

Effectiveness of primary health care services in one municipality in the Province of Batangas

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Abstract

This study evaluates primary health care services in Bauan, Batangas, utilizing a non-experimental, descriptive research approach. Respondents, predominantly aged 40-50, male, and college undergraduates, primarily reside in Barangay Manghinao Proper. The effectiveness of services, spanning Maternal and Child Health, Immunization, Nutrition, Environmental Sanitation, Reproductive Health, and Family Planning, is generally positive. No significant differences emerge based on age and sex, except for educational attainment, where distinctions arise in the Expanded Immunization Program. Notably, barangay-level variations are evident, with significant differences in the Nutrition Program and Reproductive/Family Planning, and high significance in Maternal and Child Health, Immunization, and Environmental Sanitation. Recommendations include establishing a 24/7 municipal facility for indigent residents, rigorous monitoring of child immunization, intensified iodized salt promotion, and enhanced dengue prevention efforts. Additionally, the study advocates for reinforcing natural family planning and overall family program implementation. The proposed action plan awaits discussion and potential implementation by the Local Government of Bauan. Future research should focus on strategies to augment primary health care effectiveness in the region.

Keywords: primary health care services, information education campaign, effectiveness

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1. Introduction

Primary Health Care is defined by the World Health Organization (2021) as a “whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people’s needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation, and palliative care, and as close as feasible to people’s everyday environment.” Primary health care plays a vital part in icing the overall health and well- being of individualities and communities. It serves as the first point of contact for individualities seeking healthcare services and is essential in addressing their introductory health requirements. In the Philippines, like in numerous developing countries, primary health care faces multitudinous challenges that hamper its effectiveness and hamper the achievement of optimal health issues for the population (Ferrer et al., 2005).

To meet the challenge, PHC focuses on the numerous and linked facets of physical, mental, and social health and well-being while addressing the full range of health factors. It provides whole-person care for health requirements across the lifespan rather than only for a selection of certain conditions. Primary health care ensures that patients will receive quality, complete care that is as close to their daily circumstances as possible, ranging from promotion and prevention to treatment, rehabilitation, and palliative care (WHO, 2021). Likewise, formulating the operation approach of the PHC has spelled significant adaptations and conformance in the governance of health development, encouraging the cooperation of government with colorful parts of civil society similar as nongovernment associations (NGOs) and people's associations (POs) among others. It likewise enabled other sectors to take an active part in responding to the health conditions of the community. Secondly, it emphasized the involvement of colorful programmatic areas to ensure effective operation of health, weaving health into socio- profitable development, and making for an intertwined perspective.

Thirdly, it supported prioritizing promotive and preventative aspects of health, rather than investing coffers substantially on restorative care. therefore, as beforehand as 1978, “there was a coincident trouble to give precedence attention to the eight essential rudiments of health care similar as education on prevailing health problems and the styles of precluding and controlling them; creation of acceptable food force and proper nutrition; introductory sanitation and creation of an acceptable force of safe water; motherly and child care, including family planning; immunization against the major contagious conditions; forestallment and control of locally aboriginal conditions; applicable treatment of common conditions and injuries; and provision of essential medicines (Bautista, 2001).

Demographic changes between countries, different age groups distribution, threat factors, and profitable and epidemiological surrounds; all make it hard to establish a unique primary healthcare system that suits each country.” (Alzaied & Alshammari, 2016). In the Philippines, local government units are required to provide primary healthcare services as per RA 7160, also known as the Local Government Code of 1991. These services encompass various health programs such as immunization, maternal health, tuberculosis (TB) and malaria eradication, among others. The World Health Organization (WHO) in 2018 emphasized the importance of strengthening primary healthcare as the cornerstone of the Philippine Health System Reform and the Universal Healthcare Act. This is viewed as the most cost-effective approach to achieving universal health coverage in line with the government's Philippine Health Agenda of "All for Health towards Health for All." Several studies have been examined, including Santiago et al.'s (2019) research on decentralizing primary healthcare to provinces and municipalities, Bliss (2021) investigation into the connection between decentralization and public health expenditures and family planning.

Primary health care in the Philippines confronts a myriad of challenges, ranging from limited access to healthcare services and inadequate infrastructure to health workforce shortages and health inequities. These problems hinder the provision of comprehensive and accessible care to all individuals and contribute to suboptimal health outcomes. Addressing these challenges requires a multi-faceted approach that includes investments in healthcare infrastructure, equitable distribution of healthcare resources and professionals, policy reforms to enhance healthcare financing and coverage, and initiatives to address health disparities and promote health equity. By prioritizing and addressing these issues, the Philippines can strengthen its primary health care system, improve health outcomes, and move closer to achieving universal health coverage and the Sustainable Development Goals related to health and well-being (Yu et al., 2022).

On the other hand, over the once many decades, the significance of health motifs in the Philippines has increased. The Philippine Constitution of 1987 guarantees the right to health, which is supplied in the country through a binary healthcare system that combines the public and private sectors. Health services are handed by government installations under the control of the public and external governments, which get funding substantially from levies (Palmer et al., 2006). As a result of the Local Government Code of 1991's devolution of health services, local government units now directly provide and manage health services such as public health initiatives, preventive and promotional care, and primary and secondary general hospital services. The mayor-led municipal government oversees the municipal health system (composed of RHUs and BHSs). The management of municipal hospitals, medical facilities, health centers, and BHSs is the responsibility of the municipal government.

In addition, a local health board has been established in each province, city and municipality, and it's led by the principal superintendent of that area. Its part is to advise the original principal superintendent and the local legislative council (sangguniang bayan) on subjects pertaining to health. In agreement with the Local Government Code of 1991, the DOH is still represented by DOH representatives on all local health boards. The Rural Health Unit (RHU) serves as the main source of free introductory healthcare for pastoral communities around Batangas City. Thus, conventions with at least one croaker including acceptable nursers and levy workers have the sole responsibility of looking after a community of thousands of people whilst at the same time having only a limited number of coffers at their disposal. As similar, the quality of primary health services remains fugitive or inapproachable to utmost of the population, especially those living in the pastoral and poverty-stricken areas of the province.

Also, the COVID- 19 epidemic that started in rural China has had a significant impact on how the PHC is being enforced there. In order to contain the epidemic, interpreters had to take on a significant increase in workload, and the PHC System saw a drop in patient volume. In order to concentrate on the pivotal public health duties of shadowing, webbing, and tutoring in remote regions, interpreters reported a significant shift in their work down from seeing and treating cases at exclusive COVID- 19 conventions. The added trouble, threat, and fiscal pressure PHC interpreters faced caused great stress and solicitude among the medical staff, especially those working in vill conventions. Due to the lack of phone or online medical app discussion options, face- to-face PHC services were drastically elided, which interpreters attributed to the fact that the maturity of their cases was old and unfit or unintentional to switch. In discrepancy to the non-COVID-19 respiratory tract conditions that they frequently treated before to the epidemic; interpreters viewed COVID-19 as being outside of their area of expertise.

At this juncture, this urged the researcher to conduct this study with the end of contributing to the improvement of the primary health care services handed in the municipality of Bauan in the Province of Batangas. The study took off by first determining the effectiveness of the primary health care services handed by the local health unit of the municipality as perceived by the residents and grounded on the findings, recommended an action plan that may be used as inputs in policy improvement that's concentrated on the provision of better health care services in the province. This was also intended to give precious inputs that may be used by the Department of Health in assessing the position of effectiveness of ongoing healthcare services.

Subjectively, since studying public administration requires to seek the effectiveness and solutions to the problems encountered to each governmental programs and services offered to the public, this became a challenge to the researcher since he came from the academe; to open his eyes on the different wonders of public service and this brings the researcher a new dimension of learning and realizations beyond the corners of the classroom. In relation to the recent pandemic that we've experienced and observed the dependency of the marginalized sector to access rural health units and public hospitals. Hence, the researcher assume that this is a call for everyone to focus on improving that health care system in the country beyond the passage of Universal Health Care Law of 2018. As such, the researcher came up to this study to determine the effectiveness of the primary health care services offered in the municipality of Bauan and formulate suggestions to enhance the existing health care programs.

Objectives of the Study - The study aims to assess the effectiveness of the primary health care services in the municipality of Bauan, Batangas. More specifically, to; describe the profile of the respondents in terms of age, sex, educational attainment, Barangay; assess the effectiveness of the primary health care services with regard to maternal and child health programs, expanded program on immunization, nutrition program, environmental sanitation, reproductive health and family planning programs; test the significant difference on the effectiveness of primary health care services when respondents were grouped according to profile variables; and lastly propose an action plan to enhance the effectiveness of the primary health care services in the municipality of Bauan, Batangas.

2. Methods

Research Design - A survey, a non-experimental, descriptive research method was used in this study, as it provided descriptive details on the effectiveness of primary health care services offered in the Municipality of Bauan, Batangas. The essence of the survey method can be explained as "questioning individuals on a topic or topics and then describing their responses" (Jackson, 2011). Also, the descriptive method is widely used in most branches of science, as well as in the researches concerning social sciences topics. A descriptive study is one in which information is collected without changing the environment. It is used to obtain information concerning the current status of the phenomena to describe "what exists" with respect to variables or conditions in a situation (Posinasetti, 2014). This method was applied prominently on this study because it supported the aim of determining the effectiveness of primary health care services in the Municipality of Bauan, Batangas.

Participants of the Study - A Convenience Sampling was used in the selection of the respondents. It afforded the researcher to include all the residents that were availing of primary health care services in rural health units during the data gathering period as respondents of the study. The respondents were chosen from a total population of 31,477, distributed in the selected barangays within the municipality namely; Barangay Aplaya, 8,038; Poblacion II, 3,148; Manghinao Proper, 10,789; Santa Maria, 5,129; San Teodoro, 1,788 and Sinala, 2,585. At 95 percent level of confidence and a 5 percent margin of error, the sample size calculator revealed that the recommended sample size for this study was 305.

Barangay	Number of Participants
Barangay Aplaya	78
Barangay Manghinao Proper	105
Barangay Poblacion IV	31
Barangay Santa Maria	50
Barangay San Teodoro	17
Barangay Sinala	25
TOTAL	305

A total of three hundred five (305) residents from the selected Barangays in the Municipalities of Bauan were asked to participate as respondents of this study. Their experience and perception of the primary care services offered by the rural health units served as the backbone of this study.

Data Gathering Instrument - The questionnaire that the researcher utilized was an adopted instrument from

a dissertation concerning the same topic which was developed based on the national programs provided by the Department of Health to determine the effectiveness of the selected primary health care services provided by the Municipality of Bauan, and served as the primary instrument for data collection in this study. To ensure that each item was pertinent to the study, experts validated the survey questionnaire. There were two parts to the questionnaire. The respondents' profile in terms of their available demographic information was the subject of the first section. The subsequent part centered around the adequacy of essential medical care administrations. The Likert Scale Method was used to give equivalent verbal interpretations of the gathered numerical data meaning and interpretation. The score on the scale was the average of the weight assigned to the particular response made by the respondents. To be able to interpret the responses on the scale, the following range of mean and their corresponding adjective ratings was observed: 3.50 – 4.00 for Highly Effective (HE); 2.50-3.49 for Effective (E); 1.50-2.49 for Less Effective (I); and 1:00-1.49 for Not Effective (NE). The questionnaire contained a confidentiality clause whereby respondents were informed that their answers will be treated with utmost privacy in compliance with Data Privacy Act of 2012.

Data Gathering Procedure - Before the data gathering activity, a letter of request for permission to conduct interviews along with the approved survey questionnaire was submitted to the Office of the Municipal Mayor for proper endorsement followed by submission of the letter of request addressed to the Barangay Captains of the selected barangays. Upon approval of the request, the distribution of the survey instruments was followed. Patients availing of primary health care services in the rural health units were asked to participate in the survey. Before the conduct of the survey, the nature of the study and the survey questionnaire itself was explained. Adequate time was given to ensure that all the questions in the survey form have been fully understood and answered by the respondents. A total of 305 respondents successfully answered the survey questionnaire. The data collected from these questionnaires were statistically processed followed by the generation of various statistical tables.

Ethical Considerations - During the conduct of the study, a letter of permission, included in the survey questionnaire, was presented to the research participants as it is deemed important to establish trust by ensuring the anonymity and confidentiality of all respondents. The informative data gathered through the survey questionnaire were derived from the residents of the selected barangays availing primary health services and were dealt with in absolute confidentiality. In addition to the confidentiality clause, the respondents were informed of their right to withdraw their participation even in the middle of answering the questionnaire and interview. Fortunately, all 305 respondents cooperated and completed answering the survey questionnaire.

Data Analysis - To perform data analysis, several statistical tools were used. Frequency distribution was used to determine the profile of the respondents in terms of age, sex, educational attainment, and the respective barangay where the respondent resides. Weighted means and ranking was used to assess the effectiveness of primary health care services offered in the municipality of Bauan with regards to maternal and child health program, expanded program on immunization, nutrition program, environmental sanitation, reproductive health and family planning program. The normality status of the data was tested vis-à-vis the result of the Shapiro-Wilk Test which revealed that the p-values of two major variables are less than 0.05 which means that the data set is not normally distributed. Consequently, the Mann Whitney U and Kruskal Wallis test were used to test the significant difference in the effectiveness of primary health care services when grouped according to profile variables. By and large, data sets will be processed using a statistical software known as PASW version 26 to further interpret the results of the study using an alpha level of 0.01.

3. Results and discussion

Table 1 presents the distribution of the respondents profile. As to age, most of them falls on the age bracket of 40 to 50 years old with a frequency of 90 or 29.5 percent while the least was 18 to 28 years old (17%). This result is thought to be due to the fact that most of the residents of the surveyed households were in their 40s and 50s at the time of the survey. It was also noted that the 18- to 28-year-old group often refused to provide data

because they had never used health services or had little knowledge of most government health services, in addition, this age bracket is often college students and young professionals who already returned to face-to-face classes and work. This reasoning was consistent with the findings of Schriver et al. (2014), who found that younger people have little or no complete understanding of the aims and activities of government health programs.

Table 1

Percentage Distribution of the Respondents Profile

Age	Frequency	Percentage %
18-28 years old	52	17.0
29-39 years old	88	28.9
40-50 years old	90	29.5
51 years old and above	75	24.6
Sex		
Male	183	60.0
Female	122	40.0
Educational Attainment		
Elementary Graduate	10	3.3
High School Undergraduate	9	3.0
High School Graduate	124	40.7
College Undergraduate	128	42.0
College Graduate	34	11.1
Barangay		
Barangay Aplaya	78	25.6
Barangay Manghiniao Proper	103	33.8
Barangay Poblacion II	32	10.5
Barangay Santa Maria	49	16.1
Barangay San Teodoro	18	5.9
Barangay Sinala	25	8.2

In terms of sex, the study was dominated by male which comprised of 183 (60%) while female got forty percent. This finding is does not matched with the recent data released by city population (de, 2020) male and female population of the municipality are almost equal where Males comprised the 49.6% of the total population, while 50.4% are females. In the latest population count the percentages has an equivalent data of 45,041 and 45,709 respectively. It was also observed from the result that most of the respondents are college undergraduate with a frequency of 128 or 42 percent while there are nine (9) who obtained high school undergraduate. This finding may be attributed to the fact that in the municipality of Bauan, the prevalent educational attainment for learners is primarily high school graduates thus, most of the respondents are from this age group since the Municipality has several High Schools like its Technical High School Located in Manghiniao Proper and its Vocational High School located in the highland area of the municipality. Also, this finding is in connection with the study of Curtin, Presser & Singer (2000) where they expounded that in general, more educated and more affluent people are more likely to participate in surveys than less educated and less affluent people.

Lastly, as to the respondents barangay, most of them are from Barangay Manghiniao Proper with 33.8 percent and the least was from Barangay San Teodoro. This result was quite obvious since Barangay Manghiniao Proper is the most populous barangay in the Municipality of Bauan, it was also observed that most of the residents living in the urban area of the municipality were located in this barangay, in addition to the number of subdivisions, villages and townhouses located in the vicinity of the barangay. On the other hand, barangay San Teodoro was one of the least populous barangays in the municipality since this is located in the outskirts of the municipality, the result also attests the location of the barangay since the only access going here is thru a National Road passing through the municipality of San Pascual, leading to the municipality of Alitagtag. Currently, the local government is working for an access road from this barangay going to its nearby barangay, Cupang.

Table 2 shows the summary table on the effectiveness on Primary Health Care Services. The over-all composite mean of 3.07 indicates that it is effective in general. Among the program cited, Maternal and Child

Health Program topped on the list, followed by Reproductive and Family Planning Program and Environmental Sanitation with mean score of 3.28, 3.13 and 3.09 respectively. These findings were supported by the United Nations' Sustainable Development Goals where in these calls to have a safer child delivery and less global maternal mortality rate by 2030. Also, the best way to achieve this ambitious target is to: ensure all women have access to contraception to avoid unintended pregnancies; provide all pregnant women with skilled and respectful care in a safe environment during delivery; and make sure women with complications have timely access to quality emergency obstetric care.

Table 2

Table on Effectiveness on Primary Health Care Services

Indicators	Weighted Mean	Verbal Interpretation	Rank
Maternal and Child Health Program	3.28	Effective	1
Expanded Program on Immunization	2.96	Effective	4
Nutrition Program	2.91	Effective	5
Environmental Sanitation	3.09	Effective	3
Reproductive and Family Planning Program	3.13	Effective	2
Composite Mean	3.07	Effective	

Legend: 3.50 – 4.00 = Highly Effective; 2.50 – 3.49 = Effective; 1.50 – 2.49 = Less Effective; 1.00 - 1.49 = Not Effective

These findings were also tracked in a United States Agency for International Development (USAID) report (2012) in consonance with the 2011 Family Health Survey of the Philippine government found out that from 2006 to 2011 maternal mortality increased from 162 to 221 per 100,000 live births. Family planning (FP) services are a major contributor to rising maternal mortality. The Philippines lags behind other Southeast Asian countries in the provision of FP services, largely due to national policy challenges and years of limited support for the provision of FP and reproductive health services.

This finding was also connected to the implementation of section 5 of Republic Act 11223 or the Universal Health Care Law that was passed in 2019, whereas the Department of Health and the respective Local Government Units (LGUs) shall endeavor to provide a health care delivery that would afford by every Filipino and in section 6 the inclusion of the entire population of the country as members in the Philippine Health Insurance Corporation (PhilHealth) and this was strengthened by Chapter IV of the said law that discusses the delivery of Health Care Services to the Population. Meanwhile, Expanded Program on Immunization (2.96) and Nutrition Program (2.91) rated the least. This was also one of the focuses of UNICEF wherein their organization is promoting, and prioritizing marginalized and underserved communities, and strengthen the front-line immunization workforce to reach them. We engage with communities to learn their values and needs around quality vaccination services. In addition, UNICEF knows that immunization is one of the most effective public health interventions, giving every child the opportunity to grow up healthy and reach their full potential.

Locally, there are no published studies to support nor refute this finding, however, national assessment on immunization revealed that the country failed to reach its 95% target coverage, unlike its neighboring ASEAN countries (Ulep & Uy, 2021) thereby giving the impression that immunization efforts in the country are still not effective. Also, the latest study conducted in Pakistan in 2008 differed from the present study. It revealed that immunization days have a negative impact on immunization coverage and that its effectiveness was hampered by the inadequate mobility of health workers (Mangrio, Alam & Shaikh, 2008). Fortunately, in the Philippines or particularly in the province of Batangas, the health workers are the main reason for the effectiveness of the immunization program.

Table 4 displays the comparison of responses on the effectiveness on Primary Health Care Services when grouped according to profile. It was observed that there is a significant difference on Expanded Program on Immunization when grouped according to educational attainment was less than the alpha level. This means that the responses differ statistically and based on the post hoc test conducted, it was found out that those who are high school undergraduate assessed the above program more effective. The difference in responses on the effectiveness of primary health care services when grouped according to age was also evident. These finding was

supported by the study of Ortiz et al. (2016) where higher ratings of primary health care services were associated with an increase in age.

Table 3

Difference of responses on the effectiveness on primary health care services when grouped according to profile

Age	F-value	p-value	Interpretation
Maternal and Child Health Program	0.762	0.516	Not Significant
Expanded Program on Immunization	0.408	0.747	Not Significant
Nutrition Program	1.562	0.199	Not Significant
Environmental Sanitation	0.389	0.761	Not Significant
Reproductive and Family Planning Program	1.082	0.357	Not Significant
Sex			
Maternal and Child Health Program	0.424	0.516	Not Significant
Expanded Program on Immunization	1.275	0.260	Not Significant
Nutrition Program	1.051	0.306	Not Significant
Environmental Sanitation	0.118	0.731	Not Significant
Reproductive and Family Planning Program	2.519	0.114	Not Significant
Educational Attainment			
Maternal and Child Health Program	0.493	0.741	Not Significant
Expanded Program on Immunization	3.434	0.009	Significant
Nutrition Program	2.025	0.091	Not Significant
Environmental Sanitation	1.009	0.403	Not Significant
Reproductive and Family Planning Program	1.259	0.286	Not Significant
Barangay			
Maternal and Child Health Program	15.298	0.000	Highly Significant
Expanded Program on Immunization	4.154	0.001	Highly Significant
Nutrition Program	3.533	0.004	Significant
Environmental Sanitation	5.880	0.000	Highly Significant
Reproductive and Family Planning Program	3.592	0.004	Significant

Legend: Significant at p-value < 0.05

In terms of sex, it was observed that there was no significant difference on all selected primary health care programs when grouped according to sex. While in terms of educational attainment, it was observed that there was no significant difference in all primary health programs except for the Expanded Program on Immunization when grouped according to educational attainment. This was observed since the computed p-values were less than the alpha level and implied that the responses differ significantly. In addition, there was also significant difference when grouped according to barangay. This significant difference lies on those who live in Santa Maria. This finding is highlighted with the result of the Homogenous Subsets where in the mentioned barangay got the highest result among other participated barangays.

Table 4

Proposed action plan to enhance the effectiveness of the primary health care programs in Bauan

Programs/ Plans/ Activities	Strategy	Performance Indicator	Office Responsible
Continuous Provision of Intensive pre-natal and post-natal care to mothers	Coordinate with the Local Chief Executive (LCE), Municipal Budget Office, the Sangguniang Bayan through the Municipal Health Office to source out fundings for the creation activities related to the said provisions.	Intensive care to mothers during pre-natal and post-natal stage continuously provided.	Local Chief Executive Sangguniang Bayan Budget Office Municipal Health Office
Strengthen/ Intensification of the Immunization Program for Infants 0 to 12 months on a regular basis	Coordinate with the Local Chief Executive (LCE), Municipal Budget Office, the Sangguniang Bayan through the Municipal Health Office and Rural Health Units to source out fundings for the creation activities related to the said intensification.	Immunization program for infants 0 to 12 months strengthened and intensified.	Local Chief Executive Sangguniang Bayan Budget Office Municipal Health Office Rural Health Offices
Intensification of Nutrition advocacy & dietary counselling on modified diet and	Coordinate with the Local Chief Executive (LCE) and Philippine Nutrifoods Corporation through the Municipal Health Office to continuously	The Nutrition advocacy on modified diet and continuous PABASA Classes intensified and promoted.	Local Chief Executive Philippine Nutrifoods Corporation Municipal Health Office

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PABASA Classes	conduct the said programs on a regular basis.		
Strict compliance of Food establishment, inspection and training of food handling	Coordinate with the Local Chief Executive (LCE), Sangguniang Bayan, Municipal Business Permit and Licensing Office thru the Municipal Health Office to revisit the existing guidelines for enhancement.	Food establishments inspection and training of food handlers will strictly complied with.	Local Chief Executive Sangguniang Bayan Municipal Business Permit and Licensing Office Municipal Health Office
Regular conduct of pre-marital counselling to pre-married couples for the promotion of responsible parenthood.	Coordinate with the Local Chief Executive (LCE), Municipal Social Welfare and Development Office through the Municipal Health Office to regularly schedule the said counselling.	The pre-marital counselling to pre-married couples regularly in all Barangays in the Municipality.	Local Chief Executive Municipal Social Welfare and Development Office Municipal Health Office

4. Conclusions and recommendations

Based on the results, the respondents were 40 to 50 years of age, male, college undergraduate and the majority were from Barangay Manghiniao Proper. The primary health care service in the municipality of Bauan, Batangas were effective in terms of the Maternal and Child Health Program, Expanded Program on Immunization, Nutrition Program, Environmental Sanitation, Reproductive Health, and Family Planning Program. There is no significant difference on the effectiveness of primary health care services when the respondents are grouped according to age and sex. In terms of Educational Attainment, there is no significant difference on all primary health care services except on the expanded program on Immunization. Lastly, in terms of barangay, respondents have a significant difference on Nutrition Program and, Reproductive and Family Planning Program while Maternal and Child Health Program, Expanded Program on Immunization, and Environmental Sanitation are Highly Significant. An action plan is proposed to enhance the effectiveness of primary health care services in the municipality of Bauan, Batangas.

The Local Government of Bauan, Batangas through the Local Chief Executive (LCE) and Sangguniang Bayan may provide a municipal facility-based delivery to be opened on a 24/7 basis to accommodate indigent residents. The Local Government of Bauan, Batangas through the Municipal Health Office may strictly monitor and intensify a tracking system for the immunization of children 0 to 11 months. The Local Government of Bauan, Batangas through the Municipal Health Office may intensify the promotion of iodized salt for prevention of simple goiter, may continue to conduct self- testing to market and strict implementation of ASIN program. The Local Government of Bauan, Batangas through the Municipal Health Office may intensify the conduct of Information Education Campaign/Lecture, school misting on dengue prevention and monitoring of dengue cases on the Municipality. The Local Government of Bauan, Batangas through the Municipal Social Welfare and Development office, and Municipal Health Office may strengthen the family program with focus on the practice of natural family planning methods and promotion of family planning services in the municipality. The proposed action plan may be tabled for discussion for future implementation and evaluation thereafter. Future researchers may conduct similar research on the impact of the primary health care services to the residents of Bauan, Batangas.

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