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**A Local Study on the Health-seeking Behaviors of Filipino Households in Urban  
Communities in Metro Manila**

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# **CHAPTER 1**

## **BRIEF BACKGROUND**

### ***Introduction***

From the first local report of a suspected case on January 22, 2020, the COVID-19 pandemic has spread exponentially (Edrada et al., 2020). While initially considered a ‘great equalizer,’ the movement of the virus to the country’s urban and urban poor population, whose greatest concentration is in Metro Manila, has instead, magnified inequalities in incidences of job insecurity, food insecurity, gaps in health literacy, and more (Villarama et al., 2020; PIDS, 1995). Health and poor health, then, are further emphasized as being agents of human impact that exist at the nexus of other societal sectors. Consequently, the recognition of controlling COVID-19 and mobilizing efforts for prevention as a global and local priority brings to the fore the capabilities or factors that influence compliance with standard health protocols. Among these factors is health-seeking behavior (HSB), a multi-dimensional concept defined as any action taken by individuals to remedy their perceived ill-health (Poortaghi et al., 2015; Basch et al., 2018). Nurtured at the individual and community level, these HSBs reflect psychosocial resources and other contexts including socioeconomic conditions, health care services and their quality and availability, and conceptions of health (Basch et al., 2018). It is, therefore, significant to understand these behaviors in the pandemic context not only to reduce the burden of disease but also to inform relevant stakeholders of the determinants of HSBs for points of intervention. Of relevance to this study is how social development organizations, specifically Lingap Pangkabataan Inc. (LPI), can find a place in the control and management of COVID-19.

Existing literature characterizes the HSB of the urban population in the Philippines in two ways. Firstly, this population and Filipinos at large tend to ignore or delay preventative measures until the illness becomes evident (PIDS, 1995; Capuno et al., 2017; de Guzman et al., 2020). Secondly, there is a dependency on doctors “even for minor complaints to make the treatment of diseases more crisis-oriented, rather than preventative” (PIDS, 1995). With this conception of health as the mere absence of disease thus becoming a prime barrier to seeking health and availing of health services, the unique position of the urban population as receiving “crisis aid” and forms of “crisis management” in light of the pandemic becomes concerning. There is thus, an added significance of studying HSB in this crisis context as to orient and reframe health as a “resource for everyday life” instead of the mere absence of disease by the creation of sustainable and participatory interventions that engage communities (WHO, 1986). It is in this area wherein the researchers believe LPI can make the biggest contribution.

### ***Statement of the Problem and Objectives***

#### ***Research Problem***

Given this, the study attempts to answer the following: “What are the determinants of the health-seeking behaviors of Filipino households in urban communities in Metro Manila amidst the COVID-19 pandemic?”

### *Research Objectives*

The primary objective of the study is to understand the determinants, specifically the facilitators and barriers, to health-seeking behaviour in the urban population in Metro Manila. From here, its secondary objectives include:

1. To determine the socioeconomic conditions that influence the HSB
2. To determine perceptions and attitudes towards health, health status, health care services, and COVID-19
3. To provide recommendations for LPI to intervene in improving HSBs

## **CHAPTER 2**

### **METHODS AND PROFILE OF THE SAMPLE**

#### ***Data Collection Methods***

To fulfill the aforementioned objectives, a qualitative research design was used. Specifically, an online survey was administered through GoogleForms and disseminated by LPI to their partner barangays. In congruence with the research question, respondents were asked about their demographic qualities, perceived threats to health, and perceived indicators of health. These questions also prompted the sharing of perspectives regarding what constitutes health before and after the pandemic, and sources of information. Lastly, it prompted the sharing of knowledge regarding the disease itself, knowledge regarding evasion of the disease, knowledge regarding the protocols of action, hindrances following said protocols, and perceived improvements to mitigate pandemic hardship. Thus, the researchers were able to get a detailed description of the target populations' health-seeking behaviors in the COVID-19 mitigation, prevention, and response, as well as vaccine confidence. To reduce biases, the survey was a non-suggestive questionnaire with a mixture of close-ended and open-ended questions that allowed interviewees to answer freely. The results of the survey provided physical representation of proof of the general consensus preliminarily mentioned by the residents, health workers, and organization representatives as mentioned in the to be discussed preliminary focus group discussion, which was undertaken one week before the survey was launched.

In addition to the surveys that were conducted, the second main data collection method employed to gain further understanding of the situation is a focus group interview. These focus group interviews consisted of four, 1-hour zoom sessions scheduled across the months of October and November 2021. Participants of these meetings consisted of the researchers, the corresponding NSTP supervisor, the main representative of LPI, barangay health workers, contact tracers, and citizens of the concerned areas handled by the organization. Researchers in the Zoom meeting administered the questions and facilitated the open dialogue under the methodology of participant observation. The discussion session consisted of researcher conducted interviews, a sharing of experiences, and an open forum as enumerated below:

1. In the case of the interview, questions were asked by researchers. These were either open-ended or directed towards a specific person. Questions that were asked consisted of demographics, localized problems in the point of view of all partners in attendance, and intricacies of compliance with health protocol and HSB at large.
2. After the researcher posed questions, the discussion proceeded with a sharing of experiences of the pandemic by members of the community and LPI itself to supplement survey data with insights from the ground.
3. The final segment of the meetings consisted of an open forum. Here, questions to the researchers and questions from the researchers to the members of the community and LPI were discussed, thus furthering the participatory approach

employed in this study. Overall, the participatory approach assures that the population being studied has a say in how the research is conducted and is involved in the data analysis for a more context-specific study.

**Profile of the Sample**

In order to reach the target population of Filipino households in urban communities in Metro Manila, convenience and voluntary response sampling were used. The sample consisted of 35 respondents with which were demographically profiled by sex (80% female and 20% male). Respondents were reported to reside in urban-poor partner areas of Lingap Kabataan Inc., where participants were spread across the following barangays: (45.7% ESCOPA 3 QC, 17.1% barangay 170 Caloocan City, 14.3% Barangay 171 Caloocan City, 11.4% Sampaloc Manila, 5.7% Silangan QC 5.7% E Rodriguez QC).

Tirahan  
35 responses

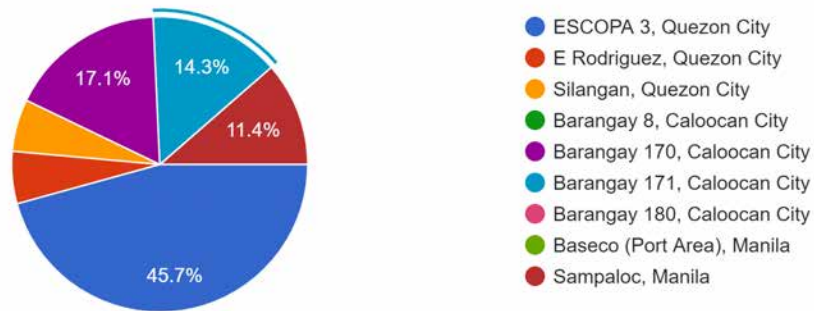


Figure 1. Participants' Location Distribution

Though the areas were classified as predominantly urban poor, differences in income classes were still apparent.

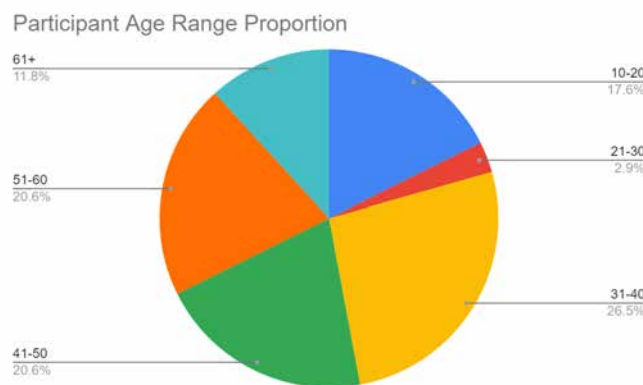


Figure 2. Participants' Age Distribution

The pre-working age range of 10-20 years as well as the post-retirement age range of 61 years and above consist of 29.4% of the population, which constitutes a dependency ratio of 41.6% and therefore may also contribute to the monthly expenses a household may incur.

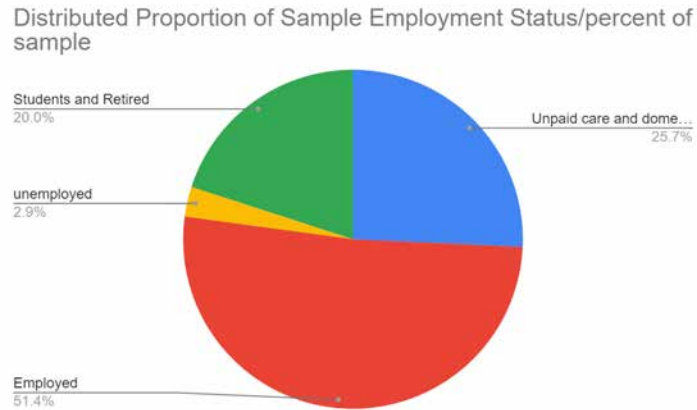


Figure 3. Participants' Employment Status Distribution

It was reported that the non-earning population of the sample made up 48.6% of the population, of which is denominated by 25.7% consisting of unpaid care, domestic workers or housewives, 20% consisted of students and retirees, and 2.9% reported to be unemployed. Through the 25.7% proportion of unpaid care homemakers, it was determined that at least the same proportion of the community consisted of single-earner households which tend to connote limited income streams. The aforementioned prevalence of limited income streams coupled with additional expenses from the high dependency ratio statistic accounts for limited (if at all) capability to garner savings.

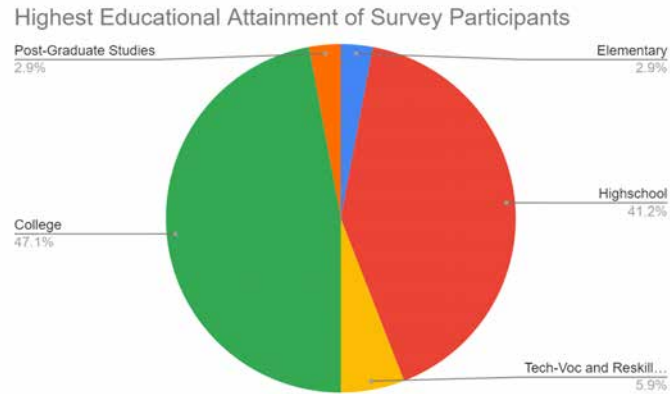


Figure 4. Participants' Educational Attainment Distribution

## CHAPTER 3 RESULTS AND DISCUSSION

Overall, the results are consistent with existing literature which demonstrates that HSB in this population is characterized by: (1) a tendency to delay or ignore seeking health services until the illness is evident and (2) a dependency on doctors to make treatment more crisis-oriented rather than preventative (PIDS, 1995; Capuno et al., 2017; de Guzman et al., 2020). Moreover, the multidimensional nature of HSB is also emphasized in the unique individual to group-level dynamics in the sample as reflective of their psychosocial resources and socioeconomic, sociopolitical conditions. To contextualize this, the major positive findings include: (1) a sense of agency and self-efficacy when illness is perceived as evidenced in self-medication and community integration, (2) a recognition of health as community-based given responses echoing solidarity in compliance with COVID-19 health protocols and (3), a sense of health as requiring key lifestyle changes as seen in altered health behaviors in COVID-19. On the other hand, the concerning findings include (1) a perception of health as the mere absence of disease (i.e. COVID-19), and (2) systematic barriers that diminish health-seeking capabilities including the quality, availability, and accessibility of health services, human resources for health, and health centers. The blatant dynamism of these results demonstrates the lack of passivity in this group towards their health, wherein they actually take ownership of it both at the individual and group level. In this vein, it becomes clear that engaging the community and building their capacities and capabilities instead of forcibly “changing” existing behaviors are the more pragmatic and sustainable paths to improving health outcomes both within the COVID-19 context and beyond.

### *Quantitative Analysis*

Given the results of the data gathering, the data is evaluated and interpreted through quantitative analysis. The analysis is as follows:

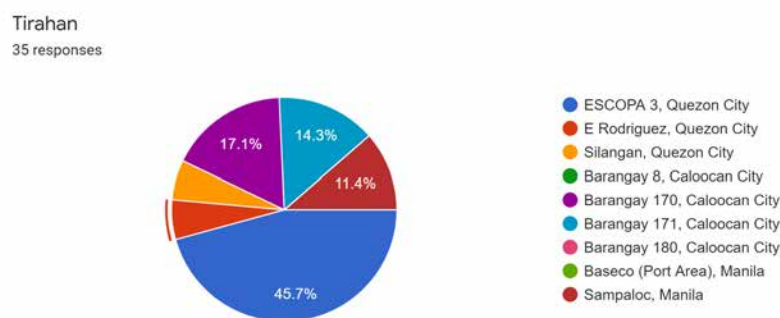


Figure 5. Participants' Location Distribution



Aktibong Miyembro ng PhilHealth  
35 responses

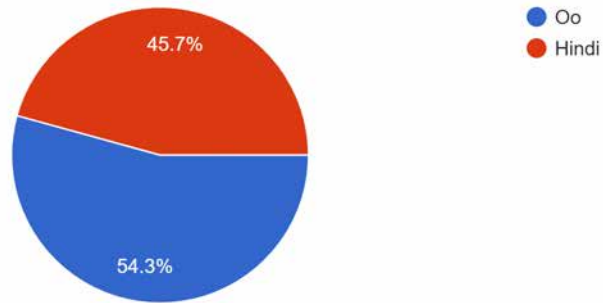


Figure 6. Participants' PhilHealth Membership Distribution

A statistic of 54.3% consisting of the population reported being an active member of PhilHealth while 45.7% of the population, on the other hand, were reported to not be registered. This relatively low proportion was considered concerningly low as weighed against the recent push for the national government for 100 percent under RA No. 11223, the Universal Health Care (UHC) law. Upon consultation with the partner community, this low proportion is explained by an inability to pay for insurance. However, under Section 4 of the UHC, the indigent and beneficiaries of the Pantawid Pamilyang Pilipino Program (4Ps) are eligible for no balance billing as indirect contributors. This lack of information and resources to avail of this insurance is thus, a point for intervention.

Information sources of ages 10-20

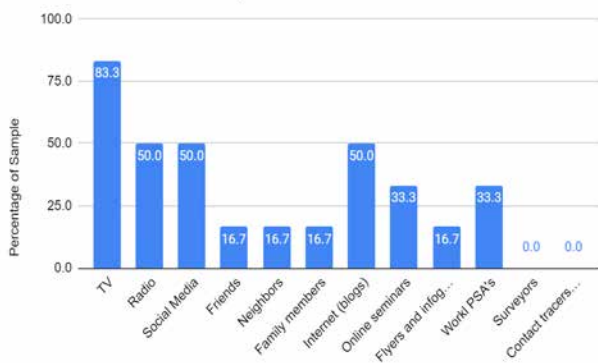


Figure 7. Information Sources, ages 10-20

Information sources of ages 31-40

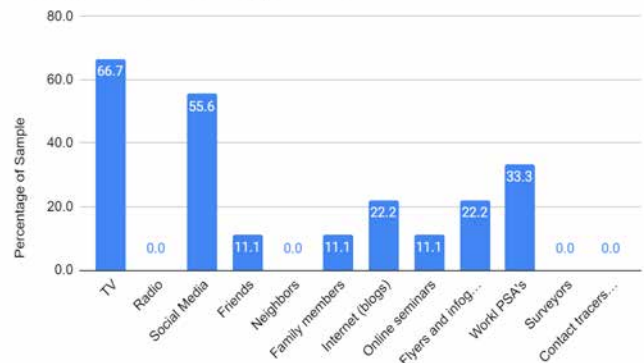


Figure 8. Information Sources, ages 31-40

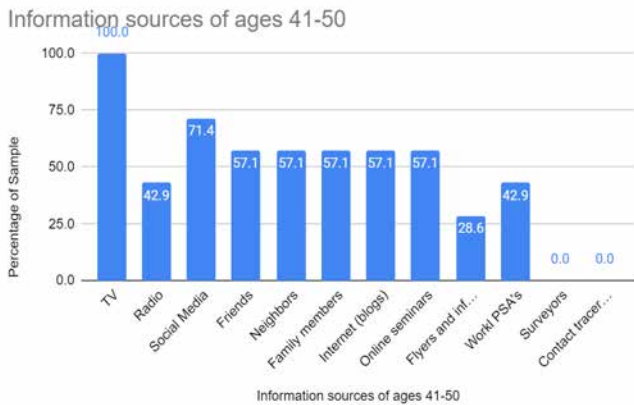


Figure 9. Information Sources, ages 41-50

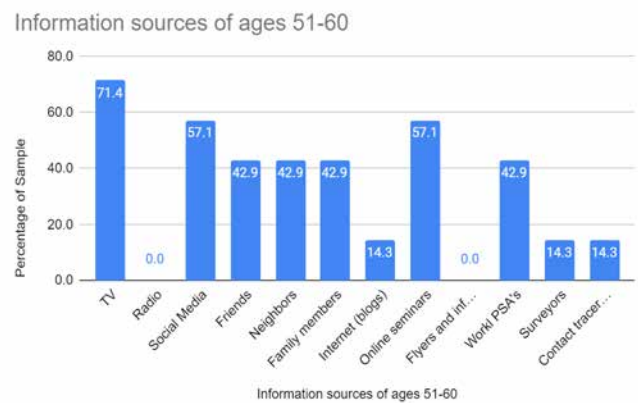


Figure 10. Information Sources, ages 51-60

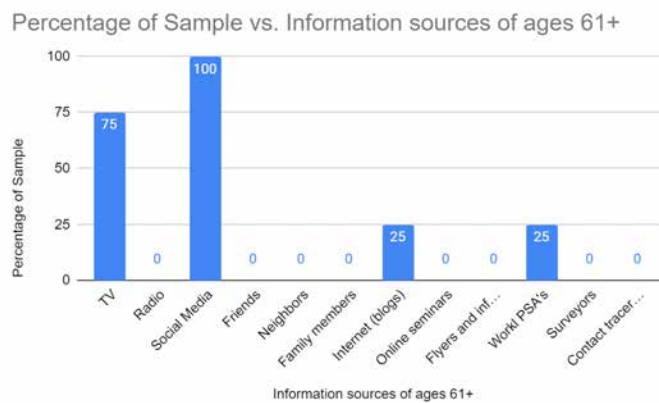


Figure 11. Information Sources, ages 61+

4. Nababahala ka ba na ikaw ay mahawaan ng COVID-?19  
35 responses

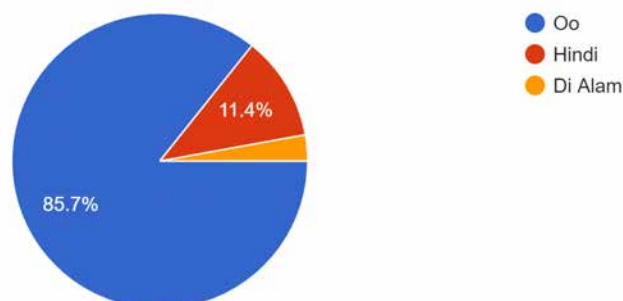


Figure 12. Proportion of Apprehensions Regarding Possible Infection

It was reported that 85.7% of participants were concerned about infection, a considerably high number due to awareness of the surrounding pandemic. Reasons of complacency and

misinformation manifesting in alleged “low chances of risk” due to social situation or vaccination status among others, were cited by those that reported unsure or not having concern. However, health officials such as the Director-General of the World Health Organization, Tedros Adhanom Ghebreyesus, remain adamant that chances of regular breakout infections will always be always apparent throughout the pandemic (VOA News, 2021). Therefore, a rate of 100% caution must be strived for at all times.

5. Dahil ba sa COVID-19 ikaw ay:

35 responses

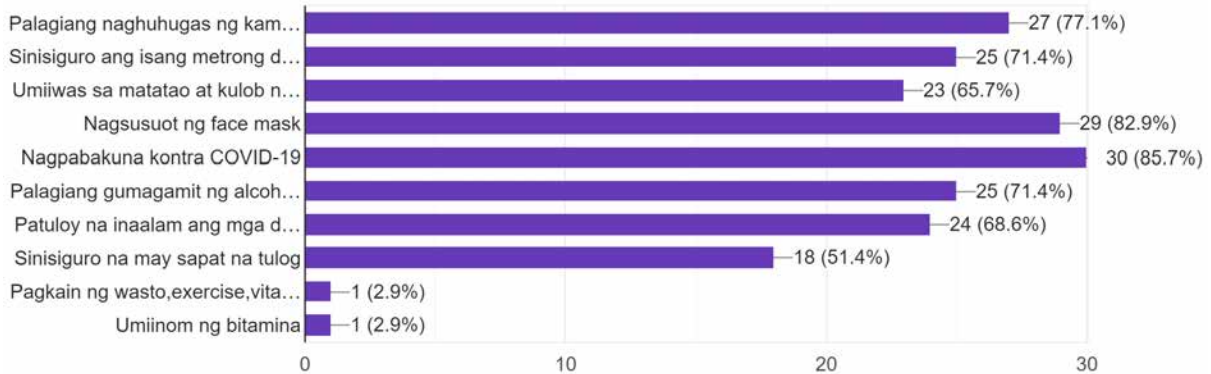


Figure 13. Pandemic-Induced Daily Habits

Health-seeking behaviors by induced COVID-19 itself consisted of regular hand washing (77.1%), social distancing (71.4%), aversion of crowded and poorly ventilated areas (65.7%), wearing of face masks (82.9%), vaccination (85.7%), hand sanitation via alcohol (71.4%), and keeping up-to-date on guidelines (68.6%). Health seeking behaviors not directly related to the pandemic but to health and wellbeing, on the other hand, was only mildly affected as is the case of appropriating sleep cycles (51.4%) or not affected at all as with the cases of proper diet and regular exercise (2.9%), as well as vitamin supplementation.

6. Para sa iyo, paano ka makakaiwas sa COVID-19?

35 responses

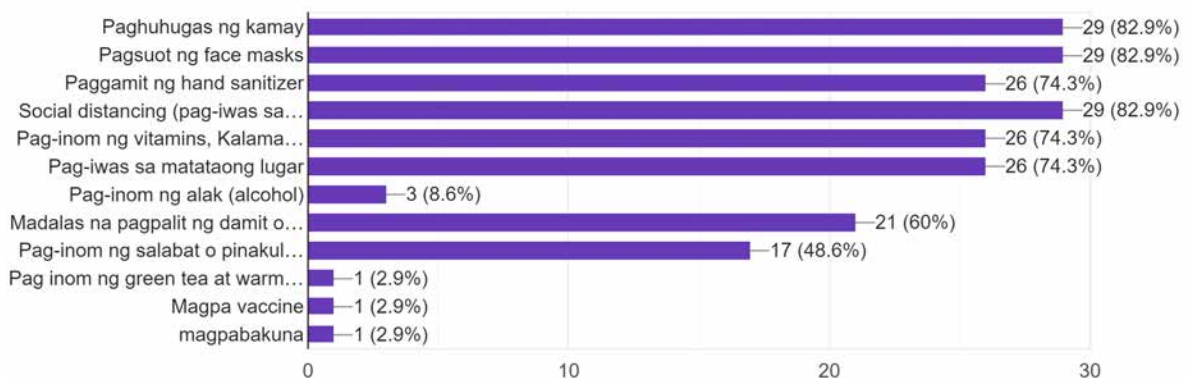


Figure 14. Habits on Avoiding Infection

Misguided reports of alcohol consumption aiding in the prevention of Covid-19 consisted of 8.6% of the sample population but all, however, cited the measure

simultaneously with valid measures. In addition to that, individuals who believe in the efficacy of alternative medicine against susceptibility to infection, although unproven to cause any significant effect, were a concerning high proportion of 48% of the population. In the case of this sample, however, these beliefs were exclusively mentioned again alongside scientifically valid mentions. The importance that these measures are not efficacious however must be propagated as the possibility of individuals in greater society relying solely on these measures have reportedly been shown to be apparent in community clusters (Rondilla et al., 2021)

The population proportion that believes that vaccination aided in the evasion of Covid-19 has only a value of 5.8%. However, the need for clarification regarding the reasons as to why the rate is especially low had been apparent before any inferences regarding this aforementioned rate were to be made. This may be a case of intendedly appropriate health education of the vaccine only aiding in preventing severe cases as with the case of breakthrough infections, or those anti-vaccination sentiments.

7. Ano ang iyong gagawin kung ikaw ang nakaramdam ng sintomas katulad ng lagnat, ubo, at pananakit ng lalamunan?

35 responses

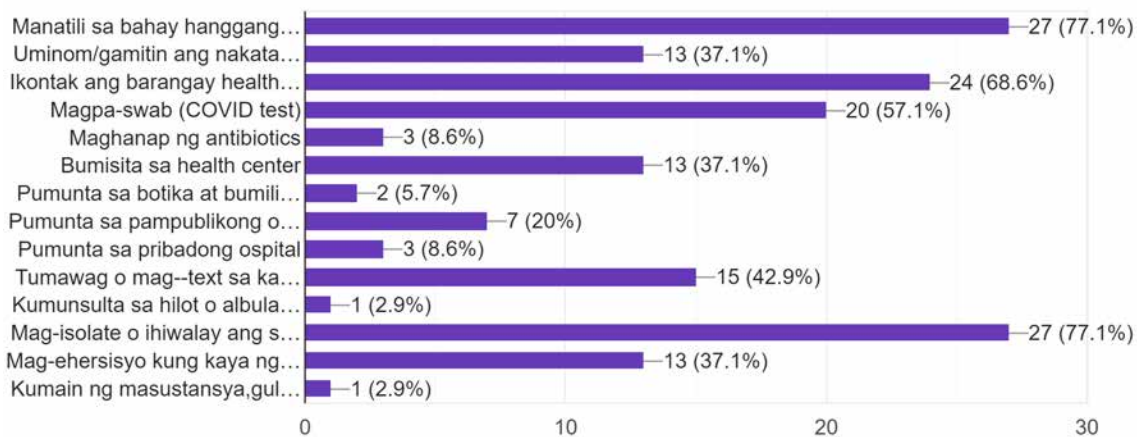


Figure 15. Perceived Protocols Post-infection

In the cases of supposedly mandatory response protocols, only 77.1% of the population was reported to have included staying at home and isolating until further notice in their response to infection while only 68.6% were reported to include contacting their local health workers for coordination and further instruction. Only 57.1% regarded booking an RT-PCR swab test. Breaches of protocol that result in a case inadvertently being rendered catalysts for further spread of infection and logistical strain consisting of directly visiting a local health center 37.1%, public hospital (20%), private hospital (8.6%) were reported to be significantly prominent and subsequently advised against. Upon consultation and even reflected in qualitative answers in the survey, there are systematic or structural factors at hand that influence this HSB. These include lack of doctors in the health center, “*mabagal*” service delivery, and the consequent stigma that arises from visiting a public center and being labeled as COVID positive.

Alternative health behaviors to denote the medical pluralism of the community consist of habits of consuming antibiotics (8.6%), exercising (47.1%), and consulting alternative medicine sources (2.9%). This medical pluralism, wherein the community uses different pathways to health in coexistence with mainstream medicine, is otherwise reflective of the agency, self-efficacy, and overall well-adjustment of the community. Specifically, their HSB occurs in multiple layers, volleying between self-medication, practices of wellness, and availing of medical services. However, this also points to concerns of turning to these alternative sources when traditional medicine fails them (thus denoting structural issues) and whether individuals will handle illnesses on their own, to their detriment.

11. Kung ang isa sa iyong mga dahilan ay patungkol sa trabaho, paano maapektuhan ng pag-quarantine ang iyong trabaho?

35 responses

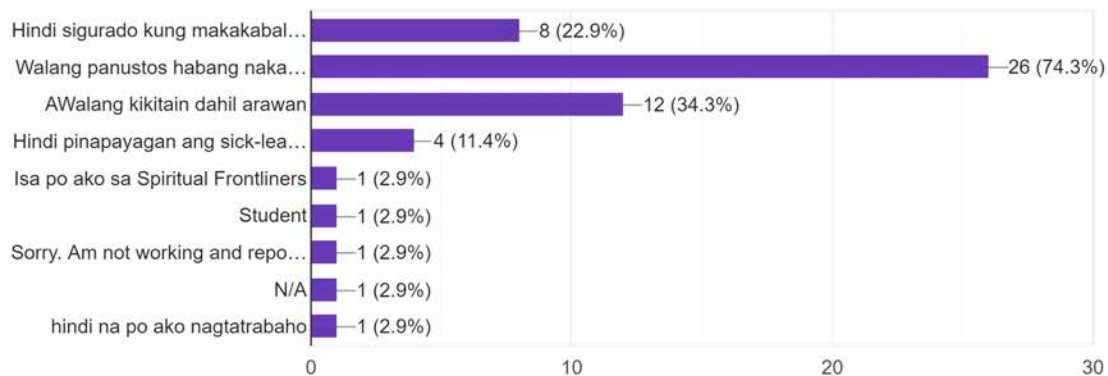


Figure 16. Perceived Effects of Quarantine on Livelihoods

9. Kung ikaw ay sakaling mag-positibo sa COVID-19, gusto mo bang mamalagi sa isang isolation o quarantine facility?

35 responses

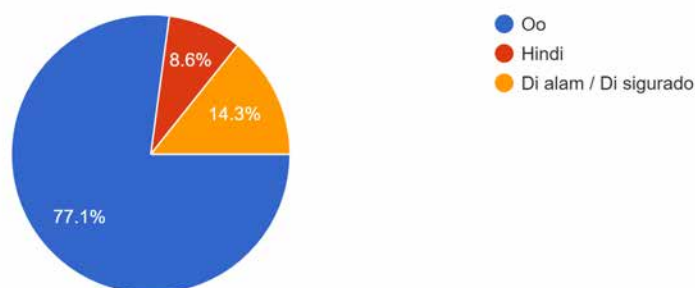


Figure 17. Preference Toward Relocation to Isolation Facility

Given the aforementioned results of the survey as displayed in the figure above, it was reported that 22.9% of the sample population were either unsure (14.3%) or outright declined (8.6%) the possibility of being isolated in a government quarantine facility. Among those that declined the possibility, reasons were reported to consist firstly due to induced stress (33%).

Aside from that, 66% of the declined sub-group exhibited reasons consisting of issues associated with information split between beliefs of misinformation and lack of information regarding protocol. And lastly, it was reported that 33% of the same sub-group had the reason of preference to isolate in one's household. These, of course, point to the individual to community factors that resist HSB, such as perceived quality or safety of government facilities.

Among those who were undecided on the other hand, it was reported that 40% of the participants cited separation anxiety from their respective families. 60% of the reasonings in this subgroup were again attributed to issues associated with information with the majority consisting of lack of knowledge on appropriate protocol and 1/3 on misinformation.

12. Masasabi mo ba na ikaw ay malusog ngayong may pandemya, kaysa bago mag-pandemya?  
35 responses

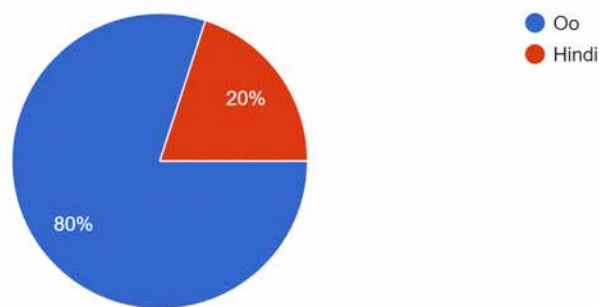


Figure 18. Comparison of Perceived Self-health Status Pre and Post Pandemic Onset

Kung oo ang iyong sagot sa item #12, anu-ano ang batayan nito?  
31 responses

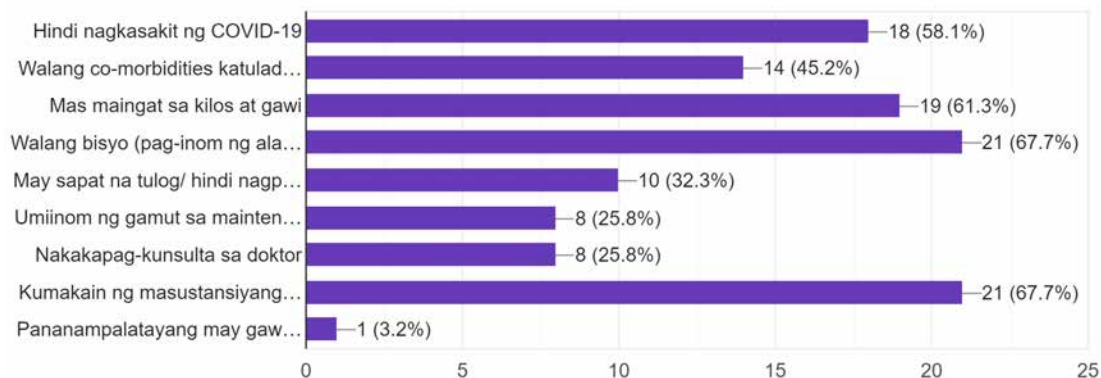


Figure 19. Source-beliefs of Greater Self-health Perception in Post-Pandemic Onset

Kung hindi ang iyong sagot sa #12, anu-ano ang batayan nito?

16 responses

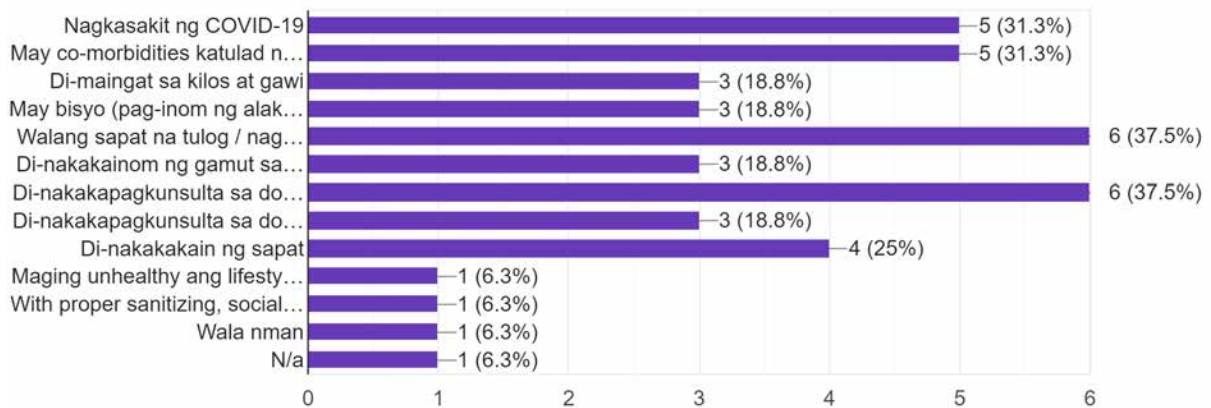


Figure 20. Source-beliefs of Lesser Self-health Perception in Post-Pandemic Onset

percentage of population vs. Measure

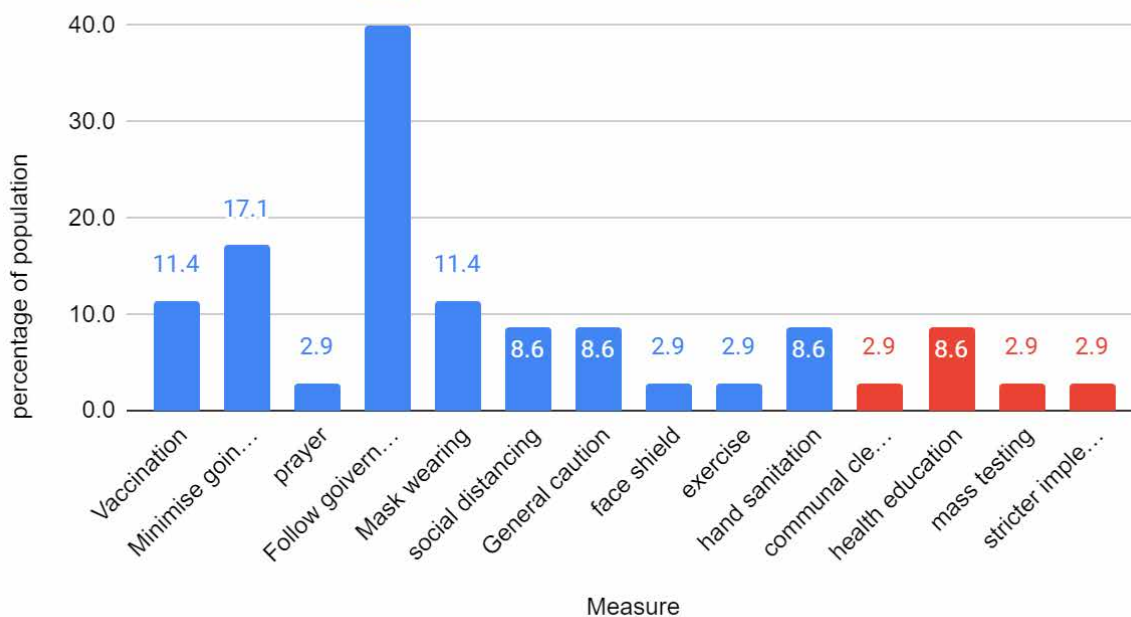


Figure 21. Perceived Suggestions Toward Improvement of Quality of Life

## Responses when asked on methods on improving quality of life

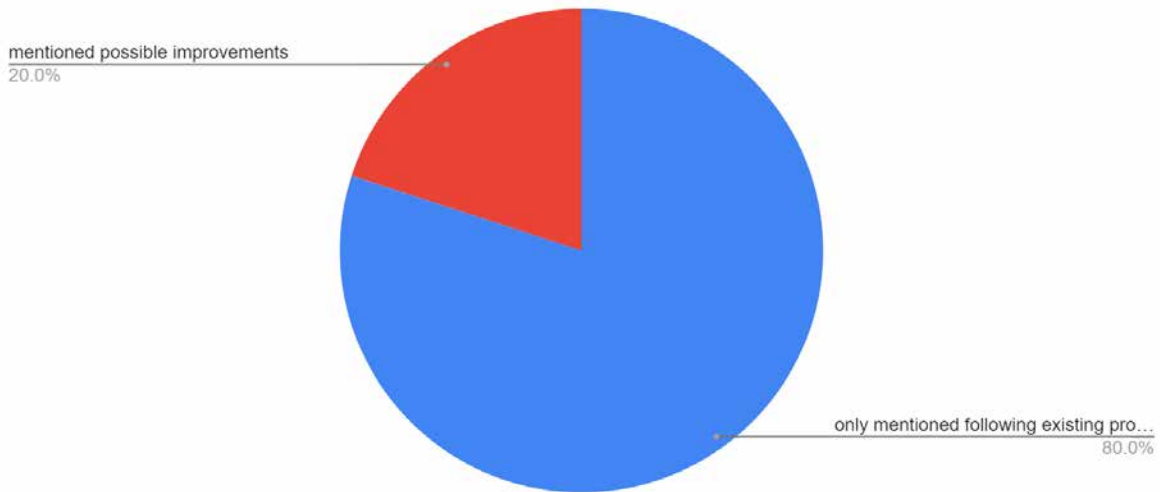


Figure 22. Perceived Methods Toward Improvement of Quality of Life

When asked about potential suggestions on what measures can be undertaken to improve their quality of life in the pandemic and in its current state, suggested interventions of a staggering proportion of 80% were limited to that of compliance to already existing government policies and guidelines. On the other hand, only 20% of participants were actually found to mention potential interventions to pandemic response and general wellbeing not already being undertaken by the government, wherein these reports consisted of either mentioning the new suggested intervention alone or simultaneously with acquiescing to government guidelines. As such, it is further emphasized that there has been a medicalization of health as per the COVID-19 pandemic. It is interesting that despite experiences of COVID-19 increasing fears of job insecurity, limited pay, and diminished health system capacity or infrastructure and management, no connection was made between the quality of life and health or better put, how health is a resource for improved quality of life. In this vein, much emphasis must be placed on equipping the existing notions of health becoming community-based and requiring solidarity to further, place health at the heart of social justice and sustainability to combat notions of its extreme medicalization.



## Qualitative analysis

The results from above are best summarized in an HSB determinants framework as seen below:

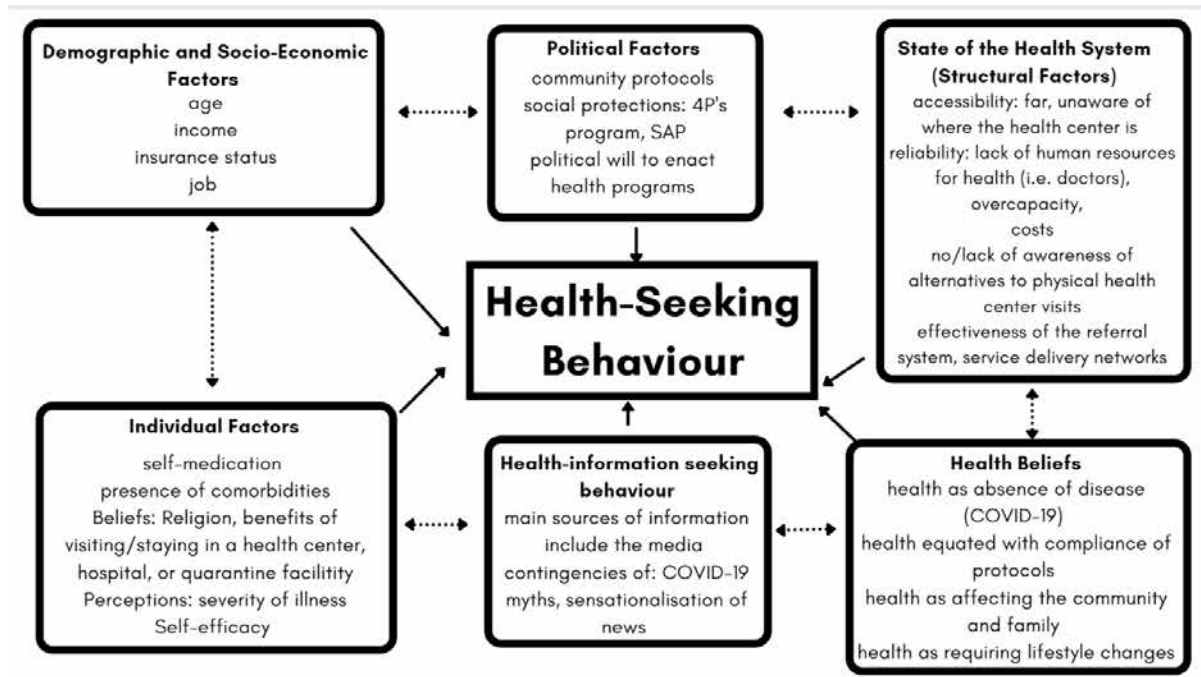


Figure 23. Health-Seeking Behavior Framework

wherein 4P's refers to the Pantawid Pamilyang Pilipino Program and SAP refers to the Social Amelioration Program

Within the framework are the facilitators and barriers that determine the health-seeking behavior of the sample. Among the most relevant facilitators are self-efficacy and perception of health as affecting the family and wider community while the most concerning barriers are the state of the health system. This also includes the reliance on forms of media for health information which tends to be wrought with fake news like vaccines turning the inoculated into zombies as per one anecdote in the sharing component of data analysis. Given the breadth and depth of these determinants as well as their relations with each other and to HSB at large as demonstrated with the arrows, a single intervention would not be efficacious. More clearly, proceeding with one approach can exacerbate or ignore inequities and inequalities in other determinants given their interlinkages with each other. For example, enacting a community-led program to improve health literacy and discernment of online content would be more efficient with the participation of local government by creating an online repository for information. In doing so, both health literacy and awareness of available health services (i.e. where health centers are located) are improved while building technological capacities of the community through this Management Information System. These multi-modal and multi-stakeholder approaches are the impetus of Reason's Swiss Cheese Model (2000) which demonstrates that the inherent lacks or holes in singular responses are accounted for with multiple and cross-cutting layers of response. Simply put, multiple layers improve success as individual and community or shared responsibilities

aggregate into better health outcomes such as the control of COVID-19. Following the aforementioned scenario of health literacy, a simplified Swiss Cheese Model is illustrated below:

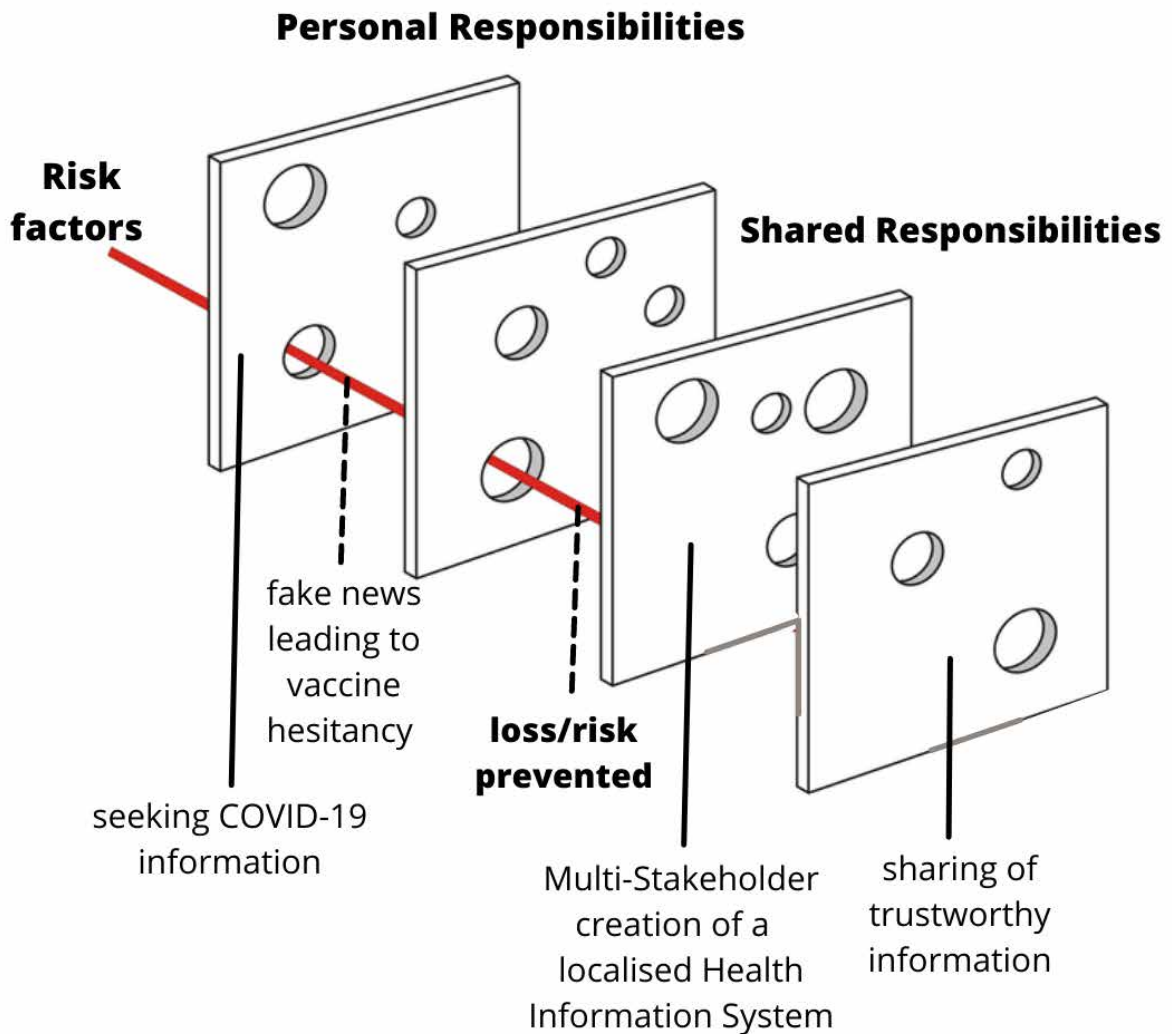


Figure 24. Adapted Swiss Cheese Model for Health-Seeking Behavior and Pandemic Response by Health Literacy

(source: template from David Mack CC BY-SA 3.0, available from <https://commons.wikimedia.org/w/index.php?curid=31679759>.)

## **CHAPTER 4**

### **SUGGESTED INTERVENTIONS**

In the vein of Reason's Swiss Cheese Model (2000), the following interventions are suggested:

#### ***Comic Strips***

The first intervention suggestion/recommendation that the group was able to come up with was that of simple comic strips to be strategically posted around community areas with high foot traffic. The comic strip(s) would contain quick and summarized information about how the COVID-19 vaccines work in our bodies, delivered in such a way that it is scientifically sound and accurate, yet also as non-academic as possible and digestible to the general public. To achieve this, we recommend that the elements in the comic strip such as the vaccine antibodies, the COVID-19 virus, etc. be portrayed as "characters" instead of inanimate and scientifically labeled objects. This will ideally attract more readers to read through the entire comic panel instead of turning them off with overly academic jargon that they might have to look up on Google. The goal is to deliver the message combating vaccine hesitancy in a quick yet effective package. This [video](#) could be of help as a guide/inspiration when constructing the comic panel.

#### ***Infographics***

This suggestion goes hand-in-hand with the previously discussed comic strips. We similarly recommend that they be strategically positioned in areas and public spaces with high foot traffic in the community, or even right beside the comic strips to supplement them. The suggestion of infographics came up because of the group's concern that the comic strip may be effective in quick and digestible delivery of pro-vaccine information, but this advantage of being quick and simple might also be its downfall in the sense that it might be incomplete or not substantial enough to encapsulate the overall significance of vaccines. Thus, infographics are recommended to fill in this possible information gap and deliver more in-depth and comprehensive takes on the matter of vaccine hesitancy. The infographics could contain facts on the different available vaccine brands and their respective efficacies/properties, as well as on the various COVID variants to be wary of. Said facts could be formatted in a table for easier info navigation. Ideally, the infographics would combat any fear-mongering fake news that may make community members averse to specific vaccine brands, as well as raise awareness as to how big or small of a threat new variants actually pose in terms of transmission, symptom severity, etc.

#### ***Open Q&A Session(s) with Community Members***

The next intervention that the group suggests is to host an open community forum where members of the local district could come together and ask a panel of health professionals their questions regarding the pandemic and the Covid-19 virus. The panelist or professionals will be able to respond to the community's apprehensions and reservations about vaccines, as well as, debunking myths and misconceptions about the topic. This open communication would be beneficial as it could foster two-way communication which will not

happen in a simple infographic or televised advertisement. Because of the substantial exchange of ideas between the two parties, this ensures that the local community's voices are heard and addressed; in addition, it also ensures that the messages that the professionals are trying to communicate are well received. However, there are some challenges if this specific intervention is implemented such as difficulty to hold due to social distancing protocols and members of the community may not be willing to join the open forum due to fear of contracting the virus in crowded areas. To assure the residents' safety, the open forum is a voluntary activity and only a limited number of individuals per household may attend to reduce the number of participants. Adequate distance between chairs must also be placed and maintained.

### ***Tailored Interventions***

The fourth intervention in increasing Covid-19 vaccination rates that the students have come up with is tailored interventions. Tailored interventions are interventions that have been personalized based on their suitability to a specific district. Individualization of interventions per community may help increase the vaccination rates because the health centers' values and internal structures will be based on the values and internal structures of the unique community they serve. Consequently, staff was integral to the decision-making process for selecting intervention strategies as they have knowledge of the culture and values of the community. By implementing tailored intervention per community, the residents may feel more comfortable with following the protocols and regulations since it takes their culture and values into consideration. Examples of potential interventions are posters in the health center, mailed reminder notices, posters, and fliers in community areas, phone call reminders, more flexible clinic hours, availability of vaccines daily, etc. However, there are some disadvantages to this type of intervention. Since the interventions will vary from one community to another, there must be enough data on the community to understand what intervention will and will not work. It is also costly compared to most other interventions.

### ***Information Primer Booklet***

The fifth intervention is an information primer booklet. This will be a small and short introductory guide booklet on the topics surrounding the Covid-19 virus and the global pandemic. It will be a complete and comprehensive source of information about FAQs mentioned in the survey, mentioned during the meeting, and other screened sources of information gathered. Since it will be compact and full of valuable knowledge, the booklet will be easily and widely distributable. It will also be relatively inexpensive and easy to reproduce compared to incorporating editorial cartoons and information design for desirability. By distributing an information primer, it will be portable and easily accessible; it will also help members of the community educate their friends and family. Nevertheless, due to the booklet's lengthier nature compared to other interventions, it may be less appealing to read everything to some. Another disadvantage of the booklets is that some individuals may only want to read certain parts of the book; therefore, other essential information may be ignored and looked over. To rectify this issue, the reading of the pamphlet reading program may need to be incentivized by implementing it alongside the distribution of relief goods.

### ***Multi-stakeholder approach***

The next intervention that the group devised and recommends is a multi-stakeholder approach. This approach brings together representatives from different interested groups to discuss possible actions and solutions. By bringing multiple stakeholders together to participate in open communication and discussion on the current situation of the community, then they could analyze the different perspectives of the issue and come up with the implementation of responses to jointly perceived problems. Since there are bigger, structural issues at hand that function as barriers to health-seeking behavior, it is essential that all parties that are involved take action together. The partner community LPI can equip its resources such as their good relations with the barangays to enact change, aside from the grassroots level through approaches tackling information sources. These may include: 1) Harnessing social media by inviting speakers to talk about COVID-19 and related issues in different platforms such as a Podcast, short TikTok, Facebook Live, 2.) Improving health care delivery/accessibility by having a set location for the vaccination sites, and 3). Empower local health workers with information on effective interventions as well as community behaviors.

### ***Focus Group Discussions***

One recurring theme that the group has observed during the online engagement meetings is that the community views health as the mere absence of disease by the creation of sustainable and participatory interventions that engage communities. This perspective is a direct contradiction as health is a fundamental human right and a resource for everyday life. One example of how this issue emerged was when the residents of the local communities did not know where their respective health centers were. The lack of knowledge on the location of the health centers will negatively impact the health care delivery network of metro manila and LGUs, which in turn impact the overall health of the residents. To combat this, Lingap Kabataan Inc. (LPI) can help address the perceptions of health by facilitating focus group discussions (FGD). The implementation of FGDs will not only address prevalent issues such as the location of local health centers but invite speakers and health professionals could educate and reframe the mindset of health from the mere absence of disease but to a fundamental human right.

### ***Information Campaign***

Because of the pandemic and the rising number of positive Covid-19 cases, the economy was forced to shut down temporarily and many lost their jobs. At the same time, many Filipinos were infected with the contagious virus and had no means to pay for the medical bills. In order to compensate for these issues, the government has released financial aid, free vaccination, Covid-19 testing sites, etc. However, a normal person would get confused by all of this relevant information. One way to alleviate this problem is to host a local information campaign in which residents of the local area can find essential information about Covid-19 such as where the locations of the health centers are, how to avail of Philhealth no balance billing, how to receive financial aids such as 4P's and the SAP. By having a uniform distribution of accurate news and information, not only will the residents

have access to readily available information, but also this campaign might also mitigate the spread of misinformation.

### ***Communal Suggestion Archive***

The last intervention that was devised by the group consisted of instating a monitored repository of suggested interventions and complaints. This intervention may consist of a physical no contact drop-box and internet-based to maximize the convenience of and accessibility to all members of the community. The aforementioned intervention is intended to rectify the current issue of the lack of communal participation and communication in health information networks and decision-making. This method incorporates a more direct, manageable, less respondent intensive, and sustainable method of acquiring immediate concerns to act upon instead of having to take surveys often. Collected problems and suggested interventions to be preliminarily aggregated into common themes from which overarching interventions may be formulated. Aggregated and screened interventions preliminarily processed and screened by on-site health workers, organization staff, and consultant epidemiologists will be subsequently integrated as content into the aforementioned discussion platforms to be implemented in a multi-stakeholder approach. Aside from the practical applications, this approach encourages/empowers individual agencies in healthily communicating problems and constructive criticism towards existing measures. Furthermore, it also improves an individual's connection to the greater community when his or her problems are noticed and subsequently acted upon

## **CHAPTER 5**

### **CONCLUSION**

To conclude, the multi-dimensionality of HSB has been emphasized in this study. While this can present a point of struggle and tension in all the various facilitators and barriers to seeking health, there is also the large area calling for response and contribution that community-led projects and multi-stakeholder approaches can occupy and nurture. With small organizations, community-led projects, and grassroots movements already proving their valuable contributions in keeping the urban poor afloat during the pandemic, their role as active agents of change is emphasized (Luna, 2021). It has been observed that in studying HSB and understanding its population dynamics, individual and community-level conditions are illuminated, especially that of poverty, systematic health inequities, and gaps in political will. As such, placing health at the heart of investigation and service brings to light its various interlinkages with the larger human and community condition, thus calling for a response in multi-stakeholder approaches that cut across various problems. Again, health and a lot of social or societal problems do not exist in silos but are actually inextricably linked with each other and thus, benefit more from a nexus approach. It is in this vein wherein we commend LPI for their initiative and proactive effort to spearhead this study as it is a bold statement that attending to community health furthers its mission of building capacities, developing communities and community self-reliance, and mobilizing resources, among others. In other words, LPI has become a prime contributor to the shared project of reframing health as a resource for everyday life. In this definition, health is recognized as a means to empower an individual and their respective communities and is therefore not the mere responsibility of governmental agencies, nor doctors alone, but an advocacy towards attaining the fullness of life promised as in Faith. To end, is this advocacy not just the impetus of LPI but a shared odyssey of humanity at large?

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