IMPACT OF NUTRITION PROGRAM TO FOOD INSECURE HOUSEHOLDS

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APPROVAL SHEET

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The Researcher

DEDICATION

" Keep your THOUGHTS positive
because your thoughts become your words.

Keep your WORDS positive
Because your words become your behaviour

Keep your BEHAVIOR positive
Because your behaviour becomes your habits

Keep your HABITS positive
Because your habits become your values.

Keep your VALUES positive
Because your values become your destiny"

-Mahatma Gandhi

My warm love and heartfelt gratitude to my husband "jay", to my parents, siblings, co-workers, the hardworking nurses in the health care profession and most especially to the Almighty God for without them, the accomplishment of this study would not have been possible.

TO GOD BE THE GLORY!

Lany

ABSTRACT

This study aims to determine the impact of nutrition related programs to food insecure households in selected Barangays of Tarangnan, Samar. The researcher used the descriptive-correlational method of research. This design described the level of food insecure households in selected barangays in Tarangnan, Samar. Moreover, correlational methods will be utilized to determine the relationship between levels of food insecurity to availability of nutrition programs. A 97% of household respondents in all level category of food insecurity availed nutrition program and services and to ascertain the relationship between the food insecure Households to the extent of availment of Health and Nutrition program and services, A p value of <0.05 was considered to be statistically significant. Therefore, the hypothesis, "There is no significant relationship between food insecure households to nutrition programs and services availability" is accepted. This implied that the respondents availability to health and nutrition programs and services are not dependent on food insecurity of the households. Collectively, the result shows that there is a high level of involvement and utilization on nutrition and health services of household respondents, the awareness of respondents to health care services offered by the Municipal Health Unit generally demonstrates high availability to nutrition programs and services. For the recommendation, the researcher would like to recommend the improvement and achievement of agricultural enhancement and productivity, the adoption of the green revolution program to food access, community and home gardening.

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Chapter 1

THE PROBLEM AND ITS SETTING

Introduction

Food insecurity exist when people do not have adequate physical , social or economic access to food (Adisie et al.. 2016) limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways (FAO, 2010). When food is limited in the household and the household does not have the access to food because of the lack of money to buy, the health and nutritional status of household members are compromised.

The presence of poverty and food insecure people around the worldare 108 million in2016, had increased compared with 80 million in 2015. In terms of undernourished people the estimated number increased from 777 million in 2015 to 815 million in 2016. The proportion of the world's population that suffers from chronic hunger (prevalence of undernourishment) and the number of undernourished people on the planet has increased (FAO,2017).

The link between malnutrition, poor health and food insecurity to households specially to children below five as well as the effectiveness of the nutrition program and health intervention in improving nutritional status of the children are the realization of the global impact of food insecurity and hunger on human and economic

development, the United Nations commit to end poverty and hunger and achieve sustainable development over the next 15 years (2016-20130). A world without hunger and malnutrition by 2030 will be challenging and that accomplishing it will be require a sustained commitment and efforts an enormous challenge to the government.

In the Philippines, food insecurity is expected to be prevalent in the rural areas and in the country the Social Weather Station (SWS) observed the incidence of household hunger in 2008 at 18.9%. Hence, the second quarter of 2017 found a decline to 9.5% or an estimated 2.2 million families experiencing involuntary hunger at least once in the past three months. The Food Insecurity survey Component of the 7th National Nutrition Surveys (NNS) of the Food and Nutrition Research Institute, Department of Science and Technology (FNRI-DOST) using the Radimer-Cornell hunger and food insecurity tool continuously reveal high percentages for households who are food insecure, was 78.6%, respectively (NNS).

Moreover, the Core local poverty indicator using the Community Monitoring Based Survey of 2008 in the municipality of Tarangnan to food shortage revealed that 12.04% of the households are food insecure, thus, out of 4,445 households 535 households are food insecure below household poverty threshold income d and experienced food shortage for a long period of time hence, in 2010Tarangnan rank first in the entire region 8 with highest prevalence rate of 36.9% of underweight and severely underweight children ages 0-71

months old, a municipality with high incidence of underweight and severely underweight children is alarming to the locality , the National Nutrition Council region 8 challenges the local nutrition council for the alarming result as to have higher chance of child mortality rate .Furthermore, because of that incidence local television program like GMA 7, TV 5 have coordinated to the provincial and local officials to conduct a reality story show to the food insecure household in Tarangnan. Local Nutrition Committee was alarm by the said incidence and various nutrition and health related intervention was done to manage the malnutrition problem in the locality all throughout the years with the help of NGO's and other national programs.

At the conclusion of the study, the researcher hopes to know the impact of health and nutrition related programs and able to contribute towards the improvement and alleviation of food insecurity and shed light on positive and negative aspect on health , nutrition and the role of the community healthcare provider in promoting health and nutrition services.

Statement of the Problem

This study aims to determine the impact of nutrition related program to foodinsecure households in selected Barangays of Tarangnan, Samar. Specifically it answered the following specific questions:

1. What is the profile of the respondents as indicated by their:

    1.1 Age;

1.2 Sex;

1.3 Marital Status;

1.4 Educational Attainment;

1.5 Occupation;

1.6 Monthly Household Income?

2. What is the aimed levelof Household's Food insecurityin selected barangays of Tarangnan Samar?

3. Is there a significant relationship between food insecure and the profile acquired by the respondents?

4. What is the extent of availment to nutrition program of the respondents?

5. Is there a significant relationship between the food Insecure Households to the extent of Health and Nutrition program availment.?

6. What are the problems encountered during availment of the nutritional program?

Hypotheses

1. There is no significant relationship between food insecure and the profile acquired by the respondents.

2. There is no significant relationship between food insecure households to the extent of health and nutrition program availment.

Theoretical Framework

This study was anchored on several theories that serve as a guide to the researcher.

The theoretical framework of this study is based on the Sister Callista Roy Adaptation theory of nursing sees the individual as a set of interrelated systems (biological, psychological and social). The individual strives to maintain a balance between these systems and the outside world, but there is no absolute level of balance. Individuals strive to live within a unique band in which he or she can cope adequately.

The theory of Roy's has three concepts: the human being, adaptation, and nursing. The human being is viewed as a biopsychosocial being who is continually interacting with the environment. Adaptation is the human being's goals, to create profound stability and adaptation to situational life events like a challenged with poverty and internal pressures (Roy and Roberts 1981, Buckners, 2014). Three types of stimuli influence an individual's ability to cope with the environment. These include the focal stimuli, contextual stimuli, and residual stimuli. Focal stimuli are those that immediately confront the individual in a particular situation. Focal stimuli for a family include individual needs; the level of family adaptation; and changes within the family members, among the members and in the family environment and the comprehensive community based approach facilitated adaptation applying theory in post-crisis environment (Buckner ,2015) .

On the other hand, our theoretical framework was anchored to Abraham H. Maslow , the Maslow's hierarchy of needs, he structured the theory of human motivation and of hierarchy of basic human needs that comprises a five tier model of human needs, often depicted as a pyramid of hierarchical levels and as follows: Biological and physiological needs - air, food, drink, shelter, warmth, sex, sleep. Safety needs - protection from elements, security, order, law, stability, freedom from fear. Love and belongingness needs, Esteem needs and Self-actualization needs - realizing personal potential, self-fulfillment, seeking personal growth and peak experiences. A desire "to become everything one is capable of becoming". Getting enough food to eat is the most important thing to people, if people have enough, acceptable, reliable, good tasting food, then they seek out novel food experiences and begin to make choices as what to eat for instrumental purposes like to calories and nutritional balance (Wade, 2010).

As we get our basic needs met, we move up the pyramid. Our needs become more psychological and social rather than physical. Soon, our needs for love, friendship and intimacy become important for our overall wellbeing and health. Later, our needs for personal self esteem and the ability to accomplish goals become important. Maslow puts self-actualization at the very top, which is the highest "need" of a human, the need to grow and develop as a person to reach your fullest potentials. Indeed, if you've found yourself bored by the pace of your everyday routine, itching for something "deeper" or "greater" for your life, then you're experiencing your self-actualization need ('Brien, 2014).

Conceptual Framework

As reflected in the diagram, the study made an attempt to determine the impact of nutrition program to food insecure households in Tarangnan, Samar.

Figure 1 shows the conceptual framework of the study. The diagram shows the demographic profile of the respondents the next variable as food insecurity exists when people did not meet the basic needs as to biological and physical needs according to Maslow's hierarchy of needs. Thus, resulting the individual to adapt such phenomena to attain those needs to air, food, water, shelter and safety (Roy's Adaptation Model) and the need to nutritious food to meet their dietary needs, need to food to suffice hunger and food insecurity and for an active and healthy life as to Food availability: The availability of health and nutrition programs and services, insufficient quantities of food of appropriate qualities as to Food access: Access by individuals to adequate resources like entitlements to acquireappropriate foods for a nutritious diet, for nutritional level of the family member outcome as for survival to handle the particular demand.

In addition to meeting nutritional requirements to nutritional status outcome is important and utilization of food through adequate diet, clean water, sanitation, and health care services and nutrition related interventions as to policy re-direction towards adaptation and strengthening the Philippine Plan of Action for Nutrition , in order to reach a state of nutritional well-being and empower food insecure household , this implies that a single indicator cannot

summarize the complexity of food security encompassing many factors to attain balance if all goes well, the parts of society produce order, stability, and productivity (Maxwell 2008). If all does not go well, the parts of society then must adapt to produce new forms of order, stability, and productivity. This also brings out the importance of non-food inputs in food security.These phenomena where in most case households adopt various behaviors in order to protect households' members, particularly young children from negative consequences, it is necessary to consider households vulnerable to food insecurity as to formulating health and nutrition effort s and programs for intervention. Without government support, the households member most likely to experience hunger and malnutrition.

Therefore, the success of a given community program that can keep everyone goal oriented, unified and to accomplish the task on hand can be attributed to the perceived health value of each members. Thus, empowerment and motivation of every individual is important for bringing about health and nutrition improvement of the community and its members.

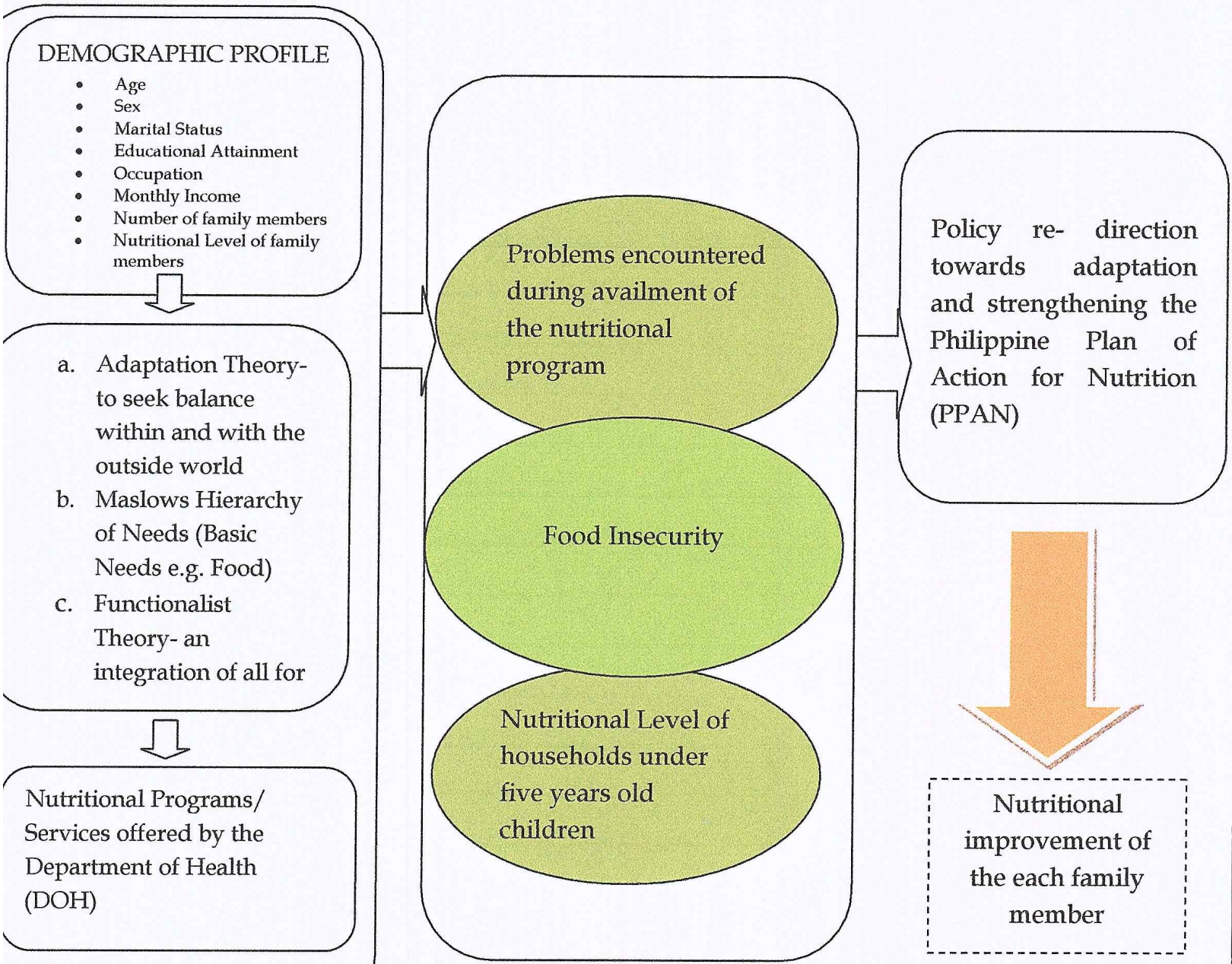

Figure 1. Conceptual Framework of the Study

Significance of the Study

This study was conducted to determine the impact of nutrition program to food insecure households in selected barangay of Tarangnan, Samar.

The finding of this study was useful to the parents, children, Barangay and local unit, nursing department and future researchers.

To the Administration/Local Executives. This study will serve as evidence and guide to come up a necessary measures, programs and project to alleviate hunger, food insecurity geared towards improving food availability in solution to eradicate risk to food insecurity and malnutrition in the locality.

To the Parents. This study could help the parents and guardians to be empowered as to increase their awareness on the health and nutrition services, food consumption, and importance of nutritious and balance meal, nutrient-energy dense food and provide opportunities to adopt food seeking behaviors to reduce the odds of having food insecure children.

To the Children. They will access to right to health, food and end hunger to fight malnutrition.

To the Barangay Officials. This study will serve as evidence and guide to come up a necessary measures, programs and project to alleviate hunger, food insecurity geared towards improving food availability in solution to eradicate risk to food insecurity and malnutrition in the barangays level.

To the Nursing Department. This study will provide valuable inputs about the health,nutrition and community nursing.

To the Future Researcher. Will able to serve as baseline information which may be utilized by researcher in conceptualizing a researchable problem or similar nature in conducting a research study in community or any areas regarding nutrition involving variables.

Scope and Delimitation

This study has a number of respondents which total of 351, particularly households with under- five years old children.

This study was conducted in the municipality of Tarangnan, Samar a fourth class municipality in the province of Samar. The municipality is situated in the west portion of the island of Samar, bounded on the north by the municipality of Pagsanghan and San Jorge in the south by the capital city of Catbalogan .Tarangnan is about 36 Kilometers away from Catbalogan City. It is politically subdivided into 41 barangay and with a population of 27,051 according to Philippine Statistics Authority on 2017 with total of 4,445 Households based to the Community Based Monitoring Survey data of 2014-.

The study delimited to assess the household in the selected barangays to food insecurity situation and the extent of their nutrition program availment to the selected top barangays on the basis of the highest prevalence of household food insecurity based on Community Based Monitoring Survey (CBMS 2008-2013 ,2014-2018) data as local poverty indicator , using a convenience sampling

technique and a chosen Household will be given a set questionnaire to gain reliable information.

The locale of the study (Figure 2) was selected from the top 5 barangay based on the proportion to food shortage in the municipality of Tarangnan, the distribution to the population respondents see (Appendix K) a total population of 351 households, with (100) respondents coming from Brgy.Tigdaranao, (50) Bry. B Poblacion , (100) from Brgymajacob and (50) from barangay Balugo ,(51) Barangay Balonga-as Tarangnan Samar , Household heads or mother as the main respondents with the use of questionnaires as the major instrument in gathering data. The household respondents' should be in good condition and willing to participate and may answer questions without hesitations to the interviewer. The person should be conscious and should not be mentally incompetent.

Since the concept of food security is elusive that the researcher does not cover the entire food insecure barangays in a short period of time and with limited budget, the study has certain limitation.

An Standardized questionnaire- checklist is used, the Household Food Insecurity Access Scale (HFIAS) an adaptive approach used in estimating the prevalence of food insecurity also their actual food adequacy experiences and food access it also included questions on thereavailment to health & nutrition program services and their actual perception to barriers in availing the nutrition program.

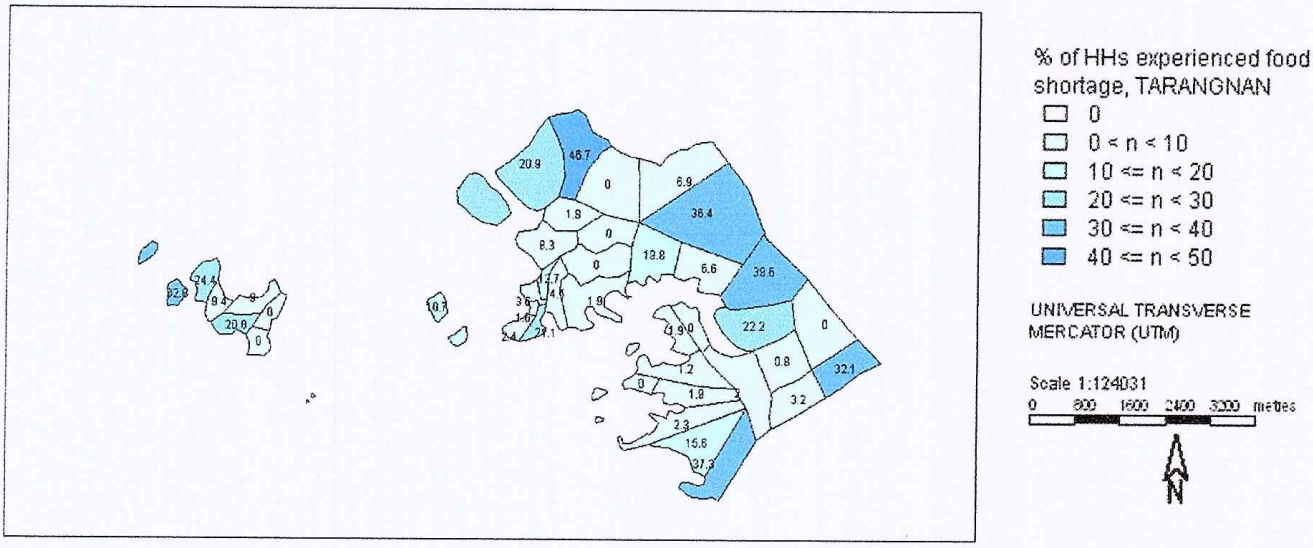

Figure 2. Locale of the Study

Definition of Terms

In order to provide common reference among the readers, the following terms are defined:

Extent of Utilization. This phrase refers to the level of use and consumption of the various health and nutrition related services offered by the department of health (DOH). In this study, this term is used as household respondents' utilization and availment to nutrition program and services.

Food Access. Access by individuals to adequate resources (entitlement) for acquiring appropriate foods for a nutritious diet. In this study, this term used to measure household respondents access to food locally.

Food Insecurity.Unavailability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways, insufficient purchasing power and inadequate utilization at household level (FAO, 2010). In this study, this term used as basis of household's access to food physically, socially and economically.

Households. Those who dwell under the same roof and compose a family; also: a social unit composed of those living together in the same dwelling.(Merriam-Webster).In this study, this term used as the one to be assessed, on how they cope together as family in hunger and food security.

Hunger. The uneasy or painful sensation caused by the lack of food.The recurrent and involuntary lack of access to food (FNRI-DOST 2012). In this study, this term used as one of the basis of households severe level of food insecurity.

Malnutrition. Refers to deficiencies, excess, or imbalances in a person's intake of energy and /or nutrients. In this study, this term used as indicator of a serious problem in children under five years old.

Plan of Action for Nutrition (PPAN). It is the country's blue print, a framework, a strategy to improve the quality of human resource and reduce child and maternal mortality in the country. In this study, this term used to recommend this program to address malnutrition problem in the locale study.

Underweight. Low weight-for-age ;WHO Global data base on Child Growth and Malnutrition using a Z-score cut-off point often ,-2 and .+2 Z-scores. In this study, this term used to assess and measures child classification on malnutrition .

Vitality.The state of being strong and active; energy.The power giving continuance of life, present in all living things. In this study, this term used to know and measures respondent's food insecurity severity as to their perception.

Chapter 2

REVIEW OF RELATED LITERATURE AND STUDIES

There are significant literatures and studies that take into some aspects of this research had been surveyed and reviewed to have better insights on conducting the present study. These include the foreign and local studies done with the same concept in measuring and assessing the coping mechanism of food insecure households. This chapter presented the review of related literatures and studies gathered by the researcher to support the study such as books, journals and other reading materials including internet access.

Related Literature

The following related literature was taken from different reading materials that are relevant to the present endeavor of the researcher.

The root cause of household food insecurity is poverty, the presence of poverty in general and food insecurity in particular due to inefficient agricultural marketing system, underdeveloped transport and communications networks, underdeveloped production technologies, limited access of rural households to support services, environmental degradation, and lack of participationby rural poor people in decisions that affect their livelihood, has been a longstanding and still is a big challenge (IFAD,2012). Hunger as an important indicator of food insecurity about the Universal Declaration of Human Rights, recognizes the

individual's right "to a standard of living adequate for the health and wellbeing of himself and his family, including food, clothing, housing, and medical care." Food insecurity—chronic malnutrition, persistent hunger, even starvation—still afflicts more than one in seven of the world's people. "When people are subjected to chronic physical hunger, as well as malnutrition, they become more susceptible to disease". According to Butterly and Shepherd, as a result of its effects, chronic hunger becomes the leading cause of death throughout the world.

A healthy diet encompasses a wide range of benefits, with positive impacts on nutrition, overall health, economy as well as the environment. The Department of Health (DOH), thru the National Nutrition Council, leads the nation in greater awareness on the importance of nutrition among Filipinos.

An adequate food intake, in terms of quantity and quality, is a key to healthy life. Malnutrition is the most serious consequence of food insecurity and has a multitude of health and economic implications over the past several years, USAID's Food and Nutrition Technical Assistance (FANTA) project has supported a series of research initiatives to explore and test different options for meeting this need,and various studies have been conducted to assess food insecurity at the global level; however, the literature is limited and some study in India and US about the food insecurity was assessed using Household Food Insecurity Access Scale (HFIAS). Hence that food insecurity and hunger are managed phenomena where in most case households adopts various behaviorsin

order to protect households members, particularly young children, from the negative consequences.

Health services utilization mirror the effectiveness and efficiency of the delivery of various health services offered to every community or locality. Its impact may serve as a feedback to how the different nutrition related services or health programs are implemented.

Food and Nutrition Research Institute and Department of Science and Technology (FNRI-DOST) has included the assessment of food insecurity in its nationwide survey. In the 7th National Nutrition Survey (NNS) conducted in 2008, the food Insecurity Survey was carried out to re-assess the problem of food insecurity among Filipino households and describe how food insecure households managed in times of limited food.

As mentioned in the above article, being poverty driven food insecurity starts with limited or lack of food in the household and not having money to buy more food. This ability to acquire food makes members of the households at risk to under nutrition (Isinak et al, 2007). Recommendations of the used of Radimer/Cornell or Household Food Insecurity Access Scale (HFIAS) tool was mentioned it was easy, simple and may be relatively inexpensive to use to identify food insecure households. Using the tool, regions at risk to food insecurity should be given priority in targeting food security and anti-poverty reduction programs in the country.

According to the World Health Organization (WHO), undernourished and overworked mothers who can't provide proper nutrition and breast milk, endanger their kids to infections and weak immune system. Children without proper nourishment will grow up stunted in all aspects of life. At age six, their little ones, may perform poorly in school due to lack of energy and mental focus. With poor academic records and slow mental development, they will get low-paying jobs in their adult years. When they have families of their own, the vicious cycle of malnutrition continues. (Health & Home, Vol. 49, July-August 2008 Pg.26-27).

Related Studies

Previous studies related to the present problem have been reviewed by the researcher and were taken as basis in the procedure and conduct of the present studies.

Food security concern was an outcome of the world food crisis during 1970s. The focus was macroeconomic in nature and mainly concerned with assuring the availability and price stability of food stuffs at the international and national level (FAO, 2005; Adisie, 2016). Based on this assumption, the 1974 World Food Conference was defined food security as: "availability at all times of adequate world supplies of basic foodstuffs to sustain a steady expansion of food consumption and to offset fluctuations in production and prices" (UN, 1975, FAO, 2006a). Poverty is widespread in rural areas. Farmers, fishers and

indigenous peoples are among the poorest and most marginalized members of the population. More than the lack of income and resources to ensure sustainable livelihoods, they also lack opportunities and capabilities in many interlinked areas, which further keep them in a cycle of poverty. Food threshold refers to the minimum income enough to purchase the food items that are nutritionally adequate based on the requirements set by the Food and Nutrition Research Institute.Poverty threshold includes non-food needs such as "clothing, housing, transportation, health, and education expenses."For the first semester of 2015, a family of 5 needed at least P9,140 a month for its basic food and non-food needs(PSA, 2015) .

Realizing the global impact of food insecurity and hunger on human and economic development, the united nations come up for a Sustainable development Goal, as to a world without hunger and malnutrition by 2030, asreflected in Sustainable Development Goal (SDG 1) No poverty and (SGD 2) Zero Hunger, the greatest challenges the world are geared towards tackling the root causes of poverty and hunger, building a fairer society and leaving no one behind(UN, 2017).

A healthy diet: a includes a variety of foods from different food groups; meets the individual needs for calories and nutrients; is safe, with no risk from toxins, bacteria, mold or chemicals; is enjoyable and culturally acceptable; and. is available and sufficient each day and all year-round (WHO, 2017) emphasized healthy diet to regular intake of vegetables, fruits, whole grains, root

crops, fat-free or low-fat milk, lean meats, poultry, fish, egg, beans and nuts. It is also low in saturated fats, tans fats, cholesterol, sodium and added sugars are part of a healthy lifestyle and the foundation of good health. It is a diet that is able to satisfy one's energy and nutrient needs for proper body functions, growth and development, daily activities and maintenance of health, keeping well within one's caloric needs. As perspectrum to food, As Energy= Calorie = Food, knowing for the fact that calorie stored to produce energy and energy is synonymous to vitality (Mclyntre, 2013). It takes into consideration both quality and quantity of food consumed by a person. It also provides just enough amounts of energy needed for one's daily activities without going beyond one's caloric needs so as to maintain a healthy body weight. Energy requirements differ from person to person and energy provided by a healthy diet should be in balance with one's energy expenditure the healthy diets during emergencies mean providing adequate nutrition, and not just adequate amount of food or calories. Energy needs can be met by providing a range of commodities while protein needs could be satisfied with mixtures of animal and plant-based food.

Food insecurity and poor nutrition have serious consequences to the health and well-being of children and adults are greater risk for chronic disease, health issues like diabetes, heart disease, stroke, depression, poor oral health, micronutrients deficiencies, mental health and premature mortality , this can contributes to worsen the existing health problems . (FRAC, 2016) households food insecurity is a strong predictor of higher health care utilization, food

insecurity and associated to health compromising coping strategies that increases their physician encounter and health visit. (McIntyre, 2013).

The DOH strongly advocates for the health and nutrition of all Filipinos. I emphasize that adequate supply of clean, drinking water should be made available to prevent dehydration. Likewise, vulnerable groups such as children, pregnant and lactating women, and the elderly should be given attention to prevent nutrient deficiencies.

Attaining Sustainable Food Security as a policy objectives and describes the plans and strategies for meeting the food requirements of the present and future generations of Filipinos in substantial quantities, ensuring the availability and affordability of food to all, either through local production or importation or both(Recide2012).

A certain strategies study to address Nutrition Security among young children the DOST PINOY, Dr.Capanzana advocateto addressesthe infant and young child feeding practices. The need to meet of nutritional requirements, importance of breastfeeding, appropriate complementary foods should be given among the 0-5 year old Filipino children. The Oh My Gulay! Or OMG! Is also a tri-media and multisectoral advocacy led by Senator Angara that advocates eating and growing vegetables to combat the problem of "hidden hunger" or micronutrient the "TanimsaKinabukasan" or TSK is an advocacy project of East-West Seed focused on public elementary schools. TSK aims to promote increased

vegetable consumption that will result to improved nutrition among school children. Improved nutrition means better school performance.(Sayoc,2013)

To be a food secure households and individual "The 2012 Nutritional Guidelines for Filipinos" was launch. It is an Inter-agency expert group organized and coordinated by the National Nutrition Council (NNC) created the Nutritional Guideline for Filipinos (NGF) 2000 which consist of 10 messages that promote good health through proper nutrition and lifestyle practices,(FNRI-DOST & NNC).

The Food & Nutrition Research Institute has a mouthful to say about what every Juan (and Juana) should eat (or do) for optimum health. Here are the nutritional guidelines for Filipinos:1. Eat a variety of foods every day to get the nutrients needed by the body.2. Breastfeed infants exclusively from birth up to six months, then give appropriate complementary foods while continuing breastfeeding for two years and beyond for optimum growth and development.3. Eat more vegetables and fruits every day to get the essential vitamins, minerals, and fiber for regulation of body processes.4. Consume fish, lean meat, poultry, egg, dried beans or nuts daily for growth and repair of body tissues.5. Consume milk, milk products, and other calcium-rich foods, such as small fish and shellfish, every day for healthy bones and teeth.6. Consume safe foods and water to prevent diarrhea and other food- and water-borne diseases.7. Use iodized salt to prevent iodine deficiency disorders.8. Limit intake of salty, fried, fatty, and sugar-rich foods to prevent cardiovascular diseases.9. Attain

normal body weight through proper diet and moderate physical activity to maintain good health and help prevent obesity.10. Be physically active, make healthy food choices, manage stress, avoid alcoholic beverages, and do not smoke to help prevent lifestyle-related non-communicable diseases. But"One cannot explain the prevalence of malnutrition in a period of increasing food and agricultural production as primarily a supply problem rather, it is a case of the uneven distribution of the available food within the population…the inequitable and worsening distribution of purchasing power."(Boyce, 1986, ;Reyes, 2016).

The above mentioned literature and results of the related studies serves as foundation of the study, from the initial phase which includes conceptualization to the formation of the questionnaire. The researcher likewise anticipated that this study has the same interpretation with the previous studies related to the same problem.

Chapter 3

METHODOLOGY

This chapter is concerned with the research methods and procedures employed to systematically answer the specific problems posed for this study. Specifically, the chapter elucidates on the research design, instrumentation, sampling and data gathering procedure and the corresponding statistical techniques used for accurate data analysis and interpretation.

Research Design

The researcher used the descriptive-correlational method of research. This design described thelevel of food insecure households in selected barangays in Tarangnan Samar. Moreover, correlational method will be utilized to determine the relationship between levels of food insecurity to availment of nutrition program.

Furthermore, the study used the descriptive and inferential statistical tools needed for the analysis of the frequency count, percentage distribution, weighted mean, standard deviation, Pearson Product Moment Correlation, and Fishers t-test. All of those mention statistical tools were described in the statisticaltreatment of data in this chapter. The statistical software was generated from Microsoft Excel for data analysis.

TheFood insecurehousehold was assessed using a modified Household Food Insecurity Access Scale (HFIAS), which is an adaptation approach used in estimating the prevalence of food insecurity in the selected barangay of Tarangnan, Samar. The method is based on the idea that the experience of food insecurity (access) causes predictable reactions and responses that can be captured through a survey and summarized in a scale.

Instrumentation

In this study, the researcher used a questionnaire type of instrument in gathering more appropriate data needed.

There were 4 parts of questionnaire used, the first part (part I) is the demographic data. This questionnaire will utilized survey each respondent's demographic profile such as age, sex, marital status, Educational Attainment, Occupation, monthly household income, Household Size and Nutritional status of members.

The main questionnaire (Part II) survey used the modified Household Food Insecurity Access Scale (HFIAS) tool that will assess the magnitude of households in food insecurity and insight into the following ways that households experience food insecurity (access) each of the questions in the following table is asked with a recall period of four weeks (30 days).The respondent is first asked an occurrence question – that is, whether the condition in the question happened at all in the past four weeks (yes or no). If the

respondent answers "yes" to an occurrence question, a frequency-of-occurrence question is asked to determine whether the condition happened **rarely** (once or twice), **sometimes** (three to ten times) or **often** (more than ten times) in the past four weeks. The HFIAP indicator categorizes households into four levels of household insecurity (access): **food secure** and **mild, moderately and severely food insecure**. Households are categorized as increasingly food insecure as they respond affirmatively to more severe conditions and/or experience those conditions more frequently.

A **food secure** household experiences none of the food insecurity (access) conditions or just experiences worry, but rarely. A **mildly food insecure** (access) household worries about not having enough food sometimes or often, and/or is unable to eat preferred foods, and/or eats a more monotonous diet than desired and/or some foods considered undesirable, but rarely. A **moderately food insecure** household sacrifices quality more frequently, by eating a monotonous diet or undesirable food sometimes or often, and/or has started to cut back on quantity by reducing the size of meals or number of meals, rarely or sometimes. A severely food insecure household has graduated to cutting back on meal size or number of meals often, and/or experiences any of the three most severe conditions (running out of food, going to bed hungry, or going a whole day and night without eating), even as infrequently as rarely. Any household that experiences one of these three conditions even once in the last four weeks (30 days) is considered severely food insecure.

The questionnaire consists of nine occurrence questions that represent a generally increasing level of severity of food insecurity (access), and nine "frequency-of-occurrence" questions that are asked as a follow-up to each occurrence question to determine how often the condition occurred. The frequency-of-occurrence question is skipped if the respondent reports that the condition described in the corresponding occurrence question was not experienced in the previous four weeks (30 days). Some of the nine occurrence questions inquire about the respondents' perceptions of food vulnerability or stress (e.g., did you worry that your household would not have enough food?) and others ask about the respondents' behavioral responses to insecurity (e.g., did you or any household member have to eat fewer meals in a day because there was not enough food?). The questions address the situation of all household members and do not distinguish adults from children or adolescents.

All of the occurrence questions ask whether the respondent or other household members either felt a certain way or performed a particular behavior over the previous four weeks. The HFIAS occurrence questions relate to three different domains of food insecurity (access) found to be common to the cultures examined in a cross-country literature review (FANTA 2004, Coates, 2004). The generic occurrence questions, grouped by domain, are: **1.Anxiety and uncertainty about the household food supply**:Did you worry that your household would not have enough food? **2.Insufficient Quality (includes variety and preferences of the type of food)**: Were you or any household

member not able to eat the kinds of foods you preferred because of a lack of resources?Did you or any household member have to eat a limited variety of foods due to a lack of resources? Did you or any household member have to eat some foods that you really did not want to eat because of a lack of resources to obtain other types of food? **3. Insufficient food intake and its physical consequences**: Did you or any household member have to eat a smaller meal than you felt you needed because there was not enough food? Did you or any household member have to eat fewer meals in a day because there was not enough food?Was there ever no food to eat of any kind in your household because of a lack of resources to get food? Did you or any household member go to sleep at night hungry because there was not enough food? Did you or any household member go a whole day and night without eating anything because there was not enough food?

Part III of the Questionnaire focused on services that the respondents' household take advantage to avail the corresponding services under the Department of Health (DOH) program for the past months .Under the program are various sub-programs that address the supply and demand side of malnutrition, improved logistics, food security and promoting good nutrition . This part will also track and adhere the goal of the DOH and National Nutrition Council (NNC) to ensure the nutritional well- being of all Filipinos especially the under privileged and vulnerable. Health care services utilization must be assessed for their needs.

Lastly, the Part IV is about the Problems encountered in availment of the nutritional program, knowing the barriers, challenges that constraint the availment of households to access nutrition and health program services and strategies and their impact on food insecure households should be part of any program's initial food security assessment. Questions were adopted from the study conducted by Eideet al. (2015) and were based on an extensive review of the related literature, and books and they were embedded together for the inclusion in the survey sheet.

Each item of Part III and IV was translated to "tagalog" and was read verbatim, and had corresponding frequency response and a reckoning period of the past months. The perception based on determinants of the household residents barangay of the enabling factors regarding health care utilization and its barriers

Validation of theInstrument

Since the main questionnaire is a standardized instrument hence validation were not conducted. However for the availment of nutritional program and problems encountered during availment of the nutritional programisan adoptedtool from with modificationsmade by the researcher, validation for the said instrument is necessary in order to measure its clarity and validity.

The validation technique in the following manner: a draft of the questionnaire was submitted to the research adviser of Samar State University, College of Graduate Studies for their comments and suggestions. Then, the researcher finalized the instruments.

Prior actual field study, a pilot testing was conducted to make sure that the questionnaire was reliable to the household with under five children and with high prevalence of food shortagebased on the magnitude of food insecurity in the core local poverty indicator tool the CBMS , to a thirty (30) pilot respondents. Pilot testing is done on the instrument to ensure that the questions were understood by the respondents that there were no problems with the wordings or measurements. Refinement and modification of the instrument was done on the basis of pretest result to ensure smooth flow of the conduct of an investigation.

The researcher had consulted a statistician for the assistance in the statistical computation of this study. Using the test re- test method the researcher computed the reliability of the prepared questionnaires from the responses of the pilot sample. The coefficient of reliability was 0. 824 in a pilot sample of thirty (30) pilot respondents and it has been determines using the Pearson Product Moment formula.

Sampling Procedure

The respondents of the study included household heads or mothers with under five years old children from top highest 5 barangays on proportion to food shortage based from the core local poverty tool the Community based Monitoring data including the barangayTigdaranao, Barangay Majacob, Barangay , Barangay Balugo, Barangay B poblacion and Barangay Balonga-as.

The researcher utilized the simple random sampling to choose household participants and convenience sampling method in data collection from conveniently available household members population in the barangays with food insecure households to participate the study. See appendix J for the distribution of Sample respondents. The same household respondents was selected to comply the survey.

Data Gathering Procedure

The conduct of the study started at the time after the approval of the proposed title and validation of the instrument used.

The final distribution of the questionnaire was conducted after incorporating the modifications from the pilot study into the main study questionnaire. The researcher had sought the approval of the municipal Mayor and Barangay Captain to the selected barangay to conduct the research study. Letters of invitation with complete information about the study protocol was sent to the office of the mayor particularly to the human resource department.

After identifying potential study participants based on the eligible criteria, signed consent is obtained from the participants and data collection is carried out.

Confidentiality and ethical considerations will be observed. The study protocol had reviewed and approved by the Health Ethics of Samar State University. Food insecure household rights were maintained through disclosure of the nature, benefits, and lack of known risk of the study. After the informed consent was signed, the researcher distributed the questionnaires at the respective site and collected them in sealed envelope upon completion. To maintain confidentiality and anonymity of the food insecure household, code numbers, instead of their names, were used in the questionnaires. Data had collected over a period of 2 months, from December 2017 to January 15, 2018. Upon approval, the data gathering was done by the researcher and by five (5) health workers they were oriented and trained in the conduct of interviewof a target respondents of the selected households in order to give them adequate instructions on how to answer the questionnaire. The researcher then will assist the respondents during answering questions through one-on-one interview. The respondents were given enough time to accomplish the questionnaire.

Statistical Treatment of Data

The data that will be yielded by the questionnaire will be tabulated, tallied and subjected to statistical treatment which secured validity, reliability and interpretation.

The researchers will use of the percentage formula for the statistical treatment of the data gathered in the study.

The following statistical measures utilized to arrive at an in-depth analysis of the collected data.

For the socio-demographic variables obtained from the respondents' information sheet, frequency distribution tables and percentages and weighed mean were used to describe the demographic variables.

Frequency Count. This descriptive statistical measure was used to present the profile of the food insecure households, the determination of services and barriers .

Percentage Distribution. This statistics was used to show the percentage of respondents when presented in group by respondents as to used in demographic profile, food insecure households availment to health and nutrition program and problems encountered by the respondents in availing healthcare services.

Mean. This statistical measure was used to determine the qualitative characteristics or profile of food insecure households and the functional patterns of the questionnaire.

Standard Deviation. This was used when the mean is the preferred measure of central tendency. They showed whether the scores or not the scores are grouped closely around the mean of the distributions.

Chi-Square Test. This was used to test the relationship of food insecure households profile to food insecurity and the availment to health and nutrition program.

Finally, in testing the hypothesis, a= 0.05 level of significance was applied.

Moreover, the analysis of the data will be facilitated using the computer software Microsoft Excel and SPSS for data analysis.

Chapter 4

PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA

This chapter presents the collected data, the corresponding results of the analysis that was undertaken as well as the interpretation of findings.

Demographic Profile of the Household Head-Respondents

This section discusses food insecure household-respondents' demographic profile such as age, marital status, educational attainment, occupation, family's monthly income and nutritional status of family members.

Age.Table 1 presents the age distribution of the food insecure household-respondents' of selected barangays in Tarangnan, Samar.

Table 1

Age Distribution of the Household Head-Respondents

Profile	Frequency (f)	Percentage (%)
60-66	2	0.6
53-59	12	3.4
46-52	20	5.7
39-45	64	18.3
32-38	81	23.1
25-31	113	32.3
18-24	59	16.9
Total	**351**	**100%**
Mean	**33.37 years**	-
SD	**9.21 years**	-

Table 1 show that the highest number of household respondents' is between 25-31 years old which formed 32.3% while the least number of respondents is of the age group of 60-66 years which 0.6% of the total population. The table further shows that the mean age of the respondents is 33.37 years old with a standard deviation of 9.21 years. The large number of household respondents belongs to ages 25-31.Adeniyi (2013) and Hoffereth (2004) described that the higher the household age, the more stable the household in food access but more food demands than the younger one and that age of household has negative and significant effect on food security. In this study the 23-31 years old respondents were perceived that they are not stable.

Sex category.This table shows that household-respondents were mostly female (88.3%) during the time of survey and only 12% are male. Most probably the female populations is the one in charged and are accountable for their family's health, nutrition and well-being and encompassing their health needs and health services utilization.

Table 2

Sex Category of the Household Head-Respondents

Sex	Frequency (f)	Percentage (%)
Female	308	88.0
Male	43	12.3
Total	**351**	**100%**

The result further implies that generally the household respondents are female and young adulthood.Tagel (2012) and Adisie (2016) revealed that male household heads reduce food insecurity significantly and find better access to food. Therefore, in this study female are more converging in maternal task and accept responsibilities for their family and not stable.

Marital Status.As reflected in the table, majority of the household respondents interviewed were married with a rate of 75.2% a total of 264 respondents out of 351, 19.4% are in living together status,3.1% are single and 2.3 % are already widowed/separated.

Table 3

Marital Status of the Household Head- Respondents

Marital Status (f)	Frequency	Percentage (%)
Single	11	3.1
Married	264	75.2
Living Together	68	19.4
Widowed/Separated	8	2.3
Total	**351**	**100%**

As revealed by the table, most respondents are married. It indicates that the respondents were most likely to have support and have someone to lean to for the welfare and attending the needs of the family members. This result implies that married respondents specially mothers are more competent to

perform care to their infants and children than single mothers do.(Single Parenting Guide, 2011) and Tagel (2012) study found no significant relationship between food insecurity and marriage.

Educational Attainment.As revealed by the table, most of the household respondents were elementary level and graduates with a percentage of (43.7%) , followed by 39.7 % had high school as their highest educational attainment, while 6.6 % 23 out of 351 respondents are vocational or under college graduate and only 10.3 % had given the opportunity to graduate in college. This indicates that achieving higher education plays a vital role and can greatly affect in making choices for the growth and development of their children .

Table 4

Educational Attainment of Respondents

Educational Attainment	Frequency (f)	Percentage (%)
Elem Level/Graduated	154	44.0
High School Level/Graduated	138	39.4
Vocational/College undergrad	23	6.6
College or More	36	10.3
Total	**351**	**100%**

The findings of the study have a similar result with the study (Beyene 2014)and (Adisie 2016) indicate that education has a key role in accessing public information especially, concerning health and nutrition optimal availment and

utilization. Greater education for household heads contributes to new skills, belief, and choices about health and nutritional practices that directly influence the proximate determinants of child health. Where in majority of the respondents have no higher education and the percentage of the respondents having higher education is low.

Occupation.Table 5, shows the household-respondents' profile as to occupation.

Table 5

Occupation of the Household-Respondents

Occupation	Frequency (f)	Percentage (%)
Not Employed	179	52.0
Private/Government Employee	26	7.6
Self-Employed	146	42.4
Total	**351**	**100%**

These further shows that 52% of the household respondents are not employed and 42.4% are self-employed and 7.6 were on private and government employee. This implies that being not employed takes a great burden and responsibility of caring the physical and emotional needs of household members to adopts various behaviors in order to protect household members, particularly young children from the negative consequences of life like hunger and under nutrition.(8th National Nutrition Suvey,2012).

This result has a significant connection with the study conducted by (Elpedes,2012) where majority of the respondents resulted to function as unemployed housewives and live in poor households.

Monthly income.Table 6, showsthe monthly income of food insecure households respondents.

Table1

Household Respondents' Monthly Income

Monthly Household Income	Frequency	Percentage
below 500 - 5,000.00	189	54.2
5,001.00-10,000.00	135	38.7
10,001-15,000.00	13	3.7
15,001.00 & above	12	3.4
No Response	(2)	-
Total	**349**	**100%**

The results showed that almost half of household respondents 54.2% were below 500-5,000 monthly income, 38.7% between 5000 to 10,000 income ,13 out of 351 respondents , 3.7 % had an earning a monthly income between 10,000 and 15,000.00 and only few 3.4% of the respondents with monthly income of 15,000 and above And some households did not respond even with further probing and reassurance from researchers that results are confidential.

This indicates that most of the respondents belonged to the poor family. In 2015, a family of 5 members needed at least Php 9,064.00 on the average monthly to meet both basic food and non-food needs. These amounts represent

the monthly food threshold and monthly poverty threshold, respectively.(psa.gov.ph,2015.). Furthermore, being poverty driven food insecure household starts with limited or lack of food and not having money to buy more food. This ability to acquire food makes members of the households at risk to under nutrition (Isinaket,al .2007). Therefore, in this study monthly income of the household was expected to have positive effect to food insecurity.

Number of family members.In terms of households number of family members nearly half (45%) of the household respondents are with between four to six members in the family, 39% households with one to three members in the family and 14.8 % are at between seven to members and 1.1% four (4) out of 351 food insecure households with ten (10) and above members. This further indicates that typically large family size has significant relationship with much greater risk of poverty and suffer food insecurity Tagel (2012) and Tadess (2016) the increase in household size would likely need more food to fulfill their requirement. The implication of this finding is that the quantity of food intake will be affected and dependency ratio will be affected, as a result they suffer from food insecurity due to the increase of family size. This study indicates that household-respondents are with the range of large family size that may increased food access and demand.

Table 7

Number of Family Members of the Household-Respondents

Number of Family Members	Frequency (f)	Percentage (%)
1-3	137	39
4-6	158	45
7-10	52	14.8
10 above	4	1.1
Total	**351**	**100%**

Nutrition Level of Household with Under Five Years OldChildren

It is important to look at the nutritional level of the household with under five year's old children and the severity of nutritional status. Hence, majority was normal status at eighty three point six percent (83.6%) The presence of household suffering from malnutrition are vivid with an underweight children of 14.7 %, 50 out of 351 households and 1.8%, 6 out of 351 are severely underweight children. Malnourished children are eight (8) to nine (9) times vulnerable to the diseases, infection and death than the nourished children (WHO). Some households did not respond to some items even with further probing and reassurance from researchers that results are confidential.

Table 8

Household- Respondents'NutritionalLevel.

Nutrition Level	Frequency	Percentage
Underweight	50	14.7
Severely Underweight	6	1.8
Normal	285	83.6
No Response	(10)	-
Total	**341**	**100%**

Table 9 shows nutritional level of household with under five children on the World Health Organization(WHO) 2017 classification for assessing severity of malnutrition among undernourished children. At present 16.50% among 0-71 months old children are under poor category a 5.5% lower than the year 2014 with 22% of prevalence rate according to the Operation Timbang Plus of Department of Heath a massive decreased of 14.9% on the year 2010 with a 36.9% prevalence rate of underweight and severely underweight children , this high incidence of under nutrition in Tarangnan, Samar for the year 2010 resulted to be on top one for the entire region eight (8) and provinces. As unexpected result for the past 10 years despite of health and nutrition intervention WHO classified the reference of household population with the result of 16.50% as Poor (medium) severity of malnutrition and still in the category of malnutrition. A chronic battle of malnutrition is present in this study maybe in some instances a lack of access to food that lead to poor health and maybe for the government nutrition program is not in the highest least ofpriority. Furthermore, health is vital to

Table 9

Nutritional Level of Household with Under Five Years Old Children in Terms of Severity of Malnutrition

WHO Malnutrition Classification		Nutrition level of household with under five years old		
Severity	%	2018	2014	2010
Acceptable (LOW)	< 10%			
Poor (Medium)	10-19%	16.50%		
Serious (High)	20-29%		22%	
Critical (Very High)	>30%			36.90%

adult and children, the status of the individual to ease suffering of food insecure family in relation to physical health aspect and maintain balance in everyday living and which suggest that to effectively break the cycle of undernourishment availing the health and nutrition program and services are necessary. Children with poor health without proper nourishment will grow up stunted in all aspect s in life. The undernourished child perform poorly in school due to lack of energy and mental focus, with poor academic records and slow mental development, they will get low paying jobs in their adult years. When they have families of their own, the vicious cycle of malnutrition continuous. (Health and Home,Vol.49.2008).Since income and age factor of household profile are both associated with food insecurity as seen in table 3 below, it is important to look at malnutrition and we take these two factors into account.

Level of Food Insecurity

The Household Food Insecurity Access Scale (HFIAS) indicator categorizes households that responded affirmatively to each question. Thus it measured the percent of household experiencing the condition at any level of severity. The household that responded to Question 1 and answered "NO" as scored to 0 and answered frequency-of-occurrence "Rarely" 1 are categorized as Food secure household as above data shows that 276 and 78.6% household experienced anxiety and uncertainty about household food supply. And household that respond affirmatively to more severe conditions and/or experience those conditions more frequently and answered "Yes" to Question 2,3 and 4 are categorized as**mildly food insecure** with resulted to 18 out of 351 respondents or 5.1% household that experienced insufficient quality (include variety and preferences of the type of food) , those households that worries about not having enough food sometimes or often, and/or is unable to eat preferred foods, and/or eats a more monotonous diet than desired and/or some foods considered undesirable, but rarely. Moreover, A total of 51 respondents 14.5% are **moderately food insecure** households a much higher than mildly food insecure households that sacrifices quality more frequently, by eating a monotonous diet or undesirable food sometimes or often, and/or has started to cut back on quantity by reducing the size of meals or number of meals, rarely or sometimes. An alarming result found out that the existence of six (6) severely food insecure household with 1.7%, as **severely food insecure**with insufficient

Table 10

Level of Food Insecurity of the Household-Respondents

Indicator	Frequency	Percentage	Category of Food Insecurity
Q1 -Anxiety and Uncertainty about the household food supply Q2 - Insufficient Quality (includes Q3 variety and references of the Q4 type of food	276 18	78.6 5.1	Food Secure Mildly Food insecure
Q5 - Sacrifices Quality more Q6 frequently	51	14.5	Moderately Food insecure
Q7 – Insufficient food intake and Q8 its physical consequences Q9	6	1.7	severely Food insecure
Total	351	100%	

foodintake in its physical consequences that has graduated to cutting back on meal size or number of meals often, and/or experiences any of the three most severe conditions (running out of food, going to bed hungry, or going a whole day and night without eating), even as infrequently as rarely. Juguan (2012) indicate that a food insecure household is having a food insecure child. Over the period of time these severe problems of the household may adversely affect health and nutrition of all household members. Philippine journal of nutrition (2012).

Correlation BetweenFood Insecure Level and the Profile of the Respondents

To understand which factors influenced food insecurity, a correlation analysis has been conducted. Using the Chi-square value test to food insecure household category and their acquired profile status. It shows that it is strongly associated with the Household Income (x^2=18.435; p value =0.005) and the Age of household heads (x^2=14.089; p value=0.029) significantly affect food insecurity, therefore, there is significant relationship between the household monthly income and household respondents' age , this meant further that the level of food insecurity depends of income of the family and the age factor of household heads.

Table 11

RelationshipBetween Household-Respondents' Profile and Food Insecure level

Profile	Food Insecure Level		Interpretation	Decision
Age	14.089*	*(p=0.029)*	S	*Reject H_o*
Sex	0.748	*(p=0.688)*	NS	*Accept H_o*
Marital Status	1.549	*(p=0.956)*	NS	*Accept H_o*
Educational attainment	5.529	*(p=0.487)*	NS	*Accept H_o*
Occupation	2.269	*(p=0.893)*	NS	*Accept H_o*
Monthly Household income	18.435*	*(p=0.005)*	S	*Reject H_o*
Number of Family members	3.657	*(p=0.723*	NS	*Accept H_o*

Legend: S-Significant Relationship
NS- Not Significant Relationship

It strongly shows that lack of household income are the main determinant why households were food insecure, anxiety and uncertainty about the household food supply because of lack of money or not enough to have food and lack to entitlement to food under conditions of high food prices, food insecurity exists "when people do not have adequate physical , social or economic access to food' (FAO, 2010). Thus, age of household heads matter, the practiced of adults in giving priority to the needs of children, the need to nutritious food to meet their dietary needs to food ensure steady flow of income to the household. As, the root cause of household food insecurity is poverty (Vozoris and Tarasuk, 2003).

Availment to Health and Nutritional Program and Services of theHousehold-Respondents

Table 12 elucidate on the respondents' availment of Health and Nutrition programs and services.

It shows that the highest percentage of the food insecure households take advantage to avail on the Expanded Program of Immunization ,Maternal and child health, general consultations, Micronutrients supplementation at (99.1%) , Reproductive and family planning and health education. Ninety eight (98%) availed Operation Timbang plus were nutritional status of children 0-71 months old are monitored, 97.4% availed on prevention and management of communicable diseases, 92% on Non-communicable diseases program like healthy lifestyle services , while , only 93% availed on basic laboratory services

and the lowest availed health and nutrition services were on Dental or oral hygiene at ninety (90%).

Table 12

Household -Respondents' Availment to Health and Nutrition Program

Services/Program	Frequency (f)	Percentage (%)
Expanded Program on Immunization	351	100.0
Maternal and Child Health	351	100.0
General Consultations	351	100.0
Prevention and Management of Communicable Diseases	342	97.4
Prevention of Management of Non-Communicable Diseases	323	92.0
Vitamin A, IRON/Micronutrient Supplementation	348	99.1
Dental or Oral Hygiene	319	90.9
Reproductive Health and Family Planning	351	100.0
Health Education Services	351	100.0
Basic Laboratory Services	327	93.2
Environmental Health Protection	335	95.4
Operation Timbang Plus	345	98.3

As to food insecure household it generally demonstrate excellent performance or outcome scored as Very High as to 80-100%, as they seek to availed health and nutrition program and services. The findings of this study have opposite result to the study conducted by Zosima M. Sison, wherein the results of health program and services availment by the respondents of citizens in the city of Urdaneta,Philippines is FAIR in terms of usefulness,desired/satisfactory performance of health programs and services of respondents were most aware and satisfied. (Zosima, 2015;Availment of Health

Programs and Services as Perceived by the Citizens in the City of Urdaneta, Philippines). Based on a survey by the Social Weather Station in 2006, majority of Filipinos specifically the low income households prefer to seek treatment in a government hospital if a family member needs confinement.Affordability is the main reason for going to a government medical facility, while excellent service is themain reason for going to a private medical facility (Department of Health, 2010).

Correlation between Food Insecure Household Respondents' on the Availment of Nutrition Program and Services

Table 4 shows the correlation analysis between food insecure respondents to their availment to nutrition program and services.

In terms of the relationship between food insecure household group to the availment of nutrition related program and services using the chi-square test to included the mild, moderate and severely category food insecure respondents' to their availment result shows that there is no significant relationship in terms of availment ,indicating a lesser value of the alpha level, this resulted to the acceptable of the null-hypothes " There is no significant relationship between food insecure household to nutrition program availment" whether they availed the services or not ,food insecurity still may exist. A p value of <0.05 was considered to be statistically significant in the multivariate model.

Hence, the nutrition program and services availed by the respondents shows a p value of >0.05 and is not significant to food insecurity. Some constant

program availment may not affect respondents concerned to food access, anxiety and insecurity.

Table 13

Relationship Between the Food Insecure Household-Respondents to Nutrition Program and Services Availment

Health and Nutrition Program Availment	Food Insecure Level	
Prevention and Mgt of Communicable Diseases	3.209	*(p=0.201)*
Prevention and Mgt of Non-Communicable Diseases	0.818	*(p=0.664)*
Vitamin A, IRON/Micronutrient Supplementation	0.477	*(p=0.788)*
Dental or Oral Hygiene	2.204	*(p=0.332)*
Basic Laboratory Services	0.364	*(p=0.834)*
Environmental Health Protection	3.633	*(p=0.163)*
Operation Timbang Plus	3.219	*(p=0.211)*

*significant (χ-value)

Furthermore, the hypothesis, "There is no significant relationship between food insecure household to nutrition program and services availment" is accepted. This implied that the respondent'savailment to health and nutrition program and service did not link to food insecurity of the households.Among the above table mentionedof seven (7) Health and Nutrition program and services of the LGU of Tarangnan attained a correlation coefficient more than a significant level of 0.05, thus the above table shows indicating a no significant (NS) relationship between the program availed by the respondents to food insecurity, resulting to accept the null hypothesis.

Moreover, health is largely matter of perspective and play an important role in all household heads and members and food insecurity is another matter, it depends on the level of households' socio-economic characteristics, aspect to physical, sufficient safe and nutritious food and availment to nutrition program and services is just a single indicator to food insecurity. Health and food security are necessary to life- to all life, but eventually most of the time in specific contexts existed in some imbalance, and maybe food insecurity is multidimensional, many factors may involve to addressedfoodinsecurity.(http://tclocal.org/2011/01/health_and_food_security .html)

Nutrition Program Availment by the Food Insecure Households

A total of 97% of the household respondents in all category of food insecurity availed nutrition program and services offered by the Municipal health Unit of Tarangnan, Samar, as mentioned above a household foodinsecurity is a strong predictor of higher health care utilization and some instance taking advantage to avail health and nutrition services are some way of coping of food insecure household who experienced chronic health diseases that in general population tend to know how to addressed the issue that they suffered for a long time and are tend to addressed within the health care setting (frac.org,20) adults living in poverty are at greater risk for a number of health issues, diabetes, heart disease ,stroke depression, poor oral health , micronutrients deficiencies and premature mortality including children that can

Table 14

Nutrition ProgramAvailment by the Food Insecure Household

Services/Program	Category of Food Insecurity									
	Food Secure		Mildly Food Insecure		Moderately Food Insecure		Severely Food Insecure		Total	
	F	%	f	%	F	%	F	%	F	%
Expanded Program on Immunization	276	78.6	18	5.1	51	14.5	6	1.7	351	100.0
Maternal and Child Health	276	78.6	18	5.1	51	14.5	6	1.7	351	100.0
General Consultations	276	78.6	18	5.1	51	14.5	6	1.7	351	100.0
Prevention and Management of Communicable Diseases	273	79.0	16	4.6	49	14	4	1.3	342	97.4
Prevention of Management of Non-Communicable Diseases	253	78.0	18	5.5	49	15	3	1	323	92.0
Vitamin A, IRON/Micronutrient Supplementation	273	78.0	18	5	51	14.6	6	1.7	348	99.1
Dental or Oral Hygiene	269	84.3	13	4	35	10.9	2	1	319	90.9
Reproductive Health and Family Planning	276	78.6	18	5.1	51	14.5	6	1.7	351	100.0
Health Education Services	276	78.6	18	5.1	51	14.5	6	1.7	351	100.0
Basic Laboratory Services	261	79.8	13	3.9	49	14.9	4	1.2	327	93.2
Environmental Health Protection	265	79.1	18	5.3	49	14.1	3	1	335	95.4
Operation Timbang Plus	274	79.4	16	4.6	49	14.2	6	1.7	345	98.3
										97%

contribute to worsen the existing health problems and addressing micronutrient deficiencies problem for instance household perceived health care facilities for the assistance to health related issues whether they are food insecure or food secure households the availability to health and nutrition services in all health care settings are important specially to the food insecure household. Food insecurity also can complicate and compound the health challenges and expenses faced by households with children who have special health care needs or adults with disabilities Lynn McIntyre (2013).

Problems Encountered by the Household-Respondents on the Availment of the Nutritional Programs and Services

Table 15 presents the household-respondents' problems encountered during the health and nutrition program and services availment . The data shows that among those who availed and experienced the health and nutrition services being offered by the local government unit, nearly half as to 41.8% or 147 household respondents positively respond to Inadequate drugs or equipments as barriers to health care. No health workers, health services available at the barangays or nearest catchment area as to twenty three percent (23%), were nurses and midwife visited the barangays once a month for routine health programs and services only, Dental and laboratory services are not available at the barangays level. Furthermore, 7.6 % or 27 respondents could not afford the cost of transportation or visit to health center ,and experienced biased to social status or political affiliation. 29 out of 351 respondents were feeling inadequate to insurance coverage and not enrolled to Phil Health. Lack of transportation and accessibility at seven point one percent(7.1 %), the journey to health care facility is dangerous at four point two percent (4.2%) and 27 household respondents had previously badly treated by health workers including the volunteered and barangays health workers result shows that 15 respondents a 4.2% experienced towards factors that affect health care utilization of food insecure households in the municipality of Tarangnan.

Table 15

Problems Encountered Towards Nutrition Program Availment

Indicator	Frequency (f)	Percentage (%)
Lack of transportation/accessibility	351	100.0
No health workers, health services available at the barangays or nearest/catchment.	351	100.0
Inadequate drugs or equipments	351	100.0
Could not afford the cost of transportation/visit to health center	342	97.4
The journey to the health care facility is dangerous	323	92.0
Previously badly treated by health workers	351	100.0
Experienced biased to social status or political affiliation	319	90.9
Inadequate or No insurance Coverage like PhilHealth	351	100.0

The study revealed similarly to the study of Elpedes,(The impact evaluation of PESO for Health Program in five municipalities in Eastern Samar).as increased demands in improving health care needs. Improving the delivery of health and nutrition services is critical in fighting malnutrition and poverty.. There is the perception that after two decades of decentralization of health services, or the devolution of health services in 1991, by the local Government code. The LGUs have not demonstrated the needed ability to improve their management(Picazo, 2012-I), which poses the challenge of improving the policies of the centralgovernment to compensate for differences (Esguerra, 2012-I; Universal Health CareGroup, 2012-I.

Impact to NutritionProgram Availment of Food Insecure Households with UnderFive Years Old Children

Table 16 shows the household in the barangays settings that experienced shortage from the year 2008 to 2013 up to the year 2014-2018 a five years interval from a local poverty indicator data using the Community based monitoring survey of the local government unit of Tarangnan. Three out of five barangays showed an increased of food shortage from the given years Barangay Balonga-as increased up to 5.5% from 6.61 to 12.12%, barangays Balugo from 39.64% to 44.05% with increment of 4.4% and poblacion B to 4.09% from 21.14% to 25.23% for the year 2014-2018. A gap in the nutrition program and services availment is observed between those in food insecure household to availment of nutrition program based from the data the increased of household experienced from food shortage may still be likely to experienced health deprivation, household may still suffered from chronic micronutritient and energy deficiencies, as perspectrum to food Energy = Calorie = Food, knowing for the fact that calorie stored to energy and energy is synonymous to vitality (Lynn Mclyntre, 2013). Energy is vital to life as to attain and maintain health, humanity and dignity. Food insecurity is lack to access of food, including safety and nutritionally adequate food, and may be for some instances accessibility to food, to buy food due to a financial constrain are the main reason as supported by the result of this study that majority of the household respondents are below income of poverty threshold and low income as to age of the respondents are highly significant to

Table 16

Impact on theAvailmentof the Food Insecure Households to the Nutrition Programs

Barangay	2008-2013	2014-2018	Nutrition Program availment
1. Balonga-as	6.61	12.12	Yes
2. Balugo	39.64	44.05	Yes
3. Majacob	15.58	11.37	Yes
4. Poblacion B	21.14	25.23	Yes
5. Tigdaranao	46.74	30.6	Yes

food insecurity. A community and household that lack to access to food may likely experienced hunger and knowing that the presence of severely food insecure household may look into the gap in attaining proper nutrition despite for their high availment to the nutrition and health program services maybe also because of the sustainability to the availment of the program . And this should not be taken for granted for the households are at risk and more vulnerable to poor health specially to the household with severely malnourished children and relying to health and nutrition services alone will not end poverty and hunger it is a multidimensional aspect that the local policy maker and stakeholders to take an account to. According to FRAC (2016) food insecurity and poor nutrition have serious consequences for the health and well-being of children and adults, including a greater risk for chronic disease and mental health some relevant

study research shows that household food insecurity is a strong predictor of higher health care utilization, food insecurity and its associated health-compromising coping strategies can increase physician encounter and health care visit. Therefore, this data show a poor impact of nutrition program to food insecure household is observed.

Chapter 5

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

This chapter presents the summary of findings, the corresponding conclusions and recommendations based on the result of the study.

Summary of Findings

The following statements were the summary of the findings of the study:

1. The demographic profile of the resident respondents revealed that the mean age of the respondents were 33 years old, and 96% represented the reproductive age of 18 to 52 years old. This is comprised of greater proportion of female (88.3%), male (12.0 %) and married (75.2%) respondents. Nearly half (43.7%) had elementary level, followed by 39.4 % had high school as their highest educational attainment. Unemployment status is at 50 % with % of them working for the government and private sector 7.6 % and 42.4 % are self employed . And 54.2 % Households are below 500-5,000 income with nearly half 45% with 4-6 household members. Classification for assessing severity of malnutrition among under five years of age revealed that at 16.5% of the households suffering from Poor (medium) category of malnutrition and beyond the acceptable range and classified as malnourished even majority appears "healthy" or nourished individuals. A municipality with 16.5% prevalence rate of under nutrition is considered under poor (medium) malnutrition category.

2. In terms of Food Insecurity of the households, present study shows from table 2 the percentage of households with positively response to the nine household's insecurity items inquire about the respondents' perceptions of food vulnerability or stress and behavioral response to insecurity of modified Household Food Insecurity Access Scale (HFIAS) Measurement Tool. The questions address the situation of all household members and do not distinguish from children or adolescents. In the present study, it was found that 78.6% of the household were food **secure** a household that experiences none of the food insecurity conditions or just experiences worry, anxiety and uncertainty about household food supply. Moreover, it is alarming that with 22.2 % of households in the survey were considered **Food Insecure** a household that experienced insufficient quality, food intake , go to sleep hungry , go a whole day and night without eating that may lead to physical consequences are alarmingandthe odds of having a severely food insecure households more likely to have a food insecure children and with that result food insecurity and malnutrition are the silent economic crises that the community may experienced. And long standing economic crisis to the locality that need to be prioritized.

3. The household respondents' profile to food insecurity, using the Chi-square values resulted to highly significant x^2 value, it was strongly associated with the Household Income (18.435;p value =0.005) and the Age of household heads (14.089; p value=0.029) and has the largest impact on food insecurity. This further shows that lack of household income are the main

determinant why households were food insecure, anxiety and uncertainty about the household food supply because of lack of money or not enough to have food, insufficient quality includes variety of preferences of the type of food to buy and take advantages to avail free services and any means in order to survive. And as expected the household age was significantly associated with food insecurity the practiced of adults giving priority to the needs of children for food ensure steady flow of income to the household related to age factor of households head.

4. The availment and utilization to Health and Nutrition programs and services implemented by the municipal health Unit of Tarangnan show the highest percentage of the food insecure households take advantage to avail on the health and nutrition program services as to the Expanded Program of Immunization ,Maternal and child health, general consultations, Micronutrients supplementation, Reproductive and Family planning ,Health education., Operation Timbang plus ,Prevention and management of communicable diseases, Non-communicable diseases program like healthy lifestyle services , while next to less to availed on basic laboratory services and the lowest availed health services were on Dental or oral hygiene. Free services from the government are most likely to availed and affordability. Relevant research study shows that household food insecurity as a strong predictor of higher health care utilization as coping strategies to a compromised health and increase physician encounters and often visits to health care facilities as to the result of this study similarly predict the same findings.

5. A 97% of household respondents in all level category of food insecurity availed nutrition program and services and to ascertain the relationship between the food Insecure Households to the extent of availment of Health and Nutrition program and services,A p value of <0.05 was considered to be statistically significant. Therefore, the hypothesis, "There is no significant relationship between food insecure household to nutrition program and services availment" is accepted. This implied that the respondents availment to health and nutrition program and service are not dependent to food insecurity of the households.

6. Table 6 presents the households respondents perception towards factors that affect healthcare utilization and to nutritional program and services. The data shows that among those who availed and experienced the health and nutrition services being offered by the local government unit, nearly half of the household respondents positively respond to Inadequate drugs or equipments as barriers to health care. No health workers, health services available at the barangays or nearest catchment area , were nurses and midwife visited the barangays once a month for routine health programs and services only, Dental and laboratory services are not available at the barangays level, hence Dentist visited assigned to the Municipal health unit were provincial employee and visited once or twice a week . Furthermore, respondents could not afford the cost of transportation or visit to health center, and experienced biased to social status or political affiliation, feeling inadequate to insurance coverage and not

enrolled to Phil Health. Lack of transportation and accessibility, the journey to health care facility is dangerous and household respondents had previously badly treated by health workers including the volunteered and barangays health workers this factors affect health care utilization of food insecure households in the municipality of Tarangnan.

7. A gap in the nutrition program and services availment is observed between those in food insecure household and the availment of nutrition program based from the data it is not significant to the improvement of food insecure household, therefore the poor impact is observed as the increased of household experienced from food shortage may still be likely to experienced health deprivation, household may still suffered from chronic micronutritient and energy deficiencies, as perspectrum to food, Energy = Calorie = Food, knowing for the fact that calorie stored to energy and energy is synonymous to vitality (Lynn Mclyntre, 2013). Energy is vital to life as to attain and maintain health, humanity and dignity. Food insecurity is lack to access of food, including safety and nutritionally adequate food, and may be for some instances accessibility to food, to buy food due to a financial constrain are the main reason as supported by the result of this study that majority of the household respondents are below income of poverty threshold and low income as to age of the respondents are highly significant to food insecurity. A community and household that lack to access to food may likely experienced hunger and knowing that the presence of severely food insecure household may look into the

gap in attaining proper nutrition despite for their high availment to the nutrition and health program services maybe also because of the sustainability to the availment of the program . And this should not be taken for granted to the households that are at risk and more vulnerable to poor health specially to the household with severely malnourished children and relying to health and nutrition services alone will not end poverty and hunger and change everything in twenty four hours, it is a multidimensional aspect that the local policy maker and stakeholders t should take an account to. According to FRAC (2016) food insecurity and poor nutrition have serious consequences for the health and well-being of children and adults, including a greater risk for chronic disease and mental health some relevant study research shows that household food insecurity is a strong predictor of higher health care utilization, food insecurity and its associated health-compromising is their coping strategies maybe that increases physician encounter and health care visit.

Conclusions

Subsequently, there are the conclusions drawn from the stated findings of the study:

1. The resident respondents are predominantly female, are married and are represented by almost half from the reproductive age. Most probably the female population are the one in charged and are accountable for their

family's health, nutrition and well being and encompassing their health needs and health services utilization.

2. Majority of the surveyed household respondents' are below the Poverty Threshold, it can be gleaned that the surveyed households do not have enough resources to sustain their families' needs. Nearly half of household respondents' belongs to four to six members in the family, which is the national average of five (5). Nutritional level of household with under five year's old children belongs to Poor (medium) category and considered malnourished.

3. Results show that, among food insecure households surveyed, household income by the respondents was highly significant predictors of food insecurity. These findings offer evidence for implementing sustainable employment-generation initiatives in order to ensure economic stability and which helps in making the households food-secure. Age is also the significant variable among the profile variables for food insecurity, as to age increases the more responsible the household may become, to meet food requirement, health needs and other necessity of life and essential for sustenance. And as age increases the further the demand that could lead to food insecurity.

4. Collectively, the result shows that there is a high level of involvement and utilization on nutrition and health services of household respondents, the awareness of respondents to health care services offered by the Municipal Health Unit generally demonstrate high availment to nutrition program and services.

5. In terms of the relationship between food insecure household group to the availment of nutrition related program and services using the chi-square test to included the mild, moderate and severely category of food insecure respondents' to their availments result shows that there is no significant relationship in terms of availment , whether they availed the services or not ,food insecurity still may exist. Despite of taking advantage to avail the health and nutrition program and services or performed particular behavior to avail healthcare needs, anxiety and uncertainty about the household supply, quality, insufficient food intake and its physical consequences may still felt either by the household heads or its members.

The association between food insecurity and the negative health outcome to children's growth was observed in the study and health is largely matter of perspective to food insecure household as to health care services utilization and health plays an important role in all household heads and members to stay in balance and food insecurity is another matter, the root cause of food insecurity is poverty (Owek, Saul 2016), but health and food security are necessary to life- to all life, but eventually most of the time in specific contexts existed in some imbalance, and maybe food insecurity is multidimensional, many factors may involve to addressed food insecurity.

6. Some food insecure household respondents had higher odds to health and nutrition program and services availment and utilization, the barriers and challenges towards factors that affect healthcare utilization and to nutritional

program and health services were experienced by the respondents .The gaps had observed in the present study between nutrition program availment and to food insecure households, food insecurity is still prevalent to some selected area of the population a long standing crisis to the community as well as economic crisis has observed.

Recommendations

Based on the conclusions, the following recommendations were made:

1. The researcher would like to recommend the improvement and achievement of agricultural enhancement and productivity, the adoption of green revolution program to food access, community and home gardening,

2. Also to recommend the adoption of Philippine Plan of Action for Nutrition (PPAN) 2017-2011. Its overall goal is to contribute to the improvement of the quality of human resource in the country and reduce child and maternal mortality. It lays out targets, directions and priority actions to address nutritional problems and sustain to achieve set targets.

3. Ensure to lobby the result to the local executives, legislative body and agency heads and ensure the formulation, or if existing reformulation of the local nutrition action that should have programs, project and activities particularly on the first 1,000 days should be heightened that converge in families of the nutritionally vulnerable (with pregnant woman, lactating women,

children 0-23 months old or a malnourished children under five) as well as communities with high levels of under nutrition and over nutrition.

4. Programs that are geared towards improving food availability, strengthen livelihood program or employment opportunities to food-insecure households. And by geographically locating and focus targeting to household that are food insecure.

5. Enhancement to farm and market road and the improvement of all health facilities and barangays health stations, facilities, services availability of medicines, equipments and others.

6. Improve service coverage to outpatient consultation, basic laboratory and dental services and be always available to the barangays areas.

7. Promote the Food Always In The Home (FAITH) project from municipal level down to the barangays level for the affordability, accessibility and availability of food towards community and families.

8. Local Government Unit should continue to support and expand program in Maternal Child Health and Nutrition and provide capability building to health care provider/workers, provide logistics provision such as weighing scale and height board and sustain recruitment and deployment of community based health –nutrition volunteers.

9. Include in their development plans and annual investment programs/annual and allocate budget as 5% Gender and Development Fund to ensure adequate funding for health and nutrition services.

10. Conduct health and nutrition education; like PABASA SA NUTRISYON, Recipe trial and cooking demo lesson to nutritious and affordable meal plan.

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APPENDICES

APPENDIX A

Letter Requesting to Conduct the Study

Samar State University

COLLEGE OF NURSING & HEALTH SCIENCES

Catbalogan City, Samar

December 2017

HON. DANILO V. TAN
Municipal Mayor
Tarangnan, Samar

Dear Mayor TAN:

Greetings!

The undersigned researcher is a Master of Science in Nursing Student of Samar State University, Catbalogan W. Samar who presently conducting a study entitled **"IMPACT OF NUTRITION PROGRAM TO FOOD INSECURE HOUSEHOLDS".** This research aims to assess and provide evidence on the status of food insecure and availment to nutrition program of households in the community.

The researcher would like to ask your permission to allow us to conduct the study in selected households of Barangay Tigdaranao, Barangay B Poblacion, Barangay Majacob, Barangay Balugo and Barangay Balonga-as.

Your favorable consideration on this request will be highly appreciated.

Thank you and God bless!

Very truly yours,

LAILANE A. UY, RN
The researcher (Sgd)

Noted by:

MARICEL M. TIZON, RN, MAN
Thesis Adviser (Sgd)

Approved:

FELISA E. GOMBA, Ph.D
Acting Dean, College of Graduate Studies(Sgd)

APPENDIX B

Letter Requesting to Conduct the Study

Samar State University

COLLEGE OF NURSING & HEALTH SCIENCES

Catbalogan City, Samar

December 2017

HON. FRANCISCO R. PANIS
Brgy. Captain
Barangay Tigdaranao
Tarangnan, Samar

Dear Brgy Captain Panis:

The undersigned researcher is a Master of Science in Nursing Student of Samar State University, Catbalogan W. Samar who presently conducting a study entitled **"IMPACT OF NUTRITION PROGRAM TO FOOD INSECURE HOUSEHOLDS ".** This research aims to assess and provide evidence on the status of food insecure and the availment to nutrition program of households in the community.

The researcher would like to ask your permission to allow us to conduct the study in selected households in your Barangay.

In view of this, we request from you to please allow us to get the following information: 1) List of households with children ages 0-71 months

Your favorable consideration on this request will be highly appreciated.

Thank you and God bless!

Very truly yours,

LAILANE A. UY, RN
The researcher (Sgd)

Noted by:

MARICEL M. TIZON, RN, MAN
Thesis Adviser (Sgd)

Approved:

FELISA E. GOMBA, Ph.D
Acting Dean, College of Graduate Studies (Sgd)

APPENDIX C

Letter Requesting to Conduct the Study

Samar State University

COLLEGE OF NURSING & HEALTH SCIENCES

Catbalogan City, Samar

December 2017

HON. ARSENIO L. VILLAR
Brgy. Captain
Barangay Majacob
Tarangnan, Samar

Dear Brgy Captain Villar:

The undersigned researcher is a Master of Science in Nursing Student of Samar State University, Catbalogan W. Samar who presently conducting a study entitled **"IMPACT OF NUTRITION PROGRAM TO FOOD INSECURE HOUSEHOLDS ".** This research aims to assess and provide evidence on the status of food insecure and the availment to nutrition program of households in the community.

The researcher would like to ask your permission to allow us to conduct the study in selected households in your Barangay.

In view of this, we request from you to please allow us to get the following information: 1) List of households with children ages 0-71 months

Your favorable consideration on this request will be highly appreciated.

Thank you and God bless!

Very truly yours,

LAILANE A. UY, RN
The researcher (Sgd)

Noted by:

MARICEL M. TIZON, RN, MAN
Thesis Adviser (Sgd)

Approved:

FELISA E. GOMBA, Ph.D
Acting Dean, College of Graduate Studies (Sgd)

APPENDIX D

Letter Requesting to Conduct the Study

Samar State University

COLLEGE OF NURSING & HEALTH SCIENCES

Catbalogan City, Samar

December 2017

HON. MYRNA R. TAN
Brgy. Captain
Barangay B Poblacion
Tarangnan, Samar

Dear Brgy Captain Tan:

The undersigned researcher is a Master of Science in Nursing Student of Samar State University, Catbalogan W. Samar who presently conducting a study entitled **"IMPACT OF NUTRITION PROGRAM TO FOOD INSECURE HOUSEHOLDS ".** This research aims to assess and provide evidence on the status of food insecure and the availment to nutrition program of households in the community.

The researcher would like to ask your permission to allow us to conduct the study in selected households in your Barangay.

In view of this, we request from you to please allow us to get the following information: 1) List of households with children ages 0-71 months

Your favorable consideration on this request will be highly appreciated.

Thank you and God bless!

Very truly yours,

LAILANE A. UY, RN
The researcher (Sgd)

Noted by:

MARICEL M. TIZON, RN, MAN
Thesis Adviser (Sgd)

Approved:

FELISA E. GOMBA, Ph.D
Acting Dean, College of Graduate Studies (Sgd)

APPENDIX E

Letter Requesting to Conduct the Study

Samar State University

COLLEGE OF NURSING & HEALTH SCIENCES

Catbalogan City, Samar

December 2017

HON. SAMMY M. ABOGANDA
Brgy. Captain
Barangay Balugo
Tarangnan, Samar

Dear Brgy Captain Aboganda:

The undersigned researcher is a Master of Science in Nursing Student of Samar State University, Catbalogan W. Samar who presently conducting a study entitled "**IMPACT OF NUTRITION PROGRAM TO FOOD INSECURE HOUSEHOLDS ".** This research aims to assess and provide evidence on the status of food insecure and the availment to nutrition program of households in the community.

The researcher would like to ask your permission to allow us to conduct the study in selected households in your Barangay.

In view of this, we request from you to please allow us to get the following information: 1) List of households with children ages 0-71 months

Your favorable consideration on this request will be highly appreciated.

Thank you and God bless!

Very truly yours,

LAILANE A. UY, RN
The researcher (Sgd)

Noted by:

MARICEL M. TIZON, RN, MAN
Thesis Adviser (Sgd)

Approved:

FELISA E. GOMBA, Ph.D
Acting Dean, College of Graduate Studies (Sgd)

APPENDIX F

Letter Requesting to Conduct the Study

Samar State University

COLLEGE OF NURSING & HEALTH SCIENCES

Catbalogan City, Samar

December 2017

HON. JOSE A. TAMOR, JR.
Brgy. Captain
Barangay Balonga-as
Tarangnan, Samar

Dear Brgy Captain Tamor:

The undersigned researcher is a Master of Science in Nursing Student of Samar State University, Catbalogan W. Samar who presently conducting a study entitled **"IMPACT OF NUTRITION PROGRAM TO FOOD INSECURE HOUSEHOLDS ".** This research aims to assess and provide evidence on the status of food insecure and the availment to nutrition program of households in the community.

The researcher would like to ask your permission to allow us to conduct the study in selected households in your Barangay.

In view of this, we request from you to please allow us to get the following information: 1) List of households with children ages 0-71 months

Your favorable consideration on this request will be highly appreciated.

Thank you and God bless!

Very truly yours,

LAILANE A. UY, RN
The researcher (Sgd)

Noted by:

MARICEL M. TIZON, RN, MAN
Thesis Adviser (Sgd)

Approved:

FELISA E. GOMBA, Ph.D
Acting Dean, College of Graduate Studies (Sgd)

APPENDIX G

Letter Request to the Statistician

Samar State University

COLLEGE OF NURSING & HEALTH SCIENCES

Catbalogan City, Samar

December 2017

MRS. EMMA Q. TENEDERO
Samar State University
Catbalogan , City

Dear Madam Tenidero:

The undersigned researcher is presently working on research study entitled **"IMPACT OF NUTRITION PROGRAM TO FOOD INSECURE HOUSEHOLDS ".** As a final requirement for Thesis Writing in Master of Science in Nursing (MSN) in Samar State University. The purpose of this study is to assess the level of food insecurity of the household respondents' and their extent of availment to nutrition program and services.

.

In this connection I would like to ask your expert service as statistician of this study.

I am hoping for your kind approval. May God bless you.

Thank you and God bless!

Very truly yours,

LAILANE A. UY, RN
The researcher (Sgd)

Noted by:

MARICEL M. TIZON, RN, MAN
Thesis Adviser (Sgd)

Approved:

FELISA E. GOMBA, Ph.D
Acting Dean, College of Graduate Studies(Sgd)

APPENDIX H

Letter to the Respondents

Dear Respondents,

The undersigned Master of Science in Nursing Student of Samar State University will be conducting a study on "**IMPACT OF NUTRITION PROGRAM TO FOODINSECURE HOUSEHOLDS** ", as a partial fulfillment of the requirement for the Master of Science in Nursing.

In this connection, we are giving you the questionnaire herein attached for the gathering of the data we need. You are requested to supply the information asked for Part I and to give assurance that your answer will be treated confidentially.

Thank you for your cooperation.

Very truly yours,

LAILANE A. UY, RN
The Researcher (Sgd)

APPENDIX I

QUESTIONNAIRE
IMPACT OF NUTRITION PROGRAM TO FOOD INSECURE HOUSEHOLDS IN SELECTED BARANGAYS OF TARANGNAN, SAMAR.

Part I. Demographic Profile

Direction: The following questions to be asked below are about your personal information. Please answer the following information and answer the following by putting a check (/) in the space provided.

Name (Optional) _____
Address:_____

1. Age: _____
2. Sex:
   _____ Female
   _____ Male

3. Marital Status:
   _____ Single
   _____ Married
   _____ Living Together
   _____Widowed/Separated

4. Educational Attainment

_____ Elementary level/Graduated
_____ High School level/Graduated
_____ Vocational/College Undergrad
_____ College or more

5. Occupation
   _____ Not employed
   _____ Private/Government
   ____ Self employed
   ____ Self Employed/Business

6. Monthly Household Income (Php)
   ___(below Php500- 5,000) ___ (Php5,000 – 10, 000)
   ___(below Php10,001- 15,000) ___ (Php15,001& above)

7. Number of members
   _____ 1- 3 members
   _____ 4- 6 members
   _____ 4- 10 members
   _____ 10 & above

8. Nutritional level/ status of the family members.

_____Underweight
_____ Severely Underweight
_____ Normal
_____Overweight
_____ Obese

Part II. Level of Household Food Insecurity

Please put (/) Check for the answer for every statement.

Each of the questions in the following table is asked with a recall period of four weeks (30 days). The respondent is first asked an occurrence question – that is, whether the condition in the question happened at all in the past four weeks (yes or no). If the respondent answers "yes" to an occurrence question, a frequency-of-occurrence question is asked to determine whether the condition happened rarely (once or twice), sometimes (three to ten times) or often (more than ten times) in the past four weeks.

Household Food Insecurity Access Scale (HFIAS) Measurement Tool

1- Rarely (once or twice in the past four weeks)
2- Sometimes (three to ten times in the past four weeks)
3- Often (more than ten times in the past four weeks)

Question	1	2	3
1. In the past four weeks, did you worry that your household would not have enough food? ___ (1)Yes ___ (0)No *If Yes:* How often?			
2. In the past four weeks, were you or any household member not able to eat the kinds of foods you preferred because lack of resources? ___ (1)Yes ___(0) No *If Yes:* How often?			
3. In the past four weeks, did you or any household member have to eat a limited variety of foods due to lack of resources? ___ (1)Yes ___(0) No *If Yes:*			

How often?			
4. In the past four weeks, did you or any household member have to eat some foods that you really did not want to eat because of a lack of resources to obtain other types of food? ___(1) Yes ___ (0)No *If Yes:* How often?			
5. In the past four weeks, did you or any household member have to eat a smaller meal than you felt you needed because there was not enough food? ___ (1)Yes ___ (0)No *If Yes:* How often?			
6. In the past four weeks, did you or any other household member have to eat fewer meals in a day because there was not enough food? ___ (1)Yes ___ (0)No *If Yes:* How often?			
7. In the past four weeks, was there ever no food to eat of any kind in your household because of lack of resources to get food? ___ (1)Yes ___(0) No *If Yes:* How often?			
8. In the past four weeks, did you or any household member go to sleep at night hungry because there was not enough food? ___ (1)Yes ___ (0)No *If Yes:* How often?			
9. In the past four weeks, did you or any household member go a whole day and night without eating anything because there was not enough food? ___ (1)Yes ___ (0)No *If Yes:* How often?			

Part III. Health and Nutrition Services Availed

Instruction: The checklist below pertains to the services you have availed of under the Department of Health program. Please check the "YES" box if you take advantage to avail the corresponding service/s . Check the: "NO" box if you have not availed of the corresponding service/s.

Minimum of Services Available to Rural Health Unit	**If Availed**	
1. Expanded Program on Immunization	**Yes**	
	No	
2. Maternal and Child Health	**Yes**	
	No	
3. General Consultations	**Yes**	
	No	
4. Prevention and Management of Communicable Diseases	**Yes**	
	No	
5. Prevention and Management of **Non-Communicable Diseases**	**Yes**	
	No	
6. Vitamin A, IRON/Micronutrient Supplementation	**Yes**	
	No	
7. Dental or Oral Hygiene	**Yes**	
	No	
8. Reproductive Health and Family Planning	**Yes**	
	No	
9. Health Education Services	**Yes**	
	No	
10. Basic Laboratory Services	**Yes**	
	No	
11. Environmental Health Protection	**Yes**	
	No	
12. Operation Timbang Plus	**Yes**	
	No	

Part IV. Problems Encountered to Health and Nutrition program And services

Instruction: The checklist below pertains to your perception towards factors that affect healthcare utilization, kindly check your answer "YES" box if you experienced following barriers/challenges to health Care. Check the: "NO" box if you have not experienced the barriers/challenges towards healthcare services.

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BARRIERS TO HEALTHCARE Services		YES	NO
1	Lack of transportation/ accessibility (Kakulangan sa transportasyon na makamit ng mga serbisyo)		
2	No health workers, health services available at the barangays or nearest /catchment (Walang Nurses,midwife o doctor nag bibigay ng serbisyo o serbisyong pangkalusugan sa barangays o sakaratig barangays)		
3	Inadequate drugs or equipments (Kakulangan sa mga gamot at gamit pangkalusugan ang barangay)		
4	Could not afford the cost of transportation/ visit to health Center (Walang sapat na pera para sa pamasahe patungong health center).		
5	The journey to the health care facility is dangerous (Mahirap at Delikado ang daan papuntang health center)		
6	Previously badly treated by health workers (Nakaranas ng hinding magandang karanasan at pagtrato ng health workers)		
7	Experienced biased to social status or political affiliation (nakaranas ng di pantay na serbisyo dahil sa katayuan ng lipunan o pampulitikang kaugnayan		
8	Inadequate or No Insurance Coverage like PhilHealth (Wala o Hindi nka kuha ng Insurance gaya ng Phil Health)		

APPENDIX J

Province: SAMAR (WESTERN SAMAR), VIII - EASTERN VISAYAS

City/Municipality: TARANGNAN

Food shortage, by Barangay

Table 26. Households that Experienced Food Shortage

Barangay	number of households	households who experienced food shortage*	
		*Magnitude**	*Proportion***
TARANGNAN	5304	510	9.62
Alcazar	78	9	11.54
Awang	37	0	0
Bahay	143	2	1.4
Balonga-as	66	8	12.12
Balugo	140	37	44.05
Bangon Gote	32	0	0
Baras	64	0	0
Binalayan	56	1	1.79
Bisitahan	65	18	27.69
Bonga	193	55	28.5
Cabunga-an	147	1	0.68
Cagtutulo	65	16	24.62
Cambatutay Nuevo	43	0	0
Cambatutay Viejo	74	3	4.05
Canunghan	56	2	3.57
Catan-agan	26	1	3.85
Dapdap	166	42	25.3
Gallego	84	3	2.4
Imelda Pob. (Posgo)	217	2	0.92
Lucerdoni (Irong-irong)	135	110	81.48
Lahong	56	0	0
Libucan Dacu	196	10	5.1
Libucan Gote	70	0	0
Majacob	387	44	11.37
Mancares	161	6	3.73
Marabut	29	0	0
Oeste - A	186	4	2.15
Oeste - B	185	0	0
Pajo	60	0	0
Palencia	129	1	0.59
Poblacion A	199	0	0
Poblacion B	212	0	0
Poblacion C	61	0	0
Poblacion D	107	27	25.23
Poblacion E	187	8	4.28
San Vicente	162	5	3.09
Santa Cruz	170	21	16.59
Sugod	170	40	23.53
Talinga	101	3	0.69
Tigdaranao	496	31	30.6
Tizon	93	0	0

**Households that experienced food shortage in the last three months*

***Number of households that experienced food shortage over total number of households*

Source: CBMS Census 2014

PROPORTION OF HOUSEHOLD THAT EXPERIENCE FOOD SHORTAGE

Barangay	number of households	households who experienced food shortage*	
		Magnitude	Proportion**
TARANGNAN	4445	535	12.04
Alcazar	79	0	0.00
Awang	34	0	0.00
Bahay	121	0	0.00
Balonga-as	60	8	6.61
Balugo	111	44	39.64
Bangon Gote	28	0	0.00
Baras	53	0	0.00
Binalayan	55	0	0.00
Bisitahan	68	0	0.00
Bonga	173	2	1.16
Cabunga-an	133	11	8.27
Cagtutulo	63	2	3.17
Cambatutay Nuevo	34	0	0.00
Cambatutay Viejo	52	1	1.92
Canunghan	54	1	1.85
Catan-agan	29	2	6.90
Dapdap	153	32	20.91
Gallego	81	16	19.75
Imelda Pob. (Posgo)	180	8	4.44
Lucerdoni (Irong-irong)	102	38	37.25

CBMS 2008-2013

Barangay	number of households	households who experienced food shortage*	
		Magnitude	Proportion**
TARANGNAN	4445	535	12.04
Lahong	55	1	1.82
Libucan Dacu	78	7	8.97
Libucan Gote	67	22	32.84
Majacob	276	43	15.58
Mancares	218	5	2.29
Marabut	28	9	32.14
Oeste - A	156	38	24.36
Oeste - B	159	15	9.43
Pajo	55	20	36.36
Palencia	122	1	0.82
Poblacion A	167	4	2.40
Poblacion B	175	37	21.14
Poblacion C	56	1	1.79
Poblacion D	83	3	3.61
Poblacion E	150	19	12.67
San Vicente	144	30	20.83
Santa Cruz	135	30	22.22
Sugod	160	3	1.88
Talinga	92	38	10.70
Tigdaranao	355	43	46.74
Tizon	51	1	1.96

CBMS 2008-2013

APPENDIX K

. Distribution of Sample Respondents

TOP 5 Indentified food Insecure Barangay

Barangay	Number Of Households	Sample Size
1. Balonga-as	66	51
2. Balugo	140	50
3. Majacob	387	100
4. Poblacion B	212	50
5. Tigdaranao	496	100
Total	**1301**	**351**

APPENDIX L
Operation Timbang Result
2010-2014

Republic of the Philippines
Department of Health
NATIONAL NUTRITION COUNCIL

OPT Form 2. City/Municipal Summary Report Operation Timbang Results
Page 1 of 4

City/Municipality: TARANGNAN
Province: SAMAR
Total No. of Barangays: 41
Total No. of Barangays with OPT Results: 41
Month and Year: June 24, 2010
Actual No. of PS 0-71 months old: 2,857
Actual No. of PS Weighed: 2,857

Age Grouping	WEIGHT STATUS																TOTAL Number of PS Weighed by sex		
	NORMAL				UNDERWEIGHT				SEVERELY UNDERWEIGHT				OVERWEIGHT						
	Boys	Girls	Total	Prev	Boys	Girls	Total	Prev	Boys	Girls	Total	Prev	Boys	Girls	Total	Prev	Boys	Girls	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
0-5 Months	88	87	175		32	23	55		7	8	15		6	5	11		131	125	256
6-11 months	52	73	125		44	21	65		14	16	30		2	2	4		112	112	224
12-23 Months	145	156	301		58	48	106		13	21	34		2	1	3		228	226	454
24-35 Months	207	202	409		79	56	135		13	26	39		5	2	7		304	286	590
36-47 Months	191	152	343		63	77	140		20	29	49		1	0	1		275	258	533
48-59 months	127	143	270		85	60	145		10	19	29		1	0	1		223	222	445
60-71 Months	88	62	150		75	85	160		31	24	55		0	0	0		194	171	365
Total	898	875	1773		398	408	806		116	146	251		17	10	27		1,457	1,400	2,857
Percentage	31.42%	30.6%	62%		13.9%	14.2%	28%		4.0%	5%	9%		0.6%	0.4%	1%		51%	49%	100%

Prepared by: BERNARDITA D. NABELON
Public Health Nurse

Noted By: ALDWIN F. COLLAMAR M.D
Municipal Health Officer

Approved By: HON. EMMELLY D. OLAJE
Chairperson,/Municipal Nutrition committee

Date:

Republic of the Philippines
Department of Health
NATIONAL NUTRITION COUNCIL

OPT Form 2. City/Municipal Summary Report Operation Timbang Results
Page 1 of 4

City/Municipality: TARANGNAN
Province: SAMAR
Total No. of Barangays: 41
Total No. of Barangays with OPT Results: 41
Month and Year: January 24, 2014
Actual No. of PS 0-71 months old: 3,133
Actual No. of PS Weighed: 3,133

Age Grouping	WEIGHT STATUS																TOTAL Number of PS Weighed by sex		
	NORMAL				UNDERWEIGHT				SEVERELY UNDERWEIGHT				OVERWEIGHT						
	Boys	Girls	Total	Prev	Boys	Girls	Total	Prev	Boys	Girls	Total	Prev	Boys	Girls	Total	Prev	Boys	Girls	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
0-5 Months	111	102	213		6	5	11		3	0	3		3	0	3		123	107	230
6-11 months	122	136	258		15	6	21		6	2	8		2	0	2		1454	144	289
12-23 Months	237	226	463		49	40	89		6	7	13		3	0	3		295	273	568
24-35 Months	209	174	383		39	33	72		17	19	36		0	1	1		259	238	497
36-47 Months	256	233	489		52	52	104		13	13	26		1	0	1		322	298	620
48-59 months	210	169	379		34	39	173		15	14	29		2	0	2		281	264	545
60-71 Months	119	116	235		86	45	131		17	16	33		0	1	1		186	198	384
Total	1252	1161	2413		374	380	754		77	73	150		11	2	13		1,611	1,522	3,133
Percentage	39.9%	37%	77%		11.9%	12.1%	24%		2.4%	2.3%	4.7%		0.35%	0.06%	0.4%		51.4%	48.5%	100%

Prepared by: LAILANE APIS-UY R.N
C City/Municipal Nutrition Action Officer

Noted By: ALDWIN F. COLLAMAR M.D
Municipal Health Officer

Approved By: HON. EMMELLY D. OLAJE
Chairperson,/Municipal Nutrition committee

Date: 1/24/2014

CURRICULUM VITAE

CURRICULUM VITAE

Name	:	Lailane A. Uy
Gender	:	Female
Address	:	Zone 2, Sison St. Paranas, Samar
Date of Birth	:	July 27, 1984
Place of Birth	:	Catbalogan, Samar
Religion	:	Roman Catholic
Citizenship	:	Filipino
Civil Status	:	Married
Spouse Name	:	Jay V. Uy
Father	:	Bobby E. Apis.
Mother	:	Fely T. Apis

EDUCATIONAL BACKGROUND

Post Graduate:	Samar State University Catbalogan, City
College:	Mary Chiles College Sampaloc,Manila
Secondary:	Tarangnan, National High School Tarangnan, Samar
Elementary:	Tarangnan, Central Elementary School Tarangnan, Samar

WORK EXPERIENCED

Present work:	Public Health Nurse
Office Address:	Local Government Unit Tarangnan, Samar
Designation:	Municipal Nutrition Action Officer Municipal Population Officer
Organization:	Philippine Nurses Association,Inc. Philippine Action for Nutrition,Inc. Mother and Child Nurses Association of the Philippines League of the Population Worker in the Philippines, Inc.

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