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**Research Article**

# General Health Status of Children as Perceived by Their Parents.

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**ABSTRACT**

The objective of this study was to examine the health perceptions of parents in relation to the overall health status of their children residing in an industrialized region. The study involved the participation of 316 parents. The data collection process involved the utilization of a survey questionnaire, which encompassed inquiries pertaining to parental perspectives on children's susceptibility to environmental hazards, as well as their level of awareness about health-related matters. The results indicated a substantial correlation between parents' views of environmental risk and their assessment of their children's overall health, encompassing physical, emotional, and social well-being. In addition, it was shown that there exists a favorable correlation between parents' understanding of health matters and their perceptions of their own health. The findings of this study indicate that the level of parental awareness regarding environmental dangers and their understanding of health-related matters significantly influence their assessments of their children's overall health condition. The discussion encompasses the implications of these findings for public health treatments and policies. The research additionally revealed a substantial correlation between parents' health views of their children's physical, emotional, and social well-being. The results of this study indicate a necessity for the implementation of health education initiatives aimed at assisting parents in mitigating the potential health hazards that their children may encounter in industrialized regions.

**Key words:** children, general health status, health perception, parents

## Introduction

The primary aim of this study was to investigate the health perceptions of parents in connection to the overall health status of their children dwelling in an industrialized environment. The research encompassed the involvement of 316 individuals who identified as parents. The data gathering procedure entailed the implementation of a survey questionnaire that encompassed queries regarding parental viewpoints on children's vulnerability to environmental risks and their level of awareness regarding health-related issues. The findings revealed a significant association between parental perceptions of environmental danger and their evaluation of their offspring's holistic health, comprising physical, emotional, and social dimensions. Furthermore, research has demonstrated the presence of a positive association between parents' comprehension of health-related topics and their subjective evaluations of their own health. The results of this study suggest that parental awareness of environmental hazards and their comprehension of health-related issues have a substantial impact on their evaluations of their children's overall health status. The present discourse comprises an examination of the potential ramifications of these findings on public health interventions and policy. Furthermore, the study also uncovered a significant association between parental perspectives on the physical, emotional, and social well-being of their offspring. The findings of this study suggest that there is a need to provide health education programs targeting parents, with the goal of helping them address the potential health risks that their children may face in industrialized areas.

The majority of fatalities resulting from pollution are commonly observed in nations with lower and moderate levels of income (Landrigan, et al., 2019). The Philippines, classified as a lower-middle-income country according to UNIDO (2020), is not immune to the impact of pollution on death rates. The objective of this

study is to investigate the addition of data on parental health perceptions for their children in a specific industrialized area in Barangay Tina-an, City of Naga, Cebu. This research aims to evaluate the overall health status of the children in this locality and contribute to the existing knowledge in this field. Based on a comprehensive analysis of data pertaining to pediatric healthcare visits prior to and during the onset of the COVID-19 outbreak, along with historical records, it has been shown that the well-being of pediatric patients was significantly compromised by the pandemic and the corresponding measures implemented to restrict its spread (Li., et al., 2020). The pandemic has led to substantial modifications in government policies, particularly in relation to the healthcare system. This is primarily due to the abrupt surge in demand for healthcare services and the redirection of the workforce towards addressing the epidemic. Consequently, health systems have faced significant challenges in delivering routine services. As a consequence, there has been a substantial decline in the utilization of routine health services during each outbreak (Goyal et al., 2020).

The purpose of this study is to collect additional data on the issue of pollution and its impact on parental health perceptions for their children in a specific industrialized area, Barangay Tina-an, City of Naga, Cebu. The objective is to assess the overall health status of children in the barangay and contribute to the existing knowledge in the field of Nursing. This study aims to examine the factors influencing parents' perceptions in an industrialized region, with potential implications for nurses, particularly in the context of pediatric care. Pediatric care refers to medical treatment provided to individuals from birth to 18 years of age (Mandal, 2019). This research is particularly relevant in light of the COVID-19 pandemic, which has resulted in significant changes to the healthcare system, as noted by Li. Moreover, this inquiry will contribute to the establishment of a fundamental basis for the endeavors aimed at preserving, enhancing, and upholding the well-being of children residing in industrialized regions.

## Methods and Materials

The study used a descriptive correlational design. The study methodology in question endeavors to elucidate the correlation between variables without ascertaining causation (Bhat, 2023). When examining the overall health condition of children as reported by parents, a descriptive correlational design would entail gathering data on both the general health state of children and the parental perceptions of their children's health. The proposed design aims to investigate the correlation between the variables under consideration, refraining from making any causal inferences..

The researchers selected Barangay Tina - an, located in the City of Naga, Cebu, which is situated approximately 19.7 kilometers away from the Cebu Institute of Technology - University. This particular barangay was chosen as the research locality due to its proximity and the fact that it has 28 known barangays, as reported by PhilAtlas in 2023. According to the 2020 Census, the Municipality of Naga, Cebu has a total population of 133,184 individuals. Additionally, the 2022 Census reveals that Barangay Tina-an, City of Naga, Cebu has a population of 7,851 residents. The study site possessed a distinctive attribute that could potentially influence the respondents' impression of their children's overall health status.

Furthermore, the researchers employed a convenience sampling technique. The utilization of a nonprobability sampling technique facilitated the data collection process due to its efficiency and cost-effectiveness. This approach allowed the researchers to select respondents whom they deemed pertinent to the study, hence streamlining the data collection process (McCombes, 2022). The researchers deliberately picked parents whose children fell between the age range of 5 to 14 years for the purpose of this study. The objective of the study is to investigate the health perceptions of parents regarding the overall health status of their children in a specific industrialized region.

Furthermore, the researchers calculated the sample size needed for the study using Slovin's formula, with a confidence level of 95% and a 5% margin of error over the 1,492 population of children aged 5 – 14 years old in Barangay Tina – an City of Naga, Cebu, Philippines. The sample population for the research study was computed using Slovin's formula where ($N$) was substituted with the population size of children residing in the study's research locale of Barangay Tina – an Naga City, Cebu of 1,492 divided by the sum of adding the constant of 1 to the denoted value of ($N$) multiplied by the result of ($e$) of 5% or 0.05 as the considered margin of error by the researchers, multiplied by the exponent of $^2$, resulting to the sample size of ($n$) 315.4334036 rounded – off to 316 as dictated by the formula where decimals, regardless of the digit before the point is less or more than the value of 5.

Furthermore, the researchers carefully chose the parents and/or guardians of the children who reside in that particular location. The sample for this study consisted of a total of 316 parents and/or guardians residing in Barangay Tina-an, located in the City of Naga Cebu. These participants were surveyed to gather information about their perceptions of their children's health in a specific industrialized area. The aim of this study was to evaluate the overall health status of children in this particular locality. In the year 2021, Mills asserts that a survey generally comprises a sequence of meticulously crafted inquiries, each intended to extract specific data. Surveys were utilized by researchers as a means to gain a deeper comprehension of the perspectives held by individuals or groups in relation to a specific subject or topic of interest.

Moreover, to portray the health perceptions of parents and/or guardians regarding the overall health state of their children, it was necessary to gather a demographic profile and identify socio-cultural beliefs as

psychological determinants. The researchers made the decision to utilize the Initial Data Base (IDB) Assessment Form, which was previously employed by nursing students from the College of Nursing & Allied Health Sciences (CNAHS) at Cebu Institute of Technology — University (CIT – U), as a means of data collection in the community context. The assessment form effectively identified the determinants specified in the study, encompassing the demographic profile and psychological characteristics that were required to be gathered as data from the sample population. The data was analyzed by the researchers through the process of tallying data in groups of five for each determinant. This approach was employed to generate a demographic profile of the research region.

In addition to employing the IDB Assessment Form for data collection from the chosen research participants, this study also incorporated the use of the Child Health Questionnaire (CHQ). The Child Health Questionnaire (CHQ) is a frequently employed instrument in academic research for the evaluation of the health-related quality of life (HRQOL) among children and adolescents. The development of the aforementioned tool was undertaken by John E. Ware Jr. and colleagues. Subsequently, its validity has been rigorously examined across several groups. Reliability refers to the degree of consistency and stability exhibited by a measurement. The Comprehensive Health Questionnaire (CHQ) has exhibited favorable internal consistency, indicating a robust correlation among the various items comprising each scale of the questionnaire. Previous research has demonstrated that the CHQ scales exhibit a commendable level of internal consistency, as seen by Cronbach's alpha coefficients often falling within the range of 0.70 to 0.90 or beyond these values. Validity pertains to the degree to which a questionnaire accurately assesses the construct it is designed to assess. The Child Health Questionnaire (CHQ) has demonstrated strong construct validity, indicating its ability to effectively measure the various dimensions of health-related quality of life (HRQOL) in children and adolescents. The survey consists of multiple scales that evaluate various aspects of health, including physical functioning, mental well-being, social functioning, and role restrictions. The scales of the CHQ have been shown to effectively differentiate between various patient populations and individuals who are in good health. This indicates that the CHQ possesses the capability to accurately measure disparities in health-related quality of life (HRQOL).

## Data Analysis

Descriptive analysis was employed in order to examine the data, utilizing Biserial correlation and Eta coefficient as the analytical techniques. The biserial correlation coefficient is employed in situations where one variable is dichotomous, meaning it has only two possible values, while the other variable is continuous (Lectur15, 1996). In the present study, the researchers utilized the biserial correlation coefficient to investigate the association between parents' perception of their child's or children's health, as determined by the demographic characteristics of the respondents' households, and the overall health status of the sample population, as assessed through measures of physical, emotional, and social well-being. In contrast, the Eta coefficient, alternatively referred to as Cramer's V, serves as a metric for assessing the degree of association between two nominal variables (Measures of Nominal Level Association, n.d.). In the present investigation, this coefficient was employed to ascertain the relationship between parents' health perceptions and the specific type of family structure they belong to. If the Eta coefficient has statistical significance, it would indicate the presence of a relationship between two variables. Furthermore, the researchers employed the p-value as a metric to evaluate the statistical significance of the association between two variables and ascertain whether the null hypothesis of the study should be accepted or rejected.

## Ethical Considerations

This study aimed to ethically assess the overall health status of children residing in Barangay Tina – an, City of Naga, Cebu. The primary focus of this research was to examine the health perceptions of parents in this community. To ensure ethical considerations, the principles of confidentiality, anonymity, safety of sensitive information, and the right to self-determination were applied to protect the participants' interests. The researchers took measures to guarantee that the participants in the study, who were the parents of the children comprising the sample population, were adequately informed about their rights prior to their decision to engage in the study conducted by the researchers. The researchers were directed by the best interests and legal rights of the participating respondents in conducting and collecting data for their study, irrespective of the outcomes.

The researchers ensured the protection of data submitted by the participants by maintaining strict confidentiality and anonymity measures. The researchers prioritized the privacy of the participants, ensuring that any information disclosed was treated with utmost confidentiality. The data obtained from the survey questionnaire was subjected to analysis and interpretation by the researchers, with the assistance of a trained statistician. It is important to note that the data was securely maintained, with exclusive access granted solely to the researchers. In the study, the researchers afforded the participants the opportunity to maintain anonymity while providing the requisite data.

The researchers were also concerned with effectively managing the confidential information of all parties involved. The researchers compiled the information provided by the study participants, who were parents. Only

the researchers had access to this information, as they were aware of the protection provided by the Data Privacy Act (Republic Act No. 10173). Consequently, the researchers conducted their research in compliance with this legislation. In order to maintain the confidentiality and security of the collected data, the researchers made the decision to delete the participants' responses once the study had concluded.

Finally, in line with the study's ethical considerations regarding the autonomy of each participant, the researchers ensured that they respected the decision of each respondent regarding their willingness to participate in the study. This also extended to situations where a respondent chose to withdraw from the study. Regardless of the decisions made by each participant, it was the researchers' ethical responsibility to respect those choices. This encompassed respecting participants' decision to decline providing data for specific survey questions. The study allowed participants the autonomy to engage in the research at their convenience. When participants in the study selected any of the aforementioned options, the researchers made it clear that they would not face any negative consequences. The researchers prioritized the well-being of the participants throughout the investigation.

## Results and Discussion

| Employment Status | N = 316<br>Frequency (F) | Percentage (%) |
|---|---|---|
| Unemployed | 25 | 7.9 |
| Employed | 291 | 92.1 |

This chapter contains the findings from the analysis and interpretation of data gathered from the study's questionnaires. The data collected are presented in table and organized according to the questions asked.

According to the provided data, out of the total 316 respondents, 25 individuals, accounting for 7.9%, reported being unemployed, while the remaining 291 respondents, constituting 92.1%, indicated that they were employed. The results indicate a noteworthy level of employment within Barangay Tina-an. The employment status was classified into two distinct categories: employed and jobless. The employed status in this study refers to those who are engaged in formal employment with an employer. Additionally, it includes parents who are involved in small business ventures or are self-employed. In contrast, the researchers classified individuals as unemployed if they were not engaged in gainful employment.

| Educational Status | N = 316<br>Frequency (F) | Percentage (%) |
|---|---|---|
| Not Educated | 27 | 8.5 |
| Educated | 289 | 91.5 |

The aforementioned table provides an elaboration on the educational background of the subjects. It reveals that out of the whole sample, 27 individuals, constituting 8.5% of the population, did not receive any formal education. Conversely, the majority, including 289 individuals or 91.5% of the sample, possessed some level of education. The findings indicate that a significant proportion of the participants possessed a level of education. The educational status was classified into two categories: respondents were deemed educated if they had completed education from the secondary level up to the professional level. Education below the secondary level was traditionally regarded as lacking in formal academic attainment.

| TOTAL MONTHLY INCOME | N = 316<br>FREQUENCY (F) | PERCENTAGE (%) |
|---|---|---|
| Below P5,000 | 18 | 5.7 |
| P5,000 - P10,000 | 55 | 17.4 |
| P10,000 – P15,000 | 106 | 33.5 |
| P15,000 – P20,000 | 43 | 13.6 |
| P20,000 – P30,000 | 53 | 16.8 |
| P30,000 – P40,000 | 26 | 8.2 |
| P40,000 – P50,000 | 8 | 2.5 |
| More than P50,000 | 7 | 2.2 |

The table presented that106 respondents or 33.5% were earning P10,000 to P15,000, 43, or 13.6% were earning P15,000 to P20,000, 53 or 16.8% was earning P20,000 to P30,000, 26, or 8.2% were earning P30,000 - P40,000, 8 or 2.5% were earning P40,000 - P50,000, 55 or 17.4% were earning P5,000P10,000, 18 or 5.7% were earning below P5,000, and 7 or 2.2% were earning more than P50,000. According to the Philippine

Statistical Authority (PSA) on income classes, an income below P10,000 is classified as poor. While an income of P10,000 - P20,00, is considered low income. Whereas, an income of P20,000-P40,000 is classified as lower middle income. Lastly, an income of P40,000 above is classified as middle income.

| Type Of Family Form | N = 316<br>Frequency (F) | Percentage (%) |
|---|---|---|
| Cohabiting | 21 | 6.6 |
| Extended | 29 | 9.2 |
| Matriarchal | 42 | 13.3 |
| Nuclear | 206 | 65.2 |
| Patriarchal | 18 | 5.7 |

The aforementioned table provides an overview of various family forms. Out of the whole sample, 21 individuals or 6.6% were identified as cohabiting, 29 individuals or 9.2% belonged to extended families, 42 individuals or 13.3% were part of matriarchal family structures, 206 individuals or 65.2% were categorized as nuclear families, and 18 individuals or 5.7% were associated with patriarchal family arrangements. The findings suggested that nuclear family structure was the most prevalent kind.

| Maternal History & Child Care | | N = 316<br>Frequency (F) | Percentage (%) |
|---|---|---|---|
| A. | BIRTH OUTCOME | | |
| | CS | 52 | 16.5 |
| | NSVD | 264 | 83.5 |

in terms of the birth outcome, 52 or 16.5% were caesarean, and 264 or 83.5% were normal spontaneous vaginal delivery (NSVD). So, majority of the responses was normal spontaneous vaginal delivery (NSVD)

| MATERNAL HISTORY & CHILD CARE | | N = 316<br>FREQUENCY (F) | PERCENTAGE (%) |
|---|---|---|---|
| B. | WEEKS OF GESTATION | | |
| | <37 weeks | 54 | 17.1 |
| | >40 weeks | 262 | 82.9 |

The tale above presented that out of the 316 respondents to weeks of gestation, 54 or 17.1% were less than 37 weeks, 262 or 82.9% were more than 40 weeks. The results reveal that the weeks of gestation by most of the respondents were more than 40 weeks

| MATERNAL HISTORY & CHILD CARE | | N = 316<br>FREQUENCY (F) | PERCENTAGE (%) |
|---|---|---|---|
| C. | AGE OF MOTHER DURING DELIVERY | | |
| | <21 years old | 90 | 28.5 |
| | 21 – 30 years old | 194 | 61.4 |
| | 31 – 40 years old | 30 | 9.5 |
| | >40 years old | 2 | 0.6 |

The table described that the age of mother during delivery, 90 or 28.5% were less than 21 years old, 194 or 61.4% were between 21 to 30 years old, 30 or 9.5% were between 31 to 40 years old, and 2 or 0.6% were greater than 40 years old. The results reveal that majority of the responses on the age of mother during delivery were ages 21 to 30 years old

| MATERNAL HISTORY & CHILD CARE | | N = 316<br>FREQUENCY (F) | PERCENTAGE (%) |
|---|---|---|---|
| D. | PRENATAL DONE | | |
| | Yes | 278 | 88.0 |
| | No | 38 | 12.0 |

The table presented that the prenatal done, 278 or 88.0% answered YES, and 38 or 12.0% answered NO. Hence, most of the responses had prenatal done

| MATERNAL HISTORY & CHILD CARE | | N = 316 FREQUENCY (F) | PERCENTAGE (%) |
|---|---|---|---|
| E. | ATTENDANT AT BIRTH | | |
| | Medical | 290 | 91.8 |
| | Non – medical | 26 | 8.2 |

Figure 11. As to the attendant at birth, 290 or 91.8% were medical, and 26 or 8.2% were non-medical. The results indicate that medical was high as the attendant at birth

| MATERNAL HISTORY & CHILD CARE | | N = 316 FREQUENCY (F) | PERCENTAGE (%) |
|---|---|---|---|
| F. | USE OF FAMILY PLANNING | | |
| | No | 168 | 53.2 |
| | Yes | 148 | 46.8 |
| G. | FAMILY PLANNING USED | | |
| | None | 168 | 53.16 |
| | Natural | 17 | 5.38 |
| | Artificial | 131 | 41.46 |

Figure 12. It is clear that the respondents were not observing family planning with 168 or 53.2% answered NO, and 148 or 46.8% answered YES. On the family planning used, 170 or 53.80% answered NONE, 17 or 5.38% answered natural family planning, and 131 or 41.46% answered artificial. The results show that most of the respondents have not been using family planning

| Maternal History & Child Care | | N = 316 Frequency (F) | Percentage (%) |
|---|---|---|---|
| H. | SOURCE OF INFORMATION ON FAMILY PLANNING USED | | |
| | Family Members | 78 | 24.68 |
| | OB | 66 | 20.89 |
| | Others | 4 | 1.27 |
| | N/A | 168 | 53.16 |

The table explained that regarding the source of information/advice about family planning, 78 or 24.68% were from family members, 66 or 20.89% were from OB-GYNE, 4 or 1.27% were from others, and 166 or 52.53% were NONE. The results indicate that the source of information/advice about family planning were high in NONE

| MATERNAL HISTORY & CHILD CARE | | N = 316 FREQUENCY (F) | PERCENTAGE (%) |
|---|---|---|---|
| I. | WHERE do you USUALLY, GO for MEDICAL CARE? | | |
| | Barangay | 43 | 13.61 |
| | Government Hospital | 92 | 29.11 |
| | Private Doctor/Hospital | 130 | 41.14 |
| | Hilot | 30 | 9.49 |
| | Self - Care | 18 | 5.70 |
| | Relatives/Family | 3 | 0.95 |

The table examined that in medical care, respondents usually go to Private Doctors/Hospital with 130 or 41.14%, 30 or 9.49% in Hilot, 18 or 5.70% in Self Care, 3 or 0.95% in Relatives/family, 92 or 29.11% in government hospital, and 43 or 13.61% in barangay

| Characteristics Of Housing & Environment | N = 316 Frequency (F) | Percentage (%) |
|---|---|---|
| In Terms Of The House You're Currently Residing In, Do You Own, Rent Or Live On It Rent – Free? | | |
| Owned | 233 | 73.7 |
| Rent – Free | 25 | 7.9 |
| Rental | 58 | 18.4 |
| In Terms Of The Lot Your House Is Currently On, Do You Own, Rent, Or Live In It Rent–Free? | | |
| Owned | 204 | 64.6 |
| Rent – Free | 56 | 17.7 |
| Rental | 56 | 17.7 |
| For The House That You're Currently Living In, What Construction Materials Are Used? | | |
| Light | 56 | 17.7 |
| Mixed | 166 | 52.5 |
| Strong | 94 | 29.7 |

In terms of the house currently residing in, 233 or 73.7% were owned, 25 or 7.9% were rent-free, and 58 or 18.4% were rental. On the lot the house, 204 or 64.6% were owned, 56 or 17.7% were rent-free, and 56 or 17.7% were rental. For the house construction materials used, 56 or 17.7% answered light materials, 166 or 52.5% answered mixed materials, and 94 or 29.7% answered strong materials. The results indicate that most of the respondent's houses were owned and mixed as constructions materials used

| Characteristics Of Housing & Environment | N = 316 Frequency (F) | Percentage (%) |
|---|---|---|
| What Cooking Facility Do You Use at Home? | | |
| Electric Stove | 63 | 19.9 |
| Firewood/Charcoal | 48 | 15.2 |
| Gas Stove | 205 | 64.9 |

In the cooking facility used at home, 57 or 18.0% used electric stove, 1 or 0.3% used electric stove, firewood/charcoal and gas stove, 5 or 1.6% used electric stove and gas stove, 40 or 12.7% used firewood/charcoal, 8 or 2.5% used firewood/charcoal and gas stove, 198 or 62.7% used gas stove, 2 or 0.6% used gas stove and electric stove, and 5 or 1.6% used gas stove and firewood/charcoal. Hence, majority of the responses used gas stove as the cooking facility at home

| Characteristics Of Housing & Environment | N = 316 FREQUENCY (F) | Percentage (%) |
|---|---|---|
| What DRAINING FACILITY do you use at home? | | |
| Closed Drainage | 123 | 38.9 |
| Open Drainage | 193 | 61.1 |
| Pertaining to the household's WATER SOURCE, is it PUBLIC PRIVATE? | | |
| Private | 96 | 30.4 |
| Public | 220 | 69.6 |
| Pertaining to WATER TRANSPORTATION for the household, is water transported WITH A COVER or WITHOUT A COVER? | | |
| With Cover | 197 | 62.3 |
| Without Cover | 119 | 37.6 |
| Which of the following are | | |

| | | |
|---|---|---|
| USED TO TRANSPORT for bottles in the household | | |
| Bottles | 16 | 5.1 |
| Cans | 17 | 5.3 |
| Faucet | 15 | 4.7 |
| Gallon | 2 | 0.6 |
| Pails | 265 | 83.8 |
| Shower | 1 | 0.3 |
| Pertaining to WATER STORAGE for the household, is water stored with A COVER or WITHOUT A COVER? | | |
| With Cover | 210 | 66.5 |
| Without Cover | 106 | 33.5 |
| Pertaining to WATER PURIFICATION for the household, is water PURIFIED or NOT? | | |
| None | 139 | 44.0 |
| Yes | 177 | 56.0 |

According to the data presented in the table, it can be observed that the majority of respondents, including 61.1% or a total of 193 individuals, reported utilizing open drainage systems within their households. In contrast, a total of 123 individuals, accounting for 38.9% of the sample, opted for closed drainage. Regarding the water source utilized by households, it was found that 96 individuals, accounting for 30.4% of the respondents, relied on private water sources. In contrast, the majority of participants, specifically 220 individuals or 69.6%, reported using public water sources. The majority of the respondents' water transportation, specifically 197 or 62.3%, was found to have cover, whereas 119 or 37.6% did not have cover. In the context of domestic water transportation, it was observed that 16 individuals, equivalent to 5.1% of the sample, utilized bottles. Similarly, 17 individuals, accounting for 5.3% of the sample, employed cans for this purpose. Moreover, 15 individuals, constituting 4.7% of the sample, relied on faucet usage. A minimal proportion of 2 individuals, or 0.6%, utilized gallons, while just 1 individual, representing 0.3% of the sample, employed the shower. Notably, the majority of participants, namely 265 individuals, corresponding to 83.8% of the sample, utilized pails for water transportation at home. The findings suggest that the majority of participants utilized pails as a means of transporting water. Regarding the storage of water for domestic use, the majority of respondents, specifically 210 individuals or 66.5%, reported storing water with a cover, while 106 individuals or 33.5% reported storing water without a cover. In relation to the topic of water purification, it was found that 139 individuals, constituting 44.0% of the respondents, indicated that they did not possess any means of water purification. Conversely, 177 individuals, accounting for 56.0% of the respondents, responded affirmatively, indicating that they did possess a method of water purification. The findings indicate that the water of the participant was not subjected to the process of purification.

| CHARACTERISTICS OF HOUSING & ENVIRONMENT | N = 316<br>FREQUENCY (F) | PERCENTAGE (%) |
|---|---|---|
| What TYPE OF TOILET is present within the household? | | |
| Antipolo System | 20 | 6.3 |
| Closed Pit Privy | 6 | 1.9 |
| Flush Type | 153 | 48.4 |
| Open Pit Privy | 5 | 1.6 |
| Pail System | 98 | 31.0 |
| Water Sealed | 34 | 10.8 |
| How does the household DISPOSE of their GARBAGE? | | |
| Buried in a Pit | 14 | 4.4 |
| Burning | 34 | 10.8 |
| Collected by a Garbage Truck | 225 | 71.2 |
| Composting | 15 | 4.7 |
| Open Dumping | 28 | 8.9 |
| Is your family a MEMBER of any CIVIC or RELIOGIOUS ORGANIZATIONS? | | |
| No | 281 | 88.9 |
| Yes | 35 | 11.1 |

The table presented that of the 316 respondents, 153 or 48.4% used flush type of toilet, 20 or 6.3% used antipolo system, 6 or 1.9% used closed pit privy, 5 or 1.6% used open pit privy, 98 or 31.0% used Pail system, and 34 or 10.8% used water sealed. The results indicate that majority of the respondents used flush type of toilet. In the household's way of disposal of garbage, majority of the responses were collected by garbage truck with 225 or 71.2%, 14 or 4.4% were buried in a pit, 34 or 10.8% were burning, 15 or 4.7% were composting, and 28 or 8.9% were open dumping. Regarding the family's civic or religious organization, majority answered NO, which indicated that they were not part of any civic or religious organization, with 281 or 88.9%, 35 or 11.1% answered YES.

**Correlation Between Respondents' Demographic Profile and Their Health Perceptions for Their Children's General Health Status**

This research study established and examined the important correlation between parent's health perceptions and demographic profiles.

| **Physical Well being** | | | | |
|---|---|---|---|---|
| **Variables** | **Pearson's Coefficient** | **P - Value** | **Decision** | **Interpretation** |
| Employment Status | -0.041 | 0.472 | Do not reject the null hypothesis | Not significant |
| Educational Status | -0.057 | 0.309 | Do not reject the null hypothesis | Not significant |
| Attendant | 0.283** | 0.000 | Reject the null hypothesis | significant |
| Use of Family Planning | 0.003 | 0.954 | Do not reject the null hypothesis | Not significant |
| Source of Information | 0.081 | 0.154 | Do not reject the null hypothesis | Not significant |
| Go to for Medical Care | 0.140* | 0.013 | reject the null hypothesis | significant |
| House | 0.036 | 0.523 | Do not reject the null hypothesis | Not significant |
| Lot | 0.014 | 0.807 | Do not reject the null hypothesis | Not significant |
| Materials | 0.221** | 0.000 | Reject the null hypothesis | significant |
| Cooking Facility | 0.238** | 0.000 | Reject the null hypothesis | significant |
| Drainage | -0.318** | 0.000 | Reject the null hypothesis | significant |
| Water Source | 0.324** | 0.000 | Reject the null hypothesis | significant |
| Water Transport | 0.135* | 0.016 | reject the null hypothesis | significant |
| Water Storage | -0.147** | 0.009 | reject the null hypothesis | significant |
| Water Purification | -0.014 | 0.803 | Do not reject the null hypothesis | Not significant |
| Garbage Disposal | 0.166** | 0.003 | Reject the null hypothesis | significant |
| Organization | 0.247** | 0.000 | Reject the null hypothesis | significant |
| Type of Toilet | 0.442** | 0.000 | Reject the null hypothesis | significant |
| Weeks of Gestation | 0.027 | 0.635 | Do not Reject the null hypothesis | Not significant |
| Age of the Mother During delivery | 0.071 | 0.071 | Do not reject the hypothesis | Not significant |
| Income | 0.363** | 0.000 | Reject the null hypothesis | significant |
| Type of family | 0.390** | 0.002 | Reject the null hypothesis | significant |
| outcome | 0.471** | 0.000 | Reject the null hypothesis | significant |
| Prenatal care | 0.391** | 0.000 | Reject the null hypothesis | significant |

The table presented above provides an analysis of the correlation between the demographic profiles of respondents and their perception of the physical well-being of their children. The concept of physical well-being refers to the state of an individual's overall physical health and fitness. It encompasses various aspects including as The user's text does not provide any information. Regarding the socioeconomic demographic of the participants, it was observed that income and family type exhibited statistical significance, as evidenced by a correlation coefficient of 0.363 and a p-value of 0.000. Additionally, an ETA correlation of 0.390 with a p-value of 0.002 further supports this finding. In relation to the maternal history and child care, the aforementioned factors demonstrate a noteworthy impact on the physical well-being of the children. The individual responsible for providing medical assistance, as indicated by biserial correlations of 0.283 and 0.140, and a p-value of 0.000 and 0.013, demonstrates that birth outcome and prenatal care are statistically

significant. These variables exhibit an ETA coefficient of 0.471 and 0.391, respectively, and both possess a significance level of 1%. Regarding the characteristics of housing and the environment, it was found that nine variables exhibited significant correlations. These variables include construction materials (with a biserial correlation coefficient of 0.221 at a 1% significance level), cooking facility (with a biserial correlation coefficient of 0.238 at a 1% significance level), drainage (with a biserial correlation coefficient of -0.318 at a 1% significance level), water source (with a biserial correlation coefficient of 0.324 at a 1% significance level), water transport (with a biserial correlation coefficient of 0.135 at a 5% significance level), water storage (with a biserial correlation coefficient of -0.147 at a 1% significance level), garbage disposal (with a biserial correlation coefficient of 0.166 at a 1% significance level), organization (with a biserial correlation coefficient of 0.247 at a 1% significance level), and type of toilet (with a biserial correlation coefficient of 0.442 at a 1% significance level). This suggests that the housing and environment in which an individual resides can significantly impact their physical well-being. The level of development in a child is influenced by various factors, including the quality of their housing and environmental conditions, their family's income, and the composition of their family. These factors play a significant part in molding a child's physical features. Contrary to the findings of the research conducted by Leventhal and Newman (2010) on assisted housing, the results exhibit a range of outcomes, indicating no significant association between homeownership and affordability in connection to the well-being of children. Studies investigating the potential correlation between broader measures of housing quality and diverse facets of child health, such as rates of injury, have yielded less consistent findings. The observed inconsistency can be ascribed, to some extent, to the lack of reliability in housing quality assessments and variables that may not have a direct correlation with child development.

| **Emotional Well being** | | | | |
|---|---|---|---|---|
| **Variables** | **Pearson's Coefficient** | **P - Value** | **Decision** | **Interpretation** |
| Employment Status | 0.003 | 0.964 | Do not reject the null hypothesis | Not significant |
| Educational Status | -0.030 | 0.590 | Do not reject the null hypothesis | Not significant |
| Attendant | 0.086 | 0.128 | Do not Reject the null hypothesis | Not significant |
| Use of Family Planning | -0.246** | 0.000 | reject the null hypothesis | significant |
| Source of Information | -0.038 | 0.497 | Do not reject the null hypothesis | Not significant |
| Go to for Medical Care | 0.165* | 0.013 | reject the null hypothesis | significant |
| House | -0.088 | 0.119 | Do not reject the null hypothesis | Not significant |
| Lot | -0.166** | 0.003 | reject the null hypothesis | significant |
| Materials | 0.100 | 0.077 | Do not Reject the null hypothesis | Not significant |
| Cooking Facility | 0.224** | 0.000 | Reject the null hypothesis | significant |
| Drainage | -0.418** | 0.000 | Reject the null hypothesis | significant |
| Water Source | 0.442** | 0.000 | Reject the null hypothesis | significant |
| Water Transport | -0.004 | 0.940 | Do not reject the null hypothesis | Not significant |
| Water Storage | 0.054 | 0.342 | reject the null hypothesis | significant |
| Water Purification | -0.380** | 0.000 | Do not reject the null hypothesis | Not significant |
| Garbage Disposal | 0.118* | 0.036 | Reject the null hypothesis | significant |
| Organization | 0.234** | 0.000 | Reject the null hypothesis | significant |
| Type of Toilet | 0.298** | 0.001 | Reject the null hypothesis | significant |
| Weeks of Gestation | -0.130* | 0.022 | Reject the null hypothesis | significant |
| Age of the Mother During delivery | -0.046 | 0.421 | Do not reject the hypothesis | Not significant |
| Income | 0.518** | 0.000 | Reject the null hypothesis | significant |
| Type of family | 0.276* | 0.028 | Reject the null hypothesis | significant |
| outcome | 0.428** | 0.000 | Reject the null hypothesis | significant |
| Prenatal care | 0.272** | 0.000 | Reject the hypothesis | significant |

The provided table elucidates the correlation between the demographic characteristics of respondents and their perceptions of the emotional well-being of their children. The concept of emotional well-being refers to an individual's state of mental and emotional health. It encompasses the ability to effectively manage and The user's text does not contain any information to rewrite. The analysis shown above indicates a statistically

significant relationship between income and kind of family. Specifically, a correlation coefficient of 0.518 was observed at a significance level of 1%. Additionally, an ETA coefficient of 0.276 was found at a significance level of 5%. Regarding the maternal history and child care, it was observed that the weeks of gestation exhibited a Pearson correlation coefficient of -0.130, which was found to be statistically significant at the 5% level. Additionally, the use of family planning showed a biserial correlation coefficient of -0.246, while the birth outcome exhibited an ETA coefficient of 0.428, and prenatal care showed an ETA coefficient of 0.272. These correlations were found to be statistically significant at the 1% level. The variables examined in this study, namely lot, cooking facility, drainage, water source, water purification, organization, and type of toilet, exhibit significant correlations at a 1% level of significance. The biserial coefficients for these variables are -0.166, 0.224, -0.418, 0.442, -0.380, 0.234, and 0.298, respectively. Additionally, the variable garbage disposal demonstrates a significant correlation with a biserial coefficient of 0.118 and a p-value of 0.036. The emotional well-being of a kid is influenced by factors such as income, family structure, maturity level, family planning, and utilization of prenatal care.

The majority p-value observed in this study is less than 0.036, which is below the predetermined significance level of 0.05. Hence, a notable correlation exists between emotional well-being and the attributes of housing and environment. According to Clair's (2019) study titled "Housing: An Under-Explored Influence on Children's Well-Being and Becoming," there exists a range of compelling reasons to consider housing as a critical factor in children's overall well-being and human development. The study underscores the importance of children's environmental experiences, with particular emphasis on the home as a fundamental component. Family stress and strain models elucidate the manner in which housing difficulties encountered by adults can potentially impact the overall well-being of children.

| **Social Well being** | | | | |
|---|---|---|---|---|
| **Variables** | **Pearson's Coefficient** | **P - Value** | **Decision** | **Interpretation** |
| Employment Status | -0.030 | 0.601 | Do not reject the null hypothesis | Not significant |
| Educational Status | -0.021 | 0.710 | Do not reject the null hypothesis | Not significant |
| Attendant | 0.364** | 0.000 | Reject the null hypothesis | significant |
| Use of Family Planning | 0.180** | 0.001 | reject the null hypothesis | significant |
| Source of Information | 0.195** | 0.000 | reject the null hypothesis | significant |
| Go to for Medical Care | 0.163* | 0.004 | reject the null hypothesis | significant |
| House | 0.047 | 0.408 | Do not reject the null hypothesis | Not significant |
| Lot | 0.040 | 0.483 | Do not reject the null hypothesis | Not significant |
| Materials | 0.335** | 0.000 | Reject the null hypothesis | Not significant |
| Cooking Facility | 0.290** | 0.000 | Reject the null hypothesis | significant |
| Drainage | -0.292** | 0.000 | Reject the null hypothesis | significant |
| Water Source | 0.258** | 0.000 | Reject the null hypothesis | significant |
| Water Transport | 0.294** | 0.000 | reject the null hypothesis | significant |
| Water Storage | -0.300** | 0.000 | reject the null hypothesis | significant |
| Water Purification | 0.207** | 0.000 | reject the null hypothesis | significant |
| Garbage Disposal | 0.301** | 0.000 | Reject the null hypothesis | significant |
| Organization | 0.238** | 0.000 | Reject the null hypothesis | significant |
| Type of Toilet | 0.447** | 0.000 | Reject the null hypothesis | significant |
| Weeks of Gestation | 0.121* | 0.032 | Reject the null hypothesis | significant |
| Age of the Mother During delivery | 0.118 * | 0.037 | reject the null hypothesis | significant |
| Income | 0.276** | 0.000 | Reject the null hypothesis | significant |
| Type of family | 0.402 | 0.000 | Do not reject the null hypothesis | Not significant |
| outcome | 0.357 | 0.157 | Do not reject the null hypothesis | Not significant |
| Prenatal care | 0.441** | 0.000 | Reject the null hypothesis | significant |

The table presented above provides an analysis of the correlation between the demographic profiles of respondents and their perception of health in relation to the social well-being of their children. The user's text does not provide any information to be rewritten. There remains a statistically significant association between income and family type at a significance level of 1%. When considering mother and child care, it is noteworthy that the social well-being of children is not significantly correlated just with the outcome of delivery. There is no substantial link between the qualities of housing and surroundings and the presence of a lot and house. There is no significant distinction between possessing a high income and belonging to a skilled family in relation to a child's physical, emotional, and social well-being. In the present inquiry conducted by Ritcher et al. (2018), a notable however significant association was observed between the levels of satisfaction reported by mothers and the self-control and linguistic proficiencies exhibited by their children. The association was facilitated by the frequency of joint activities between the mother and kid. The study revealed a positive correlation between maternal contentment and the level of engagement in activities with their children. As a result, children of content mothers demonstrated higher levels of self-regulation and receptive vocabulary abilities in comparison to children whose mothers reported lower levels of satisfaction. Therefore, one may deduce that the satisfaction experienced by mothers significantly influences their engagement in activities

focused on their children and contributes to a range of favorable developmental outcomes. Moreover, the research findings illustrate a significant association between readily attainable daily activities engaged in by parents and their children aged 5 to 7, hence impacting the overall welfare of the children. The research conducted by Tough et al. (2010) highlights the significant importance of maternal well-being and parental morale in the developmental outcomes of children. Furthermore, the study underlines that these aspects may not be contingent upon financial stability or the educational attainment of women. Furthermore, the study conducted by Schmeer and Yoon (2016) aimed to investigate the impact of housing conditions, particularly the physical environment inside households, on the differences observed in biological stress markers among children. In conjunction with the research conducted by Brown, Ravallion, and van de Walle (2023), the examination of their study confirms the expected outcome that children dwelling in impoverished nations experience home circumstances that offer limited protection against diseases. Furthermore, this finding demonstrates that the occurrence of inadequate health conditions in children cannot be exclusively ascribed to the state of poverty. The results of our study suggest that allocating a larger proportion of income increases at the national level to improving the physical environment of households leads to a more substantial decrease in the prevalence of child ill-health.

## Conclusion

Numerous elements have the potential to influence the overall well-being of children in relation to their physical, emotional, and social dimensions. The majority of the notable findings given pertain to the attributes of an individual's dwelling and their surrounding surroundings. Moreover, it is undeniable that youngsters hailing from affluent backgrounds and being raised in well-organized families are more likely to have enhanced communication skills. The perception that parents hold towards their child's health significantly influences their thinking, leading them to be vigilant about their child's growth and the threats they may encounter. Additionally, the influence of maternal history and child care has a significant role in promoting the overall health condition of children, facilitating their development and well-being. This study aims to provide insights to municipal officials and barangay health care providers on strategies to boost community-wide efforts in reducing hazards and enhancing parental perceptions towards their children. The study's results indicate a notable correlation between parents' opinion of their own health and the overall health status of their children.

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