ORIGINAL ARTICLE

The Health Profile of Nabannagan West in Lasam, Cagayan compared to Bantug in Roxas, Isabela

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Class 2013 (Region II)

ABSTRACT

Introduction. A comparison of Nabannagan West, Lasam, Cagayan and Bantug, Roxas, Isabela was made by using the local health data on leading causes of morbidity and mortality gathered from the municipal health office and looking into the health seeking behaviours.

Methods. Data was gathered via one-on-one interviews, during the summer immersions last May 2009 and May 2010. Participants in the surveys were randomly selected families, with informed consent. Descriptive analysis was done.

Results. There were no major differences in terms of the leading causes of morbidity and mortality. Major cause of morbidity was infection; lead cause of mortality was related to lifestyle. There was no major difference in health seeking behaviours of the two communities except for regularity of visiting health centers, making decisions on medical matters and threats to health. Bantug families would visit more the health centers and decide on medical matters mutually by the husband and wife; threats to health were those related to urban development.

Conclusion. The community health profiles of both communities were similar, reflective also of the overall rural Philippines, where much can be done in terms of primary health care.

Key Words: Cagayan, Isabela, health profile

Introduction

The Preamble of the People's Charter for Health states, "*health is a social, economic and political issue and above all a fundamental right*".[1] However, there has been a shift from '*health being a right*' into '*health as a privilege*' due to the economic profile of the Philippines. Based on the World Health Organization guideline, a country must allot at least 5% of its Gross Domestic Product to health. In the Philippines, the government allocated less than 5% in the past years to health.[2] In 2005, the Department of Health,[3] reported the lead causes of morbidity to be respiratory infections and non-communicable diseases (hypertension and cardiovascular diseases). Cardiovascular disease was the lead cause of mortality in a 5-year average (2000-2004).

This descriptive study compares Nabannagan West in Lasam, Cagayan and Bantug in Roxas, Isabela according to lead causes of morbidity and mortality gathered from the municipal health office and to their health seeking behaviours gathered via a survey.

The town of Lasam, Cagayan is located southwest of Magapit Suspension bridge. It is about 68 kilometres from Tuguegarao City (where the Regional Hospital is located) via the Cagayan River and 106 kilometres via the Magapit National Road. Nabannagan West is a *barangay* (barrio) in Lasam, Cagayan with an area of 550 hectares and consists of 7 zones. About 80% of the population are Ilocano while a minority are either Ybanag or Tagalog. The primary means of livelihood is farming, with 60% of the land allotted to rice planting, while 25% is for corn.[4] The *barangay* had a population of 2,519.[5] The *barangay* health unit was composed of one nurse, one midwife and 12 *barangay* health workers (BHWs). Cagayan focused more on the preventive aspect of health service[6] – this included Maternal and Child Health Program and Tuberculosis Health Program.[7] There are 31 rural health centers and one government hospital in Lasam, Cagayan.

The municipality of Roxas is located in the central Mallig Plains. It is about 40 kilometers away from Ilagan, the capital town of the province and 68 kilometers from Tuguegarao, Cagayan where the regional hospital is located. The municipality is mainly flat terrain except in the western and northwestern parts, which are hilly to slightly mountainous. Roxas occupies a total land area of 18,480 hectares, with an urban land area of 506,275 hectares and 17,973.725 hectares of rural area. About 65.06% is devoted for agriculture. Bantug is a *barangay* in Roxas, Isabela located in the town proper with a population of 5,969. About 70% of the population are Ilocano, the rest Ybanag or Tagalog. The

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primary means of livelihood is farming, with 80% of the land allotted to rice planting, while 20% is for corn and root crops. There are 7 existing hospitals in Roxas, one government and 6 privately owned. The *barangay* health unit of Bantug is composed of one nurse, one midwife and 12 BHWs.

Methods

The University of the Philippines College of Medicine Regionalization Program (RP) and the Municipal Health Offices of Lasam and Roxas approved the conduct of community immersions by 5 RP students in Nabannagan West and Bantug in May 2009 and May 2010, respectively.

The community immersion in Nabannagan West was under the supervision of the *barangay* midwife, while that in Bantug was by the chair of the BHWs.

The participants in the survey on health seeking behaviours were randomly chosen families, with their informed consent. Surveys were accomplished through one-on-one interviews. The survey form consisted of nine items, written in Tagalog, but was translated in Ilocano as needed. Information about the top lead causes of morbidities and mortalities were gathered from the municipal health offices of Lasam and Roxas. Descriptive analysis was done.

Results & Discussion

1. Lead causes of morbidity and mortality

For top causes of morbidity (Table 1),[7,8] similar illnesses included infectious diseases (acute upper respiratory tract infection and urinary tract infection) and hypertension (lifestyle disease). Anemia, acute gastroenteritis, skin allergy, infected wound and the respiratory diseases (bronchitis and tuberculosis) were found in Lasam; while animal bite, diarrhea, tonsillitis, chicken pox, and respiratory diseases (bronchial asthma and bronchopneumonia) were common in Roxas.

Table 1. Lead Causes of Morbidity in Lasam, Cagayan, and Roxas, Isabela.

Lasam, Cagayan	Roxas, Isabela
1. Acute Upper Respiratory Tract Infection	1. Acute Upper Respiratory Tract Infection
2. Anemia	2. Urinary Tract Infection
3. Urinary Tract Infection	3. Animal Bite
4.Acute gastroenteritis	4. Diarrhea
5. Skin Allergy	5. Hypertension
6. Infected Wound	6. Bronchial Asthma
7. Hypertension	7. Tonsillitis
8. Hyperacidity	8. Chicken pox
9. Bronchitis	9. Bronchopneumonia
10. Pulmonary Tuberculosis	10. Dengue Hemorrhagic Fever

Coronary artery disease, accident, and chronic obstructive pulmonary disease (COPD) were the most common causes of death in Lasam.[7] Cancer, COPD, pneumonia, diabetes mellitus, tuberculosis, cardiovascular diseases (senile myocardium, hypertension, myocardial infarction), and stillbirth were frequent mortality causes in Roxas.[8]

The local community morbidity and mortality picture somehow reflects that of the national level.

2. Health Seeking Behaviours

In both *barangays*, eating clean and nutritious foods were the top methods to maintain the health of the family (Figure 1). Visiting the health clinic and avoidance of vices (such as smoking and alcohol drinking) were the least common health practices in Roxas and Lasam, respectively.

Significant differences can be seen in the proportion of families who regularly consulted their health centers (Figure 2). In Nabannagan West, majority of the families did not visit their health centers regularly; they only visited the health center when they were in need of medical assistance, or when their sickness was already a hindrance to their daily chores. In Bantug, majority of the families regularly visited their health centers.

In Nabannagan West, the local health center was relatively far from the people, while the health center in Bantug was more accessible. Other reasons of Nabannagan West for not regularly consulting the health centers included

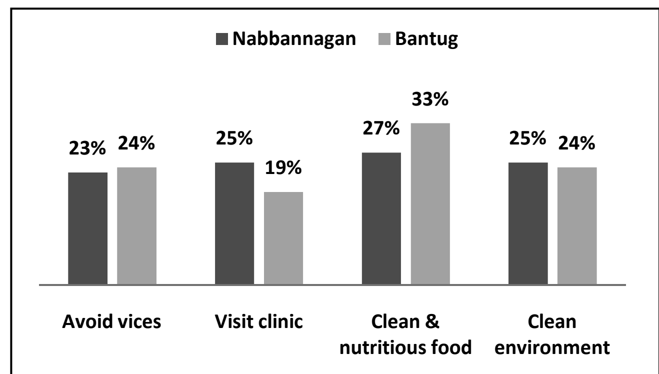

Figure 1. Proportion of Families Stating Healthy Practices for Healthy Family Living.

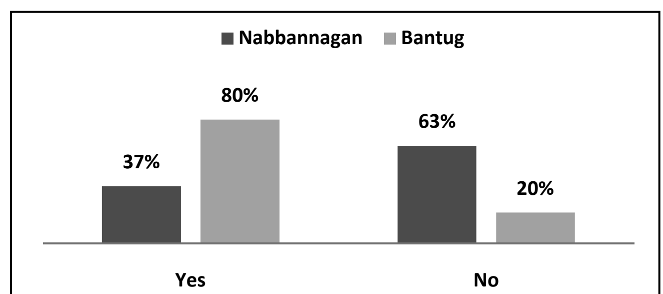

Figure 2. Proportion of Families with Regular Health Center Consultation.

not having money to pay for transportation fare and not able to leave their work in the farms.

At the time of the survey, more families were sick in Nabannagan West than in Bantug (Figure 3). The common illnesses in Nabannagan West were fever, cough, colds, and asthma while in Bantug, the illnesses were cough, urinary tract infection, arthritis, and hypertension.

When sick, families would take medication, visit *albularyos* (herbalists), consult relatives, and consult health providers (Figure 4). Both *barangays* ranked medication and consulting a doctor as highest. Nabannagan West would not regularly consult the health center, but preferred to visit a doctor, when sick.

In both *barangays*, majority of the families had the pharmacy as their primary source of drugs while a few stocked medicines at home. Some families used medicinal herbs because they were cheaper.

There was equal distribution between families having the husband, wife or both as final decision makers with regard to medical concerns in Nabannagan West (Figure 5). In Bantug, it was both husband and wife in majority of households.

Possible health threats included industrial buildings, pollution, unsanitary drainage and canals, and unsafe drinking water. For a more developed town like Roxas, the problems were more related to industrial buildings, unsanitary drainage and pollution, while in less developed areas like Lasam, the problems were more related to unsafe drinking water (Figure 6). In Nabbannagan West, there was no local water health system for household use.

Figure 7 reveals that vaccination (through the Expanded Program on Immunization) and pre-natal check-ups were among the most availed services by the families. The Cagayan Rural Health Units (RHUs) did not give free medicines; medicines were bought from RHUs at a cheaper price compared to that of commercial drug stores. Lack of supplies and accessibility were the major concerns for non-use of RHU services. There were no significant differences noted in the services received from each local health center.

The community health profiles of both communities were similar, reflective of the overall rural Philippines, where much can be done in terms of primary health care.

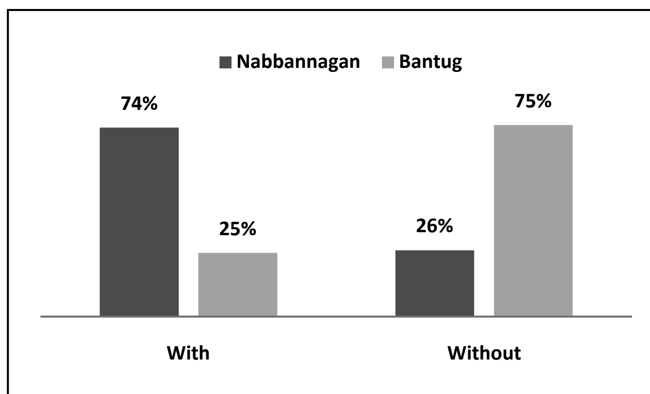

Figure 3. Proportion of Families with Sick Members during Survey Period.

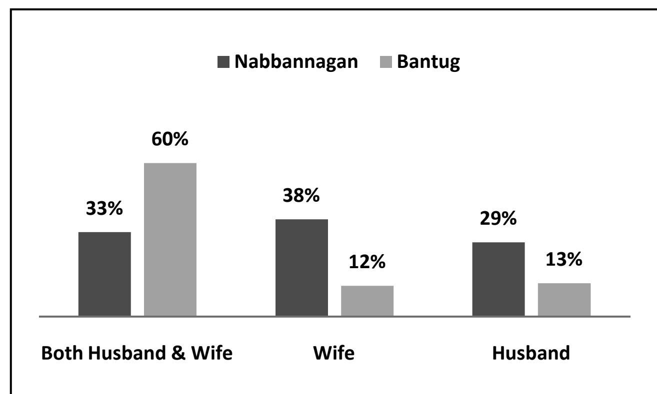

Figure 5. Proportion of Families stating Who Has Final Decision on Family Health.

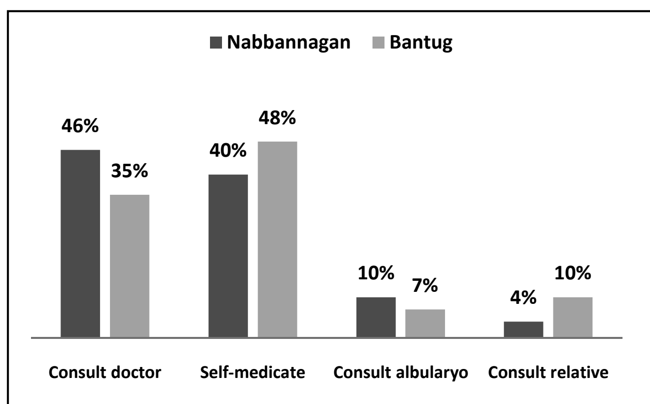

Figure 4. Proportion of Families stating What to Do When Sick.

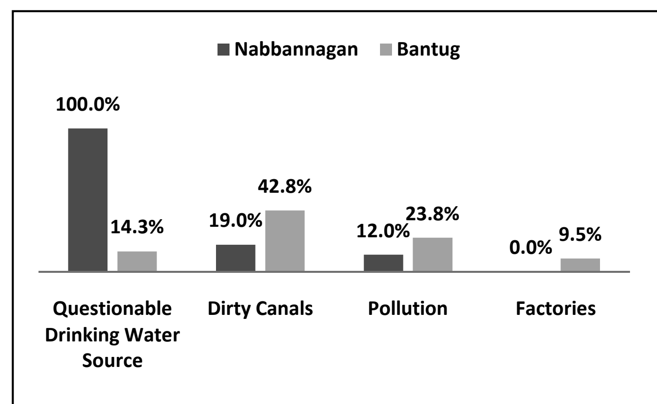

Figure 6. Percentage of Possible Sources of Health Risks.

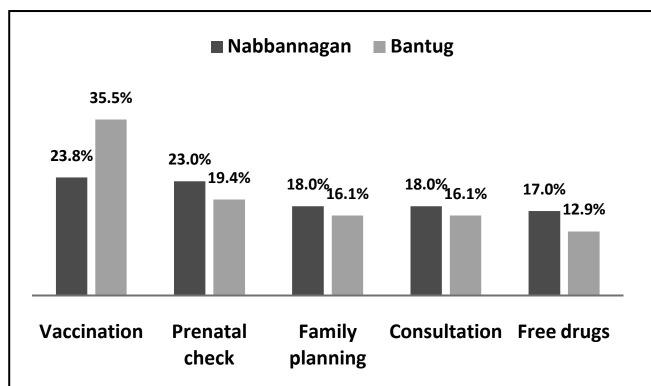

Figure 7. Percentage of Families who Availed of Health Center Services.

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