

BIBLIOGRAPHY

BAWAS, JANICE S. April 2008. Communication Strategies Used by the Rural Health Unit in Bakun, Benguet. Benguet State University, La Trinidad, Benguet

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ABSTRACT

The study determined the programs being implemented by the Bakun RHU; determined the programs that the community are aware of; determined the communication strategies used in disseminating these programs; determined the level of effectiveness on the communication strategy used as perceived by respondents; and determined the problems encountered by the community and the RHU personnel on the communication strategies applied by the Bakun RHU.

The study was conducted in the chosen barangays of Bakun from December 2007 to January 2008 using an interview schedule through purposive quota sampling. The criteria considered for the selection were 15 years old and above and stayed in the locality for at least two years. Respondents were 50 community people and 12 RHU Personnel.

Among the 50 respondents, thirty-four or 68% were female and thirty-seven of the total respondents were married. As to their educational attainment, half of the total population reached high school and majority (31 or 62%) were engaged in farming.

According to the chi-square test results, it shows that all the socio-demographic profile of the respondents except sex bears no significance to the awareness of the health programs.

Great majority of the respondents were aware of the health programs and the RHU personnel were their main source of information.

Interpersonal communications (purok class, seminar, individual teaching) were the most common communication strategies used by the RHU as perceived by the respondents and the RHU personnel.

Purok class is a lecture/discussion held in the community initiated by the midwife to discuss health programs and other health concerns usually done per sitio.

Poor cooperation and having a place far from the training area were the main problems encountered by the respondents. For the RHU personnel, poor cooperation, lack of interest and difficult transportation were the top three problems they encountered.

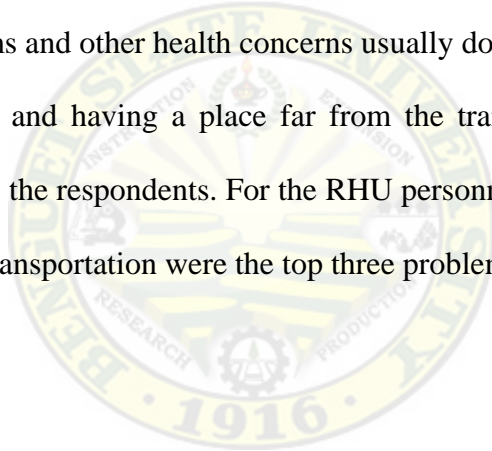
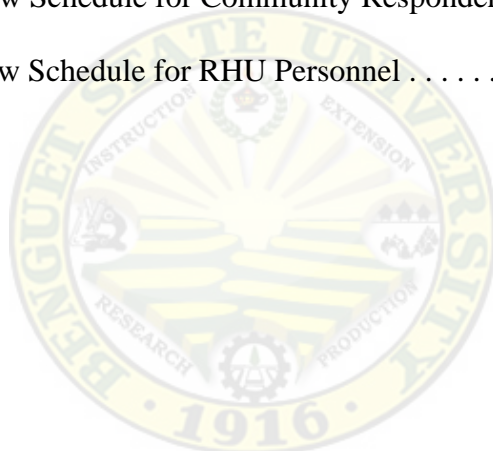


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INTRODUCTION

Rationale

Information plays a vital role in the community. It creates change in perception and makes right decision to fulfill their goals. These informations can be acquired through information materials and other communication strategies.

Information strategies are essential form of communication in any public involvement process. The substance of material can be factual or present a point of view. It summarizes large amount of information simply and in straight forward fashion (Anonymous, 2004 as cited by Domes, 2007).

Different communication strategies are now being used by different organizations and groups to relay ideas, concepts, and services among other people in the community.

A communication material, as one strategy, combines approaches and methods that enable individuals, families, groups, organizations, and communities to play active roles in achieving, protecting, and sustaining their health (UNFPA, 1999).

In Bakun, Benguet, the Rural Health Unit (RHU) also uses certain strategies to disseminate information. The RHU is conducting mother class to educate mothers on health education. Aside from this, the RHU is conducting programs and check-ups to school children to maintain and improve their good health.

However, the morbidity cases in the municipality continued to increase. According to the Rural health Unit (RHU) record, morbidity cases from 2001-2006



increased from 23.4% to 36.43%. Also, it continues to increase from the first to third quarter of 2007.

On the other hand, Bakun is a fourth class municipality where transportation and trade is not easily accessible. The barangays and even sitios are far apart. Some parts can be reached by vehicles but it is not easy because PUJ's are scheduled unless you have your own car. Moreover, there is a need to walk for a couple of hours and even more in order to reach the other parts of the municipality. Aside from these, radio is the main communication system but not all of them have radio.

Based on the given data, there is a need to determine the communication strategies used by the Bakun RHU and how they handle the programs despite the distance from the health stations to the community.

Statement of the Problem

The study aimed to answer the following questions:

1. What are the health programs being implemented by the Rural Health Unit of Bakun?
2. What are the health programs that the community are aware of as affected by their socio-demographic profile?
3. What are the communication strategies in disseminating these health programs?
4. What is the level of effectiveness on the communication strategies used by the RHU as perceived by the respondents?



5. What are the problems encountered by the RHU personnel and the respondents on the communication strategies applied by the RHU of Bakun?

Objectives of the Study

The study aimed to:

1. determine the health programs being implemented by the Rural Health Unit of Bakun;
2. determine the health programs that the community are aware of as affected by their socio-demographic profile;
3. determine the communication strategies in disseminating these health programs;
4. determine the level of effectiveness on the communication strategies used by RHU as perceived by the respondents; and
5. determine the problems encountered by the respondents and the RHU personnel on the communication strategies applied by the RHU of Bakun.

Importance of the Study

The study is important in helping the implementers determine the effectiveness of the communication materials they use in their program/campaign. It will also help them determine what strategy is best fit for a certain health issue.

Results will also serve as reference to other researchers who will be dwelling on the same scope of study.



Scope and Limitations of the Study

The study focused on the communication strategies used by the Bakun RHU in disseminating health issues and its effectiveness to the beneficiaries.

Moreover, evaluation of the communication strategies used was not included in the study and programs were generalized during the interview.

The study was conducted in the chosen barangays (Bagu, Poblacion and Gambang) of Bakun, Benguet from December 2007 to January 2008.



REVIEW OF LITERATURE

The Rural Health Unit

The Rural Health Units (RHUs) were established in 1954 through RA 1052 in order to provide basic health services including curative services to the people. RHU is composed of a medical doctor, a nurse, midwives and sanitary inspectors. The number of these types of personnel depends on the population size (Caragay et al, 2007).

Kahssay, H. M. (1998) of the World Health Organization, as cited by Caragay et al. (2007) observed that the health center is defined as “a frontline facility working for health promotion and protection as well as providing treatment and care services within a locality or district health system that has a certain amount of self-reliance and authority,” has been generally neglected.

The health center is expected to be accessible and responsive to local health problems and priorities; have a holistic approach because of its multidisciplinary team; focus on the adoption of healthy lifestyles and people’s participation; provide access to clinical referral system and available social support systems; and deliver efficient, affordable and culturally acceptable health services. Yet, it must overcome obstacles such as low credibility; inadequate teamwork, weaknesses in the development and implementation of action plans, technical and managerial support; inadequate resources and authority; and feeling of staff demoralization, isolation and lack of skills (Caragay et al, 2007).



Communication Strategy

Communication strategy is the documentation of how implementation will be disseminated to, and received from all the stakeholders in the activity. It identifies the mean/s, medium, and frequency of communication between the different parties. It is used to establish and manage on going-communication all throughout a program or project (OGC, 2007).

These information can be communicated through many channels to increase awareness and assess the knowledge of different populations about various issues, products, and behaviors. Channels might include interpersonal communication (such as individual discussions, counseling sessions or group discussions and community meetings and events) or mass media communication (such as radio, television and other forms of one-way communication, such as brochures, leaflets and posters, visual and audio visual presentations and some forms of electronic communication.

Passing on information by “word-of-mouth”, has been shown to be one of the most effective communication channels for acquiring knowledge and promoting desired changes in behavior. Field staff should not ignore these informal opportunities to educate the public through casual conversation with people in the community (UNFPA, 1999).

Moreover, “one on one” communication at the point of service provision is essential for transmitting information and building trust with the client. Communication with other individuals and groups within the community is also vital. It is through communication networks that service providers can obtain information about users’ needs, priorities and concerns (UNFPA, 1999).



On the other hand, Birnbaumer (2007) states that lecture can transmit a large amount of information in a short period of time and allows the dissemination of previously unpublished or difficult-to-access materials. Lecture gives the lecturer the total control of content, pace, organization, direction and compliments other learning activities.

Effectiveness of Communication Strategies

A strategy will take audience from where they are and where they want to be. It is important that implementers of a program or campaign will define on how they are trying to communicate with the beneficiaries to provide hard evidence of what they think (IDEA, 2007).

When developing communications strategy, think about the goals that wanted to be achieved and how various materials can contribute to those goals. In addition to any specific objectives related to a project, the important communication goals include announcing, motivating, educating, informing, and supporting decision-making (CAHPS, 2007).

Effective strategies combine theories, frameworks, and approaches from behavioral sciences, communication, social marketing, and health education (UNFPA, 1999).

Moreover, communication strategies can affect how audience think and behave in a certain topic. It helps the audience have sound decision create change in adopting technology applied (Hamel, 2005).



Problems Encountered by Implementers

Chulacupata (1976), as cited by Ramos (2007), states that the main problems in the implementation of the agricultural program are the inactive participation among farmers due to the widespread ignorance and social isolation.

They are socio-politically underdeveloped. This happens when the programs do not determine the interests, needs, and situations of the people who never participated in choosing the best method to reach them. Thus, introducing such a program is a difficult task to become adaptable to a given idea is totally different just for saying it.

Ramos (2007) further found out on her study that the major problems encountered by implementers are lack of funds to finance the program, lack of interest or time of the participants, and unwillingness of the people to participate. Moreover, a minor problem includes poor cooperation of the participants and lack of personnel to properly monitor the beneficiaries.

Problems Encountered by Beneficiaries

According to Ramos (2007), problems encountered by beneficiaries during implementation of programs were lack of printed materials, poor dissemination of information because other farmers are busy at their farms and do not have time to relate it with other problems.

Aside from these, inadequate involvement of beneficiaries, lack of cooperation between technologists and farmers, lack of support services from the program implementers, and lack of cooperation.



Domeris (2005), on her study also found out that the problems encountered by respondents on the communication strategies include poor communication skill among implementers, poor or ineffective IEC materials, poor information diffusion and inaccessibility to information technology, and communication systems.

Definition of Terms

Communication strategy. An approach or way of information dissemination

Purok class. A lecture/discussion type held in the community regarding the different health programs usually done per sitio.

Bench conference. A discussion among small group of people (10-15) regarding a certain topic or a certain health programs.

Barangay Health Workers (BHW). A person who wants to work in the health center or in barangay health stations without any compensation. A BHW does not necessarily finish a medical related course or any degree but have undergone trainings regarding health.

Individual teaching. A one-on-one dissemination of health concerns which is usually done during consultation or check-ups.

Seminar. The RHU personnel conduct trainings regarding health issues. They themselves could be the speakers or invite some speakers.

Bulletin (notice posting). This is the posting of notice or announcements regarding health concerns in strategic places in the community.

Home visit. This is a routine of RHU personnel to reach the community in their own houses. This is done when the patient or the beneficiaries can not go to the clinic or



to the RHU for health consultation and advice because of severe sickness or physical disabilities.

Distribution of IEC material. This is one strategy used by the RHU wherein they distribute printed materials for the community's reference and is also use during seminars and purok classes.



METHODOLOGY

Locale and Time of the Study

The study was conducted in the chosen barangays of Bakun, Benguet from December 2007 to January 2008 (Figure 1). The chosen barangays were Bagu, Polacion and Gambang.

Bakun is composed of seven barangays. It lies in the northern part of Benguet. It is bounded on the east by municipalities of Buguias and Mankayan, on the west of Sugpon and a part of Alilem Ilocos Sur, on the north by Cervantes Ilocos Sur and a part of Mankayan and on the south of the municipality of Kibungan.

Bakun is basically an agricultural community. Majority of its land area is devoted to agricultural activities. Trading activity in the municipality is limited. It is confined only to vegetable farming particularly the highland vegetables in areas where they are grown.

Respondents of the Study

Respondents of the study were selected by means of purposive sampling technique. The criteria in the selection are age (above 15) and residence in the place for at least two years.

Respondents were fifty (50) community people from the chosen barangays of the municipality and twelve (12) RHU personnel.





Figure 1. Map of Benguet showing the locale of the study



Data Collection

The data were collected through an interview schedule. Interviews were done personally by the researcher. The questions asked were translated to their local dialect for easier understanding.

Data Gathered

Data gathered were the socio-demographic profile of respondents; awareness of the community on the health programs; methods of disseminating health programs; effectiveness of the methods used as perceived by respondents; and the problems encountered by the community and RHU on the dissemination of health programs. Sources of information, reasons for being not aware on the RHU programs and suggestions for the dissemination improvement were gathered.

Data Analysis

The data were analyzed and interpreted through descriptive statistics (such as frequency counts, ranking and percentage), weighted mean and chi-square.

Descriptive statistics are used to describe the basic features of the data in a study. They provide simple summaries about the sample and the measures. Together with simple graphics analysis, they form the basis of virtually every quantitative analysis of data.

Weighted mean is the statistical tool used to determine the level of effectiveness as perceived by the community. The weighted mean is a measure of central tendency.



To calculate the mean, the total number of identified strategy (the sum of the full list of numbers) must be divided by the total number of identified strategy.

On the other hand, a chi-square is a statistical calculation used to test how well the distribution of a set of observed data matches a theoretical probability distribution. The calculated value is equal to the sum of the squares of the differences divided by the expected values.



RESULTS AND DISCUSSION

Programs of RHU of Bakun

Comprehensive maternal and child health care program. Program which aims to educate parents to have a proper care for the mothers from pregnancy to child bearing. Under this program is the maternal and child health care program, expanded program on immunization, and nutrition.

Family planning services. These are services offered to inform the community on proper family planning and to help the parents in the community decide and chose the appropriate contraceptives and proper way of using it.

Disease control program. This is a program offered to educate the community on how to control or prevent diseases. Under this program are the national TB control, leprosy control program, cancer control program, cardio-vascular control program, rabies control program, and STD control program.

General medical services. Service offered cater to the needs of the community regarding health concerns which include daily check-ups and other health consultations.

Dental health services. These are the services offered to educate the community on the proper maintenance of teeth and other dental concerns.

Environmental health services. A program presented to inform the community regarding the maintenance of environmental concerns. Water sanitation, proper excreta disposal, proper garbage disposal, food sanitation, industrial hygiene, and public place sanitation are the programs under this service.



Public information health education services. An information campaign to reach the community and educate them regarding health or diseases occurring in the community.

Medical and dental missions. A program where in the RHU will reach the far sitios of the municipality to render and offer medical and dental-related services.

Respondents' Awareness of Health Programs

Table 1 shows the respondents' awareness of the health programs being implemented by the Bakun RHU. Great majority of the respondents were aware of the health programs. Maternal and child health care was the most known program (90%) followed by family planning services (88%). This result may be attributed to the fact that most of them were parents.

Table 1. Respondents' awareness of health program

HEALTH PROGRAMS	AWARE	
	NUMBER (n=50)	PERCENTAGE (%)
Comprehensive maternal and child health care	45	90
Family planning services	44	88
Disease control program	43	86
General medical services	43	86
Dental health services	42	84
Environmental health services	42	84
Medical and dental missions	43	86



Significance of the Respondents' Demographic Profile on the Awareness of the Health Programs

To determine the significance of the respondents' socio-demographic profile to that of their awareness of the health programs, a chi-square test was used as shown in Table 2.

Age. It shows that it has no significance to awareness of the respondents on the health programs as proved by Pearson chi-square result of $X^2=0.010$.

Sex. Using the Pearson chi-square result, this characteristic bears significance as to the awareness of the respondents of the health programs. This was emphasized by the Cramer's V of 0.150.

Civil status. Using the same test, this shows no significance to the awareness of the respondents.

Educational attainment. This also bears no significance to the awareness of health programs with the Pearson chi-square test result of $X^2=29.559$.

Occupation. This also bears no significance to the awareness of health programs with the Pearson chi-square test result of $X^2=16.232$.

The result of the chi-square test indicates that the respondents' socio demographic profile, except sex, bears no significance with regards to their awareness of the health programs in the municipality.

Communication Strategies Used by the RHU Personnel

Purok class is a lecture/discussion type held in the community regarding the different health programs usually done per sitio. Bench conference is a discussion among small group of people (10-15) regarding a certain topic or a certain health programs.



Table 2. Awareness of the respondents of the health programs as affected by their profile

CHARACTERISTICS	AWARE	NOT AWARE	TOTAL (n=50)	X ²	CRAMER'S V COEFFECIENT
Age					
40 and below	213	25	248	.010	-
41 and above	130	22	152		
Sex					
Male	100	28	128	*8.956	0.150
Female	243	29	272		
Civil status					
Single	112	8	120	8.068	-
Married and widow	231	49	280		
Educational attainment					
Elementary	100	36	136	29.559	-
High school	179	21	200		
College and vocational	64	-	64		
Occupation					
Farming	206	50	256	16.232	-
Student and government employee	137	7	144		

*significant (note: not significant don't need Cramer's V)

Barangay Health Workers (BHWs) are those who want to work in the health center or in barangay health stations without any compensation. A BHW does not necessarily finish a medical related course or any degree but have undergone trainings regarding health.

Individual teaching, on the other hand, is an one-on-one dissemination of health concerns usually done during consultation or check-ups.

Table 3 shows the communication strategies applied by the RHU personnel. Purok class ranks first with 58.3% followed by individual teaching which ranks second with 50% and seminar, which ranks third with 41.7%. One of them identified the use of



written communication and trained Barangay Health Workers (BHW) as medium (8.3%).

Based on the interview with the RHU personnel, they ride with general assemblies, meetings, occasions and other social gatherings where community is already gathered for more successful information campaign.

This result corroborates the statement of OGC (2007) that different mediums or means could be used by implementers including the frequency of different parties and concerned groups in order to establish and manage on going-communications all through out a program or project.

Table 3. Communication strategies used by the RHU personnel

STRATEGY USED	NUMBER (n=50)	PERCENTAGE (%)
Interpersonal Communication		
Purok class	7	58.3
Individual teaching	6	50
Seminar	5	41.7
Bench conferences	4	33.3
Home visit	3	25
Non-interpersonal Communication		
Bulletin (notice posting)	3	25
IEC materials	3	25
Cellular phones	2	16.7
Use of written communication	1	8.3
Use of trained BHW	1	8.3

*Multiple responses



Communication Strategies Used by the RHU in
Implementing RHU Programs Perceived by the Respondents

Purok class. This is a lecture/discussion type held within the community. It is often initiated by the barangay midwife and is usually done per sitio. As shown in Table 4, the use of Purok class ranks first with 44%. In using this strategy, the RHU personnel were able to interact with community people through direct counseling, provision of skills support especially during emergencies, community meetings, among others.

Seminar. The RHU personnel conduct trainings regarding health issues. In conducting this, they themselves could be the speakers or invite some speakers. This strategy ranks second with 38%.

Home visit. This is a routine of the RHU personnel to reach the community in their own houses. This is done when the patient or the beneficiaries can not go to the clinic or to the RHU for health consultation and advice because of severe sickness or physical disabilities. This strategy ranks third with 26%.

Bulletin (notice posting). This is the posting of notice or any announcements regarding health concerns in strategic places in the community.

Individual teaching. It is the one-on-one dissemination of health concerns which is usually done during consultation or check-ups.

Distribution of IEC material. This is one strategy used by the RHU wherein they distribute printed materials for the community's reference and is also use during seminars and purok classes.

The result implies that interpersonal communication (the application of purok class) is the common type of communication strategy being applied by the RHU in the locality.



The result supports the statement of UNFPA, (1999) that health information can be communicated through many channels to increase awareness about various issues. These include interpersonal communication (individual discussion, counseling sessions, group discussions, and community meetings), use of mass media, use of IEC materials and other forms of electronic communication.

Furthermore, the findings corroborate UNFPA (1999) that passing of information by “word -of-mouth” or the use of face-to-face communication has been one of the most effective communication channels for acquiring knowledge and prompting desired changes in behavior.

Table 4. Communication strategies used by the RHU as perceived by the respondents

STRATEGIES USED	NUMBER (n=50)	PERCENTAGE (%)
Interpersonal Communication		
Purok class	22	44
Seminar	19	38
Home visit	13	26
Individual teaching	7	14
Non-interpersonal Communication		
Bulletin (notice posting)	8	16
IEC materials	3	6

*Multiple responses



Strategies Used in Disseminating Health Programs Perceived as Effective by RHU Personnel

Purok class is a lecture/discussion type held in the community. It was the most effective to them because the community is willing to be gathered even without any occasion and that discussion is done in one session. Individual teaching ranks second because according to them, clients can relate and they can express sympathy through the advices and health concerns they shared. Also, problems can be easily identified and advices are easily given.

In addition, to determine the perceived effective strategy, the RHU personnel were asked by the researcher to choose among the strategies they mentioned the most effective strategy they apply. It was an open ended question.

As shown in Table 5, less than half of the health workers pointed Purok class (41.7%) as the most effective strategy. Individual teaching ranks second with 33.3% and seminar ranks third with 25%.

This finding supports the observation of Birnbaumer (2007) that lectures (which is being applied in purok class) transmit a large amount of information in a short period of time, thus, making it more effective. Furthermore, “one on one” communication or individual teaching at the point of service provision is essential for transmitting information and building trust with the client (UNFPA, 2007).

Effectiveness of Communication Strategies Used as Perceived by the Respondents

Table 6 shows the level of effectiveness of the communication strategies used as perceived by the respondents. The perception of the respondents on the communication



strategies used is effective as indicated by the mean rating which ranged from 3.67 to 4.00.

Table 5. Perceived effective strategy used by RHU personnel

PERCEIVED EFFECTIVE	NUMBER (n=12)	PERCENTAGE (%)
Purok class	5	41.7
Individual teaching	4	33.3
Seminar	3	25
Total	12	100

During the interview, a legend was used to determine the effectiveness of the communication strategies used. VE-Very Effective (Communication strategy/ies increased my knowledge/awareness perfectly); E-Effective (Communication strategy/ies increased my knowledge/awareness); FE-Fairly effective (Communication strategy/ies enriched/increased my knowledge/awareness just enough); SE-Slightly effective (Communication strategy/ies a little bit enriched/increased my) knowledge/awareness); NE-Not effective (Communication strategy/ies did not enriched/increased my knowledge/awareness).

The result implies that all of the strategies used by the RHU were effective as perceived by the respondents.



Table 6. Level of effectiveness of strategies as perceived by the respondents

STRATEGIES USED	LEVEL OF EFFECTIVENESS					TOTAL	WEIGHTED MEAN
	VE (5)	E (4)	SE (3)	FE (2)	NE (1)		
Purok class	-	22	-	-	-	22	4.00
Seminar	-	19	-	-	-	19	4.00
Home Visit	-	9	4	-	-	13	3.70
Bulletin (notice posting)	-	8	-	-	-	8	4.00
Individual teaching	-	7	-	-	-	7	4.00
IEC materials	-	2	1	-	-	3	3.67

*Multiple responses

Legend:

4.51-5.00 = VE

3.51 -4.50 =E

2.51-3.50 = SE

1.51- 2.50 =FE

1.00-1.50 = NE

Respondents' Sources of Information on Health Programs

Table 7 shows the sources of information on the health programs being implemented by the RHU of Bakun. Information through the Rural Health unit (RHU) personnel got the top 5 ranks as their main source of information. Great majority (78%) of the respondents pointed out that they obtained information from the midwives assigned in their respective barangays.

These could be attributed to the fact that the RHU personnel are mandated to disseminate whatever programs they have in a certain community.

These findings further corroborates Kahssay's (1998) statement that health centers are frontline facility working for health promotion and protection as well as



providing treatment and care services within a locality or district health system that has a certain amount of self reliance and authority.

On the other hand, Hedcor Inc. is a private company based on the municipality which helps in disseminating information especially on environmental concerns.

Table 7. Respondents' sources of information on health programs

SOURCE OF INFORMATION	FREQUENCY (n=50)	PERCENTAGE (%)
Barangay Midwife	39	78
Municipal Sanitary Inspector	17	34
Barangay Health Workers	15	30
Municipal Doctor	13	26
Municipal Nurse	11	22
Hedcor Inc.	11	22
Barangay Officials	7	14
Municipal Dentist	6	12
Teachers	5	10
Neighbors	2	4
IEC materials	2	4

*Multiple responses

Problems Encountered by Respondents in the Use of Identified Communication Strategies

Not all of the respondents identified problems with regards to the use of



communication strategies. However, six (6) identified poor cooperation and the distance of the meeting place or where the seminar is being held as the main problems encountered. Five of the respondents, mostly Barangay Health Workers, said that due to far location from the training area, they are sometimes lazy to walk or travel just to attend. One of them also stated lack of funds and lack of materials as their problems, respectively.

Moreover, as identified by two respondents, busy on farm works was the problem encountered as to the utilization of home visit.

Meanwhile, lack of printed materials was the problem identified by the respondents in terms of the IEC materials being used. This agrees with the result of the study of Ramos (2007) that lack of printed materials and lack of cooperation of beneficiaries were the main problems encountered by most beneficiaries in such kind of programs.

Problems Encountered by the RHU Personnel With the Use of the Communication Strategies

Table 8 shows the problems encountered by the RHU personnel. Poor cooperation was the major problem which ranks first with 58.3%; lack of interest of the community ranks second with 50%; and difficult transportation (far, difficult terrain) ranks third with 41.7%.

In the study of Ramos (2007), major problems encountered by implementers were lack of funds to finance the program, lack of interest or time, and unwillingness of the people to participate. Minor problem includes poor cooperation and lack of personnel.

Both results imply that poor cooperation and lack of interest among beneficiaries



were the main problem during program implementations.

Table 8. Problems encountered by the RHU Personnel with the use of the communication strategies

PROBLEMS ENCOUNTERED	NUMBER (n=12)	PERCENTAGE (%)
Poor cooperation	7	58.3
Lack of interest	6	50
Difficult transportation	5	41.7
No cell phone signal	2	16.7
Funds delayed by LGU	2	16.7
Lack (inadequate) personnel	1	8.3
Lack of materials	1	8.3

*Multiple responses

Respondents' Reason for Not Being Aware on Some of the Programs

Eight of the respondents claimed unaware on some of the health programs. Table 9 shows the reasons for being unaware. Great majority (75%) of the respondents who are not aware claimed lack of interest and busyness on farm works as the main reasons.

According to them, they are not attending seminars and Purok classes because they focused more on their farm works. Two respondents reasoned that there is lack of information drive (25%) regarding the RHU health programs because according to the interview, their health station located at Bagtangan, Gambang only opens once a week.



Table 9. Reasons for not being aware on some health programs

REASONS	NUMBER (N=8)	PERCENTAGE (%)
Lack of interest	6	75
Busy on farm works	6	75
Lack of info drive	2	25

*Multiple responses

Suggestions for Information
Dissemination Improvement

Not all of the respondents have suggested something for the improvement of dissemination. However, four have suggested sharing of information with neighbors. Three mentioned that everyone should attend. Others suggested the distribution of IEC so that they could read it during their free time and asked their daughters/sons to read it for them. More over, informing the officials devoted to community service and informing teachers and pastors to announce during class and services were suggested.



SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

The study was conducted to know the communication strategies used by the Rural Health Unit (RHU) of Bakun Benguet.

Specifically, the study aimed to determine the programs being implemented by the Bakun RHU; determine the programs that the community are aware of; determine the communication strategies used in disseminating these programs; determine the level of effectiveness of the communication strategy used as perceived by respondents; and to determine the problems encountered by the community and the RHU personnel on the communication strategies applied by the Bakun-RHU.

The study was conducted in the chosen barangays of Bakun from December 2007 to January 2008 using an interview schedule through purposive quota sampling. The criteria considered for the selection were 15 years old and above; and stayed in the locality for at least 2 years. Respondents were 50 community people and 12 RHU Personnel.

Among the 50 respondents, thirty-seven of the total respondents were married and thirty-four or 68% of the total respondents were female. As to their educational attainment, half of the total population reached high school and majority (31 or 62%) were engaged in farming.

According to the chi-square test results, it shows that all the socio-demographic profile of the community except sex bears no significance to the awareness on the health programs.



Great majority of the respondents claimed that they were aware on the health programs and the RHU personnel were their main information source.

Interpersonal communications (purok class, seminar, individual teaching) were the most common communication strategies used by the RHU as perceived by the community and the RHU personnel. All were rated by the respondents as effective strategies while the RHU personnel identified Purok class as the most effective strategy for them.

Purok class is a lecture/discussion held in the community initiated by the midwife to discuss health programs and other health concerns usually done per sitio.

Poor cooperation and place far from house were the main problems encountered by the respondents. For the RHU personnel, poor cooperation, lack of interest and difficult transportation were the top 3 problems they encountered.

Conclusions

Based on the findings, the following conclusions were derived:

1. Great majority of the respondents were aware of the programs. The Maternal and Child Health Care and Family Planning Services were the top two most known programs of the RHU.
2. All of the socio-demographic profile of the respondents, except sex, bear no significance to the awareness of the community on the health programs.
3. Directly from RHU personnel was the main information source of the respondents regarding the health programs.



4. Community people further recognized Purok classes, which falls under interpersonal communications, as the common communication strategies used in the implementation of the health programs.
5. Due to its effectiveness, the respondents preferred the use of interpersonal communication in implementing health programs in their area with the use of various methods like distribution of IEC materials.
6. The main problems encountered by the community and the RHU were lack of cooperation and lack of interest of the participants and even barangay health workers.

Recommendations

1. Since all the programs were known in the study area, the RHU should further evaluate the impact of these programs on the community people.
2. The RHU personnel should continue conducting Purok classes in different areas of the municipality since it was found out that this was effective to the community.
3. The RHU officers should conduct activities in empowering the barangay health workers for them to be responsible in implementing health programs in their own barangay.
4. The RHU should also strengthen their partnership with community leaders to lessen problem on lack of cooperation of community people to participate.



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APPENDICES

APPENDIX A (Interview Schedule for Community Respondents)

A. Demographic Profile

Name : _____ (optional)

Age: _____ CS: _____

Sex: _____

Educational Attainment:

_____ elementary

_____ high School

_____ college

_____ vocational

Occupation: _____

B. Health Programs

1. Awareness of Community on the Health Programs










Health Programs	Aware	Source of information	Strategy used	Not aware	Reasons
1. Comprehensive Maternal and child health care <input type="checkbox"/> Maternal and child health care <input type="checkbox"/> Expanded program on immunization <input type="checkbox"/> Nutrition					
2. Family Planning Services					
3. Disease Control					









<ul style="list-style-type: none"> ✚ National TB control ✚ Leprosy control program ✚ Cancer control program ✚ Cardio-vascular control program ✚ Rabies control program ✚ STD control program 					
4. General Medical Services					
5. Dental Health Services					
6. Environmental Health Services <ul style="list-style-type: none"> ✚ Water sanitation ✚ Proper excreta disposal ✚ Proper garbage ✚ Food sanitation ✚ Industrial hygiene ✚ Public place sanitation 					
7. public information health education services					
8. Medical and Dental Missions					

2. Effectiveness of Strategy used



Health programs	Strategy used	Level of effectiveness				
		VE	E	FE	SE	NE
1. Comprehensive Maternal and child health care <ul style="list-style-type: none">  Maternal and child health care  Expanded program on immunization  Nutrition 	Lecture/seminar					
	Training / workshop					
	Home visit					
	IEC materials					
	Bulletins					
	Others (Pls Specify)					
2. Family Planning Services	Lecture/seminar					
	Training / workshop					
	Home visit					
	IEC materials					
	Bulletins					
	Others (Pls Specify)					
3. Disease Control <ul style="list-style-type: none">  National TB control  Leprosy control program  Cancer control program  Cardio-vascular control program  Rabies control program  STD control program 	Lecture/seminar					
	Training / workshop					
	Home visit					
	IEC materials					
	Bulletins					
	Others (Pls Specify)					
4. General Medical Services	Lecture/seminar					
	Training / workshop					
	Home visit					
	IEC materials					
	Bulletins					
	Others (Pls Specify)					
5. Dental Health Services	Lecture/seminar					
	Training / workshop					
	Home visit					
	IEC materials					
	Bulletins					



	Others (Pls Specify)						
6. Environmental Health Services  Water sanitation  Proper excreta disposal  Proper garbage  Food sanitation  Industrial hygiene  Public place sanitation	Lecture/seminar						
	Training / workshop						
	Home visit						
	IEC materials						
	Bulletins						
	Others (Pls Specify)						
	7. public information health education services	Lecture/seminar					
Training / workshop							
Home visit							
IEC materials							
Bulletins							
Others (Pls Specify)							
8. Medical and Dental Missions	Lecture/seminar						
	Training / workshop						
	Home visit						
	IEC materials						
	Bulletins						
	Others (Pls Specify)						

Legend of effectiveness

Very effective (VE)	Communication strategy/ies enriched/increased my knowledge/awareness perfectly/totally
Effective (E)	Communication strategy/ies enriched/increased my knowledge/awareness
Fairly effective (FE)	Communication strategy/ies enriched/increased my knowledge/awareness just enough



Slightly effective (SE)	Communication strategy/ies a little bit enriched/increased my knowledge/awareness
Not effective (NE)	Communication strategy/ies did not enriched/increased my knowledge/awareness

3. Problems Encountered in the dissemination

Pls rank your answers from 1-5. 1 as the highest or main problem while 5 as the least.

A. lecture/seminar/training/workshop

- _____ poor communication skill
- _____ lack of worker
- _____ some terms difficult to understand
- _____ lack of materials
- _____ lack of funds
- _____ speakers are hard to understand
- _____ place not conducive for learning
- _____ place is far from house
- _____ others (pls specify) _____

B. IEC materials

- _____ lack of funds
- _____ lack of IEC materials
- _____ hard to understand
- _____ difficult to read
- _____ others (pls specify) _____

C. home visits

- _____ lack of funds
- _____ busy on farm works
- _____ transportation
- _____ time constraints of health workers



E. Demonstration

_____misinterpretation

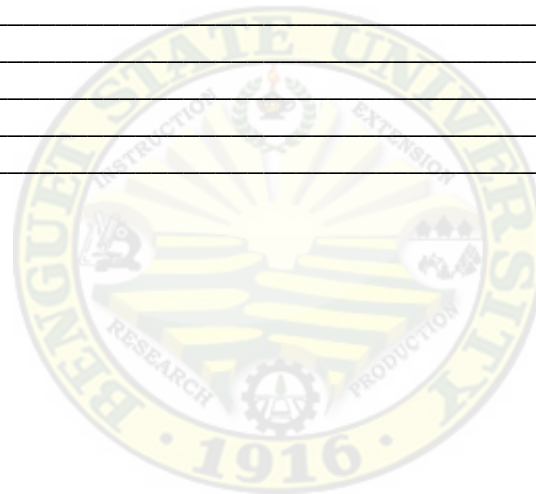
_____not clear demonstration

_____lack of materials

_____others (pls specify) _____

3. Suggestions

1. What are your suggestions to improve the dissemination of health programs?



APPENDIX B
(Interview Schedule for Health Workers)

Pls rank your answers from 1-5. 1 as the highest or main problem while 5 as the least.

A. Problems Encountered

1. What are the problems encountered while disseminating health issues?

- _____ poor cooperation
 _____ funds delayed by LGU
 _____ lacks of personnel
 _____ lack of materials
 _____ lack of interest of the community
 _____ others (pls specify) _____

B. Communication Strategies

1. What are the communication strategies that you used in disseminating health programs?

2. What is the most effective strategy to you?

3. Why?



NAME: _____

