

# *Level of Application of Family Development Session to Pantawid Pamilyang Pilipino Program (4P's) Beneficiaries*

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**Abstract**—Attending the Family Development Session (FDS) is a condition to Pantawid Pamilyang Pilipino Program (4P's) beneficiaries to avail the cash grants. This study was conducted to evaluate the level of application and effectiveness of the FDS to 4P's families particularly on health-related topics.

This study used descriptive method of research with sixty (60) respondents from Bayambang, Pangasinan. They were selected purposively and were asked about their family profile, their family size, family type and number of children; their level of application of the health-related on Garantisadong Pambata, Cases on Common Childhood Illnesses, Wastong Nutrisyon, Waste Management and Backyard Gardening; and the level of effectiveness of the health-related topics to their family life.

Results showed that topics Garantisadong Pambata, Prevention of childhood illness, Wastong Nutrisyon, Waste Management, and Backyard gardening practices and activities were always applied in the 4Ps Families. Garantisadong Pambata topic on proper hygiene practices for children were in addition, all health related practices and activities of FD were "effective" except for Backyard Gardening which according to them was "least effective". It is then suggested that Backyard Gardening will be properly imposed and monitored to all 4Ps families at home.

**Keywords**— Family Development Session , 4 P's, Level of Application, Health-related topics

## I. INTRODUCTION

Pantawid Pamilyang Pilipino Program (4P's) is a human development program of the national government that invests in the health and education of poor households, particularly children aged 0-14 years old. Formerly known as Ahon Pamilyang Pilipino, it is a conditional cash transfer program of the government under the Department of Social Welfare and Development that aims to eradicate extreme poverty by investing in health and education particularly in ages 0-14. (<<http://pantawid.dswd.gov.ph>>)

The 4P's program now operates in 79 provinces covering 1484 municipalities and 143 cities as of June 2013. To avail the cash grants, beneficiaries should comply with one of the conditions which is the attendance of the parents to Family development session. The Family Development Session (FDS) serves as a venue where the topic of effective parenting, husband and wife relationships, child development, law affecting the Filipino family gender and development and home management are being discussed. Through the FDS, parents are also

informed of their rights as individuals as well as their obligations that they need to fulfill not only as husband and wife but also as parents. (<<http://pantawid.dswd.gov.ph.index.php/pantawid-pamilya-cso-faq>>)

There are three modules in conducting FDS, namely; (1) Paglalatag ng Pundasyon ng Programang Pantawid Pamilya, (2) Paghahanda at Pangangalaga ng Pamilyang Pilipino, and (3) Partisipasyon ng Pamilyang Pilipino sa Gawaing Pang Komunidad.

The present study would like to evaluate the effect of FDS with its three modules on the life of 4Ps beneficiaries. The study was conducted to describe the application of health-related topics in Family Development Session on the selected participants and if they are able to apply their knowledge gained in the FDS program.

This study determined the level of application and effectiveness of the health-related family Development Session to the family life of the 4Ps beneficiaries. It sought to find the following questions:

- a. The profile of the respondents in terms of:  
Family size;  
Family type; and  
Number of children
- b. The topics attended by the respondents?
- c. The level of application of the FDS.
- d. Level of effectiveness of the health-related Family Development Session to the Family?

### *Significance of the Study*

The researchers believed that the findings of the study would be useful to; Local Government, Department of Social Welfare and Development (DSWD), Family Members, Nursing students, Resource persons, Community, and other researchers.

## II. METHODOLOGY

This study employed the descriptive survey method of investigation. Descriptive research can involve collections of quantitative information that can be tabulated along a continuum in numerical form or it can describe categories of information (<http://www.aect.org/edtech/ed1/41/41-01.html>).

The researchers used purposive sampling in determining the subjects of the study. The study included sixty (60) out of \_\_\_4Ps beneficiaries in Barangay Bical Norte and Tanolong, Bayambang, Pangasinan attending the family Development session from January 2012 to July 2014. Bical Norte and Tanolong are adopted barangays of Pangasinan State University. The study included the parents or head of the family to answer the questionnaire. The family included but not limited to mother, father and at least 2 children. One child should be age 1-2 years and another child age 3-14. The study was done at Bical Norte and Tanolong, Bayambang, Pangasinan with thirty (30) families in each barangay.

The researchers used a scanning questionnaire. It was submitted to their adviser and the staff from Municipal Social Development for validation. The questions in the scanning questionnaire were read and explained by the researchers so the respondents could understand and express their answers verbally. The researchers allowed the respondents to explain their answer further.

Part I of the questionnaire dealt with the profile of the 4Ps beneficiaries in terms of: 1.) family size, 2.)

family type and 3.) number of children. Part II focused on the topics attended by the respondents, Part III focused on the level of application of the learned topics in the family development session. Part IV focused on the level of effectiveness or change that occurred in the family due to the implementation of the Family Development Session as perceived by the respondents.

The topics were discussed from January 2012 to July 2014. They also asked about the specific lessons included in those topics. The researchers also gathered more information related to the topics that are included in the questionnaire. They gathered information from various books and searched the internet. Then, the researchers prepared a letter of permission to conduct the study noted by the research adviser. They also asked permission from the Barangay Captains before they conducted the survey and interviewed the 4Ps families. The Barangay Health Workers and 4Ps leader of each barangay furnished the list of the 4Ps families who regularly attended the FDS. To start the floating of questionnaires, the researchers asked the 4Ps beneficiaries if they could be one of the respondents of the study. They further explained the intentions of having them as the respondents in the study. The researchers, guided by the questionnaire, interviewed the respondents several questions regarding the Family Development Session. The results of the interview were coded, analyzed, tabulated and tallied. The researchers assured strict confidentiality of the respondents' answer to the questions.

For problem number 3, the researcher used the average weighted mean. To interpret the average weighted mean derived from the data gathered, the researchers adapted a four-point Likert scale with their corresponding statistical limit and descriptive equivalent. The number 4 average weighted mean of "before" and "after"/"during" the 4Ps was compared. The difference between the AWM of "before" and "after"/"during" was obtained. To interpret the difference derived from the data gathered, the researcher adapted a four-point Likert Scale with their corresponding statistical limit and descriptive equivalent (DE).

## III. PRESENTATION, ANALYSIS AND INTERPRETATIONS OF DATA

This chapter presents the data gathered, the details of analysis made and interpretations of the findings on the basis of the stated problem.

*Family Profile of the 4Ps Families*

Table 1 presents the family profile of the sixty (60) Pantawid Pamilyang Pilipino Program (4Ps) beneficiaries, which is composed of the family size, type of family and the number of children.

TABLE 1. DISTRIBUTION OF THE FAMILY PROFILE  
N=60

Description	frequency	%
Family Profile		
Family Size		
3-4	18	30
5-7	25	41.67
8-9	13	21.67
Above 9 members	4	6.67
Family type		
Nuclear Family	38	63.33
Extended Family	21	35
Matriarchal Family	0	0
Patriarchal Family	1	1.67
Number of Children		
1-4	22	36.67
5-7	29	48.33
8-10	8	13.33
More than 10 children	1	1.67

Table 1 shows that the majority of the 4Ps families is composed of five to seven members with twenty-five (25) or 41.67%; eighteen (18) or 30% are composed of three to four members; thirteen (13) or 21.67% are composed of eight to nine members; and four (4) or 6.67% of 4Ps families are composed of more than 9 members. Those families who are composed of three to seven members are commonly composed of the father, mother and their child/children. Thirty-eight (38) or 63.3% of the 4Ps families are structured as nuclear family which is composed of the father, mother and their child/children; twenty-one (21) or 35% are extended

families which composed mainly of the father, mother, their children and the relatives like the grandparents, uncles, aunties, and cousins; one (1) or 1.67% is a patriarchal family, a family where father and his child/children compose of family; and no one responded as matriarchal family. The table also shows that twenty-nine (29) or 48.33% of the 4Ps families have five to seven children; twenty-two (22) or 36.67% have one to four children; eight (8) or 13.33% have eight to ten children; and one (1) 1.67% have more than ten children.

From the statistical analysis, it is apparent that the 4Ps families composed of five to seven members are nuclear. The family consist of four to five children and the father and mother. On the average, a composed of five persons. The average family size of the families in the bottom 30% income stratum was 6.2 persons compared to 4.5 persons for families in the upper 70% income stratum. The bottom 30% of families in this report represents the poor families. In all regions, the average family size was bigger for families in the bottom 30% income stratum than those in the upper 70% stratum (Ericta 2008). The majority of households are nuclear and couples typically make joint decisions on financial matters, the schooling of children and the social activities of the family (Elliot and Gray 2000).

The data implies that 4Ps families are nuclear, the two parents are present, the lessons concerning the health of the children are not impossible to implement. Aside from, that those who belong to extended families like the grandparents and the uncles and aunties could help in application of the learned lessons.

*FDS Health-Related Topics Attended by the Respondents*

Table 2 presents the different Family Development Session health-related topics that were discussed from January 2012 to July 2014. The topics include Garantisadong Pambata, Wastong Nutrisyon, Prevention of Cases of Common Childhood Illnesses, Waste Management and Backyard Gardening.

TABLE 2. TOPICS ATTENDED  
N=60

Topics	Frequency	%
Garantisadong Pambata/Personal Hygiene	60	100
Wastong Nutrisyon/Prevention of Malnutrition	60	100
Prevention of Cases on Common Childhood Illnesses and Reduction of Health-Risk Incidence	60	100
Waste Management	60	100
Backyard Gardening	60	100

Table 2 shows that sixty (60) or 100% of the respondents attended all the Family Development Sessions.

This 100% response rate shows the strict implementation of the program as noted that cash grants will not be availed by the 4Ps beneficiaries if no one from the family attended the monthly-held Family Development Sessions. This data suggests that FDS topics were attended to by the 4Ps recipient families diligently.

*Level of Application of the Learned Lessons from the FDS Garantisadong Pambata to 4Ps Families*

“GP’s objective is to contribute to the reduction of infant, child morbidity and mortality towards the attainment of the country’s UN Millennium Development Goals, particularly MDG 1 (eradicate extreme hunger) and 4 (reduce child mortality), as well as to make sure that all Filipino children,

especially the disadvantaged, geographically isolated and those in the depressed areas will have access to affordable and quality health services,” Dr. Flora Pelingan in a press conference (<http://www.google.co.in/search?ie=ISO-8859&q=gp%27+objective+is+to+contribute+to+the+reduction+of+morbidity+pelingan&btnG=Search>)

Based on the latest Food and Nutrition Research Institute survey, underweight, stunting and wasting remain to be concern among the region’s five year old and below especially in Abra, Apayao and Kalinga (<http://www.sunstar.com.ph/baguio/local-news/2013/10/13/doh-promotes-expanded-gp-program-308370>). Table 3.1 presents the level of application of the respondents to the learned lessons about “Garantisadong Pambata”. The items in the table were based from the information that we’ve acquired from the Registered Nurses from Rural Health Unit and also from the internet.

TABLE 3.1. GARANTISADONG PAMBATA  
N=60

Criteria	WM	DE
I make sure that my children take a bath every day.	3.98	AA
My children received complete immunization	3.95	AA
I make sure that my children properly wash their hands	3.95	AA
My children undergo deworming	3.92	AA
I make sure that my children brush their teeth everyday	3.92	AA
My children take vitamin A,C, and other vitamin supplements	3.75	AA
I make sure that my children eat fruits and vegetables	3.72	AA
We use mosquito nets when sleeping	3.52	AA
I use iodized salt instead of regular salt and avoid giving salty foods to my children	2.75	STA
I avoid exposing my children to cigarette smoke in our home/vicinity	2.62	STA
<b>AWM</b>	3.61	AA

Table 3.1 reveals that the respondents “always apply” the learned topics in Garantisadong Pambata with an AWM of 3.61. criteria such as complete immunization for children (3.95); deworming (3.92); taking vitamins (3.75); proper washing of hands (3.95); taking a bath (3.98); children brushing their teeth (3.92); eating fruits and vegetables (3.72); using mosquito nets when sleeping. (3.52) are essential topics that are “always applied” in teaching their children. However, avoiding exposing children to cigarette smoke (2.62) and use of iodized salt and avoiding salty foods for children (2.75) are “sometimes applied” in the family.

The data reveals that the parents are very particular with their children’s personal hygiene because they remind their children to take a bath, brush their teeth and wash their hands. Besides, proper hygiene is taught not only at home, but also in

school. In a study conducted in Senegal, children don’t usually wash their hands due to stubbornness, laziness, and the rush to go to breaks, the time it takes away from playing and the dirt and smell of the toilets. In a study conducted in Sub-Saharan Africa, motivating factors behind hand washing included avoidance of disgust, nurture, status, affiliation, attraction, comfort and fear. The data also reveals that the parents are also complying to their children’s hand washing and vaccination (<http://www.google.co.in/search?q=senegal%20reasons%20given%20for%20not%20washing%20hands&clientAction=534.clck&ie=ISo-8859-1&hl=en>).

According to the 2011 FHS, children in poor households (88.2%) are less likely than those in non-poor households (92.6%) to have been vaccinated against the six preventable childhood diseases (<http://webO.psa.gov.ph/tags/family-health-survey>).

Meanwhile, the parents are not conscious of exposing their children to cigarette smoke at home. Some of the parents, especially the fathers, can't resist cigarette smoking as verbalized by their spouses. A study conducted by the National Network of Smoking Prevention and Poverty found that cigarettes served as a tool for those of low socioeconomic status to cope with boredom, relieve stress and as a companion to alcohol and caffeine ([http://www.tobaccofreemaine.org/channels/specialpopulations/low\\_income\\_and\\_education.php](http://www.tobaccofreemaine.org/channels/specialpopulations/low_income_and_education.php)). Use of iodized salt is also not practiced because iodized salt is more expensive than the regular salt and the parents are not aware of the importance of iodized salt as uttered by the respondents. A study conducted by the Food and Nutrition Research Institute, Department of Science and Technology revealed that the awareness or knowledge of iodized salt is 67.3% while non-awareness is 32.6% of the total respondents. Only 24.8 % of those aware actually use iodized salt. The low usage of iodized salt despite high awareness can be attributed to on-availability and unaffordability of the salt. Others simply believe that iodized salt is for pregnant women with goiter. Children also are not always supervised, especially when they are in school, therefore, avoiding salty foods by the children is not ensured as mentioned by the respondents. (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3075961/>)

The data implies that the 4Ps families are able to apply most of the practices under Garantisadong Pambata. Compared from the previous studies, poor families are now more compliant with regards to their children's vaccination and deworming. However, they have difficulty with some aspects like avoiding cigarette smoking and the use of iodized salt. We can say that health authorities are strictly implementing their programs, however, because of low economic status, there are some health issues that are not still solved.

*Level of Application of the Learned Lessons from the FDS Prevention on Cases of Common Childhood Diseases to 4Ps Families*

The latest data from the Department of Health showed 742 confirmed cases of measles nationwide from January to February of this year, which is 234 percent higher than the figures obtained in the same period last year. This is indeed a concern that we have to pour our efforts on. Moreover, while health authorities have ebb the tide of Influenza A (HIN1) through systematic and pro-active measures, we continue to monitor cases of this disease in the country and at the same time, build the capacity of our health providers and health facilities to respond and mitigate its impact. (Table 3.2 shows the level of application of the respondents to the learned lessons about Cases of Common Childhood Illnesses.

TABLE 3.2. PREVENTION ON CASES OF COMMON CHILDHOOD ILLNESSES  
 N = 60

Criteria	WM	DE
I let my children sleep at least 10 hours a day.	3.92	AA
I bring my children to the health center to get vaccinated.	3.87	AA
I make sure my children plays outside once in a while.	3.87	AA
I give my children their daily vitamins and other supplements.	3.82	AA
I use alternative medicines (herbal plants) to treat my sick child.	3.75	AA
I make sure that I cook well balanced meals for my family.	3.72	AA
I sanitize my children's feeding bottles and any toys that they can put in their mouth.	3.6	AA
I make sure my children cover their mouth when sneezing/coughing and wash their hands after.	3.43	AA
<b>AWM</b>	3.75	AA

Table 3.2 reveals that the respondents "always apply" the lesson packages under the Prevention of Cases on Common Childhood Diseases with an AWM of 3.75. Practices such as cooking balance meals for the family (3.72); bringing children to the health center to get vaccinated (3.87); giving children their daily vitamins and other supplements (3.82); sanitizing children's feeding bottles and any toys that they can put in their mouth (3.6); making sure that children plays outside once in a while (3.87); letting

children sleep at least 10 hours a day (3.92); making sure that children cover their mouth when sneezing/ coughing and washing their hands after (3.43); and using alternative medicine to treat the sick child (3.75) are essential topics that was always applied about Prevention of cases on Common Childhood Illnesses.

The criterion about letting children sleep at least 10 hours got a high response rate because according

to respondents, their children tend to be more energetic and playful so the tendency is they get tired and have more sleep periods. Criterion about bringing children to health centers to get vaccinated also got a high WM because of the fact that immunization is free and is readily accessible in the barangay health centers. As what have said earlier, children in poor households (88.2%) are less likely than those in non-poor households (92.6%) to have been vaccinated against the six preventable childhood diseases. Children in non-poor households (64.2%) are more likely than those in poor households (46.0%) to receive the first dose of Hepatitis B vaccine at birth. Criterion about letting children play outside once in a while also got a high response rate because children tend to be more energetic and playful. However, the practice about making sure that children do proper sneezing and coughing etiquette got the lowest WM in the bracket of always applied because children are not very aware of the proper sneezing and coughing etiquette. The criterion about cleaning things that a child could put in their mouth also got a low AWM because according to the respondents they have no time to clean their children's toys.

The data gathered from Table 3.2 implies that the 4Ps families are able to apply the practices concerning Prevention on Cases of Common Childhood Illnesses, however, there are some practices that the respondents somewhat fail to practice like the doing the proper coughing and sneezing etiquette and sanitizing the objects that can be put by children in their mouth.

*Level of Application of the Learned Lessons from the FDS Wastong Nutrisyon to 4Ps Families*

Based on the 2013 national nutrition survey conducted by the Food and Nutrition Research Institute, 19.9% of children below 5 years old are underweight for their age; 7.9% are wasted or thin for their age and 30.3% are stunted or short for their age. Among children 5-10 years old, malnutrition continues with 29.1% are underweight, 29.9% are stunted and 8.6% are wasted.

Table 3.2 presents the level of application of the respondents to the learned lessons in Family Development Session about "Wastong Nutrisyon".

TABLE 3.3. WASTONG NUTRISYON  
 N = 60

Criteria	WM	DE
I feed my children according to their physical needs.	3.85	AA
I make sure my children get enough calcium by giving them green leafy vegetables and sardines	3.85	AA
I make sure my children eat cheap but nutritious foods like vegetables and tokwa.	3.5	AA
I breastfeed my child up to 2 years and use complimentary foods like mashed vegetables, beans and steamed tokwa.	3.47	AA
I make sure my children avoids street foods and drinks like isaw and palamig..	3.07	STA
I make sure my children drink fruit juices instead of carbonated drinks	3	STA
I make sure my children avoid eating too much salty food like chips and other Chichirya	3	STA
I make sure my children avoid eating too much sweets like candies and bubblegum.	2.97	STA
<b>AWM</b>	<b>3.34</b>	<b>AA</b>

Table 3.3 reveals that the respondents "always apply" the practices concerning "Wastong Nutrisyon" with an AWM = 3.34. Topics such as breast feeding the child up to two years and use of complementary foods like potatoes and corn (3.47); making sure that children gets enough calcium (3.85) are essential practices that are "always applied". However, topics such as making sure that children avoids street foods and drinks like isaw and palamig (3.07); making sure that children drink fruit juices instead of carbonated drinks (3); making sure that children avoid eating too much sweets like candies and bubblegum (2.97); and making sure that children avoid eating too much salty foods (3) are "sometimes applied"

Breastfeeding the child up to two years and giving complimentary foods got the highest AWM because breast milk is undeniably cheaper than formula supplements and it's a requirement in the hospital. According to a study by Avila (2010) children of mothers with lower educational attainment tended to be breastfed longer. Feeding the child according to physical needs followed because children tend to be physically active and playful. The respondents told the researchers that their children are not picky eaters and eat according to their physical needs. Indicator 8 placed third because some foods that are rich in calcium like green leafy vegetables are cheap and can be afforded by families who are in the low economic status. The criterion about eating

nutritious but cheap foods also got a high AWM because as what the respondents have told to the researchers, they have no choice but to buy cheaper foods. On the other hand, making sure that children avoid eating sweets and salts got the lowest score because children tend to be fond of eating sweets and the parents cannot supervise them always. Criterion about avoiding children to drink softdrinks also got a low score because the children are really fond of soft drinks. Besides, their parents are not always there to supervise their children in their eating habits. Criterion about avoiding children from eating junk foods apparently is included in the bottom three because children are also fond of eating junk foods and the parents could not supervise them. As a nation, consumption of candy has increased by 50 percent between 1980 and 1995, and in the past 25 years, soft drink consumption has doubled, according to a study published this year in the Journal of the American Dietetic Association. Many children get on average 20 percent of their daily calories from sugar,

according to a study published last year in the same journal. In real terms, that means children average 29 teaspoons of added refined sugar per day. ([www.cnn.com/./sugar.halloween.wmd/](http://www.cnn.com/./sugar.halloween.wmd/))

It is apparent that from the data gathered from Table 3.3, the 4Ps families “Always Apply” the practices regarding “Wastong Nutrisyon”. Although their response is categorized as “Always Apply”, there are still nutrition issues that should be addressed. The respondents still need to acquire more knowledge about the benefits of good nutrition and the techniques for proper application of practices concerning good nutrition.

*Level of Application of the Learned Lessons from the FDS Waste Management to 4Ps Families*

Table 3.4 presents the level of application of the respondents to the learned lessons in Family Development Session about “Waste Management”.

TABLE 3.4. WASTE MANAGEMENT

Criteria	WM	DE
I throw my waste at appropriate places like trash bins and avoid dumping it in inappropriate places.	3.92	AA
I reuse or sell things that can be recycled like glass bottles, plastic containers and cans.	3.87	AA
I know what a compost pit is and how to use it.	3.82	AA
I know how to make handicrafts using indigenous materials	3.67	AA
I segregate my waste into biodegradable and non-biodegradable	3.6	AA
I bring my own cloth bag/ bayong when going to market instead of using plastic bags.	2.42	STA
<b>AWM</b>	3.55	AA

The Table 3.4 above reveals that 4Ps families “always apply” the proper practices regarding the Waste Management with an AWM = 3.55. Practices such as segregating waste into biodegradable and non-biodegradable (3.6); reusing or selling things that can be recycled (3.87); using a compost pit (3.82); throwing waste at appropriate places like trash bins (3.92); and making handicrafts using indigenous materials are essential practices under waste management that are “always applied”. However, bringing own cloth bag/ bayong when going to market (2.42) is “sometimes applied”.

The criterion about throwing waste in the appropriate place is always applied by most of the respondents because according to the respondents, it is already a practice for them to throw their waste at appropriate places. The criterion about reusing and recycling things is also always applied because as what the respondents have told the researchers, it is

already a practice for them to reuse the things as much as possible. The others are being sold to earn money. The criterion about the use of bayong is sometimes applied because of the fact that plastic bags are free and readily available in the market. The respondents verbalized that it is uncomfortable to bring a cloth bag and, there are plastic bags already in the market and are free. The criterion about waste segregation, although got a descriptive equivalent of “Always Applied” is second in having a low score because their waste materials are mixed rather than being segregated. They also tend to burn these waste materials on the compost pit.

*Level of Application of the Learned Lessons from the FDS Backyard Gardening to 4Ps Families*

Table 3.5 presents the level of application of the respondents to the learned lessons about backyard gardening.

TABLE 3.5. BACKYARD GARDENING  
 N=60

Criteria	WM	DE
We seldom use insecticides in backyard gardening.	3.77	AA
We have vegetables in our garden like camote and kangkong.	3.77	AA
We have fruit trees in or garden like guava and jackfruit.	3.58	AA
We are planting herbal plants like oregano, kusay, tawa-tawa and aloe vera.	3.47	AA
We are taking care of animals in our back yard like chicken, carabaos and pigs.	3.47	AA
We are using animal manure as fertilizer	3.08	STA
We use vegetables and fruit peels and dries leaves as fertilizer.	3.07	STA
<b>AWM</b>	3.46	AA

Table 3.5 confirms that the respondents “always apply” the proper practices concerning Backyard Gardening with an AWM of 3.46. Topics such as seldom use of insecticides in the backyard garden (3.77); having vegetables in the garden (3.77); planting herbal plants (3.47); having fruit trees in the garden (3.58); and taking care of animals in the backyard (3.47); are essential topics that are “always applied”. However, use of animal manure (3.08); and vegetable and fruit peels as fertilizer (3.07) are “sometimes applied”

It is apparent in the table that the seldom use of insecticides got a high score because according to the respondents insecticides are expensive and unaffordable by people who belong to low socioeconomic group like the 4Ps families. The data also reveals that the practice about having vegetables in the garden got the highest WM because according to the respondents it is practical to have resources of food at home rather than buying in the market. Backyard vegetable gardening has various contributions to the welfare of the community, the households, and the children. The significant

contributions were in terms of food security, improvement in the health and nutrition of children, and providing a livelihood. The criterion about planting fruit trees also got a high score because before the 4Ps and Family Development Session have been introduced, the fruit trees are already there. On the other hand, criteria about the use of dried leaves, vegetable and fruit peels and animal manure as fertilizer got a low score because fruit peels and dried leaves are already thrown away instead of making them into fertilizer. It is also time consuming having these organic fertilizers as verbalized by the respondents. Making organic fertilizer can get messy and it may also smell unpleasant from the rotting of the organic ingredients. A lot of people find making compost far more trouble than what it’s worth. (<http://www.basicsofgardening.com/advantages-and-disadvantages-of-using-organic-fertilizers.html>)

*Level of Effectiveness of FDS to 4Ps Families*

Table four shows the level of effectiveness of the FDS to 4Ps families.

TABLE 4. LEVEL OF EFFECTIVENESS OF FDS TO 4PS FAMILIES  
 N=60

Criteria	AWM		Difference	DE
	Before	During		
Garantisadong Pambata	3.08	3.70	0.62	E
Prevention on Cases of Common Childhood Illnesses	3.07	3.73	0.66	E
Wastong Nutrisyon	3.17	3.70	0.53	E
Waste Management	3.08	3.72	0.64	E
Backyard Gardening	3.15	3.57	0.42	LE

Table 4 shows the level of effectiveness of the Family Development Session to the family life of the 4Ps families during the implementation of the Family Development Session (FDS) as perceived by them. It is also shown how the respondents rate their family in the different health-related categories before the implementation of the Family Development Session.

It is apparent that the criterion with the highest rate of effectiveness is the Prevention on Cases of Common Childhood Diseases with a difference of 0.66 and a descriptive equivalent of “effective”. The second is the Waste Management with a difference of 0.64 and a descriptive equivalent of “effective”. Garantisadong Pambata followed with a difference of 0.62 and a

descriptive equivalent of “effective”. It is followed by Wastong Nutrisyon with a difference of 0.54 with a verbal interpretation of “effective”. Backyard Gardening with the difference of 0.42 is “least effective”

The results indicate that the 4ps families are applying what they have learned and is perceived as “effective” in 4 out of 5 topics. Backyard gardening is “least effective” topic of application since the families claimed that they have been planting vegetables and fruits in their backyard even before the granting of the 4Ps benefits. The practice of backyard gardening has been applied by the families since most of the head of the families are farmers.

The respondents always command their children to take a bath daily. However, respondents admitted that their children are being exposed to cigarette smoke, especially if the father can’t avoid the habit of smoking Garantisadong Pambata Members.

The respondents said that their children get at least 10 hours of sleep. On the other hand, many of the respondents reported that their children are still not aware of coughing and sneezing etiquette for Prevention on Cases of Common Childhood Diseases.

Most of the respondents reported that they are breastfeeding their child. They reported that they cannot refrain their children from eating sweetened foods in Wastong Nutrisyon.

Majority of the respondents answered that they throw their garbage in the appropriate places, but segregation is not practiced by many and still practice burning their garbage in their backyard in Waste Management.

Majority of the respondents are planting vegetables in their backyard and seldom use insecticides for their plants in Backyard Gardening.

Backyard Gardening appeared to be the “least effective” with a difference of 0.42 since the respondents claimed that they have been planting vegetables and fruits even before 4Ps program were implemented.

#### IV. CONCLUSION

Majority of the respondents are composed of 5-7 members and their family is classified as nuclear family, which is composed of father, mother and their

children. The majority of the 4Ps families have 5-7 children. All respondents attended all the health-related topics in the Family Development Session. 4 Ps beneficiaries “always apply” the proper practices under the topics “Garantisadong Pambata”, Prevention on Cases of Common Childhood Illnesses, “Wastong Nutrisyon”, Waste Management and Backyard Gardening. All of the health-related topics are “effective” except with the backyard gardening, which is “least effective”.

#### V. RECOMMENDATIONS

1. This study recommends that families should consider a small size family with less number of children.
2. 4Ps families should not only attend the 4Ps Family Development Session but should also be committed in practicing diligently all topics of the program implemented by the authority
3. The authorities, especially the Department of Social Welfare and Development should consider the attendance of not only one, but all the members of the 4Ps families during the monthly-held family Development Session.
4. The facilitators of Family Development Session should also include some lessons for the health of the adults. Specifically, health-teaching about avoiding cigarette smoking should be emphasized and tuberculosis program should be implemented. The parents should be counseled well about this issue because cigarette smoking not only compromises the health of the parents but also the children.
5. The authorities, especially the Department of Health, Bureau of Food and Drugs, Local Government Units and the Department of Trade and Industry should evaluate the implementation of the Republic Act No.8172 or An Act for Salt Iodization Nationwide (ASIN)”. One of the purposes of this law is to require all producers/manufacturers of food-grade salt to iodize the salt that they produce, manufacture, import, trade or distribute. It should also be emphasized in the seminars the alternative cheap sources of not only iodine, but also the different nutrients that can be afforded by the 4 Ps families.
6. Seminars and symposia about various techniques on how to prepare cheap, but nutritious and balanced diet should be held. The seminar should include the fruits and vegetables that are commonly found and acquired in a certain barangay. Holding a contest about cooking

affordable, nutritious meals could also encourage the parents to learn more.

7. It is also important that local government, especially the health sector should have coordination with the schools. Parents tend to supervise their children when they are at home, but they cannot supervise their children in school wherein the children buy less nutritious foods. The school canteen should be evaluated to determine how nutritious their products are. Schools could implement the “no junk food” and “no soft drinks” campaign.
8. To further increase the interest of 4Ps beneficiaries in handicrafts and recycling, the barangay can hold a livelihood seminar on the topic mentioned. They can hold decorating events or competitions during special occasions like Christmas or New Year. They can decorate either the barangay hall or the schools with indigenous materials obtained in the community.
9. The local government could implement the No Plastic Bag campaign to encourage the citizens to have a cloth bag or bayong whenever going to market. Evaluation to different households could also be done to ensure that proper segregation is well applied.
10. FDS could coordinate to local agricultural sector to further educate the 4Ps about effective backyard gardening and its benefits to people. Seminars and symposia about the various techniques in backyard gardening, especially in using organic fertilizers should be held.
11. The authorities should also have a strict monitoring and observation of the implementation of the program. They should also consider some revisions regarding the qualification for the 4Ps.

#### REFERENCES

- [1] Barr, M. S. (2003). *Banking the Poor*. Washington DC: The Brookings Institution.
- [2] Rice A.S. et al, 1986. *Management in Family Living*. MacMillan
- [3] Austin, M.J, et al, (2004). "Serving Low-income Families in Poverty Neighborhoods Using Promising Programs and Practices: Building a Foundation for Redesigning Public and Nonprofit Social Services". University of California, Berkeley (1/24/14, 12:45 pm)
- [4] Avila, J (2010). "Breastfeeding and Later Psychosocial Development in the Philippines". Wiley-Liss, Inc (1/24/14, 12:55 pm)
- [5] Ericta, C. (2008). "2008 Annual Poverty Indicators Survey (APIS) Final Report". Manila, Philippines (2/21/14, 12:45 pm)
- [6] Elliot, S and Gray, A (2000). "Family Structures a Report for the New Zealand Immigration Service". New Zealand Immigration Service (2/27/14, 1:45 pm)
- [7] Raider, M.C. (2007). "Family Therapy with Poverty Level African-American Families". Wayne State University (1/24/14, 4:45 pm)
- [8] [www.pangasinan.gov.ph/the-province/cities-and-municipalities/bayambang/](http://www.pangasinan.gov.ph/the-province/cities-and-municipalities/bayambang/). (12/13/14, 1:30 pm)
- [9] [http://www.philippine-islands.ph/en/bical\\_norte-bayambang-philippines.html](http://www.philippine-islands.ph/en/bical_norte-bayambang-philippines.html) (12/13/14, 1:35 pm)
- [10] <http://pantawid.dswd.gov.ph/index.php/pantawid-pamilya-cso-faq> (1/12/14, 2:27 pm)
- [11] <http://www.theguardian.com/global-development-professionals-network/2013/oct/30/philippines-cash-transfers-development-impact> (1/12/13, 2:32 pm)
- [12] <http://www.thedailyguardian.net> (1/20/14, 4:45 pm)
- [13] <http://www.sunstar.com.ph/baguio/local-news/2013/10/13/doh-promotes-expanded-gp-program-308370> (1/20/14 5:00 pm)
- [14] <http://cssr.berkeley.edu/pdfs/lowIncomeFam.pdf> (1/20/14, 5:13 pm)
- [15] <http://www.nssa.us/journals/2007-28-2/2007-2-18.htm> (1/20/14 5:25 pm)
- [16] <https://openknowledge.worldbank.org/handle/10986/132441/24/14>, 12:30 pm)
- [17] <http://ugnayan.com/ph> (1/25/14, 12:45 pm)
- [18] <http://www.worldbank.org/en/news/press-release/2013/03/01/Philippines-conditional-cash-transfer-program-on-track-to-meet-goals-of-keeping-children-healthy-and-in-school> (1/28/14 1:23 pm)
- [19] <http://www.mathematica-mpr.com/> (1/28/14, 1:40 pm)
- [20] <http://www.google.co.in/search?ie=ISO-8859&q=gp%27s+objective+is+to+contribute+to+the+reduction+of+infant+morbidity+peling&btnG=Search> (9/2/14 2:34 pm)
- [21] <http://www.google.co.in/search?q=senegal%20reasons%20given%20for%20not%20washing%20hands&client=Action=534.clck&ie=1> So-8859-1&hl=en). (9/2/14 3:23 pm)
- [22] <http://webO.psa.gov.ph/tags/family-health-survey> (9/2/14 3:32 pm)
- [23] [http://www.tobaccofreemaine.org/channels/special\\_populations/low\\_income\\_and\\_education.php](http://www.tobaccofreemaine.org/channels/special_populations/low_income_and_education.php) (9/2/14 3:40 pm)
- [24] <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3075961/> (9/2/14 3:46 pm)