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 Jansen, W.H.

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9. ABSTRACT

Presents the results of a study begun in 1977 to develop a sociocultural characterization of participants in the Targeted Maternal and Child Health (TMCH) program. This program is part of an effort to reduce the incidence of malnutrition in the Philippines. The report which supplements a more general document to be used by AID in reviewing additional requests for financial assistance, analyses the results of a detailed survey of 303 informants from six different provinces. Data cover such topics as religious preference, family, educational attainment, and employment. Statistics on age, number of children and children's weight are also provided. The majority of questions address the participants' attitude toward the TMCH program their reason for joining, the popularity of TMCH food commodities, the usefulness of TMCH nutritional advice, and their assessment of the improvement in their children's health after joining TMCH. The study notes that, while the program was readily accepted, participants did not in general feel that their children had been suffering from malnutrition. A copy of the survey questionnaire is appended to the report.

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Beliefs, Behavior and Perceptions  
of Participants in a Philippine Nutrition Program

by

William H. Jansen II

in  
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and the

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### Purpose and Scope of the Study

As early as summer of 1977, work was begun to gather information about the socio-cultural characteristics of participants in the Targeted Maternal and Child Health (TMCH) program in the Philippines. The TMCH program represented one of the national efforts to reduce the incidence of malnutrition. Part of the financial support for the TMCH program comes from USAID and one of the requirements of USAID to obtain any such financial support is a social analysis or social feasibility study.

This requirement prompted the effort to gather the socio-cultural data to be included in a larger and more general document which would be used by AID in reviewing additional requests for financial assistance. After reviewing the available literature on the TMCH and nutrition programs generally, it was decided that some additional inquiries into the socio-cultural variables affecting the program needed to be made. Some socio-economic data for TMCH participants were available but these were at least five years old. Furthermore, very little information could be found concerning traditional behavior patterns or beliefs and perceptions which surround conditions of malnutrition.

In order to obtain more current information and new data on beliefs and perceptions, the entire nutrition effort was examined. The one component which appeared to be the most indicative of the socio-cultural environment of malnutrition was the TMCH program. A questionnaire was then devised to extract some of the required information from the TMCH participants.

The questionnaire by design is set generally in an open-ended mode. This format was chosen so that the instrument would give the respondent, as much as possible, the ability to frame answers according to their own conceptual set. Actually, the instrument (see Appendix A) itself is a product of a series of evolutionary changes resulting from several different field tests. La Union, Benguet, Cavite, Nueva Ecija, and Zamboanga City were all sites of field tests.

By February 1978, the field tests were complete and the instrument ready to be applied. The sample, due to budgetary and time constraints, had to be limited in size as well as for the geographic area covered. Since mothers were themselves participants in the TMCH program and since they exercised a large amount of control over the participation of their children, mothers were identified as primary

informants. A total of 303 informants were interviewed from six different provinces. These provinces included: Rizal, Bulacan, Nueva Ecija, Laguna, Batangas and Pangasinan. The selection of these provinces was largely based upon considerations of ease of travel for the research staff and again due to the time and budget limitations inherent in research effort generally.

It is evident that the structuring of the sample was not based on an effort to obtain statistically significant data which would be representative of all families participating in the TMCH program. The context in which the research was undertaken did not allow such a rigorous design. Rather, the goal of the research was to obtain an indication of the types of socio-cultural variables which affect people's participation in the TMCH program. As such, the statistical data is actually pertinent only to the respondent population. Inferences about the presence of the same variables among the larger participant population can be made, however.

#### Socio-Economic Characteristics of the Respondents<sup>1</sup>

Included in this category of results are data about the respondents' religious preference, family, educational attainment and

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<sup>1</sup>In this and the following sections the data in the Tables were derived using N=303 unless otherwise indicated.

general employment status. The purpose of these data is to obtain a general perspective of the participants as a subsection of the society at large.

As can be seen in Table 1, about 95% of the respondents are Roman Catholics. This figure can be compared to an 85% figure for

Table 1  
Religion of Respondents

<u>Religion</u>	<u>No. of Adherents Among Respondents</u>	<u>% of Total No. of Respondents</u>
Roman Catholic	289	95.4
Aglipayan	5	1.7
Iglesia ni Cristo	4	1.4
Jehovah's Witness	2	.6
Pentecostal	2	.6
Sabadista	1	.3

the proportion of Roman Catholics in the total population of the country (according to 1970 census data). Some of the difference between the figures may be accounted for by natural increases in the catholic population during the intervening eight years between data

collections. Geographic variations in the proportions of the catholic population may also partially explain the 10% disparity. Nevertheless, a slightly disproportionate representation of catholics among the TMCH respondents may still be a contributor to that difference.

A slightly higher participation of catholics in the TMCH program than the national proportion of catholics might indicate is indeed possible since a large portion of the TMCH program is administered by the Catholic Relief Service (CRS) whose staff usually have offices in the parish churches. Although the religious preference of a child's parents is certainly not a prerequisite for participation in the program, it is obvious that parishioners are more easily contacted and enrolled than non-parishioners.

Most of the respondents were relatively young with a mean age of 30.62 years (see Table 2). This fact would indicate that these TMCH participants are still in their reproductive period and have not completed their families. Indeed, the mean number of living children per respondent is about 4 (see Table 3) which is less than the fertility rate for married women of about 5.89. On the average, slightly more than half of the respondents' living children are less than or equal to 6 years of age (see Table 4).

Table 2

Age Structure of Respondents

<u>Age in Years</u>	<u>No. of Respondents in the Category</u>	<u>% of all Respondents</u>
0 - 14	1	.33
15 - 29	165	54.46
30 - 39	101	33.33
40 - 49	33	10.89
50 - 69	3	.99

Mean age = 30.62

Table 3

Age Structure of Living Children  
Per Respondent

<u>No. of Children</u>	<u>Respondents with that No. of Children</u>	<u>% of all Respondents</u>
1 - 2	97	32.01
3 - 5	144	47.52
6 - 8	55	18.15
9 - 11	7	2.32

Mean number of children per respondent = 4.01

Table 4

Number of Children  $\leq$  6 Years  
Old per Respondent

<u>No. of Children</u>	<u>Respondent with that No. of Children</u>	<u>% of all Respondents</u>
1	78	25.74
2	132	43.56
3	81	26.74
4 or more	12	3.96

Mean number of children  $\leq$  6 years old per respondent = 2.09

Slightly less than one third of the respondents had at least one child who had died before reaching maturity (see Table 5). This rate of child deaths is considerably higher than the national average. According to some current estimates, this group of TMCH participants have had children die at about three times the frequency of the nation as a whole.

Table 5

Respondents who have had  
Children who Died

<u>No. of Children who Died</u>	<u>No. of Respondents with this No. of Child Deaths</u>	<u>% of all Respondents</u>
0	208	68.65
1	65	21.45
2	20	6.60

3	6	1.98
4	4	1.32

Mean No. of child deaths per family which has had a child die = 1.55

% of all respondent families which have had children die = 31.35

With respect to educational status, nearly all the respondents are literate. Less than 12%, however, have completed high school (see Tables 6 and 7). The fathers of participant families, as a group, have had more education than the mothers. This is most noticeably evident in the 7-10 year education category. Nevertheless, both mothers and fathers have mean years of schooling at around 6 and the relative level of education for both male and female respondents are roughly comparable.

Table 6

<u>Years of Schooling</u>	<u>No. Completing those Years</u>	<u>% of all Respondent's Husbands</u>
0 - 4	76	25.09
5 - 6	103	33.99
7 - 10	98	32.34
11 - 14	26	8.58

Mean years completed = 6.3

Table 7

Years of Schooling Completed by  
Participant Mothers

<u>Years of Schooling</u>	<u>No. Completing those Years</u>	<u>% of all Participant Mothers</u>
0 - 4	70	23.10
5 - 6	153	50.50
7 - 10	62	20.46
11 - 14	18	5.94

Mean years completed = 5.96

The employment status of the respondent families varies widely between mothers and fathers (see Table 8). Only about 7% of the fathers have no work whereas about 74% of the mothers said they are unemployed. Most of those women in the unemployed category actually devote much time to traditional household activities. Frequently, these activities include the raising of animals and the care of a small garden. Less than 50% of the fathers are employed in full-time positions. Mothers register a greater preference for part-time work than fathers, while fathers far surpass mothers in the pursuit of seasonal employment.

Table 8  
Employment Status of Respondent  
Families\*

<u>Fathers</u>	<u>Number</u>	<u>Percentage</u>
Fathers working full time	138	45.5
Fathers working part time	14	4.6
Fathers performing seasonal work	128	42.3
Fathers with no work	20	6.6
No response	3	1
<u>Mothers</u>		
Mothers working full time	22	7.3
Mothers working part time	35	11.6
Mothers performing seasonal work	13	4.3
Mothers with no work	224	73.9
No response	9	2.9

\* Employment being defined as a formal position generating a cash income.

It is interesting to note that much of the socio-economic data presented here closely parallels the information gathered about TMCH participants in 1973 by the Asian Social Institute (ASI). For example, the

ASI report states that: from 47% to 52% of the fathers are employed full-time; between 71 and 76% of the mothers are unemployed, and the mean number of children ≤ 7 years old per participant family is about 2.5<sup>2</sup>. The similarities between these findings of the two independent surveys gives an added validity to the descriptive nature of the socio-economic data. It is also noteworthy that the similarities are present despite geographic differences in the sites of the survey and in the dates the surveys were made.

#### Participants and the TMCH Program

For program planning and evaluation purposes, information about the manner in which individuals participate in the program becomes important. How the individual is recruited for the program and then becomes involved are discussed in this section.

According to program guidelines, children can become eligible when they are discovered to be malnourished. This determination is made through simply weighing the child. It was found that the person who actually weighs the child is a very influential individual in convincing participants about the merits of joining the program. Approximately 55% of the

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See ASI report, pp. 14-25.

time, a TMCH nutritionist was the person who weighed the children of respondents (see Table 9). The next most frequent person officiating at the weighing of a child was the barrio volunteer who is a trained person from the respondents' own community. The nutritionist and the barrio volunteer are those people who most frequently explain to parents that their child is malnourished and for the sake of child's health, they should enroll in the TMCH program.

Table 9

Sources of Weighing the Respondents' Children

<u>Source/Individual</u>	<u>No. of Families Weighed</u>	<u>% of Total Respondent Families</u>
Nutritionist	165	54.46
Barrio Volunteer	79	26.07
Nutrition Aid	49	16.17
Other	10	3.3

To try to determine why the respondents decided to accept the advice of others and enroll in the program, people were asked what their reasons were for participating (see Table 10). About 45% stated they were concerned for the health of the child, while roughly 30% wanted the opportunity to obtain TMCH food commodities. The desire to obtain food

commodities was no doubt influenced, at least in part, by concerns about the child's health--especially since the TMCH staff publicly make a correlation between nutritious foods and the health of children.

Table 10

Reasons Given by Respondents for  
Joining the TMCH Program

<u>Reason</u>	<u>No. of Respondents Giving the Reason</u>	<u>% of all Respondents*</u>
Concerned about the health of the child	137	45.2
To obtain the rations (TMCH commodities)	95	31.4
To learn about nutrition	68	22.4
Other	36	11.9

\* Percentages total more than 100 since respondents could give more than one reason for joining.

Although roughly one third of the respondents have more than one child enrolled in the program (see Table 11), there is evidence which shows that some participants have had earlier experience with TMCH. One third of the respondents have also had at least one child enrolled in the program at the same time (see Table 12), the remainder of the respondents were

experiencing TMCH for the first time. One possible conclusion from these statistics is that among one third of the respondents there are cases of recurring malnutrition--recurring even after the parents have been exposed to nutrition education.

Table 11

Number of Children Respondents Currently  
Have Enrolled in the TMCH Program

<u>No. of Children Enrolled</u>	<u>No. of Respondents with that Many Enrolled</u>	<u>% of all Respondents</u>
1	207	68.32
2	85	28.05
3	11	3.63

Mean number of children enrolled per family = 1.35

Table 12

Number of Children Respondents Have Enrolled in the  
TMCH Program at Some Earlier Time

<u>No. of Children Enrolled</u>	<u>No. of Respondents with that Many Enrolled</u>	<u>% of all Respondents</u>
0	202	66.67
1	82	27.06
2	15	4.95
3	3	.99
4 or more	1	.33

% of all respondent families who have had children previously enrolled in the TMCH program = 33.3

Mean number of previously enrolled children per family with earlier experience with the TMCH program = 1.26.

The mean length of time respondents were in the program was around 18 months (see Table 13). Fewer than 20% of the respondents had been enrolled for 6 months or less. Less than 15% had been enrolled for more than two years. Nevertheless, most respondents had been with the program long enough to have experienced the range of TMCH activities and to formulate opinions about those activities.

Participation, it was found, was influenced by the proximity of individuals to the TMCH center. With the mode of transportation usually listed as walking, about 77% of the respondents said it took 10 minutes or less to reach the center (see Table 14). 64% said it took 5 minutes or less. Only about 10% said transportation took longer than 15 minutes. Since fewer than 2% of the respondents travel longer than half an hour to reach a center, it is evident that the effective service area of any one TMCH center is reduced as the distance of the beneficiary population from the center increases. Furthermore, among these respondents, increases in distance need only be relatively minor (5 minutes walking) to make a difference in the possibility of participation.

Table 13

Months Respondents Have Been Enrolled  
in the TMCH Program

<u>No. of Months</u>	<u>No. of Respondents Enrolled that Long</u>	<u>% of all Respondents</u>
0 - 6	56	18.48
7 - 9	50	16.51
10 - 12	75	24.75
13 - 16	8	2.64
17 - 20	34	11.22
21 - 24	39	12.87
25 - 36	25	8.25
37 - 48	6	1.98
49 - 60	6	1.98
More than 60	4	1.32

Mean No. of Months enrolled = 17.56

Table 14

Relative Proximity of Respondents to TMCH Centers

<u>Minutes Required*</u> <u>to Reach Center</u>	<u>No. of Respondents Travelling</u> <u>for that Time</u>	<u>% of</u> <u>Respondents</u>
0 - 5	194	64.03

6 - 10	41	13.53
11 - 15	36	11.88
16 - 30	27	8.91
31 or more	4	1.32

\*Usual mode of transportation given by respondents was walking.

Part of the TMCH program involves the use of imported food commodities which are distributed among the participants. One concern is the acceptability of food commodities to participants. Interestingly only one, rolled oats, of the three most commonly distributed commodities is not already represented among the regularly occurring foods in the Philippines. The corn-soy-milk blend (CSM) is usually identified by current participants as corn meal or simply "mais". Milk in processed form also represents a very familiar food.

All commodities appear to be very acceptable to the respondents. They were asked if their children "liked" the food commodities given to them. Those responding "yes" were then asked which of the commodities their children preferred (see Table 15). Most of the respondents mentioned more than one commodity. Nevertheless, CSM, rolled oats and milk powder all were mentioned about 80% of the time.<sup>3</sup> Trigo was listed by only 18%

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Similar findings were forthcoming in the 1971 Economic Development Foundation evaluation of the TMCH program.

of the mothers, but this is due to the fact that most of the centers in the survey area were not distributing Trigo.

Table 15  
Popularity of Food Commodities According to  
Surveyed Parents\*

<u>Commodity</u>	<u>No. of Parents Saying Their Child Liked It</u>	<u>% of those Responding</u>
CSM	247	82.3
Rolled Oats	234	78
Milk Powder	231	77
Trigo**	54	18

\*\* Trigo was available only in a few areas where the questionnaire was administered.

Another important portion of the TMCH program is the effort to educate participants in the program about nutrition generally and what constitutes a nutritious diet. The so called "Mother's Classes" represent one of the major mediums for this information flow. During these classes, TMCH staff give advice about a nutritious diet and demonstrate recipes using the recommended foods.

In an effort to see how this nutrition education was affecting participants, respondents were asked what kinds of food the TMCH centers

advised them to use. Table 16 lists the advised food which the respondents recalled. Respondents mentioned vegetables most frequently as a category of foods recommended by the center. Fruits; rice and cereals; and the food commodities themselves were the next most frequently mentioned at roughly the same rate. Interestingly, fats and sugar or "vitamins" were only rarely mentioned.

Table 16  
Food and Food Categories Respondents Recall Being  
Advised by TMCH Centers<sup>A</sup>

<u>Food Category</u>	<u>No. of Respondents Re- calling the Category</u>	<u>% of Respondent Saying Centers Give Food Advice**</u>
Vegetables	199	68.62
Fruits	103	35.52
Milk	51	17.59
Rice and Cereals	91	31.38
Fish	62	21.38
Meat	42	14.48
Eggs	61	21.03
Lentils	29	10.00
Fats and Sugar	2	.69

Food Commodities (rations)	89	10.69
"Vitamins"	5	1.72

\* N = 290 (13 of the total respondent population stated that TMCN centers did not advise about foods).

\*\* Respondents could list more than one food or food category.

Following the theme of advised foods, respondents were also asked about their perspectives of the relative accessibility of recommended foods. The design of the questionnaire approached the subject of accessibility through four different avenues. One was by asking respondents how regularly they were able to obtain advised foods. Another asked how foods were obtained, while a third asked about the relative cost of advised foods should an individual buy them. Finally, respondents gave their opinion about whether advised foods were generally available.

Over 90% of the respondents said they were able to obtain the advised foods regularly (see Table 17). Similarly almost 85% felt that these foods were always generally available. Most respondents buy some of the advised foods and half grow some of the advised foods themselves. Since most respondents do purchase some advised foods, it is noteworthy that about 60% felt that advised foods cost about the same as other

foods and that less than 20% felt they were more expensive. Among these respondents at least, the foods recommended by the TMCH centers are accessible.

Table 17

Respondents and their Opinions about the Accessibility Foods Advised by the TMCH Centers

	<u>No. of Respondents</u>	<u>% of Total Respondents*</u>
Able to obtain advised foods regularly	272	93.8
Able to obtain advised foods only sometimes	11	3.8
Unable to obtain advised foods	7	2.4
Purchase some advised foods	241	83.1
Grow some advised foods	145	50
Procure some advised foods through other sources	5	1.7
Felt advised foods cost about the same other foods	175	60.3
Felt advised foods less expensive than other foods	37	12.8
No response to expense of advised food question	25	8.6
Felt advised foods always available	244	84.1

Felt advised foods usually available	24	8.4
Felt advised foods only sometimes available	16	5.5
No response to availability of advised food question	6	2.1

\* N = 290 (95.7% of the total sample said that the nutrition center advised about foods; 4.3%, or the remaining 13 respondents, said the nutrition center did not advise about foods)

#### Food Usage

Behavior patterns surrounding the use of food represent a framework which exists currently and which exists external to the TMCH program. Nevertheless, these food use patterns, effect the way individuals respond to nutrition programs

Part of this framework is the range of foods parents feed their children normally without the TMCH program. An indication of this range is found in Table 18 which lists foods respondents recall feeding their children before enrolling in the program. When compared with the foods respondents recall being advised by TMCH centers, it can be seen that vegetables and milk are mentioned at almost the same frequency. Rice and other cereals, on the other hand, are mentioned much more often among those foods fed to children before TMCH enrollments.

Table 18

Foods and Food Categories Parents  
Recall Feeding to Children Before Joining the TMCH Program

<u>Food Category</u>	<u>No. of Respondents Recalling the Category</u>	<u>% of all Respondents</u>
Vegetables	191	63.04
Fruits	43	14.19
Milk	96	31.68
Rice and Cereals	255	84.16
Fish	105	34.65
Meat	15	4.95
Eggs	35	11.55
Lentils	13	4.29
Fats and Sugar	13	4.29
Other	3	.99

The types of foods fed to children before enrollment in the TMCH continue to be consumed by respondents' families currently. However, variations in the percentages of respondents who say they use certain food items do occur (see Table 19). Most notable is the difference between the proportion of the respondents saying they fed their children fish,

especially since the TMCH centers stress high protein foods. Much of the variations between Table 18 and 19 are probably due to differences in ability to recall and should not be equated with empirical diet data. The significance of the proportion of the respondents recalling the use of fish lies in the indication it provides for the awareness the nutrition education element of TMCH has succeeded in inculcating into the respondent population

Table 19  
Food and Food Categories TMCH Respondents  
Say They Feed Their Children Now

<u>Food Category</u>	<u>No. of Respondents Recalling the Category</u>	<u>% of all Res- pondents</u>
Vegetables	253	83.50
Fruits	45	14.85
Milk	55	18.15
Rice and Cereals	288	95.05
Fish	188	62.05
Meat	38	12.54
Eggs	34	11.22
Lentils	24	7.92
Fats and Sugar	6	1.98
Food Commodities (rations)	158	52.15
Other	5	1.65

One of the factors which can influence any household's dietary pattern is the presence of a garden or the raising of animals. It was found that most respondents engage in some form of home food production. Over 75% had a garden and about 70% raised animals (see Table 20). Most garden products were not raised to sell. Whether the animals were raised for sale or for consumption by the household was not determined.

Table 20

Home Food Production in  
Respondent Families

	<u>Number</u>	<u>Percentage of Total</u>
Respondents with home gardens	234	77.2
Respondents with no home garden	69	22.8
Respondents who raise animals	212	69.9
Respondents who do not raise animals	91	30.1
Respondents interested in obtaining vegetable seeds	289	95.4
Respondents not interested in obtaining vegetable seeds	14	4.6

In these gardens, respondents grow several different kinds of crops. The most commonly mentioned are green leafy and yellow vegetables (see Table 21). Mentioned next most frequently were root crops. Among these, casava and camote were common.

Table 21  
Crops by Category Grown by  
Respondents with Home Gardens (N = 234)

<u>Crop Category</u>	<u>No. of Respondents who Grow the Crop</u>	<u>% Respondents with Gardens</u>
Green leafy and yellow vegetables	185	79.1
Lentils	59	25.2
Root Crops	89	38.0
Fruits	63	26.9
Others	4	1.7

Another important aspect of food usage is food exchange. For example, a family does not have to have a garden to consume a garden's produce. Food sharing is a very common practice in rural areas and this practice adds a significant dimension to a family's food procurement abilities. Food sharing is actually part of a broader system of reciprocity which is performed within the context of long term obligations.

Approximately 97% of the respondents report that they participate in food sharing systems. Sharing involves both the giving and receiving of foods. Of the food items shared, cooked foods and fruits and vegetables were mentioned most frequently (see Tables 22 and 23). How often food is shared varies somewhat. Among the respondents, about equal proportions engage in food sharing at least once a week and only rarely (see Tables 24 and 25).

Table 22

Types of Food Given by those  
Sharing Food in the Food-Sharing  
System (N = 296)\*

<u>Type **</u>	<u>No. of Respondents Exchanging Such Food</u>	<u>% of Respondents Who Share Food</u>
Cooked Food	141	47.6
Fresh Fruits and Vegetables	151	51.0
Fish	25	8.4
TMCH Commodities	27	9.1
Others	40	13.5

\* The remaining 7 respondents, or 2.3% of all respondents, said they did not participate in food sharing.

\*\* Categories of food shared were suggested by the respondents themselves through open-ended questioning.

Table 23

Types of Food Received by  
those Receiving Food in the Food-Sharing  
System (N = 290) \*

<u>Type</u>	<u>No. of Respondents Receiving Such Food</u>	<u>% of Respondents Who Receive Food</u>
Cooked Food	144	49.7
Fresh Fruit and Vegetables	149	51.4
Fish	32	11.0
TMCH Commodities	4	3.7
Others	33	11.4

\* The remaining 13 respondents, or 4.3% of all respondents, said they did not receive food.

Table 24

Relative Frequency of Food Sharing  
Among Respondent's Who Have Food (N - 296)

<u>Frequency</u>	<u>No. of Respondents Sharing that Often</u>	<u>% of Respondents Who Share Food</u>
More than once a week	100	33.78
Every week	34	11.49
Every two weeks	11	3.72
Once a month	13	4.39
Every harvest	11	3.72
Rarely	127	42.91

Table 25

Relative Frequency of Food Sharing Among  
Respondents Who Receive Food  
(N = 290)

<u>Frequency</u>	<u>No. of Respondents Who Receive that Often</u>	<u>% of Respondents Who Receive Food</u>
More than once a week	86	29.66
Every week	41	14.14
Every two weeks	12	4.14
Once a month	9	3.10
Every harvest	5	1.72
Rarely	134	46.21
Other	3	1.03

Perceptions About Nutritional Status

Some of the factors which impinge directly upon the involvement of people in the TMCH program are the traditional concepts and beliefs concerning health and nutrition. Not surprisingly, these concepts and beliefs do not necessarily coincide with the concepts and definitions which nutrition science hold.

Most of the respondents can be said to generally recognize a state (or condition) of nutrition--although they will not often call it that.

Traditionally, an individual could be said to be "too thin" and that he or

she does not "eat enough". What constitutes being "too thin", however, apparently does not coincide with scientific measures for malnutrition.

For example, about 47% of the respondents said they thought their child was healthy and normal before their child was weighed by TMCH staff (see Table 26). The same condition which was defined as malnutrition by nutrition science standards was considered normal by almost half of the respondents. Even some of the 53% who stated that they thought their children were weak or unhealthy before weighing may be simply repeating nutritional knowledge they learned after being associated with the TMCH program. This would indicate that the actual percentage of those who did not recognize a malnourished state in their children before being weighed was even higher than 47%.

Table 26

Perceptions of Respondents Concerning  
Malnourished Child's Health at Initial Weighing

<u>Perception</u>	<u>No. of Respondents Hold- ing the Perception</u>	<u>% of Total Respondents</u>
- Child healthy before weighing	143	47.19
- Child unhealthy before weighing	160	52.81

- Making a correlation between health status and body weight	164	54.13
- Not making a correlation between health status and body weight	120	39.60
- Making a correlation between health status and some other variable	11	3.63
- No answer to correlation question	8	2.64

A logical conclusion, then, is that a sizeable proportion of the respondents do not consider abnormal, conditions which nutrition science would label malnourished. It can be safely assumed that third degree malnutrition easily falls within the popular "too thin" category. However, first degree and elements of second degree malnutrition were probably considered "normal" by a large proportion of the respondents.

Also, of interest are the concepts of diet and not "eating enough" in relation to nutritional status. Popularly, there is a relationship made between being "too thin" and not "eating enough", just as nutrition science recognizes a relationship between diet and malnutrition. But, nutrition science qualifies the diet that is to rectify a state of malnutrition by requiring the inclusion of quantities of protein, carbohydrates, fats, vitamins, etc. Popular belief, on the other hand, bases the cure for being "too thin" on basically quantity alone. Therefore, one should eat more of

the same things without necessarily, my need to change the context of what one eats.

Associated with this same conceptual framework is how much people actually relate body weight with the general health of a child. Respondents were asked why they thought their children were healthy or unhealthy at the time the child was weighed for the TMCH program. Even after having been exposed to nutrition education through the program, only about half related the state of their child's health to body weight. The remainder attributed their child's health to factors other than body weight or diet. This information indicates that around half of the respondents did not generally associate nutritional factors with their child's health.

Similarly, the lack of associating diet with the child's health is further evidenced in the respondents' feelings about whether or not they have "enough" food both currently and before joining the TMCH program (see Table 27). Over 70% felt that they had sufficient food before becoming involved in the program and at the time their child was found to be malnourished. Nearly 80% feel they have enough food available now without food assistance from TMCH.

Table 27

Respondents' Perceptions About Relative Sufficiency of the Quantity of Food Available for their Family

<u>Perception</u>	<u>No. of Respondents Holding the Perception</u>	<u>% of all Respondents</u>
Have enough food now without TMCH program	241	79.54
Not have enough food now without TMCH program	61	20.13
No response	1	0.33
Have enough food before joining TMCH program	222	73.27
Not have enough food before joining TMCH program	76	25.08
No response	5	1.65

Even though it is clear that most respondents did not originally make an association between diet and first and second degree malnutrition, almost 95% of the respondents perceive an improvement in their child after having been enrolled in the TMCH program (see Table 28). Furthermore, about 85% of the respondents said they based their determination of their child's improvement height and weight scale. The fact that they are perceiving improvement in these terms indicates that the nutrition education portion of TMCH is having an effect.

Table 28

Parents' Perceptions of Malnourish  
Children After Being Enrolled in the TMC II Program

<u>Perception</u>	<u>No. of Parents Holding the Perception</u>	<u>% of Total Res- pondents</u>
- Seeing an improvement in the child	285	94.1
- Seeing no improvement in the child	17	5.6
- No response to the im- provement question	1	.3
- Seeing "improvement" in terms of the child being active or not sickly**	78	27.4*
- Seeing "improvement" in terms of the child being heavier or taller**	244	85.6*
- Seeing "improvement" in other terms**	16	5.6*

\* N - 285 (parents seeing no difference in child did not respond )

\*\* Percentages do not total 100 since re pondents could give more than  
one basis for seeing an improvement.

### Summary and Conclusions

It is apparent that the TMCH participants who made up the respondent population in this small survey have experienced only limited educational and economic opportunities. This same population has been exposed to a greater risk of child mortality than is common in the Philippines as a whole. There is also evidence that some of these families have experienced recurring cases of malnutrition. These and other indicators combine to make a strong case for characterizing these respondents as being from the lower socio-economic levels of Philippine society.

Most intriguing is the fact that most respondents held perspective different from nutrition science in regards to malnutrition. Underweight children were commonly considered to be normal and diet was not always a variable associated with child health. Concepts concerning the sufficiency of food quantity and a "proper", healthful diet seem blurred and may be initially indistinguishable in the minds of the respondents. All these perceptions obviously have a firm basis in tradition. They may also be related to a larger and more complex structure of general health beliefs.

Since a popular willingness to participate in the TMCH program is generally present, the basic social acceptability of the program can probably be taken as a safe assumption. The data which showed the differences in

the respondents' approaches to malnutrition are perhaps the most significant for TMCH planning and implementation purposes.

If this conceptual difference found in this sample population holds true for the participant population at large, then the nutrition education component of the TMCH activities may be the most influential in bringing about a lasting behavioral change on the part of the people. Such a change could represent the largest single step toward a rise in the general nutritional level for the Philippines.

References

Asian Social Institute

1973 A Comparative Evaluation of Two Approaches Used by the Catholic Relief Services in Nutrition Education. Manila: Asian Social Institute.

Economic Development Foundation

1971 An Evaluation of the Maternal and Child Health Program (CSM) Usage in the Philippines. USAID Food for Peace. Manila: Economic Development Foundation.

## APPENDIX A

### Survey Instrument

Name of Informant: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_ M \_\_\_ F

Barrio (Barangay): \_\_\_\_\_ Municipality: \_\_\_\_\_

Province: \_\_\_\_\_ Religion: \_\_\_\_\_

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(1) How long have you been enrolled in this nutrition program?

\_\_\_\_\_ years. \_\_\_\_\_ months. \_\_\_\_\_ weeks.

(2) Have you ever enrolled in a similar nutrition program before?

\_\_\_\_\_ Yes. \_\_\_\_\_ No. If so, what was the program? \_\_\_\_\_

when? \_\_\_\_\_ where? \_\_\_\_\_

with which children (names)?

\_\_\_\_\_  
\_\_\_\_\_

(3) How many children do you have who are living? \_\_\_\_\_ (total)

(a) What are their names? dates of birth?

_____	_____
_____	_____
_____	_____

(b) Have you had any other children who are now dead?

\_\_\_\_\_ Yes. \_\_\_\_\_ No. If so, how many? \_\_\_\_\_

(c) Is the wife pregnant now? \_\_\_\_\_ Yes. \_\_\_\_\_ No.

(4) Which of your children are enrolled in this TMCH Center?

\_\_\_\_\_  
\_\_\_\_\_

(5) Were any of your other children ever join in a nutrition program before?

\_\_\_\_ Yes. \_\_\_\_ No. If so, what was the program? \_\_\_\_\_

which children (names)?

\_\_\_\_\_  
\_\_\_\_\_

(6) Were your children weighed before being enrolled in this present nutrition program?

\_\_\_\_ Yes. \_\_\_\_ No.

Who weighed them?

\_\_\_\_ Nurse

\_\_\_\_ Barrio volunteer

\_\_\_\_ Teacher

\_\_\_\_ Others (specify)

\_\_\_\_ Nutritionist

\_\_\_\_\_

\_\_\_\_ Nutrition Aide

\_\_\_\_\_

(7) Before your children were weighed, did you think they were healthy (normal)

\_\_\_\_ Yes. \_\_\_\_ No.

(8) What did you think about being told your child (children) was underweight?  
(Did you think your child was the proper weight before the weighing?  
Explain. \_\_\_\_\_

\_\_\_\_\_

(9) Do the people at the center advise you to feed any special foods to your children?

\_\_\_\_\_ Yes. \_\_\_\_\_ No. What foods are recommended?

\_\_\_\_\_  
\_\_\_\_\_

(10) Do the people at the center give food to your children?

\_\_\_\_\_ Yes. \_\_\_\_\_ No. If yes, what foods do they give to your children?

\_\_\_\_\_  
\_\_\_\_\_

Which of these foods do your children like?

\_\_\_\_\_  
\_\_\_\_\_

(11) Before you joined the nutrition program, what kinds of food did your children eat?

\_\_\_\_\_  
\_\_\_\_\_

(12) What kinds of food do you feed your children now?

\_\_\_\_\_  
\_\_\_\_\_

(13) Can you tell any difference in your child (children) between before joining the program?

\_\_\_\_\_ Yes. \_\_\_\_\_ No.

How do you know (how can you tell)?

\_\_\_\_\_  
\_\_\_\_\_

(14) Do any of your friends, neighbors, or relatives have children enrolled in the nutrition program?

\_\_\_\_\_ Yes. \_\_\_\_\_ No.

(a) If yes, how many? ( ) few ( ) many ( ) number estimate  
which are they? ( ) relative ( ) friends ( ) neighbors

(b) If no, why don't they enroll their children?

\_\_\_\_\_  
\_\_\_\_\_

(15) Are you able to get the foods recommended by the nutrition center?

\_\_\_\_\_ Yes. \_\_\_\_\_ No. Where do you get these foods?

( ) grow ( ) "borrow" ( ) buy ( ) other \_\_\_\_\_

(a) If you buy, do you have enough money to purchase regularly the foods recommended by the nutrition center?

\_\_\_\_\_ Yes. \_\_\_\_\_ No.

(b) Are these foods more expensive? \_\_\_\_\_ less expensive? \_\_\_\_\_ or about the same cost as other foods available at the market? \_\_\_\_\_

(c) Are these foods always available? \_\_\_\_\_ usually available? \_\_\_\_\_ sometimes available? \_\_\_\_\_ rarely available? \_\_\_\_\_

(16) Does the husband have a job? \_\_\_\_\_ Yes. \_\_\_\_\_ No. If yes, is it full time? \_\_\_\_\_ part time? \_\_\_\_\_ seasonal? \_\_\_\_\_

What is his job? \_\_\_\_\_ Does he have other jobs? \_\_\_\_\_

If yes, what other jobs? \_\_\_\_\_

(17) Does the wife have a job?  Yes.  No. If yes, is it full time?   
part time?  seasonal?

What is her job? \_\_\_\_\_ Does she have other jobs? \_\_\_\_\_

If yes, what other jobs? \_\_\_\_\_

(18) Do you have a garden?  Yes.  No.

(a) If yes, how large is your garden? \_\_\_\_\_

(b) What do you grow? \_\_\_\_\_

(c) Would you be interested in getting vegetable seeds for your garden?

Yes.  No.

(d) Do you raise animals?  Yes.  No. If yes, what kinds and  
how many? \_\_\_\_\_

\_\_\_\_\_

(19) Did the husband ever go to school?  Yes.  No. If yes, how  
many years did he complete? \_\_\_\_\_

Some grade school  Some college

Elementary graduate  College graduate

Some high school  Some vocational courses

High school graduate  Vocational school graduate

(20) Did the wife ever go to school?  Yes.  No. If yes, how many  
years did she complete? \_\_\_\_\_

Some grade school  Some college

Elementary graduate  College graduate

Some high school  Some vocational courses

\_\_\_\_\_ High school graduate

\_\_\_\_\_ Vocational school graduate

(21) How long does it take you to travel to the center?

\_\_\_\_\_

(22) Do you give food to your friends or relatives? \_\_\_\_\_ Yes. \_\_\_\_\_ No.

(a) What kinds of food?

\_\_\_\_\_  
\_\_\_\_\_

(b) How often?

\_\_\_\_\_ rarely \_\_\_\_\_ about every week

\_\_\_\_\_ about once a month \_\_\_\_\_ every harvest

\_\_\_\_\_ more than once a week \_\_\_\_\_ other (specify)

\_\_\_\_\_ about every two weeks

\_\_\_\_\_  
\_\_\_\_\_

(23) Do you get foods from friends or relatives? \_\_\_\_\_ Yes. \_\_\_\_\_ No.

(a) If yes, what kinds of food?

\_\_\_\_\_  
\_\_\_\_\_

(b) How often?

\_\_\_\_\_ rarely \_\_\_\_\_ every harvest

\_\_\_\_\_ about once a month \_\_\_\_\_ other (specify)

\_\_\_\_\_ more than once a week

\_\_\_\_\_ about every two weeks

\_\_\_\_\_ about every week

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(24) Do you think you would have enough food to feed your children now without the nutrition program?

\_\_\_\_\_ Yes. \_\_\_\_\_ No. Why do you say that?

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(25) Do you know of any traditional or locally grown foods that mothers do not give to their infant (pre-school) children?

\_\_\_\_\_ Yes. \_\_\_\_\_ No.

(a) If yes, what are they?

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(b) Why are they not given?

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(26) Do you think you will have enough food to feed your children after they graduate from the nutrition program?

\_\_\_\_\_ Yes. \_\_\_\_\_ No. Why do you say that? \_\_\_\_\_

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(27) Did you have enough food to feed your children before joining the program?

\_\_\_\_\_ Yes. \_\_\_\_\_ No. Why do you say that? \_\_\_\_\_

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(28) How did you learn about the program?

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(29) Why did you decide to enrol' in the program?

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