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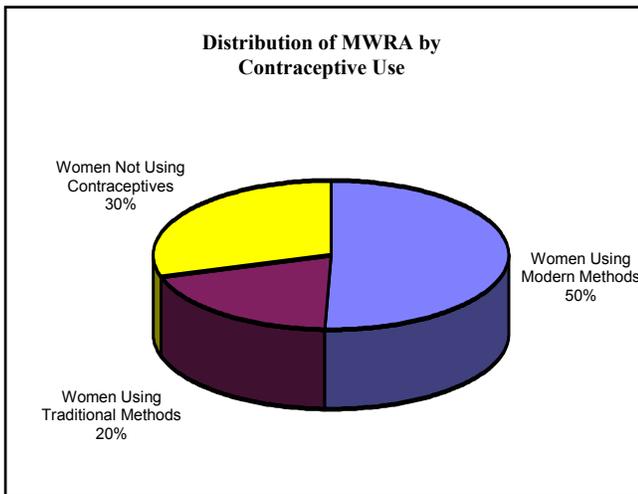
1997 Multi-Indicator Cluster Survey: Baguio City

The cluster survey covering 62 barangays in the City of Baguio was conducted by Prof. Gladys A. Cruz in April 1997 to determine the local government unit's performance level along selected family planning (FP), and maternal and child health indicators; viz.: contraceptive prevalence, fully immunized child, vitamin A coverage, and tetanus toxoid protection. Funding for the study was provided by the Department of Health's (DOH's) LGU Performance Program (LPP).

It was undertaken as part of "The 1997 Multi-Indicator Cluster Survey," a national study covering the different LGUs currently under the LPP of the DOH.

Findings

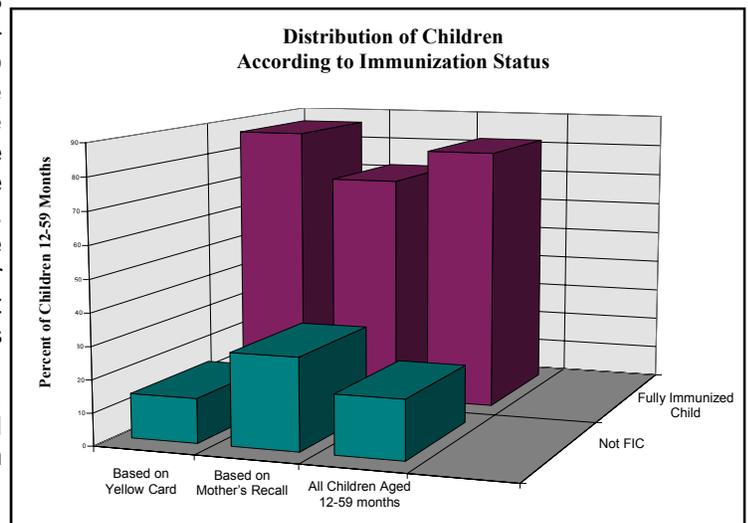
Contraceptive Prevalence. Survey results show a high incidence of contraceptive use in the city. Out of the 837 non-pregnant women (regardless of civil status) in the sample, 393 (47%) use modern methods and 152 (18.2%) use traditional methods.

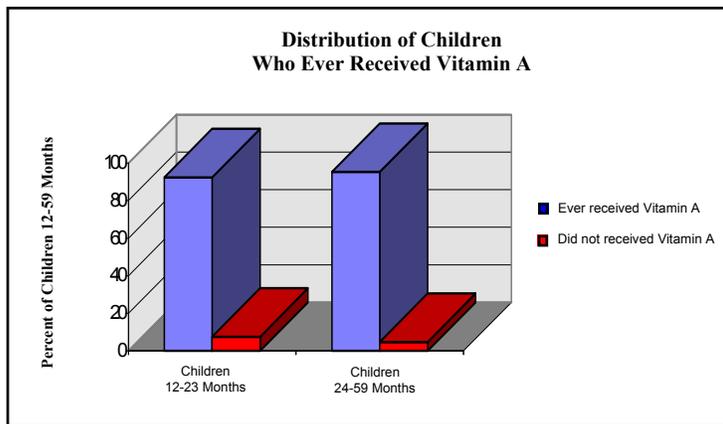


Among those currently married, seven out of ten women use contraceptives. Of this proportion, five use modern contraceptive methods while two use traditional methods. Among the modern methods being promoted by the DOH, female sterilization is the most popular. Out of the 763 non-pregnant married women in the sample, 17.2% (131 females) were ligated. Ranking second as the most commonly used FP method in Baguio is the pill (11.9%), followed by the calendar/rhythm/periodic abstinence (11.3%). A significant proportion of married women also claimed to use injectables (10.9%).

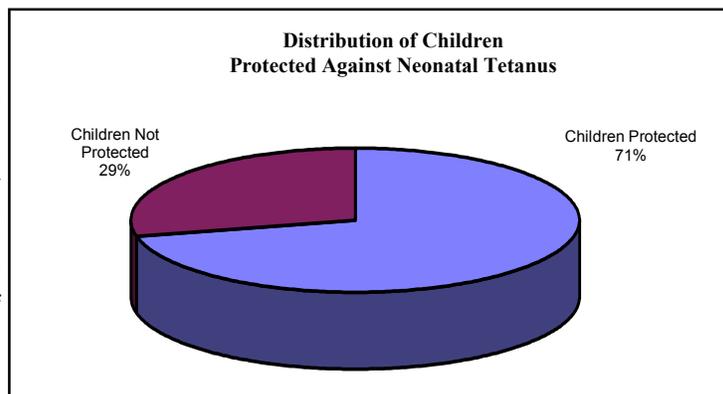
The leading reasons cited for not using contraceptives include sexual inactivity (21.9%), desire to have children (20.1%), and infrequent sex due to husband's absence (18.8%). Health reasons, fear of side effects, lack of knowledge, and religion are among the other reasons cited by a relatively smaller proportion of non-contracepting women.

Fully Immunized Child (FIC). In terms of immunization, 81.8% (761) of children aged 12 to 59 months were fully immunized before their first birthday. This means that this proportion received 1 dose of BCG, 3 doses of DPT, 3 doses of OPV, and 1 dose of anti-measles vaccine. Among those who were not fully immunized, only 9 were never immunized. The rest were found to either have incomplete vaccinations or received some antigens after their twelfth month. Forty six (4.9%) children could not be classified as FIC because their records at the health center could not be located. The three major reasons why 174 children were not FIC are: nobody to bring child to health center, unverified immunization records, and child was sick on immunization schedule.





Vitamin A Coverage. As far as Vitamin A coverage is concerned, 94.1% of children have received at least one dose of Vitamin A supplement. Out of this proportion, 73.7% received Vitamin A during the Knock-Out Polio Day on April 1997. The high Vitamin A coverage indicates the wide reach of the DOH, particularly its Patak Centers from which 80.9% of children received their vitamin supplement.



Tetanus Toxoid Protection. Also of interest in the survey is tetanus toxoid protection (TT2+) among children below 5 years. Survey data show that 71.4% (664) of the children in the sample were protected at birth against neonatal tetanus owing to their mother having received at least 2 TT doses before the child's birth. The three most common reasons for not receiving at least 2 doses of TT include lack of awareness about its necessity (42.1%), not advised/recommended by doctor (16.7%), and fear of side effects (9%).

SWOT Analysis

| Strengths | Weaknesses | Opportunities | Threats |
|---|--|---|---|
| <ul style="list-style-type: none"> 95-100% trained personnel highly committed personnel available trainings accessible facilities upgraded health facilities | <ul style="list-style-type: none"> unsustained participation of volunteer workers fast staff turn-over lack of manpower; vis-a-vis; number of clientele 80% of families provided health services inadequate documentation inefficient recording system tedious recording system inadequate monitoring poor monitoring and evaluation system | <ul style="list-style-type: none"> availability of external funding supplemental funding from other sources technical assistance supportive LGU officials | <ul style="list-style-type: none"> public misinformation/misconception re: TT leading to non-acceptance attitudes of clients religion of clients referral procedure not systematized difficult to gain cooperation of private physicians change in leadership unsustained projects |

Issues and Concerns

- ⇒ What is the **LGU** doing to prepare itself for the future when foreign assistance runs out? Is it ready to take on the responsibility of providing the necessary financial assistance to support the health department? Is additional support from internal sources forthcoming?
- ⇒ What skills and capabilities have been developed among the **personnel** to prepare them for such eventuality?
- ⇒ Would the **target clients** be ready to personally shoulder expenses related to contraception?
- ⇒ How does **male involvement** improve BHD's performance along selected FP, and maternal and child health indicators? Will increased male involvement solve problems like "nobody to bring child to health center?"

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The views expressed in this publication are those of the author and do not necessarily reflect those of the Cordillera Studies Center and the LGU

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