# COMMUNICATION NEEDS OF BARANGAY HEALTH WORKERS SITUATED AT THE CITY LANDFILL OF DAVAO, PHILIPPINES, IN DELIVERING HEALTH CARE SERVICES

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## Abstract

Barangay Health Workers (BHWs) are the lead health advocates who provide essential health care services at the grassroots level. Hence, it requires them to have adequate skills and training. The study aimed at identifying the communication needs of barangay health workers (BHWs) situated at the dumpsite of Davao City, Philippines, gravitating towards designing a communication plan tailor-fitted to their needs. It employed a qualitative research design, particularly an in-depth interview of the health workers. Several communication problems were identified, including the lack of participation of BHWs in the barangay development plan, limited access to communication technology, lack of a continuous skills enhancement program, the lack of contextualised communication materials resulting in insufficient knowledge of proper personal hygiene, and the inactive participation of community members in health services. Based on these communication problems, the following activities and training were suggested: capacitating BHWs on writing proposals and plans; establishing a strategic communication manual; and basic communication and ICT skills training.

**Keywords:** communication needs, health care services, barangay health workers, strategic communication, Philippines

# Introduction

The role of Barangay Health Workers is vital in promoting health and wellness in the community. They are particularly trained to provide community members with health education, preventive services, and primary curative care. Moreover, BHWs also act as advocates for health policies and programs. They are involved in various community mobilisation activities and participate in meetings and forums to provide feedback and suggestions on improving their communities' health services. Hence, according to Sumaylo (2013) and Declaro-Ruedas (2022), effective communication is essential in performing their roles and responsibilities.

The most common communication strategy used by BHWs is conducting house-to-house visits, as revealed by (Vermeir et al., 2015). It allows them to speak personally to the concerned individuals and shows non-verbal gestures that would make the entire communication process intimate. However, in a recent study by Declaro-Ruedas (2022), it appears that several strategies, such as barangay policies, flyers, and SMS/text messaging, are most often utilised by our BHWs to communicate in the community. While this is true for some BHWs, specifically those who can maximise their resources and equipment. Some BHWs, particularly those working in a remote area, experience a much more challenging context (Sumaylo, 2013).

Several studies have emphasised the significance of effective communication in promoting health literacy and improving health outcomes. However, the communication needs of BHW, particularly the workers who are situated in remote areas, have yet to be fully explored in the context of their work environment (Ibo, 2019). A study conducted by Sumaylo (2013) found that BHW encountered communication barriers in terms of language and technical terms in communicating with their clients. Moreover, they noted the need for training and support in enhancing their communication skills. These findings highlight the need for further research on the communication needs of BHWs to support their communication skills development.

The landfill is a challenging environment for BHWs to work in due to its hazardous waste materials and exposure to environmental health hazards. The working conditions may impact the health of the BHWs themselves, as well as the delivery of health care services to the surrounding community. Limited research has been conducted on the communication needs of BHWs situated at the landfill, despite the importance of effective communication for the delivery of quality healthcare services.

Moreover, some studies have investigated the challenges and concerns of BHWs in the Philippines. However, only a few have focused specifically on the communication needs of BHWs situated in hazardous working environments. For instance, a study by Declaro-Ruedas (2022) examined the experiences of BHWs in a rural setting, highlighting the importance of interpersonal communication in building trust with communication between BHWs and healthcare providers in urban areas, identifying language and cultural differences as significant factors.

However, no study has yet explored the communication needs of BHWs in hazardous working environments, such as the landfill in Davao. It is essential to understand these needs to ensure that BHWs can deliver health care services effectively in challenging environments. Moreover, a gap exists in the literature regarding communication strategies and tools BHWs can use to improve their effectiveness in delivering health care services in hazardous conditions.

The communication needs of BHWs situated at the city landfill of Davao, Philippines, remain understudied despite the importance of effective communication for the delivery of quality health care services. Understanding the communication needs of BHWs can help to overcome the communication barriers that affect the delivery of health care services, thus improving health outcomes for the community. By examining the communication needs and tools that BHWs use in their work, the study can contribute to developing evidence-based guidelines for effective communication in hazardous working environments.

#### Method

This study employed a qualitative research design, and the data from the In-Depth Interview (IDI) was analysed through thematic analysis. The IDI questions were grouped according to the employment situation of the BHWs, communication problems, community problems, and organisational management of the barangay. Six BHWs out of the eight were interviewed, while three community members were interviewed. Although the primary participants for this research are the BHWs, some community members were interviewed to find out the health concerns of the community and their concerns in the implementation of the health services of the barangay. The answers of the community members served as a guide in the crafting of the communication strategies.

#### **Results and Discussion**

The researchers interviewed the six barangay health workers to determine their communication needs. The results of the interview were thematically analysed.

#### **Communication Problems**

## Lack of Participation of BHWs in crafting the Barangay Development Plan (BDP)

Even if the BHWs are the lead health advocates in the community, there was never an instance that the barangay officials consulted them to improve the health services and programs offered by the barangay. Also, the BHWs have no knowledge and experience in crafting a proposal or plan to raise their concerns in the BDP so that policies and programs may be improved to address the health problems of the barangay. The BHWs seem to work in a template based on the direction of whoever is leading the barangay and the city. There is no avenue for them to be heard and for their ideas to be documented appropriately.

BHWS must be part of crafting the BDP for several reasons since they are knowledgeable about the community's healthcare needs. BHWs are in a better position to provide feedback on the health status of the barangay (Philippines, Department of Health [DOH], 2018). They can also provide insights into the health and sanitation conditions of the community, including its socioeconomic and environmental status. Moreover, BHWs play a significant role in designing and implementing health programs in the barangay (Declaro-Ruedas, 2022). Their experience and knowledge of the community can help design appropriate and effective programs for the people. Hence a critical factor in ensuring the sustainability of health programs and initiatives (Philippines, Department of the Interior and Local Government [DILG], 2019). Additionally, their involvement in the BDP process can also promote community participation and empowerment, as they are trusted members of the community (Mallari et al., 2020).

## Lack of Contextualized Communication Materials

BHWs during the interview, admitted that they lack communication strategies in educating the community about the barangay health services. In the current framework of operation, BHWs are still confined to the Interpersonal Communication and Counseling (IPC/C) manual issued by the Department of Health (DOH), which is highly clinical in nature in terms of monitoring, and relies on statistics as the sole measure of success for generalising all government health services. Also, most of the materials they use are often from the central office, which follows a generic content - these may not help in the implementation process because materials should be tailor-fitted to the community's needs. Indigenous communities are also present in the area who may not have the sensibility to appreciate programs like immunisation and personal hygiene. This leads to the lack of participation of the local community in the health services offered by the BHWs.

Using contextualised communication materials is a significant factor that may help improve BHWs' understanding of health-related concepts, allowing them to communicate more effectively with community members and ensuring their messages are context-specific, making it easier to understand and adapt to healthy behaviours (Rifkin, 2014). Moreover, such materials can also increase the perceived credibility of BHWs among community members, which in turn, improves the uptake of health interventions. This corroborates the study by Taburnal (2020), that found contextualised communication materials improve the self-efficacy of BHWs, enabling them to deliver health messages with greater confidence and impact.

#### Limited Access to Communication Technology

Both BHWs and locals in the community have limited access to communication technology such as computers, the Internet, and mobile phones. The health centre in the community has only one computer and it is currently in no use due to its defects. BHWs also have no knowledge of utilising this computer. Moreover, the community has no access to internet services. Cascading of information is done manually, either through text messaging or verbal communication.

Access to communication technology is essential for barangay health workers, particularly those in vulnerable areas, to improve their efficiency and effectiveness in delivering healthcare services. It will particularly improve communication and coordination among healthcare providers and the community. Hence, increasing efficiency and productivity (Taburnal, 2020).

# Lack of Strategic Communication Skills Enhancement Training

Most BHWs were not provided with the training necessary to do their functions efficiently. Only the senior BHW was given the opportunity to attend training, and she will reecho it to her members. According to an interview, training sessions were given once or twice a year, with the bulk of these training sessions concentrating on healthcare for children and pregnant mothers. No training was provided for them to improve their strategic communication skills. This has resulted in a lack of skills in crafting plans, letters, and proposals.

Strategic communication skills enhancement training is crucial for Barangay Health Workers (BHWs) as it can significantly improve their communication abilities, leading to several benefits in their roles as healthcare providers. Effective communication skills are essential to establishing rapport with patients, understanding their needs and concerns, and providing the right information and guidance. According to a study by Abajobir and Seme (2014), strategic communication skills can lead to higher service satisfaction levels, ultimately improving health outcomes. Moreover, providing the BHWs with this training will allow them to become more confident in their roles and responsibilities, enabling them to take a more active role in advocating the health needs of their communities. According to a study by Rifkin (2014), strategic communication skills are an essential component of advocacy. They can lead to increased empowerment among healthcare providers, leading to greater job satisfaction and reduced burnout.

## Communication Activities for BHWs

Based on the identified problems, the following communication activities are recommended for BHWs.

## Capacity Building on Writing a Proposal or Plan

The BHWs will be equipped with the necessary training to craft a proposal or plan for the BHWs to address their concerns as lead health advocates in the community to the Barangay Development Plan (BDP). This improvement of the technical know-how of the BHWs in terms of proposal writing will give the latter ability to lobby for advocacies and policies in the barangay. The crafted plan/proposal will be given to the Committee on Health, and the committee will present it to the barangay. The presence of the BHWs or a representative during the presentation of the plan/proposal is necessary, especially when the barangay council has questions about the plan. The training must be done three to six months before crafting the BDP to ensure that the capacity training will produce an output. Also, more time is needed to start writing a basic proposal. Additionally, a system must be implemented for consistent re-echoing whenever a BHW attends a training, seminar, or workshop. This will develop a proper feedback mechanism from the BHWs to the purok leader and the barangay secretary.

# Establishment of a Strategic Communication Manual Specific to BHWs

A strategic communication manual specific to BHWs should be created to provide a contextualised framework or guidelines for delivering their services. With this manual, BHWs will communicate consistently, ensuring context-specific health messages and information to the community. This manual will also guide BHWs in preparing sensible communication materials, effectively monitoring projects, providing a framework for highlighting persuasion rather than pure information dissemination, and effectively planning communication strategies. The manual will also be written in the Filipino language for better understanding of the context and needs of BHWs. It will highlight the importance of participatory communication to mobilise the community.

### Basic Communication and ICT Skills Training for the BHWs

The barangay, together with the City Health Office and the City Information Office, should provide training and workshop on proper information dissemination for specific diseases. Part of this training is the creation of illustrations such as charts, posters, and bulletin boards to simplify the concept or idea

of health-related diseases. Basic writing and ICT skills such as using Microsoft tools, writing announcements (through various media), and letters will also be conducted. Training on client-facing skills to encourage community participation should be done. This will help the BHWs try new face-to-face approaches to interact with community members.

### Conclusion

The study has revealed some critical findings. It has been established that communication plays a crucial role in the effective delivery of healthcare services, particularly in areas with challenging environments such as landfills. The study has identified several communication barriers, including the lack of participation of BHWs in the BDP, lack of contextualized communication materials, limited access to communication technology, and lack of strategic communication skills training. These barriers hinder efficient and effective communication, which, in turn, affect community participation and the delivery of quality healthcare services to the community. To address these barriers, the study recommends implementing several communication manual, and basic communication and ICT skills training. Hence, the recommendations put forth by this study provide valuable insights for policymakers, health professionals, and stakeholders in the healthcare sector in the Philippines and other countries facing similar challenges.

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