Asia Pacific Family Medicine 2003; **2**: 107–113

ORIGINAL ARTICLE

Concept of health and health needs of suburban residents in a developing country: Qualitative study

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Abstract

***Aims*:** To identify the health needs of suburban residents in a developing country and to assess whether or not their voiced health needs are consistent with their concept of health.

***Methods*:** A qualitative study using semistructured interviews among 77 residents in Barangay Canocotan, Tagum City, the Philippines. Participants were asked about their concept of health, choice of primary health care service provider and unmet health needs. Interviews were audio taped and transcribed verbatim. Responses were coded and reduced to major themes during discussions among all the authors.

***Results*:** The participants defined health as a priceless and indispensable element of living. For them, it is a state of being competent physically, psychologically, spiritually and socially. The participants' first choice of primary health care service provider is either the local health station or the city health center due to easy accessibility, and because these government-owned institutions offer free consultations and free starter doses of medicines. Unmet health needs include free full courses of prescribed medications, free access to diagnostic facilities, additional health professionals in the local health centers and a referral system that will facilitate defrayment of medical expenses.

***Conclusion*:** Despite the participants' rather holistic concept of health, voiced health needs mainly pertain to the financial aspect of health care.

Key words: health priorities, healthcare delivery, needs assessment.

Introduction

Healthcare authorities develop services based on perceived needs from morbidity records. This process presupposes that morbidity statistics reflects the scope of health needs.[1] However, a community morbidity survey done by Concha *et al*. revealed a large discrepancy of figures between morbidity reported by health centers and true morbidity status derived from the community survey.[2] A significant majority (over 90%) of the morbidities in the community were not accounted for in the health center reports. If health services are to be able to respond to health needs, morbidity reports based solely on data gathered from those who use health service providers (e.g., health centers and hospitals) may not be an adequate basis for setting priorities for services.

Moreover, it is important to recognize that consumers are equally responsible partners in the healthcare system. Promoting a means by which the gap between supply of services and public expectations is bridged may foster greater efficiency in health service rationing.[3]

One way of closing the gap is by increasing awareness of the importance of incorporating voiced health needs into the process of prioritizing health services.

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Accepted for publication 31 January 2003.

Health needs that are not voiced can hardly be addressed, let alone translated into services to improve healthcare.[4] Furthermore, if people perceive a health need but do not believe that the healthcare system can respond to it, they do not seek to be helped by the system.[5]

The exploratory nature of qualitative research may facilitate expression of need, as well as uncover unvoiced health needs through analysis of people's concept of health.[6–8]

The general aims for conducting the present study were to identify the health needs of residents of a suburban area in the Philippines from the perspective of health service beneficiaries, and to assess whether or not voiced health needs are consistent with the residents' concept of health.

Participants and methods

Setting

The present study was conducted in Canocotan, Tagum City, the Philippines (Fig. 1). The area was chosen because it is the newly identified host of clinical practice in community medicine for residents-in-training and postgraduate medical interns of the Department of Family and Community Medicine of Davao Regional Hospital, a tertiary government-owned training hospital located 7 kms away from the area. The community is composed of 751 households, distributed in 11 geographico-political areas called *puroks*. The study area has one local health station (LHS) staffed by a midwife 3 days a week. It is 5 kms away from the bigger city health center (CHC) where the city health officer, private medical clinics and private diagnostic centers are located.

Sampling

To represent all *puroks* one representative from each *purok* for each of the six demographic groups was purposively sampled. To represent preschool children, we interviewed mothers of children under 5 years of age. To represent grade school children, we interviewed mothers of children aged 5–12 years. For adolescents, we interviewed male and female teenagers; for adults, we interviewed males and females aged 20–59 years; for women of reproductive age, we interviewed women aged 14–44 years; and for the geriatric group, we interviewed males and females aged 60 years and above. To gain a more general perspective of health needs, we also sampled *purok* political officials for inclusion in the interviews. Aside from meeting the criteria on age or *purok* officialdom, interviewees must have been residents in the locality for at least 1 year, and they must have signed an informed consent. For interviewees less than 18 years old, informed consents were obtained from both the interviewees and their parents or legal guardians.

We disqualified healthcare workers (midwives, volunteer health workers and nutritionists) and their immediate relatives, as well as persons with speech or mental impairment and those unable to communicate in the local language (Bisaya), Filipino or English from being interviewees.

Data collection

Individual audio taped interviews in the local language were done by seven of the authors (AR, MADF, BG, NKA, RAA, ABS and ATS) on all study participants after they have signed a written consent to be interviewed. Questions asked during the interviews were

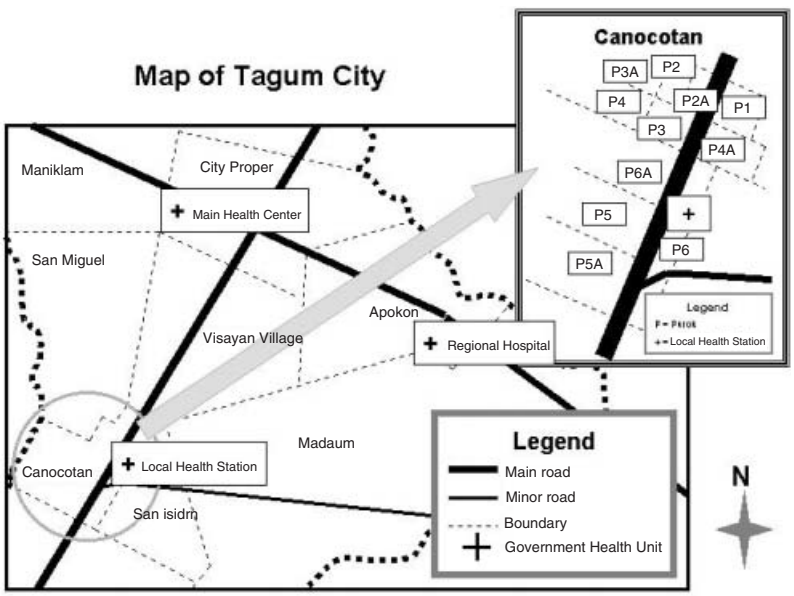

Figure 1 Map of the study area (Canocotan, Tagum, the Philippines). P1–P6, puroks 1–6.

taken from a 14 item guide questionnaire specifically constructed to explore people's concept of health; to identify the primary health care service providers that the residents use; to identify met health needs, as well as potentially executable health services consistent with their own framework of health and their unmet needs from primary health care service providers (Table 1).

Analysis

Tape-recorded interviews were transcribed verbatim. Transcribed data were independently coded by two researchers per demographic group. Responses were classified under any of three key subject areas (concept of health, choice of primary health care service provider met health needs and unmet health needs) as they emerged from the interviews. The responses were then translated into English. Items in the lists of responses were reduced to major categories or themes during discussions among all the authors. Ambiguities were settled through the same discussions and by constantly referring to transcripts of the interviews.

Results

Seventy-seven residents in the area participated in the interviews. Of the participants, 23 (30%) were males and 54 (70%) were females. We successfully transcribed 74 (96%) of the interviews conducted. The other three interviews were not transcribed verbatim because of technical problems in recording. However, the responsible interviewers (AR, ABS and MADF) were able to account for the specific responses of the respective interviewees during our discussions.

Although our methodology anticipated the possible differing concepts of health and health needs among the various sectors in the community, we were unable to find from the data patterns of concepts or needs unique to specific sectors.

Concept of health

The participants perceived health as a priceless and indispensable element of living. For them, it is a state of being competent physically, psychologically, spiritually and socially.

Physical competence was described as the ability to do the activities of daily living. It is also considered as the absence of disease, being free from symptoms, physical defects and impairment. When ill, however, a healthy person is capable of seeking speedy professional consultation and cure for his illness, and he is readily able to return to his preillness state. The participants also described 'a healthy state' as being well nourished, having good personal hygiene and living in a clean environment.

A state of health is also regarded as being spiritually attuned and mentally sound, having a feeling of well being, having personal fulfilment and being free from psychological disturbance.

Furthermore, the important components of health, for the participants, include being financially stable, having a functional family, being capable of social interaction and contribution and being capable of maintaining good interpersonal relationships (Table 2).

Choice of primary health care service provider

The participants' first choice of primary health care service provider is either the LHS or the CHC due to easy accessibility, and because these government-owned institutions offer free consultations and free starter doses of medicines. Others would go to tertiary government hospitals because they were either referred by the primary health care units or because of their past personal experiences that the latter could not provide for their needs due to inadequacy of supplies and facilities or unavailability of the midwife. If financial resources were available, some participants would consult private physicians or go to private hospitals because of their perception that they are managed better and received more warmly and promptly by these health service providers and that, private clinics and hospitals have better medical facilities.

Met health needs

The participants expressed satisfaction with regards to the primary care services that they have received from the LHS free of charge, namely: free medical consultations, starter doses of medicines, immunizations and prenatal care. Other activities in the LHS that the participants were satisfied with are the mothers' classes and community classes, wherein residents learn such health issues as family planning, breastfeeding, herbal medicine preparation and prevention and recognition of common infectious diseases. The participants also pointed out as part of their met health needs the occasional free medical outreach programs carried out by government and non-government medical teams, as well as the blood donation program, a government-initiated blood banking system that facilitates easy access to blood and blood products (Table 3).

Unmet health needs

Most of the participants pointed out that starter doses of medications dispensed by the government health centers are not enough, as full courses of the prescribed medications are really unaffordable for them. According to the participants, the LHS and CHC

Table 1 Questionnaire for concept of health and health needs study

***Mga Pangutana sa Pagsusi Mahitungod sa Konsepto sa Maayong Panglawas ug Panginahanglan Alang sa Maayong Panglawas* (*Bisaya*)**
Questionnaire for Concept of Health and Health Needs Study (English)

1 *Unsa na ka kadugay diri sa lugar?*
1 How long have you been in this place?
2 *Katuod ka ba sa Health Station?*
2 Do you know where the Health Station is?
3 *Nakaadto na ba ka sa Health Station?*
3 Have you been to the Health Station?
4 *Unsa para sa imo ang 'maayong panglawas'?*
4 What is 'health' for you?
5 *Unsa ang mga problema nimo sa balay, eskuwelahan o trabaho nga, sa tan-aw nimo, maka-apekto*
5 What are your problems at home, in school or at work which you think can affect
sa maayong panglawas sa imong anak nga wa pay lima ka tuig?
the health of your less than 5-year-old child?
sa maayong panglawas sa imong anak nga nag-eskuwela?
the health of your school child?
sa imong maayong panglawas isip usa ka teenager?
your health as a teenager?
sa imong maayong panglawas isip usa ka hamtong?
your health as an adult?
sa imong maayong panglawas isip usa ka babae nga pwedeng manganak?
your health as a woman of reproductive age?
sa imong maayong panglawas isip usa ka tigulang?
your health as an elderly?
6 *Sa tan-aw nimo, duna bay mahimo ang Health Station*
6 In your own opinion, can the Health Station do something about
sa maayong panglawas sa imong anak nga wa pay lima ka tuig?
the health of your less than 5-year-old child?
sa maayong panglawas sa imong anak nga nag-eskuwela?
the health of your school child?
sa imong maayong panglawas isip usa ka teenager?
your health as a teenager?
sa imong maayong panglawas isip usa ka hamtong?
your health as an adult?
sa imong maayong panglawas isip usa ka babae nga pwedeng manganak?
your health as a woman of reproductive age?
sa imong maayong panglawas isip usa ka tigulang?
your health as an elderly?
7 *Unsa ang mga sakit nimo (o sa imong anak) sa miaging tuig?*
7 What were your (or your child's) illnesses in the past year?
8 *Unsa ang mga serbisyo nga nadawat na nimo (o sa imong anak) gikan sa Health Station?*
8 What services did you (or your child) receive from the Health Station?
9 *Sa tan-aw nimo, kinahanglan bang tabangan ka sa Health Station sa imong sakit (o sa sakit sa imong anak) pinaagi sa iyang mga serbisyo?*
9 In your own opinion, should the Health Station help you regarding your (or your child's) illness through its services?
10 *Unsang mga serbisyo nga gikinahanglan nimo (o sa imong anak) pero wala mahatag sa Health Station?*
10 What were the services that you needed from but which were not provided by your Health Station?
11 *Unsay mga problema o kalisdanan nimo kaniadto bahin sa serbisyo nga imong nadawat gikan sa Health Station?*
11 What were your problems before regarding services that you received from the Health Station?
12 *Sa tan-aw nimo, unsa ang mga solusyon ani nga mga problema?*
12 In your opinion, what are the solutions to these problems?
13 *Unsa ang mga butang nga gusto nimong bag-uhon sa mga serbisyo sa imo sa Health Station*
13 What are the things that you want to change regarding the services of the Health Station
para sa imong anak nga wa pay lima ka tuig?
for your less than 5-year-old child?
para sa imong anak nga nag-eskuwela?
for your school child?
isip usa ka teenager?
for you as a teenager?
isip usa ka hamtong?
for you as an adult?
isip usa ka babae nga pwedeng manganak?
for you as a woman of reproductive age?
isip usa ka tigulang?
for you as an elderly?
14 *Sa tan-aw nimo, kinahanglan pa ba ug laing mga propesyonal nga nagatrabaho sa Health Station?*
14 In you own opinion, does the Health Station need more health professionals?

Table 2 What health is to suburban community residents

'It is very important. For me, it means that I am free from problems' *Amor, 24*
'Eat vegetables. Take vitamins' *Gigi, 38*
'For me, it means that the house should be clean. We should take care of our bodies and not abuse them' *Cathy, 28*
'We should be healthy because medical services is expensive and money for those expenses is so hard to come by. When I feel something, I must be able to afford medical services so I can go back to work in no time' *Linda, 33*
'To be healthy means that I can do what ever I want to. and when I am resting, that I should not feel any discomfort. and when I sleep, I can sleep straight without feeling pain, or any other symptom' *Frank, 63*
'I need to be healthy to improve personally, and so that I can do household chores and take care of my husband and children' *Irene, 32*
'To be healthy is to be active spiritually and emotionally' *Marggie, 17*
'When someone healthy gets sick, he recuperates easily and becomes his normal self again' *Daniel, 72*
'If one is healthy, he is able to work efficiently' *Ferdimard, 55*
'. . . when I can eat sufficiently and enjoy a few drinks' *Steve, 41*
'a state of freedom from defects, impairment and disease' *Jovito, 41*
'We should feel great!' *Dino, 48*
'. . . we should have complete immunizations and regular check-up' *Anselmo, 48*

Table 3 What is currently provided by the health care system and what is perceived by the community as needed

What is currently provided by the health care system	What is perceived by the community as needed
One midwife	A generalist physician within the community
Volunteer health workers	Nurse, nutritionist, medical technologist and more midwives
Free medical consultations (handled by the midwife)	Capability of the local health station to manage common illnesses
Free starter doses of medicines	Diagnostic facilities such as X-ray and electrocardiogram machines
Free immunizations for children below 5 years old	Free complete courses of medicines (at least for common illnesses)
Free prenatal care	Working referral system
Occasional medical outreach programs	Maintenance of potable water supply
Blood donation scheme	Maintenance of environmental sanitation
Community classes on common health issues (e.g., family planning, breastfeeding) conducted by the midwife and/or volunteer health workers	Scheme for financial stability

should also be able to diagnose and treat those illnesses that usually cause them to be referred to hospitals or to private specialists or diagnostic centers. For the participants, this would mean savings on medical and transportation expenses that they can hardly afford. For the healthcare units, this would entail employment of additional health professionals such as physicians, nurses, medical technologists and midwives to work in the smaller health stations, and procurement of diagnostic facilities such as electrocardiogram and X-ray machines. The participants also value the role of the volunteer health workers, and they feel that these workers should be adequately compensated financially.

In addition it was felt that there was a need for a proper referral system, not only to other health service providers but also to other government and non-government agencies that can help defray the medical expenses of residents. A more specific unmet health need that the participants also expressed was the maintenance of potable water supply and environmental sanitation.

Discussion

Gaps between concept of health and voiced health needs

In the present study the participants' concept of health is close, but by no means limited, to the defi-

nition of health according to the World Health Organization, that is, 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.'[9] Despite the participants' rather holistic view of health, voiced health needs only partly covered the whole concept of health. Of note, the participants said that having a functional family and being able to contribute to the society are important components of health, and to be healthy is to be psychologically and spiritually competent. Yet, they did not mention a specific need for programs that could possibly foster such ends. In addition, they partly defined health as having financial stability in the family to provide for their basic needs, yet the inclusion of financial stability as an essential element of health seemed specifically translated into a need for assistance with medical expenses, rather than a need for a scheme to improve their financial status.

Limitations of the present study include the absence of data that may possibly triangulate the findings from the study's method which may partly explain the wide area of unvoiced needs. The present study also illustrates that qualitative researchers in the assessment of health need may have to define the implied needs that elude articulation if the assessment is to be thorough.[8]

Apart from possible methodological limitations, the existence of gaps between voiced and true health needs may have several other reasons.[10] The residents may not really need such assistance because, in reality, not all health needs may have to be responded to by healthcare service providers. Consumers may regard themselves as capable of procuring such needs, being responsible stakeholders of the healthcare system. Another reason may be that the nonexpression was reflective of the community's past experiences with the existing health system, which lack such services. If this were the case, an active attempt by healthcare service administrators to reconcile the difference is in order. Still another explanation could be the community's reluctance to express such needs, probably having in mind that these things are 'too much to ask' from the healthcare system. Assessing health needs is technically difficult, despite use of a qualitative method because of this gap, which is open to multifarious interpretation.[11]

Need for a generalist physician

Also lacking in the present community health care system is access to a general practitioner. This is a common scenario in Filipino communities, even those within fairly urbanized and suburban areas. The role of the generalist physician in this particular community cannot be overemphasized. The generalist physician can readily address most of the health needs of the community, from enhancing the capability of the LHS to managing a broad range of diseases, to establishing a working referral system. This role could also extend to initiating programs for maintenance of environmental sanitation and potable water and for development of financial capability. While the presence of other health care professionals has also been perceived by the community as needed, the versatility of the generalist physician can compensate for the lack of these other professionals in the LHS.

Challenge to the system

The present study has uncovered health needs that are currently unmet by the residents' choice of health service providers. The requests for free full courses of medications, additional health professionals and more diagnostic facilities, which are not usually allocated in primary health care units such as the LHS and CHC in developing countries, really emphasize the inadequacies of primary health care services. The situation can be viewed either as an issue of economic insufficiency, or as a question of the scope needed by small local health service units. Either way, proper prioritization of health services is in order. While prioritizing health services on the basis of needs alone may actually have adverse consequences on the use of resources[12] or promotion of equity,[13] what is apparent, at least in this population, is that people want health services to be free, geographically accessible, and obtainable from the least number of institutions. Consequently, people would also want their neighborhood health station to be a source not of primary health care alone, but of as comprehensive a healthcare as possible. Resources are scarce, but this universal phenomenon must not stop us from tailoring health services to health needs.[14]

Unmet health needs can be derived through direct queries using a qualitative method of assessment, but additional induction from people's concept of health may be needed to arrive at a more comprehensive list of needs. These unmet health needs can then be used, in addition to morbidity statistics, as a basis for prioritizing healthcare.

Implications

Unexpressed health needs can potentially be implied from consumers' concept of health. Healthcare prioritization should therefore be based on expressed health needs and on health needs implied from people's concept of health, as well as on morbidity records. A scheme by the government to implement this approach can potentially bridge the gap between healthcare services and true health needs.

Acknowledgments

We would like to thank Drs Elinore Alba, Daisy Hintay, Ruth Improso and Arthur Suyko for helping in the editing of this paper. Our gratitude also goes to Drs Romulo Busuego and Alden Bagarra for allowing us to conduct this project.

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