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Impact of Health Services on the Health Status of Adopted Community

Claire Tudayan-Espiritu RN,MAN,MIC[1], Rue Flora P. Ruiz, PhD.RN[2]
[1]College of Health Sciences, Notre Dame of Dadiangas University, General Santos City, Philippines-+63
[2]College of Health Sciences, Notre Dame of Dadiangas University, General Santos City, Philippines-+63
Email address: clairetudayan@yahoo.com

***Abstract*—** *This study determined the impact of the health services on the health status of adopted community. It also determined the number of health services implemented and its utilization and the health status of community beneficiaries and their extent of satisfaction. Descriptive research design was employed in this study. A guided questionnaire for the community beneficiaries on the extent of satisfaction on the health programs and document review was utilized as research instrument. This study was conducted at Maitum Sarangani Province in the month of October 2018.*

***Keywords*—** *Health Services, Health Status, Adopted Community.*

I. INTRODUCTION

Strengthening service delivery is crucial to the achievement of health-related Sustainable Development Goals (SDG). This SDG focus on the global challenges related to poverty, inequality, climate, environmental degradation, prosperity, and peace and justice (United Nation, 2018). Provision of health service delivery is an outcome of the initiatives into the health system. Strengthening its initiatives led to improved service delivery and enhanced access to services. Ensuring availability of health services that meet a minimum quality standard and securing access to them are key functions of a health system (WHO, 2010). In the Philippines, the order for the provision of health services is shared by the National and local governments. The Department of Health (DOH) established policies, standards and guidelines at the national level for public health programs. These four national programs consisted of immunization, maternal health, TB and malaria (WHO, 2018). The Notre Dame Business Resource Center Foundation, Inc. (NDBRCFI) of Notre Dame of Dadiangas University incorporated the Primary Health Care Delivery Program (PHCDP) in 1986 for the purpose of helping indigent mothers and children of the SOCSARGEN area. This gives way to the establishment of partnership of the College of Health Sciences formerly the College of Nursing. It was considered as the community extension program of the nursing department. Clinical instructors and nursing students utilized the area where the BRC has conducted the PHCDP as site for community exposure and wherein primary health care and community health nursing concepts and programs were implemented. In 1994, Mother and Child Center (MCC) was opened and still continues to serve the least favored communities up to present. As part of the community service, nursing students are required to serve for forty hours at MCC. The partnership of both parties was enhanced through the involvement of the nursing students and clinical instructors in medical missions and other health related activities conducted by MCC in different municipalities. One of the municipalities it served was Maitum Sarangani Province. Health Services being offered include medical consultations, feeding programs, and other activities related to health. As of 2014, the NDBRCFI had formed self-help groups in Maitum to create more opportunities for indigent families situated in far flung rural areas. The target beneficiaries were mothers who benefited from the livelihood programs, micro-finance and health programs implemented by the Mother and Child Center in partnership with the College of Health Sciences. For years of offering health services, no study was conducted to evaluate the impact of health services as well as its effect on the health status of the community beneficiaries. This leads to the basis of recommendation from PAASCU to evaluate its impact on the health status of the community, thus this study is conducted.

II. OBJECTIVES

This study aimed to determine the impact of health services on health status of adopted community. Specifically, it did the following: determined the health services offered and health status of community beneficiaries; determined the utilization of the health services in terms of medical consultation and feeding program; and lastly assessed the extent of satisfaction of the health services being provided.

III. METHODS

3.1. Research Design

This study utilized descriptive research design. A descriptive study describes and interprets. In this study, descriptive method is used because it intends to describe the health services, health status of community beneficiaries as well as the utilization and extent of satisfaction to the health services provided.

3.2. Locale of the Study

The study was conducted in three barangays in Maitum, Sarangani Province namely: Brgy Kalenig, Brgy. Upo and Brgy Zion. These three barangays were being provided with health services such as medical consultation, feeding program and other sponsored activities such as health education, provision of dental hygiene kit, physical examination of school children and other services to improve the health status of community beneficiaries.

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3.3. Respondents

The respondents of the study were mothers living within the three barangays of Maitum, Sarangani Province and who were considered as beneficiaries of the health services being provided. There were 400 registered members of self- help groups formed by the BRC. They were the recipients of the different programs given by the BRC, however only a total number of 80 mothers responded to the invitation given by the researchers and who were present at the time of data gathering. A final sample of 80 mothers was considered as respondents of the study.

3.4. Research Instrument

This study utilized documents such as local reports and record data as secondary source of data for health services being offered, utilization of health services and health status of beneficiaries. A researcher-formulated questionnaire was used to determine the extent of satisfaction of the health services offered to the respondents.

3.5. Data Gathering Procedure

The study was conducted through the permission of the project manager of Business Resource Center and the Coordinator of Mother and Child Center. Permission of the community organizer was also taken during the data collection. During the data gathering process, the community organizer and community facilitator were able to gather the mothers in three barangays of Maitum, Sarangani Province. A researcher-made questionnaire was given to the respondents with the guidance of the community organizer and facilitator who were able to assist the researchers in the distribution of the questionnaire as well as the completion of it. These questionnaires assessed the respondents' extent of satisfaction to various health services being implemented. Before the administration of the questionnaire, consent was taken from the respondents. The respondents were fully informed that their participation was voluntary and they can withdraw anytime during the data collection. They were also acquainted that data they provided will be treated confidentially. The researchers then briefed the respondents of the purpose of the study and instructions on how to fill the questionnaire were explained. The data taken from the respondents were treated statistically. Moreover, a letter was sent to the Public Health Nurse (PHN) of Maitum, Sarangani province asking permission if the researchers can be provided with the data on the health status specifically the morbidity rates of the community beneficiaries from year 2013-2017. With the approval of the PHN, the data were given to the researchers. On the other hand, an interview with the Mother and Child Coordinator was done to extract some information on the various health services and the activities being implemented in the three barangays in Maitum.

After all the needed data were completed, analysis of documents was made on the different health services, health status of community beneficiaries and its utilization of the health services.

IV. RESULTS

4.1. Health Services Offered

The frequency of health services given from year 2013 to 2018 for medical consultation had totaled to twenty three (95.8%) medical consultations for six years which consisted of physical examination, provision of medication and giving of health education to beneficiaries. Notably, the year 2018 had only three medical consultations conducted due to insufficient funds; however, feeding program conducted during summer for one month and a half in Brgy. Upo every year obtained a sum of six (100%) conducted feeding programs including daily feeding, giving of vitamins, deworming, dental check-up, and giving of hygiene and dental kit and health education to mothers.

TABLE 1. Frequency of Health Services Given per Year

Health Services	Frequency							Percentage of Completion	Target
	2013	2014	2015	2016	2017	2018	Total		
Medical consultation	4	4	4	4	4	3	23	95.8%	Almost Completed
Physical Examination	4	4	4	4	4	3	23	95.8%	Almost Completed
Provision of Medication	4	4	4	4	4	3	23	95.8%	Almost Completed
Health Education	4	4	4	4	4	3	23	95.8%	Almost Completed
Feeding Program (1 1/2 month)	1	1	1	1	1	1	6	100%	Completed
Daily Feeding	1	1	1	1	1	1	6	100%	Completed
Provision of Vitamins	1	1	1	1	1	1	6	100%	Completed
Deworming	1	1	1	1	1	1	6	100%	Completed
Dental Check-up	1	1	1	1	1	1	6	100%	Completed
Provision of dental and hygiene kit	1	1	1	1	1	1	6	100%	Completed
Health Education	1	1	1	1	1	1	6	100%	Completed

4.2. Health status in Terms of Morbidity Rate

Table 2 shows the morbidity rate of the three barangays in the year 2017. It was disclosed that respiratory diseases comprised of upper respiratory tract infection (214), flu (52), asthma (10), and pneumonia (13) acquired the highest number of 289 cases with morbidity rate of 4.51 or 45 cases in 1,000 populations. This was closely followed by skin diseases consisted of skin allergy (35), punctured wound (31), and chicken pox (10) with 76 cases and morbidity rate of 1.19 or 11 cases per 1,000 population and gastrointestinal diseases which include gastroenteritis (24), hyperacidity (18), and toothache (17) with a total of 59 cases (0.92 or 9 cases per 1,000) respectively. The three lowest morbidity rate were: eyes and ears diseases composed of conjunctivitis (15) and ear infection (3) with the sum of 18 cases which garnered a

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morbidity rate of 0.28 (2 per 1,000); neurologic diseases with primary complains of headache (8) and urinary diseases which basically relate to urinary tract infection (8) obtained both 0.12 (1 per 1,000) morbidity rate. The total cases for year 2017 were only 508 cases in 6412 population in three barangays.

TABLE 2. Community Health Status in terms of Morbidity rate in Three Barangays in Maitum (Year 2017)

Diseases	Number of Cases	Morbidity Rate (as a decimal fraction)	Morbidity Rate (per 1,000 population)
Respiratory Diseases	289	4.51	45 per 1,000
Skin Diseases	76	1.19	11 per 1,000
Gastrointestinal Disease	59	0.92	9 per 1,000
Cardiovascular Disease	50	0.78	7 per 1,000
Eyes and Ears Disease	18	0.28	2 per 1,000
Neurologic Diseases	8	0.12	1 per 1,000
Urinary Diseases	8	0.12	1 per 1,000
Total Population of 6412			

4.3. Utilization of Health Services in Terms of Medical Consultation

The utilization of health services in terms of medical consultation conducted quarterly every year from 2013- 2018 was illustrated in Table 3. The data showed the highest number of beneficiaries in the year 2013 with 44.41 percent and closely followed by year 2014 with 21.85 percent. A reduction of the percentage of beneficiaries was observed in the year 2016 and 2017 with a percentage of 6.63 and 6.37 respectively. Upon further analysis, the utilization of health services in the year 2013 and 2014 revealed a rate of 1.8 and 0.9 which denotes good utilization and which means that health services were accessible to the community. In contrast, the year 2015 to 2018 demonstrated a rate that was substantially lower than 0.5 which indicates poor utilization of health services.

TABLE 3. Utilization of Health Services in terms of Medical Consultation

Years	Total Number of beneficiaries	%	Total Number of Population	Health Service Utilization Rate
2013	2,479	44.61	5556	1.8
2014	1,257	21.85	5751	0.9
2015	470	8.05	5835	0.3
2016	391	6.63	5894	0.3
2017	409	6.37	6412	0.3
2018	537	8.22	6528	0.2

Health Service Utilization Range: 0.5 – 1.0 to 4.0

4.4 Utilization of Health Services in terms of Feeding Program

Table 4 demonstrated the utilization of services in terms of feeding program. Data revealed the highest numbers of beneficiaries in 2016 with 250 (9.17 %) beneficiaries followed by 2014 with 227 (8.57 %) and 220 (8.33%) in 2013. The lowest number of beneficiaries was 2018 with 156 (5.16 %) beneficiaries. To deepen the analysis, the service utilization rate ranges from 0.05 to 0.09 which showed a significant lower rate and signified poor health service utilization.

TABLE 4. Utilization of Health Services in terms of Feeding Program (Brgy. Upo)

Years	Total Number of beneficiaries	%	Total Number of Population	Health Service Utilization Rate
2013	220	8.33	2641	0.08
2014	227	8.57	2648	0.09
2015	170	6.33	2687	0.06
2016	250	9.17	2725	0.09
2017	195	6.56	2971	0.07
2018	156	5.16	3025	0.05

Health Service Utilization Range: 0.5 – 1.0 to 4.

4.5 Extent of Satisfaction in terms of Medical Consultation

Information in the extent of satisfaction in terms of medical consultation is presented in Table 5. Findings revealed an area mean of 3.67 interpreted as very satisfactory which implies that beneficiaries of the program are very satisfied with the services delivered to them. Conversely, health teachings on diet and nutrition gain a mean rate of 3.40 interpreted as satisfactory and considered as the lowest among other rates.

The data also revealed the three highest mean rates that range from 3.95 -3.83, these were the following: assistance on outside treatments and follow check-up (3.95); information on referrals to other agency (3.89); and explanation of test and treatment procedures (3.83). The results signify that majority of the beneficiaries were contented with the outside assistance in both treatment and referrals. Moreover, teachings on the procedure or test performed to the beneficiaries received a very satisfactory rate.On the other hand, data on the table also suggested three lowest indicators which are the following: health teachings on diet and nutrition (3.40) ;health teachings on prevention of recurrence of disease (3.55) and physical examination (3.51). However, two out of the three indicators were rated with very satisfactory and one with satisfactory. This implied that most beneficiaries were mostly satisfied or contented of the given health services.

TABLE 5. Extent of Satisfaction in Terms of Medical Consultation *(n = 80)*

Characteristics	Mean Rating	Verbal Description
1. History taking	3.67	Very Satisfactory
2. Physical examination/ Taking of vital signs	3.51	Very Satisfactory
3. Explanation of the disease	3.70	Very Satisfactory
4. Explanation of test and treatment procedures	3.83	Very Satisfactory
5. Explanation of medications given	3.50	Very Satisfactory
6. Health teachings on diet and nutrition	3.40	Satisfactory
7. Health teachings on prevention of recurrence of disease	3.55	Very Satisfactory
8. Information on referrals to other agency	3.89	Very Satisfactory
9. Assistance on outside treatments and follow check-up	3.95	Very Satisfactory
10. Explanation of after care/Home care instruction	3.70	Very Satisfactory
Area Mean	3.67	Very Satisfactory

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4.6 Extent of Satisfaction in terms of Feeding Program

Extent of satisfaction in terms of feeding program was displayed in Table 6. Results showed an area mean of 3.76 with an interpretation of very satisfactory. This indicates that the recipients were contented and gratified to the services given to them. In addition, all indicators were rated with a mean of 3.50 to 3.97, and were interpreted with very satisfactory. However, there were three indicators regarded as highest. These were nutritional value (3.97), provision of take home snacks/educational materials (3.95), and type of food served (3.86). It also showed the three lowest indicators which were the following: frequency/ time of feeding (3.60); health education on nutrition and hygiene (3.56) and variety of food prepared (3.50). Though their mean scores range from 3.50 – 3.60, these indicators were interpreted with very good satisfaction rate which pointed out that mothers were contented on the implementation of the program.

TABLE 6. Extent of Satisfaction in terms of Feeding Program *(n = 80)*

Characteristics	Mean Rating	Verbal Description
1. Instructions on hand washing before and after feeding	3.80	Very Satisfactory
2. Type of food served (vegetable, meat, fruits, juice)	3.86	Very Satisfactory
3. Amount/quantity/serving size of food	3.75	Very Satisfactory
4. Nutritional value of food (Food rich in protein, carbohydrates, vitamins and minerals)	3.97	Very Satisfactory
5. Frequency/ time of feeding	3.60	Very Satisfactory
6. Variety of food prepared	3.50	Very Satisfactory
7. Deworming	3.78	Very Satisfactory
8. Provision of hygiene and dental kit (soap, shampoo, nail cutter, small towel,toothbrush, toothpaste, etc)	3.85	Very Satisfactory
9. Provision of educational materials/take home snacks	3.95	Very Satisfactory
10. Health education on nutrition and hygiene	3.56	Very Satisfactory
Area Mean	3.76	Very Satisfactory

V. CONCLUSION

Based on the results of the study, the researchers concluded that: the utilization of health services in terms of medical consultation in the year 2013-2014 denotes good utilization, which means that health services were accessible to the community; however, there is a reduction in year 2015 to 2018 of a rate that was substantially lower than 0.5 which indicates poor utilization of health services; the service utilization rate of feeding program ranges from 0.05 to 0.09 which showed a significant lower rate and signifies poor health service utilization and ; the beneficiaries of the program in both medical consultations and feeding program were contented and gratified to the services given to them which denotes positive impact into their lives.

VI. RECOMMENDATION

The study recommended the following.

1. Business Resource Center will increase the frequency of the implementation of health services in both medical consultation and feeding program per year to strengthen and improve utilization of health services.
2. Notre Dame Mother and Child Center will continue to collaborate with the Local Government Unit ensuring improved delivery of health programs.
3. Local Government Unit will allocate adequate budget towards health services to strengthen the Rural Health Unit (RHU) staff and Barangay Health Station (BHS) staff in their implementation of the health services to the community beneficiaries.
4. Further research will be conducted to evaluate the effectiveness of health programs implemented by both the government and non- government organization.
5. Further research to explore on the cultural factors influencing the utilization of health services.

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