Journal of Allied Health Sciences & Medical Research
Volume 1 Issue 1 March 2025
DOI: https://doi.org/10.53378/jahsmr.353169

Community needs assessment and status of primary health care in Middle Sitio Baloc

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Abstract

Community needs assessment emphasizes the challenges and needs of individuals to enhance their standard of living, as well as the status of primary health care, which ensures that patients receive first-rate and all-inclusive care to supply the services they need. This study examined the primary health care status and community needs of the participants, which are the total enumeration of the heads of the family in Middle Sitio Baloc, Sto. Niño, San Pablo City, Laguna, Philippines. A descriptive-developmental research design was used to assess the community needs and health status, utilizing an adapted and modified questionnaire. Findings of the study showed that most of the participants' monthly income ranges from 2,001 to 5,000 pesos only and most wives are unemployed. Electricity and water sources are not available within the community. In home and environmental conditions, poor ventilation and lighting and lack of proper materials to build a solid foundation of houses were evident. In terms of knowledge, attitude, and practices, it appeared that most of them are not utilizing health center services due to lack of transportation. Moreover, health care workers' therapeutic management was found accessible when it comes to the status of primary health care. This study argues three categorical problems, including socioeconomic data, eight prioritizing problems in the community, and community knowledge, attitude and practice.

Keywords: *community needs, assessment, Middle Sitio Baloc, primary health care*

Article History:

***Received**: January 12, 2025* ***Revised**: February 24, 2025*
***Accepted**: March 14, 2025* ***Published online**: March 15, 2025*

Suggested Citation:
Altea, M.K.P., Mapote, K.B.M., Del Mundo, K.V., Guillermo, K., Belen, J.A.D., Orapa, T.C.C., Corcolon, K.B. & Quintana, M.L.F. (2025). Community needs assessment and status of primary health care in Middle Sitio Baloc. *Journal of Allied Health Sciences & Medical Research*, 1(1), 42-67. https://doi.org/10.53378/jahsmr.353169

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1. Introduction

Over half of the global population lacks sufficient access to basic health care (United Nation, 2019; World Health Organization, 2023). Primary care, which provides preventive care and health education, is often limited by barriers like distance, nurse shortages, and scarce resources in rural centers (WHO, 2023). While primary health care aims to offer quality, comprehensive treatment close to home, community needs assessments are crucial for helping leaders design programs that address specific community needs (CDC, 2022).

In 2021, it was reported that 50% of Filipinos lack access to nearby clinics or health facilities within a 30-minute reach (Ramos, 2021). In 2022, the Philippines had 23,600 barangay health stations, 277 municipal health centers, 638 city health centers, and 1,775 rural health units for 42,000 barangays (Statista, 2023). Four in ten Filipinos who died never saw a medical professional, with 52% passing away at home (Santos, 2021). Cultural practices affect healthcare choices, with 16% of people using natural healers, 20.67% opting for hospitals, and 54.67% utilizing health centers (Rivera & Pacer, 2019). Financial limitations are a significant barrier, with 60% citing costs as an obstacle, particularly in rural areas.

In the local setting, Barangay Sto. Niño in San Pablo City, Laguna, Philippines, includes Middle Sitio Baloc, where a two-hectare dumpsite has existed for about 25 years. The area has 304 residents in 70 households located near the dumpsite. Rivera and Pacer (2019) suggested further research on improving community knowledge in hygiene, food, nutrition, and health practices, as vital and immediate. Hence, this study focused on the primary health care and community needs in Sitio Baloc, Sto. Niño, San Pablo City, Laguna, especially near a local dumpsite.

Studies suggest holistic approaches to assess community's health needs (Ravaghi et al., 2023; Abderrahmane et al., 2024), which must be founded at the knowledge of the community members. As such, the study aims to conduct a community needs assessment and review primary care status, implying prevention of disease through early detection and management. The study also highlights a significant knowledge gap regarding community needs and barangay health challenges. Therefore, this study aligns with several Sustainable Development Goals, including SG 1 Poverty, SG 2 Zero Hunger, SG 3 Good Health and Well-Being, and SG 6 Clean Water and Sanitation.

2. Literature Review

2.1. Primary Health Care in Rural Communities

Studies highlight ongoing community challenges in essential needs like food, water (Woodhill et al., 2022), financial support, employment (Cullo et al., 2024), and skill development (Czech et al., 2024). This is supported by the study of Mapa (2023), as shown in the Philippines Statistics Authority that shows 22.4% in the first half of 2023, with unemployment at 4.8%. These findings emphasize the need for focused efforts to address these issues, improve citizen welfare, and strengthen local agencies in assessing and tackling community challenges to enhance public health.

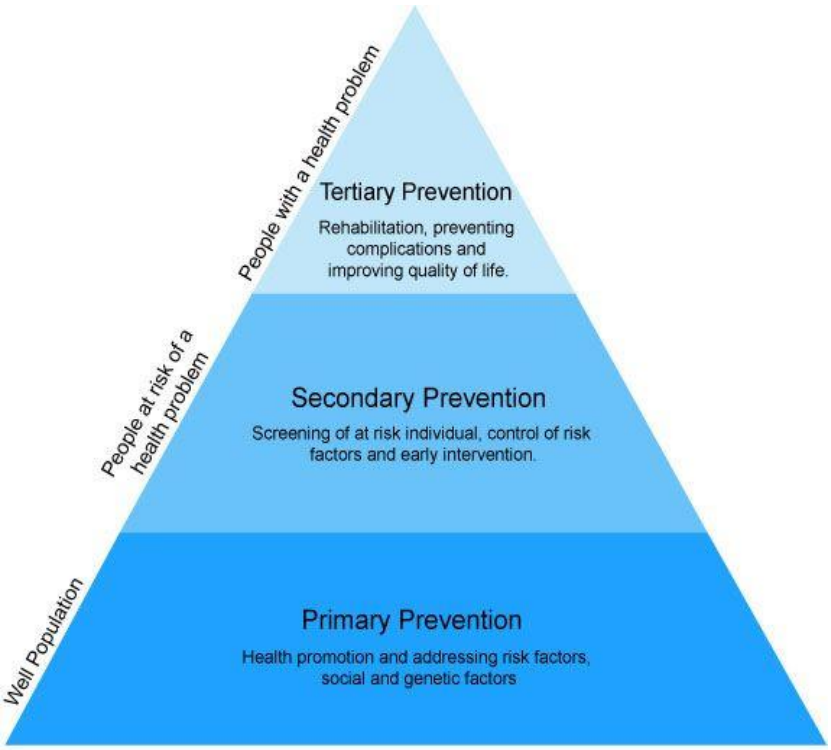
Primary health care in many communities faces significant challenges, including insufficient medical services, shortages of supplies, and a lack of barangay health workers (Yamaguchi et al., 2023; Collado, 2019; Reyes et al., 2023; Mirano, 2024; Gizaw et al., 2022). Similarly, multiple factors limit primary care access, such as financial, geographical, and personnel shortages. In addition, rural residents often struggle to access care due to distance and financial barriers, increasing their risk of early disease. According to Smith (2019), supports that enhanced primary care facilities and services lead to better community health outcomes and help achieve health equity. Therefore, to improve health outcomes and promote equal access, it is recommended to expand primary care facilities in underserved areas and deliver home-based primary care.

In the Philippines, many communities still lack adequate primary care, leaving people without necessary medical services. According to Santos (2021), numerous reports show many people are dying at home without medical assessment or care, primarily due to financial constraints and inability to access even nearby facilities. Furthermore, the study of McCauley et al. (2021), Collado (2019), and Filoteo et al. (2019), highlight challenges in primary care in the Philippines, including facility locations that make services inaccessible and unequal distribution of care. Many facilities lack essential equipment, preventing proper health maintenance. Limited access to primary care increases the risk of chronic diseases, which, without early intervention, can progress to severe illnesses requiring hospitalization. A community diagnosis is essential for understanding a community's issues, identifying available resources, and setting priorities for action. Alberdi et al. (2021) argue that it serves as a valuable tool to address community problems, potentially involving other institutions to expand support and solutions.

2.2. Theoretical Framework

Figure 1

Levels of prevention by Leavell and Clark (1975)



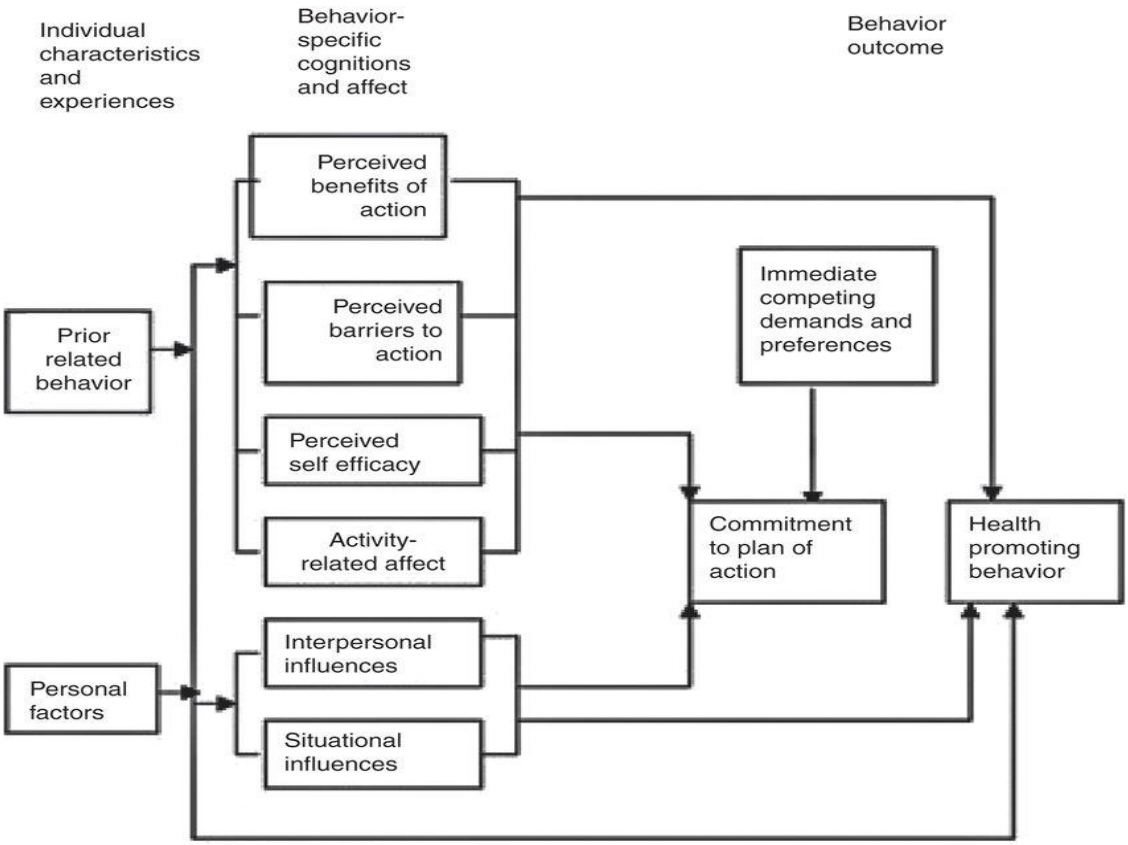
Nancy Milio's Framework for Prevention (1976), as shown in figure 1, emphasizes that health outcomes are influenced by personal needs and the availability of resources like food, water, and a healthy environment. It suggests that limited access to these essentials increases health risks. By applying this framework, healthcare professionals can better understand the complex factors affecting community health and develop effective preventive programs. Milio's theory guides researchers in analyzing survey data to identify gaps in resources, such as medication, food, water, and shelter, and design targeted interventions to improve community health.

In accordance with the health promotion model by Nola Pender which was originally published in 1982 and improved in 1996 and 2002, individuals' health decisions are influenced by personal traits, experiences, and knowledge as shown in figure 2. The model focuses on promoting health behaviors that improve quality of life and health at every developmental stage. It highlights the importance of understanding how individuals interact with their environment and how specific behaviors can be modified through nursing interventions. The

model helps nurses design effective health management plans based on residents' characteristics and behaviors. It guides interventions to encourage healthier habits, break harmful behaviors, and reduce environmental barriers to health.

Figure 2

Nola Pender's health promotion model



3. Methodology

This study utilized a quantitative methodology to analyze statistical data, identify trends, and examine causality. A descriptive developmental approach was adopted to assess community needs and develop an action plan.

The research was conducted in Sitio Baloc, Sto. Niño, San Pablo City, Laguna, specifically focusing on the 70 households in the dumpsite area, which is approximately two hectares in size. The participants were household heads from this community. Complete enumeration of the participants was utilized.

The research instrument included two parts: an adopted questionnaire from Rivera and Pacer (2019) and a researcher-made questionnaire, both administered with informed consent. The researcher-made questionnaire was content validated by six nursing professionals, and achieved an acceptable reliability score (alpha = 0.764) through pilot testing. The questionnaires were personally distributed to the households during the community visit of the researchers. The objectives of the study were carefully explained to the participants prior to the hand-out of the questionnaire.

This study was given permission and clearances both from the Canossa College and the barangay officials of Sitio Baloc, Sto. Niño, San Pablo City, Laguna. This study also followed the necessary guidelines on the conduct of data gathering involving human subjects as emphasized in the World Medical Association Declaration of Helsinki (1964). The study ensured voluntary participation of the households and they were given freedom to withdraw or not respond to a question at any time they feel uncomfortable. The study also ensured confidentiality of the data gathering; the participants were instructed that their real identity will not be mentioned in any part of the paper.

4. Results and Discussion

Table 1 shows the demographic characteristics of the participants according to sex, civil status, age and educational attainment.

The frequency of female participants is fifty-three (53), or equivalent to seventy-six (76) percent while male participants are seventeen (17) or twenty-four (24) percent. The frequency of single participants is forty-one (41), comprising fifty-nine (59) percent and the frequency of married participants are twenty-nine (29), comprising forty-one (41) percent.

In terms of age, the highest number of the participants falls in the age category of 21-30 which has a frequency of twenty-one (21) or thirty (30) percent, and age category with the lowest number of participants is 71-80, with a frequency of one (1) or one (1) percent. Majority of the respondents are in their young adulthood. Meanwhile, the educational attainment of the husbands shows thirty (30) or forty-three (43) percent are elementary undergraduate, and the lowest frequency is the vocational graduate with one (1) or one (1) percent. It implies that most of the residents chose to work rather than finishing their education, due to financial constraints that hinders them from prioritizing their educational attainment.

Table 1

Demographic characteristics

	Frequency	Percentage (%)
Sex		
Male	17	24%
Female	53	76%
Civil status		
Single	41	59%
Married	29	41%
Age bracket		
18-20	6	9%
21-30	21	30%
31-40	14	20%
41-50	13	19%
51-60	12	17%
61-70	3	4%
71-80	1	1%
Educational attainment of the husband		
Elementary Undergraduate	30	43%
Elementary Graduate	21	30%
High School Undergraduate	7	10%
High School Graduate	5	7%
College Graduate	2	3%
Vocational Graduate	1	1%
Not applicable	4	6%
Educational attainment of the wife		
Elementary Undergraduate	24	34%
Elementary Graduate	21	30%
High School Undergraduate	10	14%
High School Graduate	8	11%
College Graduate	1	1%
Not applicable	6	9%
Length of residency		
1 to 10	20	29%
11 to 20	18	26%
21 to 30	20	29%
31 to 40	8	11%
41 to 50	1	1%
51 - 60	3	4%
TOTAL	**70**	**100%**

In terms of educational attainment of the wife, twenty-four (24) or thirty-four (34) percent of the participants are elementary undergraduates while the lowest is the college graduate with one (1) or one (1) percent. Similarly, the female residents also prioritized work or taking care of their families than completing their education. On the other hand, twenty (20) participants or twenty-nine (29) percent stayed in the community for 1 to 10 years or 21 to 30 years. Majority of the respondents lived in the area for decades because some of them were

either born and raised in the area in their parents' old homes or they chose to stay and live in the area close to the dumpsite for their source of income.

Table 2

Household characteristics

	Frequency	Percentage
Family type		
Extended	17	24%
Nuclear	53	76%
Number of children		
0	6	9%
1	13	19%
2	13	19%
3	14	20%
4	7	10%
5	5	7%
6	5	7%
7	2	3%
9	4	6%
11	1	1%
TOTAL	**70**	**100%**

Table 2 illustrates the predominant family structures within the surveyed population. The highest number of participants falls in the nuclear families (53 or 76%), followed by extended families (17 or 24%). Majority of the participants' family type was nuclear. The households number of children include: six (6) or nine (9) percent has no children; thirteen (13) or nineteen (19) percent have one child or two children; fourteen (14) or twenty (20) percent have three children; seven (7) or ten (10) percent have four children; five (5) or seven (7) percent have 5 or 6 children; two (2) or three (3) percent have seven children; four (4) or six (6) percent have nine children; and one (1) or one (1) percent have eleven (11) children. Majority of the respondents' number of children were three per family. Rural women usually give birth to more than 2.2 children on average, while urban women normally give birth to 1.7 children. Philippine fertility generally declines as family income rises in the disadvantaged households in the most prosperous houses (Philippines Statistics Authority, 2022).

Table 3

Occupation of the household

	Frequency	Percentage
Occupation of the husband		
Barber	1	1%
Chef	1	1%
Construction Worker	7	10%
Farmer	7	10%
Garbage Collector	18	26%
Government Employee	9	13%
Mangangalakal	11	16%
Mechanic	1	1%
None	10	14%
Operator	1	1%
Porter	1	1%
Truck Helper	2	3%
Utility Maintenance	1	1%
Occupation of the wife		
Barista	1	1%
Businesswoman	2	3%
Caretaker	2	3%
Farmer	3	4%
Garbage Collector	9	13%
House Helper	1	1%
Mangangalakal	10	14%
OFW	1	1%
Operator	1	1%
Sari-sari Store	2	3%
Vendor	3	4%
None	30	43%
Not Applicable	5	7%
TOTAL	**70**	**100%**

Table 3 shows the source of income of the husbands and wives according to their occupation. The highest number of husbands are garbage collectors with eighteen (18) or twenty-six (26) percent, and lowest frequency of occupations are the barber, chef, mechanic, operator, porter, and utility maintenance with one (1) or one (1) percent. Majority of the husband's occupation are garbage collectors due to the respondent's location which is the landfill. On the other hand, majority of the wives are unemployed with thirty (30) or forty-three (43) percent, while one (1) or one (1) percent are barista, house helper, overseas worker and operator. Most of the husbands are in-charge of providing for the family and majority of the wives are taking care of their children, doing household chores, as well as managing the family.

Table 4

Socio-economic characteristics

	Frequency	Percentage
Monthly Income		
Below 2, 000	12	17%
2,001 - 5, 000	27	39%
5, 001 - 8, 000	16	23%
More than 8, 000	15	21%
Family food expenditures		
Below 50 Pesos	3	4%
50 to 70 Pesos	1	1%
More than 90 Pesos	66	95%
Number of clothing purchase per year		
Once	53	75%
Twice	6	9%
Thrice	11	16%
TOTAL	70	100
Type of School		
Public	65	93%
None	5	7%
TOTAL	**70**	**100%**

Table 4 shows the monthly income of the respondents. The highest monthly income is two thousand and one to five thousand (2,001 to 5,000) pesos with twenty-seven (27) or thirty-nine (39) percent, while the lowest was below two thousand (2,000) pesos with twelve (12) or seventeen (17) percent. Majority of them have low income because their main source of income was from the landfill. Most of the respondents were not able to finish their education, due to this, they were not able to find a good paying job. Their salary was not enough to support their basic necessities even on clothing, education and health expenditure.

The highest family expenditures on food was more than 90 pesos a day with sixty-six (66) or ninety-five (95) percent, while the lowest was 50-70 pesos a day with one (1) or one (1) percent. Respondent's earnings were spent on food and was not enough to provide for a healthy balanced diet, nor avail adequate foods that they needed each day. Due to this, the presence of malnutrition can be seen in the community. On the other hand, highest family expenditures on clothing was once a year with fifty-three (53) or seventy-five (75) percent. Majority of the respondents only buy their clothing once a year due to their financial incapacity. Clothing was not their priority and not an urgency to be taken care of. Because majority of their occupation is a *mangangalakal* (garbage dealer), the landfill was also their other source of clothing. Meanwhile, all of them do not have expenditures for water, electricity and telephone. All of them just fetch water from the nearby school and spring. The households do

not have electricity; most of them have solar panels, some have generators and flashlights, subsequently there are few use candles and illegal electricity connections. All of them use mobile phones as communication tool.

The sixty-five (65) or ninety-three (93) percent of the households send their children to public schools, five (5) or seven (7) percent do not have children attending school. There is a public school just outside the landfill, hence, it was the most accessible for them.

Table 5

Housing characteristics

	Frequency	Percentage
Type of Housing		
Makeshift	28	40%
Wood	3	4%
Mixed	39	56%
Ventilation		
Poor	70	100%
Lighting		
Inadequate	70	100%
Surrounding		
Dirty	70	100%
TOTAL	**70**	**100%**

Table 5 depicts the type of housing. The highest number falls under households using mixed materials (39 or 56%) while wood housing (3 or 4%) is the lowest. In terms of house ventilation, all of them have poor ventilation; no equipment such as electric fans or air conditioner. Similarly, all them have inadequate lighting condition. On the other hand, all of them described their surrounding condition as dirty.

Table 6

Household water supply characteristics

	Frequency	Percentage
Source of water supply		
Spring	2	3%
NAWASA	68	97%
Source of drinking water		
Covered	70	100%
Containers used for drinking water		
Bottles	70	100%
TOTAL	**70**	**100%**

Table 6 depicts the characteristics of their water supply. The sources of water supply are NAWASA (68 or 97%) and the natural spring (2 or 3%) ly are NAWASA. All of their water sources are covered and they use bottles as water containers.

Table 7

Sanitation characteristics

	Frequency	Percentage
Type of toilet facilities		
Owned	37	53%
Shared	15	21%
Pit Privy	18	26%
Garbage Disposal		
Burning	7	10%
Burying	1	1%
Collection	8	11%
Open Dumping	54	78%
TOTAL	**70**	**100%**

Table 7 presents the type of toilet facilities used by the participants. The highest number falls under owned type of toilet (37 or 53%) while the lowest facility is shared toilet (15 or 21%). Having their own toilet can promote health by having proper toilet sanitation. This promotes cleanliness since they can dispose of their waste appropriately and promote a clean environment reducing waste and preventing illnesses.

In terms of garbage disposal, open dumping has fifty-four (54) or seventy-eight (78) percent. Improper waste management can lead to many different problems not just in the environment but especially to the health, bringing disease to the people in the community.

Table 8

Ways of food storage

Food Storage	Frequency	Percentage
Uncovered	4	6%
Covered	66	94%
TOTAL	**70**	**100%**

Table 8 presents the ways of food storage with covered food storage as the majority with sixty-six (66) or ninety-four (94) percent. Nearly all of them do not own a refrigerator to stock their leftovers foods. They just have a Styrofoam with ice to stock their bottled water and

other foods that lasts for a day. There is a possibility of a lack of proper storage in their homes that may lead to infestations of insects or pests.

Table 9

Backyard gardening

Rank	Backyard Gardening	Frequency
1	None	43
2	Vegetables	14
3	Fruit Bearing	6
3	Herbal	6
4	Plant	5
5	Flowers	1

Table 9 presents the presence of backyard gardening in the households. The highest number of the participants (43) do not have backyard garden while some of them (26) have vegetables, fruit bearing trees and herbal plants. Those who engage in gardening are either working on farms or caretakers, planting vegetables and fruits.

Table 10

Presence of health facilities and health workers

Presence of health and other facilities	**Availability**
Church	Within the community
School	Within the community
Health Center	Not within the community
Barangay Hall	Not within the community
Park	Not within the community
Market	Not within the community
Presence of indigenous health workers	**Frequency**
Herbularyo (Folk Healer)	31
Barangay Health Worker	12
Untrained Hilot	18
Medical Doctor	1
None	2

Table 10 shows the presence of health facilities and health workers in the community. The only facilities near the dumpsite area was the school for elementary students and one local church of Iglesia Ni Cristo religion. There are no health center, barangay hall, park, and market within the community of Middle Sitio Baloc. The Middle Sitio Baloc is very distant to any

barangay facility, which is located in the lower part of their community. The workers of the health center still provide the services needed by the community through house to house visitation. On the other hand, there is high presence of indigenous health worker such as herbularyo (folk healer), with thirty-one (31) participants identifying them. This might be due to the fact that there is no available health facilities nearby, hence, most of them relying to *herbularyo* (folk healer). Similarly, folk healer incurs no transportation and medication costs to them.

Table 11

Sources of health fund

Sources	Frequency	Percentage
Government	51	73%
NGOs/POs	2	3%
Private	17	24%
TOTAL	**70**	**100%**

Table 11 depicts the sources of health funds with government as the main source with fifty-one (51) or seventy-three (73) percent while only seventeen (17) or twenty-four (24) percent afford private source of health funds. Majority of them avail of the government programs for financial assistance in their health care expenses.

Table 12.

Food preference

	Frequency	Percentage
Food Preference		
Fish	7	10%
Fruits and Vegetables	21	30%
Mixed	42	60%
Common Fare		
Rice and Egg	40	57%
Rice and Noodles	18	26%
Rice and Sardines	12	17%
TOTAL	**70**	**100%**

Table 12 depicts the nutrition profile of the participants grouped according to their food preference. The highest number falls under mixed food preference (42 or 60%) while some of them (21 or 30%) prefer fruits and vegetables. However, majority of them (40 or 57%) have rice and egg and rice and noodles (18 or 26%).

Table 13

Presence of nutritional disorder

Deficiency	Symptoms	Frequency
Anemia	Easy Fatigability	5
Vitamin A Deficiency	Poor Eyesight	3

Table 14

Other illnesses in the community

Other Illnesses	Frequency
Arthritis	2
Hypertension	2
Stroke	2
Cramps	1
Loss of Appetite	1
Urinary Tract Infection	1
Bell's Palsy	1
Obesity	1
None	59
TOTAL	**70**

Table 13 depicts the presence of nutritional disorder among the residents while table 14 shows other illnesses. The highest number of the respondents (5) has anemia, experiencing easy fatigability followed by vitamin A deficiency (3), including poor eyesight. On the other hand, some of them experience cramps, loss of appetite, urinary tract infection, bell's palsy and obesity. However, majority of them experienced no illnesses.

Table 15

Health care center utilization

	Frequency	Percentage
Yes	17	24%
No	53	76%
TOTAL	**70**	**100%**

Table 15 depicts the frequency of participants who utilized the health care center. Majority of them do not utilize the health center services with fifty-three (53) or seventy-six (76) percent while only seventeen (17) or twenty-four (24) percent avail of health care center services.

Table 16

Reasons for availing/ not availing health care center services

Reason for not availing health care center services	**Frequency**
Lack of Transportation	25
Location is Far	13
Use of herbal	10
Hospital Consultation	1
Personal Decision	1
Problem with Politics	1
Rarely get sick	1
No Checkup is Needed	1
Reason for availing health care center services	
Illness	17
Nutrition	10
Postnatal	10
Family Planning	9
Prenatal	6
Personal Decision	2
First person consulted in times of illness	
Barangay Health Worker	25
Herbularyo (Folk Healer)	24
Medical Doctor	6
Midwife	5
Hilot	5
Nurse	4
None	1

Table 16 shows the reasons for not availing and availing health care center services. Majority of them lack transportation to avail health care center services (25), and their location is far (13), hence, they use herbal medicines (10). On the other hand, most of them avail of the health care center services due to illnesses (17), nutrition (10) and postnatal (10). In cases of illness, majority of them still consult barangay health worker (25) and herbularyo (24).

Table 17 shows the usual illnesses experienced by the residents including their medication practices. The highest number of the participants experience fever (45), cough (44) and colds (42). Some common illnesses also include headache (6), asthma (4), flu (3), stomachache (3) and UTI (3). In addition, sore eyes, sprain, heart attack, allergy and pedal edema are the least common illnesses. On the other hand, the highest number of the participants only perform self-medication (58) instead of consultation (5). It should also be noted that some of them only use herbal medicines (7) because of costs. According to Maramba-Lazarte (2020), available herbal medicines decreases dependence on medicines, especially in geographically isolated areas. The Philippine herbal industry has been increasing over the years and majority of the rural households use herbal medicines (Marquez et al., 2020; Tupas & Gido, 2021).

Table 17

Common health issues

Rank		Frequency
Usual illness in the family		
1	Fever	45
2	Cough	44
3	Cold	42
4	Headache	6
5	Asthma	4
6	Flu	3
6	Stomachache	3
6	UTI	3
9	Hypertension	2
9	Arthritis	2
11	Sore eyes	1
11	Sprain	1
11	Heart Attack	1
11	Allergy	1
11	Pedal Edema	1
Common medication		
1	Self-medication	58
2	Herbal Medication	7
3	Consultation	5
4	Hospital	2
5	Drink water	1
5	Private clinic	1

Table 18

Health practices

	Frequency	Percentage
Immunization of children 0-12 months		
Yes	56	80%
No	12	17%
Not applicable	2	3%
Family planning practices		
Yes	37	53%
No	33	47%
TOTAL	**70**	**100%**

Table 19

Reasons for not practicing family planning

Rank	Reasons	Frequency
1	Not Interested	11
2	Personal Decision	7
3	Menopause	5
4	Afraid	3
4	Not applicable	3
6	Want to have another child	2
7	Pregnant	1
7	Long Distance Relationship	1

Table 18 shows health practices of the residents including immunization of the 0-12 months children and family planning. The fifty-six (56) or (80) percent for them avail of the immunization of their children while still 17% do not have immunization for their children. According to studies, while majority of the children avail of immunization (Matamorosa et al., 2023; Bondy et al., 2009; Pardo et al., 2018), the timeliness of the vaccination is really important (Raguindin et al., 2021; Corpuz, 2024). Cordero (2024) enumerates several challenges hindering high success rate of routine immunization for children, including no follow-up vaccines, remote locations, controversy on Dengvaxia (Sanofi's dengue vaccine) and supply of medicines.

In terms of family planning, there is totally divided household practice. The thirty-seven (37) out of seventy (70) families with a percentage of fifty-three (53) percent practice family planning while thirty-three (33) or (47) percent has no family planning. While studies show that health clinics in the Philippines are generally effective in the implementation of family planning (Grimes et al., 2022; Das et al., 2021), evidence still prevail that families do not practice them (Trisolini et al., 2023; Pepito et al., 2022; Stevenson et al., 2023; Nagai et al., 2019; Kim et al., 2023). As shown in table 19, the common reasons for not practicing family planning is because they are not interested (11), personal decision (7), menopausal stage (5) and they are afraid to take medications (3). According to Pepito et al. (2022), there is crucial issue in the contraceptive and family planning messages in the Philippines. Similarly, Stevenson et al. (2023) found inconsistencies in the health care systems and protocols on the information and education, specifically for male partners.

Table 20

Practices in feeding infants

Methods	Frequency	Percentage
Bottle	10	14%
Breast Feeding	18	26%
None	42	60%
TOTAL	**70**	**100%**

Table 20 shows the methods of infant feeding where majority of them follows no particular practice (42 or 60%) while some of them breast feed their infants (18 or 26%). While breastfeeding is still a crucial healthcare practice in the Philippines (Bayaga et al., 2020; Saniel

et al., 2021; Wang et al., 2024), studies showed that is has benefits for the development of the children (Duazo et al., 2010; Alburo-Canete, 2014).

Table 21

Health education subjects needed further training

Subject in health education	Frequency	Percentage
Herbal Plant	43	61%
Nutrition	16	23%
Family Planning	5	7%
First Aid Measure	4	6%
Health	1	1%
None	1	1%
TOTAL	**70**	**100%**

The participants were asked other health education subjects they need further knowledge and training as shown on table 21. Majority of them chose herbal plants (43 or 61%) and nutrition (16 or 23%).

Table 22

Status of primary health care

Indicators	Mean	Verbal Interpretation
1. Barangay Health Stations (BHS) and Rural Health Unit (RHU) or Health Center are accessible.	2.27	Slightly Accessible
2. BHS and RHU opens early from Monday to Friday, 8:00AM to 5:00PM.	3.17	Moderately Accessible
3. There are health workers (midwife and barangay health worker) on duty in the BHS.	3.11	Moderately Accessible
4. Health workers properly treat the patients.	3.49	Accessible
5. Health Workers address emergency cases immediately.	2.89	Moderately Accessible
6. All the programs of the Department of Health are freely accessible.	3.17	Moderately Accessible
7. Medical services are available such as free consultations and free medicines.	2.94	Moderately Accessible
8. Referrals are immediately coordinated with hospitals for emergency cases of the patients.	2.26	Slightly Accessible
9. BHW communicates with the households on medical programs such as medical and dental mission, nationwide vaccinations, among others.	2.34	Slightly Accessible
10. Ensures quality medical services and advises follow up appointments to the patients.	2.87	Moderately Accessible

Legend: 1-1.80. Not Accessible; 1.81-2.60 Slightly Accessible; 2.61-3.40 Moderately Accessible; 3.41-4.20 Accessible; 4.21-5.00 Highly Accessible

Table 22 presents the status of primary health care services in the community. Based on the findings, the therapeutic management by the health care workers got a weighted mean

of 3.49 interpreted as accessible, while the accessibility of Barangay Health Stations and Rural Health Unit, assistance provided in the health centers and the referral system of patients in the community, and proper implementation of DOH medical services and programs in Middle Sitio Baloc, have a mean range between 1.81-2.60, interpreted as slightly accessible. On the other hand, availability of the Barangay Health Stations and Rural Health Units on supposed schedules and time, availability of the health care workers at the Barangay Health Stations and Rural Health Units, the health workers being approachable and giving attention to emergency cases, and presence of free programs and service have mean range between 2.61-3.40, interpreted as moderately accessible.

Table 23

Community problems needing immediate response

Rank	Problem	Score
1	Inaccessibility of required health care and service due to cost constraints	9.67
2	Poor home condition due to lack of water supply	9.33
3	Unhealthy lifestyle and personal practices	9.17
4	Presence of risk factors in inadequate knowledge on fever, cough and colds	8.75
5	Poor environmental condition due to inadequate energy supply resulting to poor lighting	7.9
6	Poor home condition due to inadequate living space	5.16
7	Poor environmental condition due to poor ventilation	4.99
8	Poor environmental sanitation due to unsanitary waste disposal	4.33

Table 23 shows the community problems needing immediate actions, with access to primary health care services as the top priority with 9.67. It is followed by lack of water supply (9.33) and unhealthy lifestyle and personal practices (9.17).

5. Conclusion

The most pressing problem facing Middle Sitio Baloc community is their inability to afford the costs of healthcare services they require, which has a substantial negative influence on their health and standard of living. Many respondents work at low-paying professions and make less than PHP 5,000 per month, which leaves children with few options for education and nourishment. Due to healthcare access issues, the majority frequently turn to *herbularyo* (folk healers) rather than seeking professional medical help and live in improvised dwellings

with poor hygiene. Given the current situation in the community, this study recommends public health nurses support enhancing health education and services. For instance, regular health screenings, better communication between citizens and healthcare professionals, and greater community involvement in primary healthcare are necessary steps to further strengthen the free access to healthcare services. Furthermore, local government needs to promote health programs, urging families to take use of the facilities that are offered and seek medical attention from professionals. The study also highlights the need for continued research to increase healthcare accessibility in underprivileged communities and proposes updating nursing education to concentrate on community health efforts.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

This work was not supported by any funding.

Institutional Review Board Statement

This study was conducted in accordance with the ethical guidelines of Canossa College. The conduct of this study has been approved and given relative clearance(s) by Canossa College and the barangay officials of Sitio Baloc, Sto. Niño, San Pablo City, Laguna.

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