

Health status



**ASSIGN
BUSTER**

Madam Galan, Madam Recierdo, Madam Ludovice, Sir Buitre as well as Madam Alcala and Madam Olaguer and the rest of BUCN family. Kuya bogy, Tita Zenen, Ate Bem, Residents of Bgy. Paradise and Putsan and Kuya Chard. His second family: big star, medium star, little star, bgurl, bry, buching, bun-bun, kuya honest, ate kikay, ate monice, mamits, kuya maki, kuya wigz, shaney, and kuya josh and also to ate tala and ate mimay. His closest friends: mc, renz, addie, bohr, pugs and high school friends.

Also to his dutymates (the present ones and especially to the “pasts”), classmates and other batchmates: the dwarfs, baka-baka girls, aquinians+one divinian, jamerz (frend, boi and the manays), sheilz+gills company, tres marias (ely boy and company), cho al and company, masbate girls, mr bu and his first lady, hot momahs (especially esther) and jackz and of course, colz, and the peppers (who will be forever peppers). RCY family. God, most of all.

Host: Bicol University College of Nursing Summary The town of Gubat, Sorsogon especially Barangay Paradijon is said to be the only place in Sorsogon where pottery can be found. This research study aims to know the health status of the pot makers of the said barangay by determining the health hazards and common health problems that they had experienced and the proposed measures, as well. Specifically, this study sought to answer the following sub-problems: (a) what is the socio-demographic profile of the respondents according to their age, sex, civil status, educational attainment, number of family members, monthly family income, and number of years as pot maker; (b) what are the health hazards affecting the pot makers in Bgy. Paradijon, Gubat, Sorsogon according to physical hazards, biological hazards,

chemical hazards and psychosocial hazards; (c) what are the common health problems encountered by the pot makers in terms of respiratory problems, musculo-skeletal problems, gastrointestinal problems, sensorineural problems, cardiovascular problems, and integumentary problems' and (d) what measures may be proposed to minimize these health hazards and common health problems experienced by the respondents?

The study utilized descriptive type of research so a questionnaire checklist was devised by the researcher and used it as the main data gathering tool. Total enumeration was used and so, all of the pot makers in Barangay Paradijon were considered as respondents but these respondents were limited only to those who really make the pots, not including those who sell them and the buyers, as well.

Florence Nightingale's theory or also known as Environmental theory along with Roy's adaptation and Pender's health promotion were taken as theoretical framework of this study that gave guidance in the conduct of this undertaking. Frequency count, ranking and percentages were utilized as statistical tools in the analysis and interpretation of data. Findings Socio-demographic Profile. The respondents with age 51-60 (27 %) dominated the group with nine followed by 41-50 (21 %) with seven.

There were six respondents aged 61 and above (18%) and six also who belong to the bracket 31 - 40 (18%). Moreover, there were only five who are aged 21 - 40 (15%). Eighteen or 55 percent of the respondents are female and 15 or 45 percent are male. Fifteen (48%) of them are married, but there were 11 (33%) who are still single and 6 (18%) who are widowed. Majority of

the respondents are elementary graduate, with 20 or 54 percent of them.

There are 6 (18%) elementary undergraduates and five or 15 percent high school graduates and there is only one (3%) who is in the college level.

Most of them belong to a family composed of 5 - 7 members, with 22 (64%), 11 (33%) who belong to 2 - 4 and only one (3%) who is a member of a family composing of 8 - 11 members. 22 (67%) respondents revealed that they have 2000 - 3000 monthly family income, 6 (18%) have 4000 - 5000 monthly and 5 (15%) who earn 3000 -4000 per month. There are nine of them who are 11 - 20 years in pottery and also nine who are 21 - 30 years, 3 potters are 1 - 10 years and only four who are 41 and above in pot making.

Health Hazards.

The health hazards taken as the most experienced by the pot makers are as follows: (a) for physical hazards, prolonged sitting and prolonged exposure to hot kilns/open fire, both with 33, lifting heavy objects with 31, awkward postures and prolonged exposure to sunlight, both are with 30 and the least is repetitive movements with 23 (b) for biological hazards, soiled hands after work (with 33) and working without facial mask (with 33), as well as soiled clothing after work (with 31), stuck clay into fingernails after work (with 29), and the least is working barefoot (with 2), (c) for chemical hazards, foul order of substances used in working and use of gas in burning/cooking the pots, both with 33, inhalation of dust from ordinary clay (27) and the least accidentally spilled glaze/paint onto the skin with 3, (d) for psychosocial hazards, stress (with 33), fatigue (with 31), and heavy working (with 29) and the least is conflicts with other workers only with 2. Common Health Problems.

The common health problems experienced by the respondents are the following: (a) for respiratory problems, frequent sneezing and colds, both with 30 and cough with 29 and the two least are DOB (difficulty of breathing) and asthma both with only 2; (b) for musculo-skeletal problems, lower back pain is the highest (with 33), strain (with 28) and sprain (with 25) and the least, with 11 is neck pain; (c) for gastrointestinal problems, constipation with 20, abdominal pain with 18, and diarrhea with 17 and the least is vomiting with 11; (d) for sensorineural problems, headache (with 27), dizziness (with 24) and blurry vision with 17 and the least is hearing problem with 6; (e) for cardiovascular, chest pain (27), high blood pressure (24) and weak pulse (15) and the least is heart palpitations with 3, (f) for integumentary, first in rank is dry skin with twenty three followed by crusty skin (19) and rashes (5) and the least experienced is burn (1). Proposed Measures for Health Hazards. The measures that the pot makers think as the most effective are: (1) observing proper body mechanics for physical hazards; (2) immediate and thorough hand washing after the hands were soiled for biological hazards; (3) proper hand washing after using toxic substances for chemical hazards and; (4) adequate rest and work cycle for psychosocial hazards. Proposed Measures for Common Health Problems.

The measures that the respondents think as the most effective are: (1) intake of nutritious foods especially vitamin C-rich foods to boost immune system for respiratory problems; (2) ice massage or local heat application for musculo-skeletal problems; (3) observance of cleanliness or sanitation in the surroundings especially at the work area for gastrointestinal problems; (4) use of goggles for sensorineural problems; (5) eating healthily including

intake of vegetables, fruits and other nutritious foods especially those that are rich in omega 3 fatty acids for cardiovascular problems, and; (6) adequate personal hygiene for integumentary problems. Conclusions Based on the findings of the study, the following conclusions were drawn: 1. The pot makers in Gubat, Sorsogon have commonalities and differences in their socio-demographic demographic profile. 2. The respondents experienced different types of physical, biological, chemical and psychosocial hazards. 3.

They are experiencing common health problems that might be the results of the hazards that they have also encountered and these are respiratory problems, gastrointestinal, musculo-skeletal, sensorineural, cardiovascular and integumentary problems. 4. There are measures to minimize each category of hazards and sub-types of common health problems experienced by the potters. Recommendations Based on the conclusion drawn the following recommendations are forwarded: 1. To minimize the health hazards and the common health problems, they must put into application the proposed measures and these are to use protective equipments such as facial mask and gloves as well as protective garments for chemicals at times needed. 2.

The families of the respondents should realize their responsibilities to their family member/s who is/are into pot making just by helping them to carry out the proposed measures. 3. The Local Government Unit of Gubat must take into considerations also these individuals who need assistance especially in health promotion by providing bigger fund or budget for their needs especially health services and privileges. 4. The Department of Health might as well develop more responsive health care delivery system to these

people. And one way is to make the DOH program, “ Philhealth ng Masa” more accessible to them. 5. The general public must realize the value of giving importance to their health. 6.

The future researchers must conduct also more undertaking about workers in pottery who are excluded and also other outdoor occupation workers for they are much prone to hazards and so they need assistance. 7. The pot makers must organize their own group so that they could discuss within themselves their needs and problems at the workplace and most of all so that they can be easily recognized by the Local Government Unit.