



Healthscapes in the Philippines: A Linguistic Landscape Analysis

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Abstract: With the recent challenges brought about by COVID-19, research from different perspectives have given rise to examine its impact in communities. While investigations have focused on societal response, public health response and vaccine development, the role of language in mediating health concepts is an important aspect in addressing problems brought about by epidemics. In this investigation which examines the healthscapes in a rural Philippine community, argues that discourses in space can be helpful in determining the potential of language and multimodal resources are deployed in impacting health literacy concepts. Using a linguistic landscape approach, a total of 704 photos of signs in several barangay health centers from rural community was used for analysis. The analysis revealed that language and multimodal resources are used to impart transactional, territorial and institutional discourses. These discourses do not only indicate the organization of public health services but also the reception of its stakeholders is influenced by the institutional order, range of services offered and intended audience of these signs. As language and multimodal resources have instrumental functions in establishing healthscapes as an essential component in community life, this paper can help initiate meaningful discussions in the potential uses of linguistic landscapes in disease prevention, provision of health services.

Key Words: COVID-19; Healthscapes; Health Literacy; Linguistic Landscape;

1. INTRODUCTION

Recent research on linguistic landscapes in different contexts has shown that multilingualism is a key resource in negotiating meaning, indexing power relations, and can even regulate other resources among language users. As an approach aimed at studying public signs, linguistic landscapes can help determine the regulatory functions of languages in specific agents of the state. Specifically,

with the rise of research on public health due to the COVID-19 pandemic, the role of health literacy is an important aspect in ensuring holistic development in communities. However, linguistic landscape research in the area of health literacy remains underrepresented in the literature, specifically in developing countries.

Given these points, this paper argues that the use of linguistic landscapes reveals that healthscapes use transactional, territorialized and



institutional discourses in mediating public health services in the community.

2. METHODOLOGY

Anchored on Scollon and Scollon's (2004) nexus analysis, this paper focuses on the discourse in place manifested in publicly available signs. The concept of discourses in place, which allows the discussion of LL data in relation to context, was analyzed using 704 photographs captured in the barangay health centers of Lucena City, Quezon. Photographs used to represent the discourses in LL in this paper are from a wider study relative to health literacy.

3. RESULTS AND DISCUSSION

Borne out of the discursive construction of the health environment through LL is a healthscape (cf. Brown, 2012). Fundamentally, the aim of a healthscape is to communicate health information and services. But in the process of shaping a landscape that will suit the primary goal of health agencies, discourses that regulate operations in health stations and reflect the goals of health agencies also seem indispensable in establishing a healthscape, as was observed in the data set. These discourses are then identified as transactional, territorial, and institutional.

3.1 Transactional Discourse

A health center, being a medium for the government to reach the communities, is the space tasked to create an environment where health information and services offered are communicated for the benefit of the public (Backhaus, 2012). Thus, health centers are expected to ensure that medical information and services offered are manifested in the discourse created in signs. In consequence, transactional discourse is ubiquitous in this state-run network of clinics because there is a prevailing aim for information awareness and/ or offering of services. For instance, Figure 1 offers a service under the DOH's Communicable Diseases Program.



Fig. 1. Offer for free HIV testing

Through the use of short imperatives, the sign enforces readers to avail of the service. Below the imperatives, a declarative statement was also used to persuade the readers. Persuasion here was made by emphasizing that HIV testing is for free, and by guaranteeing that patient's data is confidential.

To ensure the comprehensibility of these statements, the languages written on the sign are Filipino and English. Filipino was used as the matrix language wherein its syntax is used, and its morphology dominated English. Meanwhile, English was used as an embedded language. This language preference may be attributed to the level of proficiency of the prospective readers as a result of the country's bilingual policy. Hence, it could be asserted that the expected proficiency in both languages was considered by sign producers to facilitate understanding of health information and services.

Aside from the languages used to offer the service, the picture of a male could be regarded a piece of additional health information intended by the sign producer since 94% of the cases were male to male transmissions (Montemayor, 2019). However, without the statistic indicated in the poster, HIV may be interpreted as infecting males only, or mostly males; thus, this could lead to misinformation.



3.2 Territorial Discourse

Signs which mark borders that require a certain favorable behavior point to territorialization. The creation of territory here, or what Jaworski and Yeung (2010) claimed as "gated communities (p. 154)," is inspired by the place-markings and the socially acceptable rules specific to this particular community.



Fig. 2. Rules on the use of footwear

The figure above is a straightforward territorial discourse that imposes a certain social behavior to visitors regarding the use of shoes and slippers inside. It regulates the behavior of people entering the space by imposing a rule of the *territory*. Similar to Figure 1, there is a co-occurrence of Filipino and English in this sign to safeguard its comprehensibility, which ensures the adherence of sign readers to the rule. Consequently, one's social behavior has to change even before the *border* is crossed, i.e. before entering the health center.

Controlling the behavior of visitors, the sign becomes instrumental in creating order. Moreover, it strongly projects the property-based claim of sign producers—in this case, the health workers. Even more so, this transcends property claims and suggests that the health workers' jurisdiction is justified by their expertise. As Blommaert (2005, as cited in Hult, 2014) remarked, a particular space creates a sense of authority and rights to property, which, in this study, is created through territorial discourse.

3.3 Institutional Discourse

Institutional discourse is manifested in the barangay health centers to present the predetermined orientation or understanding and adapting goals and objectives between or among offices. This discourse is shaped by the local or central policies guiding the institution (De Los Reyes, 2014). First 1000 Days Program, for example, shows the agencies working together in this project.



Fig. 3. Poster for baby's first 1000 days program

Based on the self-referential labels on the topmost portion of the tarpaulin, the City Government of Lucena, the Department of Health, the National Nutrition Council, and the City Health Office (from left to right) coordinate to bring into fruition their aspiration for city-wide health care provisions. Evidently, the goals of the national health agency are likewise ingrained in the mission of the Local Government Unit, and its own health unit. As demonstrated in this sign, the programs instituted in the upper-tier government agencies are communicated to the small units which serve as the first points of contact of the public to the government. Thus, this sign projects top-down management in the implementation of health programs.

4. CONCLUSION

Signs could be exploited to create an LL specific to a particular community. In this preliminary study,



the discourses illustrated in the signs of health centers became fundamental in creating the healthscape. First, transactional discourses help maintain the kind of environment it is designated to be as put forth by the upper-tier offices. Next, territorialization creates an atmosphere where the health workers have a strong claim to space because of their expertise and the right they were given to run the health centers. Lastly, institutional discourses aid in communicating the alignment of goals across health offices. Ultimately, it may be asserted that these discourses are products of the sign producers' purposeful decisions in establishing a healthscape that will foster health literacy.

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