



Health and Well-being Practices among the Indigenous Groups in the Philippines: An Ethnographic Review

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Abstract

Even now, there are still disparities in well-being between indigenous and non-indigenous populations, according to the perspective of non-indigenous people. Despite the Indigenous Peoples' Rights Act (IPRA) being passed in 1997, ethnicity was not considered in the census. As a result of the Philippines' removal of IPs from official public statistics, they are effectively unable to participate more effectively in society. In addition, it shows how persistently different IPs' access to basic services, such as health care, is. It's not clear how large this disparity is, because few studies have been done on ethnocultural disparities. IPs remains unacknowledged, unaccounted for, and hence untapped, making it difficult to formulate a national policy on health disparity initiatives. Because of their customs, cultural beliefs, and traditions, indigenous people are more likely to engage in health-risk behaviors than non-indigenous people. These activities have a direct effect on their health outcomes. It is because of this that many individuals have no idea about the health of the IP community. Health Anthropologists are exploring for links between disease patterns, health-related beliefs and practices, healing systems and cultural structures, social hierarchies, and biosocial linkages, amongst other things. Since both physical and socio-cultural variables affect an individual's and a whole population's health, health-related anthropologists tend to think of health as a "biocultural and biosocial phenomenon." The lack of information available on Indigenous peoples is an interesting story in and of itself. This shortcoming should not be used as an excuse to further alienate these already marginalized communities. The World Development Report (WDR) Data for Better Lives, which acknowledges the need for better data, argues that it is "very difficult to cover the entire population in a dataset, and it is typically disadvantaged that are left out." Data systems must be built to address the needs of marginalized populations." To close the current social inclusion disparities, we must first accurately count IPs. A lack of ethnicity variables in statistical databases, tools, and reports is a serious hindrance to recognizing and servicing ethnic minorities in the country. With the help of the government and other development partners, we must work to incorporate ethnic characteristics into official surveys and information systems to obtain and communicate IP data on a systematic basis. The most crucial thing to remember is that intellectual property is an asset. Future "stories are impossible without data, and vice versa" will be true. When developing policies, we must always remember to listen to the stories of the individuals who will be affected by them, particularly those who are known as IPs. If we are serious about reducing extreme gaps and promoting shared prosperity in the Philippines and around the world, this thinking is no longer acceptable.

Keywords: Indigenous Peoples; Disparities; Health Anthropologists; Ethnicity; Geographically Isolated and Disadvantaged Areas; Ethnomedicine; Healers; Healing and Trepanation

Abbreviations: IPRA: Indigenous Peoples' Rights Act; WDR: World Development Report; GIDA: Geographically Isolated and Disadvantaged Areas; IPs: Indigenous Peoples; CCT: Conditional Cash Transfer.

Introduction

Disparities in the well-being between Indigenous Peoples (IPs) and non-Indigenous communities continue to exist; this is based on the perspective mostly from non-IP population. Despite the 1997 passage of the Indigenous Peoples' Rights Act (IPRA), ethnic characteristics were not included in census. The IPs in the Philippines are thought to account for between 10% and 20% of the country's 102.9 million inhabitants, however no official figures can be established based on census data. Apart from census data, official surveys, and administrative statistics in general lack IP-specific data. When data is available, IPs are frequently lumped into a single category based on geographical areas, oblivious to the country's significant ethnolinguistic diversity. While the IPs of Cordilleras in the north and the IP Lumads in the south are commonly noted, the Philippines include over one hundred indigenous peoples. Indeed, Lumad is an exonym for Mindanao's southern island's eighteen or so indigenous peoples. Rather of being reduced to homogeneous groups, IP communities throughout the Philippine archipelago continue to battle to be recognized as numerous distinct cultural groups [1].

In the Philippines, the exclusion of IPs from official public statistics essentially mutes their voice and agency, limiting their ability to participate more effectively in society. Additionally, it highlights the persistent difference in IPs' access to basic services such as health. The scale of this inequality is unknown, as little research has been undertaken on inequalities between and among ethnic communities. This presents a significant challenge for formulating national policy on health disparities programs, as IPs go unrecognized, unaccounted for, and hence untapped.

One of the few available studies emphasizes the crucial importance of ethnic origin, gender, and residence in assuring the success of social service efforts, somewhat including health benefits. The study conducted by the University of the Philippines assessed improvements made to the Conditional Cash Transfer (CCT) program to accommodate the unique situations of IPs who live in so-called Geographically Isolated and Disadvantaged Areas (GIDAs). Cultural attitudes about Western medicine and vaccines have been found as key drivers to non-compliance with program requirements. Certain health practices, such as drinking cold water or taking a cold bath quickly after delivery that might cause pasma, were thought to be contradictory with IP women's beliefs. Physical distances between IPs and health and education

institutions posed another key barrier to program outcomes [2]. According to widely held view, that the indigenous people engage in higher rates of health risk behaviors than non-Indigenous people because of their customs, cultural beliefs, and traditions, and that these behaviors have a direct effect on their health outcomes. As a result, many people are unfamiliar with the IP population's health patterns. Two sociocultural factors believed to influence health habits are culture and environment. Therefore, IP communities recognizing these as important to their way of life, it had a tremendous effect on health behavior.

The Indigenous groups have strong, self-determined attitudes on health and well-being. While health anthropologists acknowledge the fundamental role of biology in health and illness, anthropologists attempt to understand the social origins of disease, the cultural construction of symptoms and treatments, and the nature of relationships between them. The health anthropologists seek to understand and facilitate others in recognizing that health is rooted in

- Cultural conceptions, such as culturally constructed ways of experiencing pain or exhibiting disease symptoms; social connections, such as the types of relationships that exist within the family or society, as well as the encompassing global political and economic system in general.
- Human biologies, such as the threat of microscopic pathogens to bodily systems and the body's ionized state.

Health anthropologists are particularly interested in the connections between disease patterns, configurations of health-related beliefs and behaviors, healing systems and cultural systems, social hierarchies, and biosocial relationships. As a result, health anthropologists have tended to view health as a "biocultural and biosocial phenomena," based on the premise that both physical and sociocultural factors influence the health of people and entire populations [3].

River's Medicine, Magic, and Religion, and ethnomedicine study, underlines the distinction between non-Western ethnomedical traditions and biomedicine. According to Rivers [4], indigenous healing is defined by the influence of presumed mystical relationships between objects and entities throughout the universe exerted through spells and other rituals, as well as beliefs in the behavior of supernatural beings (e.g., spirits) in causing and curing disease. Likewise, non-IPs for folk healing is defined as healing traditions with rituals based on observation and practical aim, as well as concepts and protective practices derived from natural laws, such as the heat and cold impacts of foods or other natural components, rather than spiritual or religious conviction. Through this, archaeology and health anthropology have

developed a strong link because of this. The concept of “paleopathology” exemplifies the interdisciplinary nature of health anthropology. That is a field of research wherein the research of diseases in the past, particularly in prehistoric eras, is predicated on the examination of human fossil remains unearthed during archaeological excavations. Although just like Roberts and Manchester pointed out, one of the fundamental difficulties of paleoanthropology is that the populations being researched are deceased, and so the number of cases analyzed from any group is limited, a simple “example of a sample of a sample.” As a result, generalizing the entire community from whom the cases are drawn is difficult.

As a necessary consequence, one of the paramount areas of research for health anthropologists is “monitoring the body, identifying, and interpreting signs, and taking appropriate action... to rectify the perceived abnormality,” as well as “following therapeutic advice, changing care regimens [e.g., switching healers], and preventing the perceived abnormality”. In other words, tradition does influence how individuals behave when they are ill, particularly those who live in geographically isolated and Disadvantaged Areas (GIDA). As a response, it is worth noting that a patient’s own interpretations of the nature of observed symptoms influence illness behavior. However, these perceptions are influenced not just by the individual’s own experiences, but also by larger cultural understandings of disease and the observations and behavior of the individual’s social community. One best example is the ancient Greek concept of *eudaimonia* (literally, “having a good spirit”) and the South Asian concept of karma (the cumulative effects of behavior on well-being over multiple lifetimes) both remind us that the person whose well-being is being assessed may have porous boundaries and may extend to other individuals, animals, and lives.

Among traditional Filipino families specifically the IPs, the expression *P'wera Usog!* is commonly uttered as visitors compliment a newborn child. Following that, the visitor is asked to smear saliva on the baby’s forehead or belly [5]. The same process among the Muslim Tausug believes that illness can be caused by human breath or spoken words, also called *pasu simud*. The Muslim Tausug claims that human breath or spoken words, also known as *pasu simud*, will cause illness. As a result, they will say to a newborn, the *Pasu simud hi babu/kaka*-may it be transferred to an aunt or elder cousin [6].

Among the Aetas of Mt. Pinatubo, specific rituals and healing modalities are traditionally assigned based on the gravity of the *anitos* (ancestral spirits) effect on the person. For *nausog/nabati* (complement), the *pagtatawas* ritual is sufficient to satisfy the spirit, while for *naanito*, the

pag-aanito ritual is required. According to the informants, anybody can practice the *pagtatawas rite*, but the *pag-aanito ritual* is only available to those who are members of the *mang-aanito lineage*.

For the Bontok community, inanimate objects in the environment are also part of the belief system. For every occasion, the spirits and the living are linked through rituals *imangmang*, done either to please or appease the *anitu* (ancestral spirits). This is practiced both in the home and in the community through the *ator and papattay* sacred pine tree in Cordillera [7]. According to them, prolonged pregnancies or irregular baby positions are attributed to the influence of such spirits known as retarders. A *mansip-ok* rite will avert this circumstance [8]. A slaughtered animal, normally a hen, is presented to the protective spirit for this rite in the hopes that his assistance will make the birth easier. Difficult deliveries are sometimes attributed to the spirit *pumaing*. They make an offering to him while calling his name to divert his attention away from the woman in labor. Medicine was practiced prior to the development of the ability to read and write. It encompasses a lengthy period that varies according to place and community. By collecting and examining human remains and artifacts, anthropologists who study human history can only approximate what ancient medicine was like. The early Filipinos in which they believed in a balance of natural and spiritual causes and treatments for diseases and maladies in ancient times. But besides that, they are committed to the following:

- Personality Disorder Theories (blame illnesses on spirits, ghosts, or ancestral spirits)
- Hypotheses on sickness are based on naturalistic phenomena (place responsibility on the environment for illnesses)
- Emotionalistic disease theories (these explanations imply that illnesses are caused by feelings/emotions)

Bioarcheologists and paleopathologists, rely on a variety of kinds of data, such as archaeological and ethnohistoric records, to substantiate observations based on skeletal remains and to provide a comprehensive picture of prehistoric health. One such example would be the burial practices, which demonstrated that they would have a solid understanding of bone structure. Bones that were unearthed that had been stripped of their skin, bleached, and arranged according to the part of the body from which they originated. The prehistoric peoples believed their lives were governed by spirits and that disease entailed the loss of one’s soul.

Similarly, to how we are now, humans were plagued by illnesses and afflictions throughout prehistory. They did not share the same illnesses in the same proportions as they experienced due to their drastically different lifestyles and life expectancies.

In the paleolithic era, medicinal plants were employed for the treatment of most diseases and conditions. While we have some limited knowledge about herbs and compounds obtained from natural sources that were employed as cures, due to the rapid decay of plants, it is impossible to determine the whole spectrum. Anthropologists have been forced to rely only on documentary pieces of evidence, as well as current and historical observations of indigenous peoples. Based on their reviews, traditionally, women would have gathered and dispensed herbal medicines, as well as overseen disease treatment and household health maintenance. Since people did not read or write in the past, information regarding the benefits and downsides of various treatments was passed on by word of mouth and cultural transmission.

Here in the Philippines, herbal remedies are utilized and continue to be used by indigenous peoples of Mindanao, most notably the Manobo Indigenous communities. The Manobo Indigenous group grows the *Cinnamomum mindanense* or Philippine Cinnamon, also called as *kalingag* and *kami* among the Bagobos, in Butuan and other regions of Mindanao. Since 2700 BC, Cassia bark has been used as a spice, making it one of the oldest. It is only found in the Mindanao provinces of Surigao, Davao, and Zamboanga in the Philippines. Cinnamon is used to treating nausea, flatulent dyspepsia, coughing, and diarrhea [9].

Similarly, the *Lunas kahoy* and *Lunas bagon* are terms used by healers to refer to the tree (*lunas-kahoy*) and the vine (*lunas-bagon*) found amongst the Monobos of Hinapuyan, Carmen, and Cabangahan, Cantilan, Surigao del Sur. Both thrive in a clay-like soil environment at a modest elevation. The tree is particularly well-adapted to dry thickets and replanted gardens. The Agusan Manobo, make use of these plants for their healing properties and cultural significance: *lunas-bagon* (*piper*), *lunas-taguli*, and *lunas-kahoy* (*limeberry*). These herbs are used to treat several health problems, including stomach pain, diarrhea, ulcers, body aches, and skin flaws.

Heterospathe fernandoi, called the ritual plant, is a novel narrow clustered palm found in the Philippines' forests of Samar, Dinagat, Bucas Grande, and northeastern Mindanao. These plants are positioned in front of the church in such a way that people pass beneath them on their way inside the religious space.

The same with clustered palm, *Nicotiana tabacu*, is most frequently employed as a ritual plant and is a member of the *Nicotiana* family. These Manobos' ceremonial plants serve both a symbolic and practical purpose. Additionally, it is used as an offering to appease the spirits. *Tabako*, or *Tabaku* in Sulu, is a traditional Filipino herbal remedy. The Indigenous Peoples' prehistoric cultures worshipped the moon, stars,

caves, rocks, rivers, plants, and trees. The supreme god *Bathala*, a supreme god for the Tagalog, *Laon* or *Abba* for the Visayan, *Ikasi* of Zambal, *Gururang* for the people of Bicol, and *Kabunian* of the Ifugaos are among those who worship deities who are believed to be protective spirits who would not hurt a human. They also worship gods such as *Idialoa*, the god of planting, *Lalaon*, the god of harvest, *Balangay*, the god of the rainbow, and *Sidapa*, the god of death, in addition to those supreme deities.

- *Based on the Philippine ethnography. In his Relacion de las Yslas Filipinas has written in 1582, Loarca (Blair and Robertson 5: 129 ff.) writes about the death practices of the Bisayans: "The souls of those who are stabbed to death, eaten by crocodiles, or killed by arrows (honorable deaths) go to heaven by way of the arch which is formed when it rains, and become gods ... " Further, it is said that "when the Yligueynes (inhabitants of Cebu and Bohol) die, the god Maguayen carries them to Inferno . . . in his barangay (boat)." In which the Tagbanua IPs of Palawan also believe in a soul boat*
- *According to them those who die in an epidemic are carried to the sky in the rainbow-bridge myth is familiar in early ships-of-the-dead [10]. Likewise, it is widely believed among the Bilaan of Davao in Mindanao that when the body starts to decay it is time for the soul to sail away in a boat.*

Trepanation-Cure for the Personalistic Disease

The trepanation process is also referred to as trephination, trephining, or burr whole formation. In prehistoric times, holes were drilled into a human who was behaving strangely to expel what were believed to be evil spirits. Motives based on magic or religion, such as rescuing people from sorcerers who may be tormenting them. Tumors, convulsions, seizures, migraine, apathy, and personality abnormalities are all addressed therapeutically. According to Maceda the recorded occurrences of skull deformation and trepanation in the Philippines as just a function of the practice of headhunting on the larger islands in Peter Bellwood's publication on the Indo-Malaysian Archipelago's Pre-history, which is the trepanation of *Homo Montengensis*.

Furthermore, it's worth highlighting those doctors can do a craniotomy only in exceptional circumstances. This procedure involves cutting a section of the skull to obtain access to the brain to perform brain surgery, such as removing a brain tumor or treating an aneurysm. On the other hand, prior to the Spanish conquest of the Philippines, the Visayans (Natives of the southern portion of the Philippines) practiced skull molding to enhance their beauty. Artificial Cranial Modification (or ACM) was most prevalent in the Central Philippines -, particularly in the Visayas-and was mostly

conducted for aesthetic purposes.

In the perspective of this, in Father Diego Bobadilla's [11] historical accounts from 1640, indigenous peoples in Central Philippines practiced the head binding.

"...heads of their children between two flat boards upon birth, and they pressed [the boards] so that [the skull] would extend... and flatten the forehead, thinking that this was a trait of beauty."

Dozens of skulls with ACM have already been recovered from burial sites in Albay, Marinduque, Samar, Cebu, Bohol, Davao, and Surigao and in Banton, Romblon. Two (2) complete skeletons were discovered in the Butuan-Agusan grave; with reshaped skulls and with black teeth filed to points.

The same practice in the Visayan cultures where skull molding is also being practiced. A comb-like sequence of thin rods that are attached to the baby's forehead. Here, the tangad prevents the baby's head from growing forward. As a result, the head is angled sideways, indicating that they became taller in the back. They believed that an individual with a longer head is more intellectual, more powerful, and more connected to the spirit world. Apart from this, it is believed that cranial deformation was done to show social status or to indicate group membership.

The same purposed with the teeth alteration/filing, which was being practiced by the Bagobos, Visayans, Bukidnons, Hanunoos, Ilongots, Mamanua Negritos, Manobos, Casiguran Dumagats, Negritos of Pampanga, Negritos of Zambales, Remontados of Rizal, Samals, Sambals, Sangils, Subanuns of Sindangan Bay, Sulod Society, and Tirurays. According to Spanish chroniclers, these practices have contributed significantly to the knowledge of the practices of tooth modification by the early Filipinos. In the documentation of Antonio Pigafetta, he wrote of encountering a native chief of Northern Mindanao *"who had three spots of gold in every tooth and his teeth appeared as if bound with gold."*

Sanchez M [12] (Waray) dictionary contains material on the local words at the time. The smiles of a person with undecorated teeth were *baga napkangnan huligid* [like a chew of coconut meat], and the object of tooth filing was to make them even and symmetrical or to create gaps between the teeth, or to see them be pointed and sharp. *Sangka* was the name given to the method of filing teeth.

On Fox's documented the Pinatubo Negritos and their practice of teeth chipping. Termed as *tayad*, *it was considered a mark of beauty and maturity and, more than any other single factor culturally distinguishes an individual living in the*

Pinatubo area as a Negrito. His description of the mechanism is like Reed and Worcester's documentation.

The scarification has been observed in different regions among IPs such as the Aetas and Tbolis. Men in the Aetas of Zambales purposefully wound the skin on their backs, chests, breasts, thighs, palms, calves, and abdomen, then irrigated the wounds with fire, lime, and other means to form scars or *tek- tek* or *pagpapiyat*. Its cultural identity and symbolism had a unifying impact, which resulted in a demand for conformity. As a result, Indigenous people have been criticized by members of their society and non-Indigenous groups. Such remarks illustrate the conflict that arises as people try to balance two opposing motivational drivers:

- A need for cultural identity and inclusivity, and
- The influence of a source beyond their cultural perspective.

Certainly, there is a tendency to adhere to something that is considered not culturally acceptable or as compromising one's cultural identity. This affected health behaviors, encouraging culturally acceptable behaviors and discouraging culturally insensitive behaviors from the viewpoint of non-IPs [13].

The dearth of data about Indigenous Peoples is itself a narrative worth telling. Furthermore, this deficiency should not be used as an excuse to further marginalize these already marginalized populations. Recognizing the importance of improved data, the 2021 World Development Report (WDR) Data for Better Lives states that "covering a whole population in a dataset is extremely challenging, and it is frequently disadvantaged that are left out." Marginalized people require enhanced representation, and data systems must be developed to address these issues." Accurately counting IPs is merely the first step toward closing current social inclusion gaps. We must accept that the absence of ethnicity variables in statistics databases, analytical tools, and reports is a significant impediment to recognizing and serving the country's ethnic minorities. Additionally, we must collaborate with government counterparts and other development partners to incorporate ethnicity characteristics into official surveys and information systems to gather, consolidate, and communicate IP data in a systematic manner [14]. Most importantly, it is critical to acknowledge the importance of an intellectual property. Going forward, "there are no stories without data, and there are no data without stories." We must never forget to listen to the stories of the people specifically IPs who will be affected by the policies we develop. This mindset is no longer acceptable if we are serious about reducing severe disparities and fostering shared prosperity in the Philippines and throughout the globe.

Notes

- An ethnolinguistic group is one that shares a shared ethnicity as well as a common language. Most ethnic groups have a common first language. However, the word is frequently used to emphasize the importance of language to an ethnic community, particularly in relation to its neighbors.
- More than 182 ethnolinguistic groups live in the Philippines, many of whom are classed as “Indigenous Peoples” under the country’s Indigenous Peoples’ Rights Act of 1997.
- The Kankanaey (Kankanai), Ibaloy, Bontok, Kalinga, Isneg, Itneg, Ifugao, Kalanguya, iwak, Ga’dang are some of the major ethnolinguistic groups found in the Cordillera.
- The Iranun, Jama Mapun, Palawani, Molbog, Kalagan, Kalibugan, Maguindanao, Maranao, Sama, Sangil, Tausug, Badjao, and Yakan are among the 13 ethnolinguistic groups that make up the Moro or Bangsamoro (“Moro nation”).

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