Looking into the Health Profile of Barangay San Agustin in San Fernando City, La Union

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ABSTRACT

Introduction. This study describes the community health status of *Barangay* (village) San Agustin in San Fernando City, La Union Province, with the aim of identifying key health problems in the community that would be the focus for the next summer immersions.

Methodology. Data on the community was gathered via community ocular inspection, house-to-house surveys, inspection of *barangay* health records, and informal interviews. Data was analyzed qualitatively.

Result. The community consisted predominantly of one-income households with dependence on manual labor as the source of income (76%). This affected the daily budget for basic necessities, most notably for food. Cough (45%), colds (34%) and fever (50%) were the most common illnesses, particularly for children below five years of age (47%). This age group of children was often listed with low to very low birth weight and low weight for age (52%). There was no problem with regard to environmental health and sanitation, and with regard to health services, manpower and facilities, 92% of residents avail of services in the health center.

Conclusion. Next community immersions will focus on children's health and nutrition.

Key Words: San Agustin La Union, community health profile, community immersion

Introduction

The University of the Philippines College of Medicine Regionalization Program (UPCM RP) requires RP students to undergo a community immersion in their home province every summer to contribute towards improving the community's health situation by working with the local health providers.

Through collaboration with the City Health Office of San Fernando City and upon consultation with the City Health Officer, the community of San Agustin was chosen for a community health profiling.

A community health profile plays a central role in community health needs assessment. It enables practitioners, managers, and policy-makers to identify those in greatest need and to ensure that health care resources are used to maximize health improvement.[1]

Methods

This is a descriptive study with the use of questionnaires, ocular inspection, informal interviews and review of *barangay* (barrio) health records to assess the health situation in San Agustin.

The residents of San Agustin answered a questionnaire with their informed consent. An ocular inspection of their houses was made. This was done through the assistance of the community midwife and the *Barangay* Health Workers (BHWs), who were conducting vitamin A supplementation and de-worming at that time.

Eighty-six residents of San Agustin participated in the survey. The participants were obtained by convenience sampling and consisted mostly of the mothers, who stayed at home tending to their children while their husbands were at work.

The *Immersion Survey Questionnaire* is a 57-item questionnaire developed by Rita Mae Gollaba, an RP student of UPCM Class 2012. The questions clustered around the following areas: general information, socioeconomic profile, nutrition, health profile, health beliefs and practices, health-seeking behavior, environmental health, and recreation.

The following data came from the *barangay* health center: 2006 Barangay Population Survey; 2008 Head of the Family Survey; 2008 *Purok* (sub-barrio) Population Survey; 2009 *Bantay Puso, Bantay Presyon* (Cardiovascular Health Program) ; 2009 *Barangay* Health Workers Accomplishment, 2009 Daily Service Record; 2009 Family Planning; 2009 Free Anti-Rabies Vaccination; 2009 Management of the Sick Child Age 2 Months Up To 5 Years; 2009 Medicine for Leptospirosis; 2009 Nutri-Stat (Nutritional Status) of Children; 2009 Vitamin A Supplementation; and Type of Toilet, Water Source, and Electricity.

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Informal interviews with the community midwife and BHWs were done with their informed consent.

Results

San Agustin is a *barangay* of San Fernando City, La Union in Region I, Philippines. It is a coastal community consisting of six *purok*s (zones), situated approximately ten to fifteen minutes away from the city proper. Since it is near the sea, the geographical characteristics of the area are described to be of sandy terrain, arid environment, with dry climate.

The 2006 population of San Agustin was 1,973, with 1020 males and 953 females, many of whom were in the 7-49 years old age group. Out of 1,083 population reproductive age group, only 312 (28.80%) used family planning; the most popular method was pills followed by abstinence.

Socioeconomic Profile

About 87% of the residents have low educational attainment (ranging from elementary to high school), limiting employment opportunities to mainly low-income manual work. San Agustin is a fishing community (31 % fishermen). Other occupations included: laborer (8%), driver (6%), helper (5%), contractual worker (5%), vendor (5%), laundry woman (2%), welder (2%), maintenance personnel (2%), manicurist (2%), garbage collector (2%), operator (1%), utility man (1%), dispatcher (1%), carpenter (1%), construction worker (1%), and electrician (1%).

Those who reached college level education (13%) tended to get higher-paying jobs such as working as an overseas worker (OFW; 7%), office employee (7%), *barangay* official (3%), teacher (2%), and supervisor (2%), among others.

About 73% of those with occupations were male, the main breadwinners of the family.

About 76% of the households were one-income households. The monthly income ranged from Php 1000 to Php 6000. The 13% who had professional jobs get monthly incomes as high as Php 9000 to Php 20000. Most residents received income on a daily basis and the amount varies, depending on the need for services that day.

Food and Nutrition

About 95% of families ate two to three times a day. For breakfast, the common staples were bread and coffee, rice, egg, frozen food, noodles, *bibingka* (rice cake) or sweet potato. For lunch, the common staples were vegetables, fish, and rice. For supper, the common staples were vegetables, fish, rice, and sometimes, meat.

Food was the first priority expenditure and household necessities (such as electricity) came next. The residents made do with what they had (*pinagkakasya lahat*; *tulong-tulong sa pagtitipid*).

The money allocated to food ranges from Php 75 a day to Php 500 a day, with 70% of the households budgeting Php 100-Php 250 for food accordingly, for a family of 4-7 members. About 60% of the residents bought food mostly from the *sari-sari* (small variety) store, while 51% bought from the *talipapa* (small open market). The 12% with relatively higher incomes went to the grocery store.

Health Profile

The common diseases were cough (45%), colds (34%) and fever (50%), which were mild and acute, usually occurring in children. Asthma occurred in 8% of children and hypertension in 15% of older residents.

When asked about their beliefs regarding the cause of illnesses, answers were dirty environment and lack of proper hygiene (52%), extreme weather (17%), bacterial and viral infections (12%), contaminated food and water (7%), fatigue (6%), improper nutrition (3%), vices (3%), a weakened immune system (2%), and too much bathing (2%). When someone got sick in the family, 65% of households would bring the sick to the *barangay* health center. Few would observe the sick family member at home. However, if the symptoms worsened, or there was no improvement after two to three days, 48% of households would bring the family member to the doctor. Households with the lowest incomes (20% earning Php 500 to Php 1500 per month) tended to rely on free medicine from the *barangay* health center.

Environment and Sanitation

According to the City Health Office, San Agustin is one of the pilot sites for San Fernando City's Ecological Sanitation Program, with the implementation of the Urine Diversion Toilet (UDT) technology. UDT manages urine and feces by separating their flows into two different containers or chambers. It saves water, protects water quality, prevents pollution, and recycles valuable nutrients. Of the residents covered by the survey, only 2% have adopted this system. In San Agustin, most residents (71%) use a communal toilet ("pour-flush") and some cases use the "adopt-a-bush" system.

Solid waste disposal in San Agustin is via the Materials Recovery Facility, a tricycle collection system covering 90% of the households.

About 29% of the households have their own water source (artesian wells or pumps) while 63% shared it with other households, or the whole *purok*.

Children's Nutritional Status

According to Operation *Timbang* (Weight), Nutritional Status of 0 to 71-month-old children (pre-schoolers), and Management of the Sick Child aged 2 months to 5 years, 52% of the children had low to very low birth weight, and as they were monitored in the following months after birth,

they remained underweight. No other anthropometric measurements were recorded.

Upon ocular inspection of the community, 50% of the children were noticeably small and less active for their age. Viral infections and fever were found in 47% of children below five years of age.

Health Manpower, Services and Facilities

All the residents knew the location of the *barangay* health center. The *barangay* health center managed and monitored the health of the residents, under the supervision of the community midwife and BHWs. The *barangay* health center is under the guidance of the City Health Office (CHO), headed by the City Health Officer.

The *barangay* health center focused on maternal and child health, family planning, and nutrition program. The nutrition program particularly consisted of Operation *Timbang* (Weight), Nutritional Status of 0 to 71-month-old Children, Supplemental Feeding for Children in the Below Normal and Very Low Weight, and *Garantisadong Pambata* (For Healthy Childhood), which included ferrous sulfate, vitamin A capsule and de-worming drug.

Immunizations, anti-leptospirosis medicine, anti-rabies vaccination, *Bantay Puso-Bantay Presyon* (cardiovascular health monitoring), Management of the Sick Child age 2 months to 5 years, and mothers' classes were available. There were also free medical and dental checkups.

The *barangay* health center conducted different surveys such as Head of the Family, Population Survey, and Type of Toilet, Water Source and Electricity. The center kept a Daily Service Record and a monthly *Barangay* Health Worker's Accomplishment.

Most (92%) of the residents availed of services in the health center and 83% were acquainted with one or two BHWs. However, few households (5%) did not avail of services of the *barangay* health center nor were they acquainted with BHWs.

Discussion

Dr. Bien Nillos,[2] in his lecture on "*Implementing Health Programs*", explains the process of putting together a community health profile: selecting families, interviewing them and getting to know the different family and health profiles, and putting together the information to do a needs assessment. The question basically is: "*What are their needs?*" The answer to this question will determine what problems to prioritize in making a situational analysis and a diagnosis for the community. This will then guide one in designing a health program for the community.

Other questions can be asked[2]: *What are the top health problems of the community? What are the causes of these health problems? How does the community regard these identified health problems?*

San Agustin is a community where there are basically limited opportunities for earning a living. About 87% of the residents have either stopped studying at the elementary or high school level leaving them with manual labor as the only option for sustaining their families. And given that 76% of the households are one-income households, the figures for the monthly income are discouraging.

Money was nearly never enough for the basic needs of the whole family. This was evident by the small food budget - 70% of the households set aside Php 100-Php 250 for 2-3 meals a day, for a family of 4-7 members. The main problem in San Agustin is really the lack of family resources.

One *barangay* health worker commented, that the people in San Agustin whiled away their time by gambling, particularly through the card game *tong-its*. Mothers interviewed agreed with this information. Could this perhaps be an indication that they preferred to spend their time gambling, rather than be reminded of the poverty that is limiting them?

From the results of the house-to-house surveys, the common diseases were cough (45%), colds (34%) and fever (50%), usually occurring in children. Chronic diseases, such as asthma in children (8%) and hypertension in adults (15%), were less prevalent. Frequent bouts of acute bacterial and viral infections occurred among children below five years of age (47%).

Furthermore, 52% of the children were underweight – according to *barangay* health records of children aged 0-71 months and sick children aged 2 months to 5 years. Upon ocular inspection of the community, 50% of the children were noticeably small and less active for their age. Yet the *barangay* health center indicated that they are focused on maternal and child health, and nutrition programs like Operation *Timbang*, Nutritional Status of 0 to 71-month-old Children, Supplemental Feeding for Children in the Below Normal to Very Low, *Garantisadong Pambata*, de-worming, as well as free medical checkups.

There is a discordance between the seeming malnutrition among the children in the community and the health programs readily available for children's health. This would be worth further looking into in the next community immersion.

Recommendations

For the next year's summer immersion, the objective would be a detailed situational analysis of the nutritional status of the children in the community vis a vis the children health care programs apparently being given in the community.

Setboonsarng explains that the three indices commonly used in assessing the nutritional status are weight for age, height (length) for age, and weight for height (length).[3] Since weight for age has been measured in the children of San Agustin, measurement of the other two indicators should be done, as well as a survey on children's feeding practices.

When anthropometric measurement is taken regularly over time, it could provide information on how health status of the population is changing, providing a timely warning on the food supply and poverty status of a given area.[3]

The implementation of the health center programs on children will also be assessed accordingly, specifically the impact of these programs on the community.

After a situational analysis of the children's nutritional status and the children's health programs, the second objective is to strengthen the health programs. One example is to educate the mothers on the real impact of malnutrition and its far-reaching effect on their children and ultimately, their children's future. Women play an important role in giving birth to the next generation, in food security, and as caregivers for the family. It is therefore important to increase the physical, mental, and intellectual well-being of every woman, not only because it is a human right, but because it is a good investment for the well-being of future society.[4]

An information campaign to be conducted through public health lectures and interactive group discussions is proposed for San Agustin. Since the role of mothers is deemed very crucial in promoting nutrition, mothers' classes on the following should be conducted:

- Malnutrition, What It Means, and Its Intergenerational Impact on Your Family
- Factors Causing Malnutrition
- How to Prepare Healthy Meals on a Limited Budget
- Family Planning and the Impact of Birth Spacing
- Breastfeeding and Its Benefits
- Common Causes of Illnesses and How to Prevent Them

These mothers' classes will be facilitated by the BHWs because they are the ones who are known in the community and they are seen and respected as authorities on health. Training kits containing pamphlets on the topics above and other materials that will be needed for the information campaign will be provided.

Operation *Timbang*, Nutritional Status of 0 to 71 month-old Children, Supplemental Feeding for Children in the Below Normal or Very Low Weight, Garantisadong *Pambata*, and deworming programs of the community must be re-launched, particularly to the mothers, by the health workers.

The third goal is one that addresses the real root of malnutrition – poverty. This is a more ambitious goal, but will directly address the problem of not having enough money to buy food to eat. *The third objective is to find alternative and more sustainable forms of livelihood for the families.* A partnership with an organization focused on community development to eventually create a livelihood program for San Agustin can be done. This livelihood program could focus on the mothers and build up their skills, as they are the ones left at home, while their husbands are at work. Instead of engaging in gambling in their spare time, they could make handcrafted products. Buy-in with the *barangay* officials and other stakeholders in the community is crucial for a sustainable solution to the problem of poverty.

Bottomline, this study draws attention to San Agustin, an impoverished community in San Fernando City, La Union. The community immersion helps the RP student to look at health problems in the community and to try to do something about it, even in the smallest way.

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