


Thesis Presented to
Department of Social Sciences
College of Arts and Sciences
University of the Philippines Manila

*Gender-Responsive Health Care System Towards a
Gender-Responsive Development: An Assessment of the
Gender-Responsiveness of the Health Care Delivery in
the Municipality of Navotas*

In partial fulfillment of the requirement for the degree of
Bachelor of Arts
Major in Development Studies


Thesis Adviser
Dr. Edberto Villegas

Jocelyn T. Victoria
1999-15024 

March 2003

APPROVAL SHEET

An undergraduate thesis prepared by Ms. Jocelyn T. Victoria, in partial fulfillment of the requirement for the degree of Bachelor of Arts major in Development Studies, is granted approval this 14th day of March 2003.



Dr. Edberto Villegas

Thesis Adviser



Prof. Benjamin Mangubat

Chairperson

Department of Social Sciences

ABSTRACT

This research was focused on the quality of the health services that the local government of Navotas is providing to its people particularly to women. It presented an assessment regarding the gender-responsiveness of the different health centers in this municipality using a historical materialist framework wherein qualitative research was primarily used, supported by a quantitative type.

This study proved that the health care delivery in the municipality of Navotas is not responsive to the health needs of its clients, especially women. There are inadequacies in the different aspects of the health care system that causes dissatisfaction and complaints.

ACKNOWLEDGEMENT

This thesis has not been made without the help of people whom the author is very indebted. In this light, the writer of this paper wants to express her deepest gratitude to these individuals.

To my professors, thank you for the knowledge that you have shared with me. I also thank you for bringing out the best of me not only as a student but also as a person.

To my classmates who happen to be my very close friends, Emjae and Gayzle, thanks for the support and encouragements that you gave. Also, thank you for making my stay in this University more exciting and meaningful.

To Ate Ann, thanks for encouraging me to always do my best in the things I do. Thanks for teaching me so many things that I could have not learned without you.

To my friends Edzel and Grace, thanks for all your help through the years. I owe you guys so much.

To DevStud Blk 7, my classmates, thanks for making me enjoy my four years stay in UP. I will cherish all the memories I have with you.

To my second family, especially my cousins and sisters, thanks for all the support. Thanks also for always believing in me.

To my family, thank you for the inspiration that I get from you. I will not become a strong person if not with you.

To the Lord Almighty, thank you very much.

LIST OF TABLES

Table 1. Summary of Health Indicators

Table 2. Population Enumerated in Various Censuses in Navotas

Table 3. Municipal Population Projection by Single Calendar Year: 1995-2010

Table 4. Total Population and Number of Household by Barangay: as of May 1, 2000

Table 5. Mortality vs. Birth Rate (2001)

Table 6. Number of Health Personnel in Relation to Total Population Estimates as of CY 2000

Table 7. Leading Causes of Morbidity by all Ages (2000)

Table 8. Leading Causes of Mortality by all Ages (2000)

Table 9. Number of Family Planning Users by Method Used

TABLE OF CONTENTS

Title Page	i
Approval Sheet	ii
Abstract	iii
Acknowledgement.	iv
List of Tables	v
I. Thesis Proposal	1
A. Statement of the Problem	1
B. Definition of Terms	3
C. Theoretical Framework	5
D. Methodology	6
E. Statement of Hypothesis	7
F. Review of Related Literature.	8
G. Scope and Limitations	13
H. Significance of the Study	13
II. Background of the Study	15
A. Women's Health in the Philippines	14
B. General Health Situation in the Philippines	20
C. Health Status in Navotas	21
III. Presentation and Analysis of Data	30
IV. Conclusion and Recommendation	38
Bibliography	
Annexes	

CHAPTER I. THESIS PROPOSAL

Statement Of The Problem

Through the years, the Philippines has gone through so many societal changes that have greatly affected the country and its people. One of these changes is the flourishing commercialization of the health care system of the country. This phenomenon is accompanied by the rising costs of medicine by the hospitals, medical, and health centers. It is also accompanied by continuing discrimination among those who "can afford" and those who "can't afford" to access health services and facilities. In effect, the poor are not provided with the proper health care for them.

In the Philippine society, discrimination in health care system is not only evident between the rich and the poor. In a patriarchal community like ours, discrimination exists also between men and women. It is manifested not only politically, legally, economically and socio-culturally, but also in the delivery of health care services where there is a clear gender inequality or disparities between men and women. Filipino women tend to receive unfair treatment because even in modern times like today, women

are still seen and regarded to be the "weaker sex" or inferior in the male dominated society.

Women's health which is affected most seriously both by their productive and reproductive roles are usually not being taken into consideration. The health care system in our country does not provide social and emotional support to women which alienates them. In this case and in many others, women are seen to be a disadvantaged sector of the society.

To eliminate the disparity between male and female in the Philippines, the government plays a very significant role. In trying to promote gender equality in our country, legislations were made which acknowledge men and women as equal partners in development and nation building, thus, both of them must have equal rights and access to resources such as that of their health needs.

And as stated in the Health Sector Reform Agenda of the Philippines (1999-2004) under the Department of Health, one of their objectives is the establishment of local health systems for effective and efficient delivery of health care services. To ensure the quality, efficiency, and quality of the health care services, it is important that the services that they are providing the people are gender-sensitive.

Health care givers should recognize and uphold the distinct needs of women from that of men.¹

In this paper, the researcher will conduct an assessment of the gender-responsiveness of the health care system in the Philippines, focusing the study in the Municipality of Navotas. The researcher will determine whether the health needs of women which are distinct from that of men are being provided in these health centers.

Definition of Terms

Gender - refers to the differentiated social roles, behaviors, capacities, and intellectual, emotional, and social characteristics attributed by a given culture to women and men - in short, all differences besides the strictly biological.

Marginalization - term used to denote the negative connotation associated with certain development approaches which tend to focus on traditional programs/projects to operationalize women's participation in the development process.

¹ Health Sector Reform Agenda Philippines 1999-2004. Department of Health. Manila. 1999

Gender and Development - a more recent framework/approach which reflects a change in outlook from that of women's lack of participation in the productive sector to which recognizes the disparities of women and men in all aspects/sectors of development.

Gender Mainstreaming - is the main strategy for ensuring that the government pursues gender equality in all aspects of development process to achieve the vision of a gender-responsive society where women and men equally contribute to and benefit from development.

Patriarchy - assumes that men are the bearers of socio-cultural authority and are the natural leaders of the society, which can also be seen in relationships characterized by domination of one party over the other. In the interaction of the patient and health service provider, when the health service provider does not respect the patients' autonomy, the service provider is said to be patriarchal.

Gender Oppression - is a manifestation of patriarchy that refers to the denial of freedom to certain people because of their gender.

Gender Blindness - is a non recognition of the fact that crucial differences exists in how society treats men,

women, and sexual minorities which tends to use male oriented standards for all groups.

Gender-Sensitive Health Care - recognizes the critical roles that social and cultural factors between men and women, between patient and health worker, play in promoting, protecting or impeding health.

Theoretical Framework

The researcher will make use of the Historical Materialist framework in the assessment of the gender-responsiveness of the health care system in the municipality of Navotas. The root causes as well as the effects of the problem will also be discussed in this paper.

It is imperative that a Historical Materialist approach must be used in this study because HM shows the path towards the emancipation of the oppressed classes in its relating local problems to the national situation. It is only through this approach where women will be empowered and be aware of their rights because with a Historical Materialist framework, the researcher has the responsibility to teach the respondents the analytical

skills of class analysis while refining such skills through learning from the particular conditions of the respondents.²

Methodology

A qualitative method of research will primarily be used in the assessment of the gender-responsiveness of the health care delivery system in the municipality of Navotas. Quantitative method of research will also be used to support the data acquired through the use of qualitative method.

A. Archival Research - Books, journals, researches, and other reading materials regarding gender and gender-responsive health care will be used by the researcher in this study. Legislations, policies, executive orders will also be some of the references of this study.

B. Questionnaires - Fixed and open-ended questionnaires will be given to the respondents to know whether the delivery of health care in various health centers in the municipality of Navotas is gender-responsive or not. It is very important that this instrument in research be used in the study because this will be the basis of the researcher's assessment.

² Villegas Edberto. Development Research as Committed Research. University

- C. Interview - Structured and unstructured form of interview will be used as a support to the questionnaires that will be given to the respondents for in-depth understanding. It is from here where clarificatory questions will be asked for deeper understanding of the problem. Key persons from health and women's organizations will also be interviewed for the researcher to have a broader view and knowledge about gender-responsive health care system.
- D. Accidental Sampling - Accidental sampling which is a non-probability sampling type will be used where sample units or respondents, which in this case are women patients in health centers will be selected accidentally or by chance only as they visit the health center. 80 respondents from different barangays will be asked to answer the questionnaires that will be given to them.

Statement of Hypothesis

The health care system of the health centers in the municipality of Navotas is not gender-responsive and that the health care needs of women are not properly given/yielded to them. This is the assumption of the researcher that she will be trying to prove.

The researcher will find out whether or not the health care system in this municipality is client-empowering, non-judgmental, client-centered, supportive, facilitative, sensitive to clients' situation, provides informed choices, respects clients' dignity and uses gender fair language, which will be the bases of the assessment of gender-responsiveness.

Review of Related Literature

Santos-Ocampo, Perla. *Gender-Sensitive and Ethical Health Care: Policy and Standars - A forum*. Manila. Philippine Health Social Science Association. 2002

This Booklet embodies the proceedings of the forum conducted by the Philippine Health Social Science Association in cooperation the National Academy of Science and Technology on August, 2001. It contains discussions on gender-sensitive and ethical health care in the Philippines, policy gaps and concerns in gender sensitive health care, standards and policy options to enhance gender-sensitive and ethical health care.

Dionisio, Eleanor. More than Alike than Different: Women Men and Gender as Social Construction. Manila. National Commission on the Role of Filipino Women. No Year

This occasional paper published by the National Commission on the Role of Filipino Women discusses the difference of sex and gender as well as gender subordination and its roots and development in the Philippine context.

Philippine Plan for Gender-Responsive Development for 1995-2025. NCRFW.Manila.1995

The Philippine Plan for Gender-Responsive Development created by the National Commission on the Role of Filipino Women (PPGD) gives government a crucial nudge when it comes to women's gender concerns, laying out development goals and strategies that will make gender-equity innate in public programs and policies. The plan's 30-year framework also ensures that women-friendly policies can take root and flourish despite the barriers posed by traditional attitudes and stereotyping.

One chapter of this Plan is allotted to health, nutrition, and family planning. This also includes situationers, goals, and objectives as well as policies and

strategies to achieve the objectives set which is primarily the improvement of overall health status of women.

Population Bulletin Vol.56, No.1: New Population Policies: Advancing Women's Health and Rights. Washington DC. Population Reference Bureau. 2001

This article which is a publication of the Population Reference Bureau tackles about the evolution of population policies of governments where international meetings provide useful guides. It also tackled empowering women through advancing women's health and rights, reducing gender inequalities, women's education, as well as the role/responsibilities of governments to provide quality health services.

Guerero Sylvia et al. Women and Gender in Population and Development. Quezon City. University Center for Women's Studies. 2001

This book published by the University of the Philippines Center for Women's Studies is a review of current research on gender concerns in population and development. It recognizes that gender concerns are development concerns. Gender makes a difference in development concerns, thus, gender must be taken into

account in the formulation of policies and programs if we are to follow an integrated development approach that works for the maximum welfare and full participation of both women and men.

One chapter of this book is devoted to a discussion of some reflections and recommendations towards a gendered health, population, and development research. It was stated here that a gender perspective in health and development studies brings to the fore women's views, needs, and interests.

Rivera, Roselle Leah. Quality of Health Care for Women: What is a Women-Friendly Clinic?. Quezon City. UCWS Foundation, Inc. 1999

This Policy Research Briefs Series 1999-2 published by UP Center for Women's Studies is part of the series of policy briefs and information, education materials for their project "Women-Centered Participatory Research and Development for Women's Health: A Women's Health Consortium Project."

It discusses the characteristics of women-friendly health care. To summarize, "women-friendly health care

demands humanistic interpersonal relations between health care provider and women seeking health care.”

Gender and Health: Technical Paper. World Health Organization. No Year of Publication

This paper published by the World Health Organization has discussions on sex, gender, and health. A significant part of this writing tackled gender inequalities in healthcare consisting of discussions about gender bias in medical research, gender differences in access to health care, and gender inequities in quality of care. It provides an exploration on various factors that leads to inequality between the sexes, both in access to health care and also in outcomes.

Castillo, Fatima. Gender and Health: An Overview. Manila. Center for Gender and Women Studies. Manila. 2001

This monograph article contains conceptual explanation regarding gender, health and other health-related concepts. It also discusses gender differences in societies, it's forms as well as theories explaining gender difference, gender inequality and gender oppression.

It also explains how gender links to health and discusses sex-specific health problems, problems resulting from gender discrimination, mother's multiple burden and the gender stereotyping among health service providers.

Scope and Limitations

The study will involve five out of nine health centers in the municipality of Navotas. The researcher will focus on community based clinics/health centers since public health clinics remain to be the most accessible venues for most poor Filipinos.

Due to the limited fund, health centers that would be included in the study would be chosen based on the accessibility/convenience of the researcher. Also, with a limited time to finish the study, selection of participants would be taken accidentally. Questionnaires will be given only to those patients who will be seen seeking medical/health services in the selected health centers.

Significance of the Study

The assessment of the gender-responsiveness of the health care system in Navotas would make health care providers in the health centers in this municipality aware of what

should be the proper way of dealing with women patients and what should be the proper way delivering health care to different genders. Thus, patients, especially women will be ensured with a good quality of health care service.

Better quality of health care service in the municipality would produce healthy and productive citizens. Providing appropriate and quality health care service to women will help them to be empowered and more productive in the society. Thus, it would lead us one step closer to our vision of a gender-sensitive development where men and women are seen to be equal contributors to the development of the society.

This study can also become an inspiration for other researchers who are interested in gender, health, and development to conduct the same or related studies in other municipalities or even provinces or regions in the Philippines.

CHAPTER II. BACKGROUND OF THE STUDY

Women's Health in the Philippines

Health is a basic human right. The government has the responsibility to ensure that the health needs of the people are properly provided to produce healthy men and women in the society.

The Philippines is a signatory to many resolutions and conventions, addressing women's health, formulated at the international level. Among which are the Jakarta Declaration which declares that women's health in all stages of the life cycles should be adequately articulated and properly met by the indispensable provision of budgetary resources, legislative support and social health care reorientation; and the Convention on the Elimination of all forms of Discrimination Against Women (UN-CEDAW) which gives the Philippines an obligation to implement the convention's resolutions, one of which states that there should be no discrimination against women in access to health care. This also commits the participating countries to pass legislation and take appropriate measures to effect the proclamations signed by the different parties.

The Philippines is also a signatory to the Vienna Declaration and Programme of Action that dedicates a

specific section to the equal status and human rights of women. Particularly, it emphasizes the enjoyment by women of the highest standard of physical and mental health within their life cycle and their right to adequate health care and family planning services.

In the 1987 Philippines Constitution, it was stated that the government should promote and instill health consciousness and alertness among its citizens. Specifically, Section 11 of the Division on Social Justice and Human Rights, declares that the state shall adopt an integrated and comprehensive approach to health developments.³ It also declared that the needs of the underprivileged, sick, elderly, disabled, children, and women should be prioritized.

For the implementation of the constitutional provisions as well as the international commitments of the Philippines in addressing women's rights, including their right to proper and adequate health care, the national government has pushed for the institutionalization of gender equality and the advancement of women through the actions taken both of the legislative and executive branches of the bureaucracy. One of its significant products is Republic

³ 1987 Philippine Constitution

Act 7192 known as the "Women in Development and Nation Building Act". R.A. 7192 states that the government recognizes the role of women in nation building and ensures the fundamental equality before the law of women and men. Thus, the state should recognize women's rights and must provide equal opportunities for all.

In compliance with R.A. 7192, which is also an enactment of the country's engagement to the 4th World Conference for Women, the Philippine Plan for Gender-Responsive Development (PPGD 1995-2025) was created to address and provide direction for mainstreaming gender concerns in development.⁴ PPGD serves as a successor plan to the Philippine Development Plan for Women (1989-1992) which served as a blueprint for integrating women's concerns in the development processes during the said period.⁵

It gives government an important influence when it comes to women's gender concerns, laying out development goals and strategies that will make gender equity innate in national and local programs and policies. It also aims to free the country from the traditional attitudes and

⁴ Philippine Plan for Gender Responsive Development. NCRFW. Manila. 1995

⁵ Gender Concerns in Campus: An Information Kit for College Educators and Administrators. UCWS. Quezon City.

stereotyping and introduce a new behavior responsive and fair for all genders.

One chapter of the Plan, under Human Development Sectors, is allotted to health, nutrition, and family planning. It gives the Department of Health the assignment to implement institutional developments towards improving women's health status as well as addressing women issues and concerns in the health sector.

To wit, the general objective of this chapter: "The goals of the Women's Health sector is to improve the overall health status of women by increasing their access, especially the marginalized groups, to qualify basic integrated women's health care services and information".⁶

For these objectives to be met, the Department of Health has proposed the following programs, a number of which have already been initiated:⁷

- Women's Health and Safe Motherhood Program. The program addresses the basic health needs of women, primarily poor women or reproductive age, with special emphasis on the needs of mothers.
- Child Survival and Development Program. The program addresses the basic survival and essential early child

⁶ Philippine Plan for Gender-Responsive Development (1995-2025)

hood intervention needs of the under-five population (both sexes).

- Control of Prevalent Diseases Affecting the Workforce. The program emphasizes primary prevention and early cure with priority on reducing risk factors and strengthening disease control capabilities.
- Health Service Capacity Improvement. The program includes future capital investments in additional health facilities and in human resource development.
- Safe Water and Healthy Environment. The program addresses the segment of population without access to safe water and sanitary toilets, and promotes better linkage between health and environment concerns.

Besides these projects, the Health Department also conducts advocacy programs, which according to them is to raise the consciousness of men and women on the special health needs and concerns of women. They also have Research and Development Programs focusing on the health needs of women and collaborate on GOs and NGOs to formulate laws and policies promoting women's health.

⁷ Philippine Plan for Gender-Responsive Development (1995-2025)

General Health Situation in the Philippines

There has been very slow improvement in the overall health situation of the Filipino people in 1980-1990. Looking at the table below, we can notice that there has been a small increase in the average life expectancy in both sexes from 61.6 years in 1980 to 64.8 years in 1990. The crude birth rate or CBR decreased slightly from 34.8 births per 1000 population in 1980 to 31.88 in 1990 as well as the crude death rate or CDR which decreased from 8.7 deaths per 1000 population in 1980 to 7.17 in 1990. Notice that the infant female mortality rate is higher than infant male mortality rate in 1980 and 1990 from which we can say that female infants tend to survive better than male infants. The child mortality rate or CMR for children 1-4 years of age indicated a small improvement in 1990.

Table 1. Summary of Health Indicators
(Per 1,000 population)

Indicator	1980 Data	1990 Data
Crude birth rate	34.8	31.88
Crude death rate	8.7	7.17
Maternal mortality rate	1.1	1.02
Infant mortality rate	59	57
Infant female mortality rate	33	24
Infant male mortality rate	42	30
Child mortality rate (1-4 years)	6.8	5.3
Female life expectancy at birth	63.4	70.2
Male life expectancy at birth	59.8	64.9

Source: Philippine Plan for Gender Responsive Development, 1995

Despite steady progress towards the control of infectious diseases, the leading causes of illness and death among children are still communicable and nutrition related. On the other side, diseases of the heart and vascular system, malignant neoplasms and occupation-related diseases are important causes of death and illness particularly among women. The incidence of disability has also been increasing in both sexes. For sexually transmitted diseases, there are more women suffering from gonorrhoea and syphilis than men while human immunodeficiency virus or HIV infection/ acquired immunodeficiency syndrome or AIDS has equal prevalence among men and women, wherein both are increasing in numbers.⁸

The Health Status of the People in Navotas

Navotas is a small fishing town in the north-west part of Metropolitan Manila. It has an area of 10.77 square kilometers or 1,077 hectares of land, which is distributed mostly to agricultural and residential use. The Municipality is divided into two political districts. The first district from the South is composed of nine barangays

⁸ Philippine Plan for Gender-Responsive Development (1995-2025)

and the second district in the north consists of five barangays.

In 1990, Navotas had a population of 187,497. It increased by 22.2 percent in 1995 gathering a total of 229,309. This presented an annual average growth rate of 3.75 percent. (See Table 2)

Table 2. Population Enumerated in Various Censuses in Navotas

Date of Census	Total Population	Ave. Annual Growth Rate
March 2, 1903	11,688	
December 31, 1918	13,454	0.89
January 1, 1939	20,861	2.19
October 1, 1948	28,889	3.34
February 15, 1960	49,262	4.69
May 6, 1970	83,245	5.13
May 1, 1975	97,098	3.09
May 1, 1980	126,146	5.23
May 1, 1990	187,479	3.96
September 1, 1995	229,039	3.75
May 1, 2000	230,403	0.60

Source: Navotas Municipal Profile 2001

Significantly, with 230,403 NSO census of population in 2000, the increase was only 0.6 percent. This sudden decrease in growth rate, as compared to the average, was brought about by the removal of structures, specifically

houses, along the river banks and demolitions in areas which were privately owned.

Table 3 on the other hand provides the projected population in Navotas from 1995 up to 2010 which indicates that in seven years from now, the municipality is expected to have a total population of 275,517.

But noticed that the actual population is smaller than expected population size in the year 2000. This may entail that the projected population in the succeeding years may also differ. (See Table 3)

Table 3. Municipal Population Projection by Single Calendar Year: 1995-2010

(1995 Census-Based Municipal Population Projection)

Single Year	Population Estimates
1995 (September)	229,039
1995 (July)	228,242
1996	232,547
1997	236,839
1998	241,131
1999	245,423
2000	249,728
2001	252,949
2002	256,171
2003	259,392
2004	262,625
2005	265,848
2006	267,778
2007	269,711
2008	271,652
2009	273,584
2010	275,517

Source: Navotas Municipal Profile 2001

**Table 4. Total Population and Number of Household by
Barangay: as of May 1, 2000**

(total population includes institutional population)

Name of Barangay	Total Population	Household Population	Number of Household
San Rafael Village	2,695	2,603	571
North Bay Blvd South	70,588	70,573	15,188
North Bay Blvd North	14,059	14,059	3,033
Bangculasi	6,994	6,994	1,649
Bagumbayan South	3,754	3,754	877
Bagumbayan North	3,035	3,035	678
Navotas East	2,248	2,248	479
Navotas West	7,851	7,851	1,610
Sipac-Almacen	11,232	11,145	2,298
SanJose	22,983	22,923	4,815
Daanghari	16,274	16,274	3,297
San Roque	17,678	17,323	3,848
Tangos	31,663	31,663	6,977
Tanza	19,349	19,245	4,200
TOTAL	230,403	229,717	49,450

Source: Navotas Municipal Profile 2001

Table 4 indicates the distribution of population in the different barangays in Navotas as well as the household population. It is to be noted that the Barangay North Bay Boulevard to be the most populous barangay, denoting that this barangay also has the most number of health service demander.

Table 5 below, shows the birth and mortality rates. From this table, we can see that birth rate is much higher than crude death rate which implies an increasing and relatively young population. It also shows that per 1000 live births, there is more or less 20 that die.

Moreover, maternal mortality rate is defined as the death of woman while pregnant or within 42 days at the end of pregnancy, from any cause related to pregnancy or its management. The 0.0 maternal mortality rate on the other hand shows that there has been no reported case of maternal death in the municipality in the year 2000.

Table 5. Mortality vs. Birth Rate (2001)

*Rate is per 1000 population; per 1000 live births

Indicators	Rate
Birth Rate	13.70
Crude Death Rate	3.40
Infant Mortality Rate	20.29
Maternal Mortality Rate	0.00

Source: Navotas Health Office 2001

Table 6. Number of Health Personnel in Relation to Total Population Estimates as of CY 2000

Indicators	No. of Personnel	Population Ratio(using CY2000) Population Estimates of 230,403
Physician	13	17,273
Dentist	11	20,945
Nurse	13	17,723
Medical Technician	5	46,080
Nutritionist-Dietician	4	57,600
Midwife	34	6,776
Sanitary Inspector	10	23,043
Barangay Nutrition Scholar	18	12,800
Administrative Staff	10	23,043
Barangay Health Workers	168	1,371
Health Volunteers	15	15,360

Source: Navotas Municipal Profile 2001

Table 6 presents the number of Health Personnel in relation to total population estimates as of CY 2000. To highlight, the ratio of physicians to population, dentists to population, and nurses to population are 1:17,273, 1:20,945, and 1:17,723 respectively. These are considered to be the most needed health personnel but are so few to handle thousands of prospective clients.

Presently, the municipality of Navotas has a total of 302 health personnel including the Municipal Health Officer. It has one lying-in situated in Barangay San Jose and nine

barangay health centers all over the municipality, thus, having a lying-in - health centers to population ratio of 1;27,626. This means that for every clinic, including the lying-in, there are approximately 27,626 patients that have to be accommodated and serviced.

Table 7 and 8 respectively indicate the leading causes of morbidity and mortality in all ages. These reflect the magnitude of health situations of the people in the municipality. As the rates of the morbidity and the mortality increases, the poorer the health status of the citizens.

Table 9, on the other hand, indicates the number of family planning users by method used by a total of 8,124 individuals showing pills intake to be the most used way followed by DMPA of family planning wherein we can infer that in family planning, women are more involved than men. (See tables below)

Table 7. Leading Causes of Morbidity by all Ages (2000)

Indicators	No. of Affected
ARI	18,696
Acute Gastroenteritis	2,952
Dermatitis (all kind)	2,682
HPN	2,352
UTI	1,199
Gastritis	675
Anemia	583
Parasitism, Intestinal	535
Avitaminosis	558
B. Asthma	516

Source: Navotas Municipal Profile 2001

Table 8. Leading Causes of Mortality by all Ages (2000)

Indicators	No. of Affected
Myocardial Infection	163
Pneumonia	135
CVA	89
MLC (all kind)	81
CA (all kind)	67
PTB	37
Senility	32
D. Mellitus	30
COPD	32
Status Asthmatic	16

Source: Navotas Municipal Profile 2001

Table 9. Number of Family Planning Users by Method Used

Methods	New Acceptors	Continuing Users
Pills	855	4,179
Condom	47	342
Intra Uterine Device	220	1,306
DMPA	342	2,064
Natural Family Planning	2,198	60
Calendar Rhythm	2,076	173
TOTAL	5,738	8,124

Source: Navotas Health Office (2001)

The current programs that are being implemented by the municipal health office in the different health centers all over Navotas are the following:

- Family Planning Program for both males and females
- Expanded Program on Immunization
- Control of Diarrheal Diseases Program
- Control of Acute Respiratory Infection Program
- Primary Eye care Program
- Cardiovascular Diseases Program
- Leprosy Control Program
- Sexually Transmitted Disease Program
- Rabies Program
- Environmental Sanitation Program

CHAPTER III. PRESENTATION AND ANALYSIS OF DATA

A gender-responsive health care system respects the person and the rights of the patients. It provides support to patients, especially women, to make educated and rational decisions about their health conditions. Furthermore, a gender-responsive health care is client-empowering, client centered, non-judgmental and sensitive to client's situation.⁹

In order to come up with an assessment to whether the health care delivery in the municipality of Navotas is gender-responsive or not, women, both working and non-working, were asked to answer questions regarding the quality of health services that are given to them in different health centers. Basically, the survey forms have three portions, excluding the personal background of the respondents. The three main parts of the questionnaire includes the health center physical infrastructures, facilities and supplies; the quality of services rendered to the patients; and the behavior of the health service providers, including all other workers in the health centers, towards their clients. Patients were also asked to

state their recommendations and comments regarding the health care delivery of the health centers in their municipality.

Based on the patients' response, the researcher observed that the health care delivery in the municipality of Navotas is inadequate/ insufficient in terms of the infrastructures, medical equipment, facilities, supplies and other materials. Also, the quality of the services that is being offered by the health personnel is unsatisfactory.

62.5 percent of respondents said that one reason for the inadequacy in the health services is the lack of facilities (including chairs, electric fans, etc) and medical equipment in the health centers. They also contended the very limited supply of free medicines, wherein 70 percent said that the medicines that centers offer are not sufficient for all patients. According to them, most of the times, they were forced to buy their medicines because they cannot get some from the centers. Sometimes, they have no choice but not to take the prescriptions because they do not have money to buy their medicines. As a result, their illnesses become worse.

⁹ Ocampo Perla et. Al. Gender Sensitive and Ethical Health Care: A Forum. Philippine Health Social Science Association. Manila. 2002

Another observation is that the clinics are too small to accommodate huge numbers of patients that come and go to the health centers. Oftentimes, clinics are overcrowded, especially during days of vaccination for children. Clients assert that they feel uncomfortable while waiting for so long. Its either they wait inside the clinic where they feel warm due to lack of proper ventilation or wait outside the clinic under the heat of sunlight because they cannot be accommodated anymore inside.

Moreover, there are 52.5 percent of respondents who said that there were even no adequate numbers of chairs where clients can sit down while waiting.

Women patients were also dissatisfied regarding the worth/ caliber of the services that they receive. On the interviews conducted by the researcher, patients complain on the long waiting hours before the health providers finally service them. Some women added that there were times that health care providers do not come to clinic making them realize that they have wasted their time waiting. Until they cannot anymore find another time to come back to seek health services from the health centers because of work burdens and household activities.

Also, clients were required to give donations. 67.5 percent of the respondents have no idea on where these donations are going. 7.5 percent said that maybe it is for the funds for acquiring medicines. 10 percent said that it is for the supplies used in the health center. 15 percent said maybe it is for the card that they fill up whenever they go to the center. It is to be noticed that most patients have no idea on where their money go. They just say that it is normal for health centers to ask for donations.

Besides donations, the researcher found out that there are dues that people should pay in certain services particularly laboratory fees, which ranges from P15-P40 that took effect the previous year.

Moreover, patients were not properly informed, others have no idea, if there were programs for women of different ages. The only program concerning women that they are aware of, according to 86.25 percent is Family Planning Program and Pre and Post-Natal care provided to women in reproductive age. There were no services or programs offered to elderly, youth, and menopausal women.

During interviews, women revealed that they do not receive proper treatment from the workers from the health

center including the health service providers. Women often feel not respected and discriminated. According to them, they often received unwanted comments from these workers or shouts whenever they commit mistakes and failed to follow instructions. They were not even asked to explain their sentiments, that is why most patients choose to remain quiet instead of having any argument with health personnel. They are also afraid that in doing so, they will make the situation worse.

There were also women who confided that there were times when they felt uncomfortable while undergoing medical examinations. According to 57.5 percent of respondents, processes were not explained to them prior to the examination/ consultation so that they have no idea on what to expect. Health care providers do not ask permission to patients before touching or examining the patients' bodies particularly those sensitive parts making the clients feel very awkward.

When women clients were asked whether health care providers give them alternatives or choices with respect to their medications and health care, 100 percent answered that they were not provided alternatives nor they'd be able to be offered choices. They added they do not even ask

about it because they believe that they have nothing to say with regards to illness and medical treatments.

They further added that they leave those matters all to the health care providers since they are the ones who have knowledge on their health status. This situation mirrors a patriarchal relationship between health care providers and clients wherein the health providers dictate what the patient should do or should not do, making the patient just a follower and recipient of medical care. In this case, patient loses her responsibility and involvement in her health while the health care provider assumes it all.

Despite the inadequacies and unresponsiveness of the health service delivery in this municipality, there are still women patients who try to reason out the kind of health service that they are receiving as well as the behaviors of the health personnel. According to some women, it is quite normal for health centers to have inadequacies since the government has no sufficient funds to provide all their needs and there are so many people who are coming in the health centers.

Some also said that what is important is that they are availing free health services even though there is insufficiency in facilities, equipment and supplies. Some

also try to justify the long0 waiting time that they spend in the health centers. Some said that they understand why they should wait for so long because of so many patients to be examined/ consulted by the health care giver. They even added that they understand why health personnel are often irritated because they are also human being who get angry sometimes especially when patients do not follow what is told to do. While other women say that it is okay for them to be reprimanded because what the health care providers say is for their goodness.

Those women who gave these answers are a picture of helpless, powerless and uneducated individuals who are maltreated and deprived of their rights. They are helpless in the sense that they believe that they do not have the opportunity to have access to a quality health care services since they are poor and that there is nothing that they can do improve their situation, particularly their health status. Powerless since they cannot assert their needs, demands and rights to authorities and they are afraid of the possible consequences of their actions. Intensifying their powerlessness is their being deprived of proper education concerning their rights and needs making

them ignorant in these matters and not makes any necessary actions for their betterment.

Also, even though they are not fully satisfied to kind of health service that they get from these health centers, 100 percent of them are willing to come back again because health centers are their only immediate resort whenever they need health services. It is the nearest and most affordable to them.

In the last part of the questionnaire, women were asked to assert their judgment/ rating regarding the overall quality of health care system in. Despite of the inadequacies and issues that respondents have conveyed, only 27.5 percent of the deliberately asserted that they are not satisfied, in fact, they are disgusted with the quality of health service that health centers in their respective barangays offer to them. While a total of 52.25 percent of the respondents said that they are satisfied to what these health centers are provided to them, these do not tally with their various complaints, which were cited above regarding the services at the centers.

It is so ironic since most of these people who asserted that they are satisfied to the services that they are receiving, are previously contending some complaints about

certain inadequacies and insufficiencies that they have been encountering when visiting the health center. When the researcher clarified these points to the respondents, hoping for their realization that the health service in their municipality is inadequate and not responsive to their needs as patients, they still insisted that they really are satisfied. Some of them still manage to assert thankfulness for the health services that the municipality is giving to them.

There are 20 percent, on the other hand, who are neither stating satisfaction nor dissatisfaction. Using their own words, they describe the quality of health services as "okay na" or "okay lang", which is also despite of their criticisms.

When the respondents were asked to express their suggestions on how will the health delivery in Navotas be improved, the primary suggestions that came out are the following:

- there should be greater amount or supply of free medicines available for all patients
- the government should acquire medical equipment that can be used by the patients when needed

- acquisition of facilities such as chairs, beds, electric fans, etc. that the patients can use
- bigger health centers to accommodate huge number of patients
- hire more health workers particularly doctors and dentists

It is noticeable that issues with regards to the attitudes and behaviors of the health personnel were not brought out in this part to make improvements which indicates that women prioritize more their material needs with regards to their health without realizing that proper treatment from health care providers is also their right and they should also demand for it. It seems that their concept of adequate health care system is merely sufficient provision of their material health needs.

The local government of Navotas seems not to be responsive enough to the health needs of its people, particularly women. The health centers' failure to provide adequate and quality health care services is also a government's failure. It fails to perform its duty and responsibility to provide a quality health services accessible to its citizens. This is an indication that the local government of this municipality faltered to enact the

national government's provision and policies that address women's rights, especially their health rights. It also seems that authorities are not satisfactorily integrating the Gender and Development perspective in their planning processes.

CHAPTER IV. CONCLUSION AND RECOMMENDATION

In this study, it came out that the health care delivery in the municipality of Navotas is not responsive to the health needs of its clients, especially women. There are inadequacies in the different aspects of the health care system be it materially or emotionally, which concerns the health personnel's treatment of the patients. It is evident in our society that the kind of health services that women receive was mainly due to socio-cultural and economic factors.

With these situations, the researcher wants to emphasize that major reforms should be done in the overall structure and status of the health care system in Navotas. Inadequacies must be sufficed and the quality of the health care services must be improved.

The Local government of Navotas should realize its obligations to its people particularly its duty to provide a quality social services such as health. It should work hand in hand with the people so that their needs and concerns will be guaranteed to be considered.

Health, besides being a human right, is also a significant indicator and determinant of development and

the researcher believes that a gender-responsive health care system means and leads to a gender-responsive development. We should bear in mind that women's reproductive role, children nursing and health providing role in the family and society plays a very important part in pursuing development. That is why promotion of their quality health care should be pushed. This will be made possible by providing adequate, quality and gender-responsive health care services as well as promotion and execution of women's rights.

In order to achieve a quality and gender-responsive health care system, the researcher wants to state the following recommendations:

- Establishment of a women support organization that will be composed of women coming from different sectors, including government. This will serve as the watchdog of the society against maltreatment of women and violation of their human rights. This will also take part in policy formulation and development planning processes of the municipality to ensure that women's interests and concerns are being considered besides providing any help or support that women may need.

- The local government should conduct a Gender-Sensitivity Training/ Workshop for all the government officials, especially the policy makers and the development planners. This will help them realize the importance of gender mainstreaming in their fields and make them integrate the issues particularly on gender and health.
- A Gender-Sensitivity Training should also be conducted for all the health personnel, especially health care providers in the different health centers for them to develop a gender sensitive behavior toward their clients.
- Review the existing health programs for improvements. Policy makers and development planners should also develop or create other health programs, particularly in health, that are responsive to men and women in all ages.
- Strengthen the health information dissemination in Navotas. Make sure that every program that will be pursued is known by the people. This will let them decide to participate in these programs for their benefit.

- Mobilize women through advocacy programs and education for them to be able to realize their rights. This will empower women and will give them the courage to assert their rights and demand for their needs. This will also make them participate and involve themselves in the development planning and policy formulation in the municipality.
- The municipality of Navotas should also review its Local Government Budget Allocation. Importantly, they should ensure that the municipality is allotting at least five percent (5%) of its local budget in gender-responsive programs and activities, which is provided in the Gender and Development (GAD) Plan imposed by the national government.
- Local government officials are also advised to conduct round table discussions to bring out the gender issues in the municipality so that they could respond to these appropriately.
- Authorities are also suggested to conduct an investigation regarding the donations as to where the money goes and proceed with necessary actions.

- Also, if feasible, remove the fees that clients have to pay for the health services become more accessible to all.
- More importantly, an increase in the budget for health services should be executed. With bigger budget, acquisition of more supplies, equipment and facilities will be made possible as well as hiring more health care givers to provide adequately the needs of the people.

BIBLIOGRAPHY

Books

Castillo, Fatima. Gender and Health: An Overview. Manila. Center for Gender and Women Studies, UP Manila. Manila. 2001

Dionisio, Eleanor. More Than Alike than Different: Women and Men as Social Construction. Manila. National Commission on the Role of Filipino Women. No Year.

Guerero, Sylvia et al. Women and Gender in Population and Development. Quezon City. University Center for Women's Studies, UP Diliman. 2001.

Rivera, Roselle Leah. Quality of Health Care for Women: What is a Women Friendly Clinic?. Quezon City. UCWS Foundation, Inc. 1999.

Santos - Ocampo, Perla. Gender-Sensitive and Ethical Health Care: Policy and Standards - A Forum. Manila. Philippine Health Social Science Association. 2002.

Philippine Plan for Gender-Responsive Development. National Commission on the Role of Filipino Women. Manila. 1995.

Health Sector Reform Agenda: Philippines 1999-2004. Department of Health. Manila. 1999.

Papers

Development of a Gender-Based Indicator System, Assessment of Available Gender-Specific Data and Presentation of Data improvement Plan. NCRFW. Manila.

Gender and Health: Technical Paper. World Health Organization. No Year.

Navotas Socio-Economic Profile. Municipal Development Planning Office. 2001.

Notes on 3rd National Scientific Meeting. Philippine Health
Social Science Association.

National Advocacy Campaign on Advancing Women's Health
Through Quality Services and Participatory Governance.
Woman Health Philippines. Feb. 24,2002.

Journals

Population Bulletin Vol.56, No.1: New Population Policies:
Advancing Women's Health and Rights. Washington DC.
Population Reference Bureau. 2001.

Gender Concerns in Campus: An Information Kit for College
Educators and Administrators. University Center for
Women's Studies. Quezon City.

Annexes

**Annex 1. Women's Response Regarding the Health Services
Rendered by the Barangay Health Centers in Navotas**

Indicators Of Insufficiencies in Health Service	Number of Respondents (contending insufficiencies)	Percentage from the total response (out of 80 respondents)
Lack of facilities and medical equipment	50	62.5
Lack/limited supply of free medicine	56	70
Poor infrastructures (which make patients uncomfortable while waiting and receiving health services)	42	52.5
Patients are unaware of where donations go	54	67.5
Processes are not explained prior to the consultation (making patients feel uncomfortable)	46	57.5
Patients are not provided with alternatives nor choices regarding their health status	80	100
Unsatisfactory behavior of health workers	49	61.25
No referrals for other programs in health and development	63	78.75
Long waiting hours	53	66.25
Less number of health care givers (doctors, dentists, nurses, etc)	51	63.75

Annex 2. Women's Satisfaction/Dissatisfaction of Health Service

Indicators	Number of Respondents	Percentage from the Total Response (out of 80 respondents)
Satisfied with the quality of health services in the health centers	22	27.5
Dissatisfied with the quality of health services in the health centers	42	52.5
Neither satisfied nor dissatisfied (those who said "okay na", "okay lang", etc.	16	20
Total	80	100

Magandang araw!

Ako po ay kasalukuyang nagsasagawa ng pag-aaral tungkol sa kalagayan/uri ng serbisyong pangmedikal na ibinibigay ng munisipyo ng Navotas sa mga mamamayan nito, partikular sa mga kababaihan, at kung paano ito nakakaapekto sa kaunlaran ng munisipalidad. Dahil dito, hinihingi ko po ang inyong pakikiisa sa pamamagitan ng pagsagot sa ilang mga katanungan.

Maraming salamat at mabuhay po kayo.

Personal na Impormasyon:

1. Pangalan: *nenita benidicto*
2. Edad: *40*
3. Estadong Sibil: *single*
4. May anak o wala? *meron*
 - Kung mayroon, ilan? *2*
5. May trabaho? *meron*
 - Kung mayroon, ano? *Businesswoman*
6. Regular ba ang pagbisita sa *Health Center*? *Hindi*
 - Kung oo, gaano kadalas?
 - Kung hindi, tuwing kailan lang? *pag may sakit*

Kalagayan ng Klinika at mga Pasilidad:

1. Gaano katagal na panahon ang iginigugol sa paglalakbay patungong *Health Center*?
 5-15 minuto 15-30 minuto 30-45 minuto iba pa
2. Makatwiran ba ang ganito katagal na paglalakbay? *Oo*
 - Bakit? *malapit lang*
3. May sapat bang kagamitan at mga pasilidad ang klinika gaya ng timbangan, pangkuha ng *blood pressure*, heringilya, kama, upuan, etc.? *meron pero di' sapat*
4. Mayroon bang suplay ng mga libre o murang gamot para sa mga pasyente? *meron naman*
 - Kung mayroon, sapat ba ito para sa lahat ng mga pasyente? *Hindi, nagkukulang madalas*
5. Malinis ba ang loob at labas ng *Health Center*? *Oo*
6. Malinis ba ang mga kagamitang ginagamit ng mga doktor at nars? *Oo*

✓

7. Kumportable ba ang mga pasyente sa loob ng klinika habang dinudulutan ng serbisyong medikal? *Hindi*

➤ Kung hindi, bakit? *mainit, masikip, natakapagod*

8. Kumportable ba ang mga pasyenteng naghihintay ng kanilang pagkakataon na mapagserbisuhan ng duktur? *Hindi*

➤ Kung hindi, bakit? *mainit, walang mapuan*

Uri/klase ng Serbisyong Ibinibigay:

1. Gaano katagal ang ipinaghintay bago dumating ang pagkakataon na matignan o ma-check-up ng doktor?

___ 5-15 minuto ___ 15-30 minuto ___ 30-45 minuto iba pa. *mga 1 - 2 oras*

2. Makatwiran ba ang ganoong katagal na paghihintay? *Hindi*

➤ Bakit? *masiyadong matagal ito*

3. Paano ang proseso ng pagkakasunod-sunod ng mga pasyente?

___ nakapila may numero ___ iba pa

4. Nasusunod ba ang prosesong ito? *Oo*

➤ Kung hindi, bakit?

5. Sapat ba ang bilang ng mga duktur, nars, at iba pang *health workers* para maserbisuhan ng maayos ang lahat ng mga pasyente? *Hindi*

6. Mayroon bang mga programang ibinibigay ang *health center* para sa mga kababaihan ng iba't-ibang gulang? *Hindi alam*

➤ Kung meron, napapakinabangan ba ng lahat ang mga benepisyo ng mga programang ito?

➤ Sa paanong paraan?

7. May mga *referrals* bang ibinibigay ang mga duktur o *health workers* sa mga pasyente para sa ibang mga programa lalo na sa mga may kinalaman sa kalusugan? *wala*

8. May binabayaran ba ang mga pasyenteng naglutungo sa mga health centers? *Donasyon*

➤ Kung meron, para saan daw ito? *Hindi naman sirasabi kung para saan.*

Ang mga Health Service Providers:

1. Naging mabuti ba ang pagtanggap sa iyo ng mga nars at duktur na nasa *health center*?

➤ Kung hindi, sa paanong paraan? *Oo kayalang miasan napapaglitin o narisigawan pag hindi sila sinusunod.*

2. Naging masusi ba ang pagtatanong sa iyo ng duktor/nars tungkol sa kasaysayan ng iyong karamdaman gaya ng kung kailan nadama ang mga sintomas, kung gaano na ito katagal, kasaysayan ng ganoong sakit sa pamilya, etc.? *Oo*
 3. Ipinaliwanag ba ng husto ng duktor ang iyong karamdaman sa paraang madaling intindihin? *—*
 4. Ipinaliwanag ba ang mga posibleng sanhi at lunas ng iyong karamdaman? *—*
 5. Ipinaliwanag ba ng duktor ang magiging proseso ng *check-up/consultation* bago niya ito sinimulang gawin? *Hindi na*
 6. Nagpaalam ba ang duktor bago niya isinagawa ang mga prosesong gaya ng paghawak sa iyong katawan lalo na ang mga maseselang bahagi ng iyong katawan? *Hindi*
 7. Binigyan ka ba ng reseta? *Oo*
 - Kung oo, ipinaliwanag ba kung para saan ang mga gamot na inireseta at kung paano ang tamang paggamit ng mga ito? *Oo*
 8. Kinuha ba ng manggagamot ang iyong opinyon kung paano mo gustong mabigyang lunas ang iyong karamdaman? *Hindi*
 9. Isinaalang-alang ba ng manggagamot ang mga espesyal na kalagayan ng mga kababaihan gaya ng pagreregla, panganganak, pagpapasuso, at pagtatrabaho sa bahay? *Hindi masabi*
 10. Binigyan ka ba ng *referral* sa ibang programa na may kinalaman sa pagpapaunlad hindi lang ng iyong kalusugan kundi ng iyong kabuuan bilang tao? *Hindi*
 - Kung oo, ano o saan ito?
- ❖ *Sa kabuuan, masasabi mo bang mahusay ang kalidad ng serbisyong iyong natamo sa pagpunta sa health center? maraming pagkukulang*
- Kung hindi, ano ang maimumungkahi mo para mapagbuti ang kalidad ng serbisyong ibinibigay ng *health center*? *magdagdag ng doktor, gamot, gamit*

Magandang araw!

Ako po ay kasalukuyang nagsasagawa ng pag-aaral tungkol sa kalagayan/uri ng serbisyong pangmedikal na ibinibigay ng munisipyo ng Navotas sa mga mamamayan nito, partikular sa mga kababaihan, at kung paano ito nakakaapekto sa kaunlaran ng munisipalidad. Dahil dito, hinihingi ko po ang inyong pakikiisa sa pamamagitan ng pagsagot sa ilang mga katanungan.

Maraming salamat at mabuhay po kayo.

Personal na Impormasyon:

1. Pangalan: *Baby*
2. Edad: *28*
3. Estadong Sibil: *May Anawa*
4. May anak o wala? *meron*
 - Kung mayroon, ilan? *3*
5. May trabaho? *wala*
 - Kung mayroon, ano?
6. Regular ba ang pagbisita sa Health Center? *Hindi*
 - Kung oo, gaano kadalas? *pag may sakit at pag may bakuna sa anak,*
 - Kung hindi, tuwing kailan lang? *pag bumita din ang nagpapa check-up.*

Kalagayan ng Klinika at mga Pasilidad:

1. Gaano katagal na panahon ang iginigugol sa paglalakbay patungong Health Center?
 5-15 minuto 15-30 minuto 30-45 minuto iba pa
2. Makatwiran ba ang ganito katagal na paglalakbay? *Oo*
 - Bakit? *malapit lang*
3. May sapat bang kagamitan at mga pasilidad ang klinika gaya ng timbangan, pangkuha ng blood pressure, heringilya, kama, upuan, etc.? *Kulang ang mga gamit*
4. Mayroon bang suplay ng mga libre o murang gamot para sa mga pasyente? *meron* *permisian wala*
 - Kung mayroon, sapat ba ito para sa lahat ng mga pasyente? *Hindi, nauubusan*
5. Malinis ba ang loob at labas ng Health Center? *Oo*
6. Malinis ba ang mga kagamitang ginagamit ng mga duktore at nars? *Oo*

7. Kumportable ba ang mga pasyente sa loob ng klinika habang dinudulutan ng serbisyong medikal? *pag maraming tao, hindi*
- Kung hindi, bakit? *mainit, masikip, kulang ang upuan kasi konti*
8. Kumportable ba ang mga pasyenteng naghihintay ng kanilang pagkakataon na mapagserbisyuhan ng duktor? *hindi kasi pag maraming tao*
- Kung hindi, bakit? *mainit, naka-tayo lang*

Uri/klase ng Serbisyong Ibinibigay:

1. Gaano katagal ang ipinaghintay bago dumating ang pagkakataon na matingnan o ma-check-up ng doktor?
 ___ 5-15 minuto ___ 15-30 minuto ___ 30-45 minuto iba pa. *depende sa damn*
2. Makatwiran ba ang ganong katagal na paghihintay? *pag madami at matagal ang pasyente*
- Bakit? *may abang matagal at saentala ang gumang baboy*
3. Paano ang proseso ng pagkakasunod-sunod ng mga pasyente?
 ___ nakapila may numero ___ iba pa
4. Nasusunod ba ang prosesong ito? *minsan may singit pero minsan lang pag may kakulala sila.*
- Kung hindi, bakit?
5. Sapat ba ang bilang ng mga duktor, nars, at iba pang health workers para maserbisyuhan ng maayos ang lahat ng mga pasyente? *Hindi*
6. Mayroon bang mga programang ibinibigay ang health center para sa mga kababaihan ng iba't-ibang gulang? *Oo sa mga buntis at may-casawa, yung iba, di ko alam*
- Kung meron, napapakinabangan ba ng lahat ang mga benipisyo ng mga programang ito?
- Sa paanong paraan? *Hindi alam*
7. May mga referrals bang ibinibigay ang mga duktor o health workers sa mga pasyente para sa ibang mga programa lalo na sa mga may kinalaman sa kalusugan? *wala*
8. May binabayaran ba ang mga pasyenteng nagtutungo sa mga health centers? *Donasyon*
- Kung meron, para saan daw ito? *Hindi alam*

Ang mga Health Service Providers:

1. Naging mabuti ba ang pagtanggap sa iyo ng mga nars at duktor na nasa health center?
- Kung hindi, sa paanong paraan? *minsan hindi, napapagalitan o nasasigawan minsan*

2. Naging masusi ba ang pagtatanong sa iyo ng duktor/nars tungkol sa kasaysayan ng iyong karamdaman gaya ng kung kailan nadama ang mga sintomas, kung gaano na ito katagal, kasaysayan ng ganoong sakit sa pamilya, etc.? *Oo*
 3. Ipinaliwanag ba ng husto ng duktor ang iyong karamdaman sa paraang madaling intindihin? *Oo*
 4. Ipinaliwanag ba ang mga posibleng sanhi at lunas ng iyong karamdaman? *Oo*
 5. Ipinaliwanag ba ng duktor ang magiging proseso ng *check-up/consultation* bago niya ito sinimulang gawin? *Hindi*
 6. Nagpaalam ba ang duktor bago niya isinagawa ang mga prosesong gaya ng paghawak sa iyong katawan lalo na ang mga maseselang bahagi ng iyong katawan? *Hindi*
 7. Binigyan ka ba ng reseta? *Oo*
 - Kung oo, ipinaliwanag ba kung para saan ang mga gamot na inireseta at kung paano ang tamang paggamit ng mga ito? *Oo*
 8. Kinuha ba ng manggagamot ang iyong opinyon kung paano mo gustong mabigyang lunas ang iyong karamdaman? *Hindi*
 9. Isinaalang-alang ba ng manggagamot ang mga espesyal na kalagayan ng mga kababaihan gaya ng pagreregla, panganganak, pagpapasuso, at pagtatrabaho sa bahay? *pagbuntis*
 10. Binigyan ka ba ng *referral* sa ibang programa na may kinalaman sa pagpapaunlad hindi lang ng iyong kalusugan kundi ng iyong kabuuan bilang tao? *Hindi*
 - Kung oo, ano o saan ito?
- ❖ *Sa kabuuan, masasabi mo bang mahusay ang kalidad ng serbisyong iyong natamo sa pagpunta sa health center? Hindi maayos*
- Kung hindi, ano ang maimumungkahi mo para mapagbuti ang kalidad ng serbisyong ibinibigay ng health center?
 - *para mas masamang gamot at mga mahalagang kagamitan.*
 - *para daydayan ang doktor at mga nars.*

Magandang araw!

Ako po ay kasalukuyang nagsasagawa ng pag-aaral tungkol sa kalagayan/uri ng serbisyong pangmedikal na ibinibigay ng munisipyo ng Navotas sa mga mamamayan nito, partikular sa mga kababaihan, at kung paano ito nakakaapekto sa kaunlaran ng munisipalidad. Dahil dito, hinihingi ko po ang inyong pakikiisa sa pamamagitan ng pagsagot sa ilang mga katanungan.

Maraming salamat at mabuhay po kayo.

Personal na Impormasyon:

1. Pangalan: *Rosemary Depula*
2. Edad: *25*
3. Estadong Sibil: *May Asal*
4. May anak o wala? *Meron*
 - Kung mayroon, ilan? *5*
5. May trabaho? *Wala*
 - Kung mayroon, ano?
6. Regular ba ang pagbisita sa *Health Center*? *oo*
 - Kung oo, gaano kadalas? *Linggit*
 - Kung hindi, tuwing kailan lang?

Kalagayan ng Klinika at mga Pasilidad:

1. Gaano katagal na panahon ang iginigugol sa paglalakbay patungong *Health Center*?
 5-15 minuto 15-30 minuto 30-45 minuto iba pa
2. Makatwiran ba ang ganito katagal na paglalakbay? *oo*
 - Bakit? *Malapit lang*
3. May sapat bang kagamitan at mga pasilidad ang klinika gaya ng timbangan, pangkuha ng *blood pressure*, heringilya, kama, upuan, etc.? *oo*
4. Mayroon bang suplay ng mga libre o murang gamot para sa mga pasyente? *oo*
 - Kung mayroon, sapat ba ito para sa lahat ng mga pasyente? *Hindi*
5. Malinis ba ang loob at labas ng *Health Center*? *oo*
6. Malinis ba ang mga kagamitang ginagamit ng mga duktor at nars? *oo*

7. Kumportable ba ang mga pasyente sa loob ng klinika habang dinudulutan ng serbisyong medikal? *Hindi*
 - Kung hindi, bakit? *Megapala ang sistema, hindi walang aparato*
8. Kumportable ba ang mga pasyenteng naghihintay ng kanilang pagkakataon na mapagserbisyuhan ng duktur? *Hindi*
 - Kung hindi, bakit?

Uri/klase ng Serbisyong Ibinibigay:

1. Gaano katagal ang ipinaghintay bago dumating ang pagkakataon na matingnan o ma-check-up ng doktor?
 ____ 5-15 minuto ____ 15-30 minuto ____ 30-45 minuto iba pa. *2 Oras*
2. Makatwiran ba ang ganoong katagal na paghihintay? *Hindi*
 - Bakit? *Maraming pangyayari sa loob ng klinika*
3. Paano ang proseso ng pagkakasunod-sunod ng mga pasyente?
 ____ nakapila may numero ____ iba pa
4. Nasusunod ba ang prosesong ito? *Hindi*
 - Kung hindi, bakit? *Minsan nauuna pa yung matatagal na numero*
5. Sapat ba ang bilang ng mga duktur, nars, at iba pang *health workers* para maserbisyuhan ng maayos ang lahat ng mga pasyente? *Kalokng*
6. Mayroon bang mga programang ibinibigay ang *health center* para sa mga kababaihan ng iba't-ibang gulang? *OO*
 - Kung meron, napapakinabangan ba ng lahat ang mga benipisyo ng mga programang ito? *OO*
 - Sa paanong paraan? *Nagkakaroon ng kaalaman ang lahat*
7. May mga *referrals* bang ibinibigay ang mga duktur o *health workers* sa mga pasyente para sa ibang mga programa lalo na sa mga may kalamayan sa kalusugan? *OO*
8. May binabayaran ba ang mga pasyenteng nagtutungo sa mga *health centers*? *Wala*
 - Kung meron, para saan daw ito?

Ang mga *Health Service Providers*:

1. Naging mabuti ba ang pagtanggap sa iyo ng mga nars at duktur na nasa *health center*? *OO*
 - Kung hindi, sa paanong paraan?

2. Naging masusi ba ang pagtatanong sa iyo ng duktor/nars tungkol sa kasaysayan ng iyong karamdaman gaya ng kung kailan nadama ang mga sintomas, kung gaano na ito katagal, kasaysayan ng ganoong sakit sa pamilya, etc.?
 3. Ipinaliwanag ba ng husto ng duktor ang iyong karamdaman sa paraang madaling intindihin?
 4. Ipinaliwanag ba ang mga posibleng sanhi at lunas ng iyong karamdaman?
 5. Ipinaliwanag ba ng duktor ang magiging proseso ng *check-up/consultation* bago niya ito sinimulang gawin?
 6. Nagpaalam ba ang duktor bago niya isinagawa ang mga prosesong gaya ng paghawak sa iyong katawan lalo na ang mga maseselang bahagi ng iyong katawan?
 7. Binigyan ka ba ng reseta?
 - Kung oo, ipinaliwanag ba kung para saan ang mga gamot na inireseta at kung paano ang tamang paggamit ng mga ito?
 8. Kinuha ba ng manggagamot ang iyong opinyon kung paano mo gustong mabigyang lunas ang iyong karamdaman?
 9. Isinaalang-alang ba ng manggagamot ang mga espesyal na kalagayan ng mga kababaihan gaya ng pagreregla, panganganak, pagpapasuso, at pagtatrabaho sa bahay?
 10. Binigyan ka ba ng *referral* sa ibang programa na may kinalaman sa pagpapaunlad hindi lang ng iyong kalusugan kundi ng iyong kabuuan bilang tao? *Hindi*
 - Kung oo, ano o saan ito?
- ❖ *Sa kabuuan, masasabi mo bang mahusay ang kalidad ng serbisyong iyong natamo sa pagpunta sa health center? *Hindi ganoon kahusay**
- Kung hindi, ano ang maimumungkahi mo para mapagbuti ang kalidad ng serbisyong ibinibigay ng *health center? *Dagdagan ang mga kagamitan tulad ng upuan at electric fan**

Magandang araw!

Ako po ay kasalukuyang nagsasagawa ng pag-aaral tungkol sa kalagayan/uri ng serbisyong pangmedikal na ibinibigay ng munisipyo ng Navotas sa mga mamamayan nito, partikular sa mga kababaihan, at kung paano ito nakakaapekto sa kaunlaran ng munisipalidad. Dahil dito, hinihingi ko po ang inyong pakikiisa sa pamamagitan ng pagsagot sa ilang mga katanungan.

Maraming salamat at mabuhay po kayo.

Personal na Impormasyon:

1. Pangalan:
2. Edad: 21
3. Estadong Sibil: *may asawa*
4. May anak o wala? *meron*
 - Kung mayroon, ilan? *1*
5. May trabaho? *wala*
 - Kung mayroon, ano?
6. Regular ba ang pagbisita sa *Health Center*? *Hindi*
 - Kung oo, gaano kadalas?
 - Kung hindi, tuwing kailan lang? *pag may sakit / Ngayon pabunot lang*

Kalagayan ng Klinika at mga Pasilidad:

1. Gaano katagal na panahon ang iginigugol sa paglalakbay patungong *Health Center*?
 5-15 minuto 15-30 minuto 30-45 minuto iba pa
2. Makatwiran ba ang ganito katagal na paglalakbay? *Oo*
 - Bakit? *mabilis*
3. May sapat bang kagamitan at mga pasilidad ang klinika gaya ng timbangan, pangkuha ng *blood pressure*, heringilya, kama, upuan, etc.? *Hindi*
4. Mayroon bang suplay ng mga libre o murang gamot para sa mga pasyente? *konti*
 - Kung mayroon, sapat ba ito para sa lahat ng mga pasyente? *Hindi, kulang*
5. Malinis ba ang loob at labas ng *Health Center*? *Oo*
6. Malinis ba ang mga kagamitang ginagamit ng mga duktor at nars? *Oo*

7. Kumportable ba ang mga pasyente sa loob ng klinika habang dinudulutan ng serbisyong medikal? *Medyo*
 - Kung hindi, bakit?
8. Kumportable ba ang mga pasyenteng naghihintay ng kanilang pagkakataon na mapagserbisyuhan ng duktur? *Medyo*
 - Kung hindi, bakit?

Uri/klase ng Serbisyong Ibinibigay:

1. Gaano katagal ang ipinaghintay bago dumating ang pagkakataon na matingnan o ma-check-up ng doktor?
 5-15 minuto 15-30 minuto 30-45 minuto iba pa.
2. Makatwiran ba ang ganoong katagal na paghihintay? *Medyo, pero pinabalik balik muna*
 - Bakit? *wala ang dentist*
3. Paano ang proseso ng pagkakasunod-sunod ng mga pasyente?
 nakapila may numero iba pa
4. Nasusunod ba ang prosesong ito? *Oo*
 - Kung hindi, bakit?
5. Sapat ba ang bilang ng mga duktur, nars, at iba pang *health workers* para maserbisyuhan ng maayos ang lahat ng mga pasyente? *Hindi, isa lang*
6. Mayroon bang mga programang ibinibigay ang *health center* para sa mga kababaihan ng iba't-ibang gulang? *wala*
 - Kung meron, napapakinabangan ba ng lahat ang mga benepisyo ng mga programang ito?
 - Sa paanong paraan?
7. May mga *referrals* bang ibinibigay ang mga duktur o *health workers* sa mga pasyente para sa ibang mga programa lalo na sa mga may kinalaman sa kalusugan?
8. May binabayaran ba ang mga pasyenteng nagtutungo sa mga health centers? *Donasyon*
 - Kung meron, para saan daw ito?

Ang mga Health Service Providers:

1. Naging mabuti ba ang pagtanggap sa iyo ng mga nars at duktur na nasa *health center*? *Hindi*
 - Kung hindi, sa paanong paraan? *Maunggit*

2. Naging masusi ba ang pagtatanong sa iyo ng duktor/nars tungkol sa kasaysayan ng iyong karamdaman gaya ng kung kailan nadama ang mga sintomas, kung gaano na ito katagal, kasaysayan ng ganoong sakit sa pamilya, etc.?
3. Ipinaliwanag ba ng husto ng duktor ang iyong karamdaman sa paraang madaling intindihin?
4. Ipinaliwanag ba ang mga posibleng sanhi at lunas ng iyong karamdaman?
5. Ipinaliwanag ba ng duktor ang magiging proseso ng *check-up/consultation* bago niya ito sinimulang gawin?
6. Nagpaalam ba ang duktor bago niya isinagawa ang mga prosesong gaya ng paghawak sa iyong katawan lalo na ang mga maseselang bahagi ng iyong katawan? *Hindi*
7. Binigyan ka ba ng reseta? *Oo*
 - Kung oo, ipinaliwanag ba kung para saan ang mga gamot na inireseta at kung paano ang tamang paggamit ng mga ito? *Oo*
8. Kinuha ba ng manggagamot ang iyong opinyon kung paano mo gustong mabigyang lunas ang iyong karamdaman? *Hindi*
9. Isinaalang-alang ba ng manggagamot ang mga espesyal na kalagayan ng mga kababaihan gaya ng pagreregla, panganganak, pagpapasuso, at pagtatrabaho sa bahay?
10. Binigyan ka ba ng *referral* sa ibang programa na may kinalaman sa pagpapaunlad hindi lang ng iyong kalusugan kundi ng iyong kabuuan bilang tao? *Hindi*
 - Kung oo, ano o saan ito?
- ❖ *Sa kabuuan, masasabi mo bang mahusay ang kalidad ng serbisyong iyong natamo sa pagpunta sa health center? *Hindi**
 - Kung hindi, ano ang maimumungkahi mo para mapagbuti ang kalidad ng serbisyong ibinibigay ng *health center*? *Maging mahusay at mabait sana*

Magandang araw!

Ako po ay kasalukuyang nagsasagawa ng pag-aaral tungkol sa kalagayan/uri ng serbisyong pangmedikal na ibinibigay ng munisipyo ng Navotas sa mga mamamayan nito, partikular sa mga kababaihan, at kung paano ito nakakaapekto sa kaunlaran ng munisipalidad. Dahil dito, hinihingi ko po ang inyong pakikiisa sa pamamagitan ng pagsagot sa ilang mga katanungan.

Maraming salamat at mabuhay po kayo.

Personal na Impormasyon:

1. Pangalan: Brenda C. Alvarez
2. Edad: 35 yrs old.
3. Estadong Sibil: married
4. May anak o wala? mayroon
 - Kung mayroon, ilan? 3 female
5. May trabaho? wala
 - Kung mayroon, ano?
6. Regular ba ang pagbisita sa *Health Center*?
 - Kung oo, gaano kadalas? Kung may sakit lang.
 - Kung hindi, tuwing kailan lang?

Kalagayan ng Klinika at mga Pasilidad:

1. Gaano katagal na panahon ang iginigugol sa paglalakbay patungong *Health Center*?
_____ 5-15 minuto 15-30 minuto _____ 30-45 minuto _____ iba pa
2. Makatwiran ba ang ganito katagal na paglalakbay?
 - Bakit? lamang - sama lang.
3. May sapat bang kagamitan at mga pasilidad ang klinika gaya ng timbangan, pangkuha ng *blood pressure*, heringilya, kama, upuan, etc.?
4. Mayroon bang suplay ng mga libre o murang gamot para sa mga pasyente? wala
 - Kung mayroon, sapat ba ito para sa lahat ng mga pasyente? Hindi
5. Malinis ba ang loob at labas ng *Health Center*? Key lang.
6. Malinis ba ang mga kagamitang ginagamit ng mga duktor at nars?

7. Kumportable ba ang mga pasyente sa loob ng klinika habang dinudulutan ng serbisyong medikal? *tama lang.*
- Kung hindi, bakit?
8. Kumportable ba ang mga pasyenteng naghihintay ng kanilang pagkakataon na mapagserbisyuhan ng duktor? *tama lang*
- Kung hindi, bakit?

Uri/klase ng Serbisyong Ibinibigay:

1. Gaano katagal ang ipinaghintay bago dumating ang pagkakataon na matingnan o ma-check-up ng doktor?

___ 5-15 minuto ___ 15-30 minuto ___ 30-45 minuto iba pa.

2. Makatwiran ba ang ganoong katagal na paghihintay? *Hindi*
- Bakit? *Minisan pinapabalik sa pagon kasalunang baka umabot sa pag lunch break*

3. Paano ang proseso ng pagkakasunod-sunod ng mga pasyente?

___ nakapila may numero ___ iba pa

4. Nasusunod ba ang prosesong ito? *OO*

- Kung hindi, bakit?

5. Sapat ba ang bilang ng mga duktor, nars, at iba pang *health workers* para maserbisyuhan ng maayos ang lahat ng mga pasyente? *OO*

6. Mayroon bang mga programang ibinibigay ang *health center* para sa mga kababaihan ng iba't-ibang gulang? *Hindi samin alam*

- Kung meron, napapakinabangan ba ng lahat ang mga benepisyo ng mga . programang ito?

- Sa paanong paraan?

7. May mga *referrals* bang ibinibigay ang mga duktor o *health workers* sa mga pasyente para sa ibang mga programa lalo na sa mga may kinalaman sa kalusugan? *wala*

8. May binabayaran ba ang mga pasyenteng nagtutungo sa mga health centers? *floracion gamot*

- Kung meron, para saan daw ito? *sa gamot*

Ang mga Health Service Providers:

1. Naging mabuti ba ang pagtanggap sa iyo ng mga nars at duktor na nasa *health center*? *OO*

- Kung hindi, sa paanong paraan?

2. Naging masusi ba ang pagtatanong sa iyo ng duktur/nars tungkol sa kasaysayan ng iyong karamdaman gaya ng kung kailan nadama ang mga sintomas, kung gaano na ito katagal, kasaysayan ng ganoong sakit sa pamilya, etc.? *oo*
3. Ipinaliwanag ba ng husto ng duktur ang iyong karamdaman sa paraang madaling intindihin? *oo*
4. Ipinaliwanag ba ang mga posibleng sanhi at lunas ng iyong karamdaman? *oo*
5. Ipinaliwanag ba ng duktur ang magiging proseso ng *check-up/consultation* bago niya ito sinimulang gawin? *oo*
6. Nagpaalam ba ang duktur bago niya isinagawa ang mga prosesong gaya ng paghawak sa iyong katawan lalo na ang mga maseselang bahagi ng iyong katawan? *Hindi samin ala*
7. Binigyan ka ba ng reseta? *oo*
- Kung oo, ipinaliwanag ba kung para saan ang mga gamot na inireseta at kung paano ang tamang paggamit ng mga ito? *oo para sa ubo at lagnat*
8. Kinuha ba ng manggagamot ang iyong opinyon kung paano mo gustong mabigyang lunas ang iyong karamdaman? *oo*
9. Isinaalang-alang ba ng manggagamot ang mga espesyal na kalagayan ng mga kababaihan gaya ng pagreregla, panganganak, pagpapasuso, at pagtatrabaho sa bahay? *Hindi ako natatag na*
10. Binigyan ka ba ng *referral* sa ibang programa na may kinalaman sa pagpapaunlad hindi lang ng iyong kalusugan kundi ng iyong kabuuan bilang tao? *Hindi pa*
- Kung oo, ano o saan ito?

❖ *Sa kabuuan, masasabi mo bang mahusay ang kalidad ng serbisyong iyong natamo sa pagpunta sa health center?* *Hindi*

➤ Kung hindi, ano ang maimumungkahi mo para mapagbuti ang kalidad ng serbisyong ibinibigay ng *health center*?

1. Lagpatagan ang mga gamot
2. Lagpatagan ang doktor

Magandang araw!

Ako po ay kasalukuyang nagsasagawa ng pag-aaral tungkol sa kalagayan/uri ng serbisyong pangmedikal na ibinibigay ng munisipyo ng Navotas sa mga mamamayan nito, partikular sa mga kababaihan, at kung paano ito nakakaapekto sa kaunlaran ng munisipalidad. Dahil dito, hinihingi ko po ang inyong pakikiisa sa pamamagitan ng pagsagot sa ilang mga katanungan.

Maraming salamat at mabuhay po kayo.

Personal na Impormasyon:

1. Pangalan: *Marites Alfabite*
2. Edad: *35*
3. Estadong Sibil: *Kasal / May-asawa*
4. May anak o wala? *Mayroon 5*
 - Kung mayroon, ilan?
5. May trabaho? *Sa bahay lang*
 - Kung mayroon, ano?
6. Regular ba ang pagbisita sa *Health Center*? *Minsan*
 - Kung oo, gaano kadalas? *Maysakif*
 - Kung hindi, tuwing kailan lang?

Kalagayan ng Klinika at mga Pasilidad:

1. Gaano katagal na panahon ang iginigugol sa paglalakbay patungong *Health Center*?
 5-15 minuto 15-30 minuto 30-45 minuto iba pa
2. Makatwiran ba ang ganito katagal na paglalakbay? *Tama*
 - Bakit? *Malapit lang sa amin.*
3. May sapat bang kagamitan at mga pasilidad ang klinika gaya ng timbangan, pangkuha ng *blood pressure*, heringilya, kama, upuan, etc.? *Oo*
4. Mayroon bang suplay ng mga libre o murang gamot para sa mga pasyente? *Oo*
 - Kung mayroon, sapat ba ito para sa lahat ng mga pasyente? *Tama lang*
5. Malinis ba ang loob at labas ng *Health Center*? *Oo*
6. Malinis ba ang mga kagamitang ginagamit ng mga duktor at nars? *Oo*

7. Kumportable ba ang mga pasyente sa loob ng klinika habang dinudulutan ng serbisyong medikal? (Do) Medyo
- Kung hindi, bakit? mahit ang klinika
8. Kumportable ba ang mga pasyenteng naghihintay ng kanilang pagkakataon na mapagserbisyuhan ng duktur? Medyo
- Kung hindi, bakit? medyo mainit

Uri/klase ng Serbisyong Ibinibigay:

1. Gaano katagal ang ipinaghintay bago dumating ang pagkakataon na matingnan o ma-check-up ng doktor?
 ___ 5-15 minuto 15-30 minuto ___ 30-45 minuto ___ iba pa.
2. Makatwiran ba ang ganoong katagal na paghihintay?
 ➤ Bakit? Hindi masyadong matagal
3. Paano ang proseso ng pagkakasunod-sunod ng mga pasyente?
 ___ nakapila may numero ___ iba pa
4. Nasusunod ba ang prosesong ito? Do
- Kung hindi, bakit?
5. Sapat ba ang bilang ng mga duktur, nars, at iba pang *health workers* para maserbisyuhan ng maayos ang lahat ng mga pasyente? Ayos lang
6. Mayroon bang mga programang ibinibigay ang *health center* para sa mga kababaihan ng iba't-ibang gulang? Do
- Kung meron, napapakinabangan ba ng lahat ang mga benipisyo ng mga . programang ito? Do
- Sa paanong paraan? Sagap ang pangangailangan
7. May mga *referrals* bang ibinibigay ang mga duktur o *health workers* sa mga pasyente para sa ibang mga programa lalo na sa mga may kinalaman sa kalusugan? Wala
8. May binabayaran ba ang mga pasyenteng nagtutungo sa mga *health centers*? Donation
- Kung meron, para saan daw ito?

Ang mga Health Service Providers:

1. Naging mabuti ba ang pagtanggap sa iyo ng mga nars at duktur na nasa *health center*? Ayos lang
- Kung hindi, sa paanong paraan?

2. Naging masusi ba ang pagtatanong sa iyo ng duktor/nars tungkol sa kasaysayan ng iyong karamdaman gaya ng kung kailan nadama ang mga sintomas, kung gaano na ito katagal, kasaysayan ng ganoong sakit sa pamilya, etc.? *Oo*
 3. Ipinaliwanag ba ng husto ng duktor ang iyong karamdaman sa paraang madaling intindihin? *Oo*
 4. Ipinaliwanag ba ang mga posibleng sanhi at lunas ng iyong karamdaman? *Oo*
 5. Ipinaliwanag ba ng duktor ang magiging proseso ng *check-up/consultation* bago niya ito sinimulang gawin? *Oo*
 6. Nagpaalam ba ang duktor bago niya isinagawa ang mga prosesong gaya ng paghawak sa iyong katawan lalo na ang mga maseselang bahagi ng iyong katawan? *Wala*
 7. Binigyan ka ba ng reseta? *Oo para sa mga anak ko.*
 - Kung oo, ipinaliwanag ba kung para saan ang mga gamot na inireseta at kung paano ang tamang paggamit ng mga ito? *Oo*
 8. Kinuha ba ng manggagamot ang iyong opinyon kung paano mo gustong mabigyang lunas ang iyong karamdaman? *Dental*
 9. Isinaalang-alang ba ng manggagamot ang mga espesyal na kalagayan ng mga kababaihan gaya ng pagreregla, panganganak, pagpapasuso, at pagtatrabaho sa bahay? *Oo*
 10. Binigyan ka ba ng *referral* sa ibang programa na may kinalaman sa pagpapaunlad hindi lang ng iyong kalusugan kundi ng iyong kabuuan bilang tao? *Oo / Pamphlet*
 - Kung oo, ano o saan ito? *Planning*
- ❖ *Sa kabuuan, masasabi mo bang mahusay ang kalidad ng serbisyong iyong natamo sa pagpunta sa health center? Medyo may kaunting kamakipán.*
- Kung hindi, ano ang maimumungkahi mo para mapagbuti ang kalidad ng serbisyong ibinibigay ng health center? *Medyo luwagan ang lugar ng Center.*

Magandang araw!

Ako po ay kasalukuyang nagsasagawa ng pag-aaral tungkol sa kalagayan/uri ng serbisyong pangmedikal na ibinibigay ng munisipyo ng Navotas sa mga mamamayan nito, partikular sa mga kababaihan, at kung paano ito nakakaapekto sa kaunlaran ng munisipalidad. Dahil dito, hinihingi ko po ang inyong pakikiisa sa pamamagitan ng pagsagot sa ilang mga katanungan.

Maraming salamat at mabuhay po kayo.

Personal na Impormasyon:

1. Pangalan: *Bernadeth S. Ceno*
2. Edad: *28*
3. Estadong Sibil: *Married*
4. May anak o wala? *Meron*
 - Kung mayroon, ilan? *1*
5. May trabaho? *wala*
 - Kung mayroon, ano?
6. Regular ba ang pagbisita sa *Health Center*? *oo*
 - Kung oo, gaano kadalas? *every month*
 - Kung hindi, tuwing kailan lang?

Kalagayan ng Klinika at mga Pasilidad:

1. Gaano katagal na panahon ang iginigugol sa paglalakbay patungong *Health Center*?
 5-15 minuto 15-30 minuto 30-45 minuto iba pa
2. Makatwiran ba ang ganito katagal na paglalakbay? *oo*
 - Bakit? *para ma-examine*
3. May sapat bang kagamitan at mga pasilidad ang klinika gaya ng timbangan, pangkuha ng *blood pressure*, heringilya, kama, upuan, etc.?
4. Mayroon bang suplay ng mga libre o murang gamot para sa mga pasyente? *mingan*
 - Kung mayroon, sapat ba ito para sa lahat ng mga pasyente? *Hindi*
5. Malinis ba ang loob at labas ng *Health Center*? *Medyo*
6. Malinis ba ang mga kagamitang ginagamit ng mga duktor at nars? *Malinis*

7. Kumportable ba ang mga pasyente sa loob ng klinika habang dinudulutan ng serbisyong medikal? *MINSAN*
- Kung hindi, bakit? *kulang sa upuan*
8. Kumportable ba ang mga pasyenteng naghihintay ng kanilang pagkakataon na mapagserbisuhan ng duktur? *MINSAN*
- Kung hindi, bakit? *matagal*

Uri/klase ng Serbisyong Ibinibigay:

1. Gaano katagal ang ipinaghintay bago dumating ang pagkakataon na matingnan o ma-check-up ng doktor?
 5-15 minuto 15-30 minuto 30-45 minuto iba pa.
2. Makatwiran ba ang ganoong katagal na paghihintay? *Hindi*
- Bakit? *"*
3. Paano ang proseso ng pagkakasunod-sunod ng mga pasyente?
 nakapila may numero iba pa
4. Nasusunod ba ang prosesong ito? *NO*
- Kung hindi, bakit?
5. Sapat ba ang bilang ng mga duktur, nars, at iba pang *health workers* para maserbisuhan ng maayos ang lahat ng mga pasyente? *hindi*
6. Mayroon bang mga programang ibinibigay ang *health center* para sa mga kababaihan ng iba't-ibang gulang?
- Kung meron, napapakinabangan ba ng lahat ang mga benipisyo ng mga programang ito? *Hindi*
- Sa paanong paraan?
7. May mga *referrals* bang ibinibigay ang mga duktur o *health workers* sa mga pasyente para sa ibang mga programa lalo na sa mga may kalamayan sa kalusugan? *Wala*
8. May binabayaran ba ang mga pasyenteng nagtutungo sa mga *health centers*? *Mawon*
- Kung meron, para saan daw ito? *donasyon*
↳ hindi ko alam

Ang mga Health Service Providers:

1. Naging mabuti ba ang pagtanggap sa iyo ng mga nars at duktur na nasa *health center*?
- Kung hindi, sa paanong paraan? *MINSAN*

2. Naging masusi ba ang pagtatanong sa iyo ng duktor/nars tungkol sa kasaysayan ng iyong karamdaman gaya ng kung kailan nadama ang mga sintomas, kung gaano na ito katagal, kasaysayan ng ganoong sakit sa pamilya, etc.? *oo*
3. Ipinaliwanag ba ng husto ng duktor ang iyong karamdaman sa paraang madaling intindihin? *oo*
4. Ipinaliwanag ba ang mga posibleng sanhi at lunas ng iyong karamdaman?
5. Ipinaliwanag ba ng duktor ang magiging proseso ng *check-up/consultation* bago niya ito sinimulang gawin? *Mayan*
6. Nagpaalam ba ang duktor bago niya isinagawa ang mga prosesong gaya ng paghawak sa iyong katawan lalo na ang mga maseselang bahagi ng iyong katawan? *oo*
7. Binigyan ka ba ng reset? *oo*
- Kung oo, ipinaliwanag ba kung para saan ang mga gamot na inireseta at kung paano ang tamang paggamit ng mga ito? *oo*
8. Kinuha ba ng manggagamot ang iyong opinyon kung paano mo gustong mabigyang lunas ang iyong karamdaman? *oo*
9. Isinaalang-alang ba ng manggagamot ang mga espesyal na kalagayan ng mga kababaihan gaya ng pagreregla, panganganak, pagpapasuso, at pagtatrabaho sa bahay? *oo*
10. Binigyan ka ba ng *referral* sa ibang programa na may kinalaman sa pagpapaunlad hindi lang ng iyong kalusugan kundi ng iyong kabuuan bilang tao? *hindi*
- Kung oo, ano o saan ito?

❖ *Sa kabuuan, masasabi mo bang mahusay ang kalidad ng serbisyong iyong natamo sa pagpunta sa health center?*

- Kung hindi, ano ang maimumungkahi mo para mapagbuti ang kalidad ng serbisyong ibinibigay ng *health center*?

*trabaho muna bago ang
gubat.*

Magandang araw!

Ako po ay kasalukuyang nagsasagawa ng pag-aaral tungkol sa kalagayan/uri ng serbisyong pangmedikal na ibinibigay ng munisipyo ng Navotas sa mga mamamayan nito, partikular sa mga kababaihan, at kung paano ito nakakaapekto sa kaunlaran ng munisipalidad. Dahil dito, hinihingi ko po ang inyong pakikiisa sa pamamagitan ng pagsagot sa ilang mga katanungan.

Maraming salamat at mabuhay po kayo.

Personal na Impormasyon:

1. Pangalan: Gina Madera
2. Edad: 37
3. Estadong Sibil: Married
4. May anak o wala? Meron
 - Kung mayroon, ilan? 2
5. May trabaho? Sa bahay lang
 - Kung mayroon, ano?
6. Regular ba ang pagbisita sa *Health Center*? Depende pag may sakit
 - Kung oo, gaano kadalas?
 - Kung hindi, tuwing kailan lang? ✓

Kalagayan ng Klinika at mga Pasilidad:

1. Gaano katagal na panahon ang iginigugol sa paglalakbay patungong *Health Center*?
✓ 5-15 minuto ___ 15-30 minuto ___ 30-45 minuto ___ iba pa
2. Makatwiran ba ang ganito katagal na paglalakbay? Malapit lang
 - Bakit?
3. May sapat bang kagamitan at mga pasilidad ang klinika gaya ng timbangan, pangkuha ng *blood pressure*, heringilya, kama, upuan, etc.? Oo
4. Mayroon bang suplay ng mga libre o murang gamot para sa mga pasyente? Meron
 - Kung mayroon, sapat ba ito para sa lahat ng mga pasyente? Yung iba wala, mins
5. Malinis ba ang loob at labas ng *Health Center*? Oo
6. Malinis ba ang mga kagamitang ginagamit ng mga duktor at nars? Oo

7. Kumportable ba ang mga pasyente sa loob ng klinika habang dinudulutan ng serbisyong medikal? *OK lang*
- Kung hindi, bakit?
8. Kumportable ba ang mga pasyenteng naghihintay ng kanilang pagkakataon na mapagserbisyuhan ng duktur? *OO, naku po naman*
- Kung hindi, bakit?

Uri/klase ng Serbisyong Ibinibigay:

1. Gaano katagal ang ipinaghintay bago dumating ang pagkakataon na matingnan o ma-check-up ng doktor?
 ___ 5-15 minuto ___ 15-30 minuto 30-45 minuto *hang ibang laras, o matagal*
2. Makatwiran ba ang ganoong katagal na paghihintay? *OO laging maaga ang doktor*
- Bakit? *✓*
3. Paano ang proseso ng pagkakasunod-sunod ng mga pasyente?
 ___ nakapila may numero ___ iba pa
4. Nasusunod ba ang prosesong ito? *OK lang*
- Kung hindi, bakit?
5. Sapat ba ang bilang ng mga duktur, nars, at iba pang *health workers* para maserbisyuhan ng maayos ang lahat ng mga pasyente? *ayos lang*
6. Mayroon bang mga programang ibinibigay ang *health center* para sa mga kababaihan ng iba't-ibang gulang? *wala*
- Kung meron, napapakinabangan ba ng lahat ang mga benepisyo ng mga programang ito?
- Sa paanong paraan?
7. May mga *referrals* bang ibinibigay ang mga duktur o *health workers* sa mga pasyente para sa ibang mga programa lalo na sa mga may kinalaman sa kalusugan? *wala*
8. May binabayaran ba ang mga pasyenteng nagtutungo sa mga *health centers*? *Donasyon*
- Kung meron, para saan daw ito? *Para sa Center group*

Ang mga Health Service Providers:

1. Naging mabuti ba ang pagtanggap sa iyo ng mga nars at duktur na nasa *health center*? *OO*
- Kung hindi, sa paanong paraan?

2. Naging masusi ba ang pagtatanong sa iyo ng duktor/nars tungkol sa kasaysayan ng iyong karamdaman gaya ng kung kailan nadama ang mga sintomas, kung gaano na ito katagal, kasaysayan ng ganoong sakit sa pamilya, etc.?
 3. Ipinaliwanag ba ng husto ng duktor ang iyong karamdaman sa paraang madaling intindihin?
 4. Ipinaliwanag ba ang mga posibleng sanhi at lunas ng iyong karamdaman?
 5. Ipinaliwanag ba ng duktor ang magiging proseso ng *check-up/consultation* bago niya ito sinimulang gawin?
 6. Nagpaalam ba ang duktor bago niya isinagawa ang mga prosesong gaya ng paghawak sa iyong katawan lalo na ang mga maseselang bahagi ng iyong katawan?
 7. Binigyan ka ba ng reseta?
 - Kung oo, ipinaliwanag ba kung para saan ang mga gamot na inireseta at kung paano ang tamang paggamit ng mga ito?
 8. Kinuha ba ng manggagamot ang iyong opinyon kung paano mo gustong mabigyang lunas ang iyong karamdaman?
 9. Isinaalang-alang ba ng manggagamot ang mga espesyal na kalagayan ng mga kababaihan gaya ng pagreregla, panganganak, pagpapasuso, at pagtatrabaho sa bahay?
 10. Binigyan ka ba ng *referral* sa ibang programa na may kinalaman sa pagpapaunlad hindi lang ng iyong kalusugan kundi ng iyong kabuuan bilang tao?
 - Kung oo, ano o saan ito?
- ❖ *Sa kabuuan, masasabi mo bang mahusay ang kalidad ng serbisyong iyong natamo sa pagpunta sa health center?* *Maayos / OK narin*
- Kung hindi, ano ang maimumungkahi mo para mapagbuti ang kalidad ng serbisyong ibinibigay ng *health center*?

pamparigraaw sa hilera, nasira sa dami ng pasyente, mapalitan ang mga ibang gamit

Magandang araw!

Ako po ay kasalukuyang nagsasagawa ng pag-aaral tungkol sa kalagayan/uri ng serbisyong pangmedikal na ibinibigay ng munisipyo ng Navotas sa mga mamamayan nito, partikular sa mga kababaihan, at kung paano ito nakakaapekto sa kaunlaran ng munisipalidad. Dahil dito, hinihingi ko po ang inyong pakikiisa sa pamamagitan ng pagsagot sa ilang mga katanungan.

Maraming salamat at mabuhay po kayo.

Personal na Impormasyon:

1. Pangalan: _____

2. Edad: 32

3. Estadong Sibil: may asawa

4. May anak o wala? may roon

➤ Kung mayroon, ilan? 4

5. May trabaho? wala

➤ Kung mayroon, ano?

6. Regular ba ang pagbisita sa *Health Center*? Hindi

➤ Kung oo, gaano kadalas?

➤ Kung hindi, tuwing kailan lang? pag may sakit, pag buntia, pag may kababalan ng anak

Kalagayan ng Klinika at mga Pasilidad:

1. Gaano katagal na panahon ang iginigugol sa paglalakbay patungong *Health Center*?

_____ 5-15 minuto 15-30 minuto _____ 30-45 minuto _____ iba pa

2. Makatwiran ba ang ganito katagal na paglalakbay? oo

➤ Bakit? malihi lang naman ito.

3. May sapat bang kagamitan at mga pasilidad ang klinika gaya ng timbangan, pangkuha ng

blood pressure, heringilya, kama, upuan, etc.? kulang ito

4. Mayroon bang suplay ng mga libre o murang gamot para sa mga pasyente? meron pero konti

➤ Kung mayroon, sapat ba ito para sa lahat ng mga pasyente? Hindi kasi madalus mauubusan

5. Malinis ba ang loob at labas ng *Health Center*? oo

6. Malinis ba ang mga kagamitang ginagamit ng mga duktor at nars? oo

7. Kumportable ba ang mga pasyente sa loob ng klinika habang dinudulutan ng serbisyong medikal? *hindi masyado*
 - Kung hindi, bakit? *mainit, walang sapat na upuan ng pasyente*
8. Kumportable ba ang mga pasyenteng naghihintay ng kanilang pagkakataon na mapagserbisyuhan ng doktor? *hindi masyado*
 - Kung hindi, bakit? *mainit at walang mapapan pag madamu ng kas*

Uri/klase ng Serbisyong Ibinibigay:

1. Gaano katagal ang ipinaghintay bago dumating ang pagkakataon na matingnan o ma-check-up ng doktor?
 - 5-15 minuto 15-30 minuto 30-45 minuto iba pa. *depende*
2. Makatwiran ba ang ganoong katagal na paghihintay? *minsan hindi*
 - Bakit? *heber ang tagal minsan wala pang doktor o kaya dentista*
3. Paano ang proseso ng pagkakasunod-sunod ng mga pasyente?
 - nakapila may numero iba pa
4. Nasusunod ba ang prosesong ito? *ewan sa ibo*
 - Kung hindi, bakit?
5. Sapat ba ang bilang ng mga doktor, nars, at iba pang *health workers* para maserbisyuhan ng maayos ang lahat ng mga pasyente? *kulang*
6. Mayroon bang mga programang ibinibigay ang *health center* para sa mga kababaihan ng iba't-ibang gulang? *sa mga kunitis lang, may alam ko*
 - Kung meron, napapakinabangan ba ng lahat ang mga benipisyo ng mga programang ito?
 - Sa paanong paraan? *hindi sigurado tungkol dito*
7. May mga *referrals* bang ibinibigay ang mga doktor o *health workers* sa mga pasyente para sa ibang mga programa lalo na sa mga may kinalaman sa kalusugan? *wala pa*
8. May binabayaran ba ang mga pasyenteng nagtutungo sa mga *health centers*? *donasyon*
 - Kung meron, para saan daw ito? *Hindi ainasabi*

Ang mga *Health Service Providers*:

1. Naging mabuti ba ang pagtanggap sa iyo ng mga nars at doktor na nasa *health center*?
 - Kung hindi, sa paanong paraan? *ayon lang*

2. Naging masusi ba ang pagtatanong sa iyo ng duktur/nars tungkol sa kasaysayan ng iyong karamdaman gaya ng kung kailan nadama ang mga sintomas, kung gaano na ito katagal, kasaysayan ng ganoong sakit sa pamilya, etc.? *Oo*
 3. Ipinaliwanag ba ng husto ng duktur ang iyong karamdaman sa paraang madaling intindihin?
 4. Ipinaliwanag ba ang mga posibleng sanhi at lunas ng iyong karamdaman? *Oo*
 5. Ipinaliwanag ba ng duktur ang magiging proseso ng *check-up/consultation* bago niya ito sinimulang gawin? *Hindi*
 6. Nagpaalam ba ang duktur bago niya isinagawa ang mga prosesong gaya ng paghawak sa iyong katawan lalo na ang mga maseselang bahagi ng iyong katawan? *Hindi*
 7. Binigyan ka ba ng reseta? *Oo*
 - Kung oo, ipinaliwanag ba kung para saan ang mga gamot na inireseta at kung paano ang tamang paggamit ng mga ito? *Oo*
 8. Kinuha ba ng manggagamot ang iyong opinyon kung paano mo gustong mabigyang lunas ang iyong karamdaman? *Hindi*
 9. Isinaalang-alang ba ng manggagamot ang mga espesyal na kalagayan ng mga kababaihan gaya ng pagreregla, panganganak, pagpapasuso, at pagtatrabaho sa bahay? *iyong pagtatrabaho sa bahay ay hindi na*
 10. Binigyan ka ba ng *referral* sa ibang programa na may kinalaman sa pagpapaunlad hindi lang ng iyong kalusugan kundi ng iyong kabuuan bilang tao? *Hindi*
 - Kung oo, ano o saan ito?
- ❖ *Sa kabuuan, masasabi mo bang mahusay ang kalidad ng serbisyong iyong natamo sa pagpunta sa health center? *hindi gaano**
- Kung hindi, ano ang maimumungkahi mo para mapagbuti ang kalidad ng serbisyong ibinibigay ng *health center*? *para mas maraming doktor para kung maraming pas ay mabilala na. para rin ay mas maraming gamit ang ibigay sa pasyente. palakihin ang lugar para hindi mainit at masikip.*

Magandang araw!

Ako po ay kasalukuyang nagsasagawa ng pag-aaral tungkol sa kalagayan/uri ng serbisyong pangmedikal na ibinibigay ng munisipyo ng Navotas sa mga mamamayan nito, partikular sa mga kababaihan, at kung paano ito nakakaapekto sa kaunlaran ng munisipalidad. Dahil dito, hinihingi ko po ang inyong pakikiisa sa pamamagitan ng pagsagot sa ilang mga katanungan.

Maraming salamat at mabuhay po kayo.

Personal na Impormasyon:

1. Pangalan: *Trinidad D. Ocampo*
2. Edad: *29 y/o*
3. Estadong Sibil: *married*
4. May anak o wala? *wala*
 - Kung mayroon, ilan?
5. May trabaho? *wala*
 - Kung mayroon, ano?
6. Regular ba ang pagbisita sa *Health Center*? *hindi*
 - Kung oo, gaano kadalas?
 - Kung hindi, tuwing kailan lang? *o.B. check up*

Kalagayan ng Klinika at mga Pasilidad:

1. Gaano katagal na panahon ang iginigugol sa paglalakbay patungong *Health Center*?
 5-15 minuto 15-30 minuto 30-45 minuto iba pa
2. Makatwiran ba ang ganito katagal na paglalakbay?
 - Bakit? *o.k lang*
3. May sapat bang kagamitan at mga pasilidad ang klinika gaya ng timbangan, pangkuha ng *blood pressure*, heringilya, kama, upuan, etc.? *oo*
4. Mayroon bang suplay ng mga libre o murang gamot para sa mga pasyente? *mayroon*
 - Kung mayroon, sapat ba ito para sa lahat ng mga pasyente? *hindi*
5. Malinis ba ang loob at labas ng *Health Center*? *oo*
6. Malinis ba ang mga kagamitang ginagamit ng mga duktore at nars? *oo*

7. Kumportable ba ang mga pasyente sa loob ng klinika habang dinudulutan ng serbisyong medikal? *oo*
 - Kung hindi, bakit?
8. Kumportable ba ang mga pasyenteng naghihintay ng kanilang pagkakataon na mapagserbisyuhan ng duktor? *oo*
 - Kung hindi, bakit?

Uri/klase ng Serbisyong Ibinibigay:

1. Gaano katagal ang ipinaghintay bago dumating ang pagkakataon na matingnan o ma-check-up ng doktor?
 5-15 minuto 15-30 minuto 30-45 minuto iba pa.
2. Makatwiran ba ang ganoong katagal na paghahintay?
 - Bakit? *o i lang*
3. Paano ang proseso ng pagkakasunod-sunod ng mga pasyente?
 nakapila may numero iba pa
4. Nasusunod ba ang prosesong ito? *oo*
 - Kung hindi, bakit?
5. Sapat ba ang bilang ng mga duktor, nars, at iba pang *health workers* para maserbisyuhan ng maayos ang lahat ng mga pasyente? *oo*
6. Mayroon bang mga programang ibinibigay ang *health center* para sa mga kababaihan ng iba't-ibang gulang? *meron*
 - Kung meron, napapakinabangan ba ng lahat ang mga benepisyo ng mga programang ito?
 - Sa paanong paraan? _____
7. May mga *referrals* bang ibinibigay ang mga duktor o *health workers* sa mga pasyente para sa ibang mga programa lalo na sa mga may kinalaman sa kalusugan? *meron*
8. May binabayaran ba ang mga pasyenteng nagtutungo sa mga *health centers*?
 - Kung meron, para saan daw ito? *dental clinic*

Ang mga Health Service Providers:

1. Naging mabuti ba ang pagtanggap sa iyo ng mga nars at duktor na nasa *health center*? *oo*
 - Kung hindi, sa paanong paraan?

2. Naging masusi ba ang pagtatanong sa iyo ng duktur/nars tungkol sa kasaysayan ng iyong karamdaman gaya ng kung kailan nadama ang mga sintomas, kung gaano na ito katagal, kasaysayan ng ganoong sakit sa pamilya, etc.? *Oo*
 3. Ipinaliwanag ba ng husto ng duktur ang iyong karamdaman sa paraang madaling intindihin?
 4. Ipinaliwanag ba ang mga posibleng sanhi at lunas ng iyong karamdaman? *Oo*
 5. Ipinaliwanag ba ng duktur ang magiging proseso ng *check-up/consultation* bago niya ito sinimulang gawin? *Oo*
 6. Nagpaalam ba ang duktur bago niya isinagawa ang mga prosesong gaya ng paghawak sa iyong katawan lalo na ang mga maseselang bahagi ng iyong katawan? *Oo*
 7. Binigyan ka ba ng reseta? *Oo*
 - Kung oo, ipinaliwanag ba kung para saan ang mga gamot na inireseta at kung paano ang tamang paggamit ng mga ito? *Oo*
 8. Kinuha ba ng manggagamot ang iyong opinyon kung paano mo gustong mabigyang lunas ang iyong karamdaman? *Hindi'*
 9. Isinaalang-alang ba ng manggagamot ang mga espesyal na kalagayan ng mga kababaihan gaya ng pagreregla, panganganak, pagpapasuso, at pagtatrabaho sa bahay? *Oo*
 10. Binigyan ka ba ng *referral* sa ibang programa na may kinalaman sa pagpapaunlad hindi lang ng iyong kalusugan kundi ng iyong kabuuan bilang tao? *Hindi'*
 - Kung oo, ano o saan ito?
- ❖ *Sa kabuuan, masasabi mo bang mahusay ang kalidad ng serbisyong iyong natamo sa pagpunta sa health center?* *Oo*
- Kung hindi, ano ang maimumungkahi mo para mapagbuti ang kalidad ng serbisyong ibinibigay ng *health center*?