

A BARANGAY HEALTH WORKER'S TRAINING COURSE FOR THE UPLAND DEVELOPMENT PROGRAM IN LAKE BALINSASAYAO

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Introduction

Health is a basic human right. In a rapidly growing population in the uplands, the delivery of health services is not improving as much as desired. The people have limited or no access at all to health service. The need to develop indigenous health workers to service the underprivileged in the upland areas needs attention and action. There is therefore a need to conduct and establish a barangay health worker's training program for the cooperators of the Silliman University Research Action Development Program for the Uplands.

Needs and Determinant For the Program

A health survey in 1987 by Cadelina, R. and Cadelina, V. revealed that around 58% of the respondents were sick at the time the interview was conducted. Morbidity was primarily due to respiratory diseases, followed by a combination of other ailments such as gastrointestinal, circulator and musculoskeletal disturbances. The average annual sick days for males had been 33, and 36 for females (Table 2). A follow up survey by my team in August 1988 showed that around 87% of the respondents had consulted local healers; the rest utilized the services of the rural health midwife. Self medication was found to be commonly practiced, with the use of "over the counter drugs" in the treatment of their ailments. Treatment information was provided by friends and relatives who had experienced using a particular drug for a particular disease condition. The basic reason for resorting to self-medication and consulting local healers when sick was the absence of health facility in the locality.

A local barangay health worker can play a vital role in the provision and implementation of primary health care since she has a continuous contact with the local families. Training local health workers will prepare local leaders in the prevention of illness and the promotion and maintenance of health for the grassroots.

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Table 1

Average Percentage of Individuals Under Various Age and Sex Groups Sick During 12-Month Period (March, 1986-February, 1987) Monitored In Lake Balinṡasayao

Age Groups	Males	Females
10 years old	36.62% (13)	47.35% (17)
11-29 years old	16.4% (33)	20.60% (42)
30 years old	25.53% (9)	27.51% (11)

Table 2

Average Number of Days A Person Got Sick During The Past 12 Months

Age and Sex Groups	Average Monthly (Days)	"Annualizing" Factor	Estimated (Days) Average Annually (Col. 2 x Col. 3)
(1)	(2)	(3)	(4)
Male (11 years old and older; 82)	2.6	12	31
Female (11 years old and older; 106)	2.7	12	32
Male (0-10 years old; 29)	2.9	12	35
Female (0-10 years old; 35)	3.3	12	40

Table 3

Persons Consulted in Illness
Lake Balinsasayao, Sibulan, Negros Oriental
August 1988

Persons Consulted	Percent
Local Healers	81.25%
Rural Health Midwife	12.50
Physician	6.25
Total	100.00% (36)

Table 4

Type of Waste Disposal, Lake Balinsasayao,
Sibulan, Negros Oriental

Type of Waste Disposal	Percent
"Cat system"	87.5
Ant'polo toilet	12.5
Total	100.0 (36)

Rural Health Worker Program

The general goals of the program are twofold

1. To improve the community health facility by providing trained health worker (paramedic) in the delivery of basic health services;
2. To promote self-reliance and self-sufficiency among families and the community that involve health issues.

After 130 hours of training, the barangay health workers are expected to render the following specific services:

1. Provide first aid for accidents and emergencies, medication for simple and common ailment, follow-up treatment prescribed by more skilled health workers;
2. Promote good sanitation and hygiene;
3. Refer cases that are unmanageable to Rural Health Unit (RHU);
4. Report cases to the RHU;
5. Identify malnourished children;
6. Act as liason between community and allied health agencies;
7. Conduct health education classes.

There are two phases in the training — classroom activities and field practicum. Didactics last for 20 hours consisting of lectures, demonstration and return demonstration using modules as teaching tools. A field practicum lasts for 10 hours at the Rural Health Unit. The trainees participate in the delivery of essential services.

Contents of the training program.

Unit 1 Orientation

- Rationale for training
- Objectives of the training
- Roles/responsibilities of the Barangay Health Worker
- Primary health care concepts

Unit II Personal Health

- Personal hygiene
- Promotion and maintenance of personal health

Unit III Community Health

- Disease Transmission
- Common communicable diseases
- Prevention and control of common communicable diseases

Unit IV Material and Child Health

- Nutrition and nutrition education
- Family Planning
- Immunization

Unit V First Aid Emergencies

- Concepts of First Aid
- Care for shock
- Artificial respiration
- Care for Wounds and Bites
- Dislocation, Fractures and Sprains

Unit VI Environmental Sanitation

- Concepts on Environmental Sanitation
- Common Intestinal Parasites
- Food and Water Sanitation
- Sanitary Waste Disposal

Unit VII Appropriate Technology

- Accupressure
- Ventusa (dry cupping)
- Herbal Medications

Field Exposure (practicum)

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Guides for selecting the trainees:

1. Participant must be a permanent resident of the barangay.
2. Participant must know how to read and write in English and Cebuano.
3. Participant must signify voluntary participation in the training.

In a Rural Health Worker's Program conducted in the area, 10 Lake Balinsasayao residents had participated in the training. Population size was used as the basis for determining the number of participants from each of the *sitios*: Kabalin-an, Mahilom and Hanay-hanay (Table 5). The group consisted of 90% females, and 10% males; mostly married; whose ages range from 25-56 years old (Table 6); and with an educational level ranging from Grade I-VI (Table 7).

Classes were held in an unoccupied house and the activity started at 9 a. m. to 12 noon; and again at 1 p. m. to 3 p. m. School supplies were provided by the project. A modular approach to teaching was used. After the didactics portion of the course was completed, practicum immediately followed.

Table 5

Distribution of Participants by Barangay
Lake Balinsasayao, Sibulan, Negros Oriental
August 1988

Barangay	No. of Participants
Kabalin-an	3
Mahilom	5
Hanay-hanay	2
Total	10

Table 6

Distribution of Participants According to Age, Sex, and Civil Status, Lake Balinsasayao, Sibulan, Negros Oriental, August 1988

Age Group	Sex		Civil Status	
	Male	Female	Married	Single
20-25		1	1	
26-30		2	2	
31-35		1	1	
36-40		1	1	
41-45		4	3	1
46 up	1		1	
	—	—	—	—
Total	1	9	9	1

Table 7

Educational Attainment of Participants To the BHW Training, Lake Balinsasayao, Sibulan, Negros Oriental August 1988

Educational Attainment	No. of Participants
Grade 1	1
Grade 2	1
Grade 3	1
Grade 4	3
Grade 5	1
Grade 6	3
Total	10

Summary

The inaccessibility of health workers in the uplands requires the development of local health leaders who can provide initial health services when need arises. This paper has provided the alternative by providing training on health delivery services to local members. This local health leaders are known as Barangay Health Workers (BHW).

The efficiency of the BHW, however, would depend on the effective follow-up by professionally trained health workers from the Rural Health Unit on referrals made by the BHW.

Reference Cited

Cadelina, R. V. and V. Cadelina (in this volume, "Health Condition of Upland Farmers: A Study on the Effects of the Upland Development Program in Lake Balinsasayao").