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Healthcare Services Access of Badjao in Barangay Baybay Catarman, Northern Samar

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Abstract

This study was conceptualized to find out the healthcare services access of Badjao in Barangay Baybay Catarman, Northern Samar. Specifically, this study aimed to determine healthcare services accessed by the respondents, measure the level of satisfaction towards healthcare services, identify the problems encountered by the respondents in the availment of healthcare services, and draw out recommendation from the respondents to improve the healthcare services access of Badjao.

The researcher used descriptive-survey research design in achieving the objectives of the study.

There were five (5) identified healthcare services availed by the respondents which include: Nutritional Support, Free medicines, Emergency Care, Distribution of Vitamins, and Vaccination of anti-rabies and anti-tetanus.

The overall level of satisfaction to the delivery of health services has a grand mean of 2.86 which is considered "moderately satisfied".

There were eight (8) identified problems in the availment of healthcare services which include: lack of supplies of medicines, favoritism to client, lack of facilities, lack of health workers, lack of information dissemination to the services offered, poor working condition, unawareness of some services and programs of health center, and lack of services offered.

There were six (6) identified recommendations for better availment which include: equal treatment of customers, health care facilities and equipment's improvement, medicines supply improvement, health care services and programs improvement, health promotion campaign, and health care planning.

Keywords: Badjao, healthcare services access, availment & level of satisfaction.

Introduction

The Badjao Tribe were traditionally expert fishermen, deep sea divers and navigators from Mindanao. Sadly, in the 1960's due to rampant raiding and piracy in the waters the Badjao tribe made the Alaska beach in Mambaling, Cebu City as their home. They built houses along the shoreline on stilts to store their boats beneath. However, due to the construction of the UC-METC in the 1990s they had to leave their community and settled in Sitio Nava. Tragedy struck for the Badjao tribe when their homes were twice gutted by fire and eventually the Badjao tribe were settled in three nearby areas in Cebu, the Philippines (https://www.badjaobridge.org/sea-tribes).

Over the years, more and more Badjao people have been lured away from the ocean, migrating to a life on land. As they belong to no official state and possess no official nationality, they find the move from sea to land a challenge. Because of their nomadic lifestyle, the Badjao are at a disadvantage with no schooling, healthcare or access to government-provided social services.

Panopio *et al*., 1994 study found out that the Badjaos in Barangay Malitam tried to fit in the new social group they got into and be accepted by the dominant group, the Batangueños, in the area. Hence, they took deliberate efforts to learn, absorb and imbibe in themselves, whenever feasible, the thought patterns and behavior of the latter. (https://www.academia.ede, 1994).

As a result, the IP migrants suffer from discrimination and deprivation of basic and welfare services such as health, education, and livelihood. One of the problems that they also encountered is their awareness on the health care access in the community they belong. The Badjaos often think that they are not included in the community and do not have right to avail the services from the government.

The researcher is prompted to conduct this study due to the raising number of social issues encountered by the Badjao. One of the problems they encountered is lack of knowledge on health and sanitation among the Badjao migrants led to proliferation of diseases such as diarrhea, pneumonia, skin allergy, cough, and flu in the community. Children rarely use slippers and usually roam around barefoot on dirt.

Another dilemma faced by the Badjao migrants was the deterioration of their traditional livelihood as evidenced by the lack of viable economic alternatives and sustainable

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livelihood projects in the community. There are academic institutions which extended their help in the tribe's livelihood development, but none of their projects has been sustainable.
Hence, the researcher is interested in this study to determine the healthcare services access of Badjao in Barangay Baybay Catarman, Northern Samar. Also, the result of this study is beneficial in addressing the social problems encountered by the Badjao community.

Objectives of the Study
The general objectives of the study aimed to determine the healthcare services access of Badjao in Barangay Baybay Catarman, Northern Samar.
Specifically, this study aimed to:
i). Determine healthcare services accessed by the respondents;
ii). Measure the level of satisfaction towards healthcare services in Catarman, Northern Samar;
iii). Identify the problems encountered by the respondents in the availment of healthcare services; and
iv). Draw out recommendation from the respondents to improve the healthcare services access of Badjao in Catarman, Northern Samar.

Materials and Methods
This study was conducted in Barangay Baybay Catarman, Northern Samar where Badjao community is situated. The study employed the descriptive-survey research design. Complete enumeration sampling technique was used or all Badjao.
Hence, the respondents of this study were the thirty-seven (37) Badjao, eight (8) Barangay Health Workers (BHW) and one (1) Barangay Nutrition Scholars (BNS) of barangays Baybay Catarman, Northern Samar. A total of forty-six (46) respondents were included in the study.

Results and Discussions
Healthcare Services Accessed
There were five (5) identified healthcare services which include: Nutritional Support, Free medicines, Emergency Care, Distribution of Vitamins, and Vaccination of anti-rabies and anti-tetanus.
The data further revealed that the topmost healthcare services accessed by the Badjao is nutritional support which include feeding and distribution of relief goods. A study Umberger, W. J., *et al*. found that community-based nutritional education can significantly change knowledge, attitude, and compliance towards better healthcare.

Table 1: Healthcare Services Accessed

Healthcare Services Accessed	Frequency	Rank
Nutritional Support	28	1
Free medicines	21	2
Emergency Care	15	3
Distribution of Vitamins	5	4
Vaccination of anti-rabies and anti-tetanus	3	5

**Multiple response*

Level of Satisfaction to the Delivery of Health Services
There were ten (10) indicators used to measure is level of satisfaction. Among the indicators all of them were rated "moderately satisfied" which include: provides enough health facilities and equipment, quality service of midwife and BHWs, completeness of immunizations offered, provides free basic medication, provides enough supplies of medicines, approachable employees when asking for a health advice, provides quality health services, using a clean equipment before doing a health care service, offer free pre-natal checkup, and distribution of vitamins.
The overall level of satisfaction to the delivery of health services has a grand mean of 2.86 which is considered "moderately satisfied".

Table 2: Level of Satisfaction to the Delivery of Health Services

Statement	Mean	Interpretation
Provides enough health facilities and equipment.	2.65	Moderate Satisfaction
Quality service of midwife and BHWs.	2.70	Moderate Satisfaction
Completeness of immunizations offered.	3.08	Moderate Satisfaction
Provides free basic medication.	2.80	Moderate Satisfaction
Provides enough supplies of medicines.	2.70	Moderate Satisfaction
Approachable employees when asking for a health advice.	3.36	Moderate Satisfaction
Provides quality health services.	2.63	Moderate Satisfaction
Using a clean equipment before doing a health care service.	2.80	Moderate Satisfaction
Offer free pre-natal checkup.	2.82	Moderate Satisfaction
Distribution of vitamins.	3.08	Moderate Satisfaction
Grand Mean	2.86	Moderate Satisfaction

Problems Encountered
There were eight (8) identified problems which include: lack of supplies of medicines, favoritism to client, lack of facilities, lack of health workers, lack of information dissemination to the services offered, poor working condition, unawareness of some services and programs of health center, and lack of services offered.
The data further revealed that the topmost problem encountered by the Badjao is lack of medicine supplies.

Table 3: Problems Encountered.

Problems Encountered	Frequency	Rank
Lack of supplies of medicines	32	1
Favoritism to client	28	2
Lack of Facilities	18	3.5
Lack of health Workers	18	3.5
Lack of information dissemination to the services offered	15	5
Poor working condition	16	6
Unawareness of some services and programs of health center	8	7
Lack of services offered	5	8

**Multiple response*

Recommendation
There were six (6) identified recommendations which include: equal treatment of customers, health care facilities and equipment's improvement, medicines supply improvement,

health care services and programs improvement, health promotion campaign, and health care planning.

The data further revealed that the most recommended is equal treatment of customers because the respondents mentioned that they are often neglected when they need services in the barangay.

Table 4: Recommendation

Recommendation	Frequency	Rank
Equal treatment of customers	32	1
Health care facilities and equipment's improvement	31	2
Medicines supplies improvement	24	3
Health care services and programs improvement	18	4
Health promotion campaign	15	5
Health care planning	10	6

**Multiple response*

Conclusion

Based on the findings of the study, several important conclusions and implications can be drawn. First, the respondents were able to avail only five identified healthcare services, with nutritional support emerging as the most frequently accessed. This indicates that the Badjao community has limited access to healthcare provisions, underscoring the need for more comprehensive and inclusive services. Second, the overall level of satisfaction with the delivery of healthcare services was found to be low, which implies that improvements are necessary to ensure inclusivity and equity in healthcare delivery within the community. Third, eight major problems were identified in the availment of healthcare services, with the lack of medicine supplies being the most pressing concern. This highlights that systemic and logistical challenges significantly hinder service utilization, and these issues must be addressed immediately to improve healthcare outcomes. Lastly, the respondents were able to propose possible solutions to enhance healthcare services, demonstrating that the community itself can contribute valuable insights toward participatory planning and implementation. These conclusions collectively emphasize the urgent need for policy interventions, resource allocation, and community engagement to strengthen healthcare delivery for marginalized groups like the Badjao.

Recommendations

Based on the findings and conclusions of the study, the following recommendations are forwarded:

1. There are limited health care services availed by the Badjao. It is recommended that the BLGU and LGU may establish partnership to Department of Health (DOH) to increase the healthcare services.
2. The level of satisfaction on healthcare services is moderate. Therefore, it is recommended that the BLGU and LGU may examine and improve their healthcare programs to improve its implementation.
3. The topmost problem is lack of supplies of medicines. Hence, it is recommended that that the BLGU and LGU may seek for stakeholder partners that will augment the insufficiency of medicine.
4. The recommendations raised by the respondents may be given attention by the LGU and BLGU.

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