 *barangays* of Salcedo, Ilocos Sur and is located about 1.1 kilometers at the western part of the town proper. It is separated from the *poblacion* (town) by two rivers- the Bessang river and Kin-Pal-eg river.

The *barangay* is named after Father Gaspar, a priest assigned at the town proper who chose to stay at the eastern part of the *barangay*. The priest was known for his kindness and was very eager to teach inhabitants who were interested to learn. In fact, many early settlers of the *barangays* learned how to read, write, and compute through Fr. Gaspar. With the immense popularity and kindness of Fr. Gaspar, people from neighboring *barangays* came to learn and eventually settled at the *barangay*. The priest was widely popular, well accepted, and well loved. When the time came that Fr. Gaspar was to be assigned to another place, the residents decided to name this place San Gaspar. [3]

San Gaspar has a total land area of about 139.71 hectares. San Gaspar has a total population of 318, distributed to 68 households with average household population of 4.7 persons/household.

2. Demography

There were slightly more males (52%) than females (48%). Most people were married (50.7%), but single individuals (43.1%) followed closely, and widow/widower (6.2%) were the least numerous. Almost half of San Gaspar's population were below 20 years old (47.1%), while the other half was distributed among the 41-50 years old (13.4%), 21-30 years old (12.7%), 31-40 years old (9.1%), 61 years old and above (9.1%), and 51-60 years old (8.7%).

San Gaspar had a very broad base of young members and relatively equal distribution among the rest of the life stages.

More than half of the residents finished high school (38.0%) or college (12.7%); 6.2% finished vocational course while 19.6% were elementary graduates. High school undergraduates accounted for 12.0%, college undergraduates, 9.1%, and elementary undergraduates, 2.5%.

The high school is only a kilometer away from the *barangay* and the nearest tertiary school is only at least 12 kilometers away. The relatively high educational attainment of the people reflects their desire in pursuing higher learning and the value they place on education.

Majority belonged to nationally grown religious groups such as *Iglesia ni Cristo* 27.5%, Crusaders of Divine Church of Christ 20.7%, and *Iglesia Filipina Sagrada Aglipayano* 15.2%; foreign grown religious groups followed with United Methodist Church 14.9%, Roman Catholic 12.0%, Assemblies of God 7.6%, and Jehovah's Witness 2.2%.

None of these religious groups restricted their members in accessing health services and in participating in health activities organized by the rural health unit. There were no significant religious beliefs or practices that could affect health status of the community.

Family income was supported mainly through farming activities, either as owner or tenant of farmland (50.8%). About 23.7% relied on remittances from Overseas Filipino Workers while the rest were engaged in livelihood activities such as tricycle driving (13.6%), *sari-sari* (small variety) store operation or vending (8.5%), and office work (3.4%).

Majority of households had an annual income range of P30,001-60,000 (45.8%), followed by P60,001-90,001 (28.8%), P151,00-180,000 (6.8%), P90,001-120,000 (5.1%), P120,001-150,000 (3.4%), and P181,000-210,000 (1.7%).

3. Environmental Health

Majority derived their water used for household activities such as washing dishes and clothes from shared manual water pumps (54.2%) and owned manual water pumps (42.3%); very few households obtained it from electric water pumps (3.4%). Majority of households derived their drinking water from shared hand water pump (55.9%) and owned manual water pump (42.3%). About 1.7% used mineral water, citing having an infant in the household as the main reason for doing so.

Assessing the nature of water sources, spread of water-borne diseases is more likely due to communal water source.

Despite having their drinking water from manual water pumps, water boiling was not practiced in majority of households (86.4%) and only households with infants did so (13.6%).

Water boiling is a cheap and simple intervention to reduce prevalence of diarrhea which was observed to be common during summer. Thus, water boiling should be highly encouraged.

Majority of households owned their toilet facility (94.9%) while only a small percentage shared (5.1%) with their neighbors. Most common type of toilet was manual water-sealed (93.2%); and only a small percentage was automatic water-sealed type (6.8%).

In order to prevent spread of diseases, every household should have its own toilet.

Waste and garbage placed directly in the compost pit (42.4%) located at the backyard of households was the most common collection practice, followed by putting in plastic bags or sack (37.3%), garbage can without cover (11.9%), and garbage can with cover (8.5%). Since the local government unit had no solid waste management program, burning (98.3%) was the most popular disposal technique followed by throwing anywhere (1.7%).

Garbage collection and disposal practices of the *barangay* need improvement. Covered garbage cans or knotted plastic bags are preferred so that they will not serve

as breeding grounds for disease-causing organisms. Though burning is highly popular in the rural setting, burying is the preferred disposal technique to prevent damaging effects of smoke to the environment.

Households disposed their garbage: (71.2%) every day, twice a week (11.9%), once a week (8.5%), and thrice a week (8.5%).

Waste segregation into biodegradable and non-biodegradable was practiced by 49.2% of households while 50.8% did not. Respondents cited that additional income was the main reason why they segregate their wastes.

4. Nutrition

Based on a survey of nutritional status of 0 to 71-month old children in San Gaspar, malnutrition was not much of a problem. Only 7.0% were considered moderately undernourished while 93.0% were normal, with no cases of severely undernourished and over-nourished.

In the latest survey of Food and Nutrition Research Institute, it was found out that under-nutrition for children 0 to 71-month old was widespread both in urban and rural areas with higher magnitude in rural areas.[4] This was not true for San Gaspar. Good nutritional status of the children is a reflection of proper food choices and child care.

Majority of households allocated P100-200 budget for food per day (71.2%), followed by less than P100 (15.3%), P200-300 (8.5%), P300-400 (1.7%), and more than P400 (1.7%).

Majority of residents purchased food at the town's public market (98.3%) while some raised and cultivated their own food sources (40.7%). Other places included *sari-sari* stores (16.9%) and grocery stores (6.8%).

Similar to the typical Filipino diet of rice-vegetable-fish, majority of San Gaspar households served vegetables (96.6%), followed by fish (62.7%), pork/poultry/beef (44.1%), fruits (35.5%), legumes (1.7%), and root crops (1.7%). Meat, particularly poultry, was raised by households.

Home prepared foods were favored by majority of households (72.9%). Though there were 27.1% who bought cooked foods, this was done only once a week (56.3%), twice a week (31.3%), thrice a week (6.7%), or every day (6.7%). Common places of purchase were at *karinderia* (local eatery) (75.0%), followed by public market (18.8%), and *sari-sari* store (6.3%). Foods commonly purchased in these outlets were viand (75.0%) and snacks (25.0%).

Majority of residents (74.6%) declared that they did not dine out; only 25.4% dined out. Most people who dined out do it once a week (86.7%) or twice a week (13.3%). Common place of dining out was at the *karinderia* (80.0%), fast-food restaurant (13.3%), and public market (6.7%).

Most mothers were breastfeeding their children (66.6%) For the mothers who did not breastfeed (33.3%), insufficient milk from their breast was cited as the main reason for stopping breastfeeding and introducing milk formula. Among breastfeeding mothers, 55.5% breastfed more than 6 times a day, 33.3% 4-5 times a day, and 11.1% less than 3 times a day. Typical duration of breastfeeding session lasted for less than 5 minutes for 55.5%, 11.1% 6-10 minutes, 11.1% 11-15 minutes, and 11.5% more than 15 minutes.

Vitamin and mineral supplementation was widely practiced. About 76.3% of household members were taking supplements compared to 23.7% who did not. Most people were taking vitamin and mineral supplements (97.8%) and only a few were taking food supplements (2.2%). Among brands mentioned was VitaStress® which was given away during the recently concluded RP-US *Balikatan* (Collaborative) Exercises. Majority took supplements once a day (95.6%) followed by twice a day (4.4%).

5. Health Status

Majority got sick every 3 months (39.0%) while others got sick once a year (32.2%), followed by once a month (15.3%), and once every 6 months (13.6%).

Children were the most vulnerable to diseases (64.4%), followed by mothers (27.1%), and fathers (8.5%).

Colds and cough (52.5%) topped the list of common illnesses, followed by fever (40.7%), hypertension (27.1%), flu and diarrhea (11.9%), body aches (6.8%), asthma (5.1%), and arthritis and diabetes (1.7%).

Assessing the nature of illnesses, acute respiratory infections were the most prevalent illness but hypertension, a chronic degenerative disorder, was also common.

Drugs commonly identified for immediate symptom relief were paracetamol (66.1%), followed by salbutamol (13.6%), herbal medicines (11.9%), *Biogesic* (11.9%), Ambroxol (8.5%), Diatabs (8.5%), carbocisteine (6.8%), and metoprolol (5.1%). Household members often self-medicated for diseases like colds and cough.

Assessing the dosaging of medications, most of the households tended to under dose. A little over half of the households used over-the-counter drugs prescribed every four hours, thrice a day (57.6%), while only 18.6% did it more than thrice a day. Some took the drug either once a day (15.3%) or twice a day (8.5%).

Proper time of intake of drugs is very critical in disease management. Effectiveness of drugs is achieved with proper dosage.

Most households in San Gaspar allotted P101-500 (44.11%) per month for their health needs, followed by less than P100 (35.6%), P501-1000 (16.9%), and P1001-2000 and more than P2000 (1.7% each). Allotting budget for health needs despite low income can be a reflection of the value people place on health.

6. Health Seeking Behavior

Majority of people in San Gaspar cited the rural health unit (RHU) as their most common health care provider (78.0%) followed by Salcedo Medicare (50.8%). A minority of the population did not consult and just let the disease

resolve on its own (6.8%) while more affluent members of the community consulted private clinics (5.1%). It was also observed that *albularyos* (traditional medical practitioners) were no longer consulted.

Home and self medication was commonly practiced. However, majority (88.1%) declared that they consulted healthcare providers after 1-3 days while 11.9% consulted after 4-6 days after home medication failed to relieve symptoms.

Prompt consultation for illness helps not only the patient but also the health care provider to manage the disease better.

Most people in San Gaspar (72.8%) consulted the RHU only when sick, while others visited once a month (13.6%), once a year (11.9%), and once a week (1.7%). People who consulted more often were mothers with newborn children or infants, who consulted particularly for well-baby and completion of vaccination.

Free check-up received the highest community awareness rate regarding programs and services implemented by the RHU at 78.0%, followed by vaccines (57.6%), free vitamin and mineral supplements (54.2%), dental services (52.5%), family planning (49.2%), free medicines (44.1%), DOTS-tuberculosis (32.2%), de-worming (16.9%), and environmental and sanitation lectures (11.9%). Majority (94.9%) declared that they received services offered by the RHU. Among programs and services received, free medical check-up (80.4%), free medicines (62.5%), and dental services (53.6%) received the highest recipient rate, followed by family planning (17.9%), de-worming (12.5%), free vitamin and mineral supplements (12.5%), DOTS (10.7%), and environment and sanitation lectures (8.9%).

The relatively high awareness rate and use of programs illustrate that the RHU is somehow effective in drumming up its health information and education campaign.

San Gaspar has similarities with other rural communities - absence of an established water system, poor garbage disposal, lack of concrete waste management programs, and high prevalence of acute respiratory illnesses. However, it significantly differs from majority of rural areas in nutritional status, some health practices and health seeking behavior.

Perhaps the differences of San Gaspar with other rural areas can be attributed to : 1) proximity of rural health unit and community hospital, 2) active education and information dissemination activities undertaken by health workers, 3) the fact that residents place high regard on their health, 4) influence of knowledge and experiences shared by relatives working abroad, and 5) residents have relatively good educational attainment with majority being high school graduates, and a good number of college graduates - attributed to proximate secondary and tertiary schools.

Recommendations

This community health profile forms a baseline for the next summer community immersion. Holistic and multi-sectoral approach for health improvement will be employed towards improvement of community health status. Some of the activities recommended are also preventive measures to allay occurrence of actual health problems. Aside from reviewing situational analysis and monitoring assigned family, the following activities will be highlighted for next years' immersion:

- **Coordinate with the LGU for establishment of water system and concrete waste management program**

This endeavor requires lobbying with local health stakeholders, particularly local leaders, to allocate funding for better water system and waste management program. Though political in nature, this endeavor is not a one shot deal but rather requires years to realize. At least efforts had been made at this time.

- **Kids Health Class**

Since most cases of diarrhea and colds affect children, a health class targeting children should be established. This activity aims to educate children ages 3 to 12-year old on personal hygiene, proper food choices, and physical activity. This will run for 5 days with 2 hours per session. Content and information, education, and communication materials will be obtained from College of Public Health, University of the Philippines (UP) Manila and Department of Health.

- **Public Health Lecture 1: "*Taraon a Nasustansya para iti Pamilya*" (Good Nutrition for the Family)**

Though malnutrition is not a problem among 0 to 71-month old, there is lack of data available for nutritional status of school children. This activity aims to promote healthy eating among children and promote normal nutritional status, and to encourage parents, particularly mothers, to earn extra income while attending to family needs. This activity will demonstrate how to prepare low cost community friendly recipes which are nutritious for family consumption. These recipes can also be adopted as an income generating activity for households. The recipes will utilize local products. Low cost standardized recipes will be obtained from Department of Food Science and Nutrition - UP Diliman, Institute of Human Nutrition and Food - UP Los Baños, and Center for Culinary Arts.

- **Public Health Lecture 3: "*Salun-at Patanuren: High-blood Kontrolen, Puso Patibkeren*" (Cardiovascular Health)**

Hypertension is a common illness of adults and the elderly. To control or/and curb prevalence of such

condition, a hypertension control and prevention information drive will be drummed up. Guidelines on heart health will be obtained from Department of Medicine, UP-Philippine General Hospital (UP-PGH) and Department of Health.

- **Public Health Lecture 4: "*Agtutubo Isagana ti Masakbayan a Napnoan Namnama*" (Healthy Adolescents)**

This activity focuses the adolescents, and topics included are preventive measures against common health problems encountered in this particular life stage. Topics to be discussed include: smoking, alcohol, and drugs prevention and cessation, reproductive health education, and adolescent behaviors. Content of the lecture will be based on guidelines on adolescent health to be obtained from Department of Family and Community Medicine, UP-PGH.

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