POST-DISASTER ACCESSIBILITY OF BASIC SOCIAL AND HEALTH SERVICES FOR THE SUBANENS IN ZAMBOANGA DEL NORTE

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Abstract

Successful community recovery is the level of health and social vulnerability that exists and the extent to which health and social services are effectively provided. Post-disaster often uncovers health and social inequalities such as differential distribution of resources that often affect racial/ethnic minorities especially those who are situated in remote areas. This study was conducted to look into the post-disaster accessibility of basic health and social services among the Subanen minority in the province of Zamboanga del Norte. It involved 397 Subanen-respondents from the three municipalities of the province, namely: Siayan with 167 respondents, Sindangan with 185, and 45 respondents from Godod. Results showed that the basic health services were rendered to the Subanen community. However, the social services were least accessed by the respondents. This necessitates the creation of health and social coalition that would foster collaboration among a variety of professionals and allow the province to address specific issues concerning health and social needs as they arise in the Subanen community. This could lead further to public outreach, creation of education programs, and establish long-term monitoring procedures.

Keyword and Phrases: *post disaster, accessibility, social and health services*

Introduction

Post disaster is a condition of losses in lives, health status, livelihoods, assets and social services, which could occur to a particular community or a society. It is a serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources. The devastating effects of natural disasters often uncover health and social inequalities such as differential distribution of resources that often affect racial/ethnic minorities especially those who are situated in remote areas. Health and social protections are commonly unfolded to victims and fatalities as part of the disaster management cycle.

Loyd-Jones (2006) asserted that the disaster management cycle contains four phases, namely: preparedness, response, recovery, and mitigation. Of these four phases, recovery is the most poorly understood and has been the least well researched (Schwab, 1998). Recovery refers to longer term activities undertaken to recover from a disaster event in an attempt to return the community to pre-disaster norms (Joakim, 2008). This necessitates immediate response to disaster accessibility to health and social services (Clinton, 2006).

However, Alesch (2004) pointed out that communities rarely return to pre-disaster form as they struggle to achieve viability in the newly-emerging environment within which they exist. In support to this argument, observations revealed that many of the post-disaster victims relied on the health and social services that the government and other agencies are providing. The United Nations Development Programme (2014) emphasized that disaster response entails the decisions and actions taken after a disaster with a view to resorting or improving the pre-disaster living conditions of the stricken community. Moreover, accessibility to health and social services as disaster response encourages and facilitates necessary adjustments to reduce disaster risk.

Hence, this study is conducted to look into the post-disaster accessibility of basic health and social services for the Subanens in the province of Zamboanga del Norte. Primarily, it profiles the respondents and determines whether the respondents' profile translates the post-disaster accessibility of basic health and social services. Most importantly, the results of the study will provide baseline information for Jose Rizal Memorial State University System to enforce extension services particularly on health and social services to the Subanen community. Moreover, outcomes of the study will aid the Department of Social Welfare and Development, Local Health Offices, and the Local Government Units to formulate a coalition to drive the Subanen community to access basic health and social services.

Methods and Materials

This study employed the descriptive-survey method of research with the aid of the researcher-made questionnaire. It surveyed 397 Subanen-respondents in which 167 were from the Municipality of Siayan, 185 were from the Municipality of Sindangan, and 45 were from the Municipality of Godod. The instrument used included the personal and demographic profile of the respondents and the accessibility of basic health and social services. Frequency count and percent were used to quantify the profile of the respondents and their responses to the post disaster accessibility of basic health and social services. Moreover, Chi-square test was utilized to determine whether the personal and demographic profile of the respondents directly or indirectly translated their post-disaster accessibility of basic health and social services.

Results

Profile of the Respondents in terms of Gender, Educational Qualification, Age, Civil Status, Family Monthly Income, and Occupation . Figure 1 discloses that the respondents were generally male (58.7%) with low level of education (78.3%), younger than 35 years old (59.2%), experienced a married life (74.3%) with low income (54.9%), and engaged in unappealing occupation (63.7). This means that education of the respondents is not their priority and leads them to a job with unattractive salary. It can be inferred further that a low earner could hardly provide better education, thus, landing repellent occupation. Tilak (2005) corroborated that lack of education is a key factor in income poverty, and conversely, absence of sufficient income/earnings leads to education poverty. However, it was found out in the study of Galleto and Bureros (2012) that

poverty reduction statistics did not strongly link to the educational services in the province of Zamboanga del Norte.

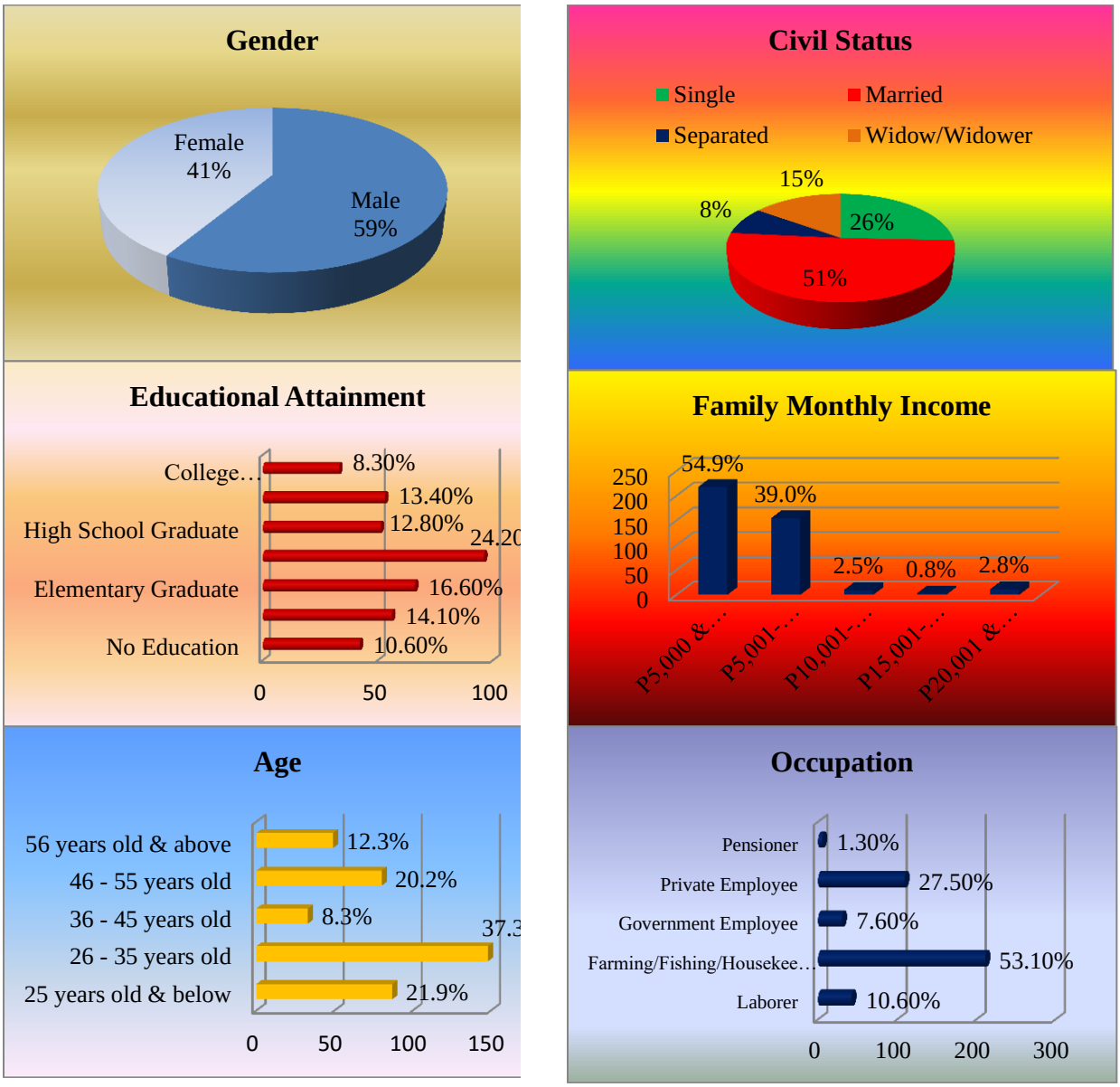

Figure 1 **Profile of the Respondents in terms of Gender, Educational Qualification, Age, Civil Status, Family Monthly Income, and Occupation**

Profile of the Respondents in terms of House Type, Evacuation Center, Distance of Home from Business Centers, Home Location, and Type of Worst Disaster Experienced. Figure 2 shows that the respondents dwelt in a house made of light materials (73%) which were located along sloping land (67%) and at distance of more than 15 km (58.9%) away from business centers. Moreover, almost 70 percent (67%) of the disaster victims were temporarily housed in tent/barong-barong. They were

experiencing landslide (37.8%) as the worst, tropical cyclone (35.3%), and floods (27%) as the least. Observation revealed that usually tropical cyclones are accompanied by heavy rains which resulted to flood and landslide. Shultz et. al (2005) supported that the main effects of tropical cyclones include heavy rain, strong wind, large storm surges at landfall, and tornadoes.

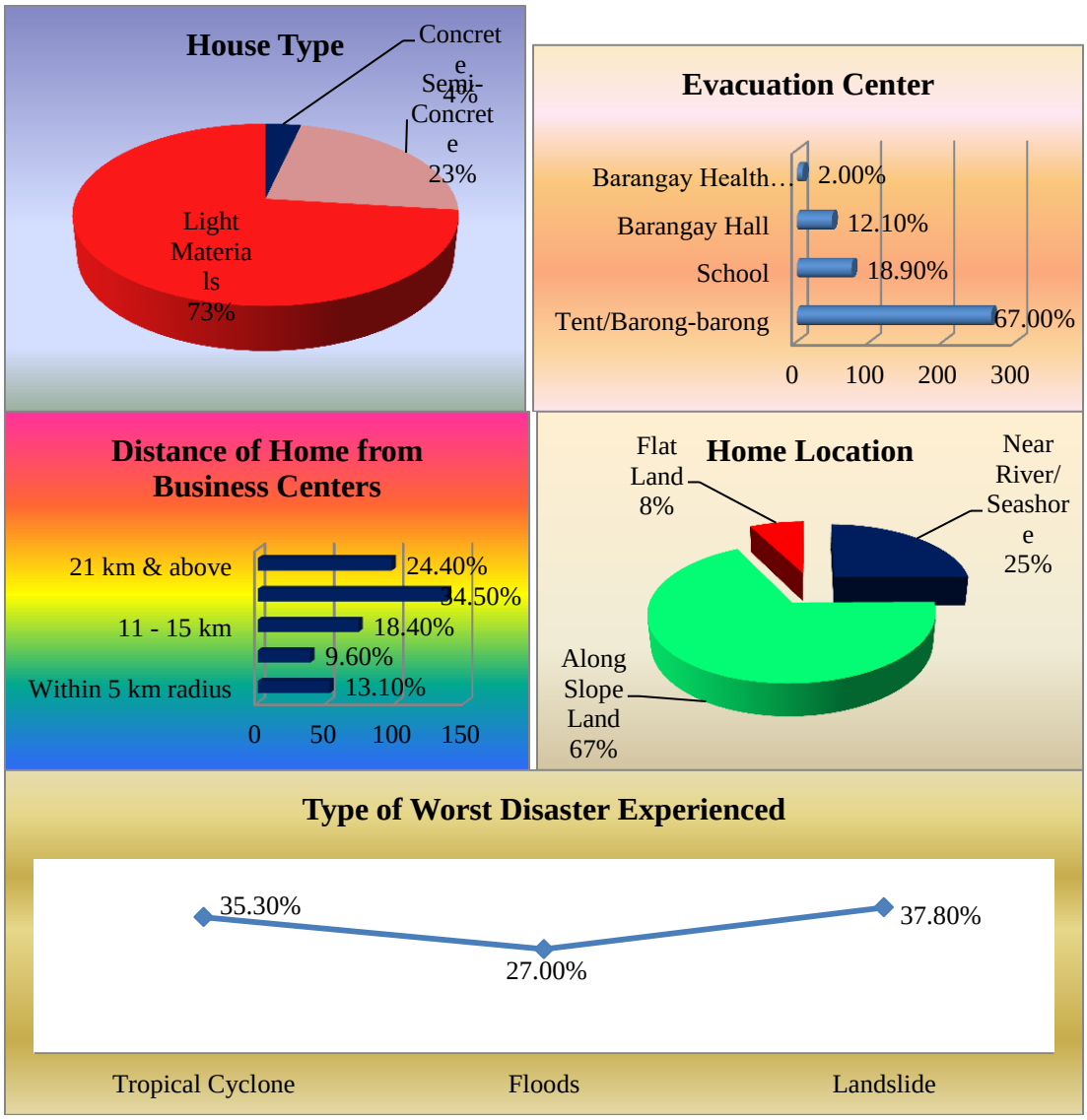

Figure 2 **Profile of the Respondents in terms of House Type, Evacuation Center, Distance of Home from Business Centers, Home Location, and Type of Worst Disaster Experienced**

Post-Disaster Accessibility of Basic Health Services for the Subanens in Zamboanga del Norte. Table 1 reveals the top three basic health services that were dominantly accessed by the Subanens, namely : Mass of bed-nets are distributed; Medical kits, medicines, medical inputs and replacement; and Free health services and access to essential medicines are provided. In totality, 72 percent of the respondents indicated that

they were able to access basic health services while 28 percent denied the accessibility of the basic health services. It means that basic health services were delivered and disseminated as confirmed by the respondents. However, the considerable percent of the respondents who were denying the accessibility of the basic health services could be attributed to vulnerable populations with prior health disparities because of race, poverty, and less than optimal health care coverage and often have chronic conditions characteristic of their sociopolitical standing leaving these at-risk individuals in greater peril following a disaster (Runkle et. al, 2012).

Table 1 Post Disaster Accessibility of Basic Health Services

Descriptors	Yes	Percent	No	Percent
16. Temporary pre-hospital units to treat injuries, and/or medical evacuation are in place.	317	79.8	80	20.2
17. Supplementary and therapeutic feeding activities are conducted.	149	37.5	248	62.5
18. Mass of bed-nets are distributed.	397	100	-	-
19. Appropriate communicable diseases prevention measures in the evacuation centers are ensured.	124	31.2	273	68.8
20. Hypertension, diabetes and infectious diseases treatment are provided.	110	27.7	287	72.3
21. Vaccination campaigns to include tetanus are disseminated.	389	98.0	8	2.0
22. Access to psychological first aid to people in acute distress is ensured.	89	22.4	308	77.6
23. Safe drinking water, and wastewater, solid waste and medical waste disposal is ensured.	185	46.6	212	53.4
24. Trained community outreach workers are deployed.	386	97.2	11	2.8
25. Free health services and access to essential medicines are provided.	395	99.5	2	0.5
26. Free access to medicines during the emergency phase is served.	355	89.4	42	10.6
27. Medical kits, medicines, medical inputs and replacement of drug kits/vital medicines are given.	397	100.0	-	-
28. Early warning system including disease surveillance is strengthened.	166	41.8	231	58.2
29. Health workforce is replaced, strengthened, and/or reactivated when necessary.	352	88.7	45	11.3
30. Health safety, basic needs and rights of the victims are addressed.	234	58.9	163	41.1
Overall	**286**	**72.0**	**111**	**28.0**

Post-Disaster Accessibility of Basic Social Services of the Subanens in Zamboanga del Norte. Table 2 reflects that bulk of the respondents (58.2%) failed to access the basic social services from the government after disasters. This implies that the concerned

government agency was reluctant in responding the risks after disasters and, hence, the respondents preferred to stay in the tent/barong-barong as their evacuation venue which crucially in need of the basic social services. Hillsborough County Post-Disaster Redevelopment Plan (2014) stressed that successful community recovery is the level of social vulnerability that exists and the extent to which social services are effectively provided.

Table 2 Post-Disaster Accessibility of Basic Social Services

Descriptors	Yes	Percent	No	Percent
16. Access to food, shelter, water, etc. by concerned government agencies is facilitated.	184	46.3	213	53.7
17. Linkages between vulnerable populations and service systems are created.	133	33.5	264	66.5
18. Linkages among service systems to make resources more accessible to people are formulated.	186	46.9	211	53.1
19. Community has preparations to respond for chaotic disasters.	151	38.0	246	62.0
20. Safe evacuation facilities are provided.	144	36.3	253	63.7
21. **Logistics and transportation are provided.**	166	41.8	213	58.2
22. **Communication access between field and headquarters is ensured.**	158	39.8	239	60.2
23. **Communication with accurate media coverage is elicited.**	108	27.2	289	72.8
24. Psychological debriefing is highly consistent with social work's orientation.	136	34.3	261	65.7
25. Debriefing emphasizes coping mechanisms is conducted.	138	34.8	259	65.2
26. Debriefing is conducted on community social support	138	34.8	259	65.2
27. Debriefing stresses social connections through networking.	166	41.8	231	58.2
28. Psycho-educational teaching about typical stress responses and useful coping mechanisms that provide a framework for understanding the traumatic event are enforced.	213	53.7	184	46.3
29. Ideas and plans for healing, self-care, and mutual aid and support are elicited.	131	33.0	266	67.0
30. Services are provided for the physical, social, emotional and financial needs of those affected.	142	35.8	255	64.2
Overall	**166**	**41.8**	**231**	**58.2**

Test of Difference of Post-Disaster Accessibility of Basic Social and Health Services as to Personal and Demographic Profile. Table 3 reveals that age of the respondents significantly differed in the post disaster accessibility of the basic social and

health services. This means that the young ones accessed health and social services differently from the old ones. This may construe that priority services are most often extended to the senior citizens.

Likewise, educational qualification of the respondents significantly differed in the post disaster accessibility of basic health and social services. This could mean that the educated Subanens accessed basic health and social services differently from those with less education. This would also suffice to the fact that educated individuals dominated the least.

Further, the finding revealed that civil status of the respondents differed significantly in the post disaster accessibility of basic health and social services. This means that married Subanen accessed basic health and social services differently from those with single or widow status. It is a fact that married Subanens are expected to have siblings who are prone to diseases after a disaster thus given priority to the services than the single ones.

Similarly, monthly family income of the Subanen also differed significantly in the accessed of basic health and social services. This means that the higher income family reached out basic health and social services differently from those with low income. It can be understood that low earners' Subanens were may be given the most priority to access of the health and basic services.

Occupation was also found significant in the accessed of basic social and health services. This means that those with decent jobs accessed the services differently from those with indecent jobs. It could mean further that those with indecent jobs like farmers and fishers were given priority to access basic health and social services than their counter part. In the same vein, house type and location were also significantly differed in the access of basic health and social services. It could be inferred that those who were residing in a house made of light materials and situated in sloping region prone to landslide accessed basic health and social services differently than their counter part.

Furthermore, distance of home from business centers, evacuation center, and type of worst disaster experienced were also found indicators for a difference in basic social and health services accessibility among the Subanen-respondents. It can be inferred that those living far away from business center accessed least basic health and social services than those who were situated near to the center of the business. This is also true that the nearer to the services is the closer to access the services. Further, it was revealed that those who resided in remote areas preferred to build barong-barong as their evacuation center, thus, less to access the basic health and social services offered by providers. Moreover, different exposures to hazards entailed also different basic health and social services needed of the victims.

However, gender did not differ in the post-disaster accessibility of the basic social and health services among the Subanen-respondents. This means that males and females

had accessed equally in the basic social and health services. It can be concluded that what the females received was also obtained by their counterpart.

Table 3 Test of Difference of Post-Disaster Accessibility of Basic Social and Health Services as to Profile of the Respondents

Profile	Health (X^2)	*p*-value	Interpretation	Social (X^2)	*p*-value	Interpretation
Gender	0.887	0.346	Not Significant	1.327	0.249	Not Significant
Age	9.507	0.050	Significant	13.696	0.008	Significant
Educational Attainment	43.358	0.000	Significant	101.381	0.000	Significant
Civil Status	24.976	0.000	Significant	50.918	0.000	Significant
Monthly Family Income	9.956	0.041	Significant	35.729	0.000	Significant
Occupation	22.477	0.000	Significant	66.684	0.000	Significant
House Type	56.850	0.000	Significant	155.188	0.000	Significant
Home Location	51.963	0.000	Significant	225.453	0.000	Significant
Distance of Home from Business Centers	87.165	0.000	Significant	184.055	0.000	Significant
Evacuation Center	75.882	0.000	Significant	204.035	0.000	Significant
Type of Worst Disaster Experienced	58.860	0.000	Significant	203.851	0.000	Significant

Discussion

The post disaster accessibility of basic health services among the Subanens in Zamboanga del Norte was properly carried out. The disparity, however, could be attributed in the community outreach workers who are deployed and provided their health needs. Likewise, the access to social services is least served in the Subanen community. The safe evacuation facilities, logistics and transportation and the communication access which are the basic needs in time of post-disaster were impliedly denied by the respondents.

Yet, observation confirmed that Zamboanga del Norte currently has a large number of health and social service agencies and organizations that provide a diverse spectrum of programs to different segments of the population in the province. It is apparent that, after a disaster, the amount of people in need of assistance and health services increases making health and social services crucial to expand capacity to reach a greater number of residents. Implementing recruitment and staff training programs are ways to ensure that agencies and organizations have adequate workers to meet an increased need. The province therefore should target recruitment efforts on medical professionals including those that specialize in homebound patients, the elderly, and health and social services providers.

On the other hand, health and social needs of a community change usually after a disaster and meeting these needs require a wide variety of services to the Subanen community during redevelopment. These health and social needs vary throughout the population and may be specific to the province. The creation of health and social coalition would foster collaboration among a variety of professionals and allow the province to address specific issues concerning health and social needs as they arise in the Subanen community.

Moreover, post-disaster accessibility of basic health and social needs should be a major concern of the province and residents. A coalition that specializes in health and social services would expand the province's capacity to address these issues and could focus on concerns about health- and social-related needs of the province. The coalition could lead public outreach and education programs and establish long-term monitoring procedures.

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