

# Barangay Health Workers' Level of Competence

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## ABSTRACT

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Healthy living in the community is affected by many factors. Vital among these factors, is the presence of the barangay health (BHW) worker who inspires and motivates people to live a healthy lifestyle. With competence, commitment and having relevant tools as BHW can provide quality health care services to their constituents. As such, the study determined the level of competence of BHWs. The descriptive-correlational method was used with questionnaire as the primary data gathering tool. Quota sampling method was used in determining the respondents. Data analysis included percentage technique, weighted mean, Spearman rank method, Kendall's Coefficient of Concordance and Kruskal-Wallis test. Findings revealed that BHWs are competent. The personal, political and environmental factors affect the level of competence of the BHWs. Continuous attendance to seminars and trainings and the use of the BHW intervention bundle is highly encouraged to enhance their performance.

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## Introduction

Health is likely one of the most precious commodities in life. As an old adage says "Health is wealth." Thus, being healthy, one can achieve the dream in life – to be successful. However, a major illness that comes around becomes a trauma to many people resulting to bigger nightmare such as catastrophic health-care costs. Eventually, this can lead to hardship, poverty and even financial ruin. Apparently, the universal health coverage protects people especially the most vulnerable group from devastating consequences of ill-health; and

ensures access to quality health care. In the Philippines, 67% of Filipinos die without getting any medical attention, and that is mainly due to the inability of poor Filipinos to afford medical care and services, and the country's shortage of medical professionals. Migration of Filipino health workers for greener pasture still prevails nowadays, which caused vacuum in the healthcare services area (Alfaro, 2008). Consequently, the Primary Health Care (PHC) approach was implemented by former President Ferdinand Marcos which mandated the training of the BHWs primarily to fill-up the vacated positions of the Filipino health workers

(LOI 949). In doing so, the BHWs acquired the skills which are vital to become effective as well as their professional growth in the healthcare services.

Legarda (2010) mentioned in one of her press releases that, “our barangay health workers have been our health information disseminators, the nurturers of expectant mothers and sick children, and the providers of genuine health care to the Filipino in the deepest nooks of the country.” However, though considered as one among the most dedicated government sector and still have the toughest jobs, yet, the efforts extended are not acknowledged. The work of a barangay health worker is vital to the nation’s health care services sector.

Barangay health workers have the passion to work, which in a way inspires and motivates people to perform activities towards healthy living. They must be able to cater to the needs of their constituents by providing them with quality health care services, with the view of facilitating the attainment of the constituents of the desired outcomes. This however, can only be possible if these barangay health workers have competence and commitment in their functions, because they are the implementers of the community-based health programs in the grassroots level.

### **Purpose of the Research**

The study aimed to determine the level of competence of Barangay Health Workers in the 5th Congressional District of Camarines Sur. Specifically, it answered the following questions:

1. What is the profile of the Barangay Health Workers, in terms of:
  - a. age
  - b. sex
  - c. civil status
  - d. educational attainment
  - e. employment status
  - f. length of experience

2. What is the level of competence of the Barangay Health Workers in the 5th Congressional District of Camarines Sur as perceived by the respondents, along:
  - a. community organizer
  - b. health educator
  - c. health care service provider
3. What are the factors that affect the level of competence of Barangay Health Workers in the 5th Congressional District of Camarines Sur, along:
  - a. personal
  - b. political
  - c. environmental
4. Is there a significant relationship between the profile and the level of competence of Barangay Health Workers in the 5th Congressional District of Camarines Sur.
5. Is there a significant difference on the level of competence of the Barangay Health Workers in the 5th Congressional District of Camarines Sur as perceived by the three groups of respondents.
6. What training kit can be proposed to enhance the level of competence of Barangay Health Workers in the 5th Congressional District of Camarines Sur?

### **Methods**

This study aimed to determine the level of competence of Barangay Health Workers in the 5th Congressional District of Camarines Sur. The level of competence revolved around their three-fold function as community organizer, health educator and as health care provider; and the factors that affect their level of competence in terms of , personal, political and environmental factors.

#### *Research Design*

The researcher used the descriptive-correlational method in the conduct of this

study using a questionnaire. This method described the level of competence of barangay health workers in the delivery of quality health care services to the community, and guided the researcher in objective decision based on the results of the treated data.

### *Instruments*

The main data gathering tool used was the questionnaire-checklist supplemented by documentary analysis.

### *Questionnaire*

The questionnaire was composed of three parts: Part I – the profile of the barangay health workers which includes age, sex, civil status, educational attainment, employment status and length of experience as barangay health worker; Part II – the level of competence of the barangay health workers in the 5<sup>th</sup> Congressional District of Camarines Sur as, community organizer, health educator, and health care service provider; and Part III – the factors that affect the level of competence of barangay health workers in the 5<sup>th</sup> Congressional District of Camarines Sur, along personal, political and environmental factors.

### *Participants*

The participants included were composed of three groups namely, the barangay health workers, the recipients of the health care services, and the supervisors of the BHWs. Quota sampling method was used to determine the total number of respondents from each of the municipality in the 5<sup>th</sup> Congressional District of Camarines Sur, namely, Nabua, Bato, Baao, Buhi, Bula, Balatan and a city, Iriga City (see Table 1).

**Table 1.**

*The Respondents of the Study*

5 <sup>TH</sup> Congressional District		Respondents	
Municipality	Barangay Health Worker	BHW Supervisors	Clients
Nabua	30	30	30
Bato	30	30	30
Baao	30	30	30
Buhi	30	30	30
Bula	30	30	30
Balatan	30	30	30
<b>City</b>			
Iriga City	30	30	30
<b>TOTAL</b>	<b>210</b>	<b>210</b>	<b>210</b>

There were 30 barangay health workers as quota per municipality and the city. Thus, a total of 210 BHWs were selected.

### *Data Collection and Analysis.*

Data collection included frequencies count, percentage technique and weighted mean, Spearman Rank Method, Kendall's Coefficient of Concordance and Kruskal-Wallis. The percentage technique was used in presenting the data on the profile of the respondents; while weighted mean was used to determine the level of competence and the factors that affect the level of competence of the BHWs. To quantify the perceptions of the respondents, a Five-Point Likert Scale was used with 5 as highest and 1 as lowest with the verbal interpretation of 1-not competent/does not affect, 2-slightly competent/slightly affect, 3-moderately competent/moderately affect, 4-competent/affect, and 5-highly competent/greatly affect.

The relationships of the variables considered were statistically treated using the Spearman rank method, Kendall's Coefficient of Concordance and Kruskal-Wallis. Where, Spearman Rank Method was used to determine relationship with one or two groups/variables, in this study it determined the relationship between the profile (sex) and the level of competence of BHW; Kendall's Coefficient of Concordance

was used to determine relationship with more than two groups/variables, in this study it determined the relationship between the profile (age, civil status, educational attainment, employment status, and the length of experience) and the level of competence of BHW; while, Kruskal Wallis Test was used to compare three or more independent groups, in this study this was used to test the significant difference of the responses made by the three groups of respondents on the level of competence of BHW.

## Results and Discussion

### *Profile of the Respondents*

The profile of the barangay health workers included age, sex, civil status, educational attainment; employment status and length of experience which is believed to have affected the competence and commitment in the delivery of health care services to the program beneficiaries (see Table 2).

Most respondents were aged of 45 years old and above with 99 (47.14 %); were females with 206 (98.10%); married with 162 (77.14%); high school graduates, 81 (38.57%); unemployed, 89 (42.38%); and young in the service with 1-3 years of experience.

Findings indicate that mature women prefer to be BHWs which is suited for the position. Mature women are therapeutic and can handle situations with utmost care and confidence as stated by Hora (2017) in an article on the traits of mature women. Likewise, females are more pathetic and compassionate in handling patients. Much more, majority of the BHWs have their own families which can be considered as an edge over others having acquired the experience in handling learning situations in life.

**Table 2**

*Profile of the Barangay Health Workers*

Profile	Frequency	%
<b>Age</b>		
20 – 24 y/o	8	3.81
25 – 29 y/o	13	6.19
30 – 34 y/o	21	10.00
35 – 39 y/o	37	17.62
40 – 44 y/o	32	15.24
45 and above	99	47.14
<b>Sex</b>		
Male	4	1.90
Female	206	98.10
<b>Civil Status</b>		
Single	18	8.57
Married	162	77.14
Widow/er	28	13.33
Separated	2	0.95
<b>Educational attainment</b>		
Elementary graduate	27	12.86
HS undergraduate	40	19.05
HS graduate	81	38.57
College undergraduate	41	19.52
College graduate	21	10.00
<b>Employment Status</b>		
Employed	83	39.52
Unemployed	89	42.38
Self-employed	38	18.10
<b>Length of Experience</b>		
1 – 3 years	68	32.38
4 – 6 years	33	15.71
7 – 9 years	24	11.43
10 – 12 years	18	8.57
13 – 15 years	13	6.20
16 and above	54	25.71
<b>Total Number of BHWs</b>	<b>210</b>	<b>100 %</b>

However, since most of the BHWs are high schools graduates, trainings are needed to equip them with both skills and knowledge on decision-making to be effective and efficient in their job. With such educational background, most of them are unemployed

**Table 3***Level of Competence of the BHW as Community Organizer*

Level of Competence along Community Organizer	BHW			CLIENTS			SUPERVISOR		
	WM	I	R	WM	I	R	WM	I	R
1. maintain regular communication with community leaders and professional health workers	3.90	C	1	3.85	C	1	4.04	C	1
2. provide linkages between the community and local health agencies	3.77	C	7.5	3.58	C	8.5	3.82	C	7
3. assist the community to develop a health plan	3.78	C	5.5	3.55	C	10	3.80	C	8
4. participate in the formulation and implementation of policies	3.70	C	9	3.64	C	3.5	3.84	C	5
5. take action to promote the health & well-being of the community	3.82	C	3	3.63	C	5	3.86	C	3
6. facilitate the community members to identify & respond to the community's health problems	3.77	C	7.5	3.60	C	7	3.87	C	2
7. keep track of records of work activities on health	3.78	C	5.5	3.62	C	6	3.79	C	9
8. develop appropriate knowledge and skills among community members to promote participation in local health initiatives	3.79	C	4	3.80	C	2	3.83	C	6
9. respect the people's tradition and ideas, including their health habits & practices	3.87	C	2	3.64	C	3.5	3.85	C	4
10. management practices of minimizing cost expenditure in medical supplies, materials & equipment while delivering health care services	3.53	C	10	3.58	C	8.5	3.72	C	10
Average Weighted Mean	3.77	C		3.65	C		3.84	C	

*Legend: 1.00 – 1.49 Not Competent (NC)**1.50 – 2.49 Slightly Competent (SC)**2.50 – 3.49 Moderately Competent (MC)**3.50 – 4.49 Competent (C)**4.50 – 5.00 Highly Competent (HC)*

which these people can function with total dedication and focused to their job. Further, most respondents are young in the service which can be attributed to have effect in competence in the service. These findings are emphasized by the studies of Arlington et. al (2011) that the BHW undergo a basic training program, and render primary care services in the community. Accordingly, the study of Llagas (2008) stated that re-training be done on a regular interval time to maximize skill retention especially on health education on Basic Life Support and Bandaging to be effective in increasing the knowledge and skill of which skill decay can happen two months and four months after intervention.

### *Level of Competence*

The BHW evaluated themselves as competent in all the three parameters as community organizer, health educator and health care service provider.

*BHW as a community organizer.* The BHW, clients, and supervisors rated the BHW as community organizer with an average weighted mean of 3.77, 3.65, and 3.84, respectively interpreted as Competent (see Table 3). Results showed that communication should play an important part in the discharge of function. Communication is an interactive process in which information, knowledge and skills relevant for development are exchanged between the barangay leaders,

**Table 4***Level of Competence of the BHW as Health Educator*

Level of Competence along Health Educator	BHW			CLIENTS			SUPERVISOR		
	WM	I	R	WM	I	R	WM	I	R
1. advising the community on safe water supply, waste disposal and use of toilets	3.81	C	2	3.71	C	1	3.89	C	1
2. discuss with parents topics such as maternal & child care, including breastfeeding, immunization & family planning, oral rehydration in cases of diarrhea, good nutrition, and others	3.79	C	3	3.61	C	2	3.85	C	2
3. educate on the provision and proper use of essential drugs and herbal medicines	3.89	C	1	3.42	MC	10	3.71	C	10
4. promotion & prevention of oral-dental diseases	3.62	C	8	3.55	C	6	3.77	C	6.5
5. share your knowledge and skills to help people learn more about the prevention of diseases and management of simple illnesses	3.77	C	4.5	3.52	C	7	3.78	C	4.5
6. update knowledge of communities or relevant health issues	3.77	C	4.5	3.46	MC	8.5	3.79	C	3
7. distribute appropriate information, education and communication materials	3.60	C	9	3.46	MC	8.5	3.77	C	6.5
8. teach on the proper access and utilization of hospital care as centers of wellness	3.67	C	7	3.60	C	3	3.76	C	8.5
9. apply good communication skills	3.68	C	6	3.56	C	5	3.76	C	8.5
10. knows/discuss/explain the reason behind every action done	3.57	C	10	3.58	C	4	3.78	C	4.5
Average Weighted Mean	3.72	C		3.55	C		3.79	C	

*Legend: 1.00 – 1.49 Not Competent (NC)**1.50 – 2.49 Slightly Competent (SC)**2.50 – 3.49 Moderately Competent (MC)**3.50 – 4.49 Competent (C)**4.50 – 5.00 Highly Competent (HC)*

barangay folks and the BHWs. This finding affirms the study of Adedokun, et. al. (2010) where communication is treated as a key component of sustainable development. Mobilizing community members for community development purpose is important but members of the community can only be mobilized when communication is effective. Barangay support increases BHW efficiency and motivation. Recognition from barangay officials and other members of the health team leads to enhance recognition from the community leading to a greater BHW motivation and self-esteem. Coordination and communication can lead to better quality of care.

*BHW as a health educator.* The BHW were rated as health educator by the BHW, (themselves), the clients, and the supervisors with average weighted mean of 3.72, 3.55, and 3.79, respectively (see Table 4) interpreted as Competent. The results of the survey indicate that conducting health education and teachings to the community is a great responsibility of the BHW. Thus, they must be well-equipped with knowledge, and skills for them to be able to discuss topics based on the needs of the client, and impart the right information to the community. This is in congruence to the study of Legacion et.al. (2012) which states that barangay health workers render essential primary

**Table 5***Level of Competence of the BHW as Health Care Service Provider*

Indicators	BHW			CLIENTS			SUPERVISOR		
	WM	I	R	WM	I	R	WM	I	R
1. provide primary health care services to the community, such as maternal & child care	3.84	C	3.5	3.57	C	5.5	3.82	C	6.5
2. treatment of common diseases and injuries	3.62	C	9	3.48	MC	8	3.72	C	10
3. promotion of adequate food supply and proper nutrition	3.73	C	8	3.68	C	1	3.78	C	9
4. refer patients with complication and those suspected to have communicable disease to the appropriate health center or hospital	3.79	C	5	3.59	C	3.5	8.82	C	6.5
5. monitoring the health status of the household members under your area of service coverage	3.91	C	1	3.59	C	3.5	3.86	C	2
6. give advice and care to anyone to any client needing attention	3.86	C	2	3.45	MC	9	3.87	C	1
7. keeping of records of health activities in the community and the health station	3.84	C	3.5	3.27	MC	10	3.83	C	4.5
8. ensure the proper maintenance of the health station	3.75	C	7	3.49	MC	7	3.83	C	4.5
9. ensuring the safe custody of equipment, medical supplies and health records.	3.61	C	10	3.57	C	5.5	3.80	C	8
10. utilize management process in the delivery of health care services	3.78	C	6	3.63	C	2	3.85	C	3
Average Weighted Mean	3.77	C		3.53	C		3.82	C	

*Legend: 1.00 – 1.49 Not Competent (NC)**1.50 – 2.49 Slightly Competent (SC)**2.50 – 3.49 Moderately Competent (MC)**3.50 – 4.49 Competent (C)**4.50 – 5.00 Highly Competent (HC)*

health care services in the community, such as educating the people on prevailing health problems, the methods of preventing and controlling them; including the provision and proper use of essential drugs and herbal medicines.

*BHW as a health care service provider.*

The BHWs were rated as health care service provider by the BHW (themselves), the clients, and the supervisors with average weighted mean were 3.77, 3.53, and 3.82, respectively (see Table 5) interpreted as competent. The presence of BHWs in the community had shown significant results in the health condition of their constituents

as affirmed by Legarda (2013) in one of her press releases which stated that our barangay health workers have been our health information disseminators, the nurturers of expectant mothers and sick children, and the providers of genuine health care to the Filipino in the deepest nooks of the country. Likewise, the study of Giuglian, et al (2014) supports the work of the BHWs as mentioned in his study that at the moment the BHWs worked as community health workers, cases decreased dramatically which was attributed to the distribution of hypochlorite house-to-house and in the support to families with regard to hygiene, sanitation, guidance even for simple hand washing, in detecting cases

**Table 6***Personal Factors Affecting the Level of Competence of BHW*

	Indicators	BHW			CLIENTS			SUPERVISOR			AVERAGE		
		WM	I	R	WM	I	R	WM	I	R	WM	I	R
1.	formal education related to current work	4.09	A	2	4.29	A	1	4.14	A	2.5	4.17	A	2
2.	need for trainings and seminars	4.19	A	1	4.16	A	2	4.19	A	1	4.18	A	1
3.	self confidence in health care services delivery	4.06	A	3	4.13	A	3	4.07	A	6	4.09	A	3
4.	personal beliefs/attitude/ interest/ practices towards work are different from the client	4.03	A	4	4.08	A	4	4.00	A	8	4.04	A	4
5.	communication skills, verbal & non-verbal	3.97	A	6	3.96	A	6	4.14	A	2.5	4.02	A	6
6.	management & leadership style	3.98	A	5	3.99	A	5	4.13	A	4	4.03	A	5
7.	honorarium is compensating	3.89	A	8	3.87	A	8	4.10	A	5	3.95	A	8
8.	use of technology to facilitate health care delivery	3.94	A	7	3.95	A	7	4.04	A	7	3.98	A	7
Average Weighted Mean		4.02	A		4.05	A		4.10	A		4.06	A	

*Legend: 1.00 – 1.49 Does Not Affect (DNA)**3.50 – 4.49 Affect (A)**1.50 – 2.49 Slightly Affect (SA)**4.50 – 5.00 Greatly Affect (GA)**2.50 – 3.49 Moderately Affect (MA)**WM – Weighted Mean ; R – Rank ; I – Interpretation*

quickly in order to get to health facilities as early as possible, rehydration of patients at the local level, at the level of people's homes.

#### *Factors affecting the Level of Competence of Barangay Health Workers.*

*Personal Factors.* Based on the data, BHWs ranked “need for trainings and seminars” with a weighted mean of 4.19 as number 1; next in rank, “formal education related to current work” (4.09); followed by, “self confidence in health care services delivery” (4.06); and, fourth in rank, “personal beliefs/ attitude/interest/practices towards work are different from the client” (4.03). Meanwhile “honorarium is compensating” (3.89) was ranked last.

The need for trainings and seminar was found to be a significant factor that affects the level of competence of the barangay health workers since training programs elevate the competence in the performance of their duties and functions hence, the

BHWs become competent, efficient and effective. There is the need to hone their knowledge and skills by undergoing trainings and seminars. This result affirms the study of Quitevis (2011) which stated that BHWs should be given more trainings on teaching and providing basic health care services to be better prepared and equipped in performing their roles as health educator and health care service provider. Also, these training programs boosted the morale of the BHWs and ultimately gave them self-confidence. More so, these training programs helped the BHWs attain personal and professional growth.

*Political Factors.* Based from the data, the BHWs evaluated themselves on the political factors affecting their level of competence as affect in all the indicators stated, with an average weighted mean of 4.07 and a verbal interpretation of “affect” First in rank is the indicator, “duties & responsibilities are well defined” with a weighted mean of 4.20; followed by, “honorarium is received/paid



**Table 7***Political Factors Affecting the Level of Competence of BHW*

	Indicators	BHW			CLIENTS			SUPERVISOR			AVERAGE		
		WM	I	R	WM	I	R	WM	I	R	WM	I	R
1.	harmonious relationship with barangay officials	4.12	A	3	4.39	A	2	4.10	A	4	4.20	A	2
2.	support of barangay officials to health programs & activities	4.10	A	5	4.08	A	5	4.20	A	1	4.13	A	3.5
3.	concern of barangay officials to the condition of barangay health station & support facility	4.03	A	6	4.06	A	6	4.17	A	2	4.09	A	5.5
4.	fund allocation of the barangay officials to trainings & seminars of BHW	4.11	A	4	4.10	A	4	4.07	A	6	4.09	A	5.5
5.	honorarium is received/paid on time	4.14	A	2	4.18	A	3	4.08	A	5	4.13	A	3.5
6.	duties & responsibilities are well defined	4.20	A	1	4.50	GA	1	4.06	A	7.5	4.25	A	1
7.	change of BHW when barangay officials change	3.91	A	8	3.96	A	8	4.06	A	7.5	3.98	A	8
8.	relationship with local government unit officials	3.98	A	7	3.98	A	7	4.12	A	3	4.03	A	7
Average Weighted Mean		4.07	A		4.16	A		4.11	A		4.11	A	

*Legend: 1.00 – 1.49 Does Not Affect (DNA)**3.50 – 4.49 Affect (A)**1.50 – 2.49 Slightly Affect (SA)**4.50 – 5.00 Greatly Affect (GA)**2.50 – 3.49 Moderately Affect (MA)**WM – Weighted Mean ; R – Rank ; I – Interpretation*

on time” (4.14) ranked 2; while “harmonious relationship with barangay officials” (4.12), and “fund allocation of the barangay officials to trainings & seminars of BHW” was ranked 3<sup>rd</sup> and 4<sup>th</sup>, respectively.

The duties and responsibilities of the BHWs are clearly defined and stated in Section 11 of the Senate Bill No. 2219, thus BHWs perform their duties and responsibilities independently as stated, and assistive to the Barangay Health Team for other functions. In support to the findings, Giugliani (2014) expressed that even though how small the incentive are, for as long as it is given and paid on time, people will be encouraged to work.

*Environmental Factors.* Based on the data, ranked as number 1, “active participation of the community in promotion of health and prevention of illnesses” having a weighted mean of 3.88; ranked 2, “appropriate care/

utilization of records & reports” (3.87); last in rank, “relationship with superiors and peers” (3.76) (see Table 8) .

Results showed that in the prevention of illnesses and promotion of wellness, active participation of the community is needed. These BHWs often serve as added workforce serving extension work, such as inviting community people to attend health educational activities; and do household and family surveys to gather current information and data about the residents of the community that may serve as baseline data in preparing guidelines and proposals. Maintaining harmonious relationship with community leaders and professional health workers is a critical element to the success of any community involvement (Iturralde, 2010).

**Table 8***Environmental Factors Affecting the Level of Competence of BHW*

	Indicators	BHW			CLIENTS			SUPERVISOR			AVERAGE		
		WM	I	R	WM	I	R	WM	I	R	WM	I	R
1.	timely transport to health care facilities	3.84	A	5.5	3.83	A	5	3.99	A	6	3.89	A	6
2.	interrelationship with people of the community	3.84	A	5.5	3.81	A	6	3.98	A	7	3.88	A	7
3.	relationship with superiors & peers	3.76	A	8	3.79	A	8	4.06	A	3	3.87	A	8
4.	proper information & communication system	3.86	A	3.5	3.85	A	3	4.01	A	5	3.91	A	3
5.	appropriate care/utilization of records & reports	3.87	A	2	3.89	A	1	3.97	A	8	3.91	A	3
6.	enough supplies, materials & equipment	3.82	A	7	3.80	A	7	4.07	A	2	3.90	A	5
7.	active participation of the community in the prevention Of illnesses & promotion of wellness	3.88	A	1	3.87	A	2	4.10	A	1	3.95	A	1
8.	condition of barangay health station & support facility	3.86	A	3.5	3.84	A	4	4.02	A	4	3.91	A	3
Average Weighted Mean		3.84	A		3.84	A		4.03	A		3.90	A	

*Legend: 1.00 – 1.49 Does Not Affect (DNA)**3.50 – 4.49 Affect (A)**1.50 – 2.49 Slightly Affect (SA)**4.50 – 5.00 Greatly Affect (GA)**2.50 – 3.49 Moderately Affect (MA)**WM – Weighted Mean ; R – Rank ; I – Interpretation***Table 9***Relationship between the profile and the level of competence of Barangay Health Workers as Community Organizer, Health Educator, and Health Care Service Provider.*

PROFILE	Community Organizer		Health Educator		Health Care Service Provider	
	CV	TV	CV	TV	CV	CV
Age	18.06	16.92	17.04	16.92	17.49	16.92
Sex	0.490	0.600	0.580	0.600	0.540	0.600
Civil Status	16.90	16.92	14.48	16.92	16.99	16.92
Educational Attainment	15.24	16.92	17.18	16.92	15.58	16.92
Employment Status	13.56	16.92	15.62	16.92	14.01	16.92
Length of Experience	15.11	16.92	17.28	16.92	13.43	16.92

*Legend: CV – Computed Value**TV – Tabular Value*

### *Relationship between the profile and the level of competence of Barangay Health Workers*

This section presents the relationship between the profile of the barangay health workers along age, sex, civil status, educational attainment, employment status and length of experience; and the level of competence of the barangay health workers in the 5<sup>th</sup> Congressional District of Camarines Sur using the Spearman rank method, Kendall's Coefficient of Concordance and Kruskal-Wallis. The computed values of each profile were compared against the tabular values at 0.05 level of significance so as to accept or reject the null hypothesis, and the results to be interpreted as significant or not significant.

*Profile vs Level of Competence of BHW as community organizer.* The computed value for age was 18.06 which was higher than the tabular value of 16.92 at 0.05 level of significance thus, the null hypothesis is rejected (see Table 9). It implies that age influence the level of competence of the BHW as community organizer. This finding is congruent to the conclusion of Haas, Mincemoyer and Perkins (2015) in their study on life skill development that life skills increase with age.

Furthermore, the profile sex, civil status, educational attainment, employment status, and length of experience had computed values lower than the tabular values: 0.49 (0.60), 16.90 (16.92), 15.24 (16.92), 13.56 (16.92), and 15.11 (16.92) at 0.05 level of significance hence, sex, civil status, educational attainment, employment status, and length of experience do not influence the level of competence of BHW as community organizer.

*Profile vs Level of Competence of BHW as health educator.* Table 9 showed the relationship of the BHWs' profile and level of competence as health educator. Based on the data, the profile along age, educational attainment and length of experience had computed values of 17.04, 17.18, and 17.28

which were greater than the tabular values of 16.92 at 0.05 level of significance hence, the null hypothesis is rejected. The profile along age, educational attainment and length of experience affect the level of competence of BHWs as health educator. Older people with higher educational capabilities are expected to be mature and full of experiences to be able to share knowledge and skills. Igloso (2016) attributed age, education, and length of service as among the factors that can influence the performance of employee.

On the other hand, the results of the profile sex, civil status and employment were interpreted as not significant. Since, the null hypothesis is accepted; the profile sex, civil status and employment do not affect the level of competence of the BHWs as health educator.

*Profile and Level of Competence of BHW as health care service provider.* Table 9 showed the data that profile age and civil status had computed values of 17.49 and 16.99 which were greater than the tabular value of 16.92 at 0.05 level of significance thus, the null hypothesis is rejected. This implies that profile age and civil status influence the level of competence of the BHWs as health care provider. As expected, the older and the married people that serve the barangay should be mature and responsible, and be confident to handle different situations that may come unexpectedly.

Whereas, when the computed values for the profile sex, educational attainment, employment status and length of experience were compared to the tabular values at 0.05 level of significance such as sex (0.54; 0.60); educational attainment (15.58; 16.92); employment status (14.01; 16.92); and length of experience (13.43; 16.92), the computed values were lesser than the tabular values hence, the null hypothesis is accepted. It can be noted that the profile sex, educational attainment, employment status, and length of experience has no bearing on the level of competence of the barangay health workers as health care service provider. Nova (2007)

negated the results of the study on the length of service wherein the former found out that length of service among other variables in the profile do not influence the level of competence. The latter study concluded that public health providers are competent along leadership and management depending on the length of service.

*Difference on the level of competence of Barangay Health Workers as perceived by the three groups of respondents.*

Results showed that all of the indicators as, community organizer, health educator, and health care service provider have a verbal interpretation of not significant, since the computed value is higher as compared to the tabular value at 0.05 level of significance, thus, accepting the null hypothesis. Where, the computed value for community organizer is 6.25, health educator is 7.03, and health care service provider is 16.41; all against the tabular value of 5.99 (see Table 10).

**Table 10**  
*Difference on the level of competence of the BHW as perceived by the respondents.*

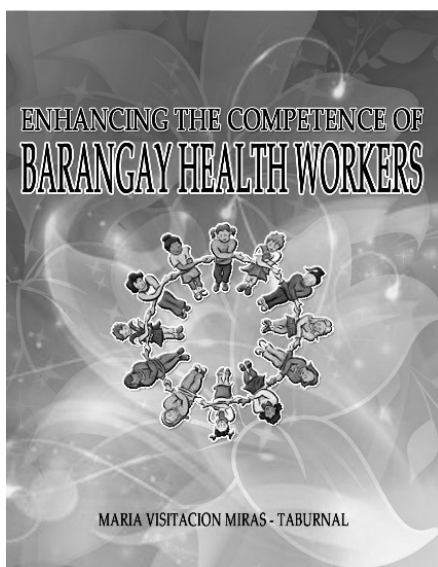
INDICATORS	COMPUTED VALUE	TABULAR VALUE AT .05
Community organizer	6.25	5.99
Health educator	7.03	5.99
Health care service provider	6.41	5.99

The perceptions of the clients, the supervisors, and the BHWs themselves as community organizer, health educator, and health care provider did not differ. These imply that the respondents have similar perceptions on the level of competence of the BHWs in their roles in the community as health advocates. Accordingly, the Community Health Workers (CHW) as the BHWs themselves are health advocates who provide services such as first aid; surgery assistance; operating room technician and equipment sterilization; treatment for minor

illnesses; dispensing drugs; giving pre- and post natal advice; delivering babies; giving child care advice; nutrition education; monitoring and feeding; immunization education, monitoring, and dispensing; family planning services; sanitation and hygiene promotion and education; communicable disease screening monitoring follow-up and medication provision; assisting in health center activities; making health care referrals; performing school health activities; collecting vital statistics; maintaining records, making reports; performing home visits ; and participating in community meetings (www.imva.org/pages/chws.htm.)

*Self-Learning Kit for Barangay Health Workers' Level of Competence*

The results of the study indicated that the barangay health workers were found to be competent but weak points were also identified in their level of competence, such as being a health educator. Due to lack of proper training as Barangay Health Worker, there is a need for training and re-training relevant to health topics such as Maternal and Child Health Care; Nutrition; Personal Hygiene, Communicable Diseases; Non-Communicable Diseases; Environmental Sanitation; Herbal Medicines; First Aid; Vital Signs; Promoting Hygiene and Comfort; Community Organization, and Communication in Community Development. However, with the self-learning kit, the BHWs can enhance their knowledge and skills on the different medical needs of the community folks. Thus, the delivery of quality health care services to the community can be ensured.



#### FOREWORD

This manual was developed to serve as a self-training kit for BHWs in their delivery of care to the individual, family and community, especially the mothers and children. It has been designed to develop the competence of BHWs as health educators, community organizers and health care service providers in the delivery of health care services to the barangay. It recognizes the rich experiences of the BHWs and bringing out their best by applying the learner-centered approach, wherein the ultimate goal is for the learner to take charge of her learning.

I hope that the BHWs will benefit much from this in terms of upgrading their skills, knowledge and practices. I am most pleased to present this self-training kit as a ready reference for use by the BHWs. This contains topics as, basic maternal and child health, proper nutrition, personal hygiene, infectious and communicable diseases, non-communicable diseases, environmental sanitation, herbal medicines and first aid; and simple procedures that the average BHW should need to know. This will serve as a reference and a resource book for the BHWs working in the community.

Thank you so much for your interest and most of all your dedication in furthering the effort to serve the greater Filipino community. In the spirit of health care and progress, I enjoin you to study this self-training kit as seriously as possible. Please use this resource book to lead others to healthier lives. You can make a difference.

*Maria Visitacion M. Taburnal*

## Conclusion and Recommendations

This study aims to determine the level of competence of Barangay Health Workers in the 5th Congressional District of Camarines Sur. The level of competence revolved around their three-fold function as community organizer, health educator and as health care provider; and the factors that affect their level of competence along, personal, political and environmental factors.

In the advocacy of “health for all” by the World Health Organization, the Philippines had implemented various programs of which the creation of the deployment of the Barangay Health Workers by the Letter of Instruction (LOI) 949 had been implemented. This makes the wellness program accessible for all even in the remote places. With the implementation, each barangay has as its own BHW. From these BHWs, majority are women, aged 45 and above, and married. Though most of these BHWs are high school graduates, unemployed, and very young in the service of 1 – 3 years yet they are rated as competent as community organizer, health educator, and health care service.

Moreover, the level of competence of the BHWs is affected by different factors namely, personal, political, and environmental.

On the personal factor, the need for trainings affect the BHWs; duties and responsibilities are well-defined as political factor; and active participation of the community in promotion of health and prevention of illnesses as environmental factor affecting the delivery of health care services of the BHWs.

Among the profile of the BHWs, age is significantly relevant to the level of competence of the BHW as community organizer; age, educational attainment, and length of experience influence the level of competence of the BHW as health educator; and age and civil status are significant to the level of competence of the BHW as health care service provider.

Perceptions of the BHWs, the clients and the supervisors on the level of competence of the BHWs as community organizer, health educator, and health care service provider are similar. Thus, one can conclude that the BHWs are really competent in their functions in the community. However, although the BHWs are competent yet there is a plan to enhance their functions to achieve perhaps being highly competent. As such, there can be a healthy community. Future directions of this research may pursue continuing education to be more

competent in their knowledge and skills especially as community organizer, health educator and health care service provider; harmonious working relations with co-workers, supervisors, barangay officials and the clientele may be established for work to be effective; continuous attendance to seminars, trainings and re-trainings is highly encouraged; to conduct self-work assessment; and BHWs use the BHW intervention bundle as a guide and reference in the delivery of health care services. Selection of BHW must be well defined to ensure effectiveness of service; give awards, recognition, incentives, appreciation or acknowledgement for good performance; propose policies and barangay ordinances for the welfare and benefit of the BHWs; consider the BHWs as among their priority in appropriating budgetary allocation. May treat BHWs as an indispensable member of the health team; appreciate the role of the BHWs as members of their team; regular performance evaluation of BHW; and provide BHWs the opportunity to learn new knowledge and skills through orientation and trainings about the different programs of the Department of Health. Benefits and bonuses due them, may be given to them; the full implementation of R.A. 7883, known as "An Act Granting Benefits and Incentives to Accredited Barangay Health Workers and for Other Purpose"; accreditation of BHW be considered to ensure the quality of health services that these BHW will provide to the barangay; monitor the strict compliance to the provisions of R.A. 7883, known as "An Act Granting Benefits and Incentives to Accredited Barangay Health Workers and for Other Purpose", specifically on the benefits, privileges and incentives of the BHWs. The Barangay Health Workers, just like any other employee needs also some form of motivation to enhance their work output and job performance; and to conduct research studies on other topics related to BHWs may be undertaken. This research may be cited as a related study in the conduct of similar studies. Research studies on other topics related to BHWs may be undertaken.



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