

Full Length Research Paper

Communication strategies employed by the Barangay health workers in promoting reproductive health in Magsaysay, occidental Mindoro

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Received 19 October 2021; Accepted 9 February 2022

The descriptive research aims to identify the communication strategies employed in promoting topics on Reproductive Health and the communication problems encountered in promoting Reproductive Health information. The study was conducted in selected Barangays in Magsaysay, Occidental Mindoro. This study employed descriptive research method. The sample size was determined by the epinfoTM software with 80% confidence level. Thereafter, the 39 Community Health Care Workers were the one who voluntarily responded in the survey and interview. The survey instrument and Focus group Discussion were used to gather the data. Prior to data collection, permission to conduct the study was sought to the different Barangays in Magsaysay, Occidental Mindoro. Descriptive statistics was used in the study. While, Person Moment Correlation was used to determine the relationship among variables. Result shows that the community health workers are female, middle aged, literate, and with long experience as community health workers. The communication strategies used by the BHW is rated as “moderate.” It is observed that the strategies with a “very high” rating were home visits, SMS/Text message, flyers/brochures, Barangay ordinances and public meetings. The BHWs have “very high” concern with the insufficient allowances for home visitation and have the least concern with the lack of knowledge on the content of the RH materials, and lack of support from LGU. Lastly, there was no significant relationship between the profile of the respondents in age, years spent in formal education, and years spent as BHWs.

Key words: IEC materials, reproductive health, Barangay health workers.

INTRODUCTION

Health communication is the combination of the domains of communication and health in order to improve individual and public health. The ultimate goal of health communication is to “use communication strategically to improve health” (Office of Disease Prevention and Health

Promotion, 2010). This comprises verbal and written approaches to influence and empower individuals, populations, and communities to make healthier choices. It often incorporates components of multiple theories and models to promote positive changes in attitudes and

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Table 1. Respondents of the study.

| Year | Number of CHWs (2018) | Number of respondents |
|-------------|-----------------------|-----------------------|
| Caguray | 6 | 5 |
| Poblacion | 15 | 13 |
| Purnaga | 8 | 7 |
| Sta. Teresa | 10 | 8 |
| Tilaga | 6 | 6 |
| Total | 45 | 35 |

behaviors.

According to Kumar and Preetha (2012), health promotion is more relevant today than ever in addressing public health problems. The health scenario is positioned at unique crossroads as the world is facing a 'triple burden of diseases' constituted by the unfinished agenda of communicable diseases, newly emerging and re-emerging diseases as well as the unprecedented rise of non-communicable chronic diseases.

Communication strategy is a formula that is "based on communication theories that provide a framework for designing of implementing communication interventions" (Rogers and Singhal, 2003). In addition, application of health communication principles in public health presents challenges. First, the evaluation of communication interventions, especially those using national mass media (e.g. radio), does not usually lend itself to randomized trials. Hence, innovative methodological and statistical techniques are required for attributing observed outcomes to intervention efforts. The responsive and transactional nature of health communication interventions also means that modification in intervention content may occur, adding an additional challenge to the evaluation process (Rimal and Lapinski, (2009).

Likewise, Freimuth and Quinn (2004) posited that health communication is an essential tool for achieving public health objectives, including facilitating and supporting behavioral change and eliminating health discrepancies.

There are two main Community Health Workers (CHW) groups that exist in the Philippines: Barangay Health Workers (BHWs) and Barangay Nutrition Scholars (BNSs). Both groups consist of volunteers or low-paid workers who deliver or refer patients to primary health care services in communities. BHWs provide information, support, and referral services on topics such as maternal and child health, family planning, immunizations, and disease-specific care (e.g., malaria, tuberculosis) (Sison et al, 2009). While, the BNS program focuses primarily on implementing nutrition related initiatives with malnourished infants and children (0–5 years), as well as to nutritionally vulnerable pre- and post-natal women (DOH, 2020).

Moreover, Estocapio-Bordador (1997) explained that the Primary Health Care (PHC) framework, the Barangay

Health Worker (BHW) plays an important role since they serve as the first point of contact between the health care system and the community.

However, the top-down flow of information had an impact on the delivery of health intervention programs in the community. Beato et al. (2013) expounded that improving health literacy could be attained by disseminating health information that influences personal health choices.

According to Society for Health Communication (2017), health communication is the science and art of using communication to advance the health and well-being of people and populations. Further, it is a multidisciplinary field of study and practice that applies communication evidence, strategy, theory, and creativity to promote behaviors, policies, and practices that advance the health and well-being of people and populations (SHC, 2017).

This study was conducted to determine the profile of Barangay Health Care Workers in Magsaysay, Occidental Mindoro; identify the communication strategies employed in promoting topics on Reproductive Health; determine the communication problems encountered in promoting Reproductive Health information; and defines the relationship between profile and communication strategy employed.

MATERIALS AND METHODS

The study was conducted in five Barangays in Magsaysay, Occidental Mindoro, namely: Sta.teresa, Tilaga, Caguray, Poblacion and Purnaga in in July to November 2019 and revalidated in July to November 2020.

This study employed descriptive research method. The sample size was determined by the epinfo™ software with 80% confidence level. Thereafter, the 39 Community Health Care Workers were the ones who voluntarily responded in the survey and interview. Table 1 shows the respondents of the study. The survey instrument was used to gather the data. Focus group discussion was done to validate the answers in the survey. Prior to data collection, permission to conduct the study was sought to the different Barangays in Magsaysay, Occidental Mindoro. Further, some of the data used in this study are from the course requirements of AGEX 218: Extension Strategies for Rural Development in the Graduate Studies case study conducted on October to November 2020. Descriptive statistics such as mean and percentage was used in the study. Meanwhile, Pearson's moment correlation was used to determine the relationship among variables.

Table 2. Profile of the Barangay health care workers.

| Profile | Mean | Range |
|---|-------|-------|
| Age (years) | 42.40 | 24-63 |
| Years spent in formal education (years) | 10.24 | 6-14 |
| Years spent as Barangay health care workers (years) | 20.12 | 2-30 |

RESULTS AND DISCUSSION

Profile of the Barangay health care workers

Barangay health care worker is an individual who has undertaken training programs under any accredited government and non-government organization and who voluntarily renders primary health care services in the community after having been accredited to function as such by the local health board in accordance with the guidelines promulgated by the Department of Health (DOH, 2020).

The community health workers are female (100%), middle aged (mean=42.40 years old), high school graduates (mean=10.24 years), and with long experience as community health workers (mean=20.12 years).

According to the OECD (2017), the current overall health workforce is mostly composed of women. Nonetheless, female health workers remain underrepresented in highly skilled occupations, such as in surgery. Further, WHO (1983) stated that any comprehensive strategy designed to raise the status of women who provide health care and make their workload less onerous must focus on the following elements: educational and training; attitudes about women; health education; policies and opportunities for employment; support systems; and infrastructure development.

Further, women make up the vast majority of frontline health workers around the world. In a sample of 123 countries, women made up 67% of employment in the health and social sectors, compared with 41% of employment across all sectors. In the US, 80% of the health workforce and 90% of registered nurses, but only 40% of executives are women.

And it is known that community health workers—those most likely to provide primary health care to populations most in need—are mainly women (intrahealth.org, 2020). Table 2 shows the profile of the Barangay health care workers.

Reproductive health topic discussed

Table 3 shows the different reproductive health topics discussed by the BHWs. The reproductive Health Care, according to the DOH (nd), includes: Family planning services, counselling and information, prenatal, postnatal and delivery care, Nutrition and health care for infants

and children, Treatment for reproductive tract infections and STDs, Management of abortion-related complications, Prevention and appropriate treatment for infertility, IEC on human sexuality, reproductive health, responsible parenthood, Male involvement, Adolescent reproductive health, Management and treatment of reproductive cancers, and Services to victim/survivors of Violence Against Women.

All the topics under the Reproductive Health were rated as “very high” except for Education and Counselling on sexuality (mean=4.49), and gynaecological condition (mean=4.49) rated as “high” and Men’s reproductive health (mean=3.45) rated as “moderate.”

Communication strategies employed in promoting reproductive health

Health communication directly delivers information to people who are expected to adopt or change to a healthier behavior (Nkanunye and Obiechina, 2017). These tools include the BHWs as a medium of communication aside from flyers, leaflets, brochures, and fact sheets distributed to the various Barangay Health Centers.

Vermeir et al. (2015) revealed that face-to-face communication is highly commended; however, written communication remains the most usual means of communication between healthcare professionals.

Face-to-face communication is indispensable since the concerned individuals can not only hear what is being said but CAN also see the body language and facial expressions that provide key information so they can better understand the meaning behind the words. In the past, this type of communication was only possible in person, but as technology advances there are more ways to have these face-to-face conversations (Solet et al., 2005). Video conferencing is also a form of face-to-face communication, even though it uses technology to connect the participants. These forms of direct communication may in fact have decreased in the electronic communication age, favoring indirect rather than direct communication (Gandhi, 2000).

Table 4 shows that communication strategies used by the BHW is rated as “moderate” with a mean of 3.22. It is observed that the strategies with a “very high rating” were home visits (mean=4.81), SMS/Text message (mean=4.62), flyers/brochures (mean=4.78), Barangay

Table 3. Reproductive health topics discussed.

| Reproductive health topic discussed | Mean | Interpretation |
|--|-------------|-----------------------|
| Maternal and Child Health and Nutrition (MCHN) | 4.62 | Very high |
| Family planning | 4.72 | Very high |
| Prevention and Control of Reproductive Tract infection and sexuality transmitted infections and HIV-AIDS | 4.55 | Very high |
| Prevention of abortion and management of complications | 4.78 | Very high |
| Education and Counseling on Sexuality | 4.49 | High |
| Adolescent reproductive health | 4.72 | Very high |
| Violence against women and children | 4.59 | Very high |
| Men's reproductive health | 3.45 | Moderate |
| Breast and reproductive cancers and other gynaecological conditions | 4.49 | High |
| Prevention and treatment of infertility and sexual disorder | 4.67 | Very high |
| Mean | 4.51 | Very high |

Scale: 1.0-1.50-very low; 1.51-2.50-low; 2.51-3.50-moderate; 3.51-4.50-high; 4.51-5.0-very high.

Table 4. Communication strategies of Barangay health worker.

| Communication strategies | Mean | Interpretation |
|---------------------------------|-------------|-----------------------|
| SMS/text message | 4.62 | Very high |
| Posters | 1.70 | Low |
| Public meetings | 4.64 | Very high |
| Social media | 1.58 | Low |
| Flyers/brochures | 4.78 | Very high |
| Billboards | 1.46 | Very low |
| Radio broadcast | 1.46 | Very low |
| Barangay ordinances | 4.73 | Very high |
| Home visits | 4.81 | Very high |
| Video | 2.39 | Low |
| Mean | 3.22 | Moderate |

Scale: 1.0-1.50-very low; 1.51-2.50-low; 2.51-3.5-moderate; 3.51-4.50-high; 4.51-5.0-very high.

ordinances (mean=4.73) and public meetings (mean=4.64).

(mean=2.00), and lack of support from LGU (mean=1.67).

Communication problems encountered in promoting Reproductive health information

The different communication tools had allowed health messages to be disseminated through mass media, interpersonal, small group, or community level campaigns. Taran (2011) also explained that health care workers today recognize that poor communication is perhaps one of the most dominant problems in the health care system.

The “very high” problems encountered by the BHWs are the insufficient allowances for home visitation with a mean of 4.78 (Table 5). The least concern were lack of knowledge on the content of the RH materials

Relationship between profile and the communication strategies employed

Table 6 presents the relationship between the profile of the Barangay health workers and communication strategies employed. The Pearson moment correlation shows that there was no significant relationship between the profile of the respondents in age, years spent in formal education, and years spent as BHWs.

Conclusions

The study has the following conclusions:

Table 5. Problems encountered.

| Problems encountered | Mean | Interpretation |
|---|------|----------------|
| Communication materials have selected audience | 4.40 | High |
| Lack of effective communication skills | 2.78 | Moderate |
| Lack of knowledge on the content of the RH materials | 2.00 | Low |
| IEC Materials are no longer up to date | 3.06 | Moderate |
| Lack of MIS for mother and child profiling | 3.18 | Moderate |
| Lack of support from LGU | 1.67 | Low |
| Costly production of IEC materials | 4.28 | High |
| Lack of training on the use of multimedia communication | 2.64 | Moderate |
| Insufficient allowances for home visitation | 4.78 | Very high |
| Mean | 3.20 | Moderate |

Scale: 1.00-1.50-very low; 1.51-2.50-low; 2.51-3.50-moderate;3.51-4.50-high; 4.51-5.00-very high.

Table 6. Relationship between profile and the communication strategies employed.

| Profile | r-value | p-value | Interpretation |
|---------------------------------|---------|---------|-----------------|
| Age | 0.235 | 0.155 | Not significant |
| Years spent in formal education | 0.138 | 0.002 | Not significant |
| Years spent as BHWs | 0.002 | 0.987 | Not significant |

1) The community health workers are female, middle aged, literate, and with long experience as community health workers.

2) The communication strategies used by the BHW is rated as “moderate.” It is observed that the strategies with a “very high” rating were home visits, SMS/Text message, flyers/brochures, Barangay ordinances and public meetings.

3) The BHWs have “very high” concern with the insufficient allowances for home visitation and have the least concern with the lack of knowledge on the content of the RH materials, and lack of support from LGU.

4) There was no significant relationship between the profile of the respondents in age, years spent in formal education, and years spent as BHWs and communication strategies employed.

CONFLICT OF INTERESTS

The author has not declared any conflicts of interests.

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