A Research on the Accessibility of Primary Health Care Services to Payatas Children and its Effect on their Schooling

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Submitted to:
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Acknowledgment

This research would not be possible without the help of the people who helped me from the very beginning until the moment I finished writing this.

My utmost gratitude goes to the parents and individuals who welcomed me in their community. Without them, this research would not be possible.

I would like to thank my friends who made my four years of college memorable as it is. Without them, I doubt I will enjoy my stay in the University.

I will forever be thankful to University of the Philippines Manila for giving me the opportunity to be an Iskolar ng Bayan.

To my parents, thank you so much for everything. Words will never be enough to express how grateful I am for having you in my life.

Lastly, thank you for our Almighty God.
Dedication

I dedicate this to all the children who need medical assistance but do not receive any; and to all those children who are supposed to be in school but are in the streets trying to find a living.
Abstract

The research entitled “A Research on the Accessibility of Primary Health Care Services to Payatas Children and its Effect on their Schooling” focused on how the children of Payatas in Area B, the location of the infamous Payatas Sanitary Landfill, can access primary health care services and what kind of services they do receive from any of the public or private institutions such as hospitals, clinics, or health centers. It also incorporated the accessibility of these services on how it affects the attendance in school of the children.

By conducting interviews with subject-respondents, key-informants, and an expert, and by organizing a focused group discussion, the research questions were answered and the objectives were met. The results show that the children do receive primary health care services from the health center which reduces their absenteeism in school due to sicknesses or illnesses. The results also show that the main reason why children opt to absent in school is because of the economic difficulties of the family due to poverty and lack of livelihood.

The theories used in the research are New Institutionalism and Critical Theory Approach.

**Key words:** Payatas, Payatas Sanitary Landfill, Primary Health Care Services, Schooling
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CHAPTER I
INTRODUCTION

Research Title

A Research on the Accessibility of Primary Health Care Services to Payatas Children and its Effect on their Schooling

General Research Question

How does the Payatas children’s access to primary health care services affect their attendance in school?

Specific Research Questions

- What are the common diseases the children of Payatas experience?
- What institution/s (e.g. hospitals, clinics, or health centers) do the parents go to in order to have access on primary health care services for their children?
- What services are offered in the institution/s?
- Are all of these readily available for the children? Are there any obstacles or hindrances in achieving these services?
- How often do the children skip school because of sickness?
  - What are the diseases that cause absences?
- What are the other reasons why the children were not able to go to school?

General Objective

- To know how the access to primary health care services by children affect their attendance in school.

Specific Objective

- To know the common illnesses experienced by the children near the dumpsite.
• To know the institution/s (e.g. hospitals, clinics, or health centers) the parents go to in order to access primary health care services for their children.

• The project aims to know the kind of primary health care services the children get from the institution/s and how they acquire these.

• Another objective is to know the obstacles in accessing and acquiring these services, if there are any.

• To know how often children skip school because of sickness.

• To know the other possible reasons why children absent or skip in school.

Overview of the Topic

The research focused on how the children of Payatas, specifically those who live in Area B where the Payatas Sanitary Landfill is located, can access primary health care services and what kind of services they do receive from any of the public or private institutions such as hospitals, clinics, or health centers. It also incorporated the accessibility of these services on how it affects the attendance in school of the children. The researcher conducted interviews with subject respondents, key-informants, and an expert, and focused group discussion in order to gather the necessary data that will answer the research questions and will satisfy the objectives of the study.

Rationale

The research focused on the accessibility of primary health care services among the children of Payatas Area B—the location of the infamous Payatas Sanitary Landfill. It is because children are known to have a lower body resistance against sicknesses and thus are easier to get ill. They are more vulnerable to diseases such as respiratory infections, pneumonia, diarrhoea,
and tuberculosis. The children are far more subjected to acquiring these kinds of sickness because of their environment.

This topic was chosen because of the premise that primary health care services are basic social services that the government should provide to its constituents. Being a basic social service, it should be accessible to everyone with disregard to an individual’s economic status in life. However, it becomes an issue if these services are not available for everyone, especially to those who needed it the most. If that’s the case, their rights to basic social services were being violated and the state’s responsibilities to its citizens were not being fulfilled.

The purpose of the study is to know how accessible the health care services to the children of Payatas and how it affects their attendance in school.

**Significance of the Study**

The study is significant because it seeks to explain whether the accessibility of primary health care services can affect the attendance in school of children. It is also significant because it will reveal the real status of the health care services in Payatas, whether it is really accessible to the children or not. Moreover, it helps to know whether or not all the services outlined by the government for children were being delivered to them without any hindrances on the part of the children. The study is significant because it also aims to know how often these children absent from school because of sickness which can be traced to the process of prevention and curing. Lastly, it aims to know the other possible reasons why the children absent from school.

**Situationer**

Payatas used to be a province of Rizal. It was once a mountainous area where the industry of logging was very much alive. It was derived from the words “payat sa taas” because of its state where there are no more resources that can sustain living conditions. After some time,
it became the sanctuary for the relocatees of different provinces. Even at the present time, most of the residents of Payatas were relocatees from different areas in Metro Manila.

The last recorded population of Payatas was in 2010 with 270,000 individuals. As of 2015, it is estimated that about 290,000-300,000 individuals are currently living in Brgy. Payatas, Quezon City. Almost 60% of the current population belongs to the youth sector while 80% of the residents were believed to be women.

Payatas was known for its dumpsite where the garbage of Metro Manila and its surrounding provinces throw their garbage and wastes. Almost 30% of the entire population of Barangay Payatas find livelihood from these garbage and wastes. The other 60% are skilled workers—from being construction workers to carpenters to welders. The remaining 10% of the population are office workers.

The Payatas Sanitary Landfill is not a concern of the Barangay. The Barangay’s only role is to monitor it, nothing else. It is because the dumpsite is managed by a private entity.

In the years to come, Barangay Payatas is already expecting itself to become a developed area in Quezon City. It is in line with the development programs that the current administration of Payatas is implementing.

In terms of the barangay’s health care system, they are implementing different programs that help improve the health status of the individuals living in the barangay. Some of their health programs deal with the prevention and cure of different respiratory diseases such as tuberculosis, and lactation of women. However, the effectivity of these programs is only at 80% because of one problem—scarcity of funds. Nevertheless, the service delivery of the barangay is at its 100% with the full support of the barangay administration.
CHAPTER II

REVIEW OF RELATED LITERATURE

Proper garbage or waste disposal is something that concerns everyone. However, most people only care about discarding it out of their possessions, out of their backyards without ever thinking where these wastes will go. As the population of the country continues to grow, the amount of garbage and wastes produced is also directly proportional— it also increases. This proposes a problem especially in the proper handling of its disposal and its effects in the environment. Thus, the government copes up with the best of its abilities with the absence of a functional system of waste reduction, reuse, recycling, and disposal.

The Dumpsites of Metro Manila

According to the Asian Development Bank (2004), it is estimated that Metro Manila generates 6,700 tons of garbage every day. Out of these 6,700 tons, there’s only a likelihood of 720 tons that is being recycled. The rest either goes to designated dump sites or were dumped illegally on private lands. Worse is that they ended up floating and dumped on different bodies of water such as rivers, creeks, and the infamous Manila Bay or they ended up being burned, which adds to the already polluted atmosphere of the city.

The dump sites of Metro Manila are characterized as dangerous and are not fit for residential area. Moreover, these landfills are exposed to different toxins. These dump sites generate potentially toxic liquids called “leachate”, which when allowed to flow along the surface and seep into the ground can poison not only the soil but also the groundwater that is a source of drinking water of the residents and is also used by aquatic life. Aside from the hazardous substances found in the landfills, waste fires are also pretty much common in the sites.
These waste fires emit plumes of toxic into the air. There are also the possibilities of garbage slides happening in the sites (ADB, 2004).

The Payatas Sanitary Landfill

The seriousness and gravity of the garbage crisis of Metro Manila was very much demonstrated in the July 10, 2000 trash slide in Payatas. The Payatas Landfill is located in the northeast part of Quezon City. Having the title of the largest city in Metro Manila, Quezon City also has its large population. Payatas became the home of some of its constituents in 1970s when Payatas housing developments were proposed.

According to the journal article of Jafari, Stark, and Merry (2013), the area was not supposed to be made into a landfill initially because infrastructures and residential areas were already built. However, in 1973, wastes were used to fill a depressed part of the land in the area. This filling began to be a landfill for the residents of Payatas housing development. When the Smokey Mountain closed, the amount of garbage that enters the Payatas landfill started to drastically increase.

Before the trash slide in 2000, the Payatas Landfill accepts about 1,700 tons of municipal solid waste per day from the Metro Manila Area. In fact, the landfill was supposed to close in 1998 but the local government of Quezon City continued to delay its closure (Jafari, Stark, & Merry, 2013).

Almost thirty years after it was designated as a landfill, the great tragedy of trash slide occurred. Before the disaster, the area experienced continuous heavy downpour of rain which undoubtedly led to the trash slide. Mountains of garbage collapsed over hundreds of homes. Merry, Kavazanjian, and Fritz (2005) wrote in their journal article that an estimated total of 13,000 to 16,000 m$^3$ of garbage were involved in the trash slide. Fires also ensued in the
tragedy, whether from a dangerous mix of methane gas, downed electric lines, or from fired stoves in the buried houses, it was not known.

The total number of casualties from the incident varies from articles to articles. According to Asian Development Bank (2004), there were 205 bodies of people recovered. However, they were not able to give an exact number on how many people remained missing. On the other hand, the article of Merry et al. (2005) was able to give more definite number of casualties. They reported that there were only 58 who were rescued, 278 confirmed dead and around 80 to 350 people were reported missing. The article stated that it’s because many of the inhabitants were unregistered squatters, therefore the total number of population was also unknown.

Because of the tragedy, the landfill was closed permanently. However, due to the large amounts of garbage uncollected in the Manila Area, the Payatas Sanitary Landfill was forced to re-open (ADB, 2004).

Livelihood and Basic Social Services in Payatas

Even with the trash slide incident, there were people still in the area that stayed as scavengers and waste pickers. They still rely on these wastes for their daily living. The article of Sia Su (2007) provided a reason why they rely on garbage picking for their living:

“People economically dependent on the Payatas Dumpsite said that living close to the dumpsite gives them the opportunity and the means to easily earn an income. Despite the hardships of working in the Payatas Dumpsite, more people choose to work here because of perceived greater income. More people point to the negative externalities or risks posed by dumpsites as just secondary to their immediate and tangible needs.”
The survivors of the tragedy were split into two: (1) those who stayed in the vicinity of the dump site and (2) those who were relocated. Instead of receiving basic social services from the government, they were neglected. The article of Gaillard & Cadag (2009) stated that those who were relocated away from the dump sites suffer more from poverty and lower income than those who remained in the vicinity of the landfill. It is because the government focused their resources on providing them housing and neglected to take into consideration their livelihoods. Thus taking them further towards marginalization compared to before they were relocated.

Furthermore, Sia Su (2007) included in his article that the residents felt like they were neglected by the government for they received little attention. This article also supported what the article of Gaillard & Cadag (2009) which states that the government provided them housing but little was done to address their other basic needs such as work, accessible education and food, better sanitation and health services, and other basic social services.

The experiences of the residents near the Payatas Landfill where they receive little attention about their basic social services were not really a new thing, especially the health care services. The article of Herrera, Roman, & Alarilla (2012) quoted Romualdez (2010) where he said that health services fail to reach the poor who needed medical attention the most because of their lack of financial capability to pay the services. Moreover, the article also stated that hospital industry in the poorer areas faces problems such lack of medical facilities, not enough availability of health care professionals, and bad quality of health care.

According to a survey entitled “2007 Baseline Socio-Economic Survey of Brgy. Payatas, Quezon City” of John J. Carrroll Institution on Church and Social Issues in partnership with Philippine Support Services Agencies, Inc., access to health services in Payatas is not sufficient. Only 87.7% have access to nearby health centers. Moreover, only 32.19% of those who need
medicines were able to access it in sufficient quantity. It is also stated in the survey that the medical service was the most common service given to the residents of Payatas. It is followed by dental and maternal care.

The survey also has data about the education system of Brgy. Payatas. Day Care Centers (91.36%) and Elementary Schools (89.53) are geographically accessible to children. Even though the numbers are very high, there’s still a lot to improve. On the other hand, High Schools are only accessible to 59.95% of the total residents of Payatas. What’s more is that there are no college institutions that are available in the area.

The survey also indicated that 3.7% of children aged 7-16 are not studying. The main reason behind this is financial problem in the family.

To have a better understanding about the education system in the Philippines, the article of UNESCO on August 2006 was of great help. It gives the primary knowledge about the education system here in the Philippines. It includes the principles and the general objectives of Philippine education. Moreover, it also includes the priorities and concerns of the current educational system. The development programmes implemented throughout the years were also introduced. The most significant sentence in the article is the one which states that the Department of Education “will continue to provide access to basic education.” However, there are still quite a number of children who do not have access to basic education. This is evident in the number of children still in the streets instead of staying in school. It is also evident in the “2007 Baseline Socio-Economic Survey of Brgy. Payatas, Quezon City”.

The cases where children were not able to access education are one of the problems and issues that the article Joel M. Durban and Ruby Durban Catalan wrote. This article attempted to analyze, evaluate, and criticize the problems that are affecting the education system of the
Philippines. At the end of the journal, it also included possible ways to improve the current status of Philippine education.

Related Literature

The last literature reviewed was the article published by De La Salle University. The article gave the economic, demographic, and other factors that affect the school participation of children. These children were from urban and rural households of Pasay and Eastern Samar. This article is important because it already gave the different factors that affect the school performance of children, which is an important variable in the research.

These articles gave the research a much deeper understanding about the different concepts that the researcher intends to put together, mainly the access to health services and education. It gave a background on how the two concepts stand on its own in Payatas, the area of the research study. From these articles, the research topic will focus on the accessibility of health care services among the children of communities near the Payatas Landfill and how it affects the schooling of the children.

CHAPTER III

THEORETICAL FRAMEWORK

The theories used for the purpose of this research are New Institutionalism and Critical Theory Approach.

New Institutionalism is a theory that focuses on the development of institutions in a sociological view. The theory aims to know how these institutions interact with each other and how they affect the society and its different aspects. Because the theory centers on its interactions with each other and with the society, it stirs away from the traditional view of its mother theory, Institutionalism Theory.
The theory of New Institutionalism was chosen because the research aims to know how the barangay health center, which was viewed as the institution, affects the daily lives of the children. It aims to understand how the health center was handled in order to give health care services to its community residents. By knowing how the health centers work, it will enlighten the research on how it actually delivers the services to the children. Moreover, by knowing these things, it will enlighten how accessible these services are to the children.

This theory was chosen because it can help explain the reason how the access to primary health care services can affect the attendance of children in school.

The second theory used in this research is the Critical Theory Approach. It is a social theory that aims to criticize and change the society as a whole. Critical Theory Approach aims to “dig beneath the surface of social life and uncover the assumptions that keep us from a full and true understanding of how the world works”, (Crossman, 2014). According to the same article of Crossman, the Critical Theory Approach has two core concepts: (1) the theory should be directed at the totality of the society in its historical specificity, and (2) it should be able to improve the understanding of the society by integrating and analyzing all the major social sciences. Moreover, the Critical Theory Approach can be described as adequate to use in a research if it meets three criteria: (1) explanatory, (2) practical, and (3) normative. It means that the theory should be able to explain the problem in the current social reality, must be able to identify and recognize the actors to be able to change it, and must provide criticisms and achievable practical goals for the transformation of the society.

The Critical Theory Approach was chosen because it will be able to give an understanding on how the current society works. With poverty prevalent in the country, the theory can be used to explain why the society is the way it is. Especially in the area of the
research which can be categorized as more depressed or marginalized because of their environment and its state, the theory will be able to explain the problem why the children absent or skip in school, whether from sickness which can be traced from the lack of access to primary health care services or to other problems brought about by poverty.

**CONCEPTUAL FRAMEWORK**

**Independent Variable:**
- Access to primary health care services

**Dependent Variable:**
- Attendance in school

![Conceptual Framework Diagram]

- Health Centers/Hospitals/Clinics
- Immunization
- Check-up
- Weight Monitoring
- Supplemental Feeding
- Micronutrient Supplementation
- Deworming
- Other Services
- Drugs/Medicines
- Other Reasons
- Schooling
- Sickness
The independent variable for this research was the accessibility of primary health care services. On the other hand, the dependent variable was the attendance in school of children. Primary health care services at the lowest strata of the health system are found in health centers, such as barangay health centers or the municipal health centers. These services can be summed up to deworming, immunization, weight monitoring, providing drugs and medicines, check-ups, supplemental feeding, and micronutrient supplementation. These services are the services that are needed by children. At the same, these services are required to be offered by health centers. These services should be made available, affordable and accessible to children at all times.

With the children being able to access these services, it will determine whether their attendance in school is affected by it. It can be determined by knowing the reasons why the children skip school, whether or not the reason behind it is because of their sickness or because of other reasons. If the reason behind the absence of children in school is because of sickness and is actually traceable to their lack of access to primary health care services, then it can be established that the accessibility of these services actually affects their attendance in school. Establishing a connection between the two variables can strengthen the idea that the two have effects on each other one way or another.

CHAPTER IV
METHODOLOGY

Conceptualization

- Primary Care- aspect of a health services system that assures person focused care over time to a defined population, accessibility to facilitate receipt of care when it is first needed, comprehensiveness of care in the sense that only rare or unusual manifestations of ill health are referred elsewhere, and coordination of care such that all facets of care (wherever received) are
integrated. It is the basic or general health care usually rendered by general practitioners, family practitioners, internists, obstetricians and pediatricians

- Primary Health Care Services- services that are being offered to deliver primary care.
- Accessibility of health services- aspects of the structure of health services or health facilities that enhance the ability of people to reach a health care practitioner, in terms of location, time, and ease of approach.
- Access to health services- the perceptions and experiences of people as to their ease in reaching health services or health facilities in terms of location, time, and ease of approach.
- Schooling- is the attendance of children in school. It is the amount of time the students spent present in school.

Operationalization

- Primary health care services for children
  - Weight monitoring (operation timbang)
  - Micronutrient supplementation (Iron, Vitamin A)
  - Deworming
  - Supplemental Feeding
  - Expanded Program on Immunization

Subjects to Study

The subjects of the study were the 8 parents of the children living in Payatas Area B, particularly in Phase 2— the area nearest to Payatas Sanitary Landfill. The parents that were interviewed, via one-on-one interview or focused group discussion, are those whose children are currently attending school or whose children used to go to school. Of the 8 parents interviewed, 6 of them have children aged appropriate for elementary education, 1 parent has children in high school education and 1 parent has children in both level of education. The parents served as the
primary source of information on what primary health care services are available for their children and how they acquire these services. It is because they have the best knowledge about these things regarding their children.

The volunteers in the area served as key informants because they have the knowledge about the different aspects of the area. Aside from that, the volunteers are familiar with the area, the people who are living in the area, and the problems that the residents face. The key informants came from organizations that work closely with the residents of the area—Kadamay National and Anak Pawis-Payatas.

Lastly, an expert was also interviewed. The expert is essential because he gave information on the health care system in general. Moreover, the expert has the best knowledge available about the topic. The expert interviewed was a doctor working in World Health Organization.

Research Design

The design of this research was anchored in qualitative research method because it used an interpretative approach in analyzing the data. The research studied the social phenomenon of the accessibility of primary health care services of children in Payatas and its implications on their attendance in school. By using the qualitative research method, it emphasized the importance of looking and observing the variables—accessibility of primary health care services as the independent variable and the rate of attendance in school as the dependent variable—within their context while in their natural settings. The qualitative research method was also used because the relationship and interaction of between the two variables was closely observed.
This research had a cross-sectional design as the research’s design type. A cross-sectional design is a type of observational study that involves the analysis of the collected data. By using the cross-sectional design, the data gathered throughout the research was collected at one specific point in time from a specific population or from a representative of a subset. In the case of this research, the target population where the data was derived from was the parents of the children living in Phase 2 of Payatas B, Quezon City. The sample population was derived from the target population which were the parent who were living in Purok 12, Purok 17, and Purok 18 of Phase 2, Payatas B, Quezon City. On the other hand, the unit of analysis, or the people whom the data and information directly come from, were the parents of the children.

It was also an explanatory research for it seeks to explain the relationship between the two variables. Primarily, it focused on the causal relationship of the variables. It sought to explain how the accessibility of primary health care services affects the attendance in school of children. The cause-and-effect nature of the research outlined the idea that the attendance of children in school is affected by their access to health care services, whether directly or indirectly.

In conducting this research, two methods were used: interviewing and focused group discussions. Interviewing was important in the research because this method was the primary tool used to gather the primary source of information. The parents of the children were interviewed for 10-20 minutes. A focused group discussion was also used to verify the individual answers of the parents and to give a wider view of the subject.
Data Management and Analysis

The data gathered was in the form of notes, audio recordings, and photos. The notes were gathered while the interview was taking place. At the same time, the interviews were recorded with the approval/consent of the parents or individuals concerned. The audio recordings were transcribed later to be used for the analysis of the data gathered. Photos were also taken to serve as additional documentation.

All the data gathered came from the subject respondents (the parents), the key informants (the volunteers), and the expert.

Sample Size

Since the project was a qualitative research, the sample size was small. The research interviewed 8 parents, whom 6 of them participated in one-on-one interview while the other two participated in a 3-person focused group discussion, the other person having participated in the one-on-one interview too. There are 2 key informants, and 1 expert.

Ethical Considerations

Free, prior, and informed consent was consciously obtained before interviewing any participant. The researcher ensures that the data gathered will be treated confidentially and will guarantee the privacy of the interviewee and his/her response. Moreover, the researcher made sure that the respondents thoroughly understand the intentions of the study—that is to know the degree of accessibility of health care services to their children and how it affects their attendance in school.
Risks while doing a research is something that is unavoidable. For this research, the risk was the time used to interview the respondents. It is because their time is precious and they use it to find livelihood and food to eat for every day. By interviewing them, I took away the time they could have used to find additional sources of living or food to eat for the day.

The benefit of the study is more of an indirect benefit rather than a direct benefit. The benefit of the study is to help them express their opinion on the primary health care services being delivered to them. By knowing the problems they associate with the services, it will help the government assess their administration on the health care system of the Philippines. This will in turn result for the change in the health care system, making it possible to give more services to the people—services that are more accessible, affordable, and available.

CHAPTER V
DATA PRESENTATION

Interview
(Subject Respondents)

<table>
<thead>
<tr>
<th>Code</th>
<th>Theme</th>
<th>Actual Response</th>
<th>Summative Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>Institution they go to</td>
<td>“Meron, meron dito. Talagang napakalapit lang. Meron kami dito, andyan.” – Respondent 1</td>
<td>The nearest and most accessible institution where they can get health services is the barangay health center, Lupang Pangako Health Center. It is very accessible to them because it has a distance that can be covered by</td>
</tr>
<tr>
<td>Center</td>
<td></td>
<td>“Oo. Pero meron din naman private dito, yung nasa pagpasok niyo. Private yun eh. Pero bakit ka magbabayad eh</td>
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<tr>
<td>Sickness</td>
<td>The different illnesses and sicknesses that the children experience</td>
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<td>---------------------------------------------------------------------</td>
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<tr>
<td></td>
<td>“Yung kati sa balat, ubo, sibon, atsaka yung pangangati. At marami pang iba.”</td>
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<tr>
<td></td>
<td>– <strong>Respondent 1</strong></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>“Bukod sa walang tigil ang pag-ubo, namamaga na yung buong katawan”</td>
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<tr>
<td></td>
<td>– <strong>Respondent 1</strong></td>
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<tr>
<td></td>
<td>“Tapos dahan-dahan nangangayayat yung mga anak ko …… dahil sa amoy ng</td>
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<td></td>
<td>The most common diseases of children in Payatas are skin, rashes, cough, cold, and fever. Almost all of the respondents identified the same illnesses that their children experience. One respondent said that her children also suffer from flu occasionally. It seems that their location, being near the dumpsite, is the reason why cases regarding respiratory</td>
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<td></td>
<td>foot. Aside from the barangay health center, a private clinic is also near. However, they opt to go to the barangay health center with the reasoning of why go to a private clinic when you can have the same services for free from the barangay clinic.</td>
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<td>– <strong>Respondent 6</strong></td>
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</tr>
</tbody>
</table>

<p>| Respondent 2 | nanjan naman yung health center. Eh meron naman kami dito. |
| Respondent 3 | “Dito po sa amin. May health center kami dito.” |
| Respondent 5 | “Lupang Pangako Health Center” |
| Respondent 6 | “Nagpapacheck-up din sa health center.” |</p>
<table>
<thead>
<tr>
<th>Alternative</th>
<th>Steps that the parents do when they’re children are sick</th>
<th>There are times where the parents choose not to bring their child to the health center for a check-up when they are sick. It is because they said they are capable of taking care of their children.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ubo, sipon, trangkaso</strong></td>
<td>“Kasi kapag mga ubo’t mga sipon, alam naman nating mga nanay ang dapat na ipainom.” – <strong>Respondent 2</strong> “Kapag nilagnat naman ng isang araw, papainumin ko lang ng paracetamol, okay na.” – <strong>Respondent 3</strong></td>
<td></td>
</tr>
</tbody>
</table>

There are times where the parents choose not to bring their child to the health center for a check-up when they are sick. It is because they said they are capable of taking care of their children.
<table>
<thead>
<tr>
<th>Services</th>
<th>Health center services</th>
</tr>
</thead>
</table>

**Check-up**

- **Respondent 6**
  "Kapag lagnat, pinupunasan ng bimpo na may malamig na tubig. Tapos bibili ng paracetamol na pambata."

- **Respondent 1**
  "Pumupunta naman yung mga magulang dito para magpacheck-up"

- **Respondent 2**
  "Bihira ako magpacheck-up eh. Kasi kapag ubo-ubo, sipon-sipon, kaya lang naman siguro nating gamutin, di ba?"

- **Respondent 3**
  "Kapag malala na, pinapacheck-up ko."

- **Respondent 5**
  "Yung mga check-up po ng mga anak ko, dyan sa center."

- **Respondent 6**
  "Kapag merong nararamdaman. Pero pag wala naman, hindi."

The health center is visited because of children seeking check-ups from doctors and nurses. They visit whenever they feel feverish or if there is something wrong about their health. However, if the illnesses are just ordinary, such as fever, cough, and cold, the parents don’t visit the health center anymore. Instead, they choose to address the problems themselves. Only when it’s already acute that they visit the center.
Drugs/ Medicines

“Paglabas mo ang dala mo eh reseta lang, bibili ka ng sarili mong gamot eh.”  
– **Respondent 1**

“Meron din minsan kaya lang minsan kapag medyo acute na, reseta lang.”
– **Respondent 1**

– **Respondent 1**

“Pero okay naman ang health center kasi minsan may mga libreng gamot”
– **Respondent 2**

“Tapos nagbibigay sila ng mga gamot.”  
– **Respondent 3**

“Ano po, paracetamol, amoxicillin, carbocisteine, yung mga gamot sa ubo, ganun.”
– **Respondent 3**

The health center gives medicines to the children whenever they go to the health center and needed it. However, there are times when supplies of medicines run out. These forces the parents to buy medicines. Sometimes, when the disease is already acute, they only issue prescription.

However, they do have medicines for the common diseases of children. Whenever they have supply, they do give it to the patients when they come over for check-ups.
<table>
<thead>
<tr>
<th>Respondent</th>
<th>Quote</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>“Minsan nga talaga walang suplay, bibili ka ng gamot. Pero kapag may suplay naman ng gamot, nagbibigay talaga sila.”</td>
</tr>
<tr>
<td>4</td>
<td>“Dyan lang din sa center. Tapos pag wala dyan dun sa generic.”</td>
</tr>
<tr>
<td>6</td>
<td>“Kung ano yung sakit ng anak ko, yun din binibigay nila. Pero hindi lahat ng kailangan, naibibigay. Kailangan mo ding bumili.”</td>
</tr>
</tbody>
</table>

- **Immunization**

  “Oo, may bakuna din dyan. Nakakapagpabakuna yung mga kabataan dyan.” — **Respondent 1**  

Immunization, one of the most important services of the health center, is also being offered and
<p>| Respondent 1 | “Madalang yung feeding nila.”&lt;br&gt;“Binigyan sila ng libreng gatas.”&lt;br&gt;“Lalo na yung nagustuhan ko dyan yung binigyan sila ng anim na buwan na chocolate.”&lt;br&gt;– Respondent 2 | Feeding is also one of the services of the health center. They do implement programs for feeding. However, it is implemented rarely. When they do have feeding programs for the children, not all are qualified to participate. Only those who are malnourished were allowed to participate in the feeding. |
| | | |
| | | |
| Respondent 3 | “Ay kumpleto siya.”&lt;br&gt;– Respondent 2 | |
| | “Sa awa naman ng Diyos, kumpleto sila.” – Respondent 4 | |
| | “Opo, kumpleto po sila.”&lt;br&gt;– Respondent 5 | |
| | “Oo, kumpleto silang lahat.”&lt;br&gt;– Respondent 6 | |</p>
<table>
<thead>
<tr>
<th>Health Center Services</th>
<th>Respondent 4</th>
<th>Respondent 5</th>
<th>Respondent 6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>– Respondent 4</td>
<td>– Respondent 5</td>
<td>– Respondent 6</td>
</tr>
<tr>
<td></td>
<td>“Oo. Binibigyan kami. Mga Vitamin A, yung pampatak. Meron yan.”</td>
<td>The health center also gives vitamins to the children. The most common vitamin that was given to the children by the health center is the Vitamin A. They need it to have good eyes.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>– Respondent 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight Monitoring</td>
<td>“Minsan kapag tinitimbang sila, di ba umiikot sila”</td>
<td>Weight monitoring is also a constant service offered by the health center. The children’s</td>
<td></td>
</tr>
<tr>
<td></td>
<td>– Respondent 2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
“So palagi yun, timbang” – **Respondent 4** | weight was monitored by the health workers in the barangay. Deworming should also be a common service offered by the health service. However, most of the parents interviewed said that their children were dewormed in their school. |
| **Other services** | “Ay oo. Nag-aano din sila dyan sa school.” – **Respondent 2**
“Simula’t sapul naman eh, kumpleto sila……..sa health center” – **Respondent 4**
“Sa eskwelahan nagbibigay sila.” – **Respondent 6**
“Nagbibigay siguro (ang health center) pero hindi naman kami nabibigyan.” – **Respondent 6** | The respondent also said that the health workers often conduct house-to-house visiting to remind the parents of their scheduled check-ups. Sometimes, when the children failed to go to their scheduled |

“Minsan yung mga nasa health center, umiikot yan.” – **Respondent 2** |
<table>
<thead>
<tr>
<th>Affordability</th>
<th>The affordability of the services offered by the health center</th>
<th>check-ups, they were personally visited by the health workers.</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Wala ngang bayad eh. Ang bait ni Mayor. Kaya lang check-up lang, reseta lang. Libre. Libre lang (bakuna)” – <strong>Respondent 1</strong></td>
<td>All the services in the health center are free of charge. Not one cent was collected from these services. All the services, from check-up to immunization to feeding up to deworming were all free. Despite the fact they the services were free of charge, the health center accepts donations.</td>
<td></td>
</tr>
<tr>
<td>“Libre talaga ang check-up dyan. Tapos minsan may libreng gamot ka. Pero siguro dahil sa dami ng tao dito sa amin, bihira yung may libreng gamot sila na binibigay sa amin.” – <strong>Respondent 2</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Nagbibigay talaga sila ng gamot. Libre.” – <strong>Respondent 3</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Libre. Pero may mga time na wala silang gamot. Bibilhin mo yung gamot pero bibigyan ka ng reseta.” – <strong>Respondent 3</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Wala naman.” – <strong>Respondent 5</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Wala. Donation lang.” – <strong>Respondent 6</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 4Ps (Pantawid Pamilyang Pilipino Program) as an intervenor to the accessibility of services | “4Ps kaya kami. Required kami magpacheck-up buwan-buwan.” – **Respondent 4**  
“Kasi regular check-up namin dun eh, sa mga 4Ps. So palagi yun, timbang. Kahit wala kang nararamdaman, pupunta.” – **Respondent 4**  
“Ang alam ko lang priority lang yung 4Ps. Hindi naman kami 4Ps eh.” – **Respondent 5**  
“Kung ano, syempre, mas inuuna yung mga 4ps bago yung hindi miyembro.” – **Respondent 5**  
“Kasi kapag kailangan nila ng tulong, pupunta sila sa center. Pero sa katulad kong hindi, bihira lang talaga.” – **Respondent 6**  
“Pero katulad nung sa amin na hindi naman 4Ps, parang wala lang (yung serbisyo). Mas pabor | Even though the services are indeed free of charge to all and can easily be accessed by children, it seems that the treatment for the residents were not at all fair. Those who were member of the 4Ps, otherwise known as the Pantawid Pamilyang Pilipino Program, seem to have an advantage. They were required to go the health center on a regular basis for check-ups and weight monitoring. Moreover, they seem to have a priority in the service delivery. |
### Schooling

<table>
<thead>
<tr>
<th>Sickness as the reason why the children doesn’t attend school</th>
<th>The respondents said that their children rarely skip school because of sickness. By looking at the answers, we can derive that the most common diseases from which the children skip school from are the diseases which were not really avoidable, cold, cough, and fever. The respondents did not mention any disease that was caused by their lack of access to health care services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Oo. Lahat yan. Hindi na makapasok dahil nagkakasakit.”</td>
<td>“Hm-hm. Tulad ngayon absent siya…….kasi may beke.”</td>
</tr>
<tr>
<td>– Respondent 1</td>
<td>– Respondent 2</td>
</tr>
<tr>
<td>– Respondent 4</td>
<td></td>
</tr>
</tbody>
</table>

The respondents said that their children rarely skip school because of sickness. By looking at the answers, we can derive that the most common diseases from which the children skip school from are the diseases which were not really avoidable, cold, cough, and fever. The respondents did not mention any disease that was caused by their lack of access to health care services.
Other reasons to why children don’t attend school.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondent 1</td>
<td>“Tapos yun, number 1 yung minsan eh walang pamsahe.”</td>
</tr>
<tr>
<td>Respondent 2</td>
<td>“Umaabsent siya kapag tinatamad.”</td>
</tr>
<tr>
<td>Respondent 3</td>
<td>“Nahihirapan po kaming maghanap minsan para pambaoon nila sa school.”</td>
</tr>
<tr>
<td>Respondent 3</td>
<td>“Madalas nga. Minsan walang baon yung panganay ko.”</td>
</tr>
</tbody>
</table>

More often than not, the reasons why the children skip school are not because of sickness. It is more of an economic problem on the part of the parents. Whether they have no money to give their children to use as transportation fair or they don’t have the money for their children’s school allowance for the day. Two of the respondents even said that due to financial problems, they
<table>
<thead>
<tr>
<th>Respondent 3</th>
<th>“May time din na tamad pumasok.” – Respondent 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>“Yung isa ko sana, kaswala naman akong pampa-enroll.” – Respondent 4</td>
</tr>
<tr>
<td></td>
<td>“Ang problema, yung allowance. Yun lagi yung madalas maka-absent sa kanila.” – Respondent 4</td>
</tr>
<tr>
<td></td>
<td>“Hindi pumapasok kasi mahirap gisingin kasi pang-umaga.” – Respondent 5</td>
</tr>
<tr>
<td></td>
<td>“Tapos kung ayaw rin pumasok ng anak ko, hindi ko rin naman mapipilit.” – Respondent 6</td>
</tr>
</tbody>
</table>

were not able to send their children to school and enroll them in classes. Another reason why the children skip school is because they don’t want to and their parents wouldn’t force them to attend their class.
DATA PRESENTATION

Interview
(Expert)

<table>
<thead>
<tr>
<th>Code</th>
<th>Theme</th>
<th>Actual Response</th>
<th>Summative Analysis</th>
</tr>
</thead>
</table>
| Services | These are the services that are offered to children in Barangay Health Stations | “Those services available within Rural Health Units/ City Health Office and Barangay Health stations, we cluster under the UNDER-5 Clinics which provide:  
- Breastfeeding monitoring and advice  
- Weight monitoring (operation timbang)  
- Micronutrient supplementation (Iron, Vitamin A)  
- Deworming  
- Supplemental Feeding | The services that the barangay health stations or barangay health centers should provide are (1) breastfeeding monitoring and advice, (2) weight monitoring or the “operation timbang”, (3) micronutrient supplementation, (4) deworming, (5) supplemental feeding, (6) control of diarrheal diseases, (7) expanded program on immunization, and (8) well-child and sick child clinics. |
| Control of Diarrheal Diseases | Expanded Program on Immunization | Well-child and Sick Child clinics |

| “Common reasons as to why certain services are not available could be: |
| low resources (financial and material), |
| non-applicability (disease is not found in that area i.e. Malaria), |
| lack of trained personnel (specific service requires a trained professional, i.e. BeMONC services only by BeMONC trained).” |

| There are some reasons why these services were not readily available to the children. The expert interviewee stated three reasons. The first reason is that there’re low financial and material resources. The second reason is that it is not applicable in the situation. The last reason is that there’s a lack of trained personnel to provide specific services. |

These are the common reasons why services re not available
<table>
<thead>
<tr>
<th>Affordability</th>
<th>The affordability of the services offered by the health center</th>
<th>“These services for children are free”</th>
<th>All the services offered by health stations are, and should be, free of charge.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability</td>
<td>The availability of the services offered by the health center</td>
<td>“Again, a lot could influence this. Is there enough financial allocation? Was there a gap in the delivery of expected DOH supplies? Were there more pressing needs that need to be addressed by an LGU that these service supplies could be put on hold (i.e. disaster response, disease outbreak, common political prioritization on infrastructures, etc.). By requirement, these services should always be available.”</td>
<td>There are also other factors that can affect the availability of these services. Some of these reasons are already stated above. However, no matter what, these services should always be available for children.</td>
</tr>
<tr>
<td>Accessibility</td>
<td>The accessibility of the services offered by the health center</td>
<td>“All these services are being provided up to the barangay level. Topography or geographic limits is very</td>
<td>These services should be easily accessible to children because these are being offered up to the barangay level. However, there</td>
</tr>
<tr>
<td><strong>Schooling</strong></td>
<td>The effects of accessibility of health care services to the schooling of children</td>
<td>“Under-5 clinics and preventive services are meant to ensure that all children achieve a baseline acceptable level of health and quality of life. Failures in the provision of these services could then lead to increased disease occurrence and poor mental and physical development, all of which affecting school performance</td>
<td>The health care services are designated to give the children a better quality of life. If these services were not being delivered as they were intended to, it creates different effects to children. In terms of their schooling, it could lead to increased occurrence of being sick and poor mental and physical development. This will in turn affect their school performance</td>
</tr>
</tbody>
</table>
and absenteeism.” performance and increase their chances of skipping school.

DATA PRESENTATION

Interview (Key-Informant)

<table>
<thead>
<tr>
<th>Code</th>
<th>Theme</th>
<th>Actual Response</th>
<th>Summative Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services</td>
<td>Assessment of the services offered by health center</td>
<td>“Kung tungkol sa kalusugan, ay syempre kulang pa rin. ‘Di naman sila nabibigyan talaga ng serbisyo” – Informant 1 “Meron din naman yung tinitimbang-timbang, ganun” – Informant 1 “Kasi yung amoy tapos yung serbisyo naman dun para sa pagpapagamot nila ay hindi rin naman talaga nabibigay ng center. Kasi pag pupunta sila sa center, minsan walang doktor tapos walang mga</td>
<td>The services offered by health center are assessed by the key-informants to still be lacking. These services are not being delivered to children. Even though there are services, there’s a distinct lack of doctors and nurses. It was also emphasized that there are often times where medicines are not available to the children. However, they also acknowledged that there are services such as weight monitoring and these services are delivered in an organized</td>
</tr>
<tr>
<td><strong>Children</strong></td>
<td>The state of health of the children</td>
<td>“Yung mga timbang ng mga bata, malnourished sila.”</td>
<td>The state of the children is not in the best level of quality that they do deserve.</td>
</tr>
<tr>
<td><strong>Health Center</strong></td>
<td>The institutions where children go to receive health care services</td>
<td>“Sa Barangay, meron din namang mga klinika kaso lang wala namang mga doktor.”</td>
<td>The residents of the community have the barangay health center as the institution where they go to have access to primary health care services. However, there’s a distinct lack of health workers.</td>
</tr>
</tbody>
</table>
| Alternative Steps that parents do when their children are sick | “Maski hindi pinadoktor, kung ano na lang yung gamot na naisip nilang bilhin. Syempre alam mo naman ang mahihirap. Ano ba yung pwedeng igamot, may lagnat si ano. Kaya minsan serious na bago pa dalhin sa hospital. Ganun ganun lang.”  
– Informant 1 | Even though there’s accessible health center in the area, the parents do not go to the health center because they opt to cure their children on their own.  
– Informant 2 |
<table>
<thead>
<tr>
<th>Assessment of effects of health care services in schooling of children</th>
<th>“Kapag hindi tama ang kinakain mo dahil wala kang pagkain, hindi tama ang kinakain, epekto nito yung mahina ang katawan. Syempre sa pag-aaral, tatamaring mag-aral.” – Informant 1</th>
<th>It affects the schooling of the children because whenever they do not receive the nutrition they need, it weakens their body. And in terms of school, they will be too lazy to study.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schooling</td>
<td>“Syempre dahil na din sa kahirapan. Walang pera.” – Informant 1</td>
<td>The main reason why they skip school is because of financial problems.</td>
</tr>
<tr>
<td>Reasons why children were absent in school</td>
<td>“Sa isang linggo, dalawang beses lang sila makapasok kasi madalas silang atakehin (ng hika).” – Informant 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>“Sa sakit, sa demolisyon ng bahay nila. Kaya syempre. Yung iba nga sa kanila may mga sakit. Halimbawa yung kuya, may sakit, edi hindi na maasikaso yung mga mas bata para mapag-aral kasi ang tinututukan ng magulang</td>
<td></td>
</tr>
</tbody>
</table>
ay yung kuya muna para ipagamot. Ayun, kakulangan sa kabuhayan ng mga magulang.” – Informant 2

“Sila na mismo yung nakakaranas ng kagutuman kaya sila na rin mismo yung gumagawa ng paraan kahit na mangalakal sila, makabenta at bibili sila mga pagkain.” – Informant 2

### DATA PRESENTATION

Focused Group Discussion

<table>
<thead>
<tr>
<th>Code</th>
<th>Theme</th>
<th>Actual Response</th>
<th>Summative Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Center</td>
<td>Institution they go to</td>
<td>“Dyan sa may Phase 1.”</td>
<td>The respondents stated that they can access health services in their health center located in Phase 1 which is a matter of walking distance from their homes.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>– <strong>Respondent 3</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>“Sa Phase 1. Nilalakad lang naman. Malapit lang.”</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>– <strong>Respondent 2</strong></td>
<td></td>
</tr>
</tbody>
</table>
Sickness
The different illnesses and sicknesses that the children experience

– Respondent 3
  “Ubo, sipon, ganun.”

– Respondent 1
  “Bibihira naman (magkarashes).”

– Respondent 2
  “Kapag tag-init lang. Yan, bungang araw, beke.”

The illnesses of their children were the likes of colds and coughs. Rashes were not often experienced by their children. In fact, their children only succumb to rashes, even sometimes to mumps, according to the current weather. Hence, illnesses aside from cough and colds were very scarce.

Services
Services offered by the health center

- Check-up

– Respondent 3
  “Kunwari, hindi ka naman naka-schedule na pumunta doon tapos biglang nagkasakit yung bata, pupunta ka doon.”

– Respondent 2
  “Para lang sa mga bata yun. Depende na lang kung nagkakasakit sila.”

Check-ups among their children are not very common. They only visit the health center to have a check-up when their children are already sick. Check-ups in the health center are also scheduled.
<table>
<thead>
<tr>
<th>Category</th>
<th>Response</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Drugs/ Medicines</strong></td>
<td>“Halimbawa, may sakit, dalhin mo kaagad dun kasi may mga gamot naman.” – <strong>Respondent 2</strong></td>
<td>Medicines and drugs are readily available to children in the health center. The parents can receive medicine in the health center when their children are sick. However, there are times when these medicines are not available. If this happens, the health center issues prescriptions and referrals to the parents and they will be forced to buy these medicines in pharmacies. Nevertheless, if the medicines are available, the health center distributes it.</td>
</tr>
<tr>
<td></td>
<td>“Nabibigay naman kaso minsan nahuhuli.” – <strong>Respondent 2</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>“May mga time na limited lang.” – <strong>Respondent 1</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>“Pero pag may mga gamot, tatawagin ka din nila.” – <strong>Respondent 3</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>“Pero may time na wala.” – <strong>Respondent 2</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Immunization</strong></td>
<td>“Oo, hanggang matapos yung nasa booklet nila.” – <strong>Respondent 1</strong></td>
<td>Immunization is also readily available to the children until they finished what was needed to</td>
</tr>
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<td></td>
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<tr>
<td>• Supplemental Feeding</td>
<td>“Pero kapag lagpas ka na ng balikan mo sa center, tama ka na.” – <strong>Respondent 3</strong></td>
<td>finish in their records.</td>
</tr>
<tr>
<td>-------------------------</td>
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</tr>
</tbody>
</table>

| | “Oo, dito sa court.” |
| | – **Respondent 2** |
| | “Sa court. Dyan sa court ang feeding palagi.” |
| | – **Respondent 1** |
| | “May mga simbahan din na nagpapafeeding din.” |
| | – **Respondent 3** |
| | “Sa school, nagfefeeding din naman kaso madalang.” |
| | – **Respondent 1** |
| | “Sa school, ang finifeeding naman nila doon ay yung mga underweight.” |
| | – **Respondent 2** |
| | – **Respondent 3** |

The respondents also said that their children enjoy feeding programs from different institutions. More often than not, these feeding programs are held in the barangay court. Aside from the health center, various non-government organizations, the schools, and even the church offer feeding programs to the children. The feeding programs organized by the health center are not regularly done. Moreover, only the malnourished children or the children that needed it the most were allowed to participate. It is the exact opposite to the feeding programs offered by non-government organizations where
<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Micronutrient supplementation</td>
<td>“Pero umiikot din yung ma taga-center para magbigay ng vitamin A.”</td>
<td>The health center also gives Vitamin A to the children whenever they do their rounds in the community.</td>
</tr>
<tr>
<td>Weight Monitoring</td>
<td>“Ano yun, magpapacheck-up ka muna.”</td>
<td>The children were only able to monitor their weight whenever they go to the health center to have their scheduled check-ups.</td>
</tr>
</tbody>
</table>

**Respondent 1**

- “Yung mga underweight lang. Kasi yung mga nagfefeeding dito kalimitan mga NGO eh. May feeding sila (health center) dito pero kalimitan.”
- “Meron sa center pero pili ang mga bata.”
- “Ano yun, magpapacheck-up ka muna.”
- “Tama naman yung timbang nila sa edad nila.”

**Respondent 2**

- “All the children were able to participate.”
- “Magpapacheck-up ka muna sa center.”
- “Tama naman yung timbang nila sa edad nila.”

**Respondent 2**
<table>
<thead>
<tr>
<th>Deworming</th>
<th>The health center also offers deworming to their children. Whenever they didn’t go to the health center, the health workers themselves visit them in their homes. Moreover, whenever they have their check-ups in the health center, they were being asked if their children were already dewormed, resulting to their children being updated in their deworming.</th>
</tr>
</thead>
</table>
“Yung sa center naman, kapag nadun ka na, nagpacheck-up ka, tatanungin ka kung nabulate na ba yung anak mo. Pagkatapos ng six months, bibigyan ka nila ulit ng pambulate.” – **Respondent 2** |  |
| Other services | The health workers do rounds in the community and conduct house-to-house visits whenever the parents weren’t able to go to their scheduled appointments or check-ups. Moreover, the health center recommends doctor from different hospitals to conduct medical missions in the community. |
| “Oo, nag-iikot sila dito.” – **Respondent 2**  
“Kapag hindi naman makapunta yung mga magulang doon, sila mismong mga taga-center ang iikot sa barangay niyo.” – **Respondent 3**  
“Tsaka yung center, nagrerekomenda ng mga doktor galing sa ibang ospital |
| Affordability | The affordability of the services offered by the health center | para mag-medical mission.”  
– Respondent 2 |
|---------------|---------------------------------------------------------------|------------------------------------------------------------------|
| 4Ps (Pantawid Pamilyang Pilipino Program) | 4Ps as an intervenor to the accessibility of services | “Libre naman yun sa center eh”  
– Respondent 2  
“Ay wala. Ang bibilhin mo lang ay yung parang index card nila. Parang pinakarecord na nila yun eh.”  
– Respondent 1  
“Pero yung bibilhin mong mga gamot sa center, wala.”  
– Respondent 3 |
|  |  | The services in the health center are all free of charge. The only thing that the parents spend on was the index card where the record of their children was written.  
Those who are members of Pantawid Pamilyang Pilipino Program, otherwise known as the 4Ps, were required to have their monthly check-ups as opposed to those who are not members. Because of this, the 4Ps members were regularly monitored. |
<table>
<thead>
<tr>
<th>Schooling</th>
<th>Sickness as the reason why the children doesn’t attend school</th>
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<tbody>
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<td></td>
<td>“Hindi naman.”</td>
</tr>
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<td></td>
<td>– <strong>Respondent 2</strong></td>
</tr>
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<td></td>
<td>– <strong>Respondent 1</strong></td>
</tr>
<tr>
<td></td>
<td>“Kahit nga may ubo, pumapasok.”</td>
</tr>
<tr>
<td></td>
<td>– <strong>Respondent 3</strong></td>
</tr>
<tr>
<td></td>
<td>“As long naman na may gamot na iniinom yung bata, pumapasok siya.”</td>
</tr>
<tr>
<td></td>
<td>– <strong>Respondent 1</strong></td>
</tr>
<tr>
<td>Other Reasons</td>
<td>Other reasons to why children don’t attend school.</td>
</tr>
<tr>
<td></td>
<td>“Yung bagyo, madalang lang naman yun.”</td>
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<tr>
<td></td>
<td>– <strong>Respondent 3</strong></td>
</tr>
<tr>
<td></td>
<td>One of the respondent said that her children only skip school whenever there are storms.</td>
</tr>
</tbody>
</table>
CHAPTER VI
DATA ANALYSIS

From the interviews with subject respondents, key-informants, and experts, and from the focused group discussions, the answers to the research questions were answered and the objectives of the study were attained.

The nearest and most accessible institution where they can get health services is the barangay health center, known as Lupang Pangako Health Center. It is very accessible to them.
because it is located in Phase 1, which is a matter of walking distance from their homes. Aside from the barangay health center, a private clinic is also near to them. However, they opt to go to the barangay health center with the reasoning of why go to a private clinic when you can have the same services for free from the barangay clinic.

The most common diseases of children in Payatas are diseases that concern the skin, rashes, cough, cold, and fever. However, rashes, even sometimes mumps, were experienced by their children depending on the weather. Hence, illnesses aside from cough and colds were very scarce.

Almost all of the respondents identified the same illnesses that their children experience. One respondent said that her children also suffer from flu occasionally. It seems that their location, being near the dumpsite, is the reason why cases regarding respiratory diseases are high. These respiratory diseases bring about complication such as lost in weight.

Even though the health center is very near, there are times where the parents choose not to bring their child to the health center for a check-up when they are sick. It is because they said they are capable of taking care of their children.

The services for children that were outlined by an expert from World Health Organization (WHO) are also being offered by Lupang Pangako Health Center. These services are deworming, immunization, supplemental feeding, micronutrient supplementation, and weight monitoring.

The health center is visited because of children seeking check-ups from doctors and nurses. However, check-ups among their children are not very common. If the illnesses are just ordinary, such as fever, cough, and cold, the parents don’t visit the health center anymore.
Instead, they choose to address the problems themselves. It is only when their children are already sick or if it’s already acute that they do visit the center.

Check-ups in the health center are also scheduled.

Medicines and drugs are readily available to children in the health center. The parents can receive medicine in the health center when their children are sick. They do have medicines for cough, colds, and fever—the common diseases of children. However, there are times when these medicines are not available because supplies run out. If this happens, the health center issues prescriptions and referrals to the parents and they will be forced to buy these medicines in pharmacies. Nevertheless, if the medicines are available, the health center do gives it to the patients when they come over for check-ups.

Immunization, one of the most important services of the health center, is also being offered and made available for the children. Because it is available in the center, children were able to have complete vaccine shots.

Feeding is also one of the services of the health center. They do implement programs for feeding. However, it is not regularly done and is implemented rarely. When they do have feeding programs for the children, not all are qualified to participate. Only those who are malnourished were allowed to participate in the feeding.

The respondents also said that their children enjoy feeding programs from different institutions aside from the health center. More often than not, these feeding programs are held in the barangay court. Various non-government organizations, the school, and even the church offer feeding programs to the children. As opposed to the feeding programs done by the health enter, the feeding programs of these institutions allow all children were to participate in the said activity.
The health center also gives vitamins to the children. The most common vitamin that was given to the children by the health center is the Vitamin A. These vitamins were given to the children whenever the health workers do their rounds in the community.

Weight monitoring is also a constant service offered by the health center. The children’s weight was monitored by the health workers in the barangay. However, the children were only able to monitor their weight whenever they go to the health center to have their scheduled check-ups. Check-ups were required before the children were able to monitor their weight.

The health center also offers deworming to their children. Whenever they didn’t go to the health center, the health workers themselves visit them in their homes. Moreover, whenever they have their check-ups in the health center, they were being asked if their children were already dewormed, resulting to their children being updated in their deworming.

Aside from the health center, the parents interviewed also stated that their children were also dewormed in their school.

The parents also said that the health workers often conduct house-to-house visiting to remind the parents in their scheduled check-ups. Sometimes, when the children failed to go to their scheduled check-ups, they were personally visited by the health workers. Moreover, the health center recommends doctor from different hospitals to conduct medical missions in the community.

As stated by the expert from (WHO) that all services should be free of charge, the services offered by the health center were indeed free. Not one cent was collected from these services. All the services, from check-up to immunization to feeding up to deworming were all free of charge. The only thing that the parents spend on was the index card where the record of
their children was written. Despite the fact they the services were free of charge, the health center accepts donations.

However, no matter how beautiful or operational the health center is, there are flaws seen during the research. The first flaw is that when the health workers of the barangay were questioned whether or not the medicines were being delivered to the children, they answered positive. Nevertheless, when asked further, they answered that the medicines for the third quarter and fourth quarter were not yet delivered to them, causing for medicines to not be distributed to the mass. When further asked why the medicines are not yet being delivered, they already refused to answer.

Another flaw found in the health center is the government’s project of 4Ps, otherwise known as the Pantawid Pamilyang Pilipino Program. Even though the services were indeed free of charge to all and can easily be accessed by children, it seems that the treatment for the residents were not at all fair. Those who were member of the 4Ps seem to have an advantage. They were required to go the health center on a regular basis for monthly check-ups and weight monitoring as opposed to those who are not members. Moreover, they seem to have a priority in the service delivery and the members were regularly monitored.

The respondents said that their children rarely skip school because of sickness. They only skip school whenever their bodies can’t take the stress of sickness anymore. If it’s just cough or even slight fever, they still go to school. As long as the children have medicines to take, they still go to school. By looking at the answers, we can derive that the most common diseases from which the children skip school from are the diseases which were not really avoidable—cold, cough, and fever. The respondents did not mention any disease that was caused by their lack of access to health care services.
More often than not, the reasons why the children skip school are not because of sickness. It is more of an economic problem on the part of the parents. Whether they have no money to give their children to use as transportation fair or they don’t have the money for their children’s school allowance for the day. Two of the respondents even said that due to financial problems, they were not able to send their children to school and enroll them in classes. Another reason why the children skip school is because they don’t want to and their parents wouldn’t force them to attend their class. Lastly, one of the respondent said that her children only skip school whenever there are storms. These common reasons why children were absent in school is in line with the article published by De La Salle University.

It is clear then, that the main reason why children absent in school is because of economic problems, which can be traced to the poverty that is attached to the family’s life. Without any decent livelihood, the parents are being forced to not send their children to school occasionally. It does not help that they are more marginalized than other depressed areas because of the environment that they are living in.

By using the theory of New Institutionalism, it can be said that the health center as an institution does its job well, at least in the eyes of the residents. It is because the health center was able to deliver health care services in a manner that really benefited the children. Moreover, the interaction of the health center with the children allows the children to have easy access to primary health care services.

Looking at all these, while it is safe to say that the children do have access to primary health care services that reduces the chances of them being absent in school, it does not eliminate the fact that there are times that the health center needs improvement. They need to have
continuous supply of medicine in their racks. They need stop giving priority over individuals who are members of the 4Ps.

To conclude, it is therefore important that these primary health care services offered by health centers were accessible and available to children. By actually availing the services, the children were able to have a greater resistance to diseases. With greater resistance to diseases, their chances of actually skipping school because of sickness become very low. However, for children to truly stop the practice of absenteeism, the government should also give decent livelihood to families, especially those who really need it.

CHAPTER VII
CONCLUSION

One of the basic rights of children is to have access to primary health care services. In this research, it is indeed proved that these services are being delivered to them as much as possible and as efficient as possible even though there are circumstances where it is not available. The data collected in this research states that the children of Area B of Payatas do receive primary health care services from the health center. Not only that these services are accessible, but the parents of the children were able to avail these, with the fact these services are delivered and offered without any payment. Even though there are times or circumstances where the medicines or drugs are not available, it can be said that the over-all assessment of the primary health care services for children is satisfactory because of it actually reaches the children.

Moreover, because the children were able to avoid skipping school they were able to avoid acquiring different diseases. From this, we can say that having access to health care services can reduce the days from which the children could skip class because of sickness.
The research found out that it is not because of the sickness of children that causes them to absent from school. It is because of economic difficulties brought about by the poverty that is prevalent in the country. The children were sometimes being forced to work, even on an environment such as that of Payatas Sanitary Landfill. Sometimes, because of poverty, the children were being forced to absent, or worse is to completely stop from attending the school year, because their family would not be able to afford various school expenses.
References


Quezon City. Retrieved on November 23, 2015 from
https://philssaqc.files.wordpress.com/2008/04/barangay-payatas-survey22.doc


September 23, 2015 from

http://www.dlsu.edu.ph/research%5Ccenters%5Caki%5C_pdf%5C_publications%5CTullao_Rivera.pdf
Appendices
Interview Guide

For Subjects (Parents)

1. What do you think are the primary health care services? For you, what are the health care services needed by children? (Para sa iyo, ano-ano ang mga pangunahing serisyong pangkalusugan? Ano naman ang mga serbisyon pangkalusugan na maaaring ibigay sa mga bata?)

2. How do you attain health care services for your children? Are there any hospitals and health clinics near your area where your child/children can access primary health care services? (Paano nakukuha ng iyong mga anak ang mga serbisyon ito? May malapit bang ospital o klinik na madaling puntahan?)
   - If no, where do you get these services for your child/children? Where do you bring your children for treatment? (Kung walang malapit na ospital, saan niyo nakukuha ang mga serbisyon ito para sa mga bata? Saan mo sila pinapagamot? Saan kumukuha ng mga gamot?)
   - If yes, what kind of institution/s? How far is it from your house? (Kung meron, ano ang mga ito? Ospital ba o klinik lamang? Gaano ito kalayo mula sa bahay niyo?)

3. What kind of services do you get from the hospitals and clinics? Are these services affordable? (Anong klaseng mga serbisyo ang nakakuha at naibigay ng ospital/klinik sa mga bata? Abot-kaya ba ang halaga ng mga serbisyon ito?)
4. Do you think that the accessibility of the primary health care services play a big part on the health of the children? (Sa tingin mo ba ay malaki ang papel ng mga abot-kayang serbisyo sa pagkakamit ng magandang kalusugan ng iyong anak? Bakit?)

5. What kind of sicknesses do your child/children get? What are the reasons behind these? How often do your child/children get sick? (Ano-ano ang mga sakit na kadalasang nakukuha ng iyong mga anak? Ano ang rason bakit sila nagkakasakit? Gaano kadalas sila nagkakasakit?)

6. Do you bring your children to the center for treatment? (Pinupunta mo ba sila sa ospital o sa center para mapagamot? Gumagaling ba sila? Kung hindi mo sila dinadala sa ospital o klinik, ano ang dahilan?)

7. Does their sickness affect their attendance in school in any way? If it does, how? (Nakakaapekto ba ang pagkakasakit nila sa kanilang pag-aaral? Kung oo, paano nakakaapekto?)

8. How often do your children make absences in school because of sickness? (Gaano kadalas lumiban ang iyong anak sa klase dahil sa siya ay may sakit?)

9. Do you take any steps in addressing your children’s absences from school due to sickness? What are these? (May mga hakbang ka bang ginagawa kapag lumiliban sa klase ang iyong anak? Ano ang mga ito?)

10. Are there instances where your child/children were not able to enroll in school because of sickness? If they decide not to enroll the child, what are the reasons behind it? (May pagkakataon ba na hindi na nakapag-enroll o nakapag-aral ang iyong anak dahil sa siya ay may sakit? Kung napagdesisyunan na hindi na pag-aralin ang bata, ano ang inyong mga rason?)
11. Is the lack of primary health care services the main reason for the absences of your child/children? If not, what affects their school attendance the most? (Mas malaki ba ang impluwensiya nito kung bakit lumiliban sa klase ang iyong anak? Bakit at paano?)

Key Informants (Volunteers in the Area/Social Workers)

1. Are there any hospitals or health clinics near your area where children can get primary health care services? What are these?

2. What kind of services do they receive from these institutions? Is it enough for their needs?

3. How often were children treated in these institutions? What kinds of illnesses were treated? What are the causes?

4. Are the services accessible to the families, especially to the children? Are there enough facilities to provide these services? What are these facilities?

5. What do the parents do when their child/children are sick? Do they go to hospitals or clinics to receive treatment? If not, where do they go?

6. Is the lack of primary health care services the main reason for the absences of the child/children? If not, what affects their school attendance the most?

Expert

1. What are the primary health care services? Are all of these services available in the hospital/health center? What services are available in hospitals only? What services are available in clinics and health centers?

2. What are the primary health care services for children?
3. Are these services available and affordable?

4. What are the common reasons why children visit the hospitals/clinics?

5. Are they able to avail the services?
Consent Form

I am Merriel Aviles, a fourth year BA Political Science student at the University of the Philippines - Manila and I am conducting interviews for my qualitative research. The topic of my research is accessibility of primary health care services and its effects on the attendance in school of Payatas children.

During this study, you will be asked to answer some questions as to what kind of health care services were accessible to your children and how the accessibility of these services affects their attendance in school. This interview was designed to be approximately a half hour in length. However, please feel free to expand on the topic or talk about related ideas. Also, if there are any questions you would rather not answer or that you do not feel comfortable answering, please say so and we will stop the interview or move on to the next question, whichever you prefer.

All the information will be kept confidential. I will keep the data in a secure place. Only myself and my adviser as mentioned above will have access to this information. Upon completion of this project, all data will be destroyed or stored in a secure location.

Participant's Agreement:

I am aware that my participation in this interview is voluntary. I understand the intent and purpose of this research. If, for any reason, at any time, I wish to stop the interview, I may do so without having to give an explanation.

The researcher has reviewed the individual and social benefits and risks of this project with me. I am aware the data will be used in a seminar paper that will be available in University of the Philippines-Manila. I have the right to review, comment on, and/or withdraw information prior to the seminar paper’s submission. The data gathered in this study are confidential with respect to my personal identity unless I specify otherwise. I understand if I say anything that I believe may incriminate myself, the interviewer will immediately stop recording. The interviewer will then ask me if I would like to continue the interview. If I have any questions about this study, I am free to contact the student researcher Merriel Aviles, through text at 09236366208 or through email at aviles_merriel@yahoo.com.

I have been offered a copy of this consent form that I may keep for my own reference.

I have read the above form and, with the understanding that I can withdraw at any time and for whatever reason, I consent to participate in today's interview.

_________________________________________  ______________________________________
Participant's signature  Interviewer’s signature

_________________________________________
Date

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Pahintulot sa Paglahok sa Interbyu para sa Pananaliksik


2. Naiintindihan kong karamihan sa mga iinterbyuhin ay maaaring maisip na ang talakayan ay interesante at nangangailangan ng mas malalim na pag-aalala. Kung sakaling ako ay hindi komportable sa anumang paraan sa gitna ng interbyu, ay ako ay may karapatan na tanggihang sagutin ang anumang mga katanungan o tapusin na ang interbyu.


6. Ako ay nabigyan ng kopya nitong liham sa paghangi ng pahintulot sa pag-iinterbyu.
Transcript of Interview

(Subject Respondent)

Subject Respondent 1

Name: Ernesto Laudit
Address: Purok 18, Phase 2, Payatas B, Quezon City
Number of children: 8


Ernesto: Manila?


Merriel: Opo.
Ernesto: Ito ang buhay namin dito araw-araw na ipinagyayabang ni Mayor Bautista. Ayaw niya alisin, natatakot siyang mawala ang tambakan dito sa Quezon City dahil mapapalayo daw sila. Yun kaya yung dahilan ni Mayor Bautista? O Ayaw niyang mabawasan yung kinikita at ibinubulsa niyang pera galing dito sa tambakan?

Merriel: Paano pong may naibubulsa si Mayor, yung gobyerno po dito sa Payatas?


Merriel: Opo. Nasabi niyo nga po na yung kalimitang sakit ng mga kabataan, hindi lang ng mga kabataan kundi pati na rin ng matatanda, yung sakit po sa balat atska po yung ubo at sipon. Saan naman po yung malapit na clinic o hospital na pinupuntahan po ng mga magulang?


Merriel: Bali magpapachek-up lang po sa center pero lalabas ka, reseta lang?

Ernesto: Reseta lang.
Merriel: Ano po ba yung serbisyo ng mga kabataan na nakukuha nila dun sa center pwera dun sa pagpapacheck-up? Meron pa po ba?


Merriel: Itatanong ko naman po yung sarili niyo pong experience. Sa mga anak niyo po, ilan po ba yung mga anak niyo?

Ernesto: Walo yung mga anak ko.

Merriel: Sa mga anak niyo po, ano po yung kadalasang sakit na iniinda po nila?


Merriel: Bakit po kaya ganun?


Merriel: Saan po kayo galing dati?


Merriel: Dinadala niyo po ba sila sa center para magpagamot?
Ernesto: Dati dinadala. Minsan dinala.

Merriel: Ano pong ginagawa sa center?

Ernesto: Check-up lang.

Merriel: Hindi po nagbibigay ng libreng gamot?


Merriel: Pero ayun po, may inooffer po na mga libreng gamot sa center o talagang reseta lang?


Merriel: Wala na po talaga ibang serbisyo bukod sa reseta at check-up?


Merriel: Pero tuwing nagkakasakit po yung mga anak niyo, dinadala niyo po sa center o minsan lang?


Merriel: Hindi po ba kumpleto yung gamot dito?

Merriel: Pero nagbebenta rin po sila ng gamot?

Ernesto: Wala.

Merriel: Naalala ko lang din po. Ang alam ko po kasi sa mga center, may immunization din po. Nakakapagpabakuna din po ba yung mga kabataan?

Ernesto: Oo, may bakuna din dyan. Nakakapagpabakuna yung mga kabataan dyan.

Merriel: Libre po o may bayad din po?

Ernesto: Libre. Libre din.

Merriel: Pero pag pumupunta po ba kayo dun, may mga nurses at doktor po ba?

Ernesto: Meron din yatang mga nurse eh.

Merriel: Pero doktor po?

Ernesto: Meron din.

Merriel: Tapos po, yung sa walo niyo po bang anak, nakakapag-aral po ba silang lahat?

Ernesto: Oo, nakakapag-aral naman nila sa tulong ng mga kapatid ko at ng mga NGOs at mga sponsors. Sa mga NGOs at sponsors na nga lang kami umaasa ng mga kapatid ko. Dahil sa tulad
ko na wala din akong trabaho. Hindi na ako pwede magtrabaho kasi nablack-list na ako nung nagtayo ako ng unyon.

Merriel: Ayun po. May mga pagkakataon po ba na yung mga anak niyo ay hindi nakakapasok dahil sa pagkakasakit?


Merriel: Ayun po. Tapos sa tingin niyo po paano nakakaapekto sa buhay ng mga anak niyo yung kawalan ng serbisyo pangkalusugan na ibinibigay sa kanila?


Merriel: Pwera po sa pagkakasakit ng mga anak niyo, ano pa po yung ibang dahilan bakit hindi nakakapasok yung mga anak niyo sa paaralan?

Ernesto: Yun yung sakit. Tapos yun, number 1 yung minsan eh walang pamashe. Lalo na yung malayo kong mga anak.

Merriel: Bilang katapusan po, ibig sabihin po hindi ganun kadali nakakakuha ng serbisyo pangkalusugan yung mga kabataan?


Transcript of Interview
(Subject Respondent)

Subject Respondent 2

Name: Estelita Tamayo
Age: 59
Address: Purok 18, Phase 2, Payatas B, Quezon City
Number of Children: 2


Merriel: Opo. Yung sa Barangay Health Center po, ano po yung mga binibigay nila, kung ano po yung mga dapat na nakukuha.

Estelita: Bihira ako magpacheck-up eh.

Merriel: Ah. Pati po yung mga anak niyo?

kasi minsan may mga libreng gamot, mga libreng check-up. Libre talaga ang check-up dyan. Tapos minsan may libreng gamot ka. Pero siguro dahil sa dami ng tao dito sa amin, bihira yung may libreng gamot sila na binibigay sa amin. Pero okay lang din kasi minsan nagkakaroon ng medical mission dyan sa court para sa amin. Kadalasan dyan kami nag-aano. Nagkakaroon ng medical mission yung mga galing sa mga NGO.

Merriel: Ano po ba yung mga kadalasang sakit ng mga anak niyo?

Estelita: Ubo, sipon, trangkaso.

Merriel: Yun lang po?

Estelita: Hm-hm.

Merriel: Tapos pano niyo po nagagamot yun mga sakit na yun?


Merriel: Tapos nalaman ko din po kasi sa health center na may walong serbisyo na binibigay sila sa mga kabataan. Yung una po ay yung deworming o yung sa bulate.


Merriel: Nakapagganun din po ba yung mga anak niyo?

Estelita: Hindi.
Merriel: Kahit po accessible sa health center?


Merriel: Pero nasubukan niyo na din pong magpareseta sa kanila ng gamot?

Estelita: Hindi pa.

Merriel: Pwera po sa deworming, may ginagawa po ba yung center sa feeding o yung sa pagpapakain sa mga bata?


Merriel: So bali masasabi niyo po na lahat ng serbisyo ng health center ay nakakaabot po?


Merriel: Sa bakuna po kaya?

Estelita: Ay kumpleto siya.
Merriel: Dahil din po sa health center?


Merriel: So masasabi niyo po na lahat ng serbisyo ng barangay ay nakukuha ng apo niyo?

Estelita: Oo. Lalo na yung nagustuhan ko dyan yung binigyan sila ng anim na buwan na chocolate.

Merriel: Yung chocolate po ba yung powder na tinitimpla?


Merriel: Nakabox na po?


Merriel: Yung mga serbisyo po ba ay libre niyo pong nakukuha o may bayad, yung mga feeding po, bakuna.

Estelita: Oo, libre yun.

Merriel: Wala po kayong binabayaran?
Estelita: Wala. Libre yun.

Merriel: Kahit po gamot hindi rin binabayaran?


Merriel: Yung health center lang po ba yung malapit na pinagdadahan dito?


Merriel: So since yung apo niyo po nakakakuha po ng serbisyo ng health center, malusog po ba yung apo niyo?


Merriel: Tapos pumasok na po ba yung apo niyo?

Estelita: Grade 3.

Merriel: Ah, grade 3. May mga pagkakataon po ba na umaabsent siya sa school?

Estelita: Hm-hm. Tulad ngayon absent siya.

Merriel: Bakit po?

Estelita: May beke.
Merriel: Hindi pa po ba sya nagpapakonsulata sa health center?

Estelita: Ngayon hindi pa kasi nabigyan ko naman na siya nung gamot.

Merriel: So kapag kaya pa pong gamutin, hindi pa po magpapakonsulta?

Estelita: Oo, hindi na dapat. Una, ganun din yung ipapayo o kaya bibigyan ka din naman ng antibiotic. Hindi ko na lang siya pinapasok kasi nga baka makahawa.

Merriel: Madalas po bang ang dahilan ng pag-absent niya sa school ay dahil may sakit siya?

Estelita: Ano, pag nagkakaroon siya ng tonsil.

Merriel: Ah sakit din po.

Estelita: Kasi mahilig sa malamig. Pero okay lang din naman siya.

Merriel: So wala na pong ibang dahilan bakit po umaabsent siya?

Estelita: Yun lang, kapag my tonsil siya, may ubo. Pero yung ibang dahilan.

Merriel: Mga gaano kaadalas siya umaabsent dahil sa sakit?


Merriel: Since nakakakuha po siya ng serbisyong pangkalusugan kaya po siya malusog at kaya po bihira siya umaabsent sa school?

Merriel: Ayun po, dito ako pumunta kasi nga po ito po yung pinakamalapit sa tambakan. Ano po yung mga sakit na nakukuha dahil po malapit sa tambakan?


Merriel: Madalas din po bang yun yung dahilan ng mga sakit?

Estelita: Hindi na kasi nasanay na kami eh. Sanay na kami. Syempre yung amoy ng tambakan, mikrobiyo yan e. Syempre yung marami dito ang sakit ay sa respiratory.

Merriel: Pero hindi pa po nagkakasakit yung mga anak niyo sa baga?


Merriel: So ayun lang nrna po yung tanong ko. Maraming salamat po.

Estelita: Walang anuman.

Mylene: Tulad ng?

Merriel: Tulad po ng mga bakuna.


Merriel: Meron po silang lahat?

Mylene: Hmm.

Merriel: Kumpleto po sila?

Merriel: Yung health center lang po ba yung malapit dito?

Mylene: Dito po sa amin. May health center kami dito.

Merriel: Doon niyo lang po sila dinadala?

Mylene: Oo, doon.

Merriel: Wala na po kayong ibang pinagdadahan?

Mylene: Wala na. Doon lang

Merriel: Ano po yung kadalasang sakit na iniinda po ng mga anak niyo?

Mylene: Sa awa naman, wala naman.

Merriel: Ah malulusog po sila?


Merriel: Pero pinapacheck-up niyo pa po sa health center?

Mylene: Hindi na. Depende na lang kapag may ubo’t siron. Yun, pinapacheck-up namin sa health center. Tapos nagbibigay sila ng mga gamot.

Merriel: Libre po yung mga gamot?


Merriel: Pero kapag po may suplay?

Mylene: Nagbibigay talaga sila ng gamot. Libre.
Merriel: Tapos nakakasama po ba sila sa feeding ng heath center?


Merriel: Gaano po kadalas yung feeding?


Merriel: Tapos kumpleto rin po sila sa bakuna?

Mylene: Oo, kumpleto rin sila sa bakuna.

Merriel: Galing din po sa health center?

Mylene: Oo.

Merriel: Tapos po ano po yung kadalasan nilang mga sakit?

Mylene: Lagnat, ubo at sipon. Yun lang.

Merriel: Yung lang po?

Mylene: Oo.

Merriel: Kapag malala na po, dinadala na sa health center?

Mylene: Oo, kapag malala na, pinapacheck-up ko. Pero ngayon hindi naman.

Merriel: Tapos yung mga gamot po doon. Ano po yung madalas na nakukuha ng mga anak niyo?

Mylene: Ano po, paracetamol, amoxicillin, carbocisteine, yung mga gamot sa ubo, ganun.

Merriel: Libre po yung mga yun o may bayad?
Mylene: Libre. Pero may mga time na wala silang gamot. Bibihin mo yung gamot pero bibigyan ka ng reseta.

Merriel: Pero kapag may gamot po sila?

Mylene: Nagbibgay po talaga sila.

Merriel: Tapos maliban po sa mga bakuna, sa mga gamot at sa feeding, ano pa po yung madas na pinupunta ng anak niyo sa health center?

Mylene: Timbang. Pinapatimbang po namin sila.

Merriel: Gaano po kadalas magpatibang.


Merriel: Consistent po?


Merriel: Libre din po?

Mylene: Oo, Libre naman.

Merriel: So para po sa inyo maganda po yung serbisyo ng health center?


Merriel: Tapos ayun nga po, nasabi niyo po na nag-aaral po yung mga anak niyo.

Mylene: Yung isa ko nag-aaral. Ito (bunso) na-stop na ito eh.
Merriel: Bakit po siya nag-stop?


Merriel: Yung isa niyo pong anak na nag-aaral?

Mylene: Grade 2.

Merriel: Tsaka yung isa din po ninyong anak kahit na noong nag-aaral pa po siya. Madalas po ba silang umaabsent sa school?

Mylene: Yung isa ko.

Merriel: Bakit po?

Mylene: Madalas nga. Minsan walang baon yung panganay ko.

Merriel: Pero hindi po dahil may sakit sila?


Merriel: Ano po yung mga ginagawa niyong hakbang kapag po umaabsent yung anak niyo?


Merriel: Tapos yung isa ko pa pong tanong, para po sa inyo, gaano po kalaki yung tulong na nabibigay ng serbsiyong pangkalusugan ng health center sa anak niyo po?
Mylene: Malaki po. Malaki kasi nandyan yung pag may sakit sila napapacheck-up namin sila tapos nagbibgay sila ng gamot. Minsan nga talaga walang suplay, bibili ka ng gamot. Pero kapag may suplay naman ng gamot, nagbibigay talaga sila. Malaki yung tulong kasi malapit lang sa amin yung health center eh.

Merriel: Tapos sa tingin niyo po dahil malusog yung anak niyo kaya hindi madalas umabsent yung anak niyo dahil sa sakit?

Mylene: Hindi naman sa ano kasi hindi naman talaga sila nagkakasakit ng matindi.

Merriel: Sa tingin niyo po kaya bakit po hindi nagkakasakit yung mga anak niyo?

Mylene: Siguro malusog lang talaga sila. Hyper.

Transcript of Interview  
(Subject Respondent) 

Subject Respondent 4  

Name: Editha Giray  
Age: 45  
Address: Purok 12, Phase 2, Payatas B, Quezon City  
Number of Children: 6  


Editha: Lupang Pangako Health Center.  

Merriel: Yun lang po talaga?  

Editha: Yun lang.  

Merriel: Ano-anong mga serbisyon binibigay po nila na nakukuha po ng mga anak po ninyo?  


Merriel: Lahat po nakukuha?  

Editha: Lahat naman. May doktor naman kami palagi dyan.
Merriel: Yung sa bakuna po, kumpleto yung mga anak niyo?

Editha: Sa awa naman ng Diyos, kumpleto sila.

Merriel: Sa feeding po, lagi po ba silang nakakalahok sa mga feeding?


Merriel: Pero lagi pa rin po kayong pumupunta sa health center para magcheck-up?

Editha: Oo. 4Ps kaya kami. Required kami magcheck-up buwan-buwan.

Merriel: Ah. Kaya po laging required magcheck-up?

Editha: Oo.

Merriel: Ayan nga po, sa bakuna, kumpleto nga po sila.

Editha: Hm-mh.

Merriel: Tapos sa bulate po. Sa gamot po sa bulate, kumpleto din po sila?


Merriel: Sa health care po lahat nakuha?

Editha: Oo.
Merriel: Ano po yung mga sakit na karanasang nakukuha ng mga anak ninyo?

Editha: Ano lang naman, lagnat, ubo, sipon.

Merriel: Tapos saan po kayo kumukuha ng gamot?

Editha: Dyan lang di sa center. Tapos pag wala dyan dun sa generic.

Merriel: Automatic po ba na kapag may mga sakit yung mga anak niyo, dinadala niyo na po sa center?

Editha: Kapag mga three days na na hindi ko maano kung ano yung nararamdaman nila, ayun, dinadala ko na sa center.

Merriel: Tapos ano po yung ginagawa ng center?


Merriel: Okay naman po yung center?

Editha: Okay naman yung center namin.

Merriel: Tapos po gaano kadalas po nagkakasakit yung mga anak niyo?


Merriel: Kahit po na malapit sa tambakan?


Merriel: Bali high school lang po?

Editha: Yung isa ko sana, kaso wala naman akong pampa-enroll.

Merriel: Yung mga anak po ninyo ay, gaano po sila kadalas umabsent dahil sa sakit?


Merriel: Hindi po dahil sa sakit?

Editha: Hindi sa sakit pero sa allowance.

Merriel: Wala na pong ibang dahilan bakit po sila umaabsent?


Merriel: Kaya po ba hindi sila umaabsent dahil sa sakit ay dahil po bihira din silang magkasakit?


Merriel: Tapos pag po umaabsent sila, hindi po dahil may sakit sila?
Editha: Hindi.

Merriel: Tapos po gaano po sila kadalas magkasakit?


Merriel: Tapos bihira po silang magkasakit, dahil din po dun bihira po silang umabsent dahil sa sakit, masasabi niyo po ba na dahil po yun ss malusog yung resistensiya nila o dahil po yun sa ibang dahilan?


Merriel: Pero hindi po sila nagkakaroon ng matinding sakit?

Editha: Hindi naman po

Merriel: Sa tingin niyo po, bakit kaya?

Editha: Ay hindi ko lang alam. Awa na lang siguro ng Diyos kasi mahirap lang kami.

Merriel: Tapos yung sa health center po. Para po sa inyo, maganda po ba yung serbisyong naibigay ng health center?


Merriel: Para po sa inyo, gaano niyo po irerate yung health center from 1 to 10 po?

Editha: Sa akin, hindi naman siguro perfect. Baka nasa 8.

Merriel: Bakit po?
Editha: Siguro kasi ano, yung mga ano naman yung mga problema dyan, yung mga nagtratrabaho dyan, yung mga volunteer workers. Yun yung problema ko dyan minsan.

Merriel: Bakit po?


Merriel: Bakit po kayo regular?

Editha: Kasi regular check-up namin dun eh, sa mga 4Ps. So palagi yun, timbang. Kahit wala kang nararamdaman, pupunta.

Merriel: Pag pumupunta po kayo dun, lagi pong may mga available na mga doktor?

Editha: Oo, lagi namang meron dun.

Merriel: Hindi po nawawalan?


Merriel: Yung mga gamot niyo po ay sa health center niyo po nakukuha?

Editha: Oo. Sa health center. Tapos pag wala dun, bumibili kami sa botika.

Merriel: Gaano po kadalas walang gamot sa health center?


Merriel: Sumatotal po, maganda namn po yung health center?

Editha: Oo, maganda naman. Kahit nga yung mga wala na dito, yung mga pinunta ng Montalban, dyan nagpapacheck-up sa Lupang Pangako.
Merriel: Ayun lang naman po yung mga katanungan ko. Kayo po, may katanungan po ba kayo sa akin?

Editha: Wala naman.

Transcript of Interview
(Subject Respondent)

Subject Respondent 5

Name: Erma Dimafelix
Age: 31
Address: Purok 12, Phase 2, Payatas B, Quezon City
Number of Children: 3

Merriel: Magandang hapon po. Ako po si Merriel Aviles. Fourth year na po ako, BA Political Science student po galing ng University of the Philippines Manila. Yung thesis ko nga po ay tungkol sa kung paano nakakakuha ng mga serbisyo ng pangkalusugan yung mga anak niyo at kung paano po ito nakakaapekto sa pag-aaral nila. Para po sa inyo, ano po yung mga serbisyo ng pangkalusugan ang dapat na nakukuha po ng mga anak ninyo?

Erma: Dito sa family namin o sa labas?

Merriel: Sa health center po, ano po yung mga serbisyo nakukuha po ninyo doon?


Merriel: Pero po, nakakapunta po sila sa mga feeding ng center?


Merriel: Yung sa feeding po, hindi po lagi sa center?


Merriel: So pag hindi po 4ps, hindi po nabibigyan ng atensyon?
Erma: Kung ano, syempre, mas inuuna yung mga 4ps bago yung hindi miyembro. Pero kung available talaga sila, makakapasok ka din.

Merriel: Yung mga anak niyo po, nakakapagpabakuna sa center?

Erma: Opo, kumpleto po sila. Pero minsan kapag hindi inaano ng center, inaano namin sa labas, sa private. Kapag hindi natratrace yung mga sakit ng mga bata, syempre sa labas kami nagpapacheck-up.

Merriel: Pwera po sa health center, may iba pa rin kayo kay pinupuntahan para po magpacheck-up?


Merriel: Sa center po ba, nakakakuha po ng gamot para po sa bulate yung mga anak ninyo?


Merriel: Wala po kayong binabayaran sa center?


Merriel: Para po sa inyo, maganda po yung serbisyo ng health center?


Merriel: Tapos po yung gamot po, lagi po bang nasusuplayan o minasn lang?

Merriel: Ano po yung mga kadalasang sakit ng mga anak niyo?


Merriel: Ano po yung ginawa ninyo?

Erma: Doon ko unang pinacheck-up sa center pero hindi naman nila natrace. Tapos dun na lang namin dinala sa private, EAMC.

Merriel: Tapos pwera po doon, ano po yung ginagawa niyo kapag nagkakasakit sila? Kunwari po ordinaryong ubo, sipon, dinadala niyo po ba sila sa center?


Merriel: Nakakaapekto po ba yung mga pagkakasakit nila sa pag-aral nila? Babaguhin ko po yung tanong. May mga pagkakataon po ba na umaabsent po yung mga anak niyo sa school dahil po nagkakasakit sila?


Merriel: Pero bihira po silang umabsent dahil po may sakit sila?

Erma: Hm-Mh
Merriel: Gaano po ba sila kadalas magkasakit?


Merriel: Sa isang linggo po, gaano po sila kadalas magkaroon ng sakit? O bihira pa rin po?


Merriel: Dahil bihira sila magkasakit, bihira din po sila umabsent sa school?

Erma: Hm-mh.

Merriel: Pero may iba pa po bang mga pagkakataon na umaabsent sila sa school?


Merriel: So bali dahil wala lang po silang baon? Wala na pong ibang dahilan?


Merriel: Tapos po, nasabi niyo rin po na maganda po yung health care. Kung irerate niyo po yung health center from 1 to 10, nasaan po siya?


Merriel: Pero yun lang po yung panget sa health center?
Erma: Hm-mh. Dito ko lang naexperience na nadengue yung anak ko pero hindi man lang nila naasikaso.

Merriel: Pero over-all po, maganda po yung health center?


Merriel: Para po sa inyo, gaano po kaganada na may health center?


Merriel: Ano po yung masasabi niyo po sa serbisyo ng health center?

Erma: Ano, sana mas madagdagan pa yung serbisyon naibigay nila sa mga tao. Kasi mas kailangan yun eh. Dapat pantay-pantay yung pagbibigay nila ng serbisyo?


Erma: Maraming salamat din.
Transcript of Interview

(Subject Respondent)

Subject Respondent 6

Name: Rowena Eumague
Age: 39
Address: Purok 12, Phase 2, Payatas B, Quezon City
Number of Children: 3


Rowena: Center lang dito sa amin.

Merriel: Tapos ano-ano po yung mga nakukuha niyong serbisyo sa center?


Merriel: Ano po ba yung mga kadalasang sakit ng mga anak ninyo?


Merriel: Tapos kasama po kasi sa serbisyon binibigay ng health center ay yung bakuna. Nakakapagpabakuna po ba yung mga anak niyo?

Merriel: Ah. Ganun po ba. Eh sa feeding po, nakakapunta po ba yung bunso niyo sa feeding?

Rowena: Sa feeding nila, opo, sa feeding ng NGO. Simula nung grade 1 siya hanggang grade 2. Pero ngayong grade 3 na siya, wala na.

Merriel: Pero wala pong feeding na naaabutang sa health center?

Rowena: Sa center, wala naman.

Merriel: Sa bulate. Yung gamot po sa bulate?

Rowena: Sa eskwelahan nagbibigay sila. Pero ilang taon na ding hindi nabibigyan.

Merriel: Pero yung galing po sa health center?


Merriel: Wala po bang naglilibot dito?

Rowena: Meron naman siguro. Baka nagkakataon lang na wala ako.

Merriel: Pumupunta po ba yung mga anak niyo sa health center para magpcheck-up?


Merriel: Nakakakuha din po ba kayo ng gamot sa center?

Merriel: May binabayaran po ba kayo sa health center kapag pumupunta po kayo dun?

Rowena: Donation lang.

Merriel: Donation lang. Pero yung bayad po sa mismong serbisyo, wala po?

Rowena: Wala.

Merriel: Tapos pag po pag may mga sakit ung mga anak niyo, ano po yung ginagawa niyo?

Rowena: Kapag lagnat, pinupunasan ng bimpo na may malamig na tubig. Tapos bibili ng paracetamol na pambata.

Merriel: Gaano po kadalas umabsent yung anak niyo kapag may sakit po sila?

Rowena: Hanggang dalawang araw lang kapag may sakit.

Merriel: Gaano kadalas po sila umabsent dahil po may sakit sila?

Rowena: Sa isang taon, halos tatlong beses lang siya umabsent. Kahit may lagnat siya, pumapasok pa rin, magbabaon lang ng gamot at ibibilin sa titser.

Merriel: Yung pag-absent niya po ng halos tatlong araw sa isang taon, dahil lang po may sakit siya?

Rowena: Oo. Dahil lang sa sakit.

Merriel: Sa tingin niyo po, kaya po bihira umabsent sa school ay dahil malusog sya?

Rowena: Oo.
Merriel: Sa tingin niyo po paano po nakakaapekto yung pagkakaroon niyo po ng access sa mga serbisyong pangkalusugan sa pag-aaral po nila.

Rowena: Hindi ko alam. Parang wala naman ako.

Merriel: So ito na lang po. Gaano niyo po irerate yung health center sa mga serbisyo po nilang binibigay?


Merriel: Pero over-all, maganda rin naman po?


Merriel: So puro yung mg 4Ps lang po talaga yung naaasikso?

Rowena: Hm-mh. Pero katulad nung sa amin na hindi naman 4Ps, parang wala lang. Mas pabor nga sa mga 4PS. Kapag hindi ka 4Ps, parang wala lang.

Merriel: So yung mga 4Ps lang po yung naaasikaso?


Merriel: Ito po, last na tanong na po. Ano po yung madalas na dahilan bakit po hindi nakakapasok yung mga anak niyo?

Rowen: Kapag may mga bagyo, may mga ulan. Tapos kung ayaw rin pumasok ng anak ko, hindi ko rin naman mapipilit.

Rowena: Maraming salamat din.
Transcript of Interview
(Key-Informant)

Key-Informant 1

Ka Bea Arellano
National Chairperson
Kadamay

Merriel: Ang pangalan ko po ay si Mae Aviles. Ang thesis ko po ay tungkol sa accessibility ng primary health care services sa mga kabataan po ng Payatas at kung paano ito nakakaapekto sa pag-aaral nila. Yung pinaka-area po ng thesis ko ay ay yung Area B po ng Payatas. So, ayun po. Ano po ba yung kasalukuyang kondisyon o sitwasyon ng area?

Ka Bea: Tungol sa kalusugan?

Merriel: Opo.


Merriel: Pero may malapit po ng hospital o klinik na pwede po nilang puntahan?

Merriel: Kapag ganun po, ano po yung ginagawa ng mga magulang kapag nagkakasakit po yung mga anak nila?


Merriel: Since nasabi niyo po na wala pong mga doctor at wala din pong mga nurses dun sa clinics nila, so hindi rin po nagagamot yung mga bata? Kahit po malala na yung sakit nila, hindi po nabibigyan ng atensyon?


Merriel: Ano-ano po ba yung mga serbisyo na dapat pong natatamasana o nakukuha ng mga bata, lalo na po yun nasa Area B?

Merriel: Eh since hindi nga po nabibigyan ng pansin ng gobyerno yung kalusugan ng mga bata, pwera po sa gobyerno, ano pa po yung mga organisasyon na tumutulong pong magbigay ng serbisyo pangkalusugan sa mga kabataan?


Merriel: Pero yung mga kabataan po, since yung thesis ko din po ay konektado rin sa edukasyon nila, yung mga kabataan po sa Area B, nakakapag-aral din po ba or hindi?


Merriel: Yung nabasa ko din po kasi, yung Payatas na ladfill, sa Area B din po siya, di ba?


Merriel: Pero yung landfill po hindi po located sa Area B?

Ka Bea: Sa area ng?


Ka Bea: Area A at Area B. Sa Area B, nandun yung Payatas dumpsite.

Merriel: Mga ilang pamilya po yung nandun nakatira sa lugar?

Merriel: So hindi rin po updated kung anong mga serbisyo ang nakukuha ng mga tao sa Area B?


Merriel: Pero nung panahon po ng research niyo noon, may mga klinik na po doon sa Area B mismo o wala pa din po?


Merriel: Tingin niyo po kaya ngayon, meron na po?

Ka Bea: Wala pa. Sa school lang ata iyun.

Merriel: Sa school po nag-ooffer din po sila ng mga services tulad po ng check-up?

Ka Bea: Hindi ko na alam yan eh.

Merriel: Sa tingin niyo po ano po yung epekto sa mga kabataan ng kawalan ng serbisyong pangkalusugan?

Ka Bea: Epekto sa kabataan, syempre, kapag hindi tama ang kinakain mo dahil wala kang pagkain, hindi tama ang kinakain, epekto nito yung mahina ang katawan. Syempre sa pag-aaral,

Merriel: Tingin niyo po, may epekto po yung, yun nga po, yung kawalan ng serbisyon pangkalusugan sa pag-aaral ng mga kabataan lalo na po sa pagpasok nila.


Merriel: So yung pagtulong po sa pamilya nila yung pinakadahilan po para hindi pumasok yung mga kabataan?

Merriel: Pero may mga pagkakataon po ba na kaya hindi po nakakapasok yung mga kabataan ay dahil may sakit sila? O pinipilit pa rin po nilang pumasok sa school kahit na may sakit sila.

Ka Bea: Oo, may mga batang ganun na kahit na may sakit, talagang papasok siya. Dahil alam mo naman, may mga bata na matatalino talaga. Pag hindi sapat ang kinakian, nag-aantok sa school.

Transcript of Interview

(Key-Informant)

Key-Informant 2

Rods Pitalbo
Community Organizer
Anak Pawis Payatas

Merriel: Good Morning po. Ako po si Merriel Aviles, 4th year BA Political Science student. Isa po sa requirements po namin bago po grumaduate ay magsagawa po ng research study. Tapos yung thesis ko po ay tungkol sa accessibility of primary health care services ng mga kabataan at kung paano po ito nakakaapekto sa pag-aaral. Yung una ko pong tanong, ano po ba yung kondisyon ng Area B?

Rods: Sa pangkalusugan ng mga kabataan?

Merriel: Opo.


Merriel: Pero may malapit po na klinik o mga ospital?

Rods: Meron doong klinik na malapit. Pero ayun nga, laging walang doktor.
Merriel: Kahit po pumunta rin sila doon ay hindi rin sila magagamot?


Merriel: Pero ano po yung kadalasang pinupunta po nila sa klinik?

Rods: Ano lang, pacheck-up. Tapos yun nga, kung minsan may doktor, sinasamantala nila na bigyan sila ng libreng gamot.

Merriel: Tapos, hindi po ba sa mga klinik dapat libre na ang serbisyo?

Rods: Oo, yun dapat.

Merriel: Pero ano po yung nangyayari?


Merriel: Tapos, yun nga po, dahil may bayad yung mga gamot, hindi rin po nakakakuha ng mga serbisyo yung mga kabataan?
Rods: Hindi rin.

Merriel: Kapag ganun po, ano po yung kadalasang ginagawa ng mga magulang para po mapagamot o mapagaling sa sakit yung mga anak nila?


Merriel: Center lang po ba yung malapit na pagamutan?

Rods: Oo.

Merriel: Wala na pong iba?


Merriel: Ano po yung kadalasang serbisyo na inooffer po ng center dun sa Area?


Merriel: Since yung thesis ko po ay paano nga po yung nakakaapekto sa pag-aaral nila, may mga kabataan po ba na dahil sa sakit hindi na po nakakapasok?

Merriel: Yung pag-ubo lang po ba yung kadalasan po nilang iniinda dahil nga po malapat sa basurahan?


Merriel: Marami po bang mga kabataan din sa Area B ang hindi rin po nakakapag-aral dahil po sa mga sakit nila? O dahil na din po sa iba't-ibang dahilan na rin?


Merriel: Pwera po sa pagkakasakit at sa demolisyon, ano pa po yung ibang dahilan bakit po hindi nakakapasok yung mga bata?


Merriel: Sa tingin niyo po, ilang kabataan po yung nakakapag-aral at hindi po nakakapag-aral sa Area B?


Merriel: So mas inuuna po nila yung pangkain kesa sa pambili ng mga gamot?

Rods: Oo.

Merriel: Sa tingin niyo po, gaano po kalaki yung epekto nung kawalan nga po ng serbisyon pangkalusugan sa mga kabataan, in general po.

Rods: Napakalaki po. Napakalaki ng epekto niyan kasi bukod nga sa napapabayaan na sila, talagang wala ka nang makikitang magandang kinabukasan na hinaharap nila eh. Kasi ngayon pa nga lang na maliliit sila, ayun, naluluto na sila sa ganyang mga gawain. Yung iba, nakakagawa
na ng hindi maganda dahil sa gutom na nararanasan nila. Sila na mismo yung nakakagawa ng hindi maganda para mapakain nila yung sarili nila.

Merriel: Nabanggit niyo po na nakakagawa na ng masasamang gawin yung mga kabataan. Ano-ano po yung mga masasamang gawin na tio?


Merriel: Ayun, so dito po nagtatapos yung mga katanungan ko. Maraming salamat po.

Rods: Maraming salamat din.
Transcript of Interview

(Expert)

Michael S. Caampued, MD,MPM
WHO Technical Assistant for Health Systems Strengthening
World Health Organization

1. What are the primary health care services available in the Philippines? Are all of these services available nationwide?

I would be telling you of "primary health care services" existing in primary level facilities. I am making the distinction between "primary-level services" as against the concept "primary health care." PHC is also the revolving concept behind higher health facilities. And since these are government primary services which I will be telling you, hence, these are available nationwide.

Services Available within Rural Health Units and Barangay Health Stations:

1. Administration
2. Disaster control
3. Maternal, Child Health and Nutrition Services
4. Control of Specific Diseases
   a. Communicable
      i. Common Infectious Disease
      ii. Endemic Diseases
   b. Non-communicable
5. Medical and Dental Care
6. Environmental and Sanitation Services
7. Food and Drug Supervision
8. Health education
9. Medico-Legal Services
10. Health Information systems
11. Other Special Services: Philhealth Services, Health Leadership and Governance Program (HLGP), Medical Missions, Referral Services

2. What institutions are allowed to give these services? Are there services only available at certain institutions? If yes, what are these services and why?

I am confused with this question. In the exception of administrative and medico-legal services, why would the government disallow it in some institutions? Common reasons as to why certain services are not available could be:

- low resources (financial and material),
- non-applicability (disease is not found in that area i.e. Malaria),
- lack of trained personnel (specific service requires a trained professional, i.e. BeMONC services only by BeMONC trained).

All Rural Health Units and City Health Offices are, by mandate, tasked to provide this whole range of vertical services.

3. On the other hand, are there primary health care services solely for children? If there are, what are these? Where do they usually get it?

This information is highly available in DOH website. You can try looking at it. Those services available within Rural Health Units/ City Health Office and Barangay Health stations, we cluster under the UNDER-5 Clinics which provide:
• Breastfeeding monitoring and advice
• Weight monitoring (operation timbang)
• Micronutrient supplementation (Iron, Vitamin A)
• Deworming
• Supplemental Feeding
• Control of Diarrheal Diseases
• Expanded Program on Immunization
• Well-child and Sick Child clinics

4. Are there required primary health care services for children? If yes, what are these?

Same as above

5. Are the primary health care services for children accessible, available, and affordable?

Accessibility – all these services are being provided up to the barangay level. Topography or geographic limits is very difficult to address, and will require construction of roads, commonly outside the concern of health department. But this is why, through heroism of health workers, we try to bring all services to household levels, but of course, it is a VERY DIFFICULT task to fully fulfill.

Availability – again, a lot could influence this. Is there enough financial allocation? Was there a gap in the delivery of expected DOH supplies? Were there more pressing needs that need to be addressed by an LGU that these service supplies could be put on hold (i.e. disaster response, disease outbreak, common political prioritization on infrastructures, etc.). By requirement, these services should always be available.
Affordable – these services for children are free

6. Are there any cases where primary health care services were not accessible to children? If there are cases, what are the reasons behind it? Who is accountable for it?

Same answer as above. On accountability, everybody should be accountable. Family, society and government. The government (RHU, LGU, National, Regional and Provincial offices) of course are the entities we can freely question on failures such as inaccessibility.

7. How can the access to primary health care services affect the children? Is there, in any way, it affects the schooling of the children?

Sorry, but I think this is a leading question. Of course it would affect schooling. Under-5 clinics and preventive services are meant to ensure that all children achieve a baseline acceptable level of health and quality of life. Failures in the provision of these services could then lead to increased disease occurrence and poor mental and physical development, all of which affecting school performance and absenteeism.

If you are also interested in the specifics of all the services in RHUS, here it is:

Services Available within Rural Health Units and Barangay Health Stations:

1. Administration
   a. Office Management
   b. LGU Committees/Local Health Board
   c. Budgeting and Planning
2. Disaster control

3. Maternal, Child Health and Nutrition Services
   a. Family Planning and reproductive Health Services
   b. Prenatal Care Services
   c. BeMONC and Maternal Care Program, Essential Intrapartum and Neonatal Care
   d. Post Partum Care
   e. Infant and Young child feeding
   f. Under Five Services:
      i. Breastfeeding monitoring and advice
      ii. Weight monitoring (operation timbang)
      iii. Micronutrient supplementation (Iron, Vitamin A)
      iv. Deworming
      v. Supplemental Feeding
      vi. Control of Diarrheal Diseases
      vii. Expanded Program on Immunization
      viii. Well-child and Sick Child clinics: IMCI

4. Control of Specific Diseases
   a. Communicable
      i. Common Infectious Disease:
1. Control of Acute respiratory Infections
2. Control of Diarrheal Diseases
3. TB DOTS

ii. Endemic Diseases (according to presence in the area)
1. Malaria Control and Prevention
2. Filariasis
3. Schistosomiasis
4. Neglected Tropic Diseases

b. Non-communicable
i. Healthy Lifestyle

ii. DM/HPN Control and Prevention

5. Medical and Dental Care

6. Environmental and Sanitation Services
   a. Water and sanitation
   b. Excreta and sewage disposal
   c. Food sanitation
   d. Solid waste management
   e. Insect and vermin control
   f. Public place sanitation
   g. Environmental protection
   h. Sanitary inspection
7. Food and Drug Supervision
8. Health education
9. Medico-Legal Services
10. Health Information systems:
    a. eFHSIS
    b. PIDSR
    c. SPEED
    d. MIS for specific diseases
11. Other Special Services: Philhealth Services, Health Leadership and Governance Program (HLGP), Medical Missions, Referral Services

We try to carry all these out.
Transcript of Interview
(Focused Group Discussion)

FGD Reposdent 1

Name: Roida Angeles
Age: 37
Address: Purok 17, Phase 2, Payatas B, Quezon City
Number of Children: 2

FGD Reposdent 2

Name: Agnes Rubion
Age: 35
Address: Purok 17, Phase 2, Payatas B, Quezon City
Number of Children: 2

FGD Reposdent 3

Name: Mylene Rico
Age: 27
Address: Purok 17, Phase 2, Payatas B, Quezon City
Number of Children: 2

Merriel: Magandang hapon po sa inyo. Ako po si Merriel Aviles. Fourth year na po ako, BA Political Science student po galing ng University of the Philippines Manila. Yung thesis ko nga po ay tungkol sa kung paano nakakakuha ng mga serbisyong pangkalusugan yung mga anak niyo at kung paano po ito nakakaapekto sa pag-aaral nila. Yung unang tanng ko po, para po sa inyo, ano po yung mga serbisyong pangkalusugan na dapat pong nakakuha po ng mga anak ninyo?


Agnes: Yung ano. Simula buntis ka pa lang. Lagi kang magpapacheck-up para laging healthy yung anak mo. Kapag nakaschedul kang bumalik sa center, bumalik ka. Tapos pag ayan na,
kapag nanganak ka, bumalik ka pa rin. Libre naman yun sa center eh. Kapag may mga ano. Halimbawa, may sakit, dalhin mo kaagad dun kasi may mga gamot naman.

Merriel: Tapos yung center lang po ba yung malapi na health center?

Mylene: Dyan sa may Phase 1.


Merriel: Lahat po ba ng mga inaasahang serbisyon pangkalusugan para sa mga anak niyo ay nabibigay nila?

Agnes: Nabibigay naman kaso minsan nahuhuli.

Roida: May mga time na limited lang.

Mylene: Pero pag may mga gamot, tatawagin ka din nila.


Merriel: So yung mga anak niyo din po ay nakakapunta din sa mga feeding?

Agnes: Oo, dito sa court.

Roida: Sa court. Dyan sa court ang feeding palagi.

Mylene: May mga simbahan din na nagpapafeeding din.

Roida: Sa school, nagpapafeeding din naman kaso madalang.

Agnes: Sa school, ang finifeeding naman nila doon ay yung mga underweight.
Merriel: Pero dito lahat po ng mga bata nakakapunta sa feeding?

Mylene: Oo.

Agnes: Pag dyan sa court, lahat yan sila.

Mylene: Kahit matanda kasama sa feeding.

Agnes: Pangkalahatan at hindi lang pambata.

Merriel: Gaano po kadalas magfeeding yung health center?

Agnes: Health center?

Mylene: Health center? Hindi gaanong nagfefeeding ang health center.

Agnes: Ang health center nag-aano lang ata sila.

Merriel: Meron, ‘Te. Merong feeding sa health center.

Agnes: Kaya nga.

Mylene: Mga piling mga bata lang talaga.


Merriel: Ah.

Roida: May feeding sila dito pero kalimitan.

Agnes: Meron sa center pero pili ang mga bata.

Merriel: Mga bata po talagang kailang lang ng nutrisyon?
Mylene: Oo, hindi sa lahat ng bata.

Merriel: Eh yung sa bakuna po? Nakakakuha po kayo para po sa mga anak niyo?

Roida: Oo, hanggang matapos yung nasa booklet nila.

Merriel: May binibigay po silang booklet?

Roida: Oo, meron.

Agnes: Para sa record ng bata.

Mylene: Pero kapag lagpas ka na ng balikan mo sa center, tama ka na.

Agnes: Pero umiikot din yung ma taga-center para magbigay ng vitamin A.

Roida: Yung pinapatak.


Merriel: Pati po pagpunta sa center may record din po sila?

Roida: Hm-hm.

Mylene: Oo, Meron. May I.D. kami doon.

Roida: May I.D.

Merriel: Pumupunta lang po kayo sa center para po magpatimbang, ganun?

Roida: Ano yun, mgpapacheck-up ka muna.

Agnes: Magpapacheck-up ka muna sa center.
Mylene: Kunwari, hindi ka naman naka-shedule na pumunta doon tapos biglang nagkasakit yung bata, pupunta ka doon.

Merriel: Tuwing kailan po yung schedule ng isang pamilya po?

Roida: Ay sa mga bata lang yun.


Merriel: Tapos, pati po yung sa bulate, nakakakuha din po yung mga anak niyo?

Agnes: Oo, nag-iikot sila dito.

Roida: Meron yun sa school, binibigay.

Agnes: Yung sa center naman, kapag nadun ka na, nagpacheck-up ka, tatanungin ka kung nabulate na ba yung anak mo. Pagkatapos ng six months, bibigyan ka nila ulit ng pambulate.

Merriel: Edi yung mga anak niyo po, kumpleto ng bakuna at sa bulate?

Roida: Hm-mh.

Mylene: Kapag hindi naman makapunta yung mga magulang doon, sila mismong mga taga-center ang iikot sa barangay niyo.

Merriel: Wala po kayong binabayaran?

Roida: Ay wala.

Merriel: Kahit po piso, wala po?

Roida: Ang bibilhin mo lang ay yung parang index card nila. Parang pinakarecord na nila yun eh.
Agnes: Yun lang yung babayaran mo.

Mylene: Pero yung bibilhin mong mga gamot sa center, wala.

Agnes: Hindi naman lagi yun. Pag napuno na yung index card mo, dun ka lang bibili.

Merriel: Ah. Pero po yung check-up?

Roida: Wala. Walang bayad.

Agnes: Pati gamot kapag may gamot sila. Pero may time na wala.

Merriel: Pano po pag walang gamot sa health center?

Roida: Bibili ka.

Agnes: Reresetahan ka.

Merriel: Yun nga po, since yung thesis ko po ay in line din tungkol sa pag-aaral po ng mga anak niyo, nakakapag-aral po ba sila?

Agnes: Oo.

Merriel: Ayun po, madalas po ba sialng umabsent dahil po sa mga sakit nila?

Agnes: Hindi naman.


Mylene: Kahit nga may ubo, pumapasok.

Roida: As long naman na may gamot na iniinom yung bata, pumapasok siya.
Merriel: Pwera po sa pagkakasakit, ano pa po yung madalas na dahilan kung bakit hindi po nakakapsok yung mga anak niyo?

Agnes: Yung mga lagnat, ganyan. Pero kung yung mga ano lang.

Mylene: Yung bagyo, madalang lang naman yun.

Merriel: Sakit lang po talaga yung inaabsent ng mga anak niyo?

Roida: Sakit lang.

Agnes: Hm-mh.

Merriel: Tapos ano po yung mga kadalasang sakit po ng mga anak niyo?

Mylene: Ubo, sipon, ganun.

Merriel: Hindi po nagkakaroon ng rashes?

Roida: Bibihra naman.

Agnes: Kapag tag-init lang. Yan, bungang araw, beke.


Mylene: Healthy mga anak namin dito.

Merriel: Malulusog po yung mga anak niyo?

Roida: Tama naman yung timbang nila sa edad nila.

Merriel: Ayun po, regular din po bang natitimbang yung mga anak niyo?
Roida: Kapag nagchecheck-up.

Agnes: Kapag nagchecheck-up lang. Pero dito kasi sa amin, may 4Ps. Yung mga 4Ps, required sila na sa isang buwan, isang beses dapat magtimbang yung mga bata.

Roida: Pero yung sa amin na hindi 4Ps, hindi required.

Merriel: Dahil naman po nakaka-access naman po yung mga anak niyo sa mga serbisyo pangkalusugan, gaano po ito kahalaga?

Mylene: Mahalaga kasi hindi naman laging may budget. Kung may health center malaking tulong na yun.

Agnes: Tsaka yung center, nagrerekomenda ng mga doktor galing sa ibang ospital para mag-medical mission.

Roida: Yung mga medical mission, madalas yan sa amin. Kaya kahit paano, nalilibre yung mga gamot, mga vitamisn.

Merriel: Dahil po nakakakua po sila ng vitamins, napreprevent o nahahadlangan po yung mga pagkakasakit nila?

Mylene: Hm-mh.

Agnes: Oo.

Merriel: Last na tanong ko na din po. Over-all po, gaano niyo po irerate yung health center?

Roida: Rte as in 1 to 5? 1 to 10?

Merriel: 1 to 10 po.
Roida: Seven pwede na.

Merriel: Bakit po seven lang?


Merriel: Sa inyo po?

Agnes: Seven din.

Mylene: Seven din.

The edge of the mountain of garbage located in Phase 2 of Payatas Area B.

The trucks that delivers the daily garbage of Metro Manila to Payatas Sanitary Landfill.
These are the different operations that were being implemented in the dumpsite. One of the picture shows the sorry state of the surroundings of the dumpsite.
These are the pictures with the some of the subject respondents of the research: Erma Dimafelix with her son (Left), Editha Giray (Right), and Rowena Eumague (Below).
A picture with the participants of focused-group discussion: Mylene Rico (Left), Roida Angeles (Middle), and Agnes Rubion (Right).

A picture with Sir Noli Pacquiao, Administration Chief of Staff of Barangay Payatas, during an interview for the situationer.