

***Transforming B'laan Communities through Communication: The Case of the UP
Manila Community Health and Development Program***

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Abstract

Twenty four B'laan residents of Barangay Kalkam in Tupi, South Cotabato were surveyed to determine how UP Manila Community Health and Development Program (CHDP) attempted to transform them by exploring normative changes. Anchored on transformational communication framework inspired by Flor and Smith (1997), the study identified the communication approaches employed in transforming B'laan's responses to CHDP using Knowledge, Attitude and Practice (KAP) study; and elicit findings on normative changes through videography. Results showed that health communication interventions are limited to printed media and face-to-face communication; Health Development Education is moderately understandable, readable, and accessible (mean = 2.75); and social mobilization efforts involved little participation (mean = 2.4). It was also revealed that systems approach to communication is open and participatory, but not feedback-driven. Respondents believed that CHDP is not difficult to follow, convincing, ethical and can improve healthy lifestyle (mean = 3.24). Using videographic codes, normative changes on issues pertaining to malnutrition, dengue campaign and teenage pregnancy were not evident. Although CHDP is currently not operationalizing the ideal development communication intervention which triggers societal transformation among B'laan entities, the rich use of interpersonal verbal messages, frequent personal interaction and the use of indigenous media can be improved to transform them.

Keywords: B'laan tribe, health education, transformational communication

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Introduction

Good health and well-being ranks third in the 17 sustainable development goals that make up the United Nations' 2030 Agenda for Sustainable Development. This is a vital factor of development as it reflects effective and efficient people who have awareness, skills and positive attitudes towards their welfare. According to the United Nations (UN) Inter-agency Support Group (2013), majority of those who suffer from poorer health are the indigenous peoples group. They are more likely to experience disability and reduced quality of life, and ultimately, die younger than their non-indigenous counterparts.

In South Cotabato, Mindanao, Philippines, the B'laan tribe is one of the provinces that houses indigenous groups who have extremely limited access to health care delivery systems, and are the most susceptible to natural disasters and armed conflicts. They have also been denied access to education and land property. Because of their vulnerability, the Community Health and Development Program (CHDP) has been established through the University of the Philippines, Manila-School of Health Sciences to attend to their needs, particularly the Barangay Kalkam, Municipality of Tupi in B'laan communities. The CHDP program aims to address indigenous health disparities through community immersions, health education campaigns, health advocacies and community participation. It is primarily implemented to serve as an intervention in support of the UN's third sustainable development goal. However, the communication strategies such as collaboration, networking, education and Information Communication Technology (ICT) have been found limited and inadequate.

This communication inadequacy has been observed by researchers. For one, Adedokun (2008) emphasized that members of the community can only be mobilized if communication is effective. Communication is the most operative way for communities to actively participate, implement visions and realize goals for development. Flor (2007), in his paper, asserted that normative changes in a community are essential factors that indicate individual development. Normative changes present in people's lives basically shows that transformational communication is at work and effective. These are meaningful changes in community practices that honor the interest of community members and transform individuals to make their lives better.

Flor (2007) accentuated that transformational communication should be multi-sectoral, process-oriented, synergy-driven and strategic. Currently, the CHDP of UP Manila School of Health Sciences only utilizes interpersonal media in printed form such as flip charts, dioramas, leaflets and posters to encourage community participation and adoption of health advocacies. Community dialogue is also part of the CHDP wherein community preceptors, instructors, students and health workers collaborate to facilitate the exchange of ideas and decision-making by the members of the community.

Since UP Manila is renowned as one of the country's premiere health institution, it is vital that programs implemented by its extension unit, the School of Health Sciences, bring positive impact to the marginalized community it primarily serves.

In gearing towards the achievement of United Nation's third sustainable development goal which is "good health and well-being to all," superstitious interventions that are apparent among indigent communities must be replaced by scientific and medically accepted health interventions to promote quality health care. To understand their culture and practices, a four-month intensive immersion has been annually conducted in the said locality since 2015. Students from the UPM SHS in South Cotabato serve as the program workers. However, for two consecutive years, assessment on how the B'laan beneficiaries respond to the Community Health and Development Program (CHDP) has not been conducted. Health communication materials were also not tested; and normative changes, if any, remained unstudied.

In this situation, one can conclude that public health workforce worldwide is currently under-trained in the critical functions of communication and marketing. Schools of public health and other public health institutions must take seriously the need to identify necessary competencies in these disciplines to develop and deploy training approaches that meet the needs of both current and future public health professionals. While these training resources are likely to emerge sooner rather than later in nations of the developed world, it is imperative to understand that similar training resources are even more needed in nations of the developing world.

The UP Manila SHS Community Health and Development Program should rapidly develop and deploy a strategic plan to improve the communication and marketing competency of the public health workforce worldwide, especially in developing countries. The success or failure of public health initiatives often hinges on effective marketing and communication which the present paper studies.

In general, the study was pursued to answer the question:

How UPM SHS Community Health and Development Program attempted to transform B'laan communities through transformational communication?

Conclusion

Based on the findings, this paper clears the previous assumptions and arrives at the following statements:

1. Health Communication is present and appropriate but limited to printed media in Dengue Prevention Campaign.
2. Health Communication is not present, inadequate, inappropriate and dysfunctional in Sex Education and Teenage Pregnancy lectures.
3. Health Communication is present but limited to printed media Malnutrition prevention.
4. Health Communication is present but limited in Family Planning campaign.
5. Health development education is moderately understandable but not creative and innovative in the four campaigns.
6. The social mobilization process shows little participation among B'laan entities and does inculcate the use resources to sustain the program.
7. The B'laan system is open, but has little participation and is not feedback-driven.
8. The respondents are literate on the health practices introduced in the dengue campaign.

9. The respondents are not aware of the health practices introduced in Sex Education and Teenage Pregnancy lectures
10. The respondents are not aware of the immediate health practices introduced in Malnutrition prevention
11. The respondents are literate of the health practices introduced in Family Planning campaign.
12. Dengue campaign measures are ethically acceptable.
13. Teenage pregnancy lectures are ethically acceptable.
14. Malnutrition prevention measures are ethically acceptable.
15. Family planning methods are ethically acceptable.
16. 8/24 respondents practice the preventive measures against Dengue disease.
17. 8/24 respondents advocate against teenage pregnancy.
18. 19/24 respondents advocate the use of family planning methods.
19. 10/24 respondents advocate protein-based diet to combat malnutrition.
20. Normative changes among B'laan entities towards Dengue control and prevention are not present.
21. Normative changes among B'laan entities towards sex education are not present.
22. Normative changes among B'laan entities towards family planning methods are present.
23. Normative changes among B'laan entities towards malnutrition prevention are not present.
24. The CHDP does not operationalize the transformational communication which ultimately triggers societal transformation to B'laan entities.

Moreover, CHDP currently employs printed media in delivering verbal lectures to the B'laan respondents. However, Electronic media is not employed in the area. As per Health communication delivery system in dengue campaign, it has been found interactive, while communication strategies for malnutrition and family planning is linear. There is no communication tool operationalized in sex education and teenage pregnancy.

Respondents admit that practices for the four health issues cannot be sustained due to impermanence of health instructional material, illiteracy, demotivation, lack of facilitation skills and initiative, and economic factors such as poverty and deprivation of stable employment opportunities as shown in the footages taken during the videography.

Since the use of electronic and printed media in the locale were very seldom and limited, people in the community rely heavily on verbal messages articulated in an interpersonal manner by the CHDP workers. Health development education employed in the program revealed that the information needs of B'laan respondents have not been carried out, and they do not provide the relevant and useful local content. Often, the CHDP does not translate health information into dialects.

On the other hand, majority of people's participation on health issues was fuelled by CHDP workers. This means that listening to people and leaning about their perceived needs is essential for the CHDP. Also, the strong use of interpersonal verbal messages and frequent personal interaction of the CHDP facilitators are notable based on the respondents' responses. Maibach et. al (2007) emphasized that most public health organizations have actual resources in the form of communication expertise,

information content, and some capacity to package and deliver that information to a variety of important audiences.

The CHDP of the UP Manila as a public health institution, is well-positioned to use interpersonal communication to target indigenous people-based fields of influence based on their resources and capacity to reach people directly affected by health problems.

One of the strong points of the program is the interpersonal interaction with people that involves listening as the capacity to read reality through the ear of indigent respondents. The CHDP develops listening that goes beyond a simple appraisal of needs. It involves listening to what people already know, what they aspire to, what they perceive as possible and desirable, and what they feel they can sustain. Since the use of electronic media is not appropriate in the setting, CHDP intensified interpersonal exchange of messages among all B'laan sectors in the community that can lead to the greater involvement of people in a common cause. This is a fundamental requirement for appropriate and sustainable development.

The researcher concludes that the CHDP is currently not operationalizing the ideal development communication intervention inculcated in the transformational communication framework; but it had introduced the most appropriate method of communication to indigenous groups which is oral communication. Face-to-face, in vernacular language, and with consideration of indigenous social protocol promotes a more open and respectful treatment of indigenous groups that might be a key factor to reach greater levels of health equity.

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