

Health care ii related
learning experience
philippine
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COMMUNITY HEALTH SURVEY Barangay 536, Zone 63, Quezon City Date of Survey: February 20, 2009 HEALTH CARE II RELATED LEARNING EXPERIENCE PHILIPPINE REHABILITATION INSTITUTE College of Nursing #56 Banawe Street, Quezon City In Partial Fulfillment of the Requirements in Health Care II-RLE Presented to: College of Nursing Presented by: Group II of Health Care II-RLE Group Members Camillo Furigay (BSN) Leo Jesus Funa (BS PT) Jake Goyena (BSN) Jessi Juico (BSN) Anjo Marie Julian (BSN) Graciela Juson (BSN) Kenneth Lee (BS PT) Christ Lozada (BSN) Mary Ann Mallari (BSN) Michael Millare(BSN)

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BARANGAY PROFILE Barangay 536, Zone 63, Quezon City BARANGAY
 OFFICIALS •BARANGAY CAPTAIN Exequiel B. Garcia •KAGAWAD Jaime
 Diomampo Ricardo Calingo Leopoldo Umali Julio Macaraig Fernando Dangca
 Trinidad Dumayas Roselito Manahan •BRGY. SECRETARY Loida Sanguinsin
 •BRGY. TREASURER Veronica Mugas •SK CHAIRMAN Emjarra Garcia •SK
 KAGAWAD John Leonard Sumalinog Josielyn Sumalinog Christine Paulino Uriel
 Israel Garcia Helen Jomadio Margie Sarmiento Ma. Elana Calingo LAND
 AREA: 1 hectare POPULATION: 1055 NO. OF SURVEYED HOUSEHOLDS: 50
 NO. OF INDIVIDUAL RESPONDENTS: 206 BOUNDARIES: •NORTH Fajardo
 Street SOUTH Sobriedad Ext. •EAST Batanes Street •WEST Blumentritt Street
 BARANGAY HEALTH CENTER HEALTH CENTER SCHEDULE Monday to Friday:
 8: 00 a. m. – 5: 00 p. m. Monday, Wednesday, & Friday: •Immunization &
 Check-up (Morning) •Pre-natal Care (Afternoon) Tuesday & Thursday:
 Regular Check-up SERVICES OFFERED • Immunization ? Hepatitis ? DPT
 (Diphtheria Tetanus) ? Measles ? BCG (Bacillus Calmette-Guerin) • ECG •
 Fasting & Blood Sugar • Pre-Natal Care •PAP SMEAR •New Born Screening
 •Tuberculosis (Check-up) ACKNOWLEDGEMENT Our community exposure
 greatly affected the way we perceive Philippine health care.

This activity allowed us to broaden our horizons and realize the prevalent
 health issues that exist in ordinary Filipino communities. We feel enriched for
 we were able to interact with another facet of humanity, enabling us to
 widen our array of skills and knowledge as we journey on into our respective
 careers. We would like to begin by thanking the Lord God, for it is through
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Him that everything is possible. Secondly, we thank Dean Precy Padilla and the entire faculty staff of PRI College of Nursing for ably providing us with the necessary directives in order for us to fulfill the necessary requirements in our courses.

We would like to thank Professor Castel for being our group's facilitator throughout our community exposure; we sincerely thank her for her patience throughout this activity. We would also like to acknowledge Professor Nierves, our beloved instructor in Health Care 2, for her guidance and direction throughout the semester. We would like to extend our sincere gratitude to all the members of Barangay 536, Zone 63 in Quezon City for allowing us to immerse ourselves in their humble community.

We salute their indomitable spirit and infectious zeal for life despite all of the difficulties they face. We thank Barangay Captain Exequiel Garcia and all of the Kagawads for assisting us in interacting with the community's families and providing us with adequate security throughout our exposure. Lastly, we would also like to thank our respective families for their unwavering support throughout every endeavor in our lives. We thank them for the values we currently possess; it is these that provide us with the necessary moral fiber to succeed in life. INTRODUCTION

A vital component of the nursing curriculum is the community survey program that we recently participated in. The tacit premise of this activity is to allow us to experience different facets of community life; for us to be able to widen our knowledge regarding the realities of Philippine public health.

Barangay 536, Zone 63 in Quezon City was the community we were tasked

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to evaluate. On primary analysis, one can observe that the area is peaceful and productive. The residents are all active participants in the life of the community, all actively engaged in various activities of the barangay.

Our main directive was to immerse ourselves in the community, evaluate the existing health problems and offer viable solutions for these concerns. With the information we gathered, it was possible for us to practice health teachings in the community as well as donate food and basic necessities to a number of families. We hope that these steps we undertook will serve as the instigator of sustained progress and development in their humble community. **OBJECTIVES** The primary objective of our 2-day community exposure was to conduct a comprehensive public health survey among the residents of Barangay 536, Zone 63 in Quezon City.

With the gathered data, we aimed to develop viable health care intervention strategies in order to prevent the various health problems existing in the community. Along with these formulated health care plans, we planned to inform the people of the present problems in their community, in order for them to be better equipped to handle future concerns that may arise. In addition, an objective of the group was to fully immerse ourselves into the life of the community by fully respecting the residents and understanding the quality of life that embraced their society.

METHODOLOGY As partial fulfillment of the requirements in Health Care II-RLE, our group was tasked to conduct an intensive community survey in Barangay 536, Zone 63 in Quezon City. In order to conduct this survey, we prepared the necessary survey forms along with the donation stubs before

leaving for the community. In addition, we packaged the Mother's Class food donations into 50 separate rations. One donation bag consisted of 1 kilo of rice, 2 canned goods, and 3 packs of noodles. We conducted a house-to-house survey on February 20, 2008.

With each house we surveyed, we assessed the current situation of the household and the prevailing health concerns of each family. Each student was assigned to interview 5 families, with a total of 206 respondents for the whole community. The data we gathered served as the basis for the various topics we decided to lecture on during the Mother's Class held on February 24, 2008. It was during this day that we lectured the community regarding their present health concerns. A community nursing health care plan was formulated after in order to properly assess the health needs of the community and to offer solutions to the problems within.

I. DEMOGRAPHICS AGE Table 1. Population Distribution According to Age

AGE	FREQUENCY	PERCENTAGE
0-1	10	4.85 %
2	2	0.97 %
3-5	8	3.88 %
6-10	19	9.22 %
11-15	17	8.25 %
16-20	21	10.19 %
21-25	22	10.68 %
26-30	16	7.77 %
31-35	17	8.25 %
36-40	9	4.37 %
41-45	14	6.80 %
46-50	10	4.85 %
51-55	14	6.80 %
56-60	9	4.37 %
61-65	5	2.43 %
66-70	8	3.88 %
71-75	1	0.49 %
76-80	3	1.46 %
81-85	0	0.00 %
86-90	1	0.49 %
TOTAL	206	100%

Figure 1.

Population Distribution According to Age 1. 1 POPULATION ACCORDING TO AGE

The data shows that there are 10 respondents belonging to the 0-1 age group, 2 respondents belonging to the age 2 group, 8 respondents belonging to the 3-5 age group, 19 respondents belonging to the 6-10 age group, 17

respondents belonging to the 11-15 age group, 21 respondents belonging to the 16-20 age group, 22 respondents belonging to the 21-25 age group, 16 respondents belonging to the 26-30 age group, 17 respondents belonging to the 31-35 age group, 9 respondents belonging to the 36-40 age group, 14 respondents belonging to the 41-45 age group, 10 respondents belonging to the 46-50 age group, 14 respondents belonging to the 51-55 age group, 9 respondents belonging to the 56-60 age group, 5 respondents belonging to the 61-65 age group, 8 respondents belonging to the 66-70 age group, 1 respondent belonging to the 71-75 age group, 3 respondents belonging to the 76-80 age group, and 1 respondent belonging to the 86-90 age group. There are a total of 206 respondents in the community. The data shows that the number of people within the age groups 21-25 years old (10.68%) and 16-20 years old (10.19%) are the most predominant in the community. There is a clear variation of people living in the area with no age group superior in number compared to the others.

It can be observed that children within the age group of 6-10 years old are also numerous (9.22%); and this number will only increase exponentially due to the number of adults in the community. SEX Table 2. Population Distribution According to Sex SEXFREQUENCYPERCENTAGE Males11455.34 % Females92 44.66 % TOTAL206100 % Figure 2. Population Distribution According to Sex 1. 2 POPULATION ACCORDING TO SEX The data shows that there are more males (55.34%) in the community than females (44.66%). The ratio of males to females in the community is almost even; with the percentage of males slightly higher (55.34%) than that of females (44.66%).

With the number of males higher than the number of females, the threat of overpopulation is greatly diminished. CIVIL STATUS Table 3. Population

Distribution According to Civil Status CIVIL STATUS FREQUENCY PERCENTAGE

Single 11053. 40 % Married 8239. 81 % Separated 83. 88 %

Widow/Widower 62. 91 % TOTAL 206 100% Figure 3. Population Distribution

According to Civil Status 1. 3 POPULATION ACCORDING TO CIVIL STATUS The

data shows that 53. 40% of the respondents are single, 39. 81% are married,

3. 88% are separated, and 2. 91% are widows/widowers. A majority of the

respondents is single. This category includes people that are not married or

are merely " living-in" with their respective partners. NATIONALITY

Table 4. Population Distribution According to Nationality

NATIONALITY FREQUENCY PERCENTAGE Filipino 206 100 % TOTAL 206 100 %

Figure 4. Population Distribution According to Nationality 1. 4 POPULATION

ACCORDING TO NATIONALITY The data shows that all of the respondents are

Filipino citizens. RELIGION Table 5. Population Distribution According to

Religion RELIGION FREQUENCY PERCENTAGE Roman Catholics 4896 %

Muslims 12 % Born Again 12 % TOTAL 50 100 % Figure 5. Population

Distribution According to Religion 1. 5 POPULATION ACCORDING TO

RELIGION The data shows that a majority of the respondents are Catholics

(96%), 2% are Muslims, and 2% are Born Again followers.

Catholicism is the predominant religion in the community; typical of Filipino

communities in the Luzon & Visayas regions of the country. The members of

the community stated that there are no prevailing religious conflicts in the

area; but the possibility of such occurrences is always possible, especially

with conservative members of each religious faith. ETHNIC GROUP Table 6.

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Population Distribution According to Ethnic Group ETHNIC

GROUPFREQUENCYPERCENTAGE Tagalog4692 % Ilokano36 % Cebuano12 %

TOTAL50100 % Figure 6. Population Distribution According to Ethnic Group 1.

6 POPULATION ACCORDING TO ETHNIC GROUP The data shows that most of the respondents are Tagalogs (92%). A number of members of the community hail from Ilocos (6%) and Cebu (2%).

Out of the 50 family respondents in the community, 48 of them are Tagalogs.

Other ethnic groups include Ilokano families (3) and 1 Cebuano family.

Despite the low ethnic variation within the community, future generations of children will eventually become Tagalogs due to the dominance of Tagalog families in the area. With the imminent increase of population in the community, issues like living space and lack of food will be major concerns in the near future.

EMPLOYMENT Table 7. Population Distribution According to

Employment EMPLOYMENTFREQUENCYPERCENTAGE Employed6431. 07 %

Unemployed3717. 96 % N/A10550. 70 % TOTAL206100 % Figure 7.

Population Distribution According to Employment 1. POPULATION

ACCORDING TO EMPLOYMENT The data shows that 31. 07% of the

respondents are employed, 17. 96% are unemployed, and 50. 70% are not able to work. The data shows that a majority (50. 70%) of the respondents

belong to the N/A classification of employment. Included in this group are children who are unable to work and senior citizens who are already retired.

The unemployment rate is considerably low; which shows that most of the respondents in the community are capable workers with adequate

capabilities and knowledge. OCCUPATION Table 8. Population Distribution

According to Occupation Classification

Frequency	Percentage
N/A	10551 %
Unemployed	3718 %
Employed: Skilled	105 %

Employed: Non-skilled 199 % Employed: Others 3517 % TOTAL 206100 %

Figure 8. Population Distribution According to Occupation 1. 8 POPULATION

ACCORDING TO OCCUPATION The data shows that 18% of the respondents are unemployed while 51% are unable to work. Included in this group are children who are still unable to work and senior citizens who are already retired. 5% of the respondents are skilled workers. These are professionals that have completed a 4-year course. Examples of these are engineers and nurses. 9% of the respondents are non-skilled workers. These are individuals that completed vocational courses or technical training in their respective fields.

Examples of these are electricians and call center agents. 17% of the respondents fall under the " others" category. These are individuals that currently occupy jobs that do not fall under the skilled and non-skilled categories. Examples of these are tricycle drivers, construction workers, and maids. INCOME Table 9. Population Distribution According to Income

INCOME (Php)	FREQUENCY	PERCENTAGE
1, 000 - 5, 000	1836	36 %
5, 001 - 10, 000	1020	20 %
10, 001 - 15, 000	816	16 %
15, 001 - 20, 000	612	12 %
20, 001 - 25, 000	24 %	12 %
25, 001 - 30, 000	12 %	12 %
30, 001 - 35, 000	12 %	12 %
35, 001 - 40, 000	12 %	12 %
40, 001 - 45, 000	12 %	12 %
45, 001 - 50, 000	24 %	12 %
TOTAL	50100	100 %

Figure 9. Population Distribution According to Income 1. POPULATION ACCORDING TO INCOME

The data shows that 36% of the respondents earn a monthly income ranging from Php 1, 000 - 5, 000, 20% earn a monthly income ranging from Php 5, 001 - 10, 000, 16% earn a monthly income ranging from Php 10, 001 - 20, 000, 12% earn a monthly income ranging from Php 20, 001 - 25, 000, 12% earn a monthly income ranging from Php 25, 001 - 30, 000, 12% earn a monthly income ranging from Php 30, 001 - 35, 000, 12% earn a monthly income ranging from Php 35, 001 - 40, 000, 12% earn a monthly income ranging from Php 40, 001 - 45, 000, 12% earn a monthly income ranging from Php 45, 001 - 50, 000. <https://assignbuster.com/health-care-ii-related-learning-experience-philippine-rehabilitation-institute/>

000, 12 % earn a monthly income ranging from Php 15, 001 – 20, 000, 4% earn a monthly income ranging from Php 20, 001 – 25, 000, 2% earn a monthly income ranging from Php 25, 001 – 30, 000, 2% earn a monthly income ranging from Php 30, 001 – 35, 000, 2% earn a monthly income ranging from Php 35, 001 – 40, 000, 2% earn a monthly income ranging from Php 40, 001 – 45, 000, and 4% earn a monthly income ranging from Php 45, 001 – 50, 000.

The data shows that a clear majority (36%) of the respondents earn below the minimum wage (Php 1, 000-5, 000 per month). They depend on donations from family members and government financing (e. g. SSS). It can also be noted there are a number of families earning Php 45, 001-50, 000 a month. These families are those that include engineers and OFWs. This shows a unique polarization of families on the area. A great number of families are earning below minimum wage while a handful of families are earning high incomes which are more than enough for sustenance. LENGTH OF RESIDENCY Table 10. Population Distribution According to Length of Residency

Length of Residency	Frequency	Percentage
More than 5 years	367	72 %
5 years	102	20 %
Less than 3 years	48	9 %
TOTAL	501	100 %

Figure 10.

Population Distribution According to Length of Residency 1. 10 POPULATION ACCORDING TO LENGTH OF RESIDENCY The data shows that a majority of the families in the community have been living in the area for more than 5 years already (72%). These are the families with a large number of people within the household; families that have progressed through numerous generations. 20% of the families in the community have been living in the area for 3-5 years already. These families are normally constituted by about

1-2 children only. The remaining 8% have lived in the community for less than 3 years.

These families are characterized predominantly by newlyweds, couples without any children yet, and transient residents in the community.

IMMUNIZATION Table 11. Population Distribution According to Immunization

IMMUNIZATION FREQUENCY	PERCENTAGE
Fully Immunized	67 %
Partially Immunized	33 %
TOTAL	100 %

Figure 11. Population Distribution According to Immunization 1. 11 POPULATION ACCORDING TO

IMMUNIZATION The data shows that out of the 20 babies included among the respondents, 67% were fully immunized while 33% were only partially immunized. There were a total of 12 infants residing in the community. In considering the infants in the survey, we included babies that ranged from 0-2 years old. 7% of the babies in the community were fully immunized (AGE, BCG, DPT, OPV, AMV, HB) at the barangay health center. 33% of the babies were only partially immunized; which poses great risks to their health.

Without full immunization, the babies are exposed to numerous infections and illnesses. The immunization programs implemented by the government through local barangay health centers aim to reduce the mortality rates of the six main childhood diseases polio, diphtheria, pertussis, tetanus, measles, and hepatitis. II. HEALTH CONDITIONS PAST ILLNESSES Table 12.

Population Distribution According to Past Illnesses

Category	Frequency	Percentage
Respiratory	9	45 %
Cardiac	5	25 %
Reproductive	4	20 %
Gastro-Intestinal	4	20 %
Renal	6	30 %
Total	20	100 %

Figure 12. Population Distribution According to Past Illnesses 2. 1 POPULATION

ACCORDING TO PAST ILLNESSES 45% of the respondents said that they

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previously suffered from respiratory illnesses. These include those that have experienced cough/colds, tuberculosis, and pneumonia. 28% of the respondents said that they previously suffered from cardiac illnesses. These include those that have experienced hypertension and stroke. 2% of the respondents said that they previously suffered from reproductive system illnesses. These include those that have experienced sexually transmitted diseases (e. g. yphilis). 22% of the respondents said that they previously suffered from gastro-intestinal illnesses. These include those that have experienced diarrhea and gastritis. 3% of the respondents said that they previously suffered from renal illnesses. These include those that have experienced polycystic kidney disease and kidney reflux. PRESENT

ILLNESSES Table 13. Population Distribution According to Present Illnesses

Category	Frequency	Percentage
Respiratory	11053	53 %
Cardiac	6029	29 %
Reproductive	42	2 %
Gastro-Intestinal	3015	15 %
Renal	21	1 %
Total	206100	100 %

Figure 13. Population Distribution According to Present Illnesses 2. 2 POPULATION ACCORDING TO PRESENT ILLNESSES

3% of the respondents said that they are currently suffering from respiratory illnesses. These include those that are presently experiencing cough/colds, tuberculosis, and pneumonia. 29% of the respondents said that they are currently suffering from cardiac illnesses. These include those that are presently experiencing hypertension and stroke. 2% of the respondents said that they are currently suffering from reproductive system illnesses. These include those that are presently experiencing sexually transmitted diseases (e. g. syphilis). 18% of the respondents said that they are currently suffering from gastro-intestinal illnesses. These include those that are presently experiencing diarrhea and gastritis. % of the respondents said that they are currently suffering from

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renal illnesses. These include those that are presently experiencing polycystic kidney disease and kidney reflux.

III. FAMILY PLANNING

FAMILY PLANNING Table 14. Population Distribution According to Family Planning

FAMILY PLANNING	FREQUENCY	PERCENTAGE
Acceptor	21	42 %
Non-acceptor	29	58 %
TOTAL	50	100 %

Figure 14. Population Distribution According to Family Planning

3. 1 POPULATION ACCORDING TO FAMILY PLANNING The data shows that 58 % of the 50 respondent families do not practice family planning while 42% of them do. Most of the respondent families are non-acceptors of family planning (58%) which will result to a continuous increase in the community's population.

The primary benefit of family planning is a sustained increase in family income.

METHOD OF FAMILY PLANNING (ACCEPTORS) Table 15. Population Distribution According to Method of Family Planning

Method of Family Planning	Frequency	Percentage
Natural	25	50 %
Artificial-Barrier methods	10	20 %
Artificial-Hormonal methods	9	18 %
Artificial-Sterilization	0	0 %
Total	21	100 %

Figure 15. Population Distribution According to Method of Family Planning

3. 2 POPULATION ACCORDING TO METHOD OF FAMILY PLANNING Modern family planning is a program that the Department of Health launched; a revised system of family planning which is more appealing to the public and more affordable.

People usually select the most viable method of family planning that suits their respective income and lifestyles. A major factor in family planning is religion and the influence of values. Out of the 21 families that are acceptors of family planning, 5% of them use natural family planning. Natural family planning methods are those that are approved by the Roman Catholic

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Church. These include periodic abstinence and natural infertility caused by breastfeeding. Birth control methods fall into three main categories: barrier methods, hormonal methods and sterilization. Barrier methods prevent sperm from reaching eggs. These methods include condoms, diaphragms, cervical caps and sponges. 4% of the respondent families use barrier methods as their mode of family planning. Hormonal methods usually use a combination of progesterone and estrogen to prevent pregnancy by maintaining a consistent hormone level in the body. When there is no peak in estrogen, the ovary does not release an egg and conception cannot occur. Hormonal methods include birth control pills and patches, injections, the Nuva Ring and the Norplant implant. The intrauterine device (IUD) may also contain hormones, but it works by changing the lining of the uterus and fallopian tubes. 21% of the respondent families use hormonal methods as their mode of family planning. Sterilization methods include vasectomy for men and tubal ligation for women.

None of the men and women in the community has had these particular procedures performed on them. IV. INFANT FEEDING TYPE OF INFANT

FEEDING Table 16. Type of Infant Feeding

INFANT FEEDING FREQUENCY PERCENTAGE Breast feeding 429 % Bottle feeding 857 %

Mixed feeding 214 % TOTAL 12100 % Figure 16. Type of Infant Feeding

4. 1 TYPE OF INFANT FEEDING There were a total of 12 infants residing in the community. In considering the infants in the survey, we included babies that ranged from 0-2 years old. The data shows that out of the 12 infants included among the respondents, a majority of them are being bottle-fed

(57%). Breast feeding is used on 29% of the infants while mixed feeding is used on 14% of the infants.

A majority of the respondent mothers prefer bottle feeding their infant rather than breast feeding. In today's times wherein women are active members of the work force, bottle feeding becomes the most viable option in feeding their infant due to time constraints. However, the various nutritional advantages of breastfeeding are sacrificed. In addition, breastfeeding is cheaper than bottle feeding. V. HOME CONDITIONS OWNERSHIP Table 17.

Ownership HOUSE & LOT FREQUENCY PERCENTAGE Owned 45 90 % Rented 5 10 % TOTAL 50 100 % Figure 17. Ownership 5. 1 OWNERSHIP The data shows that 90% of the 50 respondent families own their homes while 10% of them are renting theirs.

Based on the high number of families that own their respective homes, we observe that the degree of longevity in the community is high. An advantage of owning instead of renting is that instead of allotting a portion of income on rent, it could instead be used on food or other necessities of the household

TYPE OF HOUSE Table 18. Type of House Type of House Frequency Percentage Mixed 24 48 % Concrete 20 40 % Makeshift 6 12 % TOTAL 50 100 % Figure 18.

Type of House 5. 1 TYPE OF HOUSE The data shows that 48% of the homes were constructed with mixed materials, 40% with concrete materials, and 12% with makeshift materials. ELECTRICITY Table 18. Electricity

LIGHTING FREQUENCY PERCENTAGE With electricity 49 98 % Without electricity 1 2 % TOTAL 50 100 % Figure 18. Electricity 5. 3 ELECTRICITY

The data shows that 98% of the homes have electricity while only one household has none. A great majority of the homes in the community are equipped with electricity. This shows that electrical service is widely available in the community. VENTILATION Table 19. Ventilation

VENTILATIONFREQUENCYPERCENTAGE 2 windows or more1734 % 1 window3162 % No windows24 % TOTAL50100 % Figure 19. Ventilation 5. 4

VENTILATION The data shows that 62% of the homes have 1 window, 34% have 2 windows or more, and 4% have no windows. VI. SANITARY

CONDITIONS WATER SUPPLY Table 20. Water Supply WATER

SUPPLYFREQUENCYPERCENTAGE MWSS50100 % TOTAL50100 % Figure 20.

Water Supply 6. 1 WATER SUPPLY

The data shows that 100% of the water supply in the community is sourced from the MWSS. The community is equipped with sufficient water supply from the MWSS. A minor disadvantage of this fact is that there will be times when the entire community will lose its water supply. A potable water supply is essential in every community because humans consume massive amounts of water in their everyday lives. TYPE OF TOILET Table 21. Type of Toilet

Type of ToiletFrequencyPercentage Water Sealed1020 % Open Pit Privy00 Closed Pit Privy00 Pail System2856 % Flying Saucer00 Bored Hole Latrine24 % Overhung Latrine00 Antipolo Type24 % Water-Sealed Latrine816 % TOTAL50100 %

Figure 21. Type of Toilet 6. 2 TYPE OF TOILET The data shows that a majority (56%) of the respondent households are equipped with the pail system type of toilet. 20% use water-sealed toilets, 16% use water-sealed latrines, 4%

use bored-hole latrines, and 4% use Antipolo-type toilets. The proper type of <https://assignbuster.com/health-care-ii-related-learning-experience-philippine-rehabilitation-institute/>

toilet is an intricate aspect of community health. Toilets receive human waste and fecal matter; making them vital components in a family's sanitation system. Societies have built sanitation systems in order to keep humans and their drinking water away from pathogen-bearing fecal matter that can transmit cholera, diarrhea, typhoid, and parasites.

But nearly every other person in the developing world today lacks access to improved sanitation, and one-sixth of the world's population get their water from sources contaminated by human and animal feces. Improper human waste disposal can lead to the spread of numerous microorganisms within the household, causing family members numerous types of diseases and sicknesses.

GARBAGE DISPOSAL METHOD

Method	Frequency	Percentage
Open burning	48	48 %
Open dumping	48	48 %
Burial pit	00	00 %
Hog feeding	00	00 %
Composting	00	00 %
Dumping in street	00	00 %
Collected	42	84 %
TOTAL	50	100 %

Figure 22. Garbage Disposal Method

6. 3 GARBAGE DISPOSAL METHOD The data shows that a large majority (84%) of the respondent families' garbage is collected by public utilities.

However, there are also a number of families that practice open burning (8%) and open dumping (8%) in the community. Proper garbage disposal is an essential aspect of community health. The proper disposal of garbage minimizes the spread of infections and reduces the transfer of communicable diseases. It helps in the development of an aesthetically-pleasing community. Proper garbage disposal reduces odors, lessens the influx of insects and animals, and reduces contamination of soil and water in the

area.

VII. FAMILY UTILIZATION OF SERVICES HEALTH & ALLIED AGENCIES
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UTILIZED Table 23. Health & Allied Agencies Utilized HEALTH & ALLIED AGENCIES UTILIZED FREQUENCYPERCENTAGE

Hospital1734 % Barangay health center3162 % Private clinic24 %

TOTAL50100 % Figure 23. Health & Allied Agencies Utilized 7. 1 HEALTH & ALLIED AGENCIES UTILIZED The data shows that a majority of the families (62%) utilize the nearby barangay health center for their health needs. 34% of the respondents go to hospitals for their health concerns while the remaining 4% utilizes private clinics. A greater part of the families utilize the nearby barangay health center for their health needs and concerns. This shows effective service by the barangay to the public and the community's trust in the quality of health services provided by the health center.

COMMUNITY NURSING HEALTH CARE PLAN Health ProblemCommunity Nursing Care ProblemsObjectivesIntervention Measures Method of Nurse Community ContactEvaluation HTN as health deficit Cues : - BP of 180/110 Inability to recognize the consequences of the HTN due to lack of knowledge about HTNAfter 1 wk of nursing intervention, The community will be able to know the consequences of HTN from acquiring enough knowledge about it. Explain the consequences of HTN Widen the knowledge about HTNHome Visit Community teachingThe community was able to explain the consequences of HTN The Community gained enough knowledge about HTN Health ProblemCommunity Nursing Care

ProblemsObjectivesIntervention Measures Method of Nurse Community ContactEvaluation Cough & Colds *Health category: health deficit Inability to take appropriate health action due to: 1. Lack of knowledge on home

management to lessen cough. 2. Lack of knowledge about the disease and its possible complication. After 4 days of nursing intervention, the family will be able to: 1. Enumerate and discuss three home nursing management to lessen cough and colds; 2. Enumerate and discuss three complications of cough. 1. Enumerate and discuss to the family the 3 home management methods to lessen cough and colds such as: a. Back tapping and back clapping to loosen phlegm. b.

May increase intake of fluid as tolerable. 2. Enumerate and discuss to the family the possible complications of cough like: -difficulty in breathing - Pneumonia -Bronchitis Home visit Community teaching After 4 days of nursing intervention, most of people got well with the proper interventions given and be able to: 1. Enumerated and discussed well some home nursing management to lessen cough and colds 2. Enumerate and discuss some possible complications that may arise when not given attention. Health Problem Community Nursing Care Problems Objectives Intervention Measures Method of Nurse Community Contact Evaluation Poor Ventilation Cues: Having less than 3 windows

Inability to recognize the possible health problems that may occur as a result of having poor ventilation in homes After 1 week of nursing intervention, the community will be able to know the possible health problems that might occur in having a poor ventilation in homes Widen the knowledge about the possible threats that might occur in having a poor ventilation in homes Home Visit After 1 wk of nursing intervention, the community gained sufficient knowledge about proper ventilation in homes EVALUATION The community we were immersed in was expectedly beset by a number of health concerns <https://assignbuster.com/health-care-ii-related-learning-experience-philippine-rehabilitation-institute/>

and issues. The pressing health concerns of the area were similar to those of typical poor communities in the metropolis: sanitation, garbage disposal, ventilation, and lifestyle factors.

However, the problems of this area were not as drastic as compared to similar communities. One can even say that this community is on the verge of rising from its poor socioeconomic status into financial stability and public normality. They are a society of continuing progress, however slow it may be. After the intensive survey we conducted, we observed that the inhabitants of the community were not fully aware of the health risks they were currently living in. For example, some respondents mentioned that they practiced water conservation by allowing waste to accumulate in their toilets. This puts them at serious risk of contracting a multitude of diseases borne out of the microorganisms that are present in standing human waste.

A majority of the respondents are currently suffering from respiratory illnesses and hypertension. Problems in home/environmental sanitation, ventilation, and garbage disposal are the main causal agents of these respiratory illnesses. Hypertension, which can be sourced from hereditary factors, is also caused by poor lifestyle habits and improper nutrition. The people who were suffering from hypertension exhibited faulty lifestyle patterns (smoking, excessive drinking, drugs) and mistaken attitudes towards food (e. g. eating foods high in fat because of the delicious taste). The health problems of this community arise from a lack of proper education about the risks involved in their everyday lives.

The continuous influx of relevant and updated health information into the community will be extremely beneficial to the welfare of the families living within the area. Enhanced awareness will definitely lead to improved health conditions in the community. CONCLUSION Our community exposure allowed us to identify the health concerns of the area we were immersed into. After three days of evaluating the status of Barangay 536, Zone 63 in Quezon City, our collected data was able to help us formulate feasible nursing health plans for the pressing needs of the community. Aside from successfully achieving all of our objectives, we were able to garner a new perspective into the dynamics of public health.

New dimensions of community living were made available to us, and we embraced them with open arms. We learned how to interact with people from new walks of life through honest dialogue and constant communication. We sincerely hope that our activities were able to plant seed into the community, seeds of sustained progress and development which will nurture the residents for generations to come. RECOMMENDATION To the residents, families, officials and the entire community of Barangay 536, Zone 63 in Quezon City, we recommend the following: a. Promotion and understanding of health as a complete state of physical, social and emotional well-being, not merely the absence of disease b. Contribution to identifying and meeting the main health needs of the community c. Accessible, available and affordable services based on the principles of social justice and equity d. Comprehensive service delivery and program content that includes treatment, early identification, intervention and health promotion e. The participation and consultation of the people and the community about health

issues f. Promoting health through working in collaboration with other sectors in order to address the social and environmental factors that inhibit health and well-being; liaisons with other public agencies g. Intensive monitoring of health status of residents with chronic illness