

Post-Partum Services and Providers in Lingayen, Pangasinan, Philippines

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Abstract - *Post partum services are available through different providers. However, most post partum women are financially challenged. Postpartum is a period in which the mother's body returns to a non-pregnant state. This study sought to determine the health providers of post partum women in Rural Health Unit of Lingayen, Pangasinan, Philippines from 2011 and 2012 across income group. It also covers the services acquired by post partum women. The respondents of this study were 220 post partum women of Rural Health Unit 1 in Lingayen in 2011 and 98 from the same area in 2012. The study found out that most of the respondents post partum women are adult, finished high school education, unemployed, with spouse who worked in the government office, with small number of children, low average annual family income and with normal delivery. There are more post partum women with low average annual income who sought services from public health physician or nurse in 2012. More middle income respondents sought services of both private physician and public health physician or nurse in 2011. More low-middle and middle income post partum women do not sought post partum services in 2012. There is an increase in percentage of women across income levels who do not sought post partum services.*

Keywords: *post partum women, income, post partum services, post partum providers.*

INTRODUCTION

Marriage life may not be advantageous for women as it is for men [1]. Child bearing is a female sex role, in which women experience pregnancy and postpartum. In 1998, women continue to die due to normal delivery and complication, and pregnancy conditions. From 1996, cases like hypertension, complicating pregnancy, childbirth and puerperium, postpartum hemorrhage, hemorrhage related to pregnancy [2]. Postpartum is a period in which the mother's body returns to a non-pregnant state. The major focus of postpartum care is ensuring that the mother is healthy and capable of taking care of her newborn. Information like breastfeeding, reproductive health and contraception should be disseminated.

Studies show that there are really problems on this area. The number of postpartum hemorrhage among Filipino women increases from 1996 to 1996 [2]. There was also the prevalence of postpartum anemia at 27%.

Anemia rates were higher among minority women, especially among non-Hispanic black women [3]. Low income postpartum women have the tendency for iron deficiency risk than never-pregnant women [3]. There are also issues on health human resources and supply of essential medicines confronting the Philippine health service [2].

For this, a research regarding post-partum women in Lingayen, Pangasinan, Philippines was made. It described the post partum services acquired by post partum women and the providers. The Rural Health Unit 1 of Lingayen, Pangasinan covers 17 barangays including barangay Poblacion. It has a population of 63,242 in 2011 and 64,050 in 2012. It has one (1) physician who serves as the Municipal Health Officer, two (2) public health nurses, eight (8) midwives, one (1) consultation room, one (1) laboratory room, and one (1) delivery room.

OBJECTIVES OF THE STUDY

The main objective of this study is to determine the health providers of post partum women in Rural Health Unit of Lingayen, Pangasinan, Philippines from 2011 and 2012 across income group. In order to answer this main objective, it determined the profile of post partum women in Rural Health Unit 1 of Lingayen, Pangasinan, Philippines, the services provided to respondents from 2011 and 2012, and providers of post partum women across income groups.

MATERIALS AND METHODS

The Rural Health Unit 1 has an eligible population of post partum women of 1,899 in 2011. Equal allocation of respondents per barangay was utilized. Using the population in 2011, a sample of 330 was obtained. However, the respondents of this study were trimmed down to 220. This is due to rejection of respondents in answering the questionnaires. Respondents of this study were 220 in 2011 and 98 in 2012. Respondents were identified using the fish bowl style.

On administration of instrument, the researchers asked the assistance of students to float the questionnaires. Students were provided instructions before they administered the questionnaires. The profile of post partum women was described using frequency and percentage. The post partum providers of respondents in 2011 and 2011 as well as the services provided to respondents were described using frequency. Average annual income and post partum providers of respondents were illustrated using cross-tabulation.

RESULTS AND DISCUSSION

Profile of post partum women, the services provided to them and the providers of these services were presented below.

Table 1 shows that post partum women in Rural Health Unit 1 of Municipality of Lingayen were 41 years old and above (117 or 40.4%), and 31 to 40 years old (99 or 34.3%). The highest educational attainment of respondents were high school graduate (153 or 52.9), elementary graduate (111 or 38.4%), and college graduate (25 or 8.7%). Their occupation were unemployed (94 or 32.5%), self-employed (86 or 29.8%), private/business employee (56 or 19.4), and government employee (53 or 18.3%). The average annual family income of respondents were P50,000.00

and less (222 or 76.8%) and P250,000 and above (2 or 7%). The occupation of their spouse were government employee (102 or 35.3%), and self-employed (79 or 27.3%). Their number of children was 1-3 (193 or 66.8%), 4-6 (76 or 26.3%) and 7 and more (20 or 6.9%). Type of birth were normal (267 or 92.4%) and caesarian (22 or 7.6%).

Table 1. Profile of Post Partum Women

Age	f	%
20 years old and below	8	2.8
21 – 30 years old	65	22.5
31 – 40 years old	99	34.3
41 years old and above	117	40.4
Total	289	100.00
Highest Educational Attainment		
College graduate	25	8.7
High school graduate	153	52.9
Elementary graduate	111	38.4
Total	289	100.0
Occupation		
Government employee	53	18.3
Private/business employee	56	19.4
Self-employed	86	29.8
Unemployed	94	32.5
Total	289	100.0
Average annual family income		
P250,000.00 and above	2	.7
P150,000-249,000.00	20	6.9
P100,000-149,000.00	21	7.3
P51,000.00-99,000.00	24	8.3
P50,000.00 and less	222	76.8
Total	289	100.0
Occupation of Spouse		
Government employee	102	35.3
Private/business employee	63	21.8
Self-employed	79	27.3
Unemployed	45	15.6
Total	289	100.0
Number of Children		
1 – 3	193	66.8
4 – 6	76	26.3
7 children and more	20	6.9
Total	289	100.0
Type of Delivery		
Normal	267	92.4
Caesarian	22	7.6
Total	289	100.0

Majority of post partum women were adult, high school graduate, unemployed, with P50,000.00 and less average annual family income, with spouse working in the government, small number of children and with normal type of delivery.

Table 2. Services Provided to Post Partum Women in 2011

Post Partum Providers	Post Partum Services		
	Vitamin A and Iron	Breastfeeding Education	Birth Control Education
Private physician	27 (12.3%)	26 (11.8%)	26 (11.8%)
Public health physician/ Nurse	39 (17.7%)	35 (15.9%)	36 (16.4%)
Without post partum provider	154 (70.0%)	159 (72.3%)	158 (71.8%)
Total	220 (100%)	220 (100%)	220 (100%)

*Multiple answers

RH1 has all the manpower and facilities for post partum women. They are providing Vitamin A and iron, and breastfeeding education. Vitamin A is provided to post partum women during Garantisadong Pambata project every month of April and October.

Table 2 shows that the services provided to post partum women in 2011 were Vitamin A and iron, breastfeeding education and birth control education. The table shows Vitamin A and iron were not provided to 154 or 70.0% post partum women but 39 or 17.7% post partum women were provided Vitamin A and iron by the public health physician/nurse, and 27 or 12.3% by private physician. On breastfeeding education, 159 or 72.3% post partum women do not provided breastfeeding education but 35 or 15.9% were provided by the public health physician/nurse and 26 or 11.8% by private physician. On birth control education, 158 or 71.8% respondents do not provided with birth control education but 36 or 16.4% were provided by public health physician/nurse and 26 or 11.8% by private physician.

Majority of respondents do not have post partum provider in 2011. The respondents might hinder by problems that result to non-acquisition of the required post partum care or less information disseminated to the respondents regarding the schedule of post partum-related activities.

In Egypt and Bangladesh, post partum and post-natal care like skilled attendance and emergency obstetric care continue to be grossly neglected [5]. Since greater number of respondent post partum women in Rural Health Unit 1 in Lingayen, Pangasinan do not received post partum services from any post partum provider, it is a necessary to develop

a mechanism to reach out to them, regardless of the cause of negligence. A collaborative project between a university, Rural Health Unit 1 of Lingayen, and the Municipal of Social Welfare and Development regarding development of information, educational and campaign materials on post partum care. House visit and monitoring should also be part of this project.

Table 2 also revealed that from the three post partum services, majority of respondents able to received Vitamin A in 2011, then followed by breastfeeding education, lastly with birth control education. This means that respondents able to visit their physician or nurse to get Vitamin A and iron.

Table 3 shows that the services provided to post partum women were Vitamin A and iron, breastfeeding education and birth control education. In 2012, 80 or 81.6% post partum women were not provided with Vitamin A and iron but 12 or 12.2% were provided by public health physician/nurse, and 6 or 6.1% by private physician. On breastfeeding education, 75 or 76.5% post partum women were not provided with breastfeeding education but 16 or 16.3% were provided by the public health physician/nurse and 7 or 7.1% by private physician. On birth control education, 76 or 77.6% respondents were not provide with birth control education but 15 or 15.3% were provided by public health physician/nurse and 7 or 7.1% by private physician.

Table 3. Services Provided to Post Partum Women in 2012

Post Partum Providers	Post Partum Services		
	Vitamin A and Iron	Breastfeeding Education	Birth Control Education
Private physician	6 (6.1%)	7 (7.1%)	7 (7.1%)
Public health physician/ Nurse	12 (12.2%)	16 (16.3%)	15 (15.3%)
Without post partum provider	80 (81.6%)	75 (76.5%)	76 (77.6%)
Total	98 (100%)	98 (100%)	98 (100%)

*Multiple answers

Majority of respondents were not provided with post partum services in 2012. The result is the same with that of 2011. The Department of Health and Rural Health Unit 1 should do a massive campaign in maternal health. The Department of Social Welfare

and Development and the Municipality of Lingayen should also provide assistance in this campaign. Based on Tables 2 and 3, there is a decrease in receiving Vitamin A and iron, breast feeding education and birth control education among post partum women in 2012. Family orientation on caring for post partum women and women of childbearing age should be initiated by the Rural Health Unit and Municipal Social Welfare and Development Office with joint collaboration with a university.

Iron deficiency is the most common nutritional deficiency among women of childbearing age in the United States and it is associated with reduced work capacity. It could progress to iron deficiency anemia, which causes impaired aerobic capacity [5]. Expectant should also receive iron because a study revealed that prenatal anemia was the strongest predictor of postpartum anemia [5].

Table 4. Post Partum Providers of Respondents across their Annual Income in 2011

Average Annual Family Income	Private Physician	Public Health Physician /Nurse	No post partum provider
P50,000.00 and less	25 (14.7%)	37 (21.7%)	108 (63.6%)
P51,000.00 to P99,000.00	3 (14.3%)	2 (9.5%)	16 (76.2%)
P100,000.00 to P149,000.00	1 (5.9%)	1 (5.9%)	15 (88.2%)
P150,000.00 to P249,000.00	1 (9.1%)	2 (18.2%)	8 (72.7%)
5 P250,000.00 and more	1 (100%)	0 (0%)	0 (0%)
Total	31 (14.0%)	42 (19.1%)	147 (66.8%)

Table 4 presents the frequency and percentage of average annual income and post partum providers of respondents in 2011. It shows that there are 170 post partum women in 2011 with low income, 21 have low-middle income, 17 have middle income, 11 have high-middle income, and 1 with high income. This means that majority of post partum women in 2011 are living with small family income.

It also shows that among post partum women with average annual family income of P50,000.00 and less, 108 or 63.6% of them do not sought post partum services but 25 or 14.7% sought post partum services from private physician and 37 or 21.7% from public

health physician/nurse. On respondents with average annual family income of P51,000.00 to P99,000.00, 16 or 76.2% do not sought post partum services but 3 or 14.3% sought post partum services from private physician and 2 or 9.5% from public health physician/nurse. On respondents with average annual family income of P100,000.00 to P149,000.00, 15 or 88.2% do not sought post partum services but 1 or 5.9% sought post partum services from private physician and 1 or 5.9% from public health physician/nurse. On respondents with average annual family income of P150,000.00 to P249,000.00, 8 or 72.7% do not sought post partum services but 1 or 9.1% sought post partum services from private physician and 2 or 18.2% from public health physician/nurse. On respondents with average annual family income of P250,000.00 and more, 1 or 100% sought post partum services from private physician.

Majority of post partum women in 2011 with low income and middle income, low-middle income, middle income, and high-middle income do not sought post partum services. One respondent with high income acquired post partum services from physician.

Table 5. Post Partum Providers of Respondents across their Annual Income in 2012

Average Annual Income	Private Physician	Public Health Physician/ Nurse	No post partum provider
P50,000.00 and less	9 (11.4%)	19 (24.1%)	51 (64.5%)
P51,000.00 to P99,000.00	0 (0%)	0 (0%)	5 (100%)
P100,000.00 to P149,000.00	0 (0%)	0 (0%)	4 (100%)
P150,000.00 to P249,000.00	1 (11.1%)	0 (0%)	8 (88.9%)
P250,000.00 and more	1 (100%)	0 (0%)	0 (0%)
Total	11 (11.2%)	19 (19.4%)	68 (69.4%)

Table 5 shows that 79 post partum women in 2012 have low income, 5 have low-middle income, 4 have middle income, 9 have high-middle income, and one with high income. This means that majority of post partum women in 2012 have low income.

Though majority of post partum women has low and low-middle income in 2011, the following year, majority has low income and high-middle income.

This means that there are more post partum women with higher family income in 2012.

The table also shows that among post partum women with average annual family income of P50,000.00 and less, 9 or 11.4% of them sought post partum services from private physician and 19 or 24.1% from public health physician/nurse while 51 or 64.5% post partum women has no provider. On post partum women with average annual family income of P51,000.00 to P99,000.00, 5 or 100% has no post partum providers. On post partum women with average annual income of P100,000.00 to P149,000.00, 4 or 100% has no post partum providers. On post partum women with average annual family income of P150,000.00 to P249,000.00, 1 or 11.1% sought post partum services from private physician while 8 or 88.9% has no provider. On post partum women with average annual family income of P250,000.00 and more, 1 or 100% sought services from private physician.

Majority of respondents with low income and middle income do not sought post partum services. The Rural Health Unit and Municipal Social Welfare and Development should educate parents on benefits of post partum services.

Table 6. Summary of Post Partum Providers of Respondents across their Annual Income in 2011 and 2012 (in percent)

Average Annual Income	Private Physician		Public Health Physician/ Nurse		No post partum provider	
	2011	2012	2011	2012	2011	2012
	P50,000 and less	14.7	11.4	21.7	24.1	63.6
P51,000 to P99,000	14.3	0	9.5	0	76.2	100
P100,000 to 49,000	5.9	0	5.9	0	88.2	100
P150,000 to P249,000	9.1	11.1	18.2	0	72.7	88.9
P250,000 and more	100	100	0	0	0	0

Table 6 shows that there is a decrease in percentage among post partum women with low average annual income [6] who sought post partum services from private physician but there is an increase in percentage among post partum women with low average annual income who sought post partum services from public health physician/nurse.

This means that there are more post partum women with low average annual income who sought services from public health physician/nurse in 2012.

It also shows that there is a decrease in percentage among post partum women with low-middle annual income and middle income who sought post partum services from private physician and public health physician/nurse. This means that there are more post partum women in the middle income bracket who sought services of both private physician and public health physician/nurse in 2011.

Generally, there is an increase in percentage of women across income levels in 2011 and 2012 without post-partum provider [6].

CONCLUSION

Most of the respondents post partum women were adult and unemployed. They finished high school, married, with spouse who worked in the public office, have small number of children and low average annual family income. They gave birth through normal delivery.

There are more post partum women with low average annual income who sought services from public health physician/nurse in 2012. In 2011, there are more middle income respondents who sought services of both private and public physician. In 2012, most low-middle and middle income post partum women acquired services. There is an increase in percentage of women across income levels that do not sought post partum services.

The study recommended that the Rural Health Unit 1 of Municipality of Lingayen together with a higher educational institution should do an information drive on maternal health and provide continuous medical services to post partum women. Also, the Municipal Social Welfare and Development Office and a university should do a collaborative project with the Rural Health Unit 1 in developing information, educational and campaign materials and conducting continuous information drive on post partum care. Home visitation and monitoring is also necessary. There should be vocational and livelihood trainings to be provided by the local government and other private enterprises to the respondents since most of them are unemployed. On the part of the post partum women, they should use available resources at home and the community for livelihood opportunity, and enhance their competency through attendance to livelihood education and training. The respondents

could also continue their studies to increase their opportunity for employment.

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