

Changes in Health-Seeking Habits of Pantawid Pamilyang Pilipino Program Beneficiaries in Barangay Bical Norte and Bani

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Abstract—The objective of the study was to determine the changes in the Health-Seeking Habits of Pantawid Pamilyang Pilipino Program Beneficiaries in Barangay Bical Norte and Bani regarding: reduction of health risk incidence of family beneficiaries, prevention of malnutrition prevalence among children beneficiaries and improving personal hygiene and sanitation. The descriptive method was used in this study with an interview guide as the main instrument in data gathering. It includes 20 respondents in barangay Bical Norte and 20 respondents in Barangay Bani. The gathered data were statistically analyzed using average weighted mean and t-test.

Results showed that there is a significant difference between the level of health-seeking habits of the beneficiaries before and during the availment of 4Ps. There was a slight level of prevalence of disease/illness and slight decrease on prevalence of disease as compared from before and during the 4P's. Pantawid Pamilyang Pilipino Program have changed the health-seeking habits of the beneficiaries that helped improved their families health status. Waste Segregation as part of sanitation was found to be not maintained.

The study suggest that Social workers conduct symposium regarding proper waste segregation and proper waste disposal. And the government should continue the 4P's in order to accommodate more beneficiaries.

Keywords— *Health seeking habits, health risk incidence, 4 Ps beneficiaries*

I. INTRODUCTION

Pantawid Pamilya Pilipino Program or popularly known as 4Ps 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. Specifically, it is a conditional cash transfer program that provides incentives for poor families to invest in their future by ensuring that mothers and children avail of healthcare and that children go to school. It aims to provide social assistance and social development to its beneficiaries. By providing opportunities for the development of the young, it envisions to prevent the vicious transmission of the cycle of poverty. (Padillo, 2013)

The program encourages poor households to keep their children aged 0-14 to go to school and to have regular check-ups. Also, pregnant mothers are required to avail of proper medical care and their deliveries attended to by health professionals. Mothers are also required to attend family development sessions where they discuss topics on

parenting and accessing social services in the community. (kaya ng pinoy tumawid sa kaunlaran-pamphlet) thus, the program helps to fulfill the country's commitment to meet the Millennium Development Goals namely: eradicate extreme poverty and hunger, achieve universal primary education, promote gender equality, reduce child mortality and improve maternal health. (Pantawid Pamilya 2012)

Pantawid Pamilyang Pilipino Program poses many benefits to those people who are extremely in need. This program will be of great help for poor households that provide the basic needs of the family. In this premise the researchers wanted to determine the level of health-seeking habits of the beneficiaries "before" and "during" the availment of Pantawid Pamilyang Pilipino Program regarding reduction of health risk incidence of family beneficiaries, prevention of malnutrition prevalence among children beneficiaries, and improving personal hygiene and sanitation; is there a significant

difference (changes) in health-seeking habits of the beneficiaries before and during the program; and the level of disease/illness prevalence among family beneficiaries “before” and “during” the program.

II. METHODOLOGY

This study employed the descriptive method of research since it aimed to determine the changes in health-seeking habits of beneficiaries of Pantawid Pamilyang Pilipino Program in the Municipality of Bayambang particularly in barangay Bical Norte and Bani, the adopted barangays of Pangasinan State University, Institute of Nursing. Purposive sampling was used in the study. The researchers chose 20 respondents from each barangay which compose 1/3 of the recipients of 4Ps in each barangay.

An interview guide which was constructed by the researchers was used in the study. The researchers submitted the interview guide to DSWD 4Ps officers/staff for checking and validation. There are

three parts of the interview guide. Part I focused on the level of health-seeking habits of the beneficiaries before Pantawid Pamilyang Pilipino Program; Part II focused on the present level of health-seeking habits of the beneficiaries; and Part III focused on the level of disease/illness prevalence among family beneficiaries before and during the program.

In the treatment of data, average weighted mean was used in determining the health-seeking habits and level of disease/illness prevalence among family beneficiaries of 4Ps before and during the program. To determine if there is a significant difference in the health-seeking behavior and habits of the beneficiaries before and during the program, t-test was used.

III. RESULTS AND DISCUSSION

The data gathered with their corresponding analysis, treatment and interpretation based on the problem.

TABLE 1. LEVEL OF HEALTH –SEEKING HABITS OF THE BENEFICIARIES “BEFORE”4P’S

	AVM	Descriptive Equivalent
1. The mother allows her children 6-14 years old for deworming twice a year.	4.95	E
2. The pregnant mother goes to health center for pre-natal and post-natal check-up	4.60	E
3. The children 0-5 years old received regular health check-ups and complete vaccines	4.60	E
4. The mother and child go to health center or hospital for proper treatment of illness and illness prevention or health care monitoring.	4.40	E
5. The parents attend seminar on health development of the family.	3.48	VS
6. The mother gave birth in hospital or health center.	1.98	S
Total	4.00	VS
Prevention of malnutrition Prevalence		
1. The mother exclusively breastfeed the infant up to six months of age and continue breastfeeding along with appropriate complementary foods up to two years of age.	4.48	E
2. The family eats nutritious meals regularly in a day such as vegetables, fish and fruits.	4.03	VS
3. The mother purchase nutritious supplementary foods and vitamins for the family.	3.85	VS
4. The mother provides proper nutrition appropriate for the age of the children to maintain normal growth and development.	3.78	VS
5. The mother buys enough, sufficient and nutritious foods and snacks for children.	3.75	VS
Total	3.98	VS
Improving Personal Hygiene and Sanitation		
1. The mother and other member of the family observe food safety and proper food handling.	4.78	E
2. The mother and the family brush their teeth and hair regularly.	4.73	E
3. The family takes a bath everyday with soap and shampoo.	4.60	E
4. The mother teaches her children on proper and frequent hand washing with soap and water.	4.53	E
5. The mother practice waste segregation and proper waste disposal.	3.30	MS
Total	4.39	E

Reduction of Health Risk Incidence of Family Beneficiaries Before 4P’s

Data in table 1 shows the level of health-seeking habits of the beneficiaries before 4P’s program. It is evident that the mothers before the 4P’s program have a “very satisfactory” habits in reduction of health risk incidence, particularly the mother “excellently” allows their children for deworming at

least twice a year. However, mother poses “satisfactory” habit in terms of giving birth in hospital or health center this can be due to the fact that Filipino women still prefer to deliver their babies at home than in the hospital because of cost, distance of health facility, responsibilities at home, and attitude of health worker (Recidoro 2008).

Prevention of Malnutrition Prevalence among Children Beneficiaries before 4P's

The level of health-seeking habits on prevention of malnutrition prevalence has an overall rating of “very satisfactory”. The mothers exclusively breastfeed the infant up to six month of age and continuing breastfeeding along with appropriate complementary foods up to two years was rated “excellent”.

According to the 2011 National Nutritious Results, only 52 percent are breastfeed within one hour of delivery, 47 percent of children zero to six months are exclusively breastfeed, 45 percent of children six to 23 months are breastfeed and timely provided or fed with adequate and safe nutritious complementary food.

According to UNICEF (2013) children are affected not only because of the lack of food, but due to poor feeding and care practices, poor health conditions of pregnant and breastfeeding women, lack of access to health services and unsanitary conditions also placed children’s lives at risk. “The damage of health, physical growth and brain development of children affected by chronic under nutrition or stunting in the first two years is often irreversible, impairing them for life and leaving them with lower chances of finishing school and becoming highly-productive adults”.

Hence, according to Dr. Paul Zambrano (2013), a nutrition officer of UNICEF, the state of malnutrition among children in the Philippines is a very critical

area of intervention. “And intervention should be done in a sustainable way.” The window of opportunity for addressing undernutrition is from pregnancy to the first two years of a child’s life or what we call 1,000-day widow (Dr.Zambrano 2013).

Improving Personal Hygiene and Sanitation among Beneficiaries Before 4P's

Table 1 shows that the respondents have ‘excellent’ health-seeking habits on improving personal hygiene and sanitation except for the practice of waste segregation and proper waste disposal with rating of “moderately satisfactory.” The data on table 1 suggest that proper practice of waste segregation and disposal is not excellently maintained, this shows that the beneficiaries were not aware or don’t have enough knowledge on the importance of proper waste segregation and proper waste disposal.

The DSWD continue to implement the DWSD Administrative Order No.15 series of 2011 which stipulates the ‘Guidelines for the Accreditation of Day Care centers and Day Care Workers’ that includes provision of hand washing facilities for proper hand washing practices in the centers (Cubangbang 2013).

According to Naressa Garvida (2013), ensuring the availability of soap, clean water, hand washing facilities and functional child-friendly toilets were also encouraged among the Day Care workers.

TABLE 2. PRESENT LEVEL OF HEALTH-SEEKING HABITS OF THE BENEFICIARIES “DURING” 4P’S

Reduction of Health Risk Incidence	AVM	Descriptive Equivalent
1. The pregnant mother goes to health center for pre-natal and post-natal check-up.	5.00	E
2. The mother gave birth in hospital or health center.	5.00	E
3. The mother and child go to health center or hospital for proper treatment of illness prevention or health care monitoring.	5.00	E
4. The mother allows her children 6-14 years old for deworming twice a year.	5.00	E
5. The parents attend seminar on health development of the family.	4.98	E
6. The children 0-5 years old received regular health check-ups and complete vaccines.	4.95	E
Total	4.99	E
Prevention of Malnutrition Prevalence		
1. The mother buys enough, sufficient and nutritious foods and snacks for children.	4.90	E
2. The family eats nutritious meals regularly in a day such as vegetables, fish and fruits.	4.90	E
3. The mother exclusively breastfeed the infant up to six months of age and continue breastfeeding along with appropriate complementary foods up to two years of age.	4.83	E
4. The mother purchase nutritious supplementary foods and vitamins for the family.	4.78	E
5. The mother provides proper nutrition appropriate for age of the children to maintain normal growth and development.	4.73	E
Total	4.83	E
Improving Personal Hygiene and Sanitation		
1. The mother and the family their teeth and hair regularly.	5.00	E
2. The mother teaches her children on proper and frequent hand washing with soap and water.	4.98	E
3. The family takes a bath everyday with soap and shampoo.	4.98	E
4. The mother and other member of the family observe food safety and proper food handling.	4.98	E
5. The mother practice waste segregation and proper waste disposal.	4.15	VS
Total	4.82	E

Reduction of Health Risk Incidence of the Family Beneficiaries During 4P's

Data above reveals the over-all average weighted mean on health-seeking habits on the reduction of health risk incidence of the beneficiaries during 4P's is 4.99 with descriptive equivalent of "excellent". This can be accounted for the improved health-seeking habits of beneficiaries continued compliance of 4P's conditions: pregnant women must avail pre and post-natal must attend Family Development Sessions (FDS), 0-5 years old children must receive regular preventive health check-ups and vaccines and 6-14 years old children must receive deworming pills twice a year.

According to the study of Philippines Conditional Cash Transfer Program Impact Evaluation (2012), more poor mothers living with Pantawid Program benefits receiving antenatal care (ANC) services (by 10.5 percentage points for a minimum of four ANC visits during pregnancy). The study also found that they were making ANC visits more frequently (by 0.6 times) compared to mothers without Pantawid Program benefits. Similarly, the use of post-natal care (PNC) within 24 hours after delivery with Pantawid Program benefits. Was higher (by 10 percentage points) than without Pantawid Program benefits. The study found that school-aged children in Pantawid barangays were more likely (by 4 percentage points) to be offered deworming pills and are also more likely to have taken at least one pill (by a percentage points) during the previous school year (SY 2011) compared to the baseline of 80 percent for school aged children in non -Pantawid barangays. It has helped increase health-seeking habits among beneficiaries when their children become ill.

Prevention of Malnutrition Prevalence among Children Beneficiaries During 4P's

Data on Table 2 shows the over-all average weighted mean on prevention of malnutrition prevalence among children beneficiaries during 4P's is 4.83 with the descriptive equivalent of "excellent".

According to Antonio Arcega, the children are noticeably healthier and better fed and thus are able to go to school regularly. The parent-beneficiaries have been putting the cash grants in buying enough, sufficient and nutritious foods and snacks for their children (4.90), the family eats nutritious meals regularly (4.90): the mother exclusively breastfeed the infant (4.83); they purchase vitamins (4.78) all mother provides proper nutrition (4.73), thus, according to Dalit (2012) that there is a decrease in

the prevalence of malnutrition among children beneficiaries of 4P's.

According to the study of Philippine CCT Program Impact Evaluation (2012), that Pantawid Pamilya is meeting the objective of keeping children healthy, as evidenced by reduction in severe stunting among poor children 6-36 months of age, which is expected to have long term benefits. The program lowered the rate of severe stunting among poor children 6-36 months old by 10.1 percentage points from the baseline of 24 percent in non-Pantawid barangays. More parents in Pantawid barangays were feeding their children more high- protein food, including lower educational attainment, reduced adult income, and decreased offspring birth weight (Cesar G. Victoria, 2008).

The underlying concept of the CCT program and the 4P's is the improvement of individual's health, better food, and education through this improvement, they will be able to overcome poverty they will be to overcome poverty in the long run (Valencia, 2009).

Improving Personal Hygiene and Sanitation among Beneficiaries during 4P's

Table 2 shows that habits on improving personal hygiene and sanitation of the beneficiaries during 4P's are "excellent" (4.82). This implies that the 4P's beneficiaries were enhancing their personal hygiene and sanitation. However, item no.5 which is the mother's practice on waste segregation and proper waste disposal is "very satisfactory" (4.15). This implies that beneficiaries practice on waste segregation improved from the part but not to its excellent performance. At present the mother teach their children on frequent hand washing (4.89), brushing teeth (5.0), bathing daily (4.98) and food safety (4.98).

Personal Hygiene is important in every stage of life, but good cleanliness habits start in childhood. Kids who learn what it is and how to follow proper hygiene practices will usually carry that into adulthood. Hygiene education starts with the family, and eventually youngsters can learn what to do and follow cleanliness rules on their own. Nefer (2010). Dr. Lynn Smitherman (2013), a pediatrics professor at Wayne State University, cited hand washing as one of the most important cleanliness habits children can learn. At the very least, a kid should learn to wash her hands before meals and after using the restroom. This cleanliness area also includes the hair, which must be shampooed regularly. The Journey to Caring website states that teaching your child to brush correctly is just as important as frequency. Topics being

discussed in the family development sessions are responsible parenting, family planning, and personal

hygiene and sanitation. [5]

TABLE 3. SIGNIFICANT DIFFERENCE (T-TEST) ON THE LEVEL OF HEALTH – SEEKING HABITS OF THE BENEFICIARIES BEFORE AND DURING THE AVAILMENT OF THE PROGRAM

t-Test Paired Two Sample for Means

	Before	During
Mean	3.7065	4.11275
Variance	0.094315641	0.019117885
Observations	40	40
Pearson Correlation	0.363443691	
Hypothesized Mean Difference	0	
Df	39	
t Stat	-8.94166644	
P(T<=t) one-tail	2.75262E-11	
t critical one-tail	1.684875122	
P (T<=t) two-tail	5.50524E-11	
t Critical two-tail	2.02269092	

Table 3 shows that there is a significant difference in t-test with 2.02 was noted in the health-seeking habits of beneficiaries before and during the availment of pantawid Pamilyang Pilipino Program. Majority of the respondents claimed that 4Ps beneficiaries have better health-seeking habits at present with 4P's program benefits. 4P's is a great help to them that provide the basic needs of their family and improve the health and nutrition of their children.

The source of variance was observed among 40 respondents. During the 4P's availment of health services is geared towards the improvement of health within the family. Table 3 also shows that the level of health-seeking habits of the beneficiaries before the availment of the program is more varied than the level of health-seeking habits of the beneficiaries during the availment of the program.

TABLE 4. LEVEL OF DISEASE/ ILLNESS PREVALANCE AMONG BENEFICIARIES BEFORE AND DURING THE AVAILMENT OF THE PROGRAM

Disease/Illness Prevalence among Beneficiaries	Before		During	
	AWM	Descriptive equivalent	AWM	Descriptive equivalent
1. Member of the family suffered from cough and colds within a year.	3.05	SP	1.95	P
2. Member of the family suffered from diarrhea or constipation within a year.	2.15	P	1.53	NP
3. Member of the family suffered from toothache or mouth sore or sore throat within a year.	3.30	SP	2.13	P
4. Member of the family suffered from anemia within a year.	1.85	P	1.28	NP
5. Member of the family suffered from scabies or other skin diseases within a year.	1.70	NP	1.35	NP
Total	2.41	P	1.65	NP

Table 4 reveals that the level of disease/illness prevalence among beneficiaries "before" the program is rated "prevalent" (2.41). It also reveals the level of prevalence of disease/illness among beneficiaries "during" the program is rated "not prevalent" (1.65). This data shows decreased prevalence of common illness and disease in the family such as cough, colds, diarrhea, sore throat, anemia and scabies. However, the above data reveals that 4P's beneficiaries have decreased illness/disease prevalence during the availment of the program.

Based on the Nutrition Country Profile reported by the Food and Agriculture Organization of the United Nations, "While it was reported that the health status of Filipinos improved in terms of the decrease in the mortality rates of the mothers and infants, the rising incidence of infectious disease such as diarrhea and respiratory diseases contributed to the poor nutritional status of many Filipinos."

The decreased prevalence of diseases among family beneficiaries can be attributed to the improved health-seeking habits of the family, healthy foods

bought, awareness of good health habits of the mother or head of the family, better practice and observance of personal hygiene and sanitation during family development session.

IV. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Findings of the study show that the level of health-seeking habits of the beneficiaries before the availment of the program was “very satisfactory” on reduction of health risk incidence among family beneficiaries, “very satisfactory” on prevention of malnutrition prevalence among children beneficiaries and “excellent” on improving personal hygiene and sanitation. The present level of health-seeking habits of the beneficiaries on reduction of health risk incidence, prevention of malnutrition prevalence and improving personal hygiene and sanitation were all “excellent”.

Pantawid Pamilya Pilipino Program poses many benefits in the health and nutrition of the beneficiaries and has effectively changed the health-seeking habits of the beneficiaries as indicated by the 2.02 difference in the t-test.

Based from the findings, the researchers conclude that the 4Ps program has improved the health-seeking habits of the family beneficiaries in Barangay Bical Norte and Bani as evidenced by reduced health risk and incidence, less malnutrition prevalence among children beneficiaries, improved personal hygiene and sanitation, increased level of health-seeking habits made a significant difference in favor of the present status or during the 4Ps availment, and decreased illness/disease prevalence among family beneficiaries during the availment of the program.

Based on the findings and conclusions, the researchers recommend that the social workers must conduct symposium on proper waste segregation and waste disposal, that health workers encourage mothers to give birth in the hospitals, that the government should continue the 4Ps program in order to accommodate more beneficiaries, and a follow-up study along the impact assessment of the program be conducted.

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