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RESEARCH ARTICLE

Impact of communication campaigns to Blaan indigenous peoples covered by Community Health and Development Program, University of the Philippines Manila

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ABSTRACT

Background: The Community Health and Development Program (CHDP) is a longstanding program of the University of the Philippines (UP) Manila, School of Health Sciences, Extension Campus in South Cotabato. While its service goes beyond teaching and extends to community development projects benefiting indigenous sectors, yet there has been no comprehensive and systematic evaluation on the program's health communication materials which promote culturally safe and acceptable health care practices that lead to normative changes.

Objective: Using descriptive-interpretive qualitative approach, the researcher identified the communication approaches and documented their health knowledge, attitude, and practices (KAP) to identify any normative changes.

Methodology: A total of 24 respondents gave their views on the program's dengue, malnutrition, teenage pregnancy, and family planning campaigns using a closed-ended survey, qualitative KAP analysis, and ethnovideography.

Results: Results showed that information dissemination is limited to printed media and interpersonal communication via small groups; contents of health communication campaigns are less understandable; and social mobilization efforts demonstrated low levels of community engagement. Also, communication between health workers and Blaan indigenous peoples is not transactional due to the lack of feedback and involvement in the decision-making process. The respondents' knowledge on health demonstrated low levels of end-user engagement reflective of unsustainable knowledge on modern medicine. Normative changes are only evident on family planning campaigns.

Conclusion: The long-term sustainability of health promotion among indigenous peoples may be inhibited due to non-evident normative changes that trigger societal transformation. The paper suggests that a specialized communication strategy intended for Blaan indigenous peoples must be considered and applied in order to react collectively and effectively to address health issues.

Keywords: *health communication, Blaan, communication campaign, UP Manila, School of Health Sciences, Community Health and Development Program*

Introduction

In 2014, the United Nations (UN) Inter-Agency Support Group on Indigenous Peoples reported that indigenous communities typically lack access to good health [1]. These communities face various barriers to attaining an improved quality of life due to a lack of knowledge and access to appropriate medical interventions, despite the availability and cost-effectiveness of medicines and other health-related practices.

In the Philippines, the Blaan tribe of Mindanao Island is an indigenous group that lacks access to healthcare. This prompted the development of the University of the Philippines Manila School of Health Sciences (UPM SHS) Community Health Development Program (CHDP). The CHDP involves annual information and educational campaigns to address major health emergencies in Barangay Kalkam, Tupi, South Cotabato. Specifically, CHDP aims to address health disparities

among the indigenous community of this village through immersion, fieldwork, on-site delivery of health education materials, information drives, and community mobilization.

Adedokun (2008) emphasized that for communities to be mobilized, the effectiveness of communication materials and the efficiency of the message transfer process must be evaluated [2]. The communication process serves as the most functional way to trigger community participation to realize development goals, particularly in remote areas.

Flor (2007) stated that effective communication might lead to societal transformation by enabling the identification of normative changes, which are more sustainable than behavioral changes [3]. Normative changes refer to sets of knowledge, attitudes, and practices noticeable among a select group of individuals exposed to information and education materials. There are long-term indicators of positive change due to their inter-generational sustainability. Furthermore, for communication to be uniquely transformational, facilitators must obtain participation at the grassroots level, identify barriers in the communication process, and strategize the content included in information materials via audience analysis. CHDP's use of media was limited to leaflets (including handmade), flip charts, two-dimensional exhibits, brochures, and posters to foster participation and initiate sustainable practices. Community dialogue has been part of the process, which involves communicating ideas and making decisions with the tribal leaders and community members.

Through CHDP, UP Manila aims to enable better and more effective health practices to be sustained among indigenous communities. CHDP forms part of the academic requirements for midwifery and nursing students in the region. The goal is to provide students and faculty with opportunities to apply their community health knowledge and skills at a grassroots level and facilitate long-term and sustainable health practices using a primary healthcare approach [4].

UP Manila established an extension campus of the School of Health Sciences in South Cotabato to serve the indigenous communities, particularly in Barangay Kalkam, Tupi South Cotabato, a locality that is dominated by the Blaan tribe. The Blaan tribe has been a target for community health interventions involving four major health issues: dengue fever control, teenage pregnancy prevention, family planning methods, and malnutrition prevention. They embrace traditional health practices to preserve animistic beliefs covering natural and supernatural elements. Over time, they have begun to accept established modern methods in the field of health and medicine. To establish quality health care, some misconceptions must be superseded by scientific and medical practices. Yet, monitoring or evaluation regarding how the Blaan tribe has responded to the programs and informational campaigns has not yet been established.

It is imperative for the public health workforce to be critical of the use of medical jargon and the functions of the communication methods and strategies used to implement effective social mobilization campaigns. Public health institutions must understand the communicative competencies that will address the concerns of public health students and professionals. As the CHDP has been consistently implemented by the School of Health Sciences, UP Manila could create a strategic health communication plan that includes monitoring and evaluation. This could help usher in the successful implementation of public health initiatives to bring out normative changes among target indigenous communities.

Objectives

The research aimed to determine how the communication campaigns of the Community Health Development Program, School of Health Sciences, University of the Philippines Manila transformed Blaan communities.

Specifically, the study sought to:

1. Find out what communication approaches UPM SHS Community Health Development Program (CHDP) employed in transforming Blaan communities;
2. Determine responses of Blaan entities to UPM SHS Community Health Development Program; and
3. Identify normative changes, if any, among Blaan entities brought about by CHDP.

Scope

The study focused on analyzing transformational communication approaches used in the transformation of Blaan entities covered by UP Manila's Community Health Development Program in Brgy. Kalkam, Tupi, South Cotabato. It also delved on the process of how communication was employed in CHDP intended for the transformation of Blaan indigenous peoples. It did not look into how the communication materials were produced or what messages were disseminated.

In interviewing respondents, the researcher employed a certified Blaan translator/interpreter who was well-versed in the Blaan language. The researcher encountered very few discrepancies in the encoding of information due to

language barriers and low level of information literacy from some respondents. Thus, the researcher does not guarantee that the translation and interpretation of messages were sufficiently free from contextual and pragmatic errors.

Significance

The results of this study may serve as a baseline on conducting monitoring and evaluation among communities with UP Manila SHS using the transformational communication approach, as well as standardized criteria in producing well-planned communication campaigns that effectively impact the current health development programs of the UP Manila SHS.

For organizations and groups conducting communication campaigns in indigenous communities, the findings of this research may encourage the use of transformational communication in the health sciences, thereby enabling them to fully appreciate and utilize it, particularly for people of lower socioeconomic status.

For the Blaan tribe and other indigenous communities in South Cotabato: By understanding the importance of communication and its roles in transformation, researchers could better enable these communities to embrace community participation, thereby enabling improvements in how health issues that may hinder societal development are addressed and mitigated.

Literature and Related Studies

In 2014, the World Health Organization (WHO) confirmed an increase in the spread of preventable diseases was apparent among indigenous peoples and their communities [5]. In the Philippines, these behaviors are socially patterned and very common among individuals who lack knowledge regarding proper health care and access to available medical interventions. As a result, morbidity and premature mortality rates have increased [6]. One challenge in the public health sector is developing effective and long-term interventions that address health inequalities, particularly in developing countries. Programs focused on changing the behavior and attitude of vulnerable groups may be more effective than targeting conscious, deliberate processes [7].

WHO stated that to change any health-related behavior, interventions related to information and education must be the first approaches used by public health programs [7]. Persuasive communication leads to the formation of intentions that provoke changes in health-related behavior. This strategy provides individuals with the ability to recognize which values result in positive or negative consequences when exposed to health stimuli. In this approach, the careful selection and proper use of mass media is crucial to enable the effective dissemination of health messages [8].

Potential targets of such health messages are indigenous communities, namely the Blaan tribe. They belong to the 110 non-Islamic indigenous communities in the Philippines, residing in the southwestern region of Mindanao, specifically in the mountainous areas of Sarangani, South Cotabato, Davao del Sur and Davao del Norte [9]. Grounded in mythology, they have strong attachment to elements of nature. Most of the Blaan are farmers who live on planting rice and other root crops as staple food. The Blaan village is composed of small house clusters covering a vast distance from each other. The tribe is led by a *bong fulong*, who serves as the traditional head of a *bong banwu*, which refers to a large or main village. He is well-versed in the tribe's rituals, taking lead in the community's decision-making process [10].

The Blaan tribe gives importance to having close family ties. Marriages within family units are allowed based on their customary tradition in order to protect their property and secure their tribe from intrusions. Family members, such as cousins, of the same community can marry each other [10].

In a study conducted by Eduardo and Gabriel (2021), it was noted that indigenous peoples (IPs) in the Philippines face inequality when it comes to access to basic human resources such as food, shelter and access to healthcare [11]. The literacy rate is low, hence, the deprivation of opportunities to secure a decent employment. In the same study, the researchers mentioned that because of poverty, enactment of policies regarding indigenous peoples' rights in education appears to be largely symbolic. Additionally, English remains the first language of instruction in most of their educational programs; and they have low level of awareness of the specific provisions within the Indigenous Peoples' Rights Act (IPRA) of 1997.

Leaño *et al.* (2019) claimed that indigenous students find it difficult to express their thoughts and feelings in English, as it is their third language [12]. This struggle is primarily attributed to their limited exposure to the said language, particularly in oral interactions.

Siega-Sur (2016), in her presentation on the Competencies for Work in Communities, mentioned that the greatest challenge for the UPM SHS was training students, faculty, and health workers to be qualified, suitable, and highly engaged in

the promotion of good health and well-being in rural and isolated areas in the Philippines. She listed five key competency areas that will strengthen the community-based and competency-based curriculum. The first is equipping students to become qualified healthcare providers. The second is educating students on how to organize communities and mobilize community members. The third involves the strong collaboration between development field workers and medical professionals so that students can effectively facilitate programs and activities. The fourth is strengthening the research and knowledge formation of students. The fifth is training students to become educators and experts in their field of interest that suits the needs of the community they serve [13].

The Institute for Healthcare Communication (2016) emphasized that communication among healthcare team members is essential for fostering strong patient relationships. This soft skill plays an important role in ensuring patient cooperation and their ability to follow medical advice, maintain control over their medical condition, and follow desirable health practices. Based on research conducted between 1995–2005, ineffective communication among teams causes 66% of all medical errors [14]. Therefore, when members of healthcare teams communicate ineffectively, patient care often suffers. Furthermore, when healthcare team members face pressure, stress, burnout, and ineffective communication that results in communication breakdown, medical errors increase.

Diouf (n.d.) stated that instead of solely relying on scientific and material inputs, human input is vital in the development process for initiatives [15]. Even when the concept of development changes, progress depends on the involvement of humans. The sustainability, awareness, skills, participation, and direction of initiatives are determined by people. Moreover, scientific and material investment is only supplemental; the best investment is in human capital by providing opportunities for individuals to further develop their knowledge and skills that will aid in reaching a consensus for action.

Communication is another important factor in the development process. Communication strategies that involve activities and use appropriate media channels enable the intensified exchange of ideas that will improve quality of life. Therefore, communication serves as an important determinant for sustainable development. This is supported by the study of Tolentino *et. al* (2020) on the impact of utilizing digital modules (DMs) in rendering health education topics on sanitary practices among indigenous pupils in Mabalacat City, Pampanga. The study showed that DMs were deemed "very satisfactory," indicating that the communication tool was considered suitable for widespread use. It was observed that indigenous students quickly grasped concepts when localized ideas were integrated and presented on a digital platform. This marked the initial stage of a project involving a mobile integrated learning system using science and technology to promote community engagement and improve the learning materials for the indigenous peoples [16].

In Sitio Bato Singit, Occidental Mindoro Province, Philippines, Gonzales (2020) explored the efficacy of health extension tools and techniques to promote health education among children in the indigenous community. Through the use of health development education materials, small groups, actual demonstrations and other verbal communication channels such as storytelling, informal talks and open fora along with print media such as flip charts, it was found out that child health outcomes continue to be subpar despite collective effort to bring about desired behavioral outcomes towards good health and well-being [17]. It is therefore important that these programs explore alternative ways to improve health knowledge and practices among indigenous children.

In Mindanao, Philippines, Gallegos *et. al* (2023) identified the communication needs of barangay health workers (BHWs) at the dumpsite of Davao City, Philippines. The result of the study will serve as baseline in formulating a tailored communication plan fitted to their needs. Respondents confirmed that BHWs possessed a low level of participation in developing campaign plans in the grassroots level. There were limited access to information and communications technology (ICT), absence of skills enhancement program, the lack of localized and personalized communication materials resulting to inadequate awareness of proper hygiene, and the less active engagement of members in health services. These communication gaps may be addressed through capacitating BHWs on writing communication campaign plans; establishing a strategic development communication plan; and training them with basic ICT skills [18].

The use of indigenous, traditional, and popular media enables the effective dissemination of development messages and mobilization of communities. These play vital roles in the formation of knowledge and stimulation of community action. Aside from using the appropriate media channels, healthcare and development field workers also need to foster interpersonal communication skills to enable social change in rural communities, particularly for indigenous communities.

Methodology

Effective health communication materials are linked to the successful implementation of the annual health-initiated campaigns brought about by the CHDP. Yet there has been no comprehensive systematic evaluation on the program's health communication materials promoting culturally safe health care practice that leads to normative changes.

The School of Health Sciences plays a crucial role in bridging the gap between research and practical application. This is essential for the effective implementation of health interventions within indigenous communities. The study addressed this gap in knowledge by analyzing how the current landscape of CHDP fosters community engagement, systems thinking, culturally-acceptable approach, and appropriate knowledge dissemination.

The study was guided by the Transformational Communication Framework of Flor and Smith that explores the transformational potential of communication in communities. This framework consists of four distinct modes, namely: development support communication (DSC); information, education and communication (IEC); social marketing; and social mobilization.

In order to analyze how UPM SHS health development program operationalizes transformational communication, it is assumed that the synergy of the four different modes of communication have to be put to practice for societal transformation to ensue.

The basis on determining normative changes among Blaan entities was measured through the three areas in the substantive framework: the Blaan respondent's literacy skills towards the program, their ethical considerations, and their responses to the various advocacies related to dengue prevention, malnutrition, teenage pregnancy and family planning.

Through the framework, the researcher then examines the three factors that trigger normative changes that are necessary in the individual and societal transformation. The synergy of literacy, ethics, and advocacy constitute transformational communication in general.

The methods of this study looked at how the communication strategies were adapted to the local context, such as Blaan tribe's indigenous communication knowledge, attitude, and practices. Aside from looking into the presence of behavioral changes among the respondents, this study explored the presence of normative changes which serve as basis for a more sustainable, well-informed and transformed indigenous community in terms of modern health practices.

This study employed convenience sampling which relied on the judgment of the researcher when it comes to selecting the units that are to be studied. Within the population of Barangay Kalkam, which consists of eight villages, Blaan respondents were chosen based on the following criteria: a minimum of five years of residence in the community, exposure to UP Manila CHDP programs related to dengue, family planning, malnutrition, and teenage pregnancy, and residing in a household with all immediate family members present.

Using descriptive-interpretive qualitative paradigm, the impact of the CDHP on the knowledge, attitudes, behaviors, and norms of the Blaan tribe was investigated. The participants were 24 Blaan tribe members from 180 households who lived across eight villages or purok (a zone or a political subdivision of a barangay). Three participants from different households were chosen from each village.

To find out what communication approaches UP Manila SHS Community Health Development Program employed in transforming Blaan communities, the researcher sought quantitative results through descriptive analysis for five-point Likert Scale to increase response rate and response quality along with reducing respondents' "frustration level" [19].

To determine responses of Blaan entities to UP Manila SHS CHDP, answers to survey questions were measured through Correlation Analysis using KAP items. In the analysis, the two variables under examination were measured using scales with values that go up in a certain order. The coefficient is determined by finding the relationship between these two variables through calculating their covariance and the multiplication of their standard deviations [20].

Video footage taken from conducting videography was assessed to draw out patterns from concepts and insights. It is a means to explore the third objective which is to identify normative changes, if any, among Blaan entities brought about by CHDP. Qualitative data was related to concepts, opinions, values, norms, and behaviors of the people in a social context using video recordings.

Data were assessed by giving a descriptive assessment on the location in which normative changes happened; conducting in-depth interviews with people involved; understanding on how people make decisions, socialize and

communicate with their community leaders; and validating key issues on how participants underwent changes.

Journals, briefing of the interviewers and research assistants, and questionnaire and videography equipment were secured 15 days before the start of the data gathering process.

Before conducting the interviews, participants received letters served to introduce the researcher and the study, articulate the objectives of the intended visit, and seek the respondent's consent for an interview appointment.

The interview schedule for the respondents lasted for fourteen consecutive days. The researcher interviewed a maximum of two respondents on a daily basis – one in the morning, and one in the afternoon.

The first part of the data gathering process was the in-depth interview using a semi-closed-ended interview guide to measure their level of literacy, ethical response and advocacy on dengue, teenage pregnancy, malnutrition prevention and family planning, with the help of a legitimate Blaan language interpreter.

The content of the survey questions included respondents' access to mainstream and community media; availability of health development education materials; level of participation of the indigenous community in CHDP; and knowledge, attitude, and practices towards public health concerns.

Thereafter, an in-depth interview through ethno-videography was conducted. The procedure in the videography involved a verbal interview per respondent and a video shoot of the natural activities and scenes that were present in their vicinity. The content of open-ended questions included exploration of normative changes through video-recording of visible practices; verbally-translated knowledge on health issues after exposure to CHDP; and the influence of the said program in the indigenous ethical viewpoint.

The Guidance Committee of the Faculty of Information and Communication Studies of UP Open University in Los Baños, Laguna composed of Prof. Alexander G. Flor, PhD; Prof. Melinda Lumanta, PhD; Prof. Melinda dP. Bandalaria, PhD; and Prof. Benjamina G. Flor, PhD carefully reviewed and evaluated the ethics of the study procedures.

After a series of thorough investigation and validation of data collection involving indigenous groups composed of minors and persons with disabilities, the Guidance Committee members made sure that ethical considerations of the study's objectives and its methodology were carefully evaluated and addressed.

When the questionnaires were checked and finalized for validity and reliability, an on-site visit which lasted 14 days was done. The researcher conducted preliminary surveys, identified heads of households, produced a shortlist for ethnovideography, and oriented themselves with the community, which included making courtesy calls with village leaders. A letter of intent was sent to the Barangay Chairman and Blaan village Leaders.

A separate letter of intent was forwarded to the National Commission of Indigenous People (NCIP) – South Cotabato, detailing the step-by-step process of the data collection. Data collection began when the NCIP issued a Compliance Certificate with Control No. RXII-CC-30-05-0081, including the Certificate of Compliance with the Indigenous Knowledge Systems and Practices Guidelines on Academic Research and Research in Aid Policy Development; and Certification that the concerned indigenous cultural communities (ICCs) have given their consent to conduct the study.

Results

The health communication materials employed by the CHDP did not rely heavily on electronic and digital media, such as televisions, radios, and cellular phones. The health communication strategies utilized were limited to (1) printed materials (brochures, posters, and self-made illustrations using indigenous media) and (2) interpersonal communications, such as community dialogues. Television and radio were the most widely used and affordable mass media present in the community, with 71% of community members having access to at least one of these media forms.

In terms of health communication, 20 respondents stated that brochures, posters, and self-made communication materials were used in the dengue fever campaign; 15 stated that only in-person verbal lectures were used during the family planning campaign; 15 confirmed that brochures and printed materials were used for the malnutrition campaign; and 16 stated that no lectures were given on teenage pregnancy. Health development education programs are generally comprehensible. However, materials are not typically widely available or distributed for easy viewing in permanent and accessible locations. The materials used during community dialogues were often insufficient (mean = 2.75).

Table 1. *Access to Health Communication and Media Materials*

Health campaign	Source of Information	% of Respondent Population
Dengue Prevention	Print Media	83.3
Family Planning campaign	Interpersonal Communication	62.5
Malnutrition	Print Media	62.5
Sex Education	None	66.7

Table 2. *Responses on the General Participation of IPs in CHDP*

How would you rate the general participation of these people and groups in the community for the following CHDP campaigns?	Mean	Description
	Statistic	
Dengue Prevention	3.0417	High Participation
Family Planning	2.3750	Little Participation
Malnutrition Prevention	2.6667	Little Participation
Sex education among teenagers	1.5417	No participation

Table 3. *Knowledge, Practices and Information Enactment among target members of the indigenous community*

Items	% of Respondent Population
Adequate knowledge of dengue fever control and prevention	66.6%
Knowledge of the detrimental effects of teenage pregnancy based on sex education	58.3%
Knowledge of malnutrition interventions	79.1%
Adequate knowledge of family planning	87.5%

Of four central CHDP health campaigns, only the dengue prevention campaign resulted in significant participation and mobilization efforts from the respondents (mean = 3.04), as it was believed that the community could mobilize and sustain resources for dengue control on their own. In terms of participation and mobilization, the next most successful campaign was the sustainable family planning practices campaign (mean = 2.37). This campaign's success was due to the active mobilization efforts made by healthcare workers in the area and the availability of birth control pills. The social mobilization efforts for the malnutrition (mean = 2.66) and teenage pregnancy (mean = 1.54) campaigns were lower due to insufficient facilitation skills among the program workers. The social mobilization efforts undertaken by the Blaan community resulted in little participation (mean = 2.4). Furthermore, 19 participants stated they received no outside support.

The interaction of people in these communities is spearheaded by community leaders. In particular, 13 participants stated that purok leaders played a role in spearheading this interaction, while 18 stated that the CHDP Workers and village leaders acted as the discussion organizers. Furthermore, half of the participants stated that village leaders exert dominance and control over community members during meetings and general assemblies.

Overall, the health communication materials primarily involved print media. Verbal discussions on dengue fever, family planning, teenage pregnancy, and malnutrition were achieved through interpersonal communication. Health communication materials were less easily understood, and the social mobilization efforts resulted in little participation. Community dialogues were initiated and dominated by purok leaders and CHDP workers.

Sixty-six percent of the respondents possessed adequate knowledge of dengue fever control and prevention due to the CHDP; 58.3% were knowledgeable of the detrimental effects of teenage pregnancy; however, this was contextualized from their personal experiences. 79.1% of the respondents were knowledgeable about the malnutrition interventions brought about by the CHDP, while 87.5% demonstrated adequate knowledge of family planning conducted by BHWs. Participants demonstrated inadequate knowledge regarding the detrimental effects of teenage pregnancy and the ideal age of conception.

Table 4. *Attitude of IPs towards CHDP*

Respondents' Attitude towards CHDP	Mean	Description
	Statistic	
CHDP programs are not difficult to follow.	3.0417	Agree
CHDP programs are sustainable	2.5833	Disagree
CHDP programs compel me to get appropriate care diagnosis and treatment	3.3333	Agree
.CHDP programs are compatible with our traditional health practices.	3.6250	Agree

In terms of attitude, participants typically agreed that CHDP programs are easy to follow, convincing, and can improve their standard of healthy living, given the limited supply of health communication materials available to them (mean = 3.24). However, respondents doubted the sustainability of health practices when the immersion commences. Dengue prevention and family planning practices were notably appropriate for the objectives of the CHDP. Proper dengue control practices were employed by 22 respondents, while family planning was practiced among 17 of them. This was due to the utilization of appropriate communication channels that helped transfer important information to the target group. Twenty respondents verbally expressed their refusal to get pregnant in their teenage years. Seven respondents did not exhibit the ideal nutrition practices.

The only normative change that was visible in most of the respondents (n = 19) was the use of and access to family planning methods. Twenty participants stated that contraceptive use is now ethically acceptable in the Blaan community. Seventy nine percent of the respondents were knowledgeable about the use, access, and appropriateness of different family planning methods. However, these normative changes in family planning were not initiated by the CHDP, but by the BHWs. Most participants in videographic footage stated that there was a lack of communication materials provided on family planning. CHDP was limited to purely using words of mouth (62.5%) to deliver family planning information, and lectures related to this campaign had little participation (mean = 2.37).

Normative changes in malnutrition were not visible in over half of the participants. Sixteen respondents stated that their children are currently malnourished. However, all participants agreed with the proposed malnutrition interventions of the CHDP as they did not cross ethical boundaries. Seventy-nine percent of the respondents demonstrated adequate levels of knowledge regarding proper nutrition; however, twenty-nine percent of them did not practice proper feeding measures presented in the CHDP. It was found out that brochures used for this campaign (62.5%) did not effectively convey the message that triggers change in nutrition practices. A degree of little participation was noted in the same campaign based on the results under the social mobilization category (mean = 2.66).

In the dengue prevention campaign, all respondents confirmed it did not contradict their ethics. While all stated they had adequate knowledge regarding dengue control, only 66% demonstrated medically-appropriate knowledge, while 91.6% claimed to have practiced dengue prevention measures taught in the CHDP. Dengue fever prevention garnered the highest percentage under the health communication category (83.3%) using posters, brochures, and other print media. However, findings in the ethnovideography revealed that only 33.3% demonstrated normative changes in dengue prevention, specifically proper waste segregation. The suggested actions to control the spread of dengue fever were not sustained by the majority.

Regarding sex education, 79.1% of the participants bore a child before they turned 18. The marriage system was culturally acceptable among the Blaan people. In this regard, 66.6% believed that the increasing rate of teenage pregnancies is normal and not a cause for concern. Notably, a majority of the participants verbally expressed their objection against teenage pregnancy, despite ongoing issues associated with the fixed marriages in the tribe. Although 83% verbalized they advocate against teenage pregnancy, the ethnovideographic findings revealed that this decision was not fully influenced by the CHDP due to culturally-acceptable customary laws in marriage that allow adolescents to get married and bear children regardless of associated risks in pregnancy, labor, and delivery.

Discussion

In the context of public health, planned-out communication strategies are a vital factor to achieve desired outcomes of the any health-related program. These strategies will effectively allow people to participate and make necessary actions when

Table 5. *Responses on Literacy, Ethics, Advocacy and Normative Changes*

CHDP Key Health Campaign	% of Respondent population with adequate level of literacy	% of Respondent population accepting the ethicality of CHDP	% of Respondent Population committed to advocate on health campaigns	% of Respondent Population with Visible Normative Changes through Ethnovideographic Findings
Dengue Prevention	66.6%	100%	100%	33.3%
Malnutrition Prevention	79.1%	100%	29.1%	33.3%
Family-planning	79.1%	83.3%	79.1%	83.3%
Sex education emphasizing teenage pregnancy	33.3%	79.1%	83.3%	20.8%

integrated with social mobilization and advocacy that are consistent with the program's clearly defined objectives. In the case of Blaan indigenous peoples exposed to CHDP, integrating the use of communication and media tools that are culturally-acceptable, comprehensible, sensitive to their local language, and available for use will help CHDP achieve public health goals.

Based on the findings, normative changes were not evident since important communication factors, such as the availability of localized communication and media channels and health communication skills enhancement of the program facilitators, have not yet been incorporated in the abovementioned health campaigns. Moreover, these have not yet been successfully managed because of the internal and external constraints in distributing and facilitating the sharing of information across indigenous peoples' populations in the said locale.

Overall, communication campaigns were mainly delivered orally and corresponded to current cultural and ethical practices, enhancing their adaptability to Blaan communities. However, not all forms of communication (e.g., Internet, cellular phones, etc.) are applicable to indigenous communities. Rural areas typically lack the infrastructure required to enable such communication (electricity and telecommunication services). Most Blaan communities have low literacy levels, with some community members having no record of educational attainment. Therefore, the use of local languages during health discussions cannot be highly scientific and technical due to the target population's understanding.

Findings of this study research imply that holistic health communication strategies for indigenous peoples in the Philippines need to be galvanized among individuals and households, and extended to include local and indigenous service providers, tribal leaders, and the decision makers at different levels to pursue collective action that is vital to attain social change. A research-driven consultative process that involves all target participants in the program serves as an integral factor for consideration during planning, design and implementation of any strategic interventions, particularly the crafting of appropriate communication and media channels that usher in normative changes. This can be utilized for advice, assessment, formulation, and implementation of communication projects.

For organizations and groups conducting communication campaigns to indigenous communities, the data provided in this study contain relevant information and adequate motivation to impact on attitudes and behaviors of the indigenous peoples that trigger not just short-lived initiatives, but long-term normative changes that could be passed on and benefited by future generations. The process involves monitoring and evaluating changes in their knowledge, attitude and behavior in accordance with the goals of CHDP, with all due regard to their customary laws, tradition, and tribal ethics.

Meaningful discussions and audiovisual media may potentially help communities identify the root cause of a problem, their true priorities, what their capabilities and needs are, and how they could sustain practices designed to address the problem. Intensive self-analysis activities during lectures were lacking in the program. Diouf (n.d.) stated that development field workers need to integrate strong interpersonal communication skills to effectively act as catalysts of change. These skills must be accompanied by the use of appropriate and pre-tested media channels, such as illustrated and/or animated discussion tools, that are deemed effective and efficient for indigenous viewers. Audiovisual communication, such as videos, can be utilized to discuss insights and encourage productive discourse that will foster active participation and improved decision-making.

Most Blaan community members lacked the ability to organize, facilitate, and communicate initiatives, particularly those related to issues affecting them. In terms of dialogue, Blaan members are not usually offered the opportunity to verbalize their own unique knowledge of health issues.

Normative changes are a major determinant in understanding how the societies and its people manage and respond to social and public health issues. The results of this study prompt the various community sectors and organizers to create an empowering socio-political environment using appropriate media channels for the target community, specifically the indigenous sector, for them to become agents of change themselves.

The lack of normative changes in dengue fever prevention, family planning, malnutrition, and teenage pregnancy can be attributed to the limited and inappropriate development of communication materials. While interpersonal communication was effectively delivered, the communication materials did not sufficiently support the campaign.

Most of the respondents were knowledgeable of the consequences associated with older health practices; however, they did not apply the modern and necessary interventions in real life. The survey revealed that the transformational communication elements were lacking and inappropriate. Furthermore, the KAP survey findings suggest that although respondents were knowledgeable of the four health issues assessed, had positive attitudes toward them, and claimed to be practicing the interventions in their household, there is no guarantee that these practices are sustainable in the long run.

Video footage revealed that the major hindrances in achieving health practice development were a lack of knowledge and opportunities, as well as poverty. Balit (n.d.) stated that the linear communication approach of most healthcare services often neglects the idea that people can clearly identify threats to their health and well-being. Therefore, health experts need to mutually agree on a particular plan of action, and those directly affected by health issues must be reached via appropriate communication channels so that experts can relay their concerns. Effective communication for serious health matters is possible through a transactional approach, where communication is feedback-driven, and key messages are aligned to proper communication channels.

Based on these findings, the CHDP demonstrated low levels of ideal and effective health communication interventions, and underutilization of effective communication tools to trigger societal transformation among Blaan communities. The Blaan communities are not yet governed by normative changes, which serve as important indicators in attaining individual and community-based transformation.

For CHDP and other similar health programs to thrive, communication in public health plays a significant role to attain the desired goals that focus on not just short-term behavioral change, but long-term normative changes. To integrate the use of well-strategized health communication materials and processes, the CHDP communication program may be recalibrated to the local situation or designed for the indigenous communities.

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