

# Local Government Unit's Health Services as Viewed by the Citizens of Banga, Aklan

Jyaneer Loi D. Yecla<sup>1</sup> & Tomas O. Ortega<sup>2</sup>

Aklan State University, Philippines

[jyecla3@gmail.com](mailto:jyecla3@gmail.com)

## Article Information

### History:

Received: 10October2020

Final Revision: 8February2021

Accepted: 10February2021

### Keywords:

Awareness

Availment

Health services

Need for action

Satisfaction

**Abstract:** A study was conducted to evaluate the performance in the delivery of health services of the LGU of Banga, Aklan. The samples were determined by adopting the Multi-Stage Random Probability Sampling technique. The targeted 150 respondents were proportionately allocated in each barangay. The qualified sample respondents were selected using the Kish Grid. Female respondents were targeted for even-numbered questionnaires, while male respondents were targeted for odd-numbers. The four major core concepts namely, awareness, availment, satisfaction, and need for action were used in measuring the rating of the respondents and presented in frequency and percentage distributions. The study concluded that the citizens are highly aware of the health services and programs in Banga, Aklan. There is high awareness of free basic medicine or low-cost medicine program, but low on prevention and management of communicable and non-communicable diseases, basic dental/oral hygiene, and family planning. The LGU should continuously take action to improve citizens' awareness of the program. The availment of health services and programs, on the other hand, was low. This infers that there should be additional effort to notify and persuade the citizens to avail of the health services. Overall satisfaction with health programs and services is high. Despite of this, the local government should continuously take action to sustain and even better the programs and services, most especially on the prevention of diseases, basic dental/oral hygiene, and family planning.

## 1. Introduction

Considering citizen's opinions in making public decision is crucial in achieving effective domestic governance (Mahmoud & Hinson, 2012). The nature of public opinion is determined by several factors that include the ways in which citizens use public services (Brown, 2007). Moreover, it also considers their involvement in providing such services (Scott & Vitartas, 2008).

The performance of the Local Government Unit of Banga Aklan in the delivery of health services was measured by adopting the Citizens' Satisfaction Index System (CSIS). CSIS was designed as a system of mechanisms aimed to generate citizens' feedback on local government's performance on the service delivery and the citizens' general satisfaction (DILG, 2016). The CSIS served as tool for drawing-in applicable information in measuring citizen satisfaction that can be utilized for agenda-setting plans and goals of LGU's. Moreover,

it is a source of information that identifies strengths, gaps, difficulties, constraints, and possible improvements in delivering quality health services. By virtue of DILG Memorandum Circular 2016-57, the CSIS was pilot tested to 31 municipalities to equip the tools and procedures for broader implementation in the succeeding years.

As a feedback mechanism, the citizens, being the intended recipients and end-users of public services, are in the best position to determine whether or not the services are delivered according to their needs and to the extent that they fulfill their day-to-day and long-term human development requirements (BLGS, 2018). A continuous analysis of citizen preferences will help public institutions make decisions that align with public needs (Walker & Boyne, 2009). Gathering of their sentiments, opinions and insights according to their perceptions and assessment as consumers of local public services is a logical method of shaping what the local governments need to do to ensure the welfare of citizens without neglect to statutory requirements expected from them (DILG, 2016). CSIS has numerous uses for various stakeholders pursuing relevant contribution to attain socio-economic development goals both in the local and national arena.

## 2. Objectives

This study was conducted to evaluate the performance of the Local Government Unit of Banga, Aklan, in the delivery of health services.

Specifically, this study aimed to:

1. Determine the health profile of the respondents as to:
  - a. whether or not they got sick in the past 12 months,

- b. most serious sickness in the past 12 months,
  - c. whether or not they have consulted a medical/health service provider,
  - d. whether or not they have consulted a public service provider,
  - e. place of medical consultation,
  - f. the primary reason for consultation, and
  - g. follow-up consultation after the first consultation.
2. Determine the respondent's rating in the delivery of the following health services:
  - a. vaccination for infants/children,
  - b. pre-natal/postnatal/childbirth services,
  - c. free general consultations/access to secondary and/or tertiary health care,
  - d. free basic medicine or low-cost program,
  - e. prevention and management of communicable and non-communicable diseases,
  - f. basic dental/oral hygiene, and
  - g. family planning/ reproductive health.
3. Identify the recommendations from citizens on health programs/services.

## 3. Methodology

*The Respondents.* The target respondents of the study were 150 voting-age adults (18 years and above) residing in the different barangays of Banga for not less than six months. The most significant number of respondents (15) came from barangay Linabuan Sur since it is the most populated barangay. Three sample spots were generated from this barangay while ten respondents each from barangays Poblacion and Pagsanghan.

*Sampling Procedures.* The town of Banga, Aklan, has a total population of 39,505, and it is impossible to interview everyone. Thus, multi-stage random probability sampling was utilized to come up with 150 sample-respondents. Multi-stage random probability sampling uses several stages or phases in getting the sample at random from the population. This method is an extension or a multiple application of the stratified random sampling technique. The following stages were done in sampling:

Stage 1. The targeted 150 respondents were proportionately allocated in each barangay based on the 2015 Census Population and Housing data from the Philippine Statistical Authority. In each barangay, 30 sample spots such as church/chapel, school, health center, and/or radio station were identified.

Stage 2. Sample households in each sample spot were selected by determining the sample spot, which was the starting point. From the sample spot going to the right, the first sample household was determined by counting as many households as indicated by the random start (RS). After the first household was identified, an interval using the number displayed in the random start was made to select the other households.

Stage 3. Qualified sample respondents in each household were selected using the Kish Grid (DILG, 2016). The questionnaires were numbered from 1 to 150. Those questionnaires with even numbers were used to interview female respondents, while odd numbered questionnaires were utilized for male respondents.

*Instrument.* The questionnaire was formulated based on the objectives, as well

as expected outputs from the study. It contained an urgent needs assessment section, health program sections, and probing questions. The programs were: vaccination for infants/children, pre-natal/postnatal/childbirth services, free general consultations/access to secondary and/or tertiary health care, free basic medicine or low-cost program, prevention and management of communicable and non-communicable diseases, basic dental/oral hygiene, and family planning/ reproductive health. The survey questionnaire was translated in Aklanon dialect with English and Filipino translations copy by the field interviewers to guide the respondents in answering the questions relevant to the environmental management programs in Banga, Aklan. The questionnaire was designed to involve steps in covering awareness, availment, satisfaction, and need for action. The following figure shows the flow of core concepts and “reasons” questions:

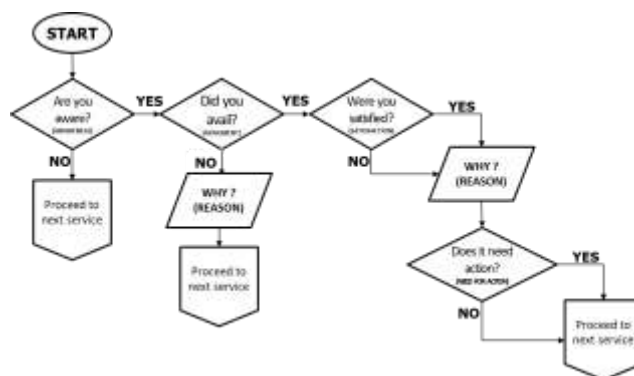


Figure 2. Flowchart of core concepts and reasons questions.

*Data analysis*

*Processing Quantitative Data.* Prior to data analysis and report preparation, frequency distribution tables were first generated from the cleaned raw data. Frequency distribution tables were only generated from questions with quantitative responses. Open-ended questions which

required respondents to give reasons/explanations were processed in a different manner.

*Processing Qualitative Data.* The following steps were used in processing raw verbatim data: (1) Create a separate codebook for qualitative responses. (2) Enter all of the verbatim responses under each variable. (3) Sort all the verbatim answers alphabetically for each open-ended question. (4) Read at least 20% of the verbatim responses for each open-ended question to be coded. (5) Write the recurring themes in a separate sheet or portion of the same sheet. (6) Assign a number, letter or code per theme. (7) Create another column beside the original open-ended question. This column will contain all the recoded verbatim answers. (8) Read each verbatim responses and assign a code to each answer. (9) Go through the entire list of themes and look for sub-codes. Repeat step 8. (10) Group the responses by theme. (11) Count the frequency of the themes or codes.

The core concepts in measuring the responses of the respondents using the frequency and percentage distribution are as follows:

1.) *Awareness* refers to the respondent’s presence of knowledge to the service being offered by the local government unit. Before delving with satisfaction, there is a need in the first place to know if they are aware that the service is being provided by their local government unit.

2.) *Availment* refers to the contact of the respondent to local government through programs, projects, and services being implemented or offered. This may suggest the demand or utilization of public services by the citizens. For service indicator level assessments, only those who said they were

aware of the service will be asked with the availment questions.

3.) *Satisfaction* refers to the citizen’s contentment with their experience in availing the local government’s services. In some cases, this can also reflect the citizen’s fulfillment of expectations with the services they were able to experience. For service indicator level assessments, only those who have availed of the particular service are asked of the satisfaction question. Satisfaction is gathered regardless of their awareness and availment of any of the service indicators.

4.) *Need for Action* refers to the citizen’s assessment on whether or not a particular service requires specific and decisive actions for improvement or reform. This concept is paired with satisfaction to provide readers an additional dimension that could help refine prioritization of services for further development and reform.

*Percentage Scores.* Percentage scores were computed to compare and contrast the concepts between the different services within one or across service areas.

Table 1. Derivation of Percentage Scores per Core Concept for Service Indicators

Score	Formula
Awareness Score	No. of Aware /150
Availment Score	No. of who Availed/ No. of Aware
Satisfaction Score	No. of Satisfied/ No. of who Availed
Need for Action Score	Needs action / No. of who Availed

The Overall Satisfaction and Overall Need for Action Percentage Scores were derived by dividing the number of those who said yes to the question by the total

number of respondents who answered the question. The quotients were then multiplied by 100 to express in terms of percentages.

*Adjectival Ratings.* Percentage scores were converted to adjectival ratings (i.e. from ratio to ordinal level of measurement) to simplify the prioritization process. Categorization was based on passing the test of 50%+MoE (margin of error). A cutoff was computed for every indicator which was determined by the base.

$$Cutoff = 0.5 + \frac{|MoE|}{\sqrt{n}}$$

$$Cutoff = 0.5 + \frac{|0.98|}{\sqrt{n}}$$

Following the above, the percentage score being tested should be equal or greater than the cutoff in order to pass this test. Therefore, the following condition was derived:

$$Percentage\ Score \geq 0.5 + \frac{|MoE|}{\sqrt{n}}$$

$$Percentage\ Score \geq 0.5 + \frac{|0.98|}{\sqrt{n}}$$

Table 2. Adjectival Ratings for the Percentage Scores and their Cut-offs and Interpretations

Adjectival Rating	Condition	Interpretation
High	Equal or more than 50% + MoE	More respondents
Low	Less than 50% + MoE	Few respondents

#### 4. Results and Discussion

##### 4.1 Health Profile of Respondents

##### 4.1.1 Response as to Whether or Not the Respondents Got Sick in the Past 12 Months

The result as to whether the respondents got sick in the past 12 months is shown in Table 3. As revealed, the highest proportion of the respondents, 107 or 71.33% did not suffer from any sickness in the past 12 months, while 43 or 28.67% got sick. This can be attributed mainly to improvements in living conditions, improved access to health programs and services, and enhanced management and treatment of infectious diseases (Dayrit et al., 2018).

Table 3. Response as to Whether or Not the Respondents Got Sick in the Past 12 Months

Response	Frequency (n = 150)	Percent
Yes	43	28.67
No	107	71.33

##### 4.1.2 Respondents' Most Serious Sickness in the Past 12 Months

Table 4 reflects the data as regards to the respondents' most serious sickness in the past 12 months. Of the 43 respondents who got sick, 11 or 25.58% experienced influenza (and associated symptoms-coughs, colds). Eight or 18.6% had heart ailment (and other related diseases of the vascular system-hypertension) which is the one of the leading causes of death in the Philippines with rates steadily rising from 61 per 100 000 populations in 1980, to 133 per 100 000 13 populations in 2014.

Moreover, five or 11.63% revealed that they suffered from pneumonia (and other acute respiratory illnesses-bronchitis) which records reveal that the disease has long been combatted by the country since the early 1980s (Dayrit et al., 2018).

Table 4. Respondents’ Most Serious Sickness in the Past 12 Months

Sickness Experienced by the Respondents	Frequency (n = 43)	Percent
Influenza (and associated symptoms- coughs, colds)	11	25.58
Heart ailment (and other associated diseases of the vascular system - hypertension)	8	18.6
Pneumonia (and other acute respiratory illnesses - bronchitis)	5	11.63
Asthma	3	6.98
Arthritis	2	4.65
Liver disease	2	4.65
Diabetes	1	2.33
Pregnancy-related	1	2.33
Measles/chickenpox	1	2.33
Tuberculosis)	1	2.33
Kidney stones	1	2.33
Goiter	1	2.33
Appendicitis	1	2.33
Hypertension	1	2.33
Fever	1	2.33
Lack of potassium	1	2.33
Vomiting blood	1	2.33
Accident related	1	2.33

*4.1.3 Response as to Whether or Not the Respondents Have Consulted a Medical/Health Service Provider*

Table 5. Response as to Whether or Not the Respondents Have Consulted a Medical/Health Service Provider

Response	Frequency (n = 43)	Percent
Yes	31	72.09
No	12	27.91

In response to whether or not the respondents have consulted a Medical/Health Service Provider, the data is reflected in Table 5. As shown from the 43 respondents who got sick in the past 12 months, 31 or 72.09% reported to have consulted a medical/health service provider,

and 12 or 27.91% did not consult any health service provider.

*4.1.4 Response as to Whether or Not the Respondents Have Consulted a Public Service Provider*

Relative to the response as to whether or not the respondents have consulted a public service provider, the information is shown in Table 6. As viewed from the data, 16 or 51.61% percent did consult a public service provider, while 15 or 48.39% percent did not consult any public service provider. In an RHU or city health center, the average number patients seen daily was 50 but this number could be as high as 250 with the recent upgrading of facilities (Picazo, 2016).

Table 6. Response as to Whether or Not the Respondents Have Consulted a Public Service Provider

Response	Frequency (n = 31)	Percent
Yes	16	51.61
No	15	48.39

*4.1.5 Place for Medical Consultation*

The data revealed that nine or 56.25% of the respondents went to provincially-owned/operated hospital within the province for consultation, four or 25% consulted municipally-operated health center/hospital within the municipality, and only one or 9.09 % each went to a barangay health center located within and outside the barangay, and provincially-owned/operated hospital outside of the province, respectively for medical consultation.

The country’s health system has no operative gatekeeping mechanism and mostly functions in a market system where

patients are free to choose their health service providers. Moreover, more patients seek consultation in public facilities compared to private facilities (PSA & ICF International, 2018). On the other hand, majority of primary care facilities, which are the most accessible and most utilized by the poor, are not accredited to provide PhilHealth’s primary benefit package (APOHSP, 2018).

Table 7. Place for Medical Consultation

Indicator	Frequency (n = 16)	Percent
Barangay health center		
<i>Within the barangay</i>	1	6.25
<i>Outside the barangay</i>	1	6.25
Municipality-operated health center/hospital		
<i>Within your municipality</i>	4	25
<i>Outside your municipality</i>	0	0
Provincially-owned/operated hospital		
<i>Within the province</i>	9	56.25
<i>Outside the province</i>	1	6.25

4.1.6 Primary Reason for Consultation

The respondents’ primary reason for consultation is shown in Table 8. As indicated in the data, three respondents mentioned that the reason for consultation was cheaper medical check-up specifically in the government-owned facilities. This can be attributed to the initiative of the Department of Health (DOH) to make health regulation more rational and client-responsive and to reduce transaction costs for health providers wherein streamlining and licensing systems and processes of healthcare facilities were harmonized (DOH, 2007). Moreover, two each cited cough and fever, the difficulty of breathing, and to

know the disease, respectively, as their reasons for consultation.

Table 8. Primary Reason of Consultation

Indicator	Frequency (n = 16)
Cheaper medical check-up	3
Cough and fever	2
Difficulty of breathing	2
To know the disease	2
Asthma	1
Hypertension	1
Lack of potassium	1
Blurred eyes	1
Not feeling well	1
Giving birth	1
To not worry about the illness	1

4.1.7 Follow Up Consultation After the First Consultation

Of the 16 respondents who consulted public service providers, six or 37.5% of them still consulted other public health facilities after the first consultation. According to APOHSP (2018), people’s satisfaction of health services is lowest especially in barangays and rural health centers where diagnosis is poor mainly because of unavailable or poorly maintained equipment, resulting in repeat visits, some patients tend to consult other medical service providers.

Table 9. Response as to Whether or Not the Respondents Still Consulted Other Public Health Facilities After the First Consultation

Response	Frequency (n = 16)	Percent
Yes	6	37.5
No	10	62.5

4.2 The extent of awareness, availment, satisfaction, and need for action of the following health services:

4.2.1 Vaccination for infants/children

*Awareness.* The percentage score for awareness on vaccination for infants/children as cited in Table 10 revealed that out of the 150 respondents, nearly all of them, 145 or 96.67% were aware of the program on vaccination for infants/children.

*Availment.* Regarding the availment of vaccination for infants/children, more than half of the respondents, 87 or 60% mentioned that they did not avail of such service. In comparison, 58 or 50% have availed of the vaccination service for their children. Access to vaccination for infants and children has decreased from 79.5% to 69.9% as per record from 2008-2017 (PSA, 2018). In terms of background characteristics, vaccination coverage increases with wealth status, from 59% of children in the poorest households to 81% of children in the wealthiest (APOHSP, 2018).

Table 10. Percentage Scores and Adjectival Ratings of the Major Core Concepts on Vaccination for Infants/Children

Core Concepts	Yes		No		% Score	Rating
	f	%	f	%		
Awareness	145	96.67	5	3.33	96.67	High
Availment	58	40	87	60	40	Low
Satisfaction	57	98.28	1	1.72	98.28	High
Need for Action	28	48.28	30	51.72	48.28	Low

*Satisfaction.* All of the respondents (53 or 100%) who availed of the vaccination program services for their children were satisfied. As reflected in the data, almost all of the respondents, 57 or 98.28% were satisfied, and only one or 1.72% was not satisfied with the vaccination program for infants/children.

*Need for Action.* The data for the need for action on vaccination for infants/children

is reflected in Table 8. As revealed, 30 or 51.72% said that the service does not need action, while 28 or 48.28% mentioned the need for action.

4.2.2 Pre-natal/post-natal/childbirth services

*Awareness.* The score for awareness regarding the pre-natal/postnatal/childbirth services revealed a greater number of respondents, 121 or 80.67% said that they were aware, and 29 or 19.33% mentioned that they were not aware of the said services.

*Availment.* The respondents' availment of the pre-natal/post-natal childbirth services is shown in Table 11. As divulged in the data, a large proportion of the respondents, 98 or 80.99% reported that they did not avail, and the least of the respondents, 23 or 19.01% availed of the mentioned services. Mothers enrolled in PhilHealth had a higher probability of completing the recommended number of prenatal visits and delivering in health facilities and postnatal care (PSA and ICF International, 2014). This supports many studies that showed insurance membership led to higher utilization of health services such as prenatal visits and facility-based delivery (Comfort et al., 2013).

*Satisfaction.* As shown in Table 11, all the 23 respondents who availed of the pre-natal/ postnatal/childbirth services were satisfied with the services provided to them.

*Need for Action.* Of the 23 respondents who availed of the pre-natal/postnatal childbirth services, more than half of them, 14 or 60.87% said that there is a need for action. In comparison, nine or 39.13% cited no need for action regarding the services provided.



Table 11. Percentage Scores and Adjectival Ratings of the Major Core Concepts on Pre-natal/Post-natal/Childbirth Services

Core Concepts	Yes		No		% Score	Rating
	f	%	f	%		
Awareness	21	0.67	9	9.33	80.67	High
Availment	3	9.01	8	0.99	19.01	Low
Satisfaction	3	00			100	High
Need for Action	4	0.87		9.13	60.87	Low

4.2.3 *Free General Consultations/Access to Secondary and/or tertiary health care*

*Awareness.* The data on the respondents' awareness regarding free general consultations/access to secondary and/or tertiary health care is revealed in Table 12. Based on the result, 116 or 77.33% of the respondents were aware of the mentioned program, and 34 or 22.67 % were not mindful of the free general consultations.

*Availment.* This part of the survey presents the percentage score of the respondents' availment regarding the free general consultations/access to secondary and/or tertiary health care. As reflected in Table 12, 56 or 48.28% availed free general consultations, while 60 or 51.72% did not avail the services. The Philippine government is continuously doing health reforms to better the delivery of health services in the country especially on the access to affordable/free medical consultations. It aimed to provide all Filipinos with the mechanism to gain financial access to health services, giving priority to those who cannot meet the expense of such services. Lastly, the so-called "medical missions" are also structured by the government with the determination of providing prime care to underprivileged communities. In these

medical missions, teams of doctors and nurses are organized to visit a poor community to do physical examination of patients and dole out free medicines. In some cases, these medical missions provide surgical services such as cataract operations, cleft lip repair and implantation of hormonal contraceptives (APOHSP, 2018).

*Satisfaction.* The findings regarding the respondent's satisfaction towards free consultations services/access to secondary and/or tertiary health care disclosed that 52 or 92.86% were satisfied and only four or 7.14 % were not satisfied.

*Need for Action.* The need for action on the free general consultations/access to secondary education and/or tertiary health care, as shown in Table 12 revealed that half of the respondents, 28 or 50.00% mentioned the need for action. On the other hand, the same number of respondents, 28 or 50% said that there is no need for action on the services offered.

Table 12. Percentage Scores and Adjectival Ratings of the Major Core Concepts on Free General Consultations/Access to Secondary and/or Tertiary Health Care

Core Concepts	Yes		No		% Score	Rating
	f	%	f	%		
Awareness	116	77.33	34	22.67	77.33	High
Availment	56	48.28	60	51.72	48.28	Low
Satisfaction	52	92.86	4	7.14	92.86	High
Need for Action	28	50	28	50	50	Low

4.2.4 *Free Basic Medicine or Low-Cost Program*

*Awareness.* When asked relative to their awareness about the basic medicine or low-cost medicine program, the larger proportion of the respondents ,129 or 86%

were aware. However, 21 or 14% did not know that such kind of service was offered by the LGU.

*Availment.* Majority of the respondents, 68 or 52.71% have availed of the free basic medicine or low-cost medicine program provided in the municipality of Banga. On the other hand, there were 61 or 47.29% of the respondents who did not benefit from the program.

The Philippine government to embrace fitting actions to support access to affordable quality drugs and medicines for all. By means of health promotion approaches, the DOH organizes healthy lifestyle communication campaigns annually. It encourages the organization of health-advocate groups, the scoring of risk factors of individuals, and the provision of free medicines (APOHSP, 2018).

*Satisfaction.* The percentage score for satisfaction to free basic medicine or low-cost program is shown in Table 13. As revealed, more significant percentage of respondents, 55 or 80.88% were satisfied with the free basic medicine program, and only 13 or 19.12% were not satisfied.

Table 13. Percentage Scores and Adjectival Ratings of the Major Core Concepts on Free Basic Medicine or Low-Cost Program

Core Concepts	Yes		No		% Score	Rating
	f	%	f	%		
Awareness	129	86.00	21	14	86.00	High
Availment	68	52.71	61	47.29	52.71	Low
Satisfaction	55	80.88	13	19.12	80.88	High
Need for Action	38	55.88	30	44.12	55.88	Low

*Need for Action.* More significant number of respondents, 38 or 55.88% revealed that the Municipality of Banga

need not act relative to the free basic medicine or low-cost medicine program. Nevertheless, there were still 30 or 44.12% who said that the local government unit should improve the delivery of the mentioned service.

#### 4.2.5 Prevention and Management of Communicable and Non-Communicable Diseases

*Awareness.* This section provides information on the respondents' awareness on the prevention and management of communicable and non-communicable diseases. Nearly three-fourths of the respondents, 110 or 73.33% did not know the services on prevention and management of communicable and non-communicable diseases. Also, only 40 or 26.67% said that they were aware of the LGU's services on the prevention and management of communicable and non-communicable diseases.

*Availment.* Out of the 40 respondents who were aware of the services on prevention and management of communicable and non-communicable diseases, a large proportion of the respondents, 26 or 65% availed, and the smallest number of respondents, 14 or 35% did not avail of the services given.

*Satisfaction.* When the respondents were asked whether they were satisfied or not with the services provided by the Municipality of Banga pertinent to the prevention and management of communicable and non-communicable diseases, all of them (26 or 100%) said they were satisfied.

*Need for Action.* The respondents were asked whether prevention and management of communicable and non-

communicable diseases need appropriate action. According to the largest proportion of the respondents, 14 or 53.85%, it is no longer needed. There were only 12 or 46.15% who replied that the Municipality of Banga needs to act on this service program.

Table 14. Percentage Scores and Adjectival Ratings of the Major Core Concepts on Prevention and Management of Communicable and Non-Communicable Diseases

Core Concepts	Yes		No		% Score	Rating
	f	%	f	%		
Awareness	40	26.67	110	73.33	26.67	Low
Availment	26	65	14	35	65.00	Low
Satisfaction	26	100	0	0	100.00	High
Need for Action	14	53.85	12	46.15	53.85	Low

#### 4.2.6 Basic Dental/Oral Hygiene

*Awareness.* As shown in Table 15, three-fourths of the respondents, 114 or 76% were not aware of the LGU service on basic dental/oral hygiene. On the other hand, 36 or 24% were responsive to the health service provided by the Municipality of Banga.

*Availment.* As to the availment of the basic dental/oral hygiene, more significant number of respondents (28 or 77.78%) did not avail of such service in the Municipality of Banga. However, there were only eight or 22.22% of the respondents who reported that they benefitted of the health service on dental/oral hygiene. The provision of primary and palliative care, including for dental health, has lagged, particularly in remote areas, leaving room for private practitioners to fill in the gap but at prices beyond the reach of the masses or resulting in catastrophic spending when care was sought (APOHSP, 2018). Dental services are provided and accessible in public health centers, hospitals and in schools. However,

there is a shortage of dentists and dental services in many parts of the country; a 2011 national survey found that 77% of Filipinos had never been to a dentist. The same survey found that 87% of Filipinos suffer from dental caries (DOH, 2012).

*Satisfaction.* Most of the respondents who availed the dental/oral hygiene, seven or 87.5% were satisfied of the service. However, only one or 7.69% was not satisfied with this health service.

*Need for Action.* Relative to the basic dental/oral hygiene service, four or 50% of the respondents stated that appropriate action is needed in this service area. However, the same number of respondents, four or 50% mentioned that the service does not need action.

Table 15. Percentage Scores and Adjectival Ratings of the Major Core Concepts on Basic Dental/Oral Hygiene

Core Concepts	Yes		No		% Score	Rating
	f	%	f	%		
Awareness	36	24	114	76.00	24.00	Low
Availment	8	22.22	28	77.78	22.00	Low
Satisfaction	7	87.5	1	12.50	87.50	High
Need for Action	4	50	4	50.00	50.00	Low

#### 4.2.7 Family Planning/Reproductive Health

*Awareness.* The respondents' level of awareness on family planning/reproductive health is shown below. Majority of the respondents, 85 or 56.67% were knowledgeable of the family planning/reproductive health program of the Municipality of Banga. However, less than half of them, 65 or 43.33%, were not aware of the family planning/reproductive health program.

*Availment.* Out of the 65 respondents who were aware of the family planning/reproductive health services program of the Municipality of Banga, a large proportion (52 or 80%) did not avail of the services. In contrast, only 13 or 20% had availed of this health-related service. Family planning services are available in health center as well as public and even private hospitals. However, the use of family planning methods by married women of reproductive age has hovered at 50% since 1995 (NSO, 2012). Efforts to introduce a reproductive health law to control the population growth rate have been constantly contrasted by numerous religious assemblies, most prominently by the Roman Catholic Church, the dominant religion. The majority of the population (92.2%) are Christian Malays living mainly on the coastal areas (PSA, 2017).

*Satisfaction.* All of the respondents, 13 or 100% who availed of family planning/reproductive health program/services were the same number of respondents who were satisfied with the program/service.

Table 16. Percentage Scores and Adjectival Ratings of the Major Core Concepts on Family Planning/Reproductive Health Program

Core Concepts	Yes f	Yes %	No f	No %	% Score	Rating
Awareness	65	43.33	85	56.67	43.33	Low
Availment	13	20.00	52	80	20.00	Low
Satisfaction	13	100	0	0	100	High
Need for Action	5	38.46	8	61.54	38.00	Low

*Need for Action.* Among the 13 respondents who availed of the family planning/reproductive health services, eight or 61.54% attested that such service does not need appropriate action, while five or 38.46% said otherwise.

### 4.3 Recommendations from Citizens

Numerous recommendations were given by the citizens regarding the health programs of the Municipality of Banga. As presented in Table 17, 42 or 28% recommended enhancing the free medicine program; 17 each or 11.33% declared the need to improve health programs and services, and make the medicines available in public health facilities, respectively. Information dissemination must be done as suggested by 15 or 10% of the respondents and accessibility to a well-equipped health facility was also proposed by 12 or 8% of them.

Table 17. Recommendations from Citizens on Health Programs/Services

Recommendations	Frequency (n = 150)	Percent
Enhance free medicine program	42	28.00
Improve health programs and services	17	11.33
Availability of medicine in public health facilities	17	11.33
Information dissemination	15	10.00
Accessibility to a well-equipped health facility	12	8.00
Regular doctor visitation in the barangays for free check-up	11	7.33
Fair implementation of health services	10	6.67
Implement additional health programs	6	4.00
Supplemental budget for health programs	6	4.00
Assign health personnel in the barangay health centers	5	3.33
Strengthen dental services	4	2.67
Conduct medical mission regularly	4	2.67
Strict implementation of vaccination	1	0.67

## 5. Conclusions and Recommendations

The Municipality of Banga, through its Rural Health Unit, must exert more effort in raising the awareness of its citizens and persuade them to avail of their services. The Local Government needs to enhance its plans and programs to develop a much-improved system in the delivery of health services in the Municipality of Banga.

Furthermore, the Local Officials should continually take measures to heighten citizens' responsiveness to the program. Likewise, exhaustive efforts to persuade the citizens to avail the mentioned services must be made.

On the other hand, there seems to have been an increase in people's satisfaction with government health services from 2010 to 2014 (Action for Economics Reform, 2014). Despite these high ratings, the local government should endeavor to sustain the implementation of the health programs and services to assist the citizens in the Municipality of Banga continually.

Therefore, it is recommended to provide better health services to the people, provision of free medicines in public health facilities, accessibility of the health amenities, and regular visitation of medical doctors in the barangays to provide free check-up. Enhance services on vaccination for infants and children, pre-natal/postnatal/childbirth services, prevention and management of communicable and non-communicable diseases, basic dental/oral hygiene, and family planning.

## 6. Bibliography

Action for Economic Reforms. (2014, October 30). *Citizen's Report Card on*

*the Sponsored Program of the National Health Insurance Program.* <https://aer.ph/citizens-report-card-on-the-sponsored-program-of-the-national-health-insurance-program/>.

Brown, T. (2007). Coercion versus Choice: Citizen Evaluations of Public Service Quality across Methods of Consumption. *Public Administration Review*, 67(3), 559–572.

<https://doi.org/10.1111/j.1540-6210.2007.00737.x>

Comfort, A. B., Peterson, L. A., & Hatt, L. E. (2013). Effect of Health Insurance on the Use and Provision of Maternal Health Services and Maternal and Neonatal Health Outcomes: A Systematic Review. *Journal of Health, Population and Nutrition*, 31(4), S81–S105.

Congress of the Philippines. (2020, June). *R.A. No. 381: An Act Creating the Municipality of Malay in the Province of Capiz.* The Corpus Juris. <https://thecorpusjuris.com/legislative/rep-public-acts/ra-no-381.php>.

Dayrit, M. M., Lagrada, L. P., Picazo, O. F., Pons, M. C., & Villaverde, M. C. (2018). *The Philippines health system review.* World Health Organization. <https://apps.who.int/iris/handle/10665/274579>.

Department of Health (2007). *Administrative Order No. 2007–0021: Harmonization and Streamlining of the Licensure System for Hospitals.* Department of Health. <https://hfsrb.doh.gov.ph/images/Hospital/issuances/ao2007-0021.pdf>.

- Department of Health (2012). *National Monitoring and Evaluation Dental Survey (NMEDS)*. Department of Health. <https://hfsrb.doh.gov.ph/images/Hospital/issuances/ao2007-0021.pdf>.
- Diaz, R. E. (2020). *REPUBLIC ACTS. PHILIPPINE LAWS, STATUTES AND CODES - CHAN ROBLES VIRTUAL LAW LIBRARY*. <https://www.chanrobles.com/republicacts/republicactno1414.html>.
- DILG. (2016). *Policies and General Guidelines on the Pilot Testing of the Citizen Satisfaction Index System (CSIS) in Municipalities for 2016 - Issuances*. Department of the Interior and Local Government. <https://bit.ly/2NUw0YT>.
- Mahmoud, M. A., & Hinson, R. E. (2012). Market orientation in a developing economy public institution. *International Journal of Public Sector Management*, 25(2), 88–102. <https://doi.org/10.1108/09513551211223758>
- National Statistics Office (2012). *Family Health Survey 2011, Final Report*. Philippine Statistics Authority. <https://psa.gov.ph/tags/2011-family-health-survey>.
- Philippine Statistics Authority (2015). *Census of Population Region VI (Western Visayas) Total Population by Province, City, Municipality, and Barangay*. <https://bit.ly/3qN1wqp>.
- Philippines Statistics Authority. (2017). *National Demographic and Health Survey (Key Indicators)*. USAID. [https://pdf.usaid.gov/pdf\\_docs/PBAAJ317.pdf](https://pdf.usaid.gov/pdf_docs/PBAAJ317.pdf).
- Philippine Statistics Authority, & ICF International. (2013). *Philippine National Demographic and Health Survey*. DHS Program. <https://dhsprogram.com/pubs/pdf/fr294/fr294.pdf>.
- Philippine Statistics Authority. (2017). *2017 Philippine Statistical Yearbook*. PSA. <https://psa.gov.ph/content/2017-philippine-statistical-yearbook>.
- Picazo, O. F., Dela Cruz, N. O., Ortiz, D. P., Pantig, I. T., Aldeon, M. P., & Tanghal, J. O. (2016). *The Impact of Improving Capital Stock on the Utilization of Local Health Services: Preliminary Findings on the Evaluation of the Health Facilities Enhancement Program*. IDEAS. [https://ideas.repec.org/p/phd/dpaper/dp\\_2016-14.html](https://ideas.repec.org/p/phd/dpaper/dp_2016-14.html).
- Scott, D., & Vitartas, P. (2008). The role of involvement and attachment in satisfaction with local government services. *International Journal of Public Sector Management*, 21(1), 45–57. <https://doi.org/10.1108/09513550810846104>.
- Walker, R. M., & Boyne, G. A. (2009). INTRODUCTION: DETERMINANTS OF PERFORMANCE IN PUBLIC ORGANIZATIONS. *Public Administration*, 87(3), 433–439. <https://doi.org/10.1111/j.1467-9299.2009.01774.x>