

Peace Education and the Promotion of Peace-building Initiatives through Health Care Programs in Conflict-Affected Areas in Mindanao

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ABSTRACT

For several years now, there has been a growing global consciousness on the close connection between health and peace. This study aimed to describe peace education and determine the promotion of peace-building initiatives through healthcare programs in conflict-affected areas in Mindanao. The study utilized the descriptive research design and correlation method using survey, interview, and Focus Group Discussion, to 250 survey respondents, eight informants, and 16 FGD participants from conflict-affected areas of Maguindanao and North Cotabato. Data were analyzed and interpreted using mean and multiple regression methods. The study found out that the delivery of the health care programs, the performance of the roles and responsibilities of the healthcare providers and the use of peace mechanisms were moderately extensive. That peace education has significantly contributed to the promotion of the peace-building initiatives in the conflict-affected areas. However, the health care programs and health to peace mechanisms strongly influence peace education. The study concludes that health care programs have been delivered well, although there is still a need for

improvement in terms of the performance of the roles and responsibilities of the health care providers. The use of peace mechanisms still needs to be intensified.

Keywords — Peace and Development, peace education and peace-building initiatives, descriptive – correlational design, Maguindanao and Cotabato Provinces, Philippines

INTRODUCTION

The connection between health and peace has been globally considered. Thus, in many countries in the world affected by armed conflict, health services are upgraded in pursuit of better health, and therefore increased the level of peaceability (WHO, 2014). Peace-oriented health programs could reduce risks, lessen vulnerability, mitigate risks, and resistance to instability and insecurity in communities. They can also be good springboards for policy formulation or policy reform (International Peace Institute, 2011). Rushton and Youde (2014) described how war is affecting the health of the residents of the conflict-affected areas in West Africa. The WHO study on the social determinants of health (2008), as mentioned in the fact sheet of the Canadian Nurses Association (2008) states that armed conflict is the third leading cause of violent deaths globally and that conflicts have directly killed 3.6 million people and displaced 50 million since 1990.

They also described the health services delivered with peacebuilding interventions to enable the communities to rise up and become resilient. In Columbia, the government has established strategic cooperation with the United States for International Development and World Health Organization for the delivery of health services and health and peace research to investigate the level of vulnerability to diseases as affected by the armed conflict in the country.

In the Philippines, internal conflict has been experienced for over four decades. This includes violence related to two main causes: a communist-inspired insurgency and a separatist struggle in the southern Bangsamoro region (Peace Insight, 2015). In the study of Sumagayan (2018) findings revealed that peacebuilding facilitates the establishment of durable peace and prevents the recurrence of violence through reconciliation, education, institutional and political building for economic transformation. It is difficult to know the total number of people who have been affected by the conflicts in the Philippines, but it is often estimated at 150,000. Natural disasters have contributed to the

displacement of many more. As mentioned by WHO (2014) in the article of Tilford (2018), where non-fatal consequences of violence are concerned, children, women, and older adults experience a greater burden. In the case of children, whether the impacts are on physical health, as a result of malnutrition and injuries or on mental health as a result of experiencing violence and loss of families, the outcomes can be particularly long-lasting.

The role of health workers then is crucial. In the delivery of health services in conflict-affected countries, health care professionals have undeniably and increasingly served an important role as frontline responders in mitigating the fallout of conflicts and epidemics. Because of this, conflict-affected countries receive much attention from the United Nations through the World Health Organization (World Economic Forum, 2015). It is in this premise that the study seeks to describe the role of peace education and determine the promotion of peacebuilding initiatives through the health care programs of the Department of Health in conflict-affected areas in Mindanao.

FRAMEWORK

The promotion of peacebuilding initiatives is linked with the culture of peace model developed by Virginia Cawagas and Swee-Hin Toh (2002), known as the six petals of peace. It includes cultivating inner peace, dismantling the culture of war, living with justice and compassion, building cultural respect, reconciliation and solidarity, promoting human rights and responsibilities, and living in harmony with the earth.

Galtung in Grewal (2013) explains that personal and direct violence such as those inflicted by wars are built into the social and political structures, such that if equal violence is done, the conflict or violence perpetrated. Violence here is redefined as unavoidable insults to basic human needs and, more generally, insults to life.

The bearing of the theory of Galtung in the study is strong. This is saying that fighting a violent war to win peace in situations of structural violence will not gain positive peace when won because direct violence begets direct violence. The sufficient delivery of government programs and services, when successful, wins positive peace because no one is done violence along the way.

OBJECTIVES OF THE STUDY

This study describes peace education and determines the promotion of peacebuilding initiatives of the Department of Health in conflict-affected areas in Mindanao, particularly in Maguindanao and Cotabato provinces. Specifically, it generates data on the extent of the provisions of health care programs to the community residents of conflict-affected areas in Mindanao, the extent of the health as a bridge for peace (HBP) in promoting peacebuilding, the extent of the health care providers and the Department of Health in promoting peacebuilding initiatives using the health to peace mechanisms, the role of peace education in promoting peacebuilding initiatives, and the influence of peace education in the promotion of peacebuilding in conflict-affected areas in Mindanao.

METHODOLOGY

Research Design

The researcher utilized mixed methods, a combination of quantitative and qualitative research designs. The quantitative method consists of the survey that was conducted to find out the different health care programs delivered, the Health as Bridge for Peace for the roles and responsibilities of the health care providers, and the health to peace mechanisms used by them, and how these contribute to the process of peacebuilding, using an anchor, the six elements of the Culture of Peace.

The Key Informant Interview (KII) and the Focus Group Discussion (FGD) were employed to gather the qualitative data which substantiated and validated the quantitative data. The interview and FGD results come in the form of statements and narratives.

Participants

The participants of the study are the residents of Shariff Aguak of Maguindanao and Carmen of North Cotabato, who were direct beneficiaries of the programs. Both municipalities have barangays that have been constantly hard hit by the armed conflict. Only those who were affected by the conflict spanning from 2014 to 2017 were included as part of the N population. The Focus Group Discussion (FGD) was conducted with a cross-section of the direct beneficiaries, the implementers on the ground, such as the Barangay Health Workers (BHWs). The Local Government Officials were also invited to participate in the FGD. The

Key Informant Interview (KII) respondents were the officials of the Department of Health, particularly the Municipal Health Officers, doctors, nurses, and program coordinators of the Rural Health Unit of both municipalities to supplement responses and elicit problems encountered in the delivery of health care programs.

Instrumentation

The survey questionnaire consisted of four (4) parts. Part I consisted of the Provision of Health Care Programs of the Department of Health through the Rural Health Units in conflict-affected areas in Mindanao. Part II gathered information about the Health as Bridge for Peace (HBP), which consisted of the roles and responsibilities of healthcare providers in promoting peace in the conflict-affected areas in Mindanao. Part III delved on the promotion of peacebuilding initiatives of the health care providers using the health to peace mechanisms. Part I, II and III utilized the four-point Likert scale: (4) 3.50-4.00 = Highly Extensive; (3) 2.50-3.49 = Moderately Extensive; (2) 1.50-2.49 = Not Extensive; and (1) 1.00-1.49 = No Delivery. Part IV dealt with the role of peace education in promoting peacebuilding initiatives in the conflict-affected areas in Mindanao. It utilized the four-point Likert scale: (4) 3.5-4.0 = Strongly Agree; (3) 2.50-3.49 = Agree; (2) 1.50-2.49 = Disagree; (1) 1.00-1.49 = Strongly Disagree. Also, a triangulation method of gathering the data was used. The data was gathered through the use of the questionnaire, focus group discussions, and interview of key informants.

Data Gathering Procedure

An approval letter was submitted to the dean of the Graduate School. After obtaining approval from the dean, the researcher asked permission and approval from the Department of Health XII and the Department of Health ARMM for the conduct of the survey to Maguindanao and Cotabato Provinces. Once approved, the researcher sought permission from the Municipal Health Officers of Shariff Aguak and Carmen Rural Health Units for the conduct of the survey to the selected residents and FGD to Barangay Health Workers. After this, the researcher personally interviewed the key informants. The proceedings of the interview were recorded to ensure that all information was accurately documented.

Ethical Consideration

A consent letter addressed to the participants was attached to the survey questionnaire. All participants were informed that their participation is voluntary. They are assured that their names will not be included in the study and that all data gathered from them will be treated with the utmost confidentiality. Informed consent was signed by the participants.

Statistical Analysis

Upon retrieval of the data, questionnaires were checked as to the completeness of responses. The questionnaires were then coded and group responses to various categories. The mean and multiple regression statistics were utilized. The data are presented in tabular form. The data gathered from the key informants and the FGD participants came in the forms of statements and narratives. They were collated according to the subject matter or themes, analyzed and interpreted as to how they support or negate the findings of the survey. They are written as support to the relevant tables to strengthen, validate, corroborate, or refute the data in the quantitative data.

RESULTS AND DISCUSSION

Part I: Extent of the Provisions of Health Care Programs

This part presents and discusses the extent of provisions of the healthcare programs such as the maternal healthcare, dental healthcare, immunization, family planning, and nutrition program of the Department of Health, through the Local Government Units (LGUs) in conflict-affected areas in Mindanao.

Maternal Health Care Program

The participants rated the delivery of all the components of maternal health as “highly extensive” with a grand mean of 3.62. Table 1 presents the data.

Table 1. Mean Rating on the Extent of the Health Care Programs in Terms of Maternal Health Care

Maternal Health Care	Mean	Description
1. Pre and postnatal care of the mother	3.67	Highly Extensive
2. Blood pressure monitoring	3.58	Highly Extensive
3. Weight monitoring	3.60	Highly Extensive
4. Assessment of pregnancy	3.60	Highly Extensive
5. Advice on proper breastfeeding	3.63	Highly Extensive
Grand Mean	3.62	Highly Extensive

The KIIs revealed that the municipal health office gave the utmost support it could afford to give and established all the linkages and partnerships necessary to enable full delivery of services even during difficult times. The narrative account of the informants encompassed the responses of the others, such as the matter on the training, that of the establishment of the linkages, including that with the Armed Forces of the Philippines. The other key informants also mentioned the apprehension regarding the increasing rate of maternal morbidity and infant mortality. The FGDs validated the results in the survey and the statements of the key informants.

The results of the FGD corroborate the study of Padua (2013), who also enumerated the difficulties in the implementation of the DOH maternal health care program. Transportation difficulty was mentioned in his study. Also mentioned are the skilled implementers as a result of pieces of training and the conscientiousness of the health workers willing to go inland to visit far-flung clients.

Dental Health Care Program

For the dental health care program, it shows that the delivery of the program was rated “moderately extensive” with the overall mean of 3.07 and interpreted as “moderately extensive.” Table 2 shows the data.

Table 2. Mean Rating on the Extent of the Health Care Programs in Terms of Dental Health Care

Dental Health Care	Mean	Description
1. Dental check-up	3.09	Moderately Extensive
2. Tooth extraction	3.09	Moderately Extensive
3. Tooth cleaning	3.00	Moderately Extensive
4. Tooth filling	2.91	Moderately Extensive
5. Lecture on oral hygiene	3.24	Moderately Extensive
Grand Mean	3.07	Moderately Extensive

The key informants said that there is a little difficulty experienced in the case of the delivery of dental services. In the FGDs, the participants said that the services are done simultaneously; that is why there is a long queue of dental patients.

Immunization Program

The immunization program, on the other hand, was rated by participants as “highly extensive” with a grand mean of 3.59. The data are presented in Table 3.

Table 3. Mean Rating on the Extent of the Health Care Programs in Terms of Immunization

Immunization	Mean	Description
1. Immunization of infants below one-year-old	3.64	Highly Extensive
2. Immunization of children 1-5 years old	3.58	Highly Extensive
3. Instruction before and after immunization	3.58	Highly Extensive
4. Administers vaccines free of charge	3.57	Highly Extensive
5. Providing immunization booklet	3.62	Highly Extensive
Grand Mean	3.59	Highly Extensive

Immunization is a regular program of the Department of Health. What makes the difference now is that the processes have become peaceful, as shared by one of the key informants. The FGD participants said that they are happy that the health care workers are now serious about their work. They really go down the ground and advocate the need for immunization. They all agreed that the health workers had served all the communities.

Family Planning Program

In the areas of the locale, it is surprising that despite the long years of the delivery of health care services for family planning, the respondents still rated it “moderately extensive“ with the grand mean of 3.47 interpreted as “moderately extensive.” The data are presented in Table 4.

Table 4. Mean Rating on the Extent of the Health Care Programs in Terms of Family Planning

Family Planning	Mean	Description
1. Distribution of contraceptives such as pills and condom free of charge	3.48	Moderately Extensive
2. Individual counseling of couple on family planning	3.50	Highly Extensive
3. Helping couples to determine the desired number of children	3.50	Highly Extensive
4. Sufficient discussion on the pros and cons of family planning	1.44	Not Extensive
5. Coordinates with other lined health agencies for family planning activities	3.45	Moderately Extensive
Grand Mean	3.47	Moderately Extensive

On the sufficient discussion on the pros and cons of family planning, the FGD participants explained that the discussions were not really sufficient. In the FGD in Shariff Aguak, there was one participant who said that their clan never subscribe to family planning because it is against the will of Allah. The moderator quickly commented that the study focuses only on whether or not the delivery of family planning health care program was extensive. In Carmen, the participants said that the family planning implementers deserve an award or commendation.

Nutrition Program

In the context of the nutrition program, Cantallopez (2010) said that displacements in conflict-affected areas could last 4-6 months. She said that there were even families who refuse to go back to their homes. Further, Cantallopez observed that many children suffer from malnutrition because the food items distributed were usually canned goods and noodles. There has always been a nutrition program implemented in all municipalities of Maguindanao and North Cotabato, as revealed by the key informants in both Shariff Aguak and Carmen. The survey respondents generally rated the interventions as “highly extensive”

with the mean of means is 3.52. All the means do not vary greatly from one another. Table 5 shows the results.

Table 5. Mean Rating on the Extent of the Health Care Programs in Terms of Nutrition

Nutrition	Mean	Description
1. Growth monitoring of children	3.55	Highly Extensive
2. Feeding program for malnourished children	3.47	Moderately Extensive
3. Giving of vitamin A supplementation	3.51	Highly Extensive
4. Teaching community on backyard gardening	3.45	Moderately Extensive
5. Celebrating nutrition month	3.60	Highly Extensive
Grand Mean	3.52	Highly Extensive

Part II: Extent of the Health as Bridge for Peace (HBP): Responsibilities of Health Care Providers in Promoting Peace Building in the Conflict-Affected Areas in Mindanao

The second part of the survey dealt with the Health as Bridge for Peace program, which focuses on the roles and responsibilities of the health care providers. The Health as Bridge for Peace Program was designed by the World Health Organization for conflict-affected countries, including the Philippines. In the communities, implementation is done by the Department of Health. In this study, the respondents are asked to rate the delivery in terms of the various components of the program. The indicators used are the different intervention activities of the program. To achieve the primary goal of health, the Humanitarian Health Action of the World Health Organization (2018) recognizes the responsibilities of health professionals to create opportunities for peace. These are the following: integrating peacebuilding strategies into health relief and health sector development, developing concepts and strategies, learning lessons from the field experience, improving skills of health personnel, and networking and advocacy.

Integrating Peace Building Strategy into Health Relief and Health Sector Development

The respondents generally rated them “moderately extensive” in terms of program component delivery, as indicated by the mean of means, which is 3.39. Table 6 presents the data.

Table 6. Mean Rating on the Extent of the Health as Bridge for Peace (HBP) in Terms of Integrating Peace Building Strategy into Health Relief and Health Sector Development

Integrating Peace Building Strategy into Health Relief and Health Sector Development	Mean	Description
1. Implementation of health policies and guidelines	3.41	Moderately Extensive
2. Strengthening the PhilHealth program	3.51	Highly Extensive
3. Stress debriefing in areas affected by conflict	3.38	Moderately Extensive
4. Reduction of social violence through health programs	3.36	Moderately Extensive
5. Management of conflict through health care programs	3.33	Moderately Extensive
Grand Mean	3.39	Moderately Extensive

In the interviews with the key informants, it was learned that there was difficulty in doing this activity. Firstly, there are only a few experts and legitimate workers. Secondly, some people would say that they do not need trauma healing or stress debriefing. They have been used to the cyclical wars.

In the FGDs, the statements of the participants corroborate those of the KIIs, but they added that they think there was still a need to explain to a considerable number of people about the Health as Bridge for Peace Program.

Developing concepts and strategies

The concepts and strategies and the skill of developing them in the communities are indeed part of the community peace processes. Generally, the respondents rated the health care providers in the context at which they transferred these skills to the community people as “moderately extensive. The mean of means is 3.37. Table 7 shows the result.

Table 7. Mean Rating on the Extent of the Health as Bridge for Peace (HBP) in Terms of Developing Concepts and Strategies

Developing Concepts and Strategies	Mean	Description
1. Developing health strategies to reduce human disaster	3.37	Moderately Extensive
2. Conducting strategic health development planning with local leaders	3.38	Moderately Extensive
3. Integrating with its plan of work the reflection on the relations between violence, conflict instability, and public health	3.36	Moderately Extensive
4. Conducting public health awareness to reduce conflict instability	3.36	Moderately Extensive
5. Mainstreaming local health strategies with global strategies for disaster reduction and humanitarian action	3.36	Moderately Extensive
Grand Mean	3.37	Moderately Extensive

The key informants were asked what this component all about is. They said that these are about peace concepts and strategies the community people could think about as affecting their lives. This is especially useful when doing conflict mapping to find out what peace elements are missing and what strategies could be used to restore them or further develop the communities toward peace and development. Some of the key informants revealed that they were not used to being asked to think. They were used to being consulted about something that has been pre-planned and submitted to them for critiquing and approval.

Learning lessons from the field experiences

The experiences in the field are supposedly for enrichment purposes of the health care providers, and expectably, these should flow back to the communities and discuss with them, so they also benefit from the lessons. The respondents generally rated the health care providers as ‘moderately extensive’ with the grand mean is 3.33, meaning the health care providers have not really maximized the use of lessons inferred from previous experiences. A summary of the responses is shown in Table 8.

Table 8. Mean Rating on the Extent of the Health as Bridge for Peace (HBP) in Terms of Learning Lessons from the Field Experience

Learning Lessons from the Field Experience	Mean	Description
1. Considering conflict as a different scenario from the past	3.30	Moderately Extensive
2. Integrating lessons from different conflict scenarios	3.28	Moderately Extensive
3. Addressing present conflict based on lessons from field experience	3.32	Moderately Extensive
4. Providing adequate health needs to different conflict situations	3.39	Moderately Extensive
5. Documenting field experiences as the basis for health interventions	3.38	Moderately Extensive
Grand Mean	3.33	Moderately Extensive

Two of the participants said that they were able to attend a session where they talked about lessons learned from past experiences of peacebuilding. They added that it was really difficult to draw out ideas from the participants.

They said further that there could also be a difficulty with language use because not all of the participants understood Maguindanaon and Tagalog.

Improving the Skills of Health Personnel

The health personnel whose skills have been developed are now expected to have the capacities of moving people to action, enabling them to understand that for communities to be peaceful, they have to cooperate with the government, such as collaboration with the health care workers for their own advantage. All means except one rate the health care personnel's capacity to improve the skills of the community people as "moderately extensive." The highest of all falls on the indicator "exercise of good public health practice," and which is 3.53. One example of public health practice is the prohibition of throwing garbage anywhere in the community. "Moderately extensive" when applied here, means that although there had been attempts, these are not really highly extensive. Table 9 shows the means of the rating.

Table 9. Mean Rating on the Extent of Health as Bridge for Peace (HBP) in Terms of Improving Skills of Health Personnel

Improving Skills of Health Personnel	Mean	Description
1. Training of field health personnel in conflict-prone or affected areas	3.36	Moderately Extensive
2. Exercise good public health practice	3.53	Highly Extensive
3. Seeking out health opportunities for peace building	3.42	Moderately Extensive
4. Integrating new knowledge, attitudes, and practice, in dealing with residents affected by conflicts	3.41	Moderately Extensive
5. Counseling residents affected by armed conflicts	3.37	Moderately Extensive
Grand Mean	3.42	Moderately Extensive

The key informants said that based on post-conference conducted, the health care personnel experienced some difficulty, especially in the attendance of pieces of training held right in the community. People go to the training venue late because they had to attend to so many concerns.

The FGD participants agreed to the observations of the key informants regarding the behavior of training participants, although they said the statement could be a little sweeping. The researcher could attest that in a training seminar conducted only once, extensive learning and development of skills could not be highly expected. Generally speaking, the rating is suggesting that the peace situation may be improving. One indicator is that health care services are delivered, and people's capacities have been developed to a certain extent.

Networking and advocacy

Networking and advocacy have become global trends. This is an influence of the United Nations (UN). This international organization is an epitome of networking and advocacy. UN organizations are bringing these to conflict-affected areas. The participants are one in saying that the extent is moderately extensive. The highest of means is 3.46, and this falls on two indicators: "coordinating with other line agencies" and "regularly communicating with local government officials. The grand mean is 3.40. Table 10 presents the data.

Table 10. Mean Rating on the Extent of the Health as Bridge for Peace (HBP) in Terms of Networking and Advocacy

Networking and Advocacy	Mean	Description
1. Involving other organizations, institutions, and individuals of various backgrounds in promoting peace	3.40	Moderately Extensive
2. Coordinating with other lined health agencies in the delivery of health care programs	3.46	Moderately Extensive
3. Conducting health to the peace forum	3.36	Moderately Extensive
4. Advocating peace activities	3.33	Moderately Extensive
5. Communicating constantly with local leaders of the community	3.46	Moderately Extensive
Grand Mean	3.40	Moderately Extensive

The key informants shared that networking and advocacy are done before programs are implemented. They are indispensable. The agency mandates these. Accordingly, these are necessary for shared ownership of the program. A key informant in Carmen said that nowadays, local government officials would not allow the implementation of a program without informing and consulting them. The FGD participants said that the RHU does not conduct peace activities as a separate activity. They have focused more on the activities related to health programs implemented and to be implemented. That is why they coordinate with other line agencies.

Part III: The Extent of Use of the Health to Peace Mechanisms

The third part of the survey is the extent of use of health to peace mechanisms by the health care providers. A “mechanism” is a stratagem or procedure that is designed to achieve a result. None of the peace building mechanisms is the unique property of health professionals, but each is highly suited to health professionals (<https://www.ncbi.nlm.nih.gov/>). Among its indicators are conflict management, solidarity, strengthening the social fabric, dissent, and restricting the destructiveness of war.

Conflict management

In terms of conflict management, the participants rated it as “moderately extensive” with a grand mean of 3.30. It shows that the indicator of undertaking diplomatic activities got the lowest mean of 3.29, which means that the mechanism is used to a moderate degree. The data are presented in Table 11.

Table 11. Mean Rating on the Health to Peace Mechanisms in Terms of Conflict Management

Conflict Management	Mean	Description
1. Undertaking diplomatic activities	3.29	Moderately Extensive
2. Assisting in the facilitation of dialogue	3.31	Moderately Extensive
3. Giving a high level of advocacy in conflict management	3.32	Moderately Extensive
4. Supporting mediation	3.31	Moderately Extensive
5. Conducting training on conflict management through health	3.31	Moderately Extensive
Grand Mean	3.30	Moderately Extensive

In an interview with the key informants, they said that they advocate peace, but they do diplomatic activities in moderation. They added that when conflict arises, such as arguments within families, the local leaders intervene and manage conflict. At times, the local leaders seek assistance from health officials if the management of high authorities is needed.

Solidarity

In terms of solidarity, the participants rated it as “moderately extensive” with a grand mean of 3.43. Table 12 presents the result.

Table 12. Mean Rating on the Health to Peace Mechanisms in Terms of Solidarity

Solidarity	Mean	Description
1. Promoting peace and security of communities	3.44	Moderately Extensive
2. Advocating peace and justice	3.42	Moderately Extensive
3. Reporting human rights abuses	3.53	Highly Extensive
4. Linkage with other health sectors	3.33	Moderately Extensive
5. Working with health leaders of the community	3.41	Moderately Extensive
Grand Mean	3.43	Moderately Extensive

It shows that reporting human rights abuses was rated “highly extensive” with a mean of 3.53. This means that the health care providers report human rights abuses to a great degree. They also have social workers in their unit who are responsible for counseling the victim/s.

Individuals and groups in threatening situations may be struggling to survive, attempting to restrain an existing war or to prevent a possible war, or resisting abuses of state or rebel groups’ power. Linkages with health sector

groups outside the conflict area may provide much-needed resources, including knowledge.

Strengthening the social fabric

In terms of strengthening the social fabric, the participants rated it as “moderately extensive” with a grand mean of 3.48. Respecting people of different ethnicity and health care system being accessible to all members of the community were rated “highly extensive” with a mean of 3.52. Table 13 shows the data.

Table 13. Mean Rating on the Health to Peace Mechanisms in Terms of Strengthening the Social Fabric

Strengthening the Social Fabric	Mean	Description
1. Healthcare system is accessible to all members of the community	3.52	Highly Extensive
2. Promoting feelings of security and belongingness to the community	3.45	Moderately Extensive
3. Respecting people of different ethnicity	3.52	Highly Extensive
4. Meeting the common needs of the community	3.43	Moderately Extensive
5. Providing better interactions between members of the community	3.48	Moderately Extensive
Grand Mean	3.48	Moderately Extensive

During the FGD with the BHWs, they said that all programs in the RHU are always available and accessible to the community. Those residents in the far-flung communities are visited by them, to ensure that everyone can avail of the health services. According to WHO, there is a need to deliver health in conflict situations because health can be a neutral meeting point to bring conflicting parties to discuss mutually beneficial interventions. Health workers are ideally placed because of their professional and ethical position within the community (http://www.who.int/hac/techguidance/hbp/about_why/en/).

Restricting the destructiveness of war

In terms of restricting the destructiveness of war, the participants rated it as “moderately extensive” with a grand mean of 3.30. Data are presented in Table 14.

Table 14. Mean Rating on the Health to Peace Mechanisms in Terms of Restricting the Destructiveness of War

Restricting the Destructiveness of War	Mean	Description
1. Educating the community on the effects of armed conflict	3.39	Moderately Extensive
2. Advocating peaceful activities to restrict conflict	3.41	Moderately Extensive
3. Addressing the health care needs of the community	3.50	Highly Extensive
4. Supporting peaceful negotiations	3.39	Moderately Extensive
5. Encouraging armed groups to avail of health care programs	3.33	Moderately Extensive
Grand Mean	3.40	Moderately Extensive

The Barangay Health Workers (BHWs) during the FGD, explained, that sometimes they have difficulty penetrating the areas affected by conflict. For their safety, they coordinate with the military and local leaders prior to penetrating the area. A key informant reiterated that their responsibilities as health care providers do not focus on restricting the conflict. But, they added, that health can be an instrument to restrict the culture of war. It is evident also in the result that encouraging armed groups to avail of health care programs, advocating peaceful activities, supporting peaceful negotiations, and educating the community on the effects of armed conflict as mechanisms or strategies to restrict war, is done in a moderate degree. There is a risk in such efforts since legal restrictions on war are always interpreted in some quarters as evidence that war is a civilized, professional activity that can be waged in rule-based and even humane ways. But for people committed to diminishing or abolishing war, gradual suffocation through graduated restriction is one possible route.

Controlling dissent

In controlling dissent, the participants rated it as “moderately extensive” with a grand mean of 3.36. It shows that the health care providers used strategies to control dissent to a moderate degree. Table 15 shows the result.

Table 15. Mean Rating on the Health to Peace Mechanisms in Terms of Controlling Dissent

Controlling Dissent	Mean	Description
1. Redefining conflict as a public health problem rather than a strictly political problem	3.32	Moderately Extensive
2. Giving awareness of the health effects of armed conflict	3.34	Moderately Extensive
3. Asking the opinions and needs of the people for health relief	3.31	Moderately Extensive
4. Respecting the suggestions of community leaders in addressing health problems	3.43	Moderately Extensive
5. Involving the community in making health decisions	3.38	Moderately Extensive
Grand Mean	3.36	Moderately Extensive

These mechanisms or strategies are redefining conflict as a public health problem rather than a strictly political problem, giving awareness to the health effects of armed conflict, asking opinions and needs of the people for health relief, respecting the suggestions of community leaders in addressing health problems, and involving the community in making health decisions. At the community level, the RHU coordinates with the community leaders and conduct a meeting with them, to ask for their suggestions in addressing health problems in their respective areas.

In an article by the WHO, it is said that such dissent may be furthered by “redefinition of the situation” by dissenting parties. By redefining the situation, parties attempt to gain control over issues that have been defined by those with formal political power as “none of their business” or “outside their field of expertise.” Healthcare workers have, at times, been successful in redefining war as a public health problem rather than a strictly political problem, thereby creating a space for the exercise of their knowledge and opinion. Given their generally high legitimacy with the public, they have, in this way, being able to exercise considerable influence.

Part IV: Role of Peace Education in the Promotion of Peacebuilding Initiatives in Conflict-Affected Areas in Mindanao

Part four of the survey is on the role of peace education in promoting peace building initiatives in conflict-affected areas in Mindanao in terms of cultivating inner peace, dismantling the culture of war, compassion, and social justice,

building cultural respect, solidarity, and reconciliation, promoting human rights and responsibilities, and living in harmony with the Earth.

Cultivating inner peace

The participants rated as “Strongly Agree” with a grand mean of 3.61. Table 16 presents the result.

Table 16. Mean Rating on the Role of Peace Education in Promoting Peace Building Initiatives in Terms of Cultivating Inner Peace

Cultivating Inner Peace	Mean	Description
1. Health check-up makes people feel good	3.63	Strongly Agree
2. Health service removes fear and worries	3.56	Strongly Agree
3. Health care programs bring peace of mind	3.61	Strongly Agree
4. To be healthy in the body is to be healthy in mind	3.62	Strongly Agree
5. Good health enhances inner peace	3.65	Strongly Agree
Grand Mean	3.61	Strongly Agree

Cultivating inner peace is about finding harmony between inner and outer well-being so that one can appreciate life and the world. Inner peace begins with being at peace with self and others (<https://www.seeds oftheheart.com/>). According to a key informant, they see to it that the health team conducts barangay visits and render health care services to them because most of the residents cannot afford to go to health centers and RHU since it is too far from their area. Cultivating inner peace not only means looking inwards and definitely not in a self-centered way. It means strengthening one’s inner resources of faith, love, and hope; one’s personal vision and capacities so that he/she can use these in building outer peace (Navarro-Castro & Nario-Galace, 2010).

Dismantling the culture of war

The respondents gave their agreement or disagreement as to the role of peace education in attaining the goal of dismantling the culture of war through the health care initiatives. The data are presented in Table 17.

Table 17. Mean Rating on the Role of Peace Education in Promoting Peace Building Initiatives in Terms of Dismantling the Culture of War

Dismantling the Culture of War	Mean	Description
1. Promoting attitudes and values of non-violence will dismantle the culture of war	3.51	Strongly Agree
2. Promotion of health is promoting the culture of peace	3.52	Strongly Agree
3. Healthy community leads to a peaceful community	3.58	Strongly Agree
4. Participation in healthy activities will help dismantle the culture of war	3.48	Agree
5. Overcoming the problem of physical violence in schools will help dismantle the culture of war	3.55	Strongly Agree
Grand Mean	3.53	Strongly Agree

Dismantling the culture of war creates a culture of peace, where all citizens need to be carefully taught throughout their lives to respect the dignity of others, to resolve conflicts peacefully, and to live together in peace and harmony (<https://www.questia.com>). A culture of peace is intimately linked with a culture of human rights and democracy. Peace cannot be preserved if the basic rights and fundamental freedoms of individuals or groups are violated, and when discrimination and exclusion generate conflict.

It shows that the respondents generally “strongly agree” to all indicators suggested. The grand mean, which is 3.53, still is to be interpreted that they strongly agree that peace education has a big role in dismantling the culture of war through the peace-oriented peacebuilding initiatives. The key informants revealed that all they do is to hope that the sufficient, efficient, and fast delivery of the health services could lessen their vulnerability to the recruitment of the armed groups. However, they said the pursuit of peace through the delivery of basic services is not that easy, given that the Mindanao conflict is a protracted one. Their hope is for people to realize that the government is now doing everything to deliver the basic services they deserve and that eventually, people stop resorting to war.

Compassion and social justice

This study also seeks to find out the role of peace education in peacebuilding initiatives along with compassion and social justice. There were five indicators suggested in the survey questionnaire. The respondents strongly agree that peace education has performed a role in the peacebuilding initiatives along the line of compassion and social justice. The result is shown in Table 18.

Table 18. Mean Rating on the Role of Peace Education in Promoting Peace Building Initiatives in Terms of Living with Justice and Compassion

Living with Justice and Compassion	Mean	Description
1. Meeting the basic health needs of people is done with justice and compassion	3.56	Strongly Agree
2. Helping people in need is an act of compassion	3.59	Strongly Agree
3. Building relationships is based on values, dignity, and freedom	3.61	Strongly Agree
4. Valuing health is valuing peace	3.60	Strongly Agree
5. Health service is serving with justice	3.63	Strongly Agree
Grand Mean	3.60	Strongly Agree

It shows that all means point out a strong agreement that peace education specifically on living with compassion and social justice performs its role in the promotion of peacebuilding in both Shariff Aguak and Carmen. Indeed, it is the role of peace education to raise the social consciousness of the people regarding the dividends of good governance. But governance is ruined by corruption, and this is the reason why people go to war. Their experience tells them that there is no other but to fight. However, there is now a quandary of “compassion for whom” and “justice for whom,” as expressed by the workers on the ground. One of the key informants said that their field of work is very crucial. When they go to the conflict-affected areas, their safety is at stake. He personally realized that there is no justice served for them. As health workers, they could be caught in the crossfire anytime.

Building cultural respect, solidarity and reconciliation

The respondents also gave their agreement or disagreement as to the role of Peace Education in building cultural respect, solidarity, and reconciliation through the health care initiatives. Table 19 shows the data.

Table 19. Mean Rating on the Role of Peace Education in Promoting Peace Building Initiatives in Terms of Building Cultural Respect, Solidarity and Reconciliation

Building Cultural Respect, Solidarity and Reconciliation	Mean	Description
1. Understanding conflicts between peoples of different cultures will lead to peace	3.57	Strongly Agree
2. Promoting values, attitudes, and social-cultural policies through health education will lead to peaceful negotiation	3.59	Strongly Agree
3. Delivering health services regardless of culture and ethnicity leads to mutual respect	3.61	Strongly Agree
4. Being culturally sensitive in the promotion of health will lead to peace	3.61	Strongly Agree
5. Respecting health beliefs of different cultural groups will lead to respect and understanding	3.63	Strongly Agree
Grand Mean	3.60	Strongly Agree

It shows that all means point out a strong agreement that peace education specifically on building cultural respect, solidarity, and reconciliation performs its role in the promotion of peacebuilding in both Shariff Aguak and Carmen. In an interview with the key informant, he said that in their area, cultural respect is very important since the municipality is composed of different ethnicity, tribes, and culture.

In building cultural respect, solidarity, and reconciliation, the focus lies on helping learners to critically understand conflicts between peoples of different cultures and ethnic/racial identities. In building a culture of peace in multicultural contexts, there is clearly a need to promote values, attitudes, and social-cultural policies based on mutual respect, understanding, non-discrimination, and non-racism.

Promoting human rights and responsibilities

In promoting human rights and responsibilities through the health care initiatives, it shows that all means point out a strong agreement that peace education specifically on promoting human rights and responsibilities performs its role in the promotion of peacebuilding in both Shariff Aguak and Carmen. Table 20 shows the data.

Table 20. Mean Rating on the Role of Peace Education in Promoting Peace Building Initiatives in Terms of Promoting Human Rights and Responsibilities

Promoting Human Rights and Responsibilities	Mean	Description
1. Health care programs improve the lives of people	3.64	Strongly Agree
2. Access to health services is a right	3.68	Strongly Agree
3. Everyone is responsible for his/her own health	3.67	Strongly Agree
4. Every person has the right to a healthy environment	3.68	Strongly Agree
5. To be healthy is a human right	3.66	Strongly Agree
Grand Mean	3.67	Strongly Agree

Health is a right of every people in the community, according to BHWs during the FGD. When they conduct health education in their respective barangays, they always emphasize to the residents that it is their right to avail of the health services of the government. Their health services are free of charge. Some of the residents, especially in the far-flung areas, are hesitant to go to the health centers because they thought that they would pay the service, and they have no money to pay for it, according to some BHWs. That is why they always emphasize during mothers' class and health education that the services that they can avail in the health centers are free. The building of a culture of peace in all societies cannot overlook the fulfillment of the full spectrum of human rights (civil, political, economic, social, or cultural) as embodied in the Universal Declaration on Human Rights. All persons deserve to live and to be treated as human beings, each with inalienable rights, and human rights, policies, laws, and education need to be promoted and defended at the individual, community, national, and international levels (WHO, 2015).

Living in harmony with the Earth

In living in harmony with the Earth through the health care initiatives, it shows that all means point out a strong agreement that peace education specifically on living in harmony with the Earth performs its role in the promotion of peacebuilding in both Shariff Aguak and Carmen. Table 21 shows the data.

Table 21. Mean Rating on the Role of Peace Education in Promoting Peace Building Initiatives in Terms of Living in Harmony with the Earth

Living in Harmony with the Earth	Mean	Description
1. A clean environment is a healthy and peaceful environment	3.69	Strongly Agree
2. Conserving water is living in harmony with nature	3.68	Strongly Agree
3. Health care programs promote care of the environment	3.69	Strongly Agree
4. Public health problems will also threaten our environment	3.62	Strongly Agree
5. Potable water provides a healthy life	3.73	Strongly Agree
Grand Mean	3.68	Strongly Agree

In an interview with key informants, one of the programs implemented by the DOH for environmental sanitation is the Zero Open Defecation (ZOD). The objective of this program is to encourage the community to build and construct their own comfort room. This program was implemented because most of the residents, based on their records, have no comfort rooms. They defecate anywhere. This is one way of promoting a healthy environment in the community, she said. To do this, the BHWs educate the community of utilizing their own resources in constructing their comfort rooms, such as parts of the coconut. The government does not dole out supplies for their construction. This way, they will learn to protect the environment and will promote cleanliness starting from their homes. Hence, living in harmony with the earth directly focuses on environmental sustainability.

Summary of Peace Building Initiatives

Peacebuilding does not only apply to post-conflict situations, although it may attract a greater level of attention. It encompasses a wide array of functions and responsibilities of many sectors that will initiate peacebuilding and establish sustainable long term peace (www.peacebuildinginitiative.org).

Table 22. Summary of Mean Rating on the Peace Building Initiatives

Peacebuilding Initiatives	Mean	Description
1. Health Care Programs	3.45	Moderately Extensive
2. Health as Bridge for Peace	3.38	Moderately Extensive
3. Health to Peace Mechanisms	3.39	Moderately Extensive
Overall mean	3.41	Moderately Extensive

It shows that the three peacebuilding initiatives, namely the health care programs, health as a bridge for peace and the health to peace mechanisms, were rated “moderately extensive.” The health care services have obviously been delivered well, but there is still a need for improvement in terms of intensifying the programs, especially in the areas hardest hit by armed conflicts. The roles and responsibilities of health care providers as part of the health as a bridge for peace programs should be strengthened, and the use of health to peace mechanisms still needs to be intensified. In this sense, peacebuilding initiatives need to have an appropriate evaluation for improving and legitimizing peace efforts. Culbertson (2018), in his article “The Evaluation of Peacebuilding Initiatives,” states that evaluation that does not sufficiently assess how initiatives can and do contribute to broader peacebuilding efforts are losing valuable learning opportunities. Similarly, the field needs assessment tools that consider the role of emergent planning, particularly given the volatile and dynamic environments in which peacebuilding occurs (Culbertson, 2018).

In order to get an in-depth analysis, standard multiple regression analysis was conducted to evaluate how well a set of predictors predicted the peace education. The predictors were health care programs, health as a bridge for peace, and health to peace mechanisms. The linear combination of health to peace mechanisms, health care programs, and health as a bridge for peace was significantly related to peace education, $F(3,246) = 76.919$, $p = .000$ at 0.05 alpha level. Given an R-squared of .484, this means that there is a probability of 48% that the results can be predicted from the Regression analysis. The health to peace mechanisms, health care programs, and health as a bridge for peace are contributing significantly to the dependent variable, which is peace education. Based on the coefficient result, two of the independent variables are making a statistically significant contribution to the prediction of peace education. Health to peace mechanisms (Beta = .382, $p = .000$ at 0.05 alpha level) make the strongest contribution to peace education. The next is health care programs (Beta = .263, $p = 0.000$ at 0.05 alpha level). However, health as a bridge for peace factor makes no significant contribution ($p = .292$) to peace education. So, the multiple regression results suggest that the health to peace mechanisms and health care programs strongly influence peace education.

CONCLUSIONS

The study concludes that the health care programs of the Department of Health have been delivered well, although there is still a need for improvement

in terms of the performance of the roles and responsibilities of the health care providers. The use of peace mechanisms still needs to be intensified. In addition, peace education has influenced the delivery of health care programs, but only to a moderate extent. Thus, there is also a need for intensification along this line. The Health as Bridge for Peace does not have a significant influence on peace education probably because the components do not jive with the elements of a culture of peace used as the basis for peace education. There is a need to reexamine the component parts of the program if only to align it to peacebuilding initiatives through the delivery of health care programs. Generally, there are successes of these DOH programs. There are no failures. However, there is a need to reexamine and rethink some aspects.

TRANSLATIONAL RESEARCH

The findings of the study may provide information and share insights that are crucial in the building of sustainable peace in the conflict-affected areas, through the delivery of health care programs and the implementation of peace-related health programs by the Department of Health. This is an illustration of how the development of peace could gain momentum without resorting to armed struggle and how peace could be developed through non-conventional, but still deliberate strategies of gaining sustainable peace. Further, the study may be an eye-opener to the peace stakeholders including other government agencies such as the Department of Interior and Local Government, the Department of Social Services and Development and the Office of the Presidential Assistant on the Peace Process that by the mere conscientious implementation of government or non-government programs, peacebuilding is already underway.

Furthermore, the study may be of significance to the World Health Organization as this could show how the Health as Bridge for Peace is implemented at the community level and how this affects the delivery of other health care programs and vice-versa. To those who engage in the armed struggle, this study demonstrates one of the so many ways by which sufficient and efficient delivery of social services could be asserted. Thus, this may inform and eventually lessen the level of dissent and therefore contribute to the dismantling of the culture of war to cure structural violence. The Peace and Development students may use this study as one of the pieces of evidence in the establishment of the close link between health and peace and not simply saying that healthy people make happy communities. Finally, this study is expected to contribute to the general bank of knowledge of health and peace. Currently, there is still a dearth of knowledge in this area.

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