Our 3-year Community Immersion in *Barangay* Tinajero, Bacolor, Pampanga: Hope in the Land of Survivors

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ABSTRACT

Barangay Tinajero is one of the most depressed *barangays* (barrios) among the 21 *barangays* of Bacolor, Pampanga.
Two UPCM (University of the Philippines College of Medicine) Class 2012 Regionalization Program (RP) students conducted their three consecutive summer immersions (2008-2010) in *Barangay* Tinajero, Bacolor, Pampanga and this paper describes the health situation of Tinajero, Bacolor, the students' activities and their reflection on their experiences in the *barangay*.

Key Words: Tinajero, community immersion, University of the Philippines

Introduction

Barangay Tinajero is one of the most depressed *barangays* (barrios) among the 21 *barangays* of Bacolor, Pampanga. It has a total land area of 231.19 hectares and was one of the 18 *barangays* buried by the *lahar* during the 1991 Mount Pinatubo eruption. The total population is 360, of which 53.33 % are males and 46.67 % are females.[1]

Two UPCM (University of the Philippines College of Medicine) Class 2012 Regionalization Program (RP) students conducted their three consecutive summer immersions (2008-2010) in *Barangay* Tinajero, Bacolor, Pampanga and this paper describes the health situation of Tinajero, Bacolor, the students' activities and their reflection on their experiences in the *barangay*. What began as a school requirement ended up to be a chest of experiences, a lifetime's worth of wisdom.

Methods

The community immersion was done for 14 days every summer vacation from the years 2008-2010, after legal and ethical approval from the UPCM Regionalization Committee and the Municipal Health Office (MHO) of Bacolor.

The first immersion began with data gathering to develop the community profile. Descriptive records of the municipality, the local *barangay* and the community were pooled together to get a glimpse of their geography, culture and health. Meetings were also held with the leaders of the rural health units and the household leaders, getting their informed consent and collaboration. A family survey was conducted through house to house interviews. Questions were on socioeconomic status, nutrition, health beliefs and practices, health-seeking behavior, environmental health, and recreation.

During the succeeding summer immersions, follow-up was done by a review of the health census and by focus group discussions with the community leaders, health volunteers and household leaders.

The results of the discussions with the community members were analyzed to determine the top health problems and formulate needed health-related activities. Didactics were done with around 15-25 mothers, which aimed to correct their health myths and educate them on the leading causes of mortality and morbidity in the *barangay*. Around 40 children, aged 4-11 had classes on basic hygiene and sanitation. Activities for the children's class included storytelling, art making and games. For the adolescents' class, cigarette smoking, alcohol, drugs and premarital sex were discussed wherein the adolescents pledged to improve their health and attitude.

The main concern of the people centered on livelihood. Since most of the households had no stable source of income, programs such as processed food making and backyard vegetable gardening were initiated with the assistance of the Provincial Agricultural Office and the Department of Environment and Natural Resources (DENR) of Central Luzon. Planting workshops and composting modules were done in association with DENR. Cleanliness of the water source was also one of the concerns of the *barangay*, so water testing for bacterial and physiochemical analysis was done. A voter's education session was facilitated in the municipal health unit and the *barangay* health center as per request of the people to discuss the new process of national elections.

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Clinical posting was done where the students gained experience with the common illnesses that affected the people. We joined the MHO in facilitating the Under 5 Clinic DOH programs, namely Operation *Timbang* (Weight), *Patak* (Giving of) Vitamin A and de-worming.

Results & Discussion

1. Health and Nutrition

The health condition of the local constituents remains to be one of the priority concerns of the local government with the objective of providing continued medical/nutritional assistance, and treatment to impoverished families and individuals in the municipality. Being the most depressed *barangay* in Bacolor, Tinajero had been one of the priority areas in terms of programs rendering medical services and nutritional support.

As of April 2009, the Bacolor's public health manpower resources consisted of one physician, two nurses, one dentist, one dental aide, one medical technologist, one sanitary inspector, and twelve midwives. In Tinajero, one midwife and one *barangay* health worker (BHW) served as health leaders in the community.

In the year 2006, the Tinajero Barangay Health Station was constructed to provide health facility to the local constituents. This was manned by one BHW and was visited once a week by the Municipal Midwife. The Rural Health Unit I office located in the town proper (*Poblacion*), where Tinajero belonged, was about 2 kilometers away from the barangay.

2. Morbidity & Mortality

The 10 leading causes of morbidity in Bacolor in 2008 were acute respiratory infection, parasitism, fever, avitaminosis, hypertension, infected wound, arthritis, anemia, diarrhea, and skin disease. The 10 leading causes of mortality were arteriosclerotic heart disease, myocardial infarction, cerebrovascular accidents, cancer, diabetes mellitus, chronic obstructive pulmonary disease, chronic renal failure, severe head injury, and acute pancreatitis. For Tinajero, there were 11 births and 0 deaths; the lead cause of morbidity were acute respiratory infection, asthma, fever, headache, infected wound, diarrhea, arthritis, and urinary tract infection. The lead cause of mortality was cerebrovascular accident.

3. Nutrition

Being the most depressed *barangay* in Bacolor, Tinajero remained the most vulnerable in terms of malnutrition. Based on the annual "Operation *Timbang* (Weight)" of the Municipal Health Office, the number of malnourished children in 2008 was 72 (35 pre-schoolers and 37 school children). Through the efforts of the local government in cooperation with *Bantay-Bata* (Child Surveillance) and Globe-Asiatique, a 6-month period Feeding Program was conducted in 2008. However, the number of malnourished children did not decrease significantly during the 6-month period. This 2009, there were 23 malnourished pre-schoolers (age 0-6) out of 69.

Based on the survey, families allotted Php 150-300 for food per day. Majority of the respondents (81.82%) bought food from the *sari-sari* (small variety) store. They usually bought fish, eggs, vegetables, fruits, and rice; some children liked eating noodles, others liked vegetables. Most cooked their own food. They seldom bought cooked food and rarely ate out in restaurants or fast-food chains (once in two months or not at all).

Majority of the mothers (72.73%) practiced pure breastfeeding, 18.18% used mixed breastfeeding, while 9.09% used milk formula for their infants. For the pure breastfeeding mothers, 37.50% breastfed until 3 years old, 25% until 2 years old, while 37.50 % until 1 year old.

4. Health beliefs and Practices

Some of the food items the mothers of Tinajero believed to be harmful to the sick individual included salty foods such as *bagoong* (salted fish sauce) and *tuyo* (dried fish), chicken and egg, oil-rich foods, sugar-rich foods, soft drinks and noodles. Some also believe that it all depended on the kind of illness a person had. Sweets and cold foods were thought to be forbidden for those with tonsillitis; chicken, for those with toothache and allergies; salty foods, for those with kidney disease; and sugar-rich foods, for those with diabetes. Soup, including *lugaw* (watery rice), was the popular choice for food that can help alleviate sickness. Milk, fruits, vegetables, meats, bread, juice drinks and other nutritious foods were believed to be good for the sick.

When asked regarding the source of illness, the respondents replied that illnesses came from the environment, pollution, weather, lack of food and unhygienic practices. Others said that too much neatness led to sickness. Still others said that a weak body, *nalamigan na likod* (cold exposure of the back), and too many activities were the culprits. One believed that sickness just occurred spontaneously.

When sickness hit home, 45.45% left the decision-making to the mothers, 36.36% leaned on the fathers, 9.09% took the grandmothers' advice, and another 9.09% sought the help of a health professional.

5. Health Seeking Behavior

The first place to take a family member who fell sick was the health center (81.81%). 9.09% would initially bring the sick to an *albulario* (herbalist) while another 9.09% to the hospital. About 27.27% would seek a doctor right away while the rest would wait a day to a week before seeking consult. Persistent and serious illnesses were the usual reasons for doctor consultation while free medicine and mild

fever, cough and colds were the usual reasons for consulting the *barangay* health center (BHC).

Majority of the population (81.81%) were a few meters away from the BHC; 90.90% availed of the free medicine, 45.45% of feeding program and another 45.45% of free consultation (multiple choices). About 36 % went to the BHC once or twice a week while 64% visited only as needed.

Most families (81.82 %) usually did not allot budget for health expenses, while few saved money for times of illness; 18.18% spent Php 100 - Php 300 per month for medicines and supplements.

6. Environmental Health

About 90.90% used a communal artesian well or "*poso*" for water supply, while 9.10 % had their own well. At least twenty families shared a communal artesian well located within a walking distance from their homes. About 47.37 % had the mothers fetching the water, 31.58%, the fathers, and 21.05%, the children. Meanwhile, 84.61% got their drinking water from the "*poso*", and 15.39% from their neighbors' "*poso*". About 72.72% had their drinking water in jars, 18.18 % in pails, and 9.09 %, in mineral water bottles. None of them boiled their drinking water.

About 36.36% did not have their own toilet; 50 % defecated in makeshift pits which they covered up with soil. Only 54 of the 89 households had sanitary toilets. For the 63.63% who had their own toilets, 57.14 % were located outside the house. All the toilets used manual flushing.

Daily house cleaning was performed by 90.90%, while 9.10% cleaned the house twice a week. Garbage was burned (54.54%) or buried (45.455%). Around 63.63% segregated their garbage into recyclables, biodegradables, and non-biodegradables.

7. Priorities

a. Water

Since 2006, the drinking water of Tinajero was from the 2 public deep wells located in Zones 1 and 2. Most of the families did not have their own water supply. There were only 10 of 89 households who had their own water supply. The only test performed to determine that water was potable had been through the use of Primary Health Care (PHC) bottles, provided by the Provincial Health Office. The water in the public wells had never undergone sensitive tests, such as bacteriology and physico-chemical testing. This can be associated with occurrence of diarrhea.

b. Sanitation

Inspite of continuous health education on sanitation, especially for mothers, many still did not value proper hygiene and sanitation.

c. Nutrition

The typical diet was mostly composed of those bought from *sari-sari* stores such as canned goods and instant foodstuffs. Though there had been feeding programs, these were not sustained. Although the 2009 figure for malnourished pre-schoolers improved, one-third of the children aged 0-5 were still malnourished.

d. Attitude

According to the Municipal Health Office, Tinajero had always been one of their priority areas with regard to programs such as health education (mother's class), feeding programs and others. However, they felt that what they had been doing had not changed them significantly. There was lack of initiative to improve their lives and it seemed that the people were just highly dependent on the help provided by the government or any institution.

Actions vis a vis Study Results

With the results gathered, the following goals and objectives were formed, together with the head and staff of the Municipal Health Unit of Bacolor - to test the water through the use of more sensitive tests/analysis, to provide sustainable self-employment and livelihood programs, to inculcate in the minds of the children the value of sanitation, to provide health information campaign through lectures on the common illnesses in the community, to correct the common misconceptions and myths in managing illnesses, and to involve more local constituents in community meetings. To achieve these goals, these strategies were recommended: 1) sensitive testing for drinking water such as bacteriological and physicochemical analysis; water samples to be submitted to the College of Public Health, University of the Philippines.; 2) with the help of the Municipal Agriculture Office, livelihood programs can be organized; 3) distribution of seeds to the mothers accompanied with monitoring from the local government, specifically the Municipal Agriculturist or the Department of Agriculture; 4) public health lectures, which integrate the management of common illnesses and correction of the common misconceptions and myths; 5) with the help of the local teachers, emphasis on sanitation, proper hygiene and its importance on health can be inculcated in the minds of the school children; 6) with the involvement of the residents in discussions about community issues and concerns, and in the planning, their leadership skills and their attitude towards development can be improved.

Generally, all activities during the 3 years of community immersion were from the people and by the people. The students were mere facilitators to assure that the issues were confronted and the activities pushed through.

After the immersion, the Bacolor health profile was accomplished. The water source was deemed potable for drinking. Majority of the homes practiced backyard vegetable gardening. The then dry and untilled land had changed to green and productive land. However, in terms of everyday health practice, sanitation and hygiene, very little had changed. The health workers hypothesized that the people's health practices run deep, and changing the people's ways required more work and more time. Nutrition had improved although malnutrition had not been totally eliminated. Fewer children were running on the streets without slippers and consulting the health center without having a bath – good indications, hopefully, of their health practices after the activities prepared for them in the immersions.

The main problem of the *barangay* involved is its lack of actively involved community members. Nevertheless, modules have been prepared for interested community members for team building programs. It is with high hopes that all the programs will continue through the years and the community will continue to grow, beyond the Pinatubo calamity.

Reflections

On one particular immersion workshop with one of our mentors, we raised a question, "*Sir, what can we do to a community so downtrodden by repeated calamities, so hopeless, that they have lost interest in fighting*?"

He looked back and answered, "*Isn't that a microcosm of our country*?"

Indeed, Tinajero is just like the Philippines – so battered by a series of wars, never-ending calamities and endless poverty. But because the country is rising inch by inch, and because we believe in works of unity and passion, the Regionalization Program (RP) of the UP College of Medicine (UPCM), through us, have not lost hope. The RP immersion emphasizes the *Alma Ata* mission of health for all through primary health care. Through such programs, both the community and the students of medicine learn the beauty of service and compassion.

After our immersions, we have realized that we were meant to be where we are now. We believe that God has, indeed, planted us in the UPCM, to grow – reaching for the rich soil around and the sky above, the possible and the impossible. It dawned on us that serving the people of Region III through the promotion of health was what we sincerely wanted to do for the rest of our lives. It has been frustrating many times but there was never a lack of inspiring people who gladly worked almost for free, like the hardworking *barangay* health worker and midwife. Hope will never be lost as long as the people are given due attention and education.

Hence, in our three years of immersion with the people of Tinajero, Bacolor, Pampanga, we have learned a lifetime's worth of lessons. We have learned that our life's purpose as physicians-to-be is to follow God's calling; and His calling is for us to love and to heal the underserved. Moreover, health workers in the rural areas are really of great scarcity. As such, we may be required to live secret superhero lives but it will always be worth it - because hope is never lost in the land of survivors.

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Reference

1. MHO. Municipal Health Records, Bacolor, Pampanga, 2009.