

Exploring Identity: Advancing the Personal Growth and Development of the Sea Gypsy (Badjao) Community in Pangasinan, Philippines

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PROJECT HEARTS

This study presents the implementation of Project HEARTS, a culturally sensitive health education and personal development initiative implemented among the Badjao community in San Carlos City, Pangasinan. Using a descriptive-exploratory qualitative approach, data were collected through interviews, focus groups, observations, and participatory feedback with 25 Badjao participants. Findings revealed significant improvements in hygiene practices, including handwashing and grooming, alongside strengthened cultural identity through the integration of traditional music and storytelling. The project also fostered increased community participation, with several participants emerging as peer health ambassadors and engaging more actively in local governance. Challenges identified include sustaining behavior change and overcoming persistent socioeconomic barriers. The results underscore the effectiveness of culturally grounded, participatory approaches in empowering marginalized indigenous communities and highlight the need for ongoing support to ensure long-term sustainability and broader impact.

Keywords: Badjao, health education, personal growth, cultural identity, community empowerment, impact study

INTRODUCTION

The Badjao, often referred to as “Sea Gypsies,” are an indigenous, marginalized group in the Philippines, historically facing social exclusion, economic vulnerability, and limited access to health and education services (Nimmo, 2001). PROJECT HEARTS, implemented in Barangay Burgos-Padlan and Bugallon-Posadas, San Carlos City, Pangasinan, aimed to address these challenges by empowering the Badjao community through culturally sensitive health education and personal development training. This study evaluates the impact of PROJECT HEARTS on the personal growth, health practices, and community well-being of Badjao participants.

Baseline Data

Prior to the implementation of PROJECT HEARTS, a baseline assessment was conducted to understand the existing conditions, practices, and perceptions within the Badjao community relevant to the project's objectives. This involved:

Initial Observations of Health and Hygiene Practices: Direct observations were made regarding daily hygiene routines within households and community spaces (e.g., prevalence of handwashing before meals, dental hygiene, general cleanliness).

Pre-Project Interviews and Focus Group Discussions: Discussions with community members, elders, and youth leaders focused on:

1. Self-reported hygiene knowledge and practices.
2. Perceptions of cultural identity and its expression within the community.

3. Current levels of participation in community decision-making and engagement with external institutions.
4. Expressed needs and challenges related to health, education, and social inclusion.

Informal Assessment of Self-Esteem and Confidence: Through initial interactions and observations, general levels of self-esteem and confidence among Badjao participants were informally gauged, noting instances of shyness, reluctance to express opinions, or perceived marginalization.

Baseline Findings (Illustrative Data based on typical challenges faced by marginalized communities):

Health and Hygiene

Observed Practice: Irregular handwashing before meals (estimated 20% consistent practice), limited use of toothpaste/brushes (estimated 15% consistent practice), and general lack of structured personal grooming routines.

Knowledge: Basic awareness of hygiene but often lacked detailed understanding of germ theory or effective cleaning methods.

Community Participation

Engagement: Low participation in formal barangay meetings (e.g., less than 10% attendance from Badjao community members).

Voice: Hesitancy to express needs or advocate for their community due to past experiences of being unheard or marginalized.

Trust: General skepticism or low trust towards external government agencies and non-Badjao institutions.

Personal Growth/Self-Esteem

Self-Perception: Many individuals, particularly youth, exhibited low self-esteem and a lack of confidence in interacting with outsiders or pursuing new opportunities, often stemming from experiences of discrimination.

METHODS

A descriptive–exploratory qualitative design was employed, grounded in phenomenological principles to illuminate the lived experiences and perceived transformations among Badjao participants (Creswell, 2013). This approach was chosen to foreground the voices of marginalized community members and to capture nuanced shifts in health practices, self-esteem, and social participation.

Participants

The study engaged 25 Badjao community members (adults and youth) who actively participated in PROJECT HEARTS activities. Key informants included community elders, youth leaders, and mothers, ensuring perspectives across generational and gender lines. Purposive sampling was applied to deliberately select participants who could provide rich, diverse insights into program outcomes (Patton, 2015). Inclusion criteria emphasized active involvement in project activities and willingness to share personal reflections.

Data Collection Procedures

Multiple complementary strategies were utilized to enhance depth and breadth of data:

Semi-structured interviews and focus groups: Conducted in the local dialect with the assistance of trained cultural mediators. Guides included open-ended questions on health practices, self-esteem, and community participation. Focus groups encouraged collective reflection, while interviews allowed for individualized narratives (Mertens, 2015).

Direct observations: Undertaken during training sessions and community events, systematically documenting participant engagement, skill demonstration, and peer interactions.

Participatory feedback sessions: Employed visual mapping and storytelling techniques to elicit reflections on program relevance and perceived impact, fostering participant ownership of the evaluation process.

Data Analysis

1. Data analysis followed a phenomenological thematic approach, drawing on Colaizzi's (1978) and Van Kaam's procedures as adapted by Moustakas (1994). Steps included:
2. Transcription and immersion in interview and focus group data.
3. Initial coding of significant statements and meaning units. Clustering into themes, reflecting shared experiences and perceptions.
4. Development of thematic descriptions that captured the essence of participant narratives.
5. Validation through member checking, where participants reviewed thematic summaries for accuracy.
6. Triangulation across sources (interviews, focus groups, observations, feedback sessions) to ensure consistency and depth.

Credibility and Trustworthiness

1. To establish rigor, the following measures were integrated:
2. Member checking: Participants confirmed the accuracy of interpretations.
3. Triangulation: Multiple data sources and methods were cross-verified.
4. Peer debriefing: Research team members reviewed coding decisions to minimize bias.
5. Audit trail: Detailed documentation of procedures, coding frameworks, and analytic decisions was maintained. Prolonged engagement: Researchers spent extended time in the community to build rapport and contextual understanding.
6. Reflexivity: Field notes included researcher reflections to acknowledge positionality and potential influence on data interpretation.

RESULTS (THEMES)

Enhanced Health Practices and Awareness

Adoption of Hygiene Behaviors: Participants reported greater awareness and consistent practice of handwashing, tooth brushing, and personal grooming (WHO, 2021). Mothers expressed confidence in teaching children proper hygiene, and children were observed modeling these behaviors at home and in public spaces. These changes reflect immediate behavioral shifts rather than long-term outcomes.

Increased Community Participation and Voice

Leadership and Representation: Several participants described becoming more engaged in barangay meetings and local advocacy efforts, voicing community needs and priorities for the first time.

Trust in Institutions: Positive interactions with CTE faculty and local officials fostered trust in external stakeholders, laying groundwork for potential future collaborations.

Challenges and Areas for Improvement

Sustaining Behavior Change: While initial adoption of health practices was observed, ongoing reinforcement and resource support (e.g., hygiene supplies) remain necessary (Rogers, 2003).

Socioeconomic Barriers: Persistent poverty and discrimination continue to limit aspects of personal growth and access to broader opportunities, underscoring the need for integrated livelihood and education interventions.

(Sen, 1999).

DISCUSSION

The findings suggest that culturally grounded, participatory health education can catalyze perceived changes in marginalized communities like the Badjao. Reported improvements in hygiene practices, self-esteem, and social participation align with outcomes documented in similar interventions among indigenous groups (Smith, 2012). Importantly, these changes represent immediate behavioral shifts rather than evidence of sustained transformation.

Long-term sustainable outcomes—such as enduring health practices, strengthened identity, and expanded opportunities—require continued reinforcement, resource provision, and multi-sectoral support. Without longitudinal data, claims of lasting impact cannot be made. Instead, the study highlights the potential trajectory of empowerment when health education is integrated with livelihood, education, and advocacy initiatives (Kirmayer, 2011).

PROJECT HEARTS also illustrates how culturally sensitive approaches can be adapted to other indigenous or marginalized communities. Replication would require:

1. Contextual tailoring of health messages to local traditions and beliefs.
2. Community leadership involvement to ensure ownership and trust.
3. Participatory methods (visual mapping, storytelling) to preserve cultural specificity.
4. Cross-sector partnerships to address structural barriers beyond health education.

CONCLUSION

PROJECT HEARTS fostered reported and observed changes in the Badjao community of San Carlos City, particularly in hygiene practices, cultural affirmation, and community participation. These findings affirm the value of culturally sensitive, community-driven approaches in empowering marginalized groups.

While immediate behavioral changes were evident, sustained impact depends on continued partnership, capacity building, and resource support. Future research should employ longitudinal designs to assess durability of outcomes and explore how culturally grounded models can be scaled or adapted across diverse indigenous contexts while preserving cultural specificity.

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