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**THE ROLE OF NEIGHBORHOOD TALKS (*TS/SM/IS*) IN LAY DISCUSSIONS
OF HEALTH INFORMATION IN AN ISLAND BARANGAY
IN WESTERN VISAYAS, PHILIPPINES**

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01 October 2026

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THE ROLE OF NEIGHBORHOOD TALKS (TSISMIS) IN LAY DISCUSSIONS OF HEALTH INFORMATION IN AN ISLAND BARANGAY IN WESTERN VISAYAS, PHILIPPINES

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Acceptance Page

This paper prepared by **CZAR IAN ANGEL B. ESQUIVEL** with the title: *“The Role of Neighborhood Talks (tsismis) in Lay Discussions of Health Information in an Island Barangay in Western Visayas, Philippines”* is hereby accepted by the Faculty of Information and Communication Studies, U.P. Open University, in partial fulfillment of the requirements for the degree, Master of Development Communication.

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Biographical Sketch

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Yan has been living in several coastal communities for all his life. He was born in Roxas City, Capiz, raised in Estancia, Iloilo, and is now based in Miagao, Iloilo. He completed his Elementary and High School at Iloilo King of Glory Christian Academy Inc. where he graduated as High School Salutatorian.

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Dedication Page

Para sa pagpapatuloy ng pakikipagkwentuhan na mapagpalaya.

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ABSTRACT

Tsismis is heavily present in the Filipinos' way of life. It enables community members to tap into information that directs beliefs, practices, and traditions. In geographically isolated and disadvantaged areas, health information sharing is interpersonal. Through *tsismis*, health information becomes available through social networks, making the communication channel a viable source of engaging information and kinship. This study identified key informants through analyzing a social network of 270 edges composed of 116 actors determined through snowball sampling. Through thematic analysis, the key informant interviews reveal that *tsismis* has several functions within the community. First, it acts as a facilitator of experiential health knowledge, allowing members to utilize their lives as a personal vantage point to communicate health information. Second, it acts as a reinforcer of formalized community roles, expanding the reach of informational responsibilities. Third, *tsismis* acts as a validator of the use of herbal medicine, allowing community members not only to promote herbal medicine but also to verify its effectiveness. Fourth, it acts as a negotiator of treatment decisions, enabling members of the community to solicit and offer health advice contributing to the community's collective welfare. The study further reveals that through *tsismis*, community members uncover social inequalities in health access, exposing barriers to health and well-being. Ultimately, *tsismis* acts as provider of relief and social support, enabling community-centered social development through community solidarity. These findings underscore the potential of *tsismis* and social networks as complementary health information systems in geographically isolated communities.

Keywords: *Tsismis*, social networks, island community, health information

Chapter I

INTRODUCTION

Health campaigns, education programs, and advocacy work are staple in the Philippines. Current frameworks on health communication implementation focus largely on the promotion of desirable health outcomes. Development communication work that anchors on health promotion continuously develops strategies that address existing health problems. With these, identification of proper channels, as well as identification of the target audience, is an imperative for delivery of information.

With the current problems that confront the current healthcare system in the Philippines, a focus on information dissemination is a must. This is exemplified in the vision of the National Health Data Repository Framework of the Department of Education, which emphasizes to importance of access to information and secure sharing and exchange of information, along with access to health care services in support of a safer, quality health care, more equitable and responsive health system for all Filipinos (DOH, 2022).

With this vision comes a shared goal for health communicators to carefully strategize health information campaigns to better reach Filipinos from various political or socio-economic contexts. It is then imperative to localize information strategies that to cater to the needs of communities.

Channels in communication utilized in health communication work vary from context to context and operate within the scope of target audiences' preferences. Hines et. al. (2014, as cited in Smith, 2017) explains that "health campaign researchers in various disciplines of social marketing and health communication adopted the practice of audience segmentation". With audience segmentation becoming increasingly practiced, this provides insight health campaigns remain

loosely targeted rather than tailor-fit to a specific audience. Hawkins, Kreuter, Resnicow, Fishbein, & Dijkstra (2008, as cited in Smith, 2017) clarify that targeting focuses on groups, while tailoring focuses on individuals.

While the process of co-creation and participatory communication are existent in current health information dissemination, there remains to be untapped potential in the day-to-day practices of the individuals involved in the communication of health information in Filipino communities. While formalization of health information renders it systematic and efficient, there is still an imperative to review communication practices in informal spheres. These informal communication practices include the act of *tsismis*.

Tsismis is heavily present in Filipinos' way of life. The word is especially present when we talk about its western counterpart, "gossip" while keeping in mind the striking differences between them. As Nuevo (1980, as cited in Brillon, 2016) puts it, gossip is a "way to disseminate information, pass the time, a way to give opinion or expression, a form of catharsis from the people whose values and behavior they do not agree with, and as evidence that they belong in a group", providing insight in interpreting *tsismis* as a phenomenon that is contextually closer to the word gossip.

But what is *tsismis* as a channel of communication? Particularly communicating information to other fellows whom people share a social bond with. Once the context of negativity in the act of *tsismis* is removed, we get a clearer/more positive notion of *tsismis* – It becomes a form of disseminating information that Filipinos have been familiar with.

It is no secret however, that *tsismis* is relegated as an avenue for misinformation dissemination and misplaced beliefs. While that is the case, it is also crucial to look at communicative events such as *tsismis* with a positive outlook and the intent to utilize

it for community development purposes. Due to the existing (and contradicting) definition of the concept, studies on the role of those who participate in it should also be examined to make a more refined analysis of its nature and role in community discourse. Fine and Rosnow (1978) posit that gossip allows people to map the social environment through transmission of culture and illumination of ambiguous areas of behavior, furthering that gossip has the potential to result in attitude change. It implies that social beings communicate to make sense of the things happening around them to approximate courses of action. In the same sense, *tsismis* allows people to make sense of their shared environment through their communication of shared experiences to address challenges they face. This perspective is especially important in development communication as we deal with transformative forms of communication to facilitate behavioral changes in communities.

Community members adept at participating in *tsismis* occupy spaces in community discourse through communicating within their relationships (family, relatives, friends, acquaintance, neighbor, etc.). With the existence of these relationships, communities like barangays for instance, are inherently networked. In the study of social media by Wang et. al., (2020), certain individuals that occupy significant spaces in a social network (a virtual community, for example) have been called as “core communicators” or “Key Opinion Leaders”. Meanwhile, Liu, et. al., (2017) described instances wherein an individual may be regarded as an “opinion leader” by possessing certain attributes and occupying the “right network positions” that enable them to spread information effectively and exert personal influence.

Recent studies, along with theory-based methodologies like Social Network Analysis (SNA), offer insights that make the identification of these core communicators possible. SNA terms them as “central actors”. Social Network Analysis also introduces

the concept of centralities, which identifies core communicators in social and communicative spaces like communities. Moreover, studies on social network provide much understanding on the role of communicators who have been specified as “central” entities in communicative spaces.

Influence, establishing relationships, information dissemination, gatekeeping, control, and communication of policies have been found to be the significant functions that *tsismis* play in Filipino communities. Understanding these functions, therefore, provide opportunities for communicative pursuits such as communication programs, campaigns and advocacy, and social marketing. It is imperative then that these roles be identified to further harness the potential of *tsismis* in establishing, strengthening, and sustaining community discourse on health.

Statement of the problem

With the different arguments posed above, this study determines the role of *tsismis* in day-to-day lay conversations of health information through the statement problem:

“What are the roles of *tsismis* in the lay discussions of health information in an island community?”

Objectives

This study aimed to explore the role *tsismis* plays in discussions of health information guided by the following specific objectives:

1. Identify central actors in the island barangay through social network analysis

2. Describe how community members share health information with each other
3. Describe the roles that *tsismis* plays in lay discussion of the health information

Significance of the study

This study aims to contribute to the discourse on methodologies and strategies that strengthening health communication research, especially those that concern communities. This study specifically responds to Sustainable Development Goal (SGD) number 3: “ensure healthy lives and promote well-being for all at all ages” (United Nations). Moreover, this study aims to anchor with SGD target 3D: “strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction, and management of national and global health risks” through strengthening the capacity of communities by means of participatory causes and communication studies.

Furthermore, this study aims to contribute to the growing body of research on gossip, especially within the context of close rural communities. As it delves into significant communicative events in communities, this study provides a specific context on how *tsismis* plays a part in communication among people. This study also highlights a level of discursive communication in organized disadvantaged settings and hopes to catalyze further research that proposes related topics.

The results give insight on development communicators on how they disseminate on the ground among the members of the community in addition to giving them an idea about the kind of information is being disseminated. Identifying central actors in communities is foreseen to optimize participatory processes of information

dissemination and targeted social marketing campaigns. This can challenge existing communication practices in the identification of apt target audiences.

This study, touching on health communication in active spaces such as communities, seeks profundity in development communication work, particularly in community social marketing and mobilization for health information dissemination.

This study can be of significance to the local government units at the municipal and barangay levels that may enable them to determine how recommended health actions are being discussed within the community. This could provide them with insights on how to mobilize their community in their communication campaign programs.

In extension, this study could offer significant development in strengthening the communicative structure of the communities, as it could explain the role of localized communication networks in health information dissemination. Ultimately, this study aims contribute to the strengthening of development communication efforts for communities by laying down the groundwork and establishing the communication context of communities oriented towards pursuing programs related to achieving the Sustainable Development Goals.

Scope and limitations of the study

This study places a premium on the attributes of several community members that enrich their roles as central actors in their community. While this will firstly delve into the relationships between community members, it is only used as a tool for identifying central actors. Furthermore, this study investigates the dynamic communication system of the community.

This is study not an experimental or action research. It is an investigative and exploratory one. As such, it considers all responses from participants as valid results, making each input crucial to the results of the study. Furthermore, no intervention is to be done in this study.

Chapter II

REVIEW OF RELATED LITERATURE

Tsismis is often interpreted as an equivalent of its contextually closest western counterpart, gossip. However, studies reveal that *tsismis* is very Filipino, making it significantly different from its western counterpart – where an absent person is being talked about. *Tsismis*, in contrast, is arguably a form of communication channel utilized by communities to pass on important information regardless of whether it is about a person, a thing, or an event. This literature review contends that *tsismis* is a communicative phenomenon or event present within Filipino neighborhoods wherein members of the community try make sense of the things that are happening around them as well as ambiguous areas of behavior.

This chapter synthesizes research on gossip and *tsismis* and how they are (or how they are not) related in the study of informal communication. This chapter provides literature that tackles how gossip and *tsismis* are defined with both positive and negative perceptions. However, despite the polarized opinions, this literature review recognizes the social role that gossip plays in different organized settings. Moreover, this literature review contextualizes *tsismis* as a part of Filipino culture and position *tsismis* as a phenomenon where community members locate their roles as central actors within the community. Thus, this framing establishes the potential transformative role of *tsismis* in oral communities. Ultimately, this literature review delves into concepts of health communication and community communication and how they reconcile communicative events such as *tsismis* in development communication.

***Tsismis*, gossip, and Filipino culture**

Tsismis is ingrained in Filipino culture. The term (translated as “gossip”) is of Spanish origin (from *chismes*) and has no equivalent indigenous or native term (Maido, 2021). While there are arguments that conflate gossip, rumor and the translated term *tsismis*, Filipino context associates *tsismis* heavily with the western term *gossip* albeit there are striking differences between these two terms which will be elaborated and investigated. Brillon (2016), cited several pieces of literature that argue why it is sound to use gossip as a contextual basis for the word *tsismis*. Nuevo (1980, as cited in Brillon, 2016) views gossip as a “way to disseminate information, pass the time, a way to give opinion or expression, a form of catharsis from the people whose values and behavior they do not agree with, and as evidence that they belong in a group”, hence attributing the word *tsismis* contextually closer to the word gossip.

Armstrong (2020) regards gossip as a phenomenon that holds more power than “official discourse” in the community due to its “connection to the real Filipino”. For researchers of the gossip phenomenon, the term has contested definitions. Ullah, et. al. (2021), describes gossip as a worldwide social phenomenon, defining it as the “telling and repeating of stories”. While this definition is general in nature, other literature on stories define gossip as having a striking characteristic: the presence of a person being talked about. Meanwhile, Dores Cruz et.al. (2021) defined gossip as a communicative process wherein a sender communicates about an absent party with a receiver that potentially impacts reputation formation, partner selection, and cooperation. These definitions of gossip reinforce Spoelma and Hetrick’s (2020) definition, which is the “informal and evaluative talk from one member of an organization to one or more members of the organization”, placing it in the context of workplace social setting. The various definitions of gossip are extensively explored by

Robbins and Karan (2020) who argue that while there are multiple definitions of gossip, most researchers concede that it is all about the sharing of information about an absent party.

While Filipino researchers translate the word *tsismis* as “gossip” (De Jesus, 2024; Remoquillo, 2023; Maravilla and Grayman, 2020), the Filipino word has a striking difference despite the semblance. Aside from the need to clarify such distinction and study *tsismis* in the Filipino context, it is also imperative to study it along the lens of its western counterpart. After all, it is through the semblance that the word makes sense to global contexts.

Filipino studies on gossip contextualize it (or “*tsismis*”) closer to the core of this research: communities. Dela Cruz (2014) studied gossip as an instrument of power and concluded that it is a track for people find ways to express their points of view in a fast and efficient manner, which is accessible to all, arguing that *tsismis* (or gossip) is one of the ways for people to become aware of their environment. Potentially, this gives us an insight into the unappreciated power of gossip to become a transformational tool in the field of information and communication studies.

For Benitez (2022), *tsismis* is the surreptitious sharing of information. In the Filipino context, there is indeed difficulty in drawing the exact contextual meaning of *tsismis*. Dela Cruz (2014) referenced different texts that conclusively presents *tsismis* as having different interpretations, translations, and implications across different Filipino cultures. Thus, it is important to contextualize gossip or *tsismis* in the social space where the communicative event happens

Dela Cruz (2014) also explores classifications of *tsismis*: *tsismis* that spreads during times of crisis and worry, planned *tsismis*, *tsismis* that happens before the actual event (could be either positive or negative), *tsismis* that causes worry, *tsismis*

ingrained with aggression, and other *tsismis* become basis of urban legends. It can be inferred then that while western counterparts of *tsismis*, such as gossip and rumor, concern an integral third person as subject, *tsismis*, in its Filipino context, is a potential conduit of ideas. These types reinforce the idea that indeed, *tsismis* has a more expanded definition and dimension than gossip.

Furthermore, Tolentino (1987, as cited in Dela Cruz, 2014) regards *tsismis* as a phenomenon that not only concerns things that happen in the personal lives of people but also concerns things that happen in society. This point of view, contextualized in within the Filipino cultural space, runs in contrast with the western literature that presupposes gossip as mainly people or target centered.

Despite the contested interpretations, the contextual definition of *tsismis* in this paper resonates strongly with Brillon's (2016) invocation of Szekfu and Szevetelsky's (2005) comprehensive definition of gossip as "non-public" information about knowable people, interpreted in local contexts" with proliferation and spreading as a primary attribute while embracing Tolentino's (1987, as cited in Dela Cruz, 2014) argument that gossip also concerns things that happen in society hence, establishing studies on gossip as a primary mechanism in developing this literature. Given the objectives, of this study, existing interpretations of gossip, or *tsismis*, are framed not as contradictions but as possibilities for exploration.

This resonates with the position of Dores Cruz et. al. (2021) that studying gossip in its natural context is challenging, leading to a lack of rigorous and systematic observations of antecedents and consequences. In this sense, it is deemed fitting to study gossip and *tsismis* guided by in-depth understanding and vigorous examination of its local contexts. Dores Cruz, et. al. (2021) adds that due to a lack of conceptual clarity, gossip research is far from integrating different conclusions, leading to a lack

of a unified understanding of gossip. While much of this literature has delved into the nature of gossip, the potential role of gossip in community communication, particularly information dissemination, is thinly explored and theorized. Such studies frame gossip as having a cultural role, yet they do not highlight the positive communicative role it plays in society. The role of gossip, especially in western literature, has been constructed as a term and a phenomenon that thrives on narratives about people and not ideas. A primary construct of the notion of gossip is that it should involve a person or a third party. However, this study argues that people can gossip about ideas and other kinds of information as well, as it is to be proven evident in Filipino orality. At present, current Western literature on gossip offers a limited view on gossip as a mode of communication.

This paper in extension then seeks to contextualize *tsismis* within the space of social communities. The dynamism of *tsismis* as a communicative phenomenon provides opportunities for redefining *tsismis* and harnessing its untapped potential for transformational communication.

***Tsismis* as a Filipino reality**

In the Filipino reality, *tsismis* is inherently oral. De Jesus (2005, as quoted in Maravilla and Grayman, 2020) described *tsismis* as “oral” and “highly contextual”.

However, gossip, because of its dynamic character, does not close its doors to mediated communication. Brillon (2016) studied gossip on online media and concluded that its role in online setting, such as in social media comments, gossipers are merely “disembodied voices” detached from the liberative potential of discourse through *tsismis*, having no clear and collective goal. This provides an insight as to why

there is a need to study *tsismis* in a much different setting, as its role changes across different contexts.

Tsimis is cultural - as can be inferred from Cuadra's (2023) statement that *tsismis* is "a reflection of broader cultural and historical factors". As a product of culture, it can be likened to a symbolic act of proximity, closeness, belongingness, and communication. The term itself, as argued by Filipino scholars, is cultural by nature. Furthermore, its meaning stems from the context and setting it belongs to. Thus, it can be inferred that *tsismis* can be symbolic to a certain culture and the meaning ascribed to it stems from the interaction of concerned parties. This premise supports the idea that the meaning of *tsismis* is dynamic and open to redefinition. This presumes that the interpretation of *tsimis* as a cultural communicative event can be studied in local contexts.

While Maida (2021), in the study of *tsismis* among seafarers, invoked Levin and Lurke's study (1985) stating that women tend to spend more time gossiping, there have been no significant differences regarding the derogatory tone of gossip and have found out that similar topics were gossiped about regardless of sexual identities. This supports the argument that gossip is a shared activity regardless of gender or sexual orientation. This is reinforced by a gossip study of Robbins and Karan (2020) that reveals sparse evidence for associations of different factors like sex, social class, and age with the act of gossiping. They cited the absence of systematic studies that reveal distinct characteristics of people who tend to gossip, regarding the phenomena as "ubiquitous", concluding that affinity to gossip is affected more by personality. *Tsismis*, as a semblance of the act of gossip, may assume the same characteristic. The lack of identifiable traits calls for it to be studied within a certain context. Furthermore, Robbins

and Karan (2020) advocate for a study on gossip within an everyday context which resonates strongly with the objectives of this study.

Tsismis itself is a social object or phenomena whose meaning and traits can be negotiated in a collective sense. The array of literature that demonstrate a challenge in providing a definitive meaning of *tsismis*, or even gossip, proves that the agency to construct the definition of *tsismis* is highly contextual and can be derived from the communicative acts of the people who participate in it. *Tsismis* therefore is a social concept that exists within everyone's social life yet remains open to re-interpretation. It could involve a representation of a gossipier entangled within the context of being a Filipino.

While there are many perspectives pertaining to *tsismis*, there could be difficulty in characterizing people who engage in such without considering their individual communicative experiences in the shared social environment. As such, it is crucial to first, locate the "social positions" of people in the community before characterizing them.

Personas of *tsismis* imply that while communication is inherently relational and iterative, there are "remarkable" individuals who communicate more intently in a highly significant manner than their peers. The need to locate these individuals is increasingly important because delivery of information on innovations has the potential to solve other underlying societal problems, like access to health information.

Elements of gossip and potential for social transformation

Analyzing Sterling's (1956) literature on gossip, Foster (2004) lists four social functions of gossip, namely: information, entertainment, friendship (or intimacy), and influence. Foster (2004) also posits that gossip can be described as an efficient and

oftentimes exclusive means of not only gathering information, but of disseminating information as well. Foster (2004) expanded exemplifying friendship as a function of gossip in contrast to Fine and Rosnow (1978) who only listed the first three. This illustrates that the construct of gossip develops over time.

The rich literatures that study gossip propos that most (if not all) people gossip, which may be directly related to the attribute of gossip in fostering prosocial behavior. According to Nieper et. al. (2022), prosocial behavior is increased by gossip through these various degrees:

1. Gossip is more accurate than inaccurate.
2. Rather than being independent from, targets are interdependent with gossip receivers; and
3. Targets anticipate being gossiped about, rather than actually experiencing it.

These views on gossip strengthen the idea that gossip is not only laced with informational potential but also with a sense of connectedness.. This perspective is also present in the analysis of Van Vleet (2020) who argues that gossip, along with rumor, enables individuals to “align themselves with others and establish bonds of intimacy” positioning gossip and rumor as both linguistic forms and social activities.

Despite its dynamism as a communicative form, gossip remains a form of informal communication. Moreover, both gossip and *tsismis* are forms of interpersonal communication, laced with varying degrees of relationship between the people communicating. In Liu’s (2020) study about disaster coping and community resilience, he regarded interpersonal talk as “instrumental in organizing community-wide collective action” because what he called “neighborhood conversations” may allow residents of the community to “tap into a more exclusive local information exchange

network that is not accessible otherwise”. This insight gives us an understanding that there is a lot more to learn about how members of various communities communicate important information with each other and how the information they pass on contributes to community-wide actions.

According to Maravilla and Grayman (2020), *tsismis* (which they loosely translated as “gossip”), along with other everyday social practices *kwentuhan* (storytelling), and *pakikisalamuha* (socializing), is a way that suggests how people in the community are informed and get to have a say in community activities. Maravilla and Grayman (2020) cite De Jesus (2005), echoing that *tsismis*, *kwentuhan*, and *pakikisalamuha* are leveraged by community members as ways of engagement with each other. They argue that these practices in informal spheres also factor in community leaders’ ability to make people participate through “incentivizing and community organizing”. As such, as inferred from Maravilla and Grayman (2020), it is necessary to look at these informal spheres to better understand participatory practices as it is through participation that community members “express opinions on social life and be involved in crafting decisions for their own welfare” (Maravilla and Grayman, 2020). Nevertheless, it could be argued, that while gossip has positive, or even transformational, effects in information delivery, the informality of the practice makes it prone to negative effects

In support of the social transformative function of gossip, Fine and Rosnow (1978) highlight the same key concepts as described by Sterling (1956, as cited in Foster, 2004): information, entertainment, and influence, while writing off friendship (or intimacy) in the discussion. Fine and Rosnow (1978), posits that gossip, as information, maps the social environment through the transmission of culture and illumination of ambiguous areas of behavior. Fine and Rosnow (1978) also linked the

informational function of gossip to its influential role stating that information and influence are perceived as closely intertwined postulating that vigorous gossiping, as a means of communication, may result in attitude change. This is a positive restructuring of the idea of gossip as a means of social control. Furthermore, according to Fine and Rosnow (1978), gossip, as a form of communicative entertainment, implies closeness, freedom, and lack of stress between the people involved.

Moreover, despite the dichotomous arguments on the key elements of gossip, studies suggest that it, however inaccurate, still promote cooperation. Nieper, et. al. (2021), argue that gossip is an essential mechanism that differentiates us from animals, as it allows us to cooperate on a large scale. Related to this, Maravilla and Grayman (2021), posit that daily social practices like *tsismis*, along with storytelling and socializing, pave the way for people not only to be informed but also to have a say in community activities.

Health information and challenges in communication

Lack of access to health services still proves to be a pressing concern in the Philippines. Given the archipelagic state of the country, variations in geography, culture, and access to adequate health care provisions pose significant challenges in health messaging. While health communication remains a priority to communication scholars, other factors such as socioeconomic factors remain a challenge in obtaining positive health outcomes. In their study, Luu, et. al. (2022) emphasize the influence of age, gender, and socioeconomic status, along with service quality, trust, and available health information on the healthcare-seeking behavior of women.

These barriers that challenge health in turn, challenge health communication. These are both true for communities in Geographically Isolated and Disadvantaged

Areas (GIDAs). The Department of Health (2020) identifies health issues in GIDAs as “generally characterized by high morbidity and mortality resulting from poor access and delivery of quality health services as well as lack of health facilities and inadequate logistical support”. In essence, GIDAs are identified through considerations of both physical and socio-economic factors that limit the availability of and accessibility to basic health services among the local population (DOH, 2020).

The DOH perspective posits the necessity of delivering health services close to GIDA communities through capacitating potential health workers. This strategy focuses on health services that are adaptive to needs, behavior, and cultural beliefs of the members of the community, furthering directions in developing communication efforts that are adapted to local language and culture.

Nie, et al. (2016) enumerate the seven types of health information to narrow down communication content commonly discussed pertaining to health. These include:

1. Treatment – refers to the rationale, mechanism, and implications of conventional methods to control health conditions
2. Health condition specific – refers to information on the description, process and prognosis, and implications of health condition
3. Laboratory test – includes information on the rationale, process, and interpretations of medical examinations or laboratory tests needed to diagnose or monitor health conditions
4. Self-care – includes information about rationale and procedure one partakes (physical or dietary actions) needed to maintain health, prevent disease, or control a health condition, and the potential impact of health

condition on work and daily life, and also includes signs and indications of the need for professional care

5. Complementary and alternative medicine (CAM) – refers to information pertaining to possible complementary or alternative treatments for health conditions
6. Psychosocial – includes information on how to obtain assistance in dealing with feelings; also includes family and social concerns resulting from a health condition.
7. Healthcare provider – refers to any information pertaining to the credentials, experience, and reputations of medical professionals and facilities, which also includes the types and quality of services being provided.

In the context of barangays in the Philippines, localized health efforts introduce Barangay Health Workers (BHWs) who perform supporting tasks for health services in the communities where they are assigned. Part of the BHWs' role is to gather data on public health-relevant events or information and report such concerns to the local health board for action (Barangay Health Workers Act of 2019). According to Mallari, et. al. (2020), the role of BHWs in communities is two-pronged: one, serve as frontline health center staff and two, act as to act as community health mobilisers. These illustrate the role of BHWs as the forefront citizens of community efforts in terms of health information dissemination. This is validated by Abelardo et. al. (2021) stating that BHWs are also the “primary source of information in the rural areas or disadvantaged places far from the health care stations” in their study about BHWs in GIDAs. However, despite the important role BHWs play in local health communication efforts, it does not come without threats. Abelardo et. al. (2021) enumerate

politicization, negative perception, decline in infrastructure, lack of proper training and staffing, and lack of proper funding as some of the challenges that threaten the sustainability of the health services BHWs can offer.

While these challenges should be confronted with proper systemic action, these also estimate the need to look at other localized communication processes that deal with health information to bring about sustained efforts for health communication.

The COVID-19 pandemic that happened in recent years highlighted challenges to communicating health. The rise of the “infodemic” paved way for misinformation, disinformation, and fake news that led to vaccine hesitancy. This accounts to mistrust in the health sciences and the overall field of science.. Time constraints, insufficient training, language considerations, and local science culture are identified as among the few challenges that impact science communication in the Philippines (Navarro and McKinnon, 2020). Political issues and personal perceptions (Amit, et. al., 2022) also play a part in the challenges faced with regard to the delivery of science-based innovations on health, just like vaccines. Citing various literature, He, et. al. (2021) attribute negative health consequences, like improper handling of illness and even death, to health rumors that trigger skepticism and discourage recommended medical behaviors. However, despite these inaccuracies, misinformation, and disinformation on health, these findings illustrate the very fact that Filipinos do indeed engage with each other when it comes to information pertaining to health.

In light of these issues, health research continues to provide insight into factors affecting Filipinos’ health behaviors. A study by Berdida, et. al. (2021) on health-seeking behaviors and implications for COVID-19 vaccination, concluded that Filipinos pay considerable attention to knowledge about everything affecting their health before making a decision. This conclusion draws upon the inference that Filipinos are not

disembodied beings from their own agency and thought. Mindful consideration to health choices, founded on knowledge, based on many levels of interactions, remains a basis to health behaviors.

In the global context, health communication research provides impactful insights that can be utilized to rethink health communication strategies. A scoping review by Dudley, et. al. (2023) concludes that audiences favor narrative science and health communication over didactic communication. This finding illustrates a challenge to current health communication strategies that are founded on pedagogical and education value: people want to engage in conversation and not be simply told what to do. This perspective resonates with the findings of Low-beer, et. al. (2023), which reveal that “personal health conversations exceeded information and behavioral content on health promotion campaigns”.

In studying rumors associated with public health during COVID-19, Zhang, et. al. (2020) concludes that by obtaining massive amounts of health information, the public is prone to learning about health and investigating their own, arguing that understanding lay health knowledge and beliefs, as well as situated basis of health-relevant actions, contribute to the sociology, management, and communication of the science of health.

The importance of these research, while focused on the individualities of actors, does not necessarily imply the obsolescence of current strategies but rather strengthens current orientation by appealing to variations of people’s behavior towards health and health information. As such, there is still a need for multidimensional approaches in doing health communication research.

The complexities of health and health communication as a field of study necessitate studies on community health from the perspective of community members.

Besides, individual actors also have the agency to communicate health in the best way they know how, despite their limited resources, and given the limitations of their knowledge bases. Given the circumstances, this implies the need to empower community members through leveraging their individual practices of health information dissemination, their socialization and interaction, and their community relationships by imparting accurate knowledge, strengthening community relations, and localizing health communication efforts, thus allowing them to empower each other.

Community actors as communicators

Amin (2022) believes that “while strengthening society must contain a dynamic definition for development, it requires people-centered development communication or also called humanist development communication”.

While formal communication approaches allow messaging to become efficient, reliable, and educational, studying informal spheres of communication also would also allow health communication researchers grapple with the local context of audience-actors. Haris (1996, as cited in Amin, 2022) states that there is a need for participatory communication approaches tht help develop society at lower levels while utilizing non-formal approaches in communication. This stipulation implies a context-driven communication approaches to studying informal spheres in communities for communication research

Simpson, et. al. (2021) highlights the importance of community networks stating that these networks can effectively collaborate, communicate, and coordinate resources and services making them vital to a community’s capacity for health promotion and disease prevention. This is a solid basis for the study of interpersonal communication within one’s community, as it furthers the discussion of participatory

communication based on individuals acting as communicators in a social setting. This perspective then serves as a foundation for research that looks closely into the day-to-day lives of community members to study the information being passed from person to person. Simpson, et. al. (2021) conclude that within community networks, key attributes like trust, shared understanding, commitment, effective communication, and reciprocity are developed.

Much of the literature on health communication necessitates segmentation of various sectors and groups in the community to bring about effective health information campaigns, advocacy work, and other health and development pursuits. Favor towards segmentation has been key to strategizing successful health communication campaigns. While this is true in bringing positive health outcomes, segmentation is a necessary but not sufficient condition for campaign success (Slater, 1995 as cited in Smith, 2017).

The gap, therefore, lies in the lack of other alternatives to segmentation that provide equally effective or even more effective strategies for research on health information dissemination. While segmentation can contextually be a “co-created” and be a participatory process, it also relies on the decision-making of the people who get to decide the audience. There is therefore a lack of consideration on the processes that occur among target audiences.

Furthermore, Gandy (2001, as cited in Smith, 2017) argues that “audience segmentation leads to mobilizing groups based on shared in-group values, instead of mobilizing them as members of a larger, diverse community, and is fundamentally discriminatory because it treats people differently based on group membership” (Smith, 2017). In response to the favor towards segmentation, Smith (2017) states that variations between people are important for health messaging.

From the review of Smith (2017), two things can be inferred: one, there is a need to look at communication efforts from the individuals' perspectives; and two, variations between people can lead to variations in communication processes.

This research intends to look at those variations in the processes involving individual key players in the communities within the context of health information.

Furthermore, Metag and Klinger (2024) retorts that it “remains questionable to what extent skeptical groups can be reached, even if they are identified through segmentation analysis, and whether separate segment-specific communication could come at the expense of building a social consensus”. This, and the lack of scholarly reports on the use of segmentation in literature (Kitunen, et. al., 2019) provides us with an understanding that segmentation does not automatically lead to the success of campaign, nor does it indicate that the success of the campaign is brought upon by segmented strategies.

These forms of communication are external to the community involved. How does the community process internal information without the direction of formalized communication programs? Holistic development research not only on communication processes but also on the utilization of locally available, interpersonal, and varied channels of communication is imperative in developing health communication strategies for strengthening health information dissemination.

Freeman, et. al., (2002, as cited in Amin, 2022) share that individual communication in the context of social interaction befalls the responsibility of communication between the people who participate in the communication exchange. Communication, as universal at it is, happens on the daily lives of people in communities, whether there is formalized research or information intervention on their day-to-day happenings. Amin (2022) stipulates that “since communication activities

occur in public spaces, everyone can access information and open dialogue reasonably”. Indeed, this stipulation supports the idea that there is a need to look at the daily context of communication from the perspectives of those who engage regularly.

Maravilla and Grayman (2020) argue that informal spheres are spaces that emphasize basic sectors’ agencies posing responsibility for their own participation in processes of decision-making, as such, bringing discourse to informal spheres does not, in any way, disengage it from formal spheres. are not to be treated as mutually exclusive. Moreover, Maravilla and Grayman (2020) emphasize the existence of various manifestations of social capital formation, including interaction at a local level providing continuous communication across boundaries set by formal spheres, enlarging opportunities for communities to participate in their own time and space.

In the face of challenges confronting current health information correspondents, and lack of distinct literature available that provide a more nuanced context on health communication strategies, this study looks at health information dissemination in the context of local actors, through the channel that is culturally inherent in the local community. Simpson, et. al. (2021) recognizes this, stating that very few studies discuss the relationship between network characteristics and program outcomes while using health as a communication context.

Disadvantaged communities, especially those with lower levels of traditional education and science and health literacy, found narratives to be a successful tool in communicating health information (Dudley, et. al., 2023). This success in narratives are also found success among cultures with a strong oral tradition (Dudley, et. al., 2023). Furthermore, Jones and Crow (2017 as cited in Dudley, et. al., 2023) posits that “individual beliefs, values, and lived experience play an important role in human

learning, understanding, and decision-making”. As the act of *tsismis* is inherently oral, this research views health information being passed around by actors as potential communication tools for widespread dissemination.

To bring about strategies that best utilize participation of the community, development communication is reinterpreted from “communicating with the community” towards “communication of the community”. This research aims to determine health information dissemination from the perspective and practices of the living actors. As health concerns are inherently universal, how does the community talk about them and what are their roles in strengthening health dialogue?

The potential of *tsismis* in strengthening development communication

Filipinos are arguably socially oriented and possess a natural inclination towards gossiping (Cuadra, 2023). Much of the literature about gossip affirms its positive role in social settings. Attributes such as informational, influential, entertainment (which can be contextually likened to interactivity), and social “bonding” can find their ways into development communication work. This synthesis of the literature about gossip proves the significant elements in its positive nature: information, communication, sense of community, and participation, which are also essential in the field of development communication studies, particularly in community communication. This paper seeks to reconcile the positive social role that *tsismis* can play in fostering a culture of open and discursive communication about health in disadvantaged areas and that leaves communities (especially the marginalized) vulnerable. This paper seeks to define *tsismis* as a social and communicative event that plays its part in mitigating existing health issues.

Brookes and Hunt (2021) explored the relationship between discourse and health communication and proposed that “rendering our bodily experiences meaningful to ourselves and discussing them with friends and family members, recounting them to health professionals, organizing healthcare systems, performing surgical operations, saving and improving lives, and shaping health behaviors among the public all depend upon acts of situated communication about health and illness”. This perspective solidifies the need to research more on discursive community health communication while keeping interpersonal communication in mind. This also solidifies the notion that the meanings people make about health issues within themselves, and other members of the community, have a profound effect on how we view health.

The possible transformative communicative role of *tsismis* is seen as one of the ways communications about health can be shared efficiently and effectively. Conversely, this paper may also unravel the negative impacts of *tsismis* with regard to communicating health information. However, this is seen not as a negative implication but an opportunity for development communication practitioners to strengthen vaccine information in a much closer context to the communities.

De Jesus (2005, as quoted in Maravilla and Grayman, 2020) highlighted that “oral, highly contextual culture, *tsismis* symbolizes many levels of interacting, social bonding, or an indirect manner of communicating – more than just gossip”, arguing that *tsismis* be seen in a more positive light. Within the context of this study, it posits that collaborating with communities being researched requires initiating social participation and development. The application of this concept to communicating health information is seen as potentially participatory at a midstream level, thus facilitating public trust and support.

Moreover, Villar (2021) asserts that collection of inclusive and empathetic indigenous wisdom and crafting of solutions are the target results of participatory design and co-creation approaches. In application of other concepts of social marketing, it can be made possible to employ core communicators as target audiences, favoring targeted communication efforts over segmentation strategies.

Garett and Young (2021) argue that mitigation of misinformation about vaccines, especially those found online, necessitates an ongoing process that would involve not only experts and the online platform itself but also lay advocates.

While there is an array of literature on both gossip (and even *tsismis*) and health communication, there has been no attempt to contextualize both in a study that concerns Filipino communities. The dynamism of the term *tsismis* and its definition when operationalized in health communication point-of-view in a community setting also is open for investigation. Instead of defining *tsismis* as a transformative tool as gossip research, the field of inquiry is currently saturated by polarized views.

The identification of these core communicators, alongside whatever channel they use, is important in the dissemination of important information that pertains to development. As core communicators are likened to Key Opinion Leaders (Wang, et. al., 2020) who are regarded as influential (Liu, et. al., 2017), it is imperative then, to identify and characterize these core communicators to initiate participatory processes of communication, rapidly relay information, collaborate with the larger community, and actuate social change especially amid crises. These propositions open possibilities for core communicators in development processes such as social marketing and community mobilization. While their roles during crises remain uncharted territory, this literature provides an understanding of *tsismis*, as a channel of communication that potentially drives development.

While central actors, in alignment to the transformative roles of gossip pertains to attributes of expression, informativeness, engagement, sociability, and influence, the role of *tsismis* as a communicative force, continues to be ambiguous in the face of existing health conditions.

Social network theory

Social studies have become extensive in the study of communities. One perspective on viewing society is through the lens of social networks. McLeod, et. al. (2010) assert that “studies need to take interpersonal discussion of local issues into account”. Social spaces are deemed “networked”. These “networked” characteristics of social spaces are the default, whether consciously or unconsciously, because of the innateness of interaction – there will always be something that members of groups share. Degenne and Forse (1999) frame this understanding of social spaces as the “small world problem”, with the notion that while members of communities cannot really meet one other directly, they are “nonetheless all linked to one another by chains of acquaintanceship with varying number of intermediaries”. In essence, there will always be a form of relationship among all members. Using a sociological perspective, Degenne and Forse (1999) argue that “sociability should be understood not as a person’s intrinsic trait or ability to ‘mix’ but simply as a set of relations that an individual or group maintains with others, including their form”. McLeod, et. al. (2010) argue that interpersonal networks promote participation by transmitting important mobilizing information and conveying a sense of duty and responsibility toward one’s community.

Degenne and Forse (1999) describe two kinds of social networks: personal and total. Personal networks (also called ego networks) are described as having one person as the center of all relations, investigated by studies in which respondents are

observed over a certain timeframe or are asked to identify criteria-related relations. In contrast, total networks are based on a vast kinship and are examined as how members relate to each other. Reconstructing total networks, as Degenne and Forse (1999) suggest, involves either interviewing respondents in any order or starting from the ego and using the response as a basis for the following interviews. This method is especially useful when dealing with a larger population and analyzing social relations.

Throughout the contemporary years, applications of Social Network Theory have revealed interesting results and have yielded methodological applications. Camacho, et. al., (2020), underscore the value of studying social networks in the development of computational techniques to extract information from the internet. With the rise of social media, studying social networks demands the not only the analysis of relational ties between people but also of person-to-content relationships. Drawing upon the Social Network Theory, Sung, et. al., (2021) revealed influences on consumers' behavioral and emotional responses to corporate social responsibility communication strategies of restaurant firms. This collection of literature illustrates the multimodal potential of Social Network Theory in communication research, not only in terms of learning about relationships, but also across various aspects of social life, including influences, behavior, and personal preferences.

Social Network Theory, which birthed the methodological Social Network Analysis (SNA), is attributed to the graph theory in mathematics, which constitutes the following terminologies social networks used. The following terms that are relevant to this research are derived from Hawe, et. al.'s (2004) Glossary of Social Network Analysis terms:

1. Actors - network members that are distinct individuals (in visualization, each actor is represented by a node)

2. Relational ties – links between actors
3. Alters – individuals with relational ties to the ego
4. Centrality - indicates one type of “importance” of actors in a network: “key” players in lay terms
5. Socio-centric or complete networks - networks that consist of relational ties among members of a single, bounded community
6. Ego-centric or personal networks – networks defined from a focal actor's perspective only

Furthermore, Social Network Theory (SNA) operates through measurement of centralities of individual actors within the network. SNA processes measure centrality to identify the most prominent actors who have extensive involvement in relationships with other network members (Hawe, et. al., 2024). This proposition makes centrality inevitable. According to Freeman (1979, as cited in Liu et. al., 2017), there are three kinds of network centrality measures utilized to identify the advantageous positions of what he called “opinion leaders”. These three forms of centrality are:

1. Degree centrality – measured by number of links a certain individual has in the network
2. Betweenness centrality – serving as a “bridge”, this kind of centrality is measured by the frequency at which an individual lies on the shortest path connecting to others in a network
3. Closeness centrality – measured by the average distance between an individual node and other nodes in the network

Liu et. al. (2017) posit that these forms of centrality serve different purposes in the social network. They posit that those who have high degree centrality have the tendency to become opinion leaders because their high number of social ties gives

them more opportunities to receive and disseminate information. Those individuals with high betweenness centrality, on the other hand, are described as “more likely to serve as a bridge in the network” and likened to “gatekeepers” (Liu et. al., 2017). Moreover, those with higher closeness centrality are described as needing fewer steps to reach all the other individuals in the network, implying efficiency in disseminating information.

Liu et. al.'s (2017) propositions on centralities can be considered classic methods of centrality measurement.

Furthermore, centralities have arguably captured the interest of social network scholars in not only identifying central (and influential) individuals within the social network but also gaining a broader glimpse of how a concept or a phenomena spread within a network. Interestingly, these centrality measures correspond contextually to initial characterizations of gossipmongers who have been described as expressive (Dela Cruz, et. al., 2014), informative (Sterling, 1956 and Foster 2004), friendly or sociable (Fine and Rosnow, 1978 and Foster, 2004), and influential (Fine and Rosnow, 1978 and Foster, 2004).

From a theoretical understanding of Social Network Theory, it can be inferred that in communities, there are individuals who are not only sources of information but also have a high degree of relationships and engagement Wang et. al. (2020) in studying diffusion in nomination networks, have readily established the existence of “core communicators” and utilized the term as synonymous with Key Opinion Leaders. Liu, et. al. (2017) described opinion leaders as “individuals who are perceived as influential, who in turn, influence their social contacts”.

Liashuk, et. al. (2023) argue that “using social networks as a form of communication can improve the effectiveness of health communication activities”.

This resonates with Dodd, et. al.'s (2022) argument that the community workforce is diverse and is made up of actors who perform distinct, yet interrelated roles and collaborate outside the formal health systems with the goal of supporting the health and well-being of communities. Dodd, et. al. (2022), contend that a broader understanding of who performs community-based health work can deepen understandings of community health care and engagement practices.

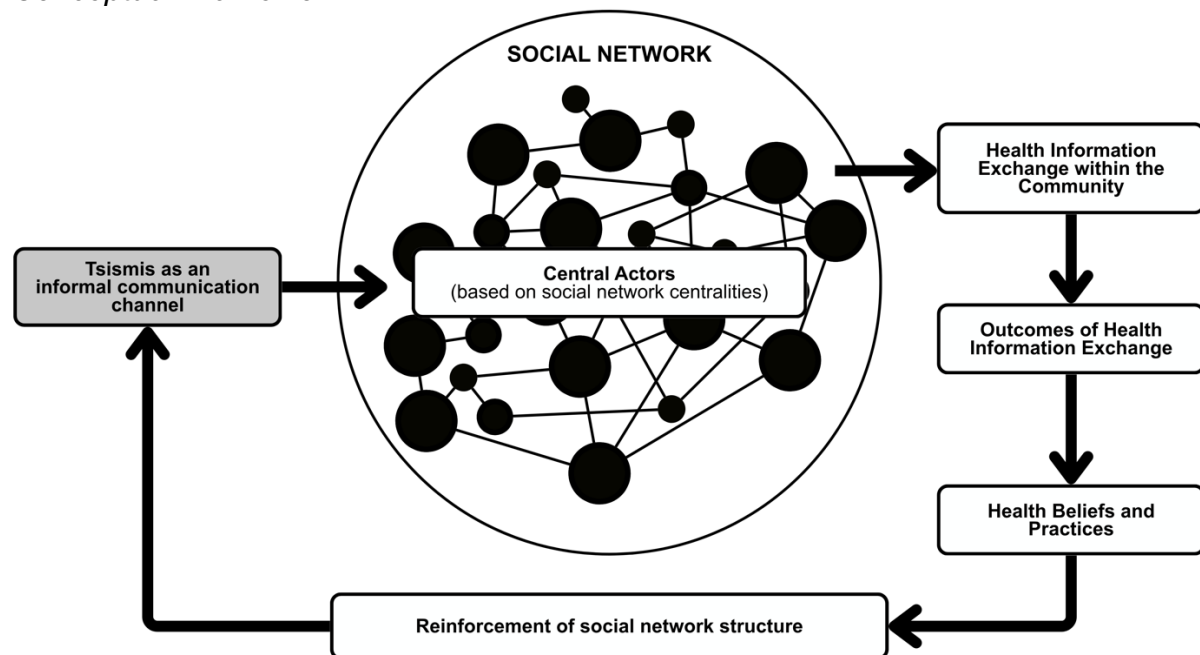
It is increasingly important for communication in communities to be studied with social networks in mind because relationships are inevitable in neighborhoods. Communication processes, like *tsismis* for instance, relate communication messages to interaction. It is through interactive communication that communities make sense of their local environment. Social networking enables scholars to assess the communicative environment in a community considering the relationships of social actors. This study accounts important concepts of Social Network Theory and applies them to valuing relationships and the formation of health information in island communities to learn the roles of community actors who deliver health communication outside formalized communication activities

Conceptual framework

The existing literature on gossip is directed towards characterizing gossipmongers or *tsismosos/tsismosas* as having characteristics geared towards disseminating information, entertainment, establishing friendship or intimacy, and being influential (as inferred from Sterling, 1956, as cited in Foster, 2004). These attributes of gossip, which by extension, characterize individuals involved in the activity, largely contribute to social positions of the individuals in the community referred to as centrality. In turn, social positions or centrality also contributes to the

characteristics because having a “right” network positions enable communication and influence (Liu et. al., 2017).

Figure 1.
Conceptual Framework



To understand the role of *tsismis* in the lay discussions of health information, it is imperative to look at the community as a social network. This social network is created by relational ties form through neighborhood conversations or *tsismis* that strengthen relational ties between actors in the community. Through this network, key individuals with distinct and important roles in the community can be identified, making them central actors of the network. Pieces of information that are shared dominantly by central actors, along with other actors of the community, become a topic of interest in community discussions. Through this, the outcomes of health information exchange are leveraged by community members to enact, affirm, negate, or negotiate health practices and beliefs. These beliefs and practices in turn, reinforce the social network structure, thereby revealing the role of in lay discussions of health information.

The existing literature on gossip and *tsismis* provides evidence for the potential of *tsismis* for development work. This study will delve into that potential, relying heavily on the experience of the core communicators in the community in discussing health information. Understanding lay discussions of community members will enable this research to find the significant role of *tsismis* in the community's discourse on health.

Membership in social networks allows members to occupy space in day-to-day conversations about health, allowing lay people to tap into the collective knowledge of the community and anchor their behaviors, attitudes, and practices towards matters concerning health through these interactions.

Given the dynamic communication environment, enabled by an interpersonal communication channel, health information processing can be investigated through keying into the experiences of core actors – ones who deeply engage with their community, enabling exchange of information that shape health behaviors.

With this conceptual framework, this study will map out the relationship of characteristics of individual social actors, their centralities or social network positions, and the role *tsismis* play for these individuals in lay discussions of health information.

Chapter III

METHODOLOGY

This chapter presents the methodical undertaking employed by this study to answer the research questions. It presents the research design, provides brief information about the study's locale, and describes the participants. Furthermore, this chapter delves into the sampling scheme and introduces the different research instruments and tools employed. This chapter also gives an overview of the data gathering procedure and data analysis. Finally, it presents a general information on the ethical considerations throughout the whole process of this study.

Research design

This thesis employed an explanatory sequential mixed methods design to address the research questions posed by the study, utilizing quantitative and qualitative data to answer and enrich the research questions. While quantification provided the research with data to identify central actors in the community-level communication process, the research delved mostly into the roles of the communication channel being investigated. As such, while it implemented a quantitative approach in analyzing the social network of the community, a descriptive interview became the optimum step needed to address the research questions.

The first phase of the data gathering involved selecting seeds from the five different areas of the barangay. Following the seed identification, a nomination survey was employed, wherein the seeds were asked who among their fellow community members they engage in tsismis with. The nomination survey was used to conduct a snowball or chain-referral sampling to capture relationships between community

members (actors). The data from the nomination was then processed in a Social Network processing tool, to identify the prospect participants for the second phase.

The second phase, on the other hand, utilized the data from the nomination network by identifying the top degree, closeness, and betweenness central individuals in the generated network and were then invited as participants in the succeeding key informant interview (KII) to generate data for the qualitative analysis.

According to Fossey, et. al. (2002), the aim of qualitative research is to “address questions concerned with developing an understanding of the meaning and dimensions of humans’ lives and social worlds”. This study found soundness in qualitative research methods because it aims to explore answers to the research questions through examining their communicative experiences. Nassaji (2015) furthers this interpretation by emphasizing that qualitative research involves “exploration of data to identify recurring themes, patterns, or concepts” and then proceeds to describing and interpreting the said data.

Qualitative research also puts a premium on interpretation. Interpretive research under this methodology became of utmost importance as it explored the roles of *tsismis* as a channel for health information delivery. Interpretive research, according to Fossey, et. al. (2002) focuses mainly on the “understanding and accounting for the meaning of human experiences and actions”.

Specifically, this study employed qualitative-descriptive research design. Qualitative descriptive designs employs six “fixtures”: examining phenomenon in its natural state, flexibility in employing a theoretical perspective, employing an individual or focus group as a methodology in data collection, employing purposeful sampling techniques, qualitative content analysis in analyzing collected data, and straightforward report of results that includes comprehensive descriptive summaries

(Neergaard et al.; Sandelowski, 2000, 2010; Vaismoradi et al., 2013; as cited in Kim et. al., 2016).

To identify prospective core communicators, a social network analysis was conducted to identify central actors or individuals in the community. This research employed a survey as a research instrument to gather insights from community members and to simultaneously instigate the nomination process. The survey heavily delved into the kinds of health information they discuss with their fellow community members, the effect of the health information, and identification of fellow community members they regularly engage with through *tsismis*.

The overall design of this study involves examining personal interviews with identified individuals, following the nomination process. An analysis of the results were utilized to form themes related to communicating health information. From such, the study examined the role of *tsismis* relative to health communication context.

Locale of the study

The study was conducted in one of the island barangays in Western Visayas, Philippines. Since the communication phenomena to be investigated deals with community discourse, it was imperative to position neighborhood talk in the context of the study. According to Liu (2020), conversations in the neighborhood allow community members to “tap into a more exclusive local information exchange network that is not accessible otherwise”.

The island barangay is divided into 5 geographical locations and is also one of the identified Geographically Disadvantaged and Isolated Areas (GIDAs) in the Philippines, as per the GIDA Information System of the Department of Health 2023 List of GIDAs. As of the 2021 reference year, the island barangay has more than 1,600

residents across its over 400 households, of whom 26% are registered for the *Pantawid Pamilya Pilipino Program* Conditional Cash Transfer (4Ps-CCT). The barangay has a working health board that holds monthly meetings and 13 Barangay Health Workers. The nearest Rural Health Unit to the barangay is about 2 hours and 15 minutes away from the mainland, Panay. It has no present barangay health station (BHS), with the nearest one located on the opposite side of the island. Moreover, the barangay has no birthing facility.

From the period of recording, the barangay has recorded causes of mortality due to hypertensive cardiovascular disease (stroke), community-acquired pneumonia, hypertensive cardiovascular disease, and lung cancer. Its records also report that the leading causes of morbidity are attributed to essential hypertension, acute respiratory infection, acute gastroenteritis, urinary tract infection, bronchopneumonia, diabetes mellitus type II, animal bite, and allergic reaction.

Health programs are made available in the barangay upon request for medical, dental, or surgical missions. The available referral modes of transport are motorboats or sea ambulance, and human or animal carriers.

The disadvantageous setting of the barangay in terms of geographic location, limited access to health services, and pressing health concerns poses risks to the health of the community. While this is the case, the active presence of neighborhoods in the barangay allows for day-to-day conversations, which include health and other forms of information.

The barangay is divided into 5 geographical areas: areas 1-3 comprise the barangay proper, which is considered the barangay center where the barangay hall, plaza, barangay health center, and other basic facilities are located, while two other areas, Areas 4 and 5 are divided from Areas 1-3 by a long stretch of road.

Areas 2 and 3 share a road leading to the top of the mountain, which gives access to residents of both areas to the Barangay Hall and plaza. Fences between households are often nonexistent, giving the residents access to each other's houses through their yards.

Households in Areas 2 and 3 are often clustered together, with some sharing the same yard or the same fence, while those in Area 1 are relatively distant from each other as compared to the other areas.

Compared to Areas in the Barangay Proper, households in Area 5 are far apart. The other households in this area are located near the boundary of Area 4, accessible by a road leading to the next barangay. While the households are situated in the same area, they are divided by thick bushes and trees leading towards the seashore.

Households in Area 4 are well-placed in the area and are divided by the road leading to the other barangay. The households near the seashore are clustered together, giving residents access to each other's homes through a network of streets to the shoreline, while the other part of the area is in the mountainous area.

Area 4 also has a cooperative that ventures into the merchandising of goods. The cooperative is also located along the shoreline of the area which is also accessible to other households in the shoreline area.

As this research seeks to investigate how community members adapt to health issues through a communication channel, the island barangay fits the attributes that this paper looked for as a potential locale for the study.

Participants

Community members of the island barangay were invited to participate in the study. The participants interviewed were determined through analyzing the barangay's

social network and identifying central actors within the pool of network members who were nominated. Nomination has been used as an application of Social Network Analysis to determine ties of relationships in group behaviors. Lusher et. al. (2010) have applied SNA through nomination in examining social relations of teams and posited that SNA also allows exploration of individual-level qualities simultaneously. Furthermore, nomination has been proven to be an effective method for communities to locate central individuals. Banerjee et. al. (2014) and Banerjee et. al. (2019) concludes that through nomination, community members who do not even have the slightest idea of their social network have effectively nominated not only locally central but globally central individuals.

Sampling scheme

The sampling scheme to be used in this study is closely tied to the community and its members. De Brún and McAuliffe (2018), characterize the social network approach as “identifying, or asking participants to identify, key members of their network in relation to a question of interest”. This stipulation will serve as a guide in the first part of the data gathering scheme. In the context of this research, the question of interest would be “who among your fellow community members do you frequently engage in *tsismis* with?”. Such a question emphasizes the “with” to put forth two-way or bi-directional relational ties between actors.

Since the participants’ characterization was only discovered during the study, the random identification of one member of the community became the starting point of the sampling process. The identified individuals were asked to nominate a person who best suits the question of interest. From this, snowball or chain-referral sampling using purposively identified seeds methodology was used to identify other participants

for the study and to supplement the data for the Social Network Analysis. The research survey identified barangay residents through a questionnaire. The nomination network data-gathering procedure was carried out in 5 waves (1 for each geographical area) through 5 pre-determined seeds, and adaptive sampling was utilized to come to a halting point – that is, sampling for each wave stopped once no new names were introduced to the network.

For the snowball sampling, the following inclusion criteria were set for the pre-determined seeds:

- They must be of diverse social backgrounds
- They must be approachable
- They must be well-connected within the community
- They must be of legal age
- They must be a resident of any geographical areas in the barangay

Meanwhile the inclusion criteria for the referrals or nominees are as follows:

- They must be of legal age
- They must have engaged in *tsismis* with the nominator regularly

There was no set limit to the number of referrals, as the study also counted the number of ties of one individual. However, respondents were not allowed to directly nominate a member of the same household, as household ties are fundamentally innate.

The data from the survey, specifically the data on nominated community members), will be processed in the social network analysis open-source software, Gephi, to determine central actors. This research implemented a social network analysis of the community and recruited the participants with the highest degree,

betweenness, and closeness centralities in the 5 areas. This brought the possible number of participants to a minimum of 5 and a maximum of 15.

The identified participants were then invited to participate in the key informant interview (KII) with considerations for their confidentiality. Participation was voluntary, and the participants were incentivized with meals.

Research instrument

For the methods of this study, it firstly employed a guided survey employed and asked recruited respondents questions to nominate a fellow community member they engage in *tsismis* with. The questions asked were as follows:

1. Who among the members of the community do you engage in *tsismis* with?
2. What health information have you received from this person or persons?

It can be any of the following:

- a. Information about treatment
 - b. Information about the specific health condition
 - c. Information about laboratory test or medical exam
 - d. Information about self-care
 - e. Information about complementary or alternative medicine/treatment
 - f. Information about psychosocial effects of a health condition
 - g. Information about healthcare provider/s
3. What medium do you use to exchange information?
 4. How does the sharing of information affect you?

The data collected from the survey were mapped out to identify central actors or individuals in the community. After identifying the central individuals, they were approached and then invited to participate in a walking Key Informant Interview (KII). This study utilized discussion guide questions that were directed towards the participants. The questions delved heavily into their experiences of communicating health information and the level of engagement and interaction they have with fellow community members.

The KII discussion guide questions were as follows:

1. How do you engage with fellow community members?
2. How many people do you engage with on a regular basis?
3. How do you exchange health information with your fellow community members?
4. How were you able to affect the people you have engaged with?

Both the guided survey and the KII were administered in any of the following languages: English, Filipino (Tagalog), or Hiligaynon as what the participants would individually prefer.

Data gathering procedures

The social network data of the barangay was gathered through a survey wherein community members were asked to nominate another person with whom they have shared any health information. Because the data to be gathered for the social network came from snowball data of individuals, prospective participants of the KII also came from the same pool of individuals surveyed. Ultimately, this research highly required the assistance of *barangay* officials to encourage participation (see Appendix A for letter request).

While there are many measurements for centrality as posited by Social Network Analysis methodologies, this study focused on closeness centrality, betweenness centrality, and degree centrality to analyze the roles central actors play in the social network in accordance with attributes posited by the given different centrality measures – ability to become opinion leaders (degree), gatekeep information (betweenness), and transmit information in fewer steps (closeness).

The data for this study were gathered through key informant interviews (KIIs) to put a highlight on their individual experiences as social actors in the community. Identified participants were invited to a walking interview following the sampling procedure. Walking interviews are described as having researchers and participants talk while walking together (King and Woodroffe, 2017). This methodology is seen as apt to further immerse oneself in the community's lived contexts. Clark and Emmel (2010) deemed walking interviews as a way for "individuals think about and articulate their neighbourhoods". Furthermore, Kinney (2017) regards walking interviews as a particular way to know "how place influences people's roles". As this research converges broad concepts contextualized in a locality, Clark and Emmel's (2010) and Kinney's (2017) iterations of the importance of walking interviews are deemed applicable.

Consent forms signed by the participants were prepared, and the KII are set throughout their own barangay, in areas where they are most comfortable walking through.

At the start of the interview, they were first oriented on the basic information related to the study as stated in the Informed Consent Form (see *Appendix C*). Then, the form was offered for signing and approval. Furthermore, the stipulations in the consent form were verbally explained in detail.

An audio recorder was set up on their person. Before the start of the interview, participants were reminded that the interview session would be recorded. The KII started upon turning the recording devices on. During the interview, a field journal or field notes were utilized to record significant responses or observations through writing. The field journal was secured with utmost privacy to protect the confidentiality of the participants

Data analysis

The first part of the data analysis focused on the identification of nominees as central actors in the community. Data were entered in a matrix and processed in the social network analysis tool. Respondents' centralities were measured in accordance with their degree of centrality, betweenness centrality, and closeness centrality. This data-rich matrix was then processed to produce a visualization of the social network. The visualization and measurement of centralities were done through the software Gephi. Answers to the other items in the questionnaire were used to support the data analysis of both the social network analysis results and the statistical analysis. Statistical analysis was also implemented to analyze the quantitative data. Exploratory data analysis was used to analyze the results of the guided survey interview and was visualized through graphical analysis.

For the data generated during the KII, thematic analysis was utilized. Thematic analysis is a form of qualitative data analysis that involves "coding of qualitative data into clusters of similar entities or conceptual categories and identification of consistent patterns and relationships between themes" (Figgou and Pavlopoulos, 2015). In relation to this, Braun and Clarke (2006) described this method as the identification, analysis, and reporting of patterns or themes within data.

Braun and Clarke (2006) emphasized two ways of doing thematic analysis: inductive or theoretical (also called deductive). The key difference between the two is that, while inductive analysis has the identified themes strongly linked to the data (Patton, 1990, as cited in Braun and Clarke, 2006), theoretical or deductive thematic analysis concerns itself with preconceived themes as posited by existing theory. In summation, the theoretical (or deductive) thematic approach involves an engagement with literature prior to analysis (Braun and Clarke, 2006).

There are six phases in doing thematic analysis. Braun and Clarke (2006) enumerate these stages as:

1. Familiarizing the data
2. Generating initial codes
3. Searching for themes
4. Reviewing themes
5. Defining and naming themes; and
6. Producing the report

This study utilized inductive thematic analysis in exploring themes across the responses of the participants in the key informant interviews. While the questions asked are linked to an existing model of communication, inductive thematic analysis was utilized to gather common key elements (or themes) present in the participants' responses.

In the first stage (familiarizing the data), the researcher collated all the recordings of the KII, transcribed the narratives of the participants, read and reviewed the transcription, and taken note of the common responses.

For the second stage of inductive thematic analysis employed in this study, initial codes were generated from the responses of the participants. This was done

through careful transcription of qualitative data and recording responses that center around common key elements.

In the third stage of analysis, the researcher analyzed the transcripts and recordings, took note of the common themes, and categorized them according to their content.

The themes were then reviewed, and the recurring themes were noted and collected for codification. The results of the study were then collected, analyzed, reviewed, and written into a report.

From that codification, the researcher analyzed the results and came up with an in-depth exploratory explanation about how *tsismis* shape the way health information is shared among lay community discussions.

Ethical considerations

The related literature of this study presents negative perceptions of people towards those who engage in *tsismis*. As such, people who identify as such are prone to stigmatization. Thus, confidentiality was put in premium to minimize potential targeting to an absolute. Confidentiality was practiced through secrecy of participant selection; that is, only participants identified were informed of the sampling scheme.

Each respondent in the survey and participant in the KII was assigned a number (e.g. Res. 001, Res. 002, Res. 003... Part. 001, Part. 002, Part. 003 ...). While information on the participants will be collected for archiving, KII participants' information were revealed to each other. Before the start of the KII, confidentiality was emphasized, and participants were oriented about the confidentiality notice as stated in the Informed Consent Form and Information (see *Appendix C*).

While the participants were made aware of the important aspects of partaking in the study through the Informed Consent Form, their participation remained voluntary. At any point within the research process, participants were informed that they are allowed to withdraw or opt out.

Chapter IV

RESULTS AND DISCUSSION

This chapter presents both quantitative and qualitative results of the study conducted by the employment of mixed data-gathering procedures, particularly snowball sampling and Key Informant Interviews. It also discusses an in-depth analysis of the results, provides a graphical overview of the social network data generated from social network analysis, and presents the themes generated following the qualitative thematic analysis of the participants' responses in the KII.

Following the aforementioned methodology, the data gathering procedure began with the identification of five (5) seeds or initial respondents (one seed per area) were scouted based on the recommendation of barangay officials and Barangay Health Workers (BHWs). The profiles of the seeds are as follows:

- Area 1 seed is a housewife and volunteer who helps with the BHWs. Her house is located at the *plaza* (makeshift basketball court) in Area 1. In front of her house are benches and a "*payag*" which is a small shed that other residents use as a place to socialize, prepare for barangay social events, and as a meeting place.
- Area 2 seed's house is located right in front of the port, a place where people flock whenever they travel to and from mainland. Her house also serves as a venue for socialization, such as playing *mahjong*, where community members often gather.
- Area 3 seed is a sari-sari store owner whose establishment is located along the road dividing Areas 2 and 3. Her store serves as a stopover for people who live on the mountainous part of the barangay. It serves as an establishment to buy

basic commodities and a resting place for those who want to pause briefly from walking.

- Area 4 seed is a utility aid worker who maintains cleanliness in the barangay. In her line of work, she spends hours walking around the area, meeting people who pass by whenever she is doing her job. She also socializes with the people in the community when she collects garbage.
- Area 5 seed is a kitchen staff at the nearby establishment. Her house is located along road the leading Area 4 to the Barangay Proper which is also accessible to the houses at the beachfront through layers of rock that act as stairs.

From the five identified seeds, the nomination survey was implemented, complemented by data-gathering on location or area of residence, sex, age, and occupation, along with responses on the kind of health information they talk about through *tsismis* and the effect of the information on them. Through adaptive sampling, the nomination was halted when no new person was added to the nomination network. The nomination spanned across the five areas; notably, some nominators nominated persons outside of their area of residence (i.e. some respondents nominated people from different areas), revealing a completely connected network with no isolated respondents despite the differences in demographic data such as areas of residence, sex, age, and occupation.

Upon recording of the nomination data, the adjacency matrix was developed and ran through Gephi, an open-source software for social network analysis to extract the centrality scores – degree, closeness, and betweenness – and to graph the sociomatrix of the nomination network. While the survey allows them to nominate a person, this study focused on the existence and structure of interpersonal relationships

and not the direction by which information was transmitted, thus, the adjacency matrix was set for analysis as an undirected network to emphasize engagement inferred by the prompt nomination question, “who among the members of the community do you engage in *tsismis* with?”.

Upon generation of the centrality scores, the respondents with the highest degree, closeness, and betweenness centralities were identified and requested to participate in a Key Informant Interview (KII).

Following the KII, the audio recordings generated from the interview were transcribed with appropriate timestamps and analyzed thematically. Then, potential common themes across the participants’ responses were identified. Through inductive thematic analysis, themes were familiarized, generated, searched across different responses, reviewed, named, and defined.

Quantitative analysis

From the five (5) predetermined seeds suggested by barangay officials, the recruitment sample size reached 116 respondents, with 82 females and 34 males identified from the snowball data, with only one (1) respondent refusing to nominate another member of the community.

Table 1.
Number of respondents in the snowball sampling segregated by location and sex.

AREA	NUMBER OF FEMALE RESPONDENTS	NUMBER OF MALE RESPONDENTS	TOTAL	%
Area 1	15	11	26	22.41%
Area 2	18	4	22	18.97%
Area 3	18	13	31	26.72%
Area 4	26	4	30	25.86%
Area 5	5	2	7	6.03%
OVERALL TOTAL	82 (70.69%)	34 (29.31%)	116	100%

It should be noted that Area 5 had a low referral rate because, according to key informants from the barangay, most of the residents in the area migrated off the island following the infrastructural developments of a private company in the area. These results show that 70.69% of respondents identified during the snowball sampling were females while the 29.31% accounted for male respondents.

When segregated by sex, the nomination network spanned differently across different age groups, with 10 respondents (8.62%) being 18-24 years old, while 24 or 20.69% are 25-34 years of age. A quarter (25% or 29 respondents) made up the 35–44-year-old age group, while 19 (16.38%) are 45-54 years old. Meanwhile, there were a total of 21 (18.10%) respondents who are 55-64 years old while 13 (11.21%) were identified as seniors aged 65 and above. The environment reveals its part in enabling neighborhood conversations. Social spaces around the community and barangay area, like public sheds, benches, and the barangay plaza, contribute to day-to-day conversations as venues for public discourse. Networks of streets connecting houses and homes also build relationships across households. These streets allow access to each other's yards, enabling "passerby conversations" in the neighborhood area. This openness also extends to personal spaces, as *payags* (benches) are common features in the households. These *payags* are utilized not only as spaces for rest and recreation but for visitation, conversation, and private and public discourse.

Table 2.
Number of respondents in the snowball sampling segregated by age.

AGE GROUP	NUMBER OF RESPONDENTS	%
18-24 yrs.	10	8.62%
25-34 yrs.	24	20.69%
35-44 yrs.	29	25.00%
45-54 yrs.	19	16.38%
55-64 yrs.	21	18.10%
65 above	13	11.21%
OVERALL TOTAL	116	100%

In terms of occupation, housewives play an important role in disseminating health information with 37 (31.9%) comprising the social network. This is followed by employed individuals with 22 (18.97%) occupying certain positions in the network, and 13 (11.21%) unemployed individuals being included in the sociomatrix. Barangay officials were also nominated with 11 of them comprising the network (9.48%) followed by ten (10) fishers being nominated (8.62%), sari-sari store owners (9 or 7.76%) and barangay health workers (4 or 3.45%) while a diverse set of occupations including carpentry, boat operation, sales, farming, teaching, laundry services, construction, and landscaping comprise 10 nodes or 8.62% of the social network. This data conveys that health information is a social role carried out by diverse individuals from different walks of life and employment, or the lack thereof offers diverse opportunities to be nominated, reflecting that disseminating health information is a role played by all members of the community.

Table 3.

Number of respondents in the snowball sampling segregated by occupation.

OCCUPATION	NUMBER OF RESPONDENTS	%
Housewife	37	31.90%
Employed	22	18.97%
Unemployed	13	11.21%
Barangay Officials (including Barangay Captain, Barangay Kagawad, Barangay Tanod, Barangay Secretary, and Barangay Treasurer)	11	9.48%
Fishing	10	8.62%
Sari-sari Store Owners	9	7.76%
Barangay Health Workers	4	3.45%
Others (including carpentry, boat operation, sales, farming, teaching, laundry services, construction, and landscaping)	10	8.62%
OVERALL TOTAL	116	100%

The kind of health information communicated within the community also varies, however, the kinds of health information identified by Nie, et al. (2016) resonated well

with the responses with the seven (7) types identified by more than 80% of community members in the network with information on specific health condition occupying the top spot in the kinds of health information being exchanged (112 respondents or 96.55% of the sampled network members). This is closely followed by information on complementary or alternative medicine or treatment (111 responses or 95.69% of respondents), information on self-care (109 responses or 93.97% of respondents), information on healthcare providers (108 responses or 93.10% of respondents), psychosocial effects of health conditions (100 responses or 82.21% of respondents), information on treatment (99 responses or 85.34% of respondents), and information on laboratory tests or medical exams (80 responses or 68.97% of respondents). Other kinds of information related to health were also reflected in the responses with socio-economic impacts of health being identified by five (5) respondents or 4.31% and trending health concerns along with topic-specific issues like family planning and issues specific to BHWs identified by one (1) or 0.86% of the network.

Table 4.
Kinds of health information being communicated by community members through tsismis

HEALTH INFORMATION	NUMBER OF RESPONSES	%
Information about treatment	99	85.34%
Information about a specific health condition	112	96.55%
Information about laboratory test or medical exam	80	68.97%
Information about self-care	109	93.97%
Information about complementary or alternative medicine/treatment	111	95.69%
Information about psychosocial effects of a health condition	100	82.21%
Information about healthcare provider/s	108	93.10%
Others		
Socio-economic impacts of health	5	4.31%
Trending health concerns	1	0.86%
Family planning	1	0.86%
Issues specific to BHWs	1	0.86%

These results also reveal that *tsismis* is a way to communicate health information that is personally anchored and verifies the various health information posited by Nie, et. al. (2016), albeit missing out on some of the context-specific health information and on social dimensions that may directly or indirectly affect health conditions. Despite the insignificant numbers, understanding these social dimensions is important to gain a profound understanding of health and health issues. As such, these numbers are highly contextual to Geographically Isolated and Disadvantaged Areas (GIDAs) like the barangay island, GIDA being characterized by “access and delivery of quality health services” as defined by the Department of Health (DOH, 2020).

In relation to the community being geographically isolated, the study reveals that the community also utilizes various modes of communication channels to communicate, with face-to-face conversations charting 115 responses, implying that 99.14% communicate interpersonally through direct conversation. It is followed by conversations through phone calls with 45 responses or 38.79%, private messaging or text messaging with 42 or 36.20%, and using social media with 11 or 9.48%.

Table 5. *Medium of communication utilized by community members to communicate within the community*

MEDIUM OF COMMUNICATION	NUMBER OF RESPONSES	%
Face to face conversation	115	99.14%
Through social media	11	9.48%
Through private messaging or text messaging	42	36.20%
Through phone calls	45	38.79%

These results reflect the position of De Jesus (2005, as quoted in Maravilla and Grayman, 2020), describing *tsismis* as “oral” and “highly contextual”. While other media of communication are available, people in the community turn to interpersonal

conversations to communicate through *tsismis*. This form of informal interaction enables them to participate in conversations surrounding health.

The survey also reveals that out of four functions of gossip, entertainment is the most prevalent factor why people engage in such with 115 respondents (99.14%) affirming it. It was followed by perceived closeness to the other person following the *tsismis* with 114 (98.28%) responding to such, while functions such as informational and influential functions were only affirmed by 92 (79.31%) and 91 (78.25%), respectively.

Table 6.
Effects of information exchange to community members

EFFECTS OF INFORMATION EXCHANGE	NUMBER OF RESPONSES	%
Respondent was informed.	92	79.31%
Respondent was influenced.	91	78.45%
Respondent was entertained.	115	99.14%
Respondent felt closer to the person.	114	98.28%

The oral practice of *tsismis* directly contrasts with its online form, as studied by Brillon (2016) who concluded that in social media comments, gossipers are merely “disembodied voices” and detached from the liberative potential of discourse, by lacking a clear and collective goal. These results point toward *tsismis* as having a clearer social function, resonating with Foster’s (2004) information, entertainment, friendship (or intimacy), and influence.

Following the snowball sampling method, the adjacency matrix of the respondents was developed (see Appendix H), and the results were generated using the open-source software Gephi to generate the centralities of the respondents. Through Gephi, the adjacency matrix was set to be analyzed as undirected nodes, emphasizing the mutuality of network ties.

The network generated relational ties crossing over the supposed boundaries of the five areas, with members from the entire community being connected to a single network, a common feature of a “total” network (Degenne and Forse, 1999). There were a total of 270 recorded relational ties (network edges) connecting 116 distinct actors (participants represented by nodes in the sociomatrix).

Through Gephi, centrality measures were run to identify the quantitative values of degree, closeness, and betweenness across connected ties. Furthermore, statistical analyses, particularly Mann-Whitney U Test, Kruskal-Wallis Test, and Spearman’s Rank Correlation, were implemented on each individual scores to reveal significant differences in degree, closeness, and betweenness centrality scores of each respondent in relation to other actors in the community network.

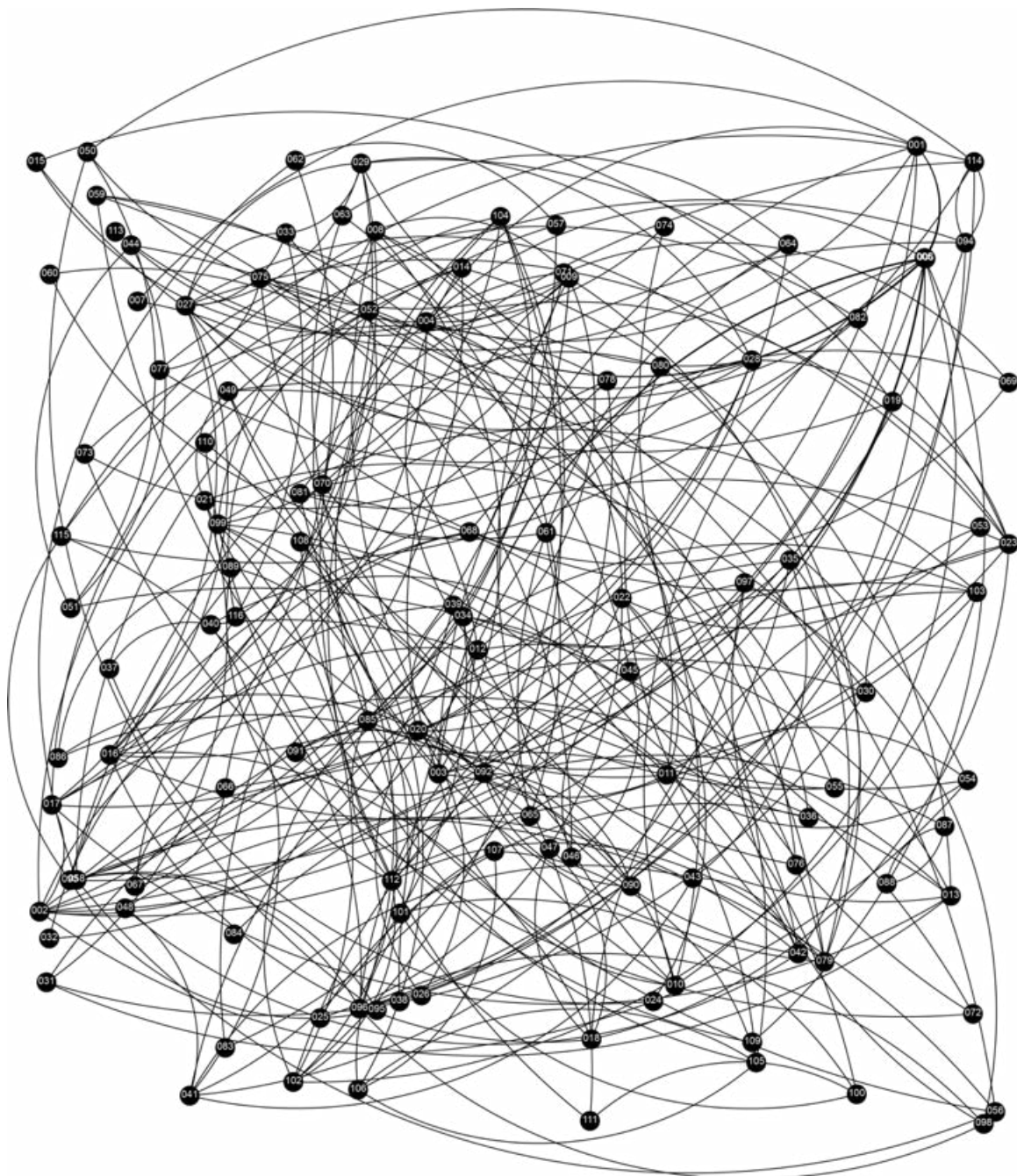
The sociomatrix reflects clear resonance with Degenne and Forse’s (1999) interpretation of social spaces as people being “all linked to one another by chains of acquaintanceship with varying numbers of intermediaries” despite not really meeting each other directly. The totality of the network also reflects possible transmission of information from one person to the rest of the network, despite the absence of direct ties, is made possible by relational ties that connect one another to one big network. Within this big network, possible dominant individuals occupy significant positions known as central actors.

To identify potential participants for the Key Informant Interview (KII), the centralities of each individual respondent were calculated through Gephi, with a focus on degree, closeness, and betweenness centralities. To contextualize the variations in centrality scores of the respondents in relation to residential location, sex, age, and occupation, centrality scores were grouped in accordance with these demographic

factors, and the mean for each centrality of the different locations, sexes, ages, and occupations were measured and ranked accordingly.

Figure 2.

Sociomatrix of respondents in the snowball sampling following the nomination with 116 actors/nodes and 270 edges/ties



In terms of the respondents' residential location, of the five (5) areas, Area 2 ranked higher than the other residential locations in terms of the respondents' average degree centrality score. However, in terms of closeness and betweenness centrality, it was overtaken by Areas 5 and 3, respectively.

Table 7.

Centrality comparison of community members based on location or area of residence

	DEGREE CENTRALITY		CLOSENESS CENTRALITY		BETWEENNESS CENTRALITY	
	AVERAGE	RANK	AVERAGE	RANK	AVERAGE	RANK
Area 1	3.384615385	5	0.1994913003	3	160.3807286	3
Area 2	5.409090909	1	0.2259177008	2	156.8841904	4
Area 3	5.161290323	2	0.185988104	4	456.5557639	1
Area 4	4.966666667	3	0.1713602737	5	140.3532784	5
Area 5	3.428571429	4	0.4389268976	1	191.6888332	2

Through the Kruskal-Wallis Test, the relationship of residence or location was quantitatively analyzed. The tests reveal that there is a significant difference in degree centrality ($H = 12.574$, $p = 0.014$) and closeness centrality ($H = 20.353$, $p < 0.001$) across respondents' residential locations, indicating that respondents' addresses influence these two centrality scores contrasting betweenness centrality that shows no significant difference ($p = 0.127$).

Table 8.

Relationship of respondents' location with degree, closeness, and betweenness centrality scores

VARIABLES	Kruskal Wallis H	df	p-value
Degree Centrality	12.574	4	0.014 *
Closeness Centrality	20.353	4	<0.001 **
Betweenness Centrality	7.175	4	0.127

****significant at 1% *significant at 5%**

The results also reveal that while females were more likely to be nominated in the community, average centrality scores reveal that males are more likely closeness central and betweenness-central compared to females, who only topped the comparison in degree centrality.

Table 9.
Centrality comparison of community members based on sex

	Average Degree Centrality	Average Closeness Centrality	Average Betweenness Centrality
Females	5.195121951	0.1956877632	204.8675702
Males	3.352941176	0.2379263049	309.6429189

However, using the Mann-Whitney U Test, these comparisons reveal that there is a significant difference only in degree centrality between sexes ($U = 762.00$, $p < 0.001$), indicating that sex shows a relationship with degree centrality, contrasting closeness centrality ($p = 0.366$) and betweenness centrality ($p = 0.330$), which show no significant difference.

Table 10.
Relationship of respondents' sex with degree, closeness, and betweenness centrality scores

VARIABLES	Mann-Whitney U	p-value
Degree Centrality	762.00	< 0.001 **
Closeness Centrality	1245.00	0.366
Betweenness Centrality	1234.50	0.330

****significant at 1%**

The results also reveal that those in the age group of 15-24 years were, on average, most central in terms of degree, and those in the 35-44 age group were most central in terms of closeness, while those in the age group of 45-54 years old occupied the top spot among age groups in terms of betweenness centrality.

Table 11.*Centrality comparison of community members based on age*

	DEGREE CENTRALITY		CLOSENESS CENTRALITY		BETWEENNESS CENTRALITY	
	AVERAGE	RANK	AVERAGE	RANK	AVERAGE	RANK
18-24 yrs.	3.7	5	0.134465314	6	50.14222222	6
25-34 yrs.	5.333333333	1	0.1614558684	5	104.1871645	5
35-44 yrs.	5.068965517	2	0.2533355285	1	323.4463684	2
45-54 yrs.	4.263157895	4	0.2016336634	3	362.1394827	1
55-64 yrs.	4.714285714	3	0.2469270645	2	227.2580105	4
65 above	3.692307692	6	0.1963891291	4	253.2363657	3

While this is the case, Spearman's Rank Correlation reveals that only closeness centrality show significant positive relationship with age ($p = 0.246$, $p = 0.008$), indicating that closeness centrality tends to increase with age (closeness centrality increases as age increases) in contrast to degree centrality ($p = 0.150$) and betweenness centrality ($p = 0.395$) that show no significant relationships with age (i.e. age do not affect these centrality scores).

Table 12.*Relationship of respondents' age with degree, closeness, and betweenness centrality scores*

VARIABLES	Spearman's rho (ρ)	p-value
Degree Centrality	-0.134	0.150
Closeness Centrality	0.246	0.008 **
Betweenness Centrality	0.080	0.395

****significant at 1%**

Looking into the different occupations of the respondents, Barangay Health Workers (BHWs), barangay officials, and sari-sari store owners fared well in the degree of centrality scoring, garnering the top three spots, respectively. However, in terms of closeness and betweenness centrality, the rankings differ, as barangay officials elevated in the top rank, followed by housewives and BHWs in the closeness

centrality score average, and by fishers and sari-sari store owners in the betweenness centrality score rankings.

Table 13.

Centrality comparison of community members based on occupation

	DEGREE CENTRALITY		CLOSENESS CENTRALITY		BETWEENNESS CENTRALITY	
	AVERAGE	RANK	AVERAGE	RANK	AVERAGE	RANK
BHWs	7.75	1	0.2059610566	3	220.0459326	4
Barangay Officials	4.454545455	5	0.3245869219	1	821.7717167	1
Employed	5.545454545	2	0.189044625	6	128.5037108	7
Fishers	3.4	7	0.1725125991	8	435.0475795	2
Housewives	4.783783784	4	0.2062656626	2	133.7958176	5
Unemployed	3.923076923	6	0.1860267657	7	129.0519205	6
Sari-sari Store Owners	5	3	0.2008367612	4	310.4820261	3
Others	3.1	8	0.1999774514	5	80.73115008	8

While this is the case, the Kruskal-Wallis Test reveals that there is a significant difference only in degree centrality across occupation groups ($H = 18.648$, $p = 0.009$), indicating that occupation is associated with degree centrality. In contrast, closeness centrality ($p = 0.053$) and betweenness centrality ($p = 0.063$) are not statistically significant, suggesting that occupation factor does not affect these variables.

Table 14.

Relationship of respondents' occupation with degree, closeness, and betweenness centrality scores

VARIABLES	Kruskal Wallis H	df	p-value
Degree Centrality	18.648	7	0.009 **
Closeness Centrality	13.886	7	0.053
Betweenness Centrality	13.407	7	0.063

****significant at 1%**

These quantitative results, to some degree, both support and contradict several studies in the literature, including Maida's (2021), which focuses on *tsismis* among

seafarers, indicating that there have been no significant differences regarding the derogatory tone of gossip and finding that similar topics were gossiped about regardless of sexual identities. Moreover, it also marginally contrasts Robbins and Karan's (2020) depiction of gossip as "ubiquitous", as results reveal significant differences in several centrality areas in terms of location, sex, age, and occupation. These studies, however, attribute limited interpretation of the relationship of gossip to the absence of systematic study on characteristics of people who tend to gossip, reflecting the limitations of contextualizing gossip on a more general level.

These results, however, affirm Dodd, et. al's (2022) postulation of community as a diverse workforce, made up of actors with distinct yet interrelated roles who collaborate outside the formal health systems with the goal of supporting community health and well-being.

The diversities of the community directly relate to differences in centrality scores, unraveling different functions in the social network. As Liu et. al. (2017) put it, these forms of centrality serve different purposes in the social network, thereby classifying centralities into distinct operational functions, including the following: being opinion leaders (degree centrality), gatekeepers (betweenness centrality), and having to need fewer steps to reach other members of the network, making them efficient information disseminators (closeness centrality).

However, these statistical inferences are treated as exploratory and are used to identify patterns and relationships within the study sample; they do not necessarily represent population-level generalizations. This presents a methodological limitation in the use of inferential statistics for analyzing social networks and warrants complementary interpretation alongside the network structure and qualitative evidence.

Following the quantitative analysis of the respondents' individual degree, closeness, and betweenness centrality scores, the data were sorted and ranked according to the respondents' specific residential location to identify top-ranked individuals in each of the given centralities (see Appendix I). Through this method, fourteen (14) distinct respondents were identified, with two (2) instances of one respondent being identified as first ranked in more than one (1) centrality, and one (1) instance of a centrality category where two (2) potential participants ranked highest.

Table 15.

Respondents that garnered highest centrality scores in the three centralities sorted per area.

AREA	DEGREE CENTRAL	CLOSENESS CENTRAL	BETWEENNESS CENTRAL
Area 1	058	066	072
Area 2	002	064	004
Area 3	003	009	009
Area 4	096, 085	050	112
Area 5	079	087	079

Following the identification of prospective participants, invitation letters were sent. Out of the fourteen (14), only respondent 085 did not respond to the invitation; thus, the respondent was left out of the interview pool, bringing the number of KII participants to thirteen (13). However, this circumstance did not affect the pool of respondents based on centralities as respondent 085 tied with respondent 096, with the latter accepting the invitation to be interviewed, thus still completing the needed pool of central individuals.

The data-gathering procedure for the KII commenced with an individual visit to each of the participants' residences. Because of the extreme heat in the island during the interview visit, the participants refused to do a walking interview. Instead, they

insisted being interviewed inside their homes or in their *payags* (benches), with one (1) insisting on being interviewed via phone call as he was physically unavailable to do the interview in person. Prioritizing the participants' well-being and preferences, the KII was conducted through different methods, adapting to participants' preferences.

The interview commenced with introductions, confirmation of identity, and confirmation of acceptance to be interviewed and be recorded. The interviews were recorded on two (2) mobile devices, 1 serving as the main recording, and the other as a backup. After the interviews, the recordings were transcribed, and timestamps were indicated, signifying the change of speakers in the interview recordings.

Results of the Key Informant Interviews reveal commonalities in the participants' responses exhibiting possible themes that can be extracted through inductive thematic analysis. Through this method, responses were familiarized, and potential themes were identified and generated. Through the identified themes, commonalities were searched across different responses and recorded in a codebook (see Appendix K). In the final step of the analysis, the themes were reviewed, named, and defined. The results of the KII uncovered the following themes in relation to the communication of health information in the island community through *tsismis*.

Kanya-kanya nga experience: tsismis as a facilitator of experiential health knowledge

This theme delves into the anchoring of personal health experience of community members to others' through *tsismis*, further manifested in instances depicting *tsismis* that personally contribute to ongoing conversations surrounding health and instances where community members affirm or negate the health beliefs and practices of their peers.

One key aspect of this theme is the enabling avenue for community members to share personal experience on health. As one participant puts it, “e-expect mo gid na ya nga kanya-kanya may ara gid na ya nga experience. Oo, may ara gid na ya nga e-share nga experience”. Through ongoing conversations on health, community members can participate in health conversations.

Manifestation of this theme includes a comparison of one member to another one’s ongoing health issue. One participant recalled, “*siling man na dayun sang isa hu, ‘ako gani amo man, naga-batyag man ko bala,’ Daw kadamo na ya*” (Then someone can also say, “me too, I also feel that!” Then the conversation grows). From this response, it can be inferred that *tsismis* becomes an active driver of experiential learning to community members, giving them the avenue to learn from each other. “*Parehas sakun ya nga na-operahan ko, sadto ya nga time ngadaan du fifty-fifty na ko. Gin-istorya ko sa ila kung paano bala, ang akon na-agihan,*” (Like for me, I was operated on, back then I was like 50-50 already. I told them about what I went through) one participant recalled.

Another aspect of this theme is the way *tsismis* enables community members to affirm or negate health beliefs or to correct ongoing health practices. Anchoring from her own health experience, one participant recalled warning her neighbors about their health habits. She told her neighbors, “*dapat ilikaw nyo ang mga pagkaon nga amo sina... halimbawa, maka ano gid ya sang aton nga bato ang magkaon ka perme sang maasin, mantikaon, mga amo sina,*” (You should avoid those kinds of foods,” for example, it can really affect our kidney if you always eat salty, oily, and those kinds of foods) for it to be followed by affirmations.

“*Tapos siling nila, “Malikaw gid ta gali sang mga amo amo sina kay dali gid ya magtubo ang bato sa... Perme ka nagakaon sang mga maasin... mga mantikaon,*”

(Then they say, “we should really avoid those kinds because the kidney stone easily grows if you always eat salty foods, those [inaudible], oily foods) she shared explaining that being able to share her experience also act as a lesson to her fellow community members. “So, *kung maka-istorya ko sa ila, edi ma prevent nila mga ginakaon nila. Ma ano... Malikawan nila mga amo sina. Kay para indi man sila mag pareho sa akon... May makuha bala sila nga leksyon sa imo na-agihan,*” (So, if I talk to them, then they can prevent what they eat. They can avoid those things. So they will not become like me. They can get lessons from my experiences) she added.

While this theme presides positive outcomes of the enabling avenue for community to be able to share their experiences, it also creates a risk for misinformation. One participant expressed, “*teh, kung nag-istorya ka tu ya karon kuris-kuris, ah teh mapati gid na sila sa imo. Kay abi nila tuod-tuod na nga istorya mu*”. (Because, if you talk nonsense, they will really believe you. Because they think your story is already true.) He recalled having to correct misconceptions surrounding treatment to rabies saying, “*Amo na abi hambal sang... Sang katigulangan, imo padug-on para ang rabies mag-gwa. Whereas, pag-abot gali ya sa... Sa... Sa study sa health, Indi gali na sya pwede padug-on,*” (That is what the elders say, to let it bleed so the rabies will come out. But when it comes to health studies, that should not be done.) referring to an alternative treatment for rabies commonly known as “tandok”.

While informal spheres also create risks for misinformation, it also provides the opportunity to correct misconceptions through facilitating exchange of opinions, experiences, and lessons towards specific health issues. These informal spheres allow them to “tap into a more exclusive local information exchange network that is not accessible otherwise”, as described by Liu’s (2020) study about disaster coping and

community resilience, regarding interpersonal talk as instrumental in the organization of community-wide collective action.

This also reinforces Maravilla and Grayman's (2020) invocation of De Jesus (2005), echoing that community members leverage *tsismis*, *kwentuhan*, and *pakikisalamuha* as ways of engagement. Furthermore, *tsismis* also allow community members to render their bodily experiences meaningful to themselves, resonating with Brookes and Hunt's (2021) study on relationship of discourse of health communication. Brookes and Hunt (2021) posit that these "situated communication about health and illness" save and improve lives and shape health behavior among the public.

Through *tsismis*, the community members can contribute to the collective creation of mechanisms for experiential knowledge-building and collective local knowledge on health. Through community discussions, they are enabled to enact mechanisms to render others' experience meaningful to themselves and create mechanisms for validating health beliefs and practices. Albeit informal, this creates a network of localized information pool other members can tap into. It empowers them to be able to voice their opinion on health beliefs and practices, organize informal means of storytelling, recall their experiences, and offer lessons that can contribute to others' own sense of health practice.

Obligasyon namon: tsismis as a reinforcer of formalized community roles

This theme highlights how *tsismis* act as an extension of formalized community roles, specifically in the cases of barangay officials, Barangay Health Workers (BHWs), and barangay volunteers. One key aspect of this theme is how *tsismis* is used

as a channel to enhance the efficiency of disseminating information on health programs and services through informal means.

For instance, one participant exclaimed that, “*Sa aton nga mga volunteer, teh kadugay kalab-ot ang information. Pero kung chismosa kag chismoso imo sugiran, ah sus!*” (For our volunteers, the information takes a long time to reach. But if the one you tell is a *tsismoso* or *tsismosa*, *ah sus!*), highlighting the importance of *tsismis* networks in effectively delivering information pertaining to health programs and services efficiently in comparison to formalized networks such as the barangay’s volunteer pool.

Similar instances depict *tsismis* as a complement to formalized community roles, aiding in the dissemination of health activities and services, particularly those that can supply the community’s health needs across all ages and sectors, such as prenatal care, blood pressure monitoring, immunization, and the like.

Furthermore, *tsismis* also acts as a voluntary form of communication to disseminate information, in the sense that it acts as an informal delivery to fill the gaps of the barangay officials and BHWs. As one participant puts it, “*Kami ya, nagabulig lang gid kami ya ano sa tawo nga makabalo. Kay kung kis-a sir, sa tuod tuod, indi man gid sila (Barangay Officials and BHWs) kabalo kung sila lang*”. (We, we just really help people so they will know. Because sometimes sir, just stating facts, they really do not know if it is just themselves.)

Moreover, through *tsismis*, community members occupying distinct positions in leadership and health may also tap into the different knowledge of community members. One of the participants regarded those instances as supplemental to the seminars they attend as members of the community delegates.

Another key aspect of this theme is the informalization of information dissemination by community leaders and BHWs through *tsismis*. This highlights the

influential power of those who hold important community positions, and the amount of trust placed in them. As one participant puts it, *“reliable gid na ya sir basta barangay official sa imo mag-istorya.”* (It is really reliable sir, as long as it is a barangay official who talks to you.) These instances extend their responsibilities to informal spheres of conversation to be able to cover more ground in information dissemination.

One participant expressed that community members would go to him because of perceived trust that he was able to establish through neighborhood conversations, stating, *“pero indi ni sa akon community gina-uyatan ang ano ha. Pareho lang nga, sa akon lang sila gapalapit mga amo na abi. Kay may salig sila ya nga indi makalapos sa iban magsugid sila”.* (This is not the community that I handle. It is just like that; they just approach me. Because they trust that it will not be passed on to others when they tell. Because those are also difficult matters.) Through *tsismis*, barangay officials and BHWs create a network of trust to be able to leverage the communicative patterns of the barangay to their advantage in the attainment of community support for localized health programs and services.

The theme bears a resemblance to Abelardo, et. al.’s (2021) invocation of the lack of proper training and staffing as one of the key challenges faced by BHWs that threaten the sustainability of the health services they can offer. With the limitations of BHWs, the community turns to informal channels of communication to address limitations of formalized health information systems.

However, as posited by Maravilla and Grayman (2020), formal and informal spheres should not be treated as mutually exclusive, as informal spheres allow basic sector agencies to participate and assume responsibilities in the processes of decision-making. The literature emphasizes the various social capital formations, including interaction at the local level, to provide opportunities for continuous

communication flow set by formal spheres, thereby enlarging opportunities for community members to participate in those interactions at their own time and space.

Tsismis, as an extension of formalized community role, does not only reflect the limitations of formalized positions in disseminating health information. It also reflects the voluntary form of communication and dissemination taken up by members of the community to fill in the gaps left by those limitations, unraveling the idea that community members turn to *tsismis* to fill in the gaps of health information for them to make sense of health issues, not as mandated by their own personal view, but to compensate for unmet or unaddressed needs.

A critical view of this theme would surround existing limitations in BHW support and funding, given that the BHW is a two-pronged role: one, to serve as frontline health center staff, and two, as community health mobilisers (Mallari, et. al., 2020). This uncovers a much deeper issue which is the lack of focus on health services centered on health personnel in GIDA areas. Despite the existing need, there is still a gap in the formalization not only in the formation of health personnel but also in mechanisms to empower and provide health information volunteers with the needed resources to efficiently do their work.

Nuances of inequality in access to health information arise from this theme, as it is evident that barangay leaders have priority access to information. Lack of systems for mass communication underscores the geographic disadvantage of the island barangay. However, this also reflects the commitment of BHWs and barangay officials to disseminate health information, often depending on the community networks to pass the information to others, a manifestation of community solidarity that exists across formal and informal spheres.

Amo na di ang tradisyon: tsismis as a validator of herbal medicine use

This theme highlights how *tsismis* functions as a channel for validating the use of herbal medicines. The Key Informant Interviews also reveal that *tsismis* is used as a channel to traditionalize use of herbal medicine, a form of alternative medicine, in the community. However, these validation mechanisms rely mainly on experiential and social constructs rather than empirical scientific and biomedical evidence.

One key aspect of this theme is the use of *tsismis* to share experiences that promote herbal medicine, particularly in relation to its perceived effectiveness. As one participant puts it, her herbal medications are being lent to other members of the community. She describes her herbal medications as, “*ay mga kwan manlang akon na pang-bulong, mga kahoy-kahoy, mga dahon-dahon. Amo na... Tanglad, na. Amo na napang-bulong ko. Napang ano na... Mga luy-a, napangsaksak kag butangan sang rubbing alcohol... Hay ginahulam man nila.*”. (Ah, my medicine is just plants, plant materials, leaves. That’s it... lemongrass. Those are what I use as medicine. And then... ginger, I crush it and put rubbing alcohol... That is also what they borrow.)

From the experiences shared during *tsismis*, these utterances traditionalize the use of herbal medicine as an alternative to professional advice. However, these instances also provide avenues for other community members to personally assess effectiveness of herbal medicines. One participant recalls, “*siling ya sakun, nga amo tu nakapakwa sang bato sang iya manghod. Nag-try man ko, siling ko, ‘tistingan ko man abi,’ amo na. Pero du wala gid ya, kay ang akon guro daw acute na... Wala ko na tu gin sigi*”. (Then he told me that it was what helped remedy the kidney stone of his younger sibling. I also tried it, I said, “I will try it also.” That’s it. But it seems there was really no effect, because maybe mine was already acute. I... I did not continue it [taking the remedy] anymore.)

Through these informal conversations enabled by *tsismis*, participants gain a sense of familiarity with the kind of herbal medicines fellow community members use. One participant shared, “*pero kalabanan gid di sir, ginagamit na... Ginagamit nila ya, Alibhun gid. Alibhun gid na ya. Tapos, ining dahon sang katumbal, ‘na,’*” (But most of us here sir, what they use... they use *alibhun* (*sambong*). *Alibhun* really. And leaves of the chili plant.) an assumption made possible by neighborhood talks revolving around the use of herbal medicine.

One participant recalls expressing long-term effectiveness of herbal medicine in contrast to taking his children to the doctor every time they get an ailment. “*hay resitahan ka, paimnon mo, kalmante manlang. Pero sang naumpisahan ko tu sa ila asta nga nagdalalagko sila, subong...*” (Then you are given prescription, you drink it, it is just calming. But when I started using [herbal] until they became big, now...) this kind of exchanges reinforce and justify the use of herbal medicine despite the limited anchoring on scientific evidence. As the participant puts it, “*amo na nga asta subong, indi gid madula sa amon ang paggamit sang herbal medicine... Amo na di ang mga tradition gid ya namon nga mga ginagamit.*” (That is why until now, you really cannot remove the use of herbal medicine. That is really our traditional practice.)

Moreover, *tsismis* acts as a way of assimilating professional advice into alternative medicine, manifested in the form of advice being given to fellow members of the community, another key aspect of this theme. One participant recalls a doctor advising her to integrate herbal medicine into her medications saying, “*ang ginahatag nga bulong ni doc, herbal ang ginahatag nya sa akon nga bulong. Tapos, may ara man sa nag indi man herbal... ‘nami man ang kondisyon sang herbal kung kauyon ka man,’ hambal ni Doc.*” (The medicine that Doc gives is okay. He gives me herbal medicine. Then, there are also some that are not herbal. That is what I noticed that I

said, “the doctor is also good, because he also advises using herbal. You should get used to it yourself because it is healthy... the condition of herbal is also good if your body agrees,” said Doc.)

Informal spheres of health conversation allow community members to share experiences revolving around the use of herbal medicines. Through these forms of information exchange, community members are enabled to socially construct personal perceptions towards herbal medicine, albeit the concurrent tradition of preference to herbal over professional advice.

Through sharing information, they can make sense of treatment, whether it is professional advice or the alternative in light of ongoing health issues. This strongly supports Fine and Rosnow’s (1978) invocation that gossip, as form of information, allows mapping of the social environment through transmission of culture and illumination of ambiguous areas of behavior. Through talking about herbal medicine, community members tap exclusive means of information, particularly personal and embodied experiences on using herbal medicines as alternative form of treatments in the absence of professional advice.

Moreover, despite the acknowledged limited scientific evidence of herbal medication, *tsismis* primarily acts as an informalized validation mechanism. Through *tsismis*, they can anchor their experiences using herbal medicine to conversations surrounding health allowing for experiential assessment of reliability and perceived positive outcomes. The integration of alternative and complementary forms of health interventions such as the use of herbal medicine, then becomes a shared experience of the community.

This unravels a much bigger issue when it comes to health service delivery. As one participant puts it, “*kung kis-a, kung waay kwarta, amo na mga herbal. Amo amon*

gina ano. Kay bisan pa-doctor gani... Waay ka... Waay ka ipa-doctor", (Especially when there is no money, that is when we use herbal medicine. That is what we do. Because even if you go to the doctor... you do not have... you cannot go to the doctor) emphasizing the idea that community members turn to herbal medications because of lack of access to professional health interventions.

This reflects the classification of the community as one of the GIDAs in the country, characterized by "poor access and delivery of quality health services as well as lack of health facilities and inadequate logistical support" (DOH, 2020).

However, utilization of *tsismis* as a channel to provide information on alternative forms of health interventions also unravel community solidarity and participation. Reflecting on Villar (2021), this role of *tsismis* in traditionalizing herbal medicines reinforces the collection of inclusive and empathetic indigenous wisdom and the crafting of solutions as results of participatory design and co-creation approaches as it enables the community to render their experiences meaningful and positive-looking despite the existing limitations of health service delivery infrastructures.

Amo ni dapat ang himuon: tsismis as a negotiator of treatment decisions

This theme revolves around the role of *tsismis* as an avenue for community members to negotiate treatment. One of the dominant aspects of this theme is *tsismis*' role in creating opportunities for members of the community to form and enforce health advice towards others, ultimately, providing opportunities for them to check if the advice has been followed.

Several utterances of participants confirm *tsismis*' role of being informational, to the extent of being instructional. Through *tsismis* they are able not only to inform but also to instruct fellow members on the community what to do should a health need

arise. *“Ang parte sa subong, sa mga bata, kung paano ang bata ma baksinan (vaccine). Kung pila ka bulan dal-on ngadaan sa sentro (center) kung nagabusong ang babayi,”* (Right now, with children, how the child can be vaccinated (vaccine). How many months the pregnant woman should be brought to the center when she is pregnant) recalled one of the participants.

The same participant included that she had checked with the people she advised, asking, *“hay napa-inom mo na ina sang bulong o pila mo ka beses napa-inom para maulawan dayun?”* (“did you already give that medicine or how many times did you already make them take medicine so that they will recover immediately?”) This indicates that in some instances, conversations on health are recurring based on the needs of the targets of advice.

Similarly, other participants also expressed being able to give advice to their peers, in the form of neighborhood conversations. Responses pertaining to this include, *“mahambalan mo bala sila nga ma... Masugi... Ma-singhanan nga, “Amo ni nga bulong imo pwede mo mapa-inom,”* (You can tell them, “this is the medicine you can let them drink,” that’s it) or *“amo ni ang imo dapat himuon, nga imo gid e-apply sa imo lawas para mabatyagan mo kung anong epekto”* (This is what you should do, you should apply this to your body so you can feel the effect)

Through advice, community members are able to express care anchored on their own experiences in dealing with health issues, therefore contributing to a much larger community-based localized health knowledge. *“Gina pamati-an man nila akon nga gina-advice sa ila. Tapos, ginatuman man nila kung ano akon ginahambal sa ila,”* (They also listen to my advice. Then they also follow what I tell them.) one participant expressed, indicating that advice is not given in passing but a reflection of further monitoring if it has been followed.

Furthermore, through checking in with the one they have given advice to, they can enforce said advice or even give punishment if the advice is not followed if they are in the position of authority over their fellow. One participant recalled having to send one of his “tinawo” (worker) back home because the said worker did not follow his advice to lessen drinking. He recalls, “*natural lang nga pag-inom, indi lang nga sobra-sobra bala. Amo manlang na di amon na-istoryahan. Ginasaway ko... e indi sa magpalaygay. Siling ko, ‘Puli ka nalang sa inyo kay indi ka ya magpalaygay, basi problema ko pa na pila ka adlaw, kung ano matabo diri sa imo’*”. (Because it is not good for the body if you drink every day. Drinking is natural, not too much. That is what we talk about. I remind them (about that)... Just like when... like with one person I know, he resisted (my advice). I said, “just go home because if you do not follow my advice, I might have a problem with you someday if something happens to you here”.)

Another key aspect of this theme revolves around the reinforcement of professional advice, one that is external to the community members. Despite the evident traditionalization of herbal medicine, professional help is still given the utmost importance. One participant recalls, “*Kung wala di midwife nga ari di nagpuli magpa ano, i-refer namon. Ihambal namon nga, ‘ipa-dokturi nyo na’*”, (If there is no midwife available here to handle it, we refer them (to a doctor). We tell them, “have it checked by a doctor.”) indicating the importance of professional help should localized aide be unavailable.

Similarly, through these informal conversations, community members reinforce professional help. One participant says, “*kinahanglan mag amo na ka lawig, ipa-konsulta ta na gid na sa doctor. Kung kita lang mag ha-um ha-um, basi bala indi ta mapaktan, ulihi na ang paghinulsol natun,*” (If it persists, it should be checked by a doctor. If we just rely on ourselves, we might not expect it, and regret will come late)

recognizing the limits of alternative forms of medication, especially on ailments that persist over a long time.

Despite limited access to professional help, they turn to professionals to better make sense of health issues. As one of the participants insists, “*kung gusto ko magpa doctor, pa-doctor ka. Kay ang doctor, ga advice man kung ano ang dapat mo himuon. Kung may bulong sa sang sa iya, kung sa herbal, ga ano man ang doctor. Ga offer man,*” (I said, “yes, if you want to go to the doctor, then go to the doctor. Because the doctor also gives advice on what you should do. If there is medicine, even herbal, the doctor also gives and offers herbal medicines) acknowledging that while herbal medicine is readily available, professionals should be consulted should it be eventually needed.

And should professional advice be not followed, community members turn to enforcement and sometimes blaming. One participant recalls, “*Mabasol mo man sila, nga kung atakehon sila sang mild stroke, amo ina kay... Amo na dayun mahambalan sila, “Amo na kay kwan ka, wala mo gin-inom. Dapat imnon mo kay kwan ina sang doctor,”* (Because sometimes, you can blame... you will blame them, that if they get a mild stroke, that is what happens because... then they will be told, “that is because you did not take it. You should take it because that is the doctor’s order. That... that comes from the doctor”) recognizing the need to adhere to professional advice.

Tsismis, as a channel to construct health advice, clearly resonates with the Fine and Rosnow’s (1978) imposition of stating that information and influence are perceived as closely intertwined and may result in attitude change. Moreover, this theme affirms Maravilla and Grayman’s (2020) view on informal spheres as one that can enable community members to be “involved in crafting decisions for their own welfare”.

Through neighborhood talks, *tsismis* creates a network not only of disseminators of information but also of empowered members who are able to craft potential solutions to health issues. Through anchoring their own experiences to their opinions, they contribute to the welfare of their fellow members of the community in the form of advice, whether referrals to professionals or alternative forms of treatment. This, by extension, translates to community solidarity strengthened by an enabling environment that allows for communication not only of informational knowledge but also of instructional knowledge. Furthermore, through *tsismis*, the community creates a network of monitoring to the progress of the community members when it comes to health, being able to keep an eye on other members' acceptance of advice and being able to enforce appropriate correction if the advice is not followed.

This theme, however, uncovers an underlying lack of health professionals in the community that offer accessible health advice to community members. Because of these limitations, community members turn to each other to negotiate treatment, instead of prioritizing advice from medical professionals.

The role of *tsismis* as a channel for community members to solicit and offer health advice contributes to the collective welfare of the community by providing avenues to articulate personally anchored, context-based, and localized forms of health information and instructional knowledge.

Waay ka ipa-doktor: tsismis as an investigator of health inequalities

When not talking about health specifically, people in the community talk about life, in general. This has been expressed by different participants saying, “*kung ano ang adlaw adlaw nga pangabuhi ang kinahanglan,*” (Whatever is needed in our day-to-day living.) and “*palareha lang ta sini eh. Kung ano aton mga problema, kung ano*

ang aton mga... sa aton kabuhi, maninguha lang ta,” (We are just the same here. Whatever our problems are, whatever our life situations are, we just strive.) and “*may mahambal ambi nga nang, ‘kami sini... amo ni, waay gid’*” (There are others who say, “we are like this... this is it, we really have nothing.”). This reflects a bigger value for *tsismis* to act as a channel for community solidarity. Through expression of life challenges, they contemplate several issues surrounding lack of financial resources and challenges in livelihood that contribute to health issues. As such, this theme delves into the role of *tsismis* as an investigator of inequalities surrounding access to health and health services. Through *tsismis*, communities can talk about issues broader than present health problems, most significantly, lack of resources that contribute to health problems and prevent them from accessing health services.

One participant recalls, “*ang kapigaduhon bala subong ah. Kung ano nga kwan... maayo gani... maayo lang kung may palawod eh, maka kwan. Tapos, kung may trabaho, amo na eh, makakita kita man,”* (The poor quality of life nowadays. Whatever... it is good if there is fishing, then you can earn something. Then, if there is work, that is it, you can find something to earn from) expressing those challenges in livelihood is closely linked to that of their own financial resources.

A participant also relates lack of financial resources to health issues, saying, “*kung may mga problema ka sa imo pag... ano eh... pangabuhi mo. Ngaa kung pigado... Pero nang diba sa emotion... emotional mo, isa na nga makapa ano sa imo... Makahatag sa imo sang sakit. Kung kis-a, kapigaduhon bala sir,”* (If you have problems in your life... your living. Why is the quality of life poor. Of course, even if it is true, it is not something like that. But emotionally... emotionally, it is something that can affect you... can give you illness. Sometimes, poverty, sir) expressing that stress caused by lack of financial resources is a contributor to poor health.

In relation to the use of herbal medicines, a participant expressed that they turn to the alternative because they could not afford professional help saying, “*kapin pa nga kung kis-a, kung waay kwarta, amo na mga herbal. Amo amon gina ano. Kay bisan pa-doctor gani... Waay ka... Waay ka ipa-doctor*”. (Especially when there is no money, that is when we use herbal medicine. That is what we do. Because even if you go to the doctor... you do not have... you cannot go to the doctor) This directly reflects lack of financial resources as a determinant to health-seeking behavior.

Another key aspect of this theme was the expressions of health issues in the ageing population of the community. As one participant puts it, “*Kapin pa kung naga edad na gali kita, damo na ta ya sang gina-batyag*,” (Especially when we are already aging, we already experience many illnesses) suggesting that health issues tend to arise as the people in the community age. Similarly, this also arose in another participant’s interview suggesting, “*mga masakit akon mga kalawasan... hay may edad na ngadaan*”. (I can already feel pain in my body... I have already aged). These occurrences underscore the challenges faced by the ageing population in the community when it comes to health, signified by personal difficulties managing age-related health issues such as high blood pressure, as expressed by two participants.

This theme highlights the social dimensions of health as articulated by community members, reflecting their needs for systematic efforts to address community health concerns. This theme links the connection of poverty in disadvantaged areas to health-seeking behavior, affirming Luu, et. al.’s (2022) position that age, gender, socioeconomic status, service quality, trust, and availability of health information influence health-seeking behavior. Given the lack of access to available health services and programs, community members turn to alternatives. These limitations reinforce the community’s identity as a GIDA, identified with the lack of

availability and accessibility of basic health services among the local population (DOH, 2020).

In geographically challenged and disadvantaged areas, these limitations are more pronounced. Through conversations, community members can connect health complications to personal and collective difficulties. This reflects the need for systemic changes and systematic delivery of health services, programs, and interventions. While *tsismis* allows the community members to liberate themselves from the pressing issues they face, realities and challenges connected to their socioeconomic status continue to persist. This theme, grounded on community members' lived experiences, finds *tsismis* not only as a mere informal talk, but as a social mechanism where the community makes sense of health conditions and copes with structural disadvantages.

However, despite the potential role of *tsismis* to bring these challenges to light, these structural challenges remain unaddressed. *Tsismis* only offers a form of escape from these social problems but does not necessarily find itself valuable in terms of strategic interventions.

Maipalapta ang kaayuhan: tsismis as provider of social support

More than its communicative functions, *tsismis* is seen by the community members as a form of relaxation and an outlet to release stress, looking at it as one that can be beneficial health-wise. As one puts it, "*iro-istorya kamo da, du ma kwa ang imo mga stress. Tapos pag... pag sunod nga adlaw makit-anay kamo baw amo na nami istoryahon daw oh maayo sa pamatyag nga naga-open ka man sa ila sang subong na nga mga problema,*" (When you talk there, it seems like your stress gets removed. Then the next day, when you meet again, it is something good to talk about, "it feels good that you are opening up to them about your current problems,")

recognizing *tsismis* as beneficial as it allows the participant to open up to peers, providing a sense of relief.

The act of *tsismis* alone is regarded by some participants as relaxing saying, “*maka-relax na bala ang lawas mo,*” (your body can relax) and a form of seeking advice, expressed through the interview as, “*tapos du madula ang ginapaminsar mo nga mga problema sa sulod balay mo kay syempre naka-gwa ka tu kag maka-open ka sa iban nga mag hatag sa ila advice oh*”. (Then it seems like the problems inside your house you are thinking about are gone because of course you were able to go out and open up to others who can also give advice.) This reflects the capability of *tsismis* to act as a network of care where community members can act with solidarity.

One reflects on her experience saying, “*magpakahipos-hipos ka tu karon, hay paano tu karon mabuligan ka sang imo nga kaupod,*” (If you just stay quiet, how can your peers help you on your... your... situation), suggesting that one should actively participate in neighborhood talk to get important advice not only in health, but in issues faced in general. This has been reaffirmed by another participant saying, “*kung waay ka man pa-utwasan, syempre, du indi man ma kwa ang imo nga isip eh,*” (So that is really it... If you have no one to let it out to, of course your mind does not get relieved. It just stays there), highlighting the importance of expression to better psychosocial health.

The social network in the community as enabled by *tsismis* is regarded by the community members as “*makabulig*” (helpful) and “*makatudlo*” (informative) should there be health and psychosocial needs. Furthermore, another participant recalls, “*kis-a may gapalapit man diri nga gapangayo bulig... Basta may magkadto lang di... mangayo gid na bulig*”, (Sometimes there are also people who come here asking for help... Whenever someone comes here sir, they really ask for help.) suggesting that

there is a sense of reciprocity in the community in terms of giving and receiving help, whether it is in the context of health or other social needs. Accounts like these are included in another key aspect of the theme, which revolves around *tsismis* as a way of both giving and receiving psychosocial support from family, friends, and the larger community.

It is also regarded as one that enables conversations surrounding the family. One participant recalls having a conversation involving their children saying, *“kung may ara ka nga maayo nga ihatag sa ila nga pagkaon nga para gid sa ila kaugalingon, nga maayo ang ila lawas... tinguhaan gid namon na ya, kung ano man... Mangita... Mangita kami ya pamaagi para nga mahatag namon sa amon kabataan,”* (if you have good food to give them that is really for them, so that their body will be healthy... We really work hard, whatever it takes... we look... we find ways so that we can give it to our children), highlighting that *tsismis* enables them to talk about resilience to be able to offer good health and wellbeing to their families.

Communicating life's challenges can also reinforce friendships or challenge family ties. As one participant expresses, she regards some of her peers as siblings, mainly because they help her out in times of need. In another case, one participant recalls a disappointment when her sibling disregarded her need for support. She recalls, *“kung mapatay ko, indi kamo magkadto-kadto sa balay.” Kay malain gali kung gasugid ko sa inyo nga malain akon pamatyag. Hay malain na gali sa imo? Ikaw abi? Mag-utod ta, magsugid ko sa imo, malain gali na?”* (“If I die, do not go to the house.” Because it's (seems) bad if I tell you that I am not feeling well. Is it bad for you? We are siblings, but when I tell you (how I'm feeling), then it's bad?)

Through this network of care, one can not only gain access to information but also to health-related needs should they arise. One participant recalls having to refer

someone to another member of the community in order to cross the sea to get professional health intervention saying, “*anha nyo nalang, kadtui nyo nalang si amo ni amo tu oh para makabulig nga makapatigayon nga makatabok*”. (Just go to that person so they can help make things possible so they can cross the sea (go to the mainland) utterances like this depict *tsismis* as a form of social good that benefits the community as a whole through coordinating needed resources.

The role of *tsismis* in the community covers “*maipalapta mo man sa ila kung ano bala ang kaayuhan*,” (you also spread goodwill), as stated by one of the participants. This emphasizes the role of *tsismis* in disseminating information regarded as useful and important to the community. In some cases, *tsismis* is also used to report aid. One of the participants recalled being approached by some residents who said, “(may) *gin-buligan kami tu bala sir nga ginkagat sang ido*,” (we helped someone because that person was bitten by a dog), highlighting *tsismis* as an avenue to express community solidarity in terms of health needs.

One of the participants exclaimed, “*Pero ang the best nga chismis, ini ang sa health*,” (But the best kind of *tsismis* is like this one, on health.) highlighting its importance in information sharing and dissemination in contrast to other forms of *tsismis*, such as those with no evidence, which can lead to conflict. “*Pero kung ang inyo gina-istoryahan, sa inyo pagtililipon ninyo about lang sang mga para sa ikaayong lawas, ang tanan nga mabal-an ninyo, inyo e-share share, mga herbal o medicine man na halin sa doctor*,” (But if what you are talking about in your gathering is only about health and wellness and everything you know, you share it—herbal or medicine from the doctor) the participant adds.

This theme resonates with Van Vleet’s (2020) imposition gossip, along with rumor, enables individuals to “align themselves with others and establish bonds of

intimacy,” and Liu’s (2020) view of interpersonal talk as instrumental in community-wide organizing of collective action through tapping into an exclusive and local network of information exchange that is not readily accessible through other means.

Through network-collective *tsismis*, communities can collaborate, communicate, and coordinate resources and services, resonating heavily with Simpson, et. al. (2021) stating that these make them vital to a community’s capacity for health promotion and disease prevention.

Tsismis, as a form of relief and social support, highlights community solidarity formed by relational ties and network bonds. Through *tsismis*, they can organize themselves into a unit that aide in times need or offer relief accounted in camaraderie for the promotion of psychosocial wellbeing. Transformational health communication finds its place in *tsismis*, as it does only become a channel to communicate health information, but become a community-based, localized, health intervention by itself.

Invoking McLeod, et. al. (2010), *tsismis* then becomes an interpersonal network that promotes participation through conveying important mobilizing information and a sense of duty and responsibility towards one’s community. It allows community members not only to make sense of what is happening but also to take action to promote health actions for their fellows’ well-being.

However, this theme also underscores the social inequalities that remain unaddressed. Through *tsismis*, they are able to acknowledge their health-seeking limitations and offer potential alternatives to address issues surrounding health. The alternatives, however, do not necessarily address health issues but only constrain them within the community. Limited access to transportation, appropriate and reliable information, and social support, especially for marginalized sectors like the ageing population, becomes evident forms of inequality in the community.

Tsismis, in the context of lay discussion of health information, finds meaning in Simpson, et. al.'s (2021) conclusion that community networks are spaces where key attributes like trust, shared understanding, commitment, effective communication, and reciprocity are developed. *Tsismis* as an anchor to personal health experience, as an extension of formalized community role, as a space for traditionalizing herbal medicine, as a channel for advice formation, as health's link to deeper social challenges, and as a form of relief and social support transform communities through the embodiment of health experience and serves as an active and dynamic avenue for community members to collaborate for better health outcomes.

Conclusively, these results find *tsismis* as a network of care within limited structures of health and wellbeing. The core roles of *tsismis*, as enabled by the community network is simply put, "*magbuligay lang bala*" (Just help each other), which was expressed by one of the participants in the interview. Despite the social inequalities, the role of *tsismis* extends beyond its core functions to inform, influence, entertain, and establish closeness, as it enables communities to be able to understand each other, reciprocate help and support, provide relief, and strengthen community solidarity.

Chapter V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

This chapter presents the alignment of the significant findings, summarized in detail, with the conclusions the study as well as recommendations that address gaps in research, development work, and governance to strengthen health communication.

Summary

The result of this study reveals a nomination-based sociomatrix composed of 116 distinct individual actors connected by 270 relational ties. Through a guided survey, results reveal that the community engages in lay discussions of health information, with information about specific health conditions, complementary or alternative medicine or treatment, and self-care being the dominant nature of the discussions. These are followed by information about healthcare providers, psychosocial effects of health conditions, information about treatment, and laboratory and medical tests, with socioeconomic impacts of health, trending health concerns, family planning, and issues specific to BHWs following the ranks.

The guided survey also reveals the most dominant form of communication method employed by members of the community, that being face-to-face conversations, to enact *tsismis* in their neighborhood. Furthermore, the results also reveal that the community sees *tsismis* as a form of entertainment, followed by it being an avenue to establish or strengthen closeness, being a source of information, and being an avenue to influence or to be influenced.

Through statistical analysis of the participants' demographics in relation to their degree, closeness, and betweenness centralities, results reveal significant differences across centralities. The Kruskal-Wallis Test on the geographical location of the

respondents reveals significant differences only in degree and closeness centrality. Meanwhile, the Mann-Whitney U Test reveals significant differences only in degree centrality across sexes, while the Spearman's Rank Correlation reveals significant positive relationships with age only in terms of closeness centrality. In addition, Kruskal-Wallis Test reveals significant differences only in degree centrality across occupational groups.

Following the social network analysis and ranking of the respondents' degree, closeness, and betweenness centralities, a Key Informant Interview (KII) with community members who gained the highest rank in the three centrality areas in each area was conducted.

Through thematic analysis of the interviews, the results reveal that *tsismis* acts as a facilitator of experiential health knowledge, a reinforcer of formalized community roles, a validator of herbal medicine use, a negotiator of treatment decisions, a investigator of health inequalities, and a provider of social support.

Conclusion

Through social network analysis, central actors involved in the conduct of this study were found to be a diverse unit of connected individuals coming from different walks of life, age groups, and sex. However, significant differences in some degree centrality measures reveal that certain characteristics offer opportunities for individual members of the network to become top central actors. For degree centrality for instance, participant recruitment reveals a group composed of females occupying the top degree centrality across the 5 areas, and Barangay Health Workers gained first placement in terms of average degree centrality, opening possibilities for insights on *tsismis* as a gendered communication channel or as a channel utilized by certain

professions with enough credibility on a certain subject matter, in this case, health information. The same way that closeness centrality was found to increase as age increases also offering possible insights on credibility and ability of adults to communicate and articulate health issues. However, statistical data on this inference remain limited in the context of this study, thus more focused further research maybe more appropriate to discuss relationships of these variables to SNA centralities.

Contextual observation also found that the island barangay has enabling spaces for the communication of pertinent information through *tsismis*. *Tsismis*, as a communication channel, happens in social spaces like the barangay plaza, sheds, *payags* (benches) scattered around the different areas in the barangay. These communication spaces are not mere structures for rest, they become spaces for day-to-day conversations and serve as hubs for *tsismis*, enabling community members to engage in meaningful conversations that do not only allow them to articulate personal challenges and impart experiential knowledge but also reinforce community relationships. Furthermore, geographic positions of houses and open-ness of personal spaces allow for a much efficient transfer and exchange of information. For instance, lack of fences contributes to direct conversations with neighbors and road networks connecting different households allow access to each other's homes for conversations. These remains as contextual observations however, and do not necessarily contribute nor show significance to the overall findings of the study.

With the limitations of mediated communication in the island barangay, the orality and contextuality of *tsismis* as a communication channel become more pronounced. The island communities navigate technological limitations through embracing communication channels that are more available to them, in the form of

neighborhood talks, while also taking advantage of the kinds of relationships they can create through face-to-face conversations.

Tsismis performs an active and operative role in day-to-day conversations surrounding health by acting as an avenue to share personal experience, extend formalized community roles, traditionalize herbal medicine, form advice, link health to deeper social constraints, and provide relief and support. In the form of informal talk, *tsismis* largely contributes to the localization of pertinent health information.

Through *tsismis*, community members can participate and render health information that are meaningful to themselves and to their own health experience. They can articulate and embody health information through collaboration with their fellow community members. *Tsismis* also allows a network of individuals to address informational health needs. Through diverse network actors in the community, members may be able to tap into an important information resource pool capable of changing behaviors, providing support, and extending pertinent information on health programs and services. Relational ties enable transmission of health information anchored in the functions of gossip to inform, influence, entertain, and form social bonds.

Previous investigations on gossip and *tsismis* become blurred. Variations in significant differences across centralities offer limited interpretation to identify key demographics that actively shape the *tsismis* phenomenon in the community. While significant differences were seen in degree centrality based on geographic location, sex, and occupation and in closeness centrality based on geographic location and age, these variations reveal that it is systematically difficult to pinpoint exact sectors that significantly contribute to community health discussions, despite the community's

connectedness. These findings strengthen SNA's methodical approach, particularly in identifying key actors to supplement empirical data.

While *tsismis* is found to be advantageous to the community in terms of expanding the reach of health messages, the reliability of information disseminated through said channel should also be checked. While the community members are able to anchor their experiences on health and other social inequalities, there is still a lack of scientific soundness in the information being discussed. Moreover, the results also highlight disadvantages of the community related to access to health programs and services, underscored by common themes depicting a lack of financial resources to address health concerns.

In essence, *tsismis* only provides the channel to discuss health information, but it rarely addresses social inequalities related to health. The persistence of social inequality in the community is found to reinforce *tsismis*, as the channel is discovered to be an anchor to experiences that link health information access and neighborhood conversations.

However, through the six roles of *tsismis* in lay discussions of health information, community members navigate limitations in health information systems and health services delivery. As a facilitator of experiential health knowledge, *tsismis* contributes largely to the communication of community health concerns. As a reinforcer of formalized community roles, *tsismis* taps into the capabilities of community members to localize health information and health service delivery. As a validator of herbal medicine use, *tsismis* enables community members to navigate the lack of access to medical treatment, ensuring that alternatives are safe and effective. As a negotiator of treatment decisions, *tsismis* operates as a referral and monitoring system to ensure that community members access relevant health services. As an

investigator of health inequalities, *tsismis* creates an avenue to critically discuss limitations in accessing health services. And finally, as a provider of social support, *tsismis* directly contributes to the social wellbeing of the community members.

These roles reveal that the role of *tsismis* in lay discussions of health information in the community is two-pronged: one, as a channel to maximize available community-based efforts to disseminate health information deliver health services, and two, to uncover social dimensions surrounding health, the latter reflecting a much broader issue outside of immediate health services and programs that needs addressing.

Recommendations

This study reveals that community members are not disembodied entities in communication spaces but active shapers of the communication environment. Through their relationships, they form and maintain a network capable of interrelated information flows across informal spheres. This highlights that individuals in the community, through their own capacities, and the relationships they create, are active participants in social, informational, and transformational change. Development communication work could leverage potential of the *tsismis* network to strengthen communication efforts that are localized, contextual, and highly oral. These community networks, along with the forms of messaging, could be embedded with transformational communication aspects and allow more participatory forms of communication. While this study reveals that communities can foster independent, inclusive, and organized forms of information dissemination through informal spheres, much work is needed in terms of ensuring accurate, scientific, and potentially transformational messages.

This study also resolves a few gaps in current development communication practices. While audience segmentation offers a few advantages on its own, utilization and the actual leveraging of central actors in the community might exhibit more localized streams of information channels. Social network analysis reveals that central actors are capable of articulating, negotiating, and addressing the needs of fellow community members. This presents an opportunity for development communicators to harness already existing channels of communication in social mobilization, social marketing, advocacy, and other forms of development communication work.

However, a more comprehensive study is imperative to uncover a more diverse perspective to maximize the methodical approach. The methodology implemented by this study limits participation from the entire community. While social network analysis provides empirical strategies to gather information from key informants through centrality measures, network members in the periphery or from outside the established network might have different experiences.

While the core approach of this study deals with communication mechanisms, it is also important to key into the factors that contribute to the *tsismis* phenomenon. While *tsismis*, along with gossip, is deemed to be universal, the motivations why people engage in such remains to be vague. Studying *tsismis* with socioeconomic, sociopolitical, or gender lens might reveal different results.

This study also opens opportunities for further studies on health misinformation, especially in the context of Geographically Isolated and Disadvantaged Areas (GIDAs). Studies like these may actively contribute to the reshaping of information processes applicable to GIDA communities.

Furthermore, other means of communicating health information outside of the context of *tsismis* may also be studied for a more multimodal and multidimensional

approach to understanding lay health communication, while maintaining the social network methodology. This includes health information spread across organized settings, social media networks, and even formalized information hubs like universities, offices, and companies.

However, these potential research pursuits should be coupled by appropriate interventions through health programs, services, and information dissemination projects. Development communication professionals, community organizers, developers, and social workers could tap into the knowledge offered by social network analysis. By identifying key actors in the community, this methodology offers a more methodical approach to conducting development programs. Through this systematic identification of potential participants to development programs, social work and community organizing might find it an effective tool to ensure participation, maximize the reach of information, and systematically diffuse interventions to strengthen the potential outcomes of programs and services they offer.

Communities could also amplify the role of designated information disseminators with formalized functions such as the Barangay Health Workers. However, it should be noted that these functions should be met with appropriate compensation and incentives. Communities, particularly those with limited access to mass communication systems, should also provide an avenue for participatory health information dissemination to maximize the reach of the health information. Alternative forms of mass communication, such as barangay public announcement systems, should be properly implemented and maintained. These strategies, however, are subject to access to electricity and access to relevant and timely health information content. Furthermore, integrating community-based information networks into public

health strategies may prove advantageous to communities with highly oral ways of being.

When it comes to the kind of information being disseminated, local communities, particularly community leadership, should prioritize the reliability of information. Health education, media literacy, and other forms of knowledge-based interventions should be implemented to ensure health literacy and the scientific soundness of information. Furthermore, emphasis on health interventions, programs, and services should be prioritized to promote trust, encourage participation, and create an avenue for community members to not only talk about health, but practice health for the achievement of positive health outcomes.

However, these interventions should be complemented with efforts to address social inequalities. It is found that while *tsismis* facilitates day-to-day discussion of health, it does not in itself resolve the structural inequalities underlying them. The government, both at the national and local scale, should pay close attention to the varying levels of access of communities in the country concerning access to health information, services, and programs. Appropriate funding should complement bottom-up approaches in identifying key interventions to promote good health and wellbeing in disadvantaged areas. Furthermore, government-led interventions should acknowledge social dimensions affecting health, health-seeking behaviors, and lay health discussions. To address social inequalities surrounding health, the much broader issue of social inequality should also be addressed.

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APPENDICES

Appendix A. Letter request to barangay officials

[Date of sending the letter]

To:

[Name of Brgy. Captain]
Barangay Captain
[Name of Barangay]

Dear Hon. [Brgy. Captain],

Greetings! I am Czar Ian Angel B. Esquivel, a student of Master of Development Communication from UP Open University and I am currently working on a thesis entitled, "The role of neighborhood talks (*tsismis*) in lay discussions of health information in an island barangay in Western Visayas, Philippines". This thesis aims to identify characteristics of certain individuals in the community and have a look at the significant role they play in communicating health information in your community.

Part of this research is to identify individuals who usually engage in the act of "*tsismis*". This research will have two data gathering phases: during the first phase, community members will be asked to nominate a person they frequently engage in *tsismis* with, and they will be asked to identify kinds of health information they discuss about through a survey. From the number of nominees, I will be choosing several identified individuals to set a Key Informant Interview with.

I believe that the success of this research will be strengthened through the support of the barangay officials that is why I would like to seek your help in encouraging participation from the members of the barangay. I would like to request you to assist me in scouting the prospect respondents and participant for this data gathering. With your help, we would be able to contribute to the growing knowledge in the field of Development Communication, particularly in the field of health communication.

Hoping for your positive response. Thank you and have a great day ahead.

Truly yours,

[signature]
CZAR IAN ANGEL B. ESQUIVEL
Master of Development Communication
UP Open University

Noted by:

[signature]
DR. JOANE V. SERRANO
Thesis Adviser

Appendix B. Guided survey form

Appendix B.1. Guided Survey Form (English)

NAME OF RESPONDENT:	
ADDRESS (<i>Area, Barangay, Municipality</i>):	
SEX:	
AGE:	
OCCUPATION:	
Who among the members of the community do you engage in tsismis with?	
What health information do talk about with this person or persons? It can be any of the following:	☐ Information about treatment ☐ Information about a specific health condition ☐ Information about laboratory test or medical exam ☐ Information about self-care ☐ Information about complementary or alternative medicine/treatment ☐ Information about psychosocial effects of a health condition ☐ Information about healthcare provider/s ☐ Others: _____
What medium do you use to exchange the information?	☐ Face to face conversation ☐ Through social media ☐ Through private message or text messaging ☐ Through phone call ☐ Others: _____
How does the exchange of information affect you?	☐ I was informed ☐ I was influenced ☐ I was entertained ☐ I felt closer to the person ☐ Others: _____

Appendix B.2. Guided survey form (Filipino/Tagalog)

PANGALAN:	
TIRAHAN (<i>Area, Barangay, Munisipalidad</i>):	
KASARIAN:	
EDAD:	
TRABAHO:	
Sino sa mga kapwa mo miyembro ng komunidad at kadalasan mong kasamang mag-tsismis?	
Anu-anong mga impormasyong kalusugan ang napaguusapan mo kasama ng tao o mga taong ito? Pwedeng alinman sa mga sumusunod:	☐ Impormasyon tungkol sa lunas ☐ Impormasyon tungkol sa partikular na kondisyon ☐ Impormasyon tungkol sa laboratory test o medical exam ☐ Impormasyong tungkol sa pangangalaga sa sarili ☐ Impormasyon tungkol sa dagdag o alternatibong gamot/lunas ☐ Impormasyon tungkol sa epektong psychosocial ng kondisyon ☐ Impormasyon tungkol sa nangangalaga (healthcare provider/s) ☐ Iba pa: _____
Sa anong pamamaraan mo pinaguusapan ang impormasyon?	☐ Pakikipagusap ng harapan ☐ Sa pamamagitan ng social media ☐ Sa pamamagitan ng private message o text messaging ☐ Sa pamamagitan ng tawag ☐ Iba pa: _____
Paano ka naapektuhan ng palitan ng impormasyon?	☐ Ako ay may nalalaman ☐ Ako ay naimpluwensyahan ☐ Ako ay naaliw ☐ Ako ay naging mas malapit pa sa tao ☐ Iba pa: _____

Appendix B.3. Guided survey form (Hiligaynon)

PANGALAN:	
ADDRESS(Area, Barangay, Munisipalidad):	
KASARIAN:	
EDAD:	
UBRA:	
Sino sa mga kapwa mo nga miyembro sang komunidad ang permi mo upod mag-tsismis?	
Anu-ano nga mga impormasyon parte sa ikaayong-lawas ang imo ginaistoryahan kaupod ang tawo o mga tawo nga ni? Pwedeng bisan diin sa mga sumusunod:	☐ Impormasyon parte sa lunas ☐ Impormasyon parte sa partikular na kondisyon ☐ Impormasyon parte sa laboratory test o medical exam ☐ Impormasyong parte sa pangangalaga sang kaugalingon ☐ Impormasyon parte sa dugang o alternatibo nga bulong/lunas ☐ Impormasyon parte sa epektong psychosocial sang kondisyon ☐ Impormasyon parte sa tagapangalaga (healthcare provider/s) ☐ Iban pa: _____
Sa ano nga pamaagi niyo ginaistoryahan ang impormasyon?	☐ Istoryahanay nga atubangay ☐ Sa pamaagi sang social media ☐ Sa pamaasi sang private message o text messaging ☐ Sa pamaagi sang tawag ☐ Iba pa: _____
Paano ka gakaapektuhan sang pagbayluhanay sang impormasyon na ini?	☐ Ako ay may nabal-an ☐ Ako ay naimpluwensyahan ☐ Ako ay nalingaw ☐ Ako ay mas naging malapit pa sa tao ☐ Iba pa: _____

APPENDIX C. Key informant interview (KII) guide

APPENDIX C.1. Key Informant Interview (KII) Guide (English)

1. How do you engage with fellow community members?
2. How many people do you engage with on a regular basis?
3. How do you exchange health information to your fellow community members?
4. How were you able to affect the people you have engaged with?

APPENDIX C.2. Key Informant Interview (KII) Guide (Filipino/Tagalog)

1. Paano ka nakikipag-usap sa kapwa mo miyembro ng komunidad?
2. Ilang tao ang regular mong nakakasalamuha?
3. Kasama ang iyong mga kapwa miyembro ng komunidad, paano kayo nagpapalitan ng impormasyong pang-kalusugan?
4. Paano mo naaapektuhan ang mga taong nakakasalamuha mo?

APPENDIX C.3. Key Informant Interview (KII) Guide (Hiligaynon)

1. Paano ka naga-istorya sa kapwa mo miyembro ng komunidad?
2. Pila ka tawo ang regular mo nga nakakasalamuha?
3. Kaupod ang imo mga kapwa miyembro sang komunidad, paano kamo ga-bayluhanay impormasyon parte sa ikaayong-lawas?
4. Paano mo gakaapektuhan ang mga tawo nga nakasalamuha mo?

Appendix D.1. Letter request for guided survey respondents (English)

Date

To:

[Name of Prospect Respondent]

[Address of Prospect Respondent]

Dear Mr./Ms./Mx. [_____],

Hello and good day!

I am Czar Ian Angel B. Esquivel, a Master of Development Communication student from the University of the Philippines Open University and I am writing this letter to invite you to become a respondent in a short, guided survey interview to supplement my master's thesis entitled, "The role of neighborhood talks (*tsismis*) in lay discussions of health information in an island barangay in Western Visayas, Philippines".

The survey will ask you about your experience in discussing health information with your fellow members of the community and will ask you to "nominate" a person you frequently engage in *tsismis* with. The person or persons you have chosen will be prospect "core communicators" of your barangay. Since you have been chosen to partake in this survey, it means that you have been chosen by another member of your community.

Once the result of the survey is done, you will be one of the people who will be possibly recruited for a Key Informant Interview on a different schedule. I will get back to you regarding this.

Rest assured that we will value your participation. For the full grasp of this study, please read the attached Informed Consent Form. Your participation will be valuable to the completion of this study.

I am hoping for your positive response. Thank you and have a great day!

Truly yours,

Czar Ian Angel B. Esquivel
Master of Development Communication
UP Open University

Appendix D.2. Letter request for guided survey respondents (Filipino)

Petsa

Para kay:

[Pangalan ng Prospektibong Taga-sagot]

[Tirahan ng Prospektibong Taga-sagot]

Dear Mr./Ms./Mx. [_____],

Magandang araw!

Ako si Czar Ian Angel B. Esquivel, estudyante ng Master of Development Communication ng University of the Philippines Open University at sinulat ko ang liham na ito para imbitahan kayo na maging kalahok sa isang maikling guided survey interview para mapunan ang aking master's thesis na tinituluhang, "The role of neighborhood talks (*tsismis*) in lay discussions of health information in an island barangay in Western Visayas, Philippines".

Ang survey ay magtatanong tungkol sa inyong karanasan sa pagtalakay ng impormasyong pangkalusugan kasama ang inyong mga kapwa miyembro ng komunidad at ito din ay hihiling na kayo ay humirang ng tao na kadalasan niyong kasama sa pakikipagtsismisan. Ang taong ito ay maaring makilalang pangunahing pinagmumulan ng impormasyon ng inyong barangay. Datapwat pinili niyong makilahok sa survey na ito, ibig sabihin ay napili ka ng isa sa mga miyembro ng inyong komunidad.

Pagkatapos ng survey, ikaw ay isa sa mga posibleng mapiling kasapi ng gagawing Key Informant Interview sa ibang iskedyul. Ikaw ay babalikan ko patungkol dito.

Makakatiwala kayo na ang pahahalagan ang inyong pakikilahok at ang inyong kompedisyalidad. Para sa kabuuang impormasyon patungkol sa pananaliksik na ito, maring basahin ang nakadikit na Informed Consent Form. Ang iyong partisipasyon ay mahalaga sa pag-kumpleto ng pag-aaral na ito.

Ako ay umaasa sa iyong positibong tugon. Maraming salamat at magandang araw.

Truly yours,

Czar Ian Angel B. Esquivel
Master of Development Communication
UP Open University

Appendix D.3. Letter request for guided survey respondents (Hiligaynon)

Petsa

To:

[Pangalan sang prospektibo nga manug-sabat]

[Puluy-an sang prospektibo nga manug-sabat]

Dear Mr./Ms./Mx. [_____],

Maayong adlaw!

Ako si Czar Ian Angel B. Esquivel, isa ka estudyante sang Master of Development Communication halin sa University of the Philippines Open University kag ginsulat ko ini para mang-imbitar sa imo nga makipagbahin sa isa ka lip-ot nga guided survey interview para masuplementuhan ang akon nga master's thesis nga gintituluhan "The role of neighborhood talks (*tsismis*) in lay discussions of health information in an island barangay in Western Visayas, Philippines".

Ang survey mamangkot sa inyo parte sa inyo eksperyensya sa pag-istoryahanay sang mga impormasyon parte sa ikaayong-lawas kaupod ang mga kapwa niyo miyembro sang komunidad kag mangayo man ini sang pangalan sang tawo o mga tawo nga permi niyo upod sa tsismisanay. Ang tawo nga ini pwede makilala nga nagapanguna nga ginakuhaan sang impormasyon sa inyo barangay. Kay natungod nga napili ka nga makipag-bahin sa survey nga ini, buot silingon napili man ikaw sang isa sa mga miyembro sang inyo komunidad.

Pagkatapos sang sini nga survey, posible ikaw nga maging kaupod sa paga-ubrahon nga Key Informant Interview sa iban pagid nga iskedyul. Pagabalikan ikaw parte sini.

Makasalig kamo nga pagahatag importansya ang inyo nga pag-ambit kag ang inyo nga kumpidensyalidad. Para mahibaluan ninyo ang kabilugan nga tinutuyo sang ini nga pagtuon, palihog lang basahon ang nakadikit nga Informed Consent Form. Ang inyo partisipasyon kay importante gid sa pagkumpleto sang ini nga pagtuon.

Nagalaum ako sa inyo positibo nga sabat. Madamo nga salamat kag sa liwat, maayong adlaw.

Truly yours,

Czar Ian Angel B. Esquivel
Master of Development Communication
UP Open University

Appendix E.1 Letter request for KII participants (English)

Date

To:

[Name of Prospect Participant]

[Address of Prospect Participant]

Dear Mr./Ms./Mx. [_____],

Hello and good day!

I am Czar Ian Angel B. Esquivel, a Master of Development Communication student from the University of the Philippines Open University and I am writing this letter to invite you to become a participant in a Key Informant Interview (KII) to supplement my master's thesis entitled, "The role of neighborhood talks (*tsismis*) in lay discussions of health information in an island barangay in Western Visayas, Philippines".

From a pool of residents here in your barangay you have been chosen to be invited to participate in this study because you were identified as "core communicator" in your community following the survey that you partook in. In the KII session, we will be talking about how you discuss information on health with your fellow community members.

Rest assured that we will value your participation and your confidentiality. For the full grasp of this study, please read the attached Informed Consent Form.

Should you agree to the terms, accept this invitation, and volunteer to become one of the participants, please feel free to contact me via any of the following:

Text message or phone call - 09171307554

Email - cbesquivel@up.edu.ph

Facebook messenger - facebook.com/Esquivel021 or Yan Sqvl

Your participation will be valuable to the completion of this study. I am hoping for your positive response. Thank you and have a great day!

Truly yours,

Czar Ian Angel B. Esquivel
Master of Development Communication
UP Open University

Appendix E.2 Letter request for KII participants (Filipino)

Petsa

Para kay:

[Pangalan ng Prospektibong Kalahok]

[Tirahan ng Prospektibong Kalahok]

Dear Mr./Ms./Mx. [_____],

Magandang araw!

Ako si Czar Ian Angel B. Esquivel, estudyante ng Master of Development Communication ng University of the Philippines Open University at sinulat ko ang liham na ito para imbitahan kayo na maging kalahok sa isang Key Informant interview (KII) para mapunan ang aking master's thesis na tinituluhang, "The role of neighborhood talks (*tsismis*) in lay discussions of health information in an island barangay in Western Visayas, Philippines".

Mula sa karamihan ng residente dito sa inyong barangay, kayo ay napili upang imbitahan na makilahok sa pananaliksik na ito kasi kayo ang lumabas na kabilang sa mga pangunahing nakikipagusap sa inyong komunidad sa naunang survey. Sa KII na gagawin, pag-uusapan natin ang inyong mga kasanasan sa pagtalakay ng impormasyon sa kalusugan kasama ng inyong kapwa miyembro ng komunidad.

Makakatiwala kayo na ang pahahalagan ang inyong pakikilahok at ang inyong kompedisyalidad. Para sa kabuuang impormasyon patungkol sa pananaliksik na ito, maaring basahin ang nakadikit na Informed Consent Form.

Kung papayag kayo sa imbitasyong ito, at boluntaryong makilahok, maaring makipag-ugyanan sa akin sa alin man sa mga sumusunod:

Text message or tawag - 09171307554

Email - cbesquivel@up.edu.ph

Facebook messenger - facebook.com/Esquivel021 o Yan Sqvl

Ang iyong partisipasyon ay mahalaga sa pag-kumpleto ng pag-aaral na ito. Ako ay umaasa sa iyong positibong tugon. Maraming salamat at magandang araw.

Truly yours,

Czar Ian Angel B. Esquivel
Master of Development Communication
UP Open University

Appendix E.3 Letter request for KII participants (Hiligaynon)

Petsa

To:

[Pangalan sang prospektibo nga umalambit]

[Puluy-an sang prospektibo nga umalambit]

Dear Mr./Ms./Mx. [_____],

Maayong adlaw!

Ako si Czar Ian Angel B. Esquivel, isa ka estudyante sang Master of Development Communication halin sa University of the Philippines Open University kag ginsulat ko ini para mang-imbatar sa imo nga makipagbahin sa isa ka Key Informant Interview (KII) para masuplementuhan ang akon nga master's thesis nga gintituluhan, "The role of neighborhood talks (*tsismis*) in lay discussions of health information in an island barangay in Western Visayas, Philippines".

Halin sa kadamuon sang residente sa inyo nga barangay, napili ikaw nga imbitaron sa ini nga pagtuon kay nag-gwa ikaw nga isa sa mga nagapanguna sang pag-istorya diri sa inyo komunidad base sa nauna nga survey. Sa KII nga sesyon, pagaistoryahan naton ang imo mga naeksperyensya sa pakipag-istorya parte sa mga impormasyon sa ikaayong lawas kaupod ang iban nga miyembro sang imo komunidad.

Makasalig kamo nga pagahatag importansya ang inyo nga pag-ambit kag ang inyo nga kumpidensyalidad. Para mahibaluan ninyo ang kabilugan nga tinutuyo sang ini nga pagtuon, palihog lang basahon ang nakadikit nga Informed Consent Form.

Kung nagapanugot kamo nga batunon ang ini nga imbitasyon, kag boluntaryo nga makipag-ambit, palihog makipag-angot sa akon sa ini nga mga linya:

Text message o tawag – 09171307554 (Globe network)

Email – cbesquivel@up.edu.ph

Facebook messenger – facebook.com/Esquivel021 or Yan Sqvl

Ang inyo partisipasyon importante gid sa pagkumpleto sang ini nga pagtuon. Nagalaum ako sa inyo positibo nga sabat. Madamo nga salamat kag sa liwat, maayong adlaw.

Truly yours,

Czar Ian Angel B. Esquivel
Master of Development Communication
UP Open University

Appendix F.1.

INFORMED CONSENT FORM FOR GUIDED SURVEY INTERVIEW (ENGLISH) (based on UPOU Institutional Research Ethics Committee Informed consent form template for surveys, interviews, and focus group discussions)

Name of Principal Investigator/Researcher: Czar Ian Angel B. Esquivel

Name of Organization: Faculty of Information and Communication Studies, UP Open University

Name of Sponsor: N/A

Name of Project and Version: “The role of neighborhood talks (*tsismis*) in lay discussions of health information in an island barangay in Western Visayas, Philippines”.

PART I: INFORMATION SHEET

INTRODUCTION

This is to formally invite community members to participate in a guided survey interview. The survey will primarily ask about the kind of health information community members talk about in the community as well as identify person/persons they engage in *tsismis* with. The information gathered will supplement the results of the master's thesis that aims to identify central actors in the community and how they utilize *tsismis* as a channel for communication health information for the completion of the requirements for the degree Master of Development Communication of UP Open University. Should there be more questions on how to go about this research and what this research is all about, rest assured that the researcher is prepared to answer or clarify.

PURPOSE OF THE RESEARCH

As stated, the survey will be held to gain understanding on what kind of health information community members talk about in their day-to-day lives as well as to identify several network actors. This phase of the data gathering will gather initial data on the community members and will be used to create social network matrix in order to identify central actors. The identified individuals will be invited to a Key Informant Interview (KII) following the identification. Logically, those who will be participating in this survey will compose the pool of possible central actors.

TYPE OF RESEARCH INTERVENTION

In this phase of this data gathering, the researcher will be asking the survey questions and will be the one to list down the responses.

PARTICIPANT SELECTION

Snowball sampling will be utilized in this phase of the data gathering, that is, individuals who are surveyed must provide a name or names of people they engage in *tsismis* with particularly about information on health. The first part of which is to randomly select a participant as a starting off point. The same process will be done for a total of five (5) times, once per area of the barangay.

VOLUNTARY PARTICIPATION

This survey puts volunteerism highly. Invited participants are free to opt out of participating in this survey. Rest assured that confidentiality will be maintained

throughout the process and participation will not have negative effects on the participants' personal and professional lives.

PROCEDURES

For the survey phase, the participants are to answer questions asked by the researcher. The survey questions will deal with the kind of health information they discuss with their fellow community members. They will also be asked to identify people they have shared that information with. Their responses will be recorded in a survey form. The data collected will be analyzed to identify central actors in the community. The identified central actors will then be invited to a Key Informant Interview (KII).

DURATION

The target time duration for the guided survey will be minimum of 5 minutes depending on the phase of the survey.

RISKS

Because this survey involves directing the researcher to other members of the community, community members might feel targeted. Furthermore, stigmatization may occur due to the ambiguity of the term, central actors as people may relate it to something negative. However, the purpose of this research is to solely identify network members and describe the role of *tsismis* in disseminating health information and not reinforce stereotypes that might occur.

BENEFITS

By responding to this survey community members will be able to contribute to the common knowledge of their community with regards to information about health. Furthermore, the participants will be able to contribute to the body of knowledge in the field of health communication and communication in general.

REIMBURSEMENTS

No reimbursement of any kind will be given to the respondents. Respondents are entitled only to snacks and drinks, meals, and nothing else. No monetary incentive will be given in exchange for participation.

CONFIDENTIALITY

The researcher will gather basic information of the participants and will assign them with control numbers accordingly. The basic information summary sheet will be kept and contained in a computer. Should there be a need for releasing of information (i.e., appendices of the study, survey accomplishment verification, etc.), identifiable data such as the participants' names, complete addresses, and contact information shall be removed from the file and be substituted with the unique control number instead.

SHARING THE RESULTS

Only the identified network members will be informed that they have been nominated largely by their fellow community members. However, respondents will be informed that since it is an academic study, results may be shared more broadly not only in research presentation and thesis defense but also in local, national, or

international conferences, colloquiums, and presentations and through local, national, and international publications.

RIGHT TO REFUSE OR WITHDRAW

The participation for this survey is voluntary but is highly encouraged.

DATA MANAGEMENT

Initial data (i.e., survey results) will be accessible only to the researcher and the research advisory committee. Written consent (i.e., Informed Consent Form) will be stored along with the completed survey forms. All the data related to the study will be stored in a computer personally owned by the researcher and will be backed up in an online drive (e.g., Google drive) managed by the University of the Philippines.

WHO TO CONTACT

For questions, clarifications, comments, and complaints, the participants may contact the researcher directly through the email address cbesquivel@up.edu.ph, phone number 09171307554, or Facebook Messenger Yan Sgvl. For further clarification, the participants may also contact the researchers' thesis advisory committee.

PART II: CERTIFICATE OF CONSENT

This is to confirm that I have read and agreed to participate in the survey that aims to gather information to supplement the Master of Development Communication thesis entitled, "The role of neighborhood talks (*tsismis*) in lay discussions of health information in an island barangay in Western Visayas, Philippines". Furthermore, I hereby confirm that the Informed Consent Form was explained to me prior to agreeing to participate in the survey. I also hereby confirm that I was given the opportunity to ask and raise any questions and have been given sufficient answers. Therefore, I hereby consent to participate in this study.

Print Name of Participant: _____

Signature of Participant: _____

Date [MM/DD/YYYY]: _____

If participant is illiterate:

I hereby confirm that I am a witness for the named participant with a thumbprint below. I hereby confirm that the participant was given accurate reading and accurate information about the mechanics of the guided survey he/she/they voluntarily intend to participate in. I hereby confirm being witness to the opportunity given by the researcher for the participant to ask questions and that the questions were answered accordingly. Furthermore, I hereby confirm that the participant has given consent to partake in this study freely.

Print name of witness _____

Signature of witness _____

Date [MM/DD/YYYY]: _____

Thumb print of participant:



STATEMENT BY THE RESEARCHER OR PERSON TAKING CONSENT

I have, to the best of my ability, carried out the responsibilities of the researcher to inform the participants of the important information regarding the guided survey through reading and explaining the information sheet. I have objectively stated and made them understand the following:

1. Their participation in the survey is voluntary and they can revoke their participation at any point.
2. This survey will tackle their experiences in engagement with fellow community members and the kind of health information they discuss with.
3. The survey will ask them to identify person/s they frequently discuss health information with.
4. The information they have given will be handled with care and utmost confidentiality.
5. The transcript of the results will be shared to them for verification, contextualization, and possible omission based on their own agency.

I hereby confirm that, to the best of my ability, answered all the questions and points of clarification of the participants related to the survey they are going to partake in. I hereby attest that none of the participants were coerced, manipulated, and forced to participate in this study. I hereby confirm that participation to this study is free and voluntary. Furthermore, a copy of this Informed Consent Form has been provided to the participants.

Print Name of Researcher or person taking the consent: Czar Ian Angel B. Esquivel

Signature of Researcher or person taking the consent: _____

Date [MM/DD/YYYY]: _____

Appendix F.2.

INFORMED CONSENT FORM FOR GUIDED SURVEY INTERVIEW (FILIPINO)

(base sa UPOU Institutional Research Ethics Committee Informed consent form template para sa surveys, interviews, and focus group discussions)

Pangalan ng taga-saliksik: Czar Ian Angel B. Esquivel

Pangalan ng organisasyon: Faculty of Information and Communication Studies, UP Open University

Pangalan sang sponsor: N/A

Pangalan kag bersyon sang proyekto: The role of neighborhood talks (*tsismis*) in lay discussions of health information in an island barangay in Western Visayas, Philippines

UNANG PARTE: INFORMATION SHEET

INTRODUKSYON

Ito ay para pormal na imbitahan ang mga miyembro ng komunidad para makilahok sa isang guided survey interview. Ang survey na ito ay naglalayong makakuha ng impormasyon batay sa impormasyong pang-kalusugan na pinaguusapan ng mga miyembro ng komunidad at ito din ay hihiling na magbigay sila ng pangalan ng tao o mga taong kadalasang kasama nila sa pakikipagtsismisan. Ang makukuhang impormasyon ay gagamitin para makilala ang mga pangunahing nakikipagkwentuhan at kung paano nila nagagamit ang tsismis sa pakikipagkwentuhan para sa kompleksyon ng mga pangangailangan sa kursong Master of Development Communication ng UP Open University. Kung may tanong tungkol sa pananaliksik na ito, magtiwala na ang mananaliksik preparado na sumagot sa anumang katanungan.

LAYUNIN NG PANANALIKSIK

Batay sa inilahad, ang survey na to ay gagamitin para makakuha ng impormasyon tungkol sa klase ng impormasyong pangkalusugan na pinakwekwentuhan ng mga miyembro ng komunidad at para rin malaman kung sino ang kadalasang nakikipag-diskusyon. Sa parteng ito ng pagkukuha ng datos kukuha ng inisyal na datos sa mga miyembro ng komunidad para makagawa ng social network matrix para makilala ang mga pangunahing nakikipagwasap. Ang mga makikilalang indibidwal ay iimbitahan sa isang Key Informant Interview (KII) pagkatapos ng pagkilala. Ang mga taong makikilahok sa survey na ito ay posibleng mapabilang sa mga pangunahing nakikipagwasap.

TIPO NG PANANALIKSIK

Sa parteng ito ng pagkuha ng datos, ang mananaliksik ay magtatanong at siya ring magsusulat ng mga kasagutan.

PAGPILI NG MGA KALAHOK

Sa parteng ito ng pagkalap ng datos, gagamitin ng snowball sampling (pagpili batay sa pagpili ng iba), kaya't lahat ng sumailalim sa survey ay dapat magbigay ng pangalan or mga pangalan ng pinagkukunan nila ng impormasyon tungkol sa kalusugan. Ang unang gagawin ay sapalarang pagpili para malaman kung sino ang pinakaunang kalahok. Ang prosesong ito ay gagawin ng limang (5) beses, isang beses sa bawat lugar (o area) ng barangay.

BOLUNTARYONG PARTISIPASYON

Binibigyang halaga ng interbyu na ito ang bolunterismo. Ang mga inimbitahang kalahok ay pwedeng tumanggi sa imbitasyon. Makakatiwala na ang kunpedensiyalidad ng mga kalahok ay pananatilihin sa buong proseso at wala itong epektong negatibo sa kani-kanilang personal at prupesyunal na mga buhay.

MGA PAMAMARAAN

Para sa survey, ang mga kalahok ay sasagot sa mga tanong ng taga-saliksik. Ang mga katanungan ay patungkol sa impormasyong tungkol sa kalusugan na nakuha nila sa kapwa miyembro ng komunidad. Hihiling din na ipakilala nila ang indibidwal na kasama nila sa pagbabahagi ng impormasyon. Ang kanilang mga kasagutan ay ilalathala sa isang survey form. Ang mga datos nga nakolekta ay pag-aaralan para makilala ang mga pangunahing nakikipag-usap sa kanilang komunidad. Ang mga nakilala ay iimbitahan sa isang Key Informant Interview (KII).

KATAGALAN

Ang inaasam na katagalan ng survey interview ay hindi iiksi sa limang (5) minuto depende sa yugto ng survey.

MGA PANGANIB

Dahil ang survey na ito ang mangangaliang magturo sa mananaliksik ng ibang kasapi ng komunidad, ang mga residente ay maaring makaramdam ng pananadya. Bukod pa dito, maaring maiyon ang pagiging pangunahing tagapag-usap sa negatibong panananaw. Pero, ang layunin ng pananaliksik na ito ay tanging para makilala ang mga pangunahing nakikipag-usap at para malaman ang kanilang tungkuluin sa pag-saad ng impormasyon tungkol sa kalusugan at hindi para ipa-sala sila.

MGA BENEPISYO

Sa pagsagot sa survey na ito ang mga miyembro ng komunidad ay makakambag sa kumon na kaalaman ng kanilang pamayanan tungkol sa bakuna. Dagdag pa rito, ang mga kalahok ay makakambag ng kanilang nalalaman sa pagaaral ng komunikasyon para sa kalusugan (health communication) lalo pa sa komunikasyon.

MGA KAPALIT

Walang anumang kapalit ang ibibigay sa mga lalahok pwersa nang sa meryenda, inumin, at pagkain. Walang perang kapalit ang pakikilahok sa interbyu.

KUNPEDENSIYALIDAD

Ang mananaliksik ay kukuha ng primerong impormasyon tungkol sa mga kalahok at sila ay bibigyan ng control number. Ang impormasyong ito ay ilista sa isang summary sheet at itatago sa isang kompyuter. Kung kinakailangang may ibahaging impormasyon (halimbawa – appendices sang pagaaral, berepikasyon ng matagumpay na KII, etc.) ang mga data na pangkakakilanlan tulad ng pangalan, tirahan, at contact information kukunin sa listahan at papalitan ng control number.

PAGBABAHAGI NG RESULTA

Tanging ang mga nakilalang pangunahing tagapag-usap na nahalal ng makakalam na sila ay nahalal ng kapwa nila residente. Ang mga kalahok ay paalahahanan din na dahil ito ay isang pagaaral na pang-akademiko, ang mga resulta ay pwedeng ibahagi hindi lang sa presentasyon, thesis defense pero pwede rin sa lokal, nasyonal, o internasyonal nga mga conference, kag pagpresenta o paglathala sa lokal, nasyonal, o internasyonal na mga publikasyon.

KARAPATAN TUMANGGI O HUMINTO

Ang partisipasyon sa survey na ito ay boluntaryo pero lubusang hinihikayat.

PAMAMAHALA NG DATOS

Ang inisyal nga datos (o ang mga ni-record) ay ibabahagi lamang sa mananaliksik at sa research advisory committee. Ang nakasulat nga pahintulot (Informed Consent Form) ay itatago kasama ang napunan na survey forms. Lahat ng data nga kasali sa pagaaral ay itatago sa isang kompyuter na pagaari ng mananaliksik at gagawan ng backup sa isang online drive (halimbawa, Google Drive) na pinamamahalaan ng University of the Philippines.

KANINO MAKIKIPAG-UGNAYAN

Para sa mga katanungan, klaripikasyon, komento, at reklamo, maaring makipag-ugnayan sa mananaliksik sa pamamagitan ng email address cbesquivel@up.edu.ph, cellphone number 09171307554, o Facebook Messenger Yan Sgvl. Para sa mas karagdagang klaripikasyon, pwede ring makipag-ugnayan sa advisory committee ng pagaaral na ito.

PANGALAWANG PARTE: SERTIPIKASYON NG PAHINTULOT

Ito ay para ikumpirma na nabasa at ako ay naghihintulot sa pakikilahok sa guided survey interview na naglalayong makakuha ng impormasyon para masuplementuhan ang Master of Development Communication thesis na pinamagatang, "The role of neighborhood talks (*tsismis*) in lay discussions of health information in an island barangay in Western Visayas, Philippines". Dagdag pa rito, kinukumpirma ko rin na ipinaliwanag sa akin ang Informed Consent Form bago ako humintulot na lumahok sa pagaaral na ito. kinukumpirma ko rin na binigyan ako ng oportunidad para magtanong kag sinagutan ang mga ito. Samakatuwid, ako ay naghihintulot na makilahok sa pagaaral na ito.

Pangalan ng kalahok: _____

Pirma ng kalahok: _____

Petsa [MM/DD/YYYY]: _____

Kung ang kalahok hindi nakakasulat o nakakabasa

Kinkumpirma ko na ako ay isang testigo sa pinapangalanang kalahok nga may printa ng daliri sa ibaba. Kinkumpirma ko na ang kalahok binasahan ng tamang impormasyon patungkol sa guided survey interview nga nilahukan niya. Kinkumpirma ko rin na ako naka-testigo sa pagbibigay ng oportunidad sa kalahok na magtanong at ang mga katanunga'y nasagutan. Dagdag pa rito, Kinkumpirma ko na ako'y naka-testigo na nagpahintulot ang kalahok na maging parte ng pagaaral na ito.

Pangalan ng testigo: _____

Pirma ng testigo: _____

Petsa [MM/DD/YYYY]: _____

Printa ng daliri ng kalahok:



PAHAYAG NG MANANALIKSIK O NG TAONG HUMIHINGI NG PAHINTULOT

Ako, sa lubos ng aking kaya, ay gumawa ng responsibilidad bilang mananaliksik para magpaalam sa mga kalahok ng mga importanteng impormasyon tungkol sa guided survey interview sa pamamagitan ng pagbasa at pagpapaliwanag ng information sheet. Ako ay nakipagusap at nagpaintindi sa kanila ng mga sumusunod:

1. Ang kanilang partisipasyon sa survey interview ay boluntaryo at pwede nila itong mabawi sa kung alinmang parte.
2. Pagdidiskusyon sa survey ang kanilang mga karanasan sa pakipagkwentuhan kasama ang kanilang mga kasama sa komunidad pati narin kung anong impormasyong pangkalusugan ang pinagki-kwentuhan nila.
3. Ang survey ay hihiling na sila ay pumili ng tao o mga tao na kadalasan nilang kasama sa pakikipag-tsismisan.
4. Ang impormasyon kanilang binigay kay pangangasiwaan at itatago ng maayos.
5. Ang mag sinulat na resulta ay ibabahagi sa kanila para sa berepikasyon, kontekstualisasyon, at posibleng nga pagbawas o pagtanggag depende sa kanilang ahensya.

Kinkumpirma ko na, sa abot ng aking makakaya, nasagot ko ang lahat ng katanungan at mga punto ng klaripikasyon ng mga nakilahok sa survey na lalahukan. Pinapahayag ko na walang ni isang kalahok ang pinilit, minanipula, at pinuwersa para makilahok sa pagaaral na ito. Kinkumpirma ko na ang partisipasyon sa pagaaral na ito ay libre at boluntaryo. Dagdag pa rito, kopya ng Informed Consent Form na ito ay ibinigay sa mga kalahok.

Pangalan ng mananaliksik o taong humihingi ng pahintulot: CZAR IAN ANGEL B. ESQUIVEL

Pirma ng mananaliksik o taong humihingi ng pahintulot: _____

Petsa [MM/DD/YYYY]: _____

Appendix F.3.

INFORMED CONSENT FORM FOR GUIDED INTERVIEW (HILIGAYNON)

(base sa UPOU Institutional Research Ethics Committee Informed consent form template para sa surveys, interviews, and focus group discussions)

Pangalan sang taga-salawsaw: Czar Ian Angel B. Esquivel

Pangalan sang organisasyon: Faculty of Information and Communication Studies, UP Open University

Pangalan sang sponsor: N/A

Pangalan kag bersyon sang proyekto: “The role of neighborhood talks (*tsismis*) in lay discussions of health information in an island barangay in Western Visayas, Philippines”.

UNA NGA PARTE: IMPORMASYON

INTRODUKSYON

Ini para pormal nga mag-imbita sang mga miyembro sang komunidad para makipagbahin sa isa ka guided survey interview. Ang ini nga survey magakuha sang impormasyon kung ano ang mga sahi sang impormasyon parte sa ikaayong lawas ang gina-istoryahan sang mga miyembro sang komunidad kaupod sa pagpakilala sang tawo o mga tawo nga pirmi nila upod sa pag-tsismis. Ang makuha nga impormasyon ay pagagamiton para mag makilala ang mga pirmi peri gaistorya kag kung paano nila ginagamit ang tsismis sa pag-istorya para makumpleto ang mga kinanglan sa kurso nga Master of Development Communication sang UP Open University. Kung may pamalangkatan parte sa ini nga panalawsaw, magsalig nga ang taga-salawsaw preparado para magsabat sang mga pamangkot.

TINUTUYO SANG PANALAWSAW

Sa nahambal na, ang ini nga survey pagagamiton para magkuha sang impormasyon para mahibal-an kung ano ang mga impormasyon pater sa ikaayong lawas ang gina-istoryahan sang mga miyembro sang komunidad pati man mahibal-an kung sino ang permi nga gaistoryahanay. Sa parang nga ini sa pagkuha sang datos para sa pag-tuon, magakuha sang inisyal nga datos sa mga miyembro sang komunidad para makahimo sang social network matrix para makilal-an ang ang nagapanguna sa pag-storya. Ang mga makilal-an nga indibidwal paga-imbitahan sa isa ka Key Informant Interview (KII) pagkatapos. Ang mga tawo nga makipag-bahin sa survey na ini ay posible nga ilakip sa mga nagapanguna sa pag-storya.

TIPO SANG PANALAWSAW

Sa parte nga ini sa pagkuha sang datos, ang taga-tuon kay mamangkot kag siya man ang magasulat sang mga sabat.

PAGPILI SANG MGA UMALAMBIT

Sa parte nga ini sa pagkuha sang datos, maga-gamit sang snowball sampling (pagpili batay sa pinili sang iban), amo na nga tanan nga mapaidalom sa survey kay dapat maghatag sang pangalan o mga pangalan sang ila mga kaupod sa pag-istorya sang mga impormasyon partes a ikaayong lawas. Ang una nga ubrahon kay sapalaran nga pagpili kung sin-o ang pinaka-una nga umalambit. Ang nahambal nga proseso pagasuliton sang lima (5) ka beses, isa sa kada lugar (o area) sang barangay.

BOLUNTARYO NGA PARTISIPASYON

Ginahatagan importansya sang interbyu nga ini ang bolunterismo. Ang gin-imitahan nga mga pumuluyo pwede kapangindi sa imbitasyon. Makasalig nga ang kunpedensiyalidad sang mga umalambit pagasundon sa bilog nga proseso kag wala ini sang ano man nga negatibo nga epekto sa ila personal kag prupesyunal nga kinabuhi.

MGA PAMAAGI

Para sa survey, ang mga umalambit masabat sang mga pamalangkutanon sang sumalawsaw. Ang mga pamangkot nga pagamangkuton sang tagasalawsaw amo ang ila nabal-an parte sa bakuna nga nakuha nila sa iban nga miyembro sang komunidad. Magahingyo man nga ipabalo nila ang indibidwal nga kaupod nila sa pagdiskurso sang impormasyon. Ang ila maga-sabat isulat sa isa ka survey form. Ang mga datos nga makolekta kay estudyuhan para makilala ang mga nagapanguna sa istoryahanay sa ila komunidad. Ang mga makilal-an kay paga-imitahan sa isa ka Key Informant Interview (KII).

KALAWIGON

Ang tuyo nga kalawigon sang survey kay indi manubo sa lima (5) ka minuto depende sa kadugayon sang survey.

MGA RISGO

Kay tungod nga ang survey nga ini magakinahanglan nga mag-tudlo sang iban nga miyembro sang komunidad, mahimo nga ang mga residente makabatyag sang pagka-target. Liban pa diri, mahimo nga ang mga natukoy nga gapanguna sa istoryahanay mapanumduman sang negatibo. Pero ang tuyo sang pag-tuon nga ini kay ang pag-kilala sa mga nagapanguna sa pagstorya sa ila komunidad kag isaysay ang ila nga tinutuyo sa pagsambit sang impormasyong parte sa ikaayong-lawas kag indi sila ipagpakalain.

MGA BENEPISYO

Sa pagsabat sa survey nga ini, maka-amot amg umalambit sa kumon nga kinaadman sang ila nga komunidad parte sa mga ikaayong-lawas. Kasugpon pa, ang mga makipag-bahin makaamot sang ila nahibal-an sa pag-estudio sang komunikasyon para sa ikaayong-lawas (health communication) lalo pagid sa komunikasyon.

MGA KABAYLO

Wala sang ano man nga kabaylo ang ihatag sa mga umalambit pwera nalang sa pamahaw, ilimnon, kag pagkaon. Wala sang kwarta nga kabaylo ang pagkipag-ambit sa interbyu.

KUNPEDENSIYALIDAD

Ang taga-salawsaw magakuha sang primero nga impormasyon parte sa mga umalambit kag pagahatagan sila sang control number. Ang impormasyon nga ini igalista sa isa ka summary sheet kag pagataguon sa isa ka kompyuter. Kung kinahanglaon nga may ipagwa nga impormasyon (halimbawa – appendices sang pagtuon, berepikasyon sang KII accomplishment, etc.) ang mga gapahibalo nga data ilog sang pangalan, puluy-an, kag contact information paga kuhaon sa listahan kag islan sang control number.

PAGPAKIGBAHIN SANG RESULTA

Ang mga nakilal-an lamang nga nagapanguna sa istroyahanay sa ila komunidad ang makabalo ngs sila ginpili sang ila kapwa residente. Ang mga umalambit kay pagapahanumdumon man nga tungod ini isa ka pagtuon nga pang-akademiko, ang mga resulta pwede nga ipakigbahin indi lang sa presentasyon, thesis defense pero pwede man sa lokal, nasyonal, o internasyonal nga mga conference, kag pagpresentar o paglathala sa lokal, nasyonal, o internasyonal nga publikasyon.

KINAMATARUNG NGA MANGINDI O MAG-UNTAT

Ang pag-ambit sa survey nga ini kay boluntaryo pero gina-hikayat.

PAGDUMALA SANG DATOS

Ang inisyal nga datos (o ang gin-record) kay ipakigbahin lamang sa taga-tuon kag sa research advisory committee. Ang nakasulat nga pagpanugot (Informed Consent Form) kay pagataguon kaupod sang nasabtan nga survey forms, kag information sheet. Tanan nga datos nga dala sa pagtuon kay pagataguon sa isa ka kompyuter nga ginapanag-iyahan sang tagasalawsaw kag paga-ubrahan sang backup sa isa ka online drive (halimbawa, Google Drive) nga ginadumalahan sang University of the Philippines.

SIN-O ANG PAGA-KONTAKON

Para sa mga pamalangkutanon, klaripikasyon, komento, kag reklamo, mahimo nga makipag-angot sa direkto sa taga-tuon paagi sa email address cbesquivel@up.edu.ph, cellphone number 09171307554, o Facebook Messenger Yan Sqvl. Para sa mas dugang pa nga klaripikasyon, pwede man makipag-angot ang umalambit sa advisory committee sang ini nga pag-tuon.

IKADUHA NGA PARTE: SERTIPIKASYON SANG PAGSUGOT

Ini para makumpirma nga nabasa ko kag nagasugot ako sa pag-ambit sa guided survey interview nga naga-tuyo nga magkuha sang impormasyon para masuplementuhan ang Master of Development Communication thesis nga gin-tituluhan nga, "The role of neighborhood talks (*tsismis*) in lay discussions of health information in an island barangay in Western Visayas, Philippines". Dugang sini, gina-kumpirma ko man nga gin-esplikar sa akon ang Informed Consent Form bag-o ako nagsugot nga makipag-abmit. Gina-kumpirma ko man nga ginhatagan ako oportunidad para mamangkot kag ginsabat ang mga ini. Gani man, nagasugot ako nga mag-ambit sa ini nga pag-tuon.

Pangalan sang umalambit: _____

Pirma sang umalambit: _____

Petsa [MM/DD/YYYY]: _____

Kung ang umalambit indi kasulat kag kabasa:

Ginakumpirma ko nga ako isa ka testigo sa ginpangalanan nga umalambit nga may printa sang tudlo sa idalum. Ginakumpirma ko nga ang umalambit ginbasahan sang tsakto nga impormasyon nahanungod sa guided survey interview nga ginapaambitan niya. Ginakumpirma ko man nga ako naka-testigo sa paghatag sang oportunidad sa umalambit nga magpamangkot kag ang mga pamalangkutanon nasabat. Dugang sini, ginakumpirma ko nga naka-testigo ako nga nagpasugot ang umalambit nga maging parte sang ini nga pagtuon.

Pangalan sang testigo: _____

Pirma sang testigo: _____

Petsa [MM/DD/YYYY]: _____

Printa sang tudlo sang umalabit:



PAHAYAG SANG TAGA-TUON O SANG TAWO NGA GAPANGAYO PAGSUGOT

Ako, sa akon ikasarang, gin-ubra ang akon responsibilidad bilang taga-saliksik para mapabalo sang mga umalambit sang mga importante nga impormasyon parte sa guided survey interview sa pamaagi sa pagbasa kag pag-esplekar sang information sheet. Ako nagsugilanon kag ginpa-intsende ko sa ila ang mga masunod:

1. Ang ila partisipasyon sa survey interview kay boluntaryo kag pwede nila ini mabawi sa kung diin man nga parte sang survey interview.
2. Pagadiskusyunan sa survey interview ang ila mga experyensya sa pakipag-istorya sang mga butang parte sa ikaayong-lawas
3. Ang survey magapangayo nga kilalan-on nila ang mga kaupod nila sa pakikipag-tsismisan.
4. Ang impormasyon nga ginhatag nila kay pagakupkupon kag pagataguon sang maayo.
5. Ang sinulatan nga resulta kay ipakigbahin sa ila para sa berepikasyon, kontekstualisasyon, kag posible nga pag-utod o pagdula depende sa ila nga ahensya.

Ginakumpirma ko nga, sa akon ikasarang, nagsabat ako sa mga pamalangkutanon kag punto sang klaripikasyon sang mga umalambit sa ini nga survey interview nga ila paga-ambitan. Gina-pahayag ko nga wala sing isa sa mga umalambit ang gin-pilit, gin-manipula, kag gin-pakusgan para magpa-ambit sa ini nga pag-tuon. Gina-kumpirma ko nga ang pag-ambit sa ini nga pag-tuon kay libre kag boluntaryo. Dugang pa diri, kopya sang ini nga Informed Consent Form kay ginhatag sa mga umalambit.

Pangalan sang taga-tuon o tawo nga nagapangayo pagsugot: CZAR IAN ANGEL B. ESQUIVEL

Pirma sang taga-tuon o tawo nga nagapangayo pagsugot: _____

Petsa [MM/DD/YYYY]: _____

Appendix G.1.

INFORMED CONSENT FORM FOR KEY INFORMANT INTERVIEW (ENGLISH)

(based on UPOU Institutional Research Ethics Committee Informed consent form template for surveys, interviews, and focus group discussions)

Name of Principal Investigator/Researcher: Czar Ian Angel B. Esquivel

Name of Organization: Faculty of Information and Communication Studies, UP Open University

Name of Sponsor: N/A

Name of Project and Version: The role of neighborhood talks (*tsismis*) in lay discussions of health information in an island barangay in Western Visayas, Philippines

PART I: INFORMATION SHEET

INTRODUCTION

This is to formally invite community to participate in a Key Informant Interview (KII). This KII will primarily gather information on how community members communicate health information with each other. The information gathered will supplement the results of the master's thesis for the degree Master of Development Communication of the UP Open University. Should there be more questions on how to go about this research and what this research is all about, rest assured that the researcher is prepared to answer or clarify.

PURPOSE OF THE RESEARCH

As stated, this KII will be held to gather information on how they communicate health information with fellow community members through *tsismis*.

TYPE OF RESEARCH INTERVENTION

The research methodology of this research will involve a walking interview in the barangay community on the topic with volunteer participants in the form of an KII. The researcher will act as the facilitator of the interview and will be the one to ask questions to guide the conversation, record, and take note.

PARTICIPANT SELECTION

A snowball sampling was conducted and analyzed using social network analysis to identify highly central actors as prospect participants for this KII.

VOLUNTARY PARTICIPATION

This KII puts volunteerism highly. Invited participants are free to opt out of participating in the KII. Rest assured that confidentiality will be maintained throughout the process and participation will not have negative effects on the participants' personal and professional lives. The participants are free to withdraw at any point during the conduct of the KII, given that the participant has solemnly sworn to not reveal any information about the study.

PROCEDURES

For the KII proper, participants will be scheduled and will be interviewed while walking in the areas near their residence, whichever they prefer. The questions that will be asked by the researcher (who will also act as the moderator) will be about the participants' knowledge on health information, and how they communicate the things they know to others. Before the start of the KII, participants will be given a control number (Part. 1, Part 2, so on...). These control numbers will be coordinated with a summary of the participants' information. Rest assured that the researcher will treat this information with utmost confidentiality. Participants are free to refrain from answering any questions they do not want to. Participants are also free to withdraw from the KII in the middle of the process provided they commit to the research's strict confidentiality. The KII sessions will be recorded via audio recording software.

DURATION

The target time duration for the KII sessions will be minimum of 30 minutes to a maximum of 1 ½ hours with a lead time of 5 minutes for orientation and 15-minute grace period for preparation. The KII sessions will be conducted on weekends for maximum avoidance of any work-related scheduling conflicts. The participants will be reminded 3 days before, a day before, and on the morning of the KII individual session date.

RISKS

Stigmatization may occur due to the ambiguity of the term, central actors as people may relate it to something negative. However, the purpose of this research is to characterize core communicators and define their roles in communicating health information and not reinforce stereotypes that might occur.

BENEFITS

In this KII, the participants will be given the opportunity to express themselves and talk about their experiences in a non-judgmental setting. They will be able to contribute to the common knowledge of their community with regards to information about vaccines. Furthermore, the participants will be able to contribute to the body of knowledge in the field of health communication and communication in general.

REIMBURSEMENTS

No reimbursement of any kind will be given to the participants. Participants are entitled only to snacks and drinks, meals, and nothing else. No monetary incentive will be given in exchange for participation.

CONFIDENTIALITY

The researcher will gather basic information of the participants and will assign them with KII participant numbers accordingly. The basic information summary sheet will be kept and contained in a computer. Should there be a need for releasing of information (i.e., appendices of the study, KII accomplishment verification, etc.), identifiable data such as the participants' names, complete addresses, and contact information shall be removed from the file and be substituted with the KII participant number instead.

SHARING THE RESULTS

The results will be summarized and be shared with the participants before the initial submission to the research adviser through any of the following: phone call, video messaging, or face-to-face discussion. The participants will also be reminded that since it is an academic study, results may be shared more broadly not only in research presentation and thesis defense but also in local, national, or international conferences, colloquiums, and presentations and through local, national, and international publications.

RIGHT TO REFUSE OR WITHDRAW

The participation for this Key Informant Interview (KII) is voluntary and the prospective participants may refuse or revoke their participation at any part of the discussion provided they swear to commit to the study's confidentiality. Participants are also entitled to review the transcript and recording of the KII transcript and have the right to remove parts of their own responses.

DATA MANAGEMENT

Initial data (i.e., recording) will be accessible only to the researcher and the research advisory committee. Identifiable information, however, will be first removed from the recording before transcription. Written consent (i.e., Informed Consent Form) will be stored along with the recording, transcription, and information sheet. All the data related to the study will be stored in a computer personally owned by the researcher and will be backed up in an online drive (e.g., Google drive) managed by the University of the Philippines.

WHO TO CONTACT

For questions, clarifications, comments, and complaints, the participants may contact the researcher directly through the email address cbesquivel@up.edu.ph, phone number 09171307554, or Facebook Messenger Yan Ssql. For further clarification, the participants may also contact the researchers' thesis advisory committee.

PART II: CERTIFICATE OF CONSENT

This is to confirm that I have read and agreed to participate in the Key Informant Interview (KII) that aims to gather information to supplement the Master of Development Communication thesis entitled, "The role of neighborhood talks (*tsismis*) in lay discussions of health information in an island barangay in Western Visayas, Philippines". Furthermore, I hereby confirm that the Informed Consent Form was explained to me prior to agreeing to participate. I also hereby confirm that I was given the opportunity to ask and raise any questions and have been given sufficient answers. Therefore, I hereby consent to participate in this study.

Print Name of Participant: _____

Signature of Participant: _____

Date [MM/DD/YYYY]: _____

If participant is illiterate:

I hereby confirm that I am a witness for the named participant with a thumbprint below. I hereby confirm that the participant was given accurate reading and accurate information about the mechanics of the Key Informant Interview (KII) he/she/they voluntarily intend to participate in. I hereby confirm being witness to the opportunity given by the researcher for the participant to ask questions and that the questions were answered accordingly. Furthermore, I hereby confirm that the participant has given consent to partake in this study freely.

Print name of witness _____

Signature of witness _____

Date [MM/DD/YYYY]: _____

Thumb print of participant:



STATEMENT BY THE RESEARCHER OR PERSON TAKING CONSENT

I have, to the best of my ability, carried out the responsibilities of the researcher to inform the participants of the important information regarding Key Informant Interview (KII) through reading and explaining the information sheet. I have objectively stated and made them understand the following:

1. Their participation in the KII is voluntary and they can revoke their participation at any point.
2. This KII will tackle their experiences in engagement with fellow community members and experiences on how they communicate known health information
3. The information they have given will be handled with care and utmost confidentiality.
4. The transcript of the results will be shared to them for verification, contextualization, and possible omission based on their own agency.

I hereby confirm that, to the best of my ability, answered all the questions and points of clarification of the participants related to the Key Informant Interview (KII) they are going to partake in. I hereby attest that none of the participants were coerced, manipulated, and forced to participate in this study. I hereby confirm that participation to this study is free and voluntary. Furthermore, a copy of this Informed Consent Form has been provided to the participants.

Print Name of Researcher or person taking the consent: Czar Ian Angel B. Esquivel

Signature of Researcher or person taking the consent: _____

Date [MM/DD/YYYY]: _____

Appendix G.2.

INFORMED CONSENT FORM FOR KEY INFORMANT INTERVIEW (FILIPINO)

(base sa UPOU Institutional Research Ethics Committee Informed consent form template para sa surveys, interviews, and focus group discussions)

Pangalan ng taga-saliksik: Czar Ian Angel B. Esquivel

Pangalan ng organisasyon: Faculty of Information and Communication Studies, UP Open University

Pangalan sang sponsor: N/A

Pangalan kag bersyon sang proyekto: The role of neighborhood talks (*tsismis*) in lay discussions of health information in an island barangay in Western Visayas, Philippines

UNANG PARTE: MGA IMPORMASYON

INTRODUKSYON

Ito ay para pormal na imbitahan ang mga miyembro ng komunidad para makilahok sa isang Key Informant Interview (KII). Ang KII na ito ay naglalayong makakuha ng impormasyon kung paano pinagki-kwentuhan ng mga miyembro ng komunidad ang impormasyon tungkol sa bakuna (vaccine) sa isa't isa. Ang makukuhang impormasyon ay gagamitin para mag suplementa sa resulta ng isang master's thesis para sa kursong Master of Development Communication ng UP Open University. Kung may tanong tungkol sa pananaliksik na ito, magtiwala na ang mananaliksik preparado na sumagot sa anumang katanungan.

LAYUNIN NG PANANALIKSIK

Batay sa inilahad, ang KII na ito ay gagamitin upang kumuha ng impormasyon para mailalarawan kung paano ginagamit ang *tsismis* sa pakikipagusap ng impormasyong pangkalusugan.

TIPO NG PANANALIKSIK

Ang pamamaraan ng ng pananaliksik (research methodology) na ito ay sasangkot ng interbyu habang naglalakad (walking interview) sa komunidad ng barangay batay sa topiko ng pananaliksik sa anyo ng isang KII. Ang mananaliksik ay mamamahala ng interview at siyang magtatanong para magabayan ang pag-uusap, magri-record, at magsusulat.

PAGPILI NG MGA KALAHOK

Nagasagawa ng *snowball sampling* (pagpili base sa pinili ng iba) at pinag-aralan gamit ang *social network analysis* para makilala ang mga taong pangunahing nakikipag-usap para sa KII na ito.

BOLUNTARYONG PARTISIPASYON

Binibigyang halaga ng interbyu na ito ang bolunterismo. Ang mga inimbitahang kalahok ay pwedeng tumanggi sa imbitasyon. Makakatiwala na ang kunpedensiyalidad ng mga kalahok ay pananatilihin sab buong proseso at wala itong epektong negatibo sa kani-kanilang personal at prupesyunal na mga buhay. Pwedeng ihinto ng mga kalakip ang interbyu anumang oras basta magbigay ng panatang hindi ipagsasabi sa iba anumang impormasyon tungkol sa pag-aaral.

MGA PAMAMARAAN

Para sa KII, ang mga kalahok ay bibigyan ng angkop na iskedyul at iinterbyuhin habang naglalakad sa lugar malapit sa kanilang bahay, base sa kanilang kagustuhan. Ang mga katanungan ng mananaliksik (na magaging gabay sa interbyu) ay tungkol sa kanilang kaalaman patungkol sa kalusugan at paano nila ito pinagki-kwentuhan sa isa't isa. Bago ang interbyu, ang mga kalahok ay bibigyan ng control number. Ang control number na ito ay nauugnay sa summary ng impormasyon ng kalahok. Itatago ng mabuti ang impormasyong ito. Ang mga kalahok ay pwedeng tumanggi sa pag-sagot sa mga katanungan na hindi nila gustong sagutan. Pwede ring ihinto ng kalahok ang interbyu anumang oras basta't makakapagbigay ng pantang hindi ipagsasabi kanino man ang anumang impormasyon tungkol sa interbyu. Ang KII ay iri-record sa pamamagitan ng audio recorder.

KATAGALAN

Ang inaasam na katagalan ng sesyon ng KII ay hindi iiksi sa trenta (30) minutos at indi sosobra pa sa isa't kalahating (1 ½) ka oras na merong paunang limang (5) minuto para sa orientasyon at kinse (15) minutos na preparasyon ng mga kalahok. Ang mga sesyon kay gagawin sa araw ng Sabado o Linggo para maiwasan ang magtapal sa araw at oras ng trabaho. Ang mga kalahok ay paalalahanan tatlong (3) araw bago ang pinagkasunduang interbyu, at isang araw bago ang interbyu, at sa araw mismo ng interbyu.

MGA PANGANIB

Ang ang mga lalahok ay may panganib na makilalang o “tsismoso/tsismosa”, maaring magkaroon ng negatibong pananaw ang ibang tao sa kanila. Pero, ang layunin ng pananaliksik na ito ay hindi para ipasala ang mga nakikipag-tsismis, pero para malaman kung ano ang papel ng pakikipag-tsismisan ng impormasyong pangkalusugan.

MGA BENEPISYO

Sa KII na ito, ang mga kalahok ay ibiyan ngpagkakataong na makapagsabi ng kanilang pinagdaanan sa isang lugar na hindi nakikitang masama. Makakaambag pa sila sa kumon na kaalaman ng kanilang komunidad tungkol sa mga bakuna. Dagdag pa rito, ang mga kalahok ay makakambag ng kanilang nalalaman sa pagaaral ng komunikasyon para sa kalusugan (health communication) lalo pa sa komunikasyon.

MGA KAPALIT

Walang anumang kapalit ang ibibigay sa mga lalahok pwera nalang sa meryenda, inumin, at pagkain. Walang perang kapalit ang pakikilahok sa interbyu.

KUNPEDENSIYALIDAD

Ang mananaliksik ay kukuha ng primerong impormasyon tungkol sa mga kalahok at sila ay bibigyan ng control number. Ang impormasyong ito ay ililista sa isang summary sheet at itatago sa isang kompyuter. Kung kinakailangang may ibahaging impormasyon (halimbawa – appendices sang pagaaral, berepikasyon ng matagumpay na KII, etc.) ang mga data na pangkakakilanlan tulad ng pangalan, tirahan, at contact information kukunin sa listahan at papalitan ng control number.

PAGBABAHAGI NG RESULTA

Ang mga resultang nakalap ay ibabahagi sa mga kalahok bago ang inisyal nga pagpasa sa research adviser sa pamamamagitan ng: tawag, video messaging, o

pagki-kwentuhan. Ang mga kalahok ay paalahahanan din na dahil ito ay isang pagaaral na pang-akademiko, ang mga resulta ay pwedeng ibahagi hindi lang sa presentasyon, thesis defense pero pwede rin sa lokal, nasyonal, o internasyonal nga mga conference, kag pagpresenta o paglathala sa lokal, nasyonal, o internasyonal na mga publikasyon.

KARAPATAN TUMANGGI O HUMINTO

Ang partisipasyon sa Key Informant Interview (KII) na ito ay boluntaryo kag ang prospektibong makikilahok ay pwede tumanggi o pwedeng bumawi ang ila partisipasyon saan mang parte ng diskusyon basta magpapanatang hindi magbabahagi ng anumang nangyari sa pagaaral. Ang mga kalahok ay meron ding karapatan na i-review ang mga sinulat na resulta at ang mga gin-record at meron din silang karapatan magputol ng mga kasagutan.

PAGMAMAHALA NG DATOS

Ang inisyal nga datos (o ang mga ni-record) ay ibabahagi lamang sa mananaliksik, sa mga taga-sulat (transcribers), at sa research advisory committee. Ang mga impormasyong pangpakilanlan (identifiable information) ay tatanggalin sa ni-record bago ilalathala ang transcript. Ang nakasulat nga pahintulot (Informed Consent Form) ay itatago kasama ang recording, transcription, at information sheet. Lahat ng datos nga kasali sa pagaaral ay itatago sa isang kompyuter na pagaari ng mananaliksik at gagawan ng backup sa isang online drive (halimbawa, Google Drive) na pinamamahalaan ng University of the Philippines.

KANINO MAKIKIPAG-UGNAYAN

Para sa mga katanungan, klaripikasyon, komento, at reklamo, maaring makipag-ugnayan sa mananaliksik sa pamamagitan ng email address cbesquivel@up.edu.ph, cellphone number 09171307554, o Facebook Messenger Yan Ssql. Para sa mas karagdagang klaripikasyon, pwede ring makipag-ugnayan sa advisory committee ng pagaaral na ito.

IKALAWANG PARTE: SERTIPIKASYON NG PAHINTULOT

Ito ay para ikumpirma na nabasa at ako ay naghihintulot sa pakikilahok sa Key Informant Interview (KII) nga naglalayong makakuha ng impormasyon para masuplementuhan ang Master of Development Communication thesis na pinamagatang, "The role of neighborhood talks (*tsismis*) in lay discussions of health information in an island barangay in Western Visayas, Philippines". Dagdag pa rito, kinukumpirma ko rin na ipinaliwanag sa akin ang Informed Consent Form bago ako humintulot na lumahok sa pagaaral na ito. kinukumpirma ko rin na binigyan ako ng oportunidad para magtanong kag sinagutan ang mga ito. Samakatuwid, ako ay naghihintulot na makilahok sa pagaaral na ito.

Pangalan ng kalahok: _____

Pirma ng kalahok: _____

Petsa [MM/DD/YYYY]: _____

Kung ang kalahok hindi nakakasulat o nakakabasa

Kinkumpirma ko na ako ay isang testigo sa pinapangalanang kalahok nga may printa ng daliri sa ibaba. Kinkumpirma ko na ang kalahok binasahan ng tamang impormasyon patungkol sa Key Informant Interview (KII) nga nilahukan niya. Kinkumpirma ko rin na ako naka-testigo sa pagbibigay ng oportunidad sa kalahok na magtanong at ang mga katanunga'y nasagutan. Dagdag pa rito, Kinkumpirma ko na ako'y naka-testigo na nagpahintulot ang kalahok na maging parte ng pagaaral na ito.

Pangalan ng testigo: _____

Pirma ng testigo: _____

Petsa [MM/DD/YYYY]: _____

Printa ng daliri ng kalahok:



PAHAYAG NG MANANALIKSIK O NG TAONG HUMIHINGI NG PAHINTULOT

Ako, sa lubos ng aking kaya, ay gumawa ng responsibilidad bilang mananaliksik para magpaalam sa mga kalahok ng mga importanteng impormasyon tungkol sa Key Informant Interview (KII) sa pamamagitan ng pagbasa at pagpapaliwanag ng information sheet. Ako ay nakipagusap at nagpaintindi sa kanila ng mga sumusunod:

1. Ang kanilang partisipasyon sa KII ay boluntaryo at pwede nila itong mabawi sa kung alinmang parte ng KII.
2. Pagdidiskusyon sa KII ang kanilang mga karanasan sa pakipagkwentuhan kasama ang kanilang mga kasama sa komunidad patungkol sa impormasyong pangkalusugan.
3. Ang impormasyon kanilang binigay kay pangangasiwaan at itatago ng maayos.
4. Ang mga sinulat na resulta ay ibabahagi sa kanila para sa berepikasyon, kontekstualisasyon, at posibleng nga pagbawas o pagtanggap depende sa kanilang ahensya.

Kinkumpirma ko na, sa abot ng aking makakaya, nasagot ko ang lahat ng katanungan at mga punto ng klaripikasyon ng mga nakilahok sa Key Informant Interview (KII) nga lalahukan. Pinapahayag ko na walang ni isang kalahok ang pinilit, minanipula, at pinuwersa para makilahok sa pagaaral na ito. Kinkumpirma ko na ang partisipasyon sa pagaaral na ito ay libre at boluntaryo. Dagdag pa rito, kopya ng Informed Consent Form na ito ay ibinigay sa mga kalahok.

Pangalan ng mananaliksik o taong humihingi ng pahintulot: CZAR IAN ANGEL B. ESQUIVEL

Pirma ng mananaliksik o taong humihingi ng pahintulot: _____

Petsa [MM/DD/YYYY]: _____

Appendix G.3.
INFORMED CONSENT FORM FOR KEY INFORMANT INTERVIEW
(HILIGAYNON)

(base sa UPOU Institutional Research Ethics Committee Informed consent form
template para sa surveys, interviews, and focus group discussions)

Pangalan sang taga-salawsaw: Czar Ian Angel B. Esquivel

Pangalan sang organisasyon: Faculty of Information and Communication Studies,
UP Open University

Pangalan sang sponsor: N/A

Pangalan kag bersyon sang proyekto: The role of neighborhood talks (*tsismis*) in
lay discussions of health information in an island barangay in Western Visayas,
Philippines

UNA NGA PARTE: MGA IMPORMASYON

INTRODUKSYON

Ini para pormal nga mag-imbita sang mga miyembro sang mga barangay sang Mat-y kag Baybay Norte, Miagao, Iloilo para makipagbahin sa isa ka Key Informant Interview (KII). Ang ini nga KII magakuha sang impormasyon kung paano ginaistoryahan sang mga miyembro sang komunidad ang impormasyon parte sa ikaayong lawas sa isa kag isa. Ang makuha nga impormasyon ay pagagamiton para mag suplementa sang resulta sang isa ka thesis para sa kurso nga Master of Development Communication sang UP Open University. Kung may pamalangkitan parte sa ini nga panalawsaw, magsalig nga ang taga-salawsaw preparasdo para magsabat sang mga pamangkot.

TINUTUYO SANG PANALAWSAW

Sa nahambal na, ang ini nga KII pagagamiton para magkuha sang impormasyon para makilal-an ang mga tawo nga nagapanguna sa mga pag-istorya sa komunidad kag paano gina-komunika sang mga tawo nga ini ang impormasyon parte sa ikaayong-lawas sa isig-kapareho.

TIPO SANG PANALAWSAW

Ang pamaagi sang sini nga panalawsaw (research methodology) maga-apid sang interbyu samtang gapanglakaton (walking interview) sa komunidad batay sa topiko sang pag-tuon sa pamagaagi sang isa ka KII. Ang taga-salawsaw maga-dumala sang interbyu kag magapamangkot para matuytuyan ang istoryahanay, maga-record, kag magalista sang importante nga mga butang nga naistoryahan.

PAGPILI SANG MGA UMALAMBIT

Nag-snowball sampling (pagpili nga base sa pagpili ng iban) ang tagasalawsaw kag gin-estudyuhan ini gamit ang social network analysis para makilala ang mga tawo nga nagapanguna sang pagstorya para sa KII nga ini.

BOLUNTARYO NGA PARTISIPASYON

Ginahatagan importansya sang interbyu nga ini ang bolunterismo. Ang gin-imitahan nga mga pumuluyo pwede kapangindi sa imbitasyon. Makasalig nga ang kunpedensiyalidad sang mga umalambit pagasundon sa bilog nga proseso kag wala

ini sang ano man nga negatibo nga epekto sa ila personal kag prupesyunal nga kinabuhi. Pwede ma-untat sang mga interbyuhon ang interbyu biskan san-o basta mag-hatag sang pagpasalig nga indi manugid sang ano mga nga impormasyon parte sa interbyu nga ginhiwat.

MGA PAMAAGI

Para sa KII, ang mga makipag-bahin kay hatagan sang schedule kag interbyuhon isa isa samatang nagapanglakaton sa lugar lapit sa ila puluy-an, base sa ila kagustuhan. Ang mga pamangkot nga pagamangkuton sang tagasalawsaw amo ang ila nabal-an parte sa ikaayong-lawas kag kung paano nila ini gina-kumunika sa iban. Bag-o ang interbyu, pagahatagan sang control number ang mga umalambit. Ang control number nga ini i-angot sa summary sang impormasyon sang umalambit. Pagataguon sang maayo ang impormasyon nga ini. Ang mga makipag-bahin pwede mangindi sa pagasabat sang mga pamangkot nga indi nila gusto pag sabton. Pwede ma-untat sang mga makipag-bahin ang interbyu biskan san-o basta mag-hatag sang pagpasalig nga indi manugid sang ano mga nga impormasyon parte sa interbyu. Ang KII kay ipaga-record sa pamaagi sang taga-record sang tunog.

KALAWIGON

Ang tuyo nga kalawigon sang sesyon sang KII kay indi mag nubo sa trenta (30) minutos ang indi maglawig pa sa isa kag tunga (1 ½) ka oras nga may ara sang labaw nga singko (5) minutos para sa orientaton kag kinse (15) minutos nga paghulat sa mga makipag-bahin. Ang mga sesyon kay pagahiwaton sa Sabado o Dominggo para malikawan nga magtapal sa adlaw kag oras sang ubra. Ang mga makipag-bahin paga-panumdumon tatlo (3) ka adlaw bag-o ang ginkasugtanan nga interbyu, kag isa ka adlaw bag-o ang interbyu.

MGA RISGO

Kay tungod nga ang makipag-bahin may ara sang risiko nga paga-bantugan nga “tsismoso/tsismosa”, basi pagatulukon sila nga negatibo. Pero, ang tuyo sang palanawsaw nga ini kay indi para pakalainon ang mga naga-tsismis, pero para mabal-an kung ano ang papel sini sa diskusyon parte sa ikaayong lawas.

MGA BENEPISYO

Sa ini nga KII, ang mga maga-ambit magkaara sang oportunidad nga makahambal sang ila nga gin-agnan sa isa ka lugar nga wala sila ginatulok sang malain. Maka-amot pagd sila sa kumon nga kinaadman sang ila nga komunidad parte sa mga bakuna. Kasugpon pa, ang mga makipag-bahin makaamot sang ila nahibal-an sa pag-estudyo sang komunikasyon para sa ikaayong-lawas (health communication) lalo pagid sa komunikasyon.

MGA KABAYLO

Wala sang ano man nga kabaylo ang ihatag sa mga umalambit pwera nalang sa pamahaw, ilimnon, kag pagkaon. Wala sang kwarta nga kabaylo ang pagkipag-ambit sa interbyu.

KUNPEDENSIYALIDAD

Ang taga-salawsaw magakuha sang primero nga impormasyon parte sa mga umalambit kag pagahatagan sila sang control number. Ang impormasyon ga ini igalista sa isa ka summary sheet kag pagataguon sa isa ka kompyuter. Kung

kinahanglaon nga may ipagwa nga impormasyon (halimbawa – appendices sang pagtuon, berepikasyon sang KII accomplishment, etc.) ang mga gapahibalo nga data ilog sang pangalan, puluy-an, kag contact information paga kuhaon sa listahan kag islan sang control number.

PAGPAKIGBAHIN SANG RESULTA

Ang mga resulta paga-nubuon kag ipakigbahin sa mga umalambit bag-o ang inisyal nga pagpasa sa research adviser sa pamaagi sang: tawag, video messaging, o pagistoryahanay. Ang mga umalambit kay pagapahanumdumon man nga tungod ini isa ka pagtuon nga pang-akademiko, ang mga resulta pwede nga ipakigbahin indi lang sa presentasyon, thesis defense pero pwede man sa lokal, nasyonal, o internasyonal nga mga conference, kag pagpresentar o paglathala sa lokal, nasyonal, o internasyonal nga publikasyon.

KINAMATARUNG NGA MANGINDI O MAG-UNTAT

Ang pakipag-ambit sa Key Informant Interview (KII) nga ini kay boluntaryo kag ang prospektibo nga umalambit pwede kapangindi o pwede mabawi ang ila partisipasyon biskan sa diin nga parte sang diskusyon basta mag-promisa sila nga pagakupkupon nga pribado ang mga hitabo sa pagtuon. Ang mga umalambit may ara man sang karapatan nga i-review ang sinulat nga resulta kag ang gin-record kag may ara sila karapatan nga paga-utdan ang ila mga sabat.

PAGDUMALA SANG DATOS

Ang inisyal nga datos (o ang gin-record) kay ipakigbahin lamang sa taga-tuon, sa taga-sulat (transcribers), kag sa research advisory committee. Ang mga impormasyon nga maga-tudlo sa mga umalambit (identifiable information) kay pagakakson sa gin-record bag-o ang pagasulaton ang transcript. Ang nakasulat nga pagpanugot (Informed Consent Form) kay pagataguon kaupod sang recording, transcription, kag information sheet. Tanan nga datos nga dala sa pagtuon kay pagataguon sa isa ka kompyuter nga ginapanag-iyahan sang tagasalawsaw kag paga-ubrahan sang backup sa isa ka online drive (halimbawa, Google Drive) nga ginadumalahan sang University of the Philippines.

SIN-O ANG PAGA-KONTAKON

Para sa mga pamalangkutanon, klaripikasyon, komento, kag reklamo, mahimo nga makipag-angot sa direkto sa taga-tuon paagi sa email address cbesquivel@up.edu.ph, cellphone number 09171307554, o Facebook Messenger Yan Sqvl. Para sa mas dugang pa nga klaripikasyon, pwede man makipag-angot ang umalambit sa advisory committee sang ini nga pag-tuon.

IKADUHA NGA PARTE: SERTIPIKASYON SANG PAGSUGOT

Ini para makumpirma nga nabasa ko kag nagasugot ako sa pag-ambit sa Key Informant Interview (KII) nga naga-tuyo nga magkuha sang impormasyon para masuplementuhan ang Master of Development Communication thesis nga gin-tituluhan nga, "The role of neighborhood talks (*tsismis*) in lay discussions of health information in an island barangay in Western Visayas, Philippines". Dugang sini, gina-kumpirma ko man nga gin-esplikar sa akon ang Informed Consent Form bag-o ako nagsugot nga makipag-abmit. Gina-kumpirma ko man nga ginhatagan ako oportunidad para mamangkot kag ginsabat ang mga ini. Gani man, nagasugot ako nga mag-ambit sa ini nga pag-tuon.

Pangalan sang umalambit: _____

Pirma sang umalambit: _____

Petsa [MM/DD/YYYY]: _____

Kung ang umalambit indi kasulat kag kabasa:

Ginakumpirma ko nga ako isa ka testigo sa ginpangalanan nga umalambit nga may printa sang tudlo sa idalum. Ginakumpirma ko nga ang umalambit ginbasahan sang tsakto nga impormasyon nahanungod sa Key Informant Interview (KII) nga ginapaambitan niya. Ginakumpirma ko man nga ako naka-testigo sa paghatag sang oportunidad sa umalambit nga magpamangkot kag ang mga pamalangkutanon nasabat. Dugang sini, ginakumpirma ko nga naka-testigo ako nga nagpasugot ang umalambit nga maging parte sang ini nga pagtuon.

Pangalan sang testigo: _____

Pirma sang testigo: _____

Petsa [MM/DD/YYYY]: _____

Printa sang tudlo sang umalabit:



PAHAYAG SANG TAGA-TUON O SANG TAWO NGA GAPANGAYO PAGSUGOT

Ako, sa akon ikasarang, gin-ubra ang akon responsibilidad bilang taga-saliksik para mapabalo sang mga umalambit sang mga importante nga impormasyon parte sa Key Informant Interview (KII) pamaagi sa pagbasa kag pag-esplekar sang information sheet. Ako nagsugilanon kag ginpa-intsende ko sa ila ang mga masunod:

1. Ang ila partisipasyon sa KII kay boluntaryo kag pwede nila ini mabawi sa kung diin man nga parte sang KII.
2. Pagadiskusyunan sa KII ang ila mga experyensya sa pakipag-istorya sang impormasyon parte sa ikaayong-lawas kaupod sang ila mga kaupod sa komunidad
3. Ang impormasyon nga ginhatag nila kay pagakupkupon kag pagataguon sang maayo.
4. Ang sinulatan nga resulta kay ipakigbahin sa ila para sa berepikasyon, kontekstualisasyon, kag posible nga pag-utod o pagdula depende sa ila nga ahensya.

Ginakumpirma ko nga, sa akon ikasarang, nagsabat ako sa mga pamalangkutanon kag punto sang klaripikasyon sang mga umalambit sa ini nga Key Informant Interview (KII) nga ila paga-ambitan. Gina-pahayag ko nga wala sing isa sa mga umalambit ang gin-pilit, gin-manipula, kag gin-pakusgan para magpa-ambit sa ini nga pag-tuon. Gina-kumpirma ko nga ang pag-ambit sa ini nga pag-tuon kay libre kag boluntaryo. Dugang pa diri, kopya sang ini nga Informed Consent Form kay ginhatag sa mga umalambit.

Pangalan sang taga-tuon o tawo nga nagapangayo pagsugot: CZAR IAN ANGEL B. ESQUIVEL

Pirma sang taga-tuon o tawo nga nagapangayo pagsugot:

Petsa [MM/DD/YYYY]: _____

Appendix H.

NOMINATION DATA ADJACENCY MATRIX

[illegible]

Appendix I.

INDIVIDUAL CENTRALITY SCORES PER AREA

APPENDIX I.1. Centrality Scores of Respondents from Area 1

RESPONDENT NUMBER	DEGREE CENTRALITY	RANK	CLOSENESS CENTRALITY	RANK	BETWEENNESS CENTRALITY	RANK
036	3	11	0.1576506955	9	200	8
044	4	4	0.2231947484	7	598.8989442	2
045	4	4	0.1336828309	13	576	3
046	3	11	0.1187427241	18	0	18
056	4	4	0.1073684211	23	297	7
057	3	11	0.08892763731	25	0	18
058	6	1	0.09742120344	24	200	8
059	4	4	0.1192982456	17	392	4
060	2	23	0.1204250295	16	0	18
061	4	4	0.1367292225	12	101	11
062	3	11	0.08892763731	25	0	18
066	4	4	0.5625	1	20	13
067	3	11	0.45	3	0	18
068	5	2	0.5294117647	2	18.5	14
069	3	11	0.3913043478	4	3.5	15
070	3	11	0.3913043478	4	3.5	15
071	3	11	0.3103448276	6	0.5	17
072	3	11	0.1663947798	8	767	1
073	3	11	0.1436619718	11	200	8
074	2	23	0.1444759207	10	392	4
075	5	2	0.127340824	14	299	6
076	2	23	0.1130820399	21	0	18
077	3	11	0.1132075472	19	0	18
078	4	4	0.1260815822	15	101	11
082	3	11	0.1132075472	19	0	18
083	2	23	0.1120879121	22	0	18

APPENDIX I.2. Centrality Scores of Respondents from Area 2

RESPONDENT NUMBER	DEGREE CENTRALITY	RANK	CLOSENESS CENTRALITY	RANK	BETWEENNESS CENTRALITY	RANK
002	11	1	0.2350230415	5	585.1074585	3
004	9	3	0.2212581345	7	845.9237114	1
005	9	3	0.2241758242	6	334.1972265	4
012	8	5	0.2188841202	8	226.1903744	6
013	7	9	0.1950286807	12	5.466058764	14

014	5	10	0.1950286807	12	1.366514691	15
015	3	14	0.1984435798	10	37.26923077	11
016	8	5	0.1875	15	119.6409331	7
017	8	5	0.1961538462	11	227.4276127	5
019	3	14	0.2027833002	9	48.57407407	9
026	2	20	0.1708542714	20	0	18
027	10	2	0.1875	15	40.96309077	10
028	8	5	0.1875	15	19.11479131	13
035	5	10	0.1180555556	21	0.4222222222	16
038	2	20	0.1834532374	18	0	18
039	3	14	0.1714285714	19	101	8
048	3	14	0.1177829099	22	0.2222222222	17
051	4	12	0.1931818182	14	838.5666667	2
063	3	14	0.36	2	0	18
064	4	12	0.5	1	20	12
065	3	14	0.36	2	0	18
113	1	22	0.3461538462	4	0	18

APPENDIX I.3. Centrality Scores of Respondents from Area 3

RESPONDENT NUMBER	DEGREE CENTRALITY	RANK	CLOSENESS CENTRALITY	RANK	BETWEENNESS CENTRALITY	RANK
001	8	4	0.2256637168	6	171.3433812	14
003	11	1	0.233409611	3	211.6932172	10
006	6	10	0.2231947484	8	103.2739872	17
007	2	25	0.203187251	10	5.495238095	25
008	6	10	0.2457831325	2	1541.627607	4
009	10	2	0.2615384615	1	2881.734003	1
010	7	6	0.2318181818	4	84.28384102	19
011	7	6	0.2318181818	4	1686.775795	3
018	6	10	0.1854545455	18	51.14227118	22
020	6	10	0.2056451613	9	299	8
021	4	18	0.1917293233	12	123.3744771	16
022	6	10	0.2241758242	7	1950.02943	2
023	9	3	0.1875	15	145.1648767	15
024	2	25	0.1939163498	11	1305	5
025	2	25	0.1854545455	18	297	9
029	8	4	0.1875	15	19.11479131	23
030	4	18	0.1725888325	21	17.57808371	24
031	4	18	0.1621621622	23	1.7	26
032	2	25	0.1465517241	26	0	29
033	5	15	0.1737649063	20	0	29
034	4	18	0.1179190751	30	0.2222222222	27

037	2	25	0.1702838063	22	1232	6
040	4	18	0.1513353116	25	1199.111111	7
041	7	6	0.1329856584	28	195.6	13
042	7	6	0.1329856584	28	196.2	12
043	4	18	0.1179190751	30	0.2222222222	27
047	3	24	0.1906542056	14	66.51660418	20
049	5	15	0.1621621622	23	101.4	18
053	2	25	0.1857923497	17	56.410912	21
054	5	15	0.191011236	13	210.2146109	11
055	2	25	0.1397260274	27	0	29

APPENDIX I.4. Centrality Scores of Respondents from Area 4

RESPONDENT NUMBER	DEGREE CENTRALITY	RANK	CLOSENESS CENTRALITY	RANK	BETWEENNESS CENTRALITY	RANK
050	4	16	0.2212581345	1	380.1372841	5
052	5	12	0.2193548387	2	774.9397059	2
085	9	1	0.1655844156	19	44.47222222	14
089	4	16	0.1677631579	15	395.0717392	4
090	4	16	0.127340824	28	33.33333333	16
091	3	23	0.1132075472	30	0	23
092	5	12	0.127340824	28	66.66666667	12
093	8	3	0.2151898734	3	492.3897226	3
094	6	9	0.1831238779	10	0	23
095	3	23	0.1844484629	9	3.833333333	19
096	9	1	0.1861313869	8	253.4030021	8
097	4	16	0.1574074074	22	0	23
098	4	16	0.1574074074	22	0	23
099	8	3	0.1655844156	19	100.9431624	10
100	4	16	0.1624203822	21	40.25641026	15
101	4	16	0.1459227468	27	3.556837607	21
102	7	5	0.1661237785	16	3.916611003	18
103	6	9	0.1658536585	17	3.716611003	20
104	7	5	0.1658536585	17	12.28695683	17
105	6	9	0.1821428571	12	297.5	6
106	5	12	0.1547799697	24	0.5	22
107	3	23	0.1545454545	25	0	23
108	3	23	0.1545454545	25	0	23
109	2	28	0.1888888889	5	102.5740491	9
110	2	28	0.1770833333	14	59.84814099	13
111	3	23	0.1885397412	6	274.4781674	7
112	7	5	0.1928166352	4	797.8884992	1
114	7	5	0.1868131868	7	68.88589744	11

115	5	12	0.1831238779	10	0	23
116	2	28	0.1802120141	13	0	23

APPENDIX I.5. Centrality Scores of Respondents from Area 5

RESPONDENT NUMBER	DEGREE CENTRALITY	RANK	CLOSENESS CENTRALITY	RANK	BETWEENNESS CENTRALITY	RANK
079	7	1	0.2251655629	4	1043.821833	1
080	4	2	0.1844484629	5	0	4
081	4	2	0.1844484629	5	0	4
084	1	7	0.6666666667	2	0	4
086	3	4	0.1450924609	7	297	2
087	3	4	1	1	1	3
088	2	6	0.6666666667	2	0	4

Appendix J.
THEMATIC ANALYSIS CODEBOOK

THEMES	SUBTHEMES	DEFINITION	DATA EXCERPTS	DATA EXCERPTS (TRANSLATED)
<i>Kanya-kanya nga experience:</i> <i>Tsismis</i> as a facilitator of experiential health knowledge	Personally contribute to health information formation through sharing of health experience	Utterances that depict tsismis as a way to personally contribute personal health experience to ongoing conversations in the community.	<p>Siling man na dayun sang isa hu, “ako gani amo man, naga-batyag man ko bala!” Daw kadamo na ya.</p> <p>Parehas sakun ya nga na-operahan ko, sadto ya nga time ngadaan du 50-50 na ko. Gin-istorya ko sa ila kung paano bala, ang akon na-agihan.</p> <p>Masiling na bi dayun ang akon upod, “baw! Oo gid man ya bala ya sir, kay ang didto bala ya si kay... ginkagat sang ido. Baw, wala gid ya madakpan ang ido mu”.</p> <p>I-expect mo gid na ya nga kanya-kanya may ara gid na ya nga experience. Oo, may ara gid na ya nga i-share nga experience.</p> <p>About sa ila nabatyagan sa pagpangih, mga... ang ila abi, para sa ila kaayuhan nga... ang ila ubo, kung pila na ka gab e, pila na ka kwan.</p>	<p>Then someone can also say, “me too, I also feel that!” Then the conversation grows.</p> <p>Like for me, I was operated on, back then I was like 50-50 already. I told them about what I went through.</p> <p>My companion will immediately say, “wow! Yes sir, because there was someone... who was bitten by a dog and the dog was never caught.”</p> <p>You should really expect that each one has their own experience. Yes, there is really something they will share.</p> <p>About what they feel when they urinate, those... for them, for their own benefit... their cough, how many nights already, things like that.</p>
	Confirmatory tool to health practices	Utterances that depict tsismis as a way to affirm or negate health beliefs or as a way to correct ongoing health practices	<p>“Dapat ilikaw nyo ang mga pagkaon nga amo sina,” Halimbawa, maka ano gid ya sang aton nga bato ang magkaon ka perme sang maasin, mantikaon, mga amo sina. Tapos siling nila, “malikaw gid ta gali sang mga amo amo sina kay dali gid ya magtubo ang bato sa (kung) perme ka nagakaon sang mga maasin, mga [inaudible], mga mantikaon”.</p>	<p>“You should avoid those kinds of foods,” for example, it can really affect our kidney if you always eat salty, oily, and those kinds of foods. Then they say, “we should really avoid those kinds because the kidney stone easily grows if you always eat salty foods, those [inaudible], oily foods.”</p>

			<p>Halimbawa, nga naga-batyag man sila sang pareho man sakun gina-batyag. So, kung maka-istorya ko sa ila, edi ma prevent nila mga ginakaon nila. Ma ano... malikawan nila mga amo sina. Kay para indi man sila mag pareho sa akon. May makuha bala sila nga leksyon sa imo na-agihan.</p> <p>So, kung may ara man sila gina-batyag nga pareho man sa imo, so aware na sila. Kay maipa-anggid nila bala sa imo nga ginhambal mo, amo gali na dapat likawan.</p> <p>Teh, kung nag-istorya ka tu ya karon kuris-kuris, ah teh mapati gid na sila sa imo. Kay abi nila tuod-tuod na nga istorya mu.</p> <p>Negative, oo. Ang may mga dugang dugang na bala.</p> <p>Ah kung ano ang makita bala sa social media, indi sya ya reliable nga information, galupok na ya sa barangay dayun. Whereas indi sya ya reliable. Amo na dapat maghaboy ka ya sang... sang chismis sa barangay mo, sa mga kachismis, dapat reliable information gid.</p> <p>Sang wala pa sang public awareness... parte sa rabies. Diba dati, ang practice ya sang tawo, common practice is tandok... Oo. So ina sya, pinalatun-latun lang na ya sir nga istorya, wala ina sa ya sang... sang health study. Pero, teh grabe ang epekto sa health sang tawo. Abi nila maayo na, gali kay indi gali maayo. Nan,</p>	<p>For example, they also feel the same as what I feel. So, if I talk to them, then they can prevent what they eat. They can avoid those things. So they will not become like me. They can get lessons from my experiences.</p> <p>So, if they also feel something similar to what you feel, then they become aware. Because they can compare it to what you say, that it is indeed what should be avoided.</p> <p>Because, if you talk nonsense, they will really believe you. Because they think your story is already true.</p> <p>Negative, yes. The ones with additions (or exaggerations).</p> <p>Ah, what is seen on social media, despite not being reliable information, quickly spreads in the barangay. Whereas if it is not reliable. That is why you when you gossip in your barangay, among gossipers, the information should be reliable.</p> <p>Before there was public awareness... about rabies. Right before, people's practice, common practice was "tandok" (traditional treatment). Yes. That is just a repeated story, sir, and is not based on any health study. But it has a very big effect on people's health. They think it is good, but actually it is not. When you are</p>
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			<p>nagpakagat ka sa ido, tandukan mo. Whereas nga... Sa kamatuuran gali, kung e base natun sa study, indi mo pagpatandukan.</p> <p>Ay am... amo na abi hambal sang... sang katigulangan, imo padug-on para ang rabies mag-gwa. Whereas, pag-abot gali ya sa... sa... sa study sa health, indi gali na sya pwede padug-on.</p> <p>"Ay, insakto gali nang ginahambal ni amo na... ni amo na. kinahanglan, atun e... abi e-try man ang iya gin..."</p>	<p>bitten by a dog, you will have it undergo "tandok." Whereas in truth, based on studies, you should not do "tandok."</p> <p>That is what the elders say, to let it bleed so the rabies will come out. But when it comes to health studies, that should not be done.</p> <p>"Ah, what that person said is actually correct... we should also try what they say."</p>
<i>Obligasyon namon: Tsismis as reinforcer of formalized community roles</i>	Complement to formalized community roles to enhance information delivery efficiency	Utterances that depict tsismis as a more efficient delivery of information, particularly to assist barangay officials in information dissemination of formalized health programs and services	<p>Wala man na ya namon na na-seminar ya o mabal-an namon baw may bag-o naman gali nga mga info (information).</p> <p>Kung mga may immunize dira sa barangay, gina... Ginapabalo kami nila. Nagakadto kami sa health center para sa mga BP (blood pressure).</p> <p>May immunize kami di, may mga doctor nga mga ma-abot. So, gina-spread out na namon dayun ang balita.</p> <p>Kami man ang isa sa barangay, nagabulig manlang kami... nga maka ano kami sa tawo. Maka ano man sang mensahe sa ila nga may amo sina nga pagahiwaton.</p> <p>Kung sa akon lang sir eh... syempre, kay... kay diba nang nakabalo ko abi, ang akon nabal-an, ipahibalo ko man sa ila. Ipahibalo ko bala sa ila nga may mga amo sina nga activity diri sa barangay. So, ginakadtu-an gid na sila ya eh.</p>	<p>We also have not been trained in that (through seminar) or we do not know, but there are actually new information.</p> <p>If there are immunization in the barangay, we are... they inform us. We go to the health center for BP (blood pressure).</p> <p>We have immunization here, there are doctors that come. So, we immediately spread out the news.</p> <p>We are also (the) ones in the barangay, who just help... so that we will able to (inform) people. To be able to give the message to them that an activity will be done.</p> <p>For me, sir eh... of course, because... when I know (something) already, I also inform others of what I know. I inform them that there are certain activities here in the barangay. So, they can come (to those activities).</p>

			<p>Gina-pabalo man na sila namon nga may immunize, may pre-natal, may check-up, kag may mga kilo sir... may BP (blood pressure).</p> <p>Kami ya, nagabulig lang gid kami ya ano sa tawo nga makabalo. Kay kung kis-a sir, sa tuod tuod, indi man gid sila kabalo kung sila lang...</p> <p>Sa aton nga mga volunteer, teh kadugay kalab-ot ang information. Pero kung tsismosa kag tsismoso imo sugiran, ah sus!</p>	<p>We also inform them that there is immunization, there is pre-natal, and there is check-up, and there are weighing, sir... (and also) there is BP (blood pressure).</p> <p>We, we just really help people so they will know. Because sometimes sir, just stating facts, they really do not know if it is just them...</p> <p>For our volunteers, the information takes a long time to reach. But if the one you tell a <i>tsismoso</i> or <i>tsismosa</i>, ah sus!</p>
	Informalization of formalized information mechanisms	Utterances that depict tsismis as an informal way of information delivery being done by community members with formalized roles (e.g. barangay official, BHWs, etc.)	<p>Sa under man na sa akon. Sa amon ulubrahon bilang isa ka barangay volunteers. Maski population ya ang kapot ko, pero may gina ano kami ya sir. May gina-monitor kami monthly, kag gina-report gid na namon yearly sa Carles, through sa Carles pakadto Province. under sa ano... sa... under kami sa population mu, pero, dala na sya namon ang family planning kag sa mga ano na bala sir... mga teenage pregnancy.</p> <p>Gina-spread namon ang balita para sila man... kung sila man ang makabalo, e ano (pabalo) naman nila sa iban. Pero kami man mismo, kung maka gwa man kami di, gina ano (pabalo) man namon ang tawo. Para tapos, e-relay na nalang nila man sa iba.</p> <p>Especialy kung mga importante nga information halin sa barangay. Teh, kinanglan mo gid na e disseminate sa</p>	<p>It is also under me, (as part of) our work as barangay volunteers. Even though I handle population, we still have something to do, sir. We monitor (something) monthly, and we really report it yearly in Carles, through Carles going to the Province. Under what... we are under population, but we also include family planning and the like... such as teenage pregnancy.</p> <p>We spread the news for them... if they know of the news themselves, they can also inform others. But we ourselves, if we go out here (in the community), we also inform people. So then, they can just relay it to others.</p> <p>Especialy if it is important information from the barangay. So, you really need to disseminate it to the residents.</p>

			<p>mga pumuluyo.</p> <p>Gina-share ko sa mga close friends ko, kung ano ang mga kaayuhan sa barangay.</p> <p>Isa na sa mga advocacy namon kag obligasyon, nga anyone should know about sang sina nga information.</p> <p>Ah teh syempre, in the first place, bilang ara ka sa barangay, teh... first hand information ko gid ni ya sir. Sa ila ba... information. Gina... Kung ano na ya ginahambal mo, or ginasugid mo sa ila, patihan gid na nila ya. Tanan nga information mo na nga gina share sa ila ya, mapati gid na sila ya.</p> <p>Aw indi lang na ya kinahanglan nga volunteer lang sina imo sugiran kay dapat bisan sin o nga tawo sina masugata mo, imo gid istoryahan.</p> <p>Reliable gid na ya sir basta barangay official sa imo mag-istorya.</p> <p>Pero indi ni sa akon community ginayatan ang ano ha. Pareho lang nga, sa akon lang sila gapalapit mga amo na abi. Kay may salig sila ya nga indi makalapos sa iban magsugid sila. Kay budlay man na nga mga kwan.</p>	<p>I share it to my close friends, the things that are beneficial to the barangay.</p> <p>That is one of our advocacies and obligations, that anyone should know about that certain information.</p> <p>Of course, in the first place, since you are (part of) the barangay, this is really a first-hand information sir... about them... information. Whatever you are saying or telling them, they really believe it. All information you share to them, they will really believe it.</p> <p>It is necessary that you not only tell volunteers, because anyone you meet, you should inform.</p> <p>It is really reliable sir as long as it is a barangay official who talks to you.</p> <p>This is not the community that I handle. It is just like that, they just approach me. Because they trust that it will not be passed on to others when they tell. Because those are also difficult matters.</p>
<p><i>Amo na di ang mga tradisyon: Tsismis as a validator of herbal medicine use</i></p>	<p>Share personal experience in health medicine relative to perceive effectiveness</p>	<p>Utterances that depict tsismis as a way to share experience that promote the</p>	<p>Okay ang ginahatag nga bulong ni Doc. Herbal ang ginahatag nya sa akon nga bulong. Tapos, may ara man sa (ginahatag) nga indi man herbal. Amo na ang na anuhan ko nga siling nakon,</p>	<p>The medicine that Doc gives is okay. He gives me is herbal medicine. Then, there are also some that are not herbal. That is what I noticed that I said, "the doctor is also good, because he also advises to</p>

		effectiveness of herbal medicine	<p>“manami man ang doctor, kay ga advice man sa nga mag herbal ka. Sanay imo kaugalingon kay healthy man ang... nami man ang kondisyon sang herbal kung kauyon ka man,” hambal ni Doc.</p> <p>Hay nabatyagan ko man nga may ano man ang herbal nya nga ginahatag sa akon.</p> <p>Nya siling ya sakun, nga amo tu nakapakwa sang bato sang iya manghod. Nag-try man ko, siling ko, “testingan ko man abi.” Amo na. Pero du wala gid ya, kay ang akon guro daw acute na ya. Dyo... wala na... wala ko na tu gin sigi.</p> <p>“Ako ya gani nag ano... nag gamit lang ko ya herbal. Amo na. So, na kwa... nadula manlang tu akon ano. Pagpa-laboratory ko, wala na ang akon bato.”</p> <p>Hay resetahan ka, paimnon mo, kalmante man lang. Pero sang naumpisahan ko tu sa ila asta nga nagdalalagko sila, subong...</p> <p>Pero kalabanan gid di sir, ginagamit na... ginagamit nila ya, alibhun (sambong) gid. Alibhun gid na ya. Tapos, ining dahon sang katumbal, na.</p> <p>Amo na nga asta subong, indi gid madula sa amon ang paggamit sang herbal medicine. Amo na di ang mga tradition gid ya namon nga mga ginagamit.</p>	<p>use herbal. You should get used to it yourself because it is healthy... the condition of herbal is also good if your body agrees,” said Doc.</p> <p>I also felt that there is something (an effect) in the herbal that he gave me.</p> <p>Then he told me that it was what helped remedy the kidney stone of his younger sibling. I also tried it, I said, “I will try it also.” That’s it. But it seems there was really no effect, because maybe mine was already acute. I... I did not continue it (taking the remedy) anymore.</p> <p>“I just used herbal. That’s it. So, it was removed... my kidney stone was gone. When I had my laboratory test, the stone was gone.”</p> <p>Then you are given prescription, you drink it, it is just calming. But when I started using (herbal) until they became big, now...</p> <p>But most of us here sir, what they use... they use alibhun (sambong). Alibhun really. And leaves of the chili plant.</p> <p>That is why until now, you really cannot remove the use of herbal medicine. That is really our traditional practice.</p> <p>Ah, my medicine is just plants, plant materials, leaves. That’s it... lemongrass.</p>
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			<p>Ay mga kwan man lang akon na pang-bulong, mga kahoy-kahoy, mga dahon-dahon. Amo na... tanglad (lemongrass), ina. Amo na napang-bulong ko. Napang ano na... Mga luy-a (ginger), napangsaksak kag butangan sang rubbing alcohol. Mga kwan sang... nang kwan na ho... Ano gani na ne hu? Iya sina... iya sina ta... iya sina bunga. Sina hu... avocado, na. Iya bala liso, na. Na ano ko na, pang kihad-kihad kag ibutang sa kwan kag butangan rubbing alcohol. Amo na akon... Amo man na da ang [inaudible]... Hay ginahulam man nila.</p>	<p>Those are what I use as medicine. And then... ginger, I crush it and put rubbing alcohol. Then those things... what do you call this... this fruit... that one... avocado. The seed, I slice it, and put rubbing alcohol. That is my... (inaudible) That is also what they borrow.</p>
	Assimilation of herbal medicine to professional health advice	Utterances that depict tsismis as a way to integrate herbal medicine to professional medical advice	<p>Ilog abi sa akon subong nga nagapa-doctor ako, mag... mag kondisyon bala imo lawas nga mag ano ka sa mga herbal, mga herbal lang ang gamiton. Pero, ang manami kuno ang sa herbal nang makahatag kuno sang atun bala maayo nga lawas nga bulong.</p> <p>Okay ang ginahatag nga bulong ni doc., herbal ang ginahatag nya sa akon nga bulong. Tapos, may ara man sa nag indi man herbal. Amo na ang na anuhan ko nga siling nakon, "manami man ang doctor, kay ga advice man sa nga mag herbal ka. Sanay imo kaugalingon kay healthy man ang... nami man ang kondisyon sang herbal kung kauyon ka man," hambal ni Doc.</p> <p>magamit ako sang herbal nga ano tu gani ah.</p>	<p>It is like with me, I go to the doctor, it is to... to condition your body maybe so that you can use herbal, only herbal will be used. But they say what is good in herbal is that it can give us, supposedly, a good body and medicine.</p> <p>The medicine that Doc gives is okay. He gives me is herbal medicine. Then, there are also some that are not herbal. That is what I noticed that I said, "the doctor is also good, because he also advises to use herbal. You should get used to it yourself because it is healthy... the condition of herbal is also good if your body agrees," said Doc.</p> <p>I will use herbal that one, you know...</p>

<p><i>Amo ni dapat ang himuon: Tsismis</i> as a negotiator of treatment decisions</p>	<p>Formation and enforcement of health advice</p>	<p>Utterances that depict tsismis as a way to form and enforce health advice towards the person seeking health interventions or aide; may also include utterances that depict tsismis as a way to check acceptance of health advice</p>	<p>Ang parte sa subong, sa mga bata, kung paano ang bata ma baksinan (vaccine). Kung pila ka bulan dal-on ngadaan sa sentro (center) kung nagabusong ang babayi.</p> <p>O syempre mahambal ka “hay napa-inom mo na ina sang bulong o pila mo ka beses napa-inom para maulawan dayun?” Amo ina amon gina-istoryahan kung kis-a.</p> <p>Kung paano mag-gamit sina sang mga constructive (contraceptive) pills ina. O siling ko sa ila, “dapat mag-umpisa kamo sa sina paglabas sang inyo period. Dapat mag umpisa kamo sina indi nyo kalimtan kay syempre mag-lapse ka indi na na sya pwede kung ga kwan kamo sang mga text sang mga family planning”.</p> <p>Mahambalan mo bala sila nga ma... masugi... ma-singhanan nga, “amo ni nga bulong imo pwede mo mapa-inom,” amo na bala.</p> <p>Kung ano man iya, amo man na eh. Parehos sina, kung mag kinowanay kamo, “amo kamo ni bala” oh. Te kundi, makahatag man bulig sa ila.</p> <p>Amo manlang na ginhambal nila, indi manlang pag pabay-an ang bata.</p> <p>Gahatag man ko sa ila abi sang advice, nga dapat nga mapa-konsulta gid kung may gina batyag ka nga indi amo sa imo lawas. Ipa-konsulta mo gid para mabal-an ta kung ano gid bala ina ang imo gina-</p>	<p>Right now, with children, how the child can be vaccinated (vaccine). How many months the pregnant woman should be brought to the center when she is pregnant.</p> <p>Of course you will say, “did you already give that medicine or how many times did you already make them take medicine so that they will recover immediately?” That is what we sometimes talk about.</p> <p>About how to use contraceptive pills. I also tell them, “you should start at the time your period starts. You should start (taking pills) and do not forget it because of course if you miss it, it is no longer allowed if you are basing it on texts on family planning.”</p> <p>You can tell them, “this is the medicine you can let them drink,” that’s it.</p> <p>Whatever it is he/she prefers, that’s it. For example, if you talk among yourselves, “this is what you should do,” It can also help them.</p> <p>That is just what they said, do not neglect the (my) child.</p> <p>I also give them advice that they should really consult a doctor if they feel something unusual in their body. You should consult so we will know what</p>
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			<p>batyag, para matagaan advice sang doctor. Amo na.</p> <p>Kinahanglan mag amo na ka lawig, ipa-konsulta ta na gid na sa doctor. Kung kita lang mag ha-um ha-um, basi bala indi ta mapaktan, ulihi na ang paghinulsol natun.”</p> <p>Sa akon lang ya eksperyensya parte sa mga herbal medicines bala ni hu, kung kaisa, ining tawo bala, kung trangkasuhon, gina-ubo, gina-advisan ko nga maglaga sang alibhun o indi gani mag... tum-anan ta bala, kung satun.</p> <p>“Si kwan amo na,” damo ka ma advice dayun sa ila, mahambal nga, “amo ni ang imo dapat himuon, nga imo gid e-apply sa imo lawas para mabatyagan mo kung anong epekto”.</p> <p>Kung taas dugo, kung ano ginahimo mo para mag kwan ka. Kung highblood ka bala. Kung ano ang mga dapat himuon.</p> <p>Maayo, maayo man, kay ginahambal ko akon nga... Sa akon lawas, nga kung paano himuon sa ikaayong lawas man nila, kung sundon nila akon gina-hambal.</p> <p>“Dapat nang amo ni imo imnon nga bulong.” Or magpa ano ka... magpa check up or ano.</p>	<p>exactly you are feeling, so the doctor can give advice. That’s it.</p> <p>If it persists, it should be checked by a doctor. If we just rely on ourselves, we might not expect it, and regret will come late.</p> <p>In my experience with herbal medicines, sometimes when a person has flu or cough, I advise them to boil alibhun (sambong) or if not, we can... as we call it, “tum-anan”.</p> <p>“That person is like that,” then you give many advice to them, like “this is what you should do, you should apply this to your body so you can feel the effect.”</p> <p>If there is high blood pressure, what do you do to manage it. If you have high blood, what should be done.</p> <p>It is good, because I tell them my experience with my body, and how do they do it for their health, if they follow what I say.</p> <p>“You should drink this medicine.” Or you should go get checked or something.</p> <p>I share with them, then they also give advice... what needs to be done.</p>
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			<p>Naga-share ko sa ila, tapos sila na ang ga advice man sa akon... Kung ano dapat himuon.</p> <p>Naga-advice man ko sa ila kung ano ila himuon.</p> <p>Gina pamati-an man nila akon nga gina-advice sa ila. Tapos, ginatuman man nila kung ano akon ginahambal sa ila.</p> <p>Kay du indi man bala maayo sa lawas kung adlaw-adlaw na gid na ang pag kwan... inom. Natural lang nga pag-inom, indi lang nga sobra-sobra bala. Amo man lang na di amon na-istoryahan. Ginasaway ko...</p> <p>Amo tu... Katulad tu sang isa ko ka tawo, e indi sa magpalaygay. Siling ko, "puli ka nalang sa inyo kay indi ka ya magpalaygay, basi problema ko pa na pila ka adlaw, kung ano matabo diri sa imo."</p>	<p>I also give them advice on what they should do.</p> <p>They also listen to my advice. Then they also follow what I tell them.</p> <p>Because it is not good for the body if you drink every day. Drinking is natural, not too much. That is what we talk about. I remind them (about that)...</p> <p>Just like when... like with one person I know, he resisted (my advice). I said, "just go home because if you do not follow my advice, I might have a problem with you someday if something happens to you here."</p>
	Reinforcement to Professional advice	Utterances that depict tsismis as a way to support professional advice; may also include utterances that depict tsismis as a way of referral to professional help.	<p>"Hay nabulong mo na na?". O pwede... kung paron na na tu... kung e refer nyo didto sa midwife basi may anti-tetanus didto nang kadto lang kamo sa sini nga adlaw kay ara na sa da."</p> <p>Kung wala di midwife nga ari di nagpuli magpa ano, i-refer namon. Ihambal namon nga, "ipa-dokturi nyo na."</p> <p>Na didto ay may... may na pareho na may nasamaran dira ay kinahanglan kadtuo kadto ka man kag maki-usyuso kag mapaglantaw.</p>	<p>"Did you already give remedy?" Or it can be... if you refer them to the midwife, maybe there is anti-tetanus there, just go there today because there is a midwife there.</p> <p>If there is no midwife available here to handle it, we refer them (to a doctor). We tell them, "have it checked by a doctor."</p> <p>If there is... for example, if there is someone injured that needs attending, you can also go there to see what is happening.</p>

			<p>Siling ko, “oo, kung gusto mo magpa doctor, pa-doctor ka. Kay ang doctor, ga advice man kung ano ang dapat mo himuon. Kung may bulong sa sang sa iya, kung sa herbal, ga ano man ang doctor. Ga offer man.”</p> <p>Kung once gani nga tagaan ka na sang doctor sang maintenance, imo gid na ya e-apply sa imo kaugalingon. Kag indi mo gid pagkalipatan nga kada adlaw, indi ka gid man inom sina. Kinahanglan, ma inom ka gid. Kung... Amo na kung kis-a, mabasul... mabasulan... maka... mabasol mo man sila, nga kung atakehon sila sang mild stroke, amo ina kay... amo na dayun mahambalan sila, “amo na kay kwan ka, wala mo gin-inom. Dapat imnon mo kay kwan ina sang doctor. Kwan... Halin ina sa doctor.”</p>	<p>I said, “yes, if you want to go to the doctor, then go to the doctor. Because the doctor also gives advice on what you should do. If there is medicine, even herbal, the doctor also gives and offers herbal medicines.</p> <p>If once the doctor gives you maintenance medicine, you should really apply it to yourself. And you should not forget that every day, you should not skip taking it. You really need to take it. Because sometimes, you can blame... you will blame them, that if they get a mild stroke, that is what happens because... then they will be told, “that is because you did not take it. You should take it because that is the doctor’s order. That... that comes from the doctor.”</p>
<i>Waay ipa-doktor:</i> Tsismis as an investigator of health inequalities	Lack of financial resources and challenges in livelihood	Utterances that depict tsismis as a way to talk about life in general, lack of financial resources and challenges in livelihood that directly or indirectly affect one’s health	<p>Kung ano ang adlaw adlaw nga pangabuhi ang kinahanglan.</p> <p>Ga-istorya kami parte sa amon nga kabuhi, kung ano ang amon man sa pagkabuhi. May mahambal ambi nga nang, “Kami sini... amo ni, waay gid.”</p> <p>Palareha lang ta sini eh. Kung ano aton mga problema, kung ano ang aton mga... Sa aton kabuhi, maninguha lang ta. Padayunon ta lang para may ano man ta sa aton kaugalingon. Basta sa maayo lang nga pamaagi.</p> <p>Ang kapigaduhon bala subong ah. Kung ano nga kwan... maayo gani... maayo lang kung may palawod eh, maka kwan.</p>	<p>Whatever is needed in our day-to-day living.</p> <p>We talk about our life, about how our quality of life. There are others who say, “we are like this... this is it, we really have nothing.”</p> <p>We are just the same here. Whatever our problems are, whatever our life situations are, we just strive. We continue so that we can have something for ourselves. As long as it is in a good way.</p> <p>The poor quality of life nowadays. Whatever... it is good if there is fishing, then you can earn something. Then, if there is work, that is it, you can find something to earn from.</p>

			<p>Tapos, kung may trabaho, amo na eh, makakita kita man.</p> <p>Bisan pigado da, basta wala ka lang may gina-batyag, na.</p> <p>Kung ano da nga mga problema, mag-istoryahanay, te amo na eh.</p> <p>About man sa bulong kag sa ano, kwarta. Kay syempre, wala man kami kwarta.</p> <p>Kung kis-a lain man ang topiko amon gina-istorya, about man sa kabuhi.</p> <p>Kung may mga problema ka sa imo pag... ano eh... pangabuhì mo. Ngaa kung pigado. Syempre, bisan tuod ya nang indi man na sa ano. Pero nang diba sa emotion... emotional mo, isa na nga makapa ano sa imo... makahatag sa imo sang sakit. Kung kis-a, kapigaduhon bala sir.</p> <p>Kapin pa nga kung kis-a, kung waay kwarta, amo na mga herbal. Amo amon gina ano. Kay bisan pa-doctor gani... waay ka... waay ka ipa-doctor.</p> <p>Ga sugid ko sa ila kung magkadto di sila. Or ga... kung kis-a ginatawag ko sila bala nga, “amo ni... ay abaw, ga lain akon pamatyag.”</p>	<p>Even if you are poor, as long as you do not have any illnesses.</p> <p>Whatever problems there are, we just talk it out, that's it.</p> <p>About medicine and also money. Because of course, we do not have money.</p> <p>Sometimes our topic is different, also about life.</p> <p>If you have problems in your life... your living. Why is the quality of life poor. Of course, even if it is true, it is not something like that. But emotionally... emotionally, it is something that can affect you... can give you illness. Sometimes, poverty, sir.</p> <p>Especially when there is no money, that is when we use herbal medicine. That is what we do. Because even if you go to the doctor... you do not have... you cannot go to the doctor.</p> <p>I tell them when they come here. Or sometimes I call them, like “this is it... ah, I am feeling unwell.”</p>
	Focus on age-related health issues	Utterances that depict tsismis as a way to express health issues	Budlay na kung gaka-edad ka na.	It is already difficult when you are getting older.

		related to the ageing population, as well as personal health issues faced by the ageing respondents	<p>Kapin pa kung naga edad na gali kita, damo na ta ya sang gina-batyag.</p> <p>Daw highblood na malang ang ginalabanan namon na.</p> <p>Mga masakit akon mga kalawasan. Naga atubiling gani akon ismagul. Maglakat ko kay, ini hu... Du ga payud. Hay may edad na ngadaan, ma syen (100) na ko sa kwan ni hu... Sa bente-nuwebe (29).</p> <p>Damo ko nabatyag. May kwan ko ngadaan... [inaudible], highblood pa ko.</p>	<p>Especially when we are already aging, we already experience many illnesses.</p> <p>It seems like high blood pressure is what we are mostly dealing with.</p> <p>I can already feel pain in my body. Even my slippers slide off. When I walk, this... I already feel weak. I have already aged, I am already one hundred years old in this... this twenty-nine (29).</p> <p>I already feel many things. I also have... [inaudible], I also have high blood pressure.</p>
<i>Maipalapta ang kaayuhan: Tsismis as a provider of social support</i>	Relief from stress or form of relaxation	Utterances that depict tsismis as a form of relaxation and release of stress, further depicting it as one that can contribute to one's health	<p>Iro-istorya kamo da, du ma kwa ang imo mga stress. Tapos pag... pagsunod nga adlaw makit-anay kamo baw amo na nami istoryahon daw, "oh maayo sa pamatyag nga naga-open ka man sa ila sang subong na nga mga problema," makabulig gid ya.</p> <p>O gamag-an pamatyag mo kay naka-share ka sa iban. Tapos du madula ang ginapaminsar mo nga mga problema sa sulod balay mo kay syempre naka-gwa ka tu kag maka-open ka sa iban nga mag hatag sa ila advice oh..</p> <p>Teh amo na kung kis-a eh, mag-inistoryahanay kamo da parte asta sa mga bulong ninyo, nakun halimbawa. Amo na, ma open ko na kung kis-a. Syempre mapa-utwas man bala ako... kang imo nga... problema.</p>	<p>When you talk there, it seems like your stress gets removed. Then the next day when you meet again, it is something good to talk about, "it feels good that you are opening up to them about your current problems," it really helps.</p> <p>You feel lighter because you were able to share with others. Then it seems like the problems inside your house you are thinking about are gone because of course you were able to go out and open up to others who can also give advice.</p> <p>Sometimes, you talk among yourselves about even your medicines, for example. That is it, I also open up sometimes. Of course, I also let out my... problems.</p>

			<p>Amo na syempre, daw mamag-an lang sa pamat (pamatyag)... Kagab-e gani ga lain akon pamatyag.</p> <p>Te amo gid na ya... Kung waay ka man pa-utwasan, syempre, du indi man ma kwa ang imo nga isip eh. Ara lang gyapon.</p> <p>Kay kung amo lang na imo padalman, hala nalang ano mo da.</p> <p>Kung waay na trabaho. Syempre, way ka na obligasyon, way ka na da... maka ano na... maka-relax na bala ang lawas mo. Du amo na. Atubangay kamo da. Istorya kung ano da eh.</p> <p>Magpakahipos-hipos ka tu karon, hay paano tu karon mabuligan ka sang imo nga kaupod, ay sang imo da nga ano</p>	<p>That is it, of course, it feels lighter (emotionally). Just last night I was feeling unwell.</p> <p>So that is really it... If you have no one to let it out to, of course your mind does not get relieved. It just stays there.</p> <p>Because if you keep it within, (no one knows) what will happen to you.</p> <p>If there is no work, of course you have no obligations, no... your body can relax. That's it. You face each other there. Talk about whatever.</p> <p>If you just stay quiet, how can your peer can help you, on your... your... situation.</p>
	As a form to seek and receive social support	Utterances that depict tsismis as a way to both give and receive psychosocial support from family, friends, and the larger community; this also includes depiction of tsismis to seek other forms of social support such as transportation to address health needs.	<p>Nga kung maka-eskwela sila, healthy ang ila lawas. Nga kabalo sila mag ano sa ila kaugalingon nga... Kung ara na sila mag-atubang sa maestra. Nang, kung maglakat sa eskwelahan, pakan-on sila sang maayo. Tapos, tagaan sila sang... Kung may ara ka nga maayo nga ihatag sa ila nga pagkaon nga para gid sa ila kaugalingon, nga maayo ang ila lawas. Nga indi man sila magsiling nga mag-malnourish sila, mag ano sila. Tinguhaan gid namon na ya, kung ano man... mangita... mangita kami ya pamaagi para nga mahatag namon sa amon kabataan.</p> <p>Bulong bala nga wala sila kabalo bala, maka... makabalo sila.</p>	<p>That if they go to school, their body will be healthy. That they will know how to take care of themselves... when they are already facing the teacher. Then, when they go to school, they are fed well. Then they are given... if you have good food to give them that is really for them, so that their body will be healthy. So that they will not become, what we refer to as, malnourished, that they will not become like that. We really work hard, whatever it takes... we look... we find ways so that we can give it to our children.</p> <p>Remedy that they do not know, so that they can know.</p>

			<p>Oh te kundi, makabulig sa imo.</p> <p>Makatudlo sa imo nga, “amo ni...” Makakuha ka man bala opinyon sa isa kag isa.</p> <p>Te kung mapa-utwas mo umpisa, makahatag suggestion, or nano inyo istorya pa gid. Makabulig-bulig sa imo.</p> <p>Parehas na ma-open mo imo problema, tagaan ka nila suggestion. Imo kung kisa, halimbawa sa gina-batyag mo, silingon ka nila, “Amo ka ni abi...” (Kung) ka isa, try mo man.</p> <p>Bag-o lang ko na-operahan. So, damo sila mga pamangkot... ginakamusta man nila ko kung ano akon sitwasyon, ano na akon pamatyag.</p> <p>Manugid sila nga nagalain ila pamatyag. Tapos naga ano man ko sa ila...</p> <p>Daw magulang na bala...</p> <p>Daw bali ginakabig man ko bala nila nga magulang.</p> <p>Hay kung ano da mga kwan da, ga-istorya ko sa ila kung maayo akon lawas. Kung malain man akon lawas, gina-istorya ko sa ila.</p> <p>“Kung mapatay ko, indi kamo magkadto-kadto sa balay.” Kay malain gali kung gasugid ko sa inyo nga malain akon pamatyag. Hay malain na gali sa imo?</p>	<p>So then, it can help you.</p> <p>It can teach you that, “this is it...” You can also get opinions from each other.</p> <p>So if you open up first, they can give suggestions, or whatever your conversation is. It can help you.</p> <p>For example, when you open up your problem, they give you suggestions. Like for example, what you are feeling, they will tell you, “you should try this...” Sometimes, you will try it also.</p> <p>I was just recently operated on. So they have many questions... they also check on me, asking how my situation is, how I am feeling.</p> <p>They will say that they are not feeling well. Then I also respond to them...</p> <p>Like an older sibling...</p> <p>It’s like they also consider me as older.</p> <p>Whatever it is, I talk to them if my body is fine. If my body is not fine, I also tell them.</p> <p>“If I die, do not go to the house.” Because it’s (seems) bad if I tell you that I am not feeling well. It is bad for you? We are siblings, but when then I tell you (how I’m feeling), then it’s bad?</p>
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	As a form of social good	Utterances that depict tsismis as a form of social good that benefits the larger community	<p>“Anha nyo nalang, kadtui nyo nalang si amo ni amo tu oh para makabulig nga makapatigayon nga makatabok”.</p> <p>Maipalapta mo man sa ila kung ano bala ya ang kaayuhan.</p> <p>Halimbawa, ah may gin kagat sang ido, masiling na sir, “Baw! Oo gani. Kagapon lang may gin... gin-buligan kami tu bala sir nga ginkagat sang ido,” mga ano... mga amo na bala.</p> <p>Pero ang the best nga chismis, ini ang sa health. Kay damo ka sang mapalapnag nga balita, nga impormasyon, sa ila mu. Kontra sang mag chismis ka sa imo kaparehas nga wala sang kamatuoran, wala sang ebidensya. Ina, ma-abot ina ang chismis sa away nga ginatawag. Pero kung ang inyo gina-istoryahan, sa inyo pagtillipon ninyo about lang sang mga para sa ikaayong lawas, ang tanan nga mabal-an ninyo, inyo e-share share, mga herbal o medicine man na halin sa doctor.</p> <p>Magbuligay lang bala.</p>	<p>“Just go to that person so they can help make things possible so they can cross the sea (go to the mainland).”</p> <p>You can also spread goodwill (to the community).</p> <p>For example, ah there was someone bitten by a dog, they will say sir, “Wow! Yes, just yesterday there was... we helped someone because that person was bitten by a dog,” things like that.</p> <p>But the best kind of <i>tsismis</i> is like this one, on health. Because you can spread many news and information to others. Unlike gossiping with your peers that has no truth, no evidence. That becomes gossip that leads to conflict. But if what you are talking about in your gathering is only about health and wellness and everything you know, you share it—herbal or medicine from the doctor.</p> <p>Just help each other.</p>