

# The Status of Child Health Care in an Indigenous People's Community of a Mindanao Province

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## Abstract

Limited research has focused on child health care within indigenous communities, particularly in Mindanao. This study aimed to assess the state of child health care in the Indigenous People's (IPs) community of Barangay Cablalan, Glan, Sarangani Province, and to explore the associated problems and challenges. Using a convergent mixed methods research design, a survey questionnaire was administered to fifty households for the quantitative data and key informants such as health workers, LGU officials, and POs/NGOs representatives were interviewed for the qualitative data. Documents obtained from concerned offices further enriched the data. The findings of the study show that in children's health care, the respondent families who belong to low-income families have a growing practice of using modern medicine, especially over-the-counter medicines for ordinary illnesses, and at the same time, they also avail of the services of the traditional healers and herbal medications. Likewise, the barangay health centers are currently providing frontline services for children. Problems and challenges are identified, such as the lack and/or delay of medications and facilities, incapacity to pay, and far distance from the barangay health center.

Keywords: *child health care, indigenous people's community, health centers, essential health and services*

## Introduction

Promoting children's health care is one of the priority areas of various governments worldwide. Children belong to the vulnerable sectors, which urged governments to undertake policy actions that are strengthened from time to time due to the current escalating problems and challenges of the children sector (Lawn, 2010). Meanwhile, the World Health Organization (Romualdez J. et. al. in the Philippine Health Systems Review, Vol. I, No. 2, 2011) defines indigenous populations as "communities that live within, or are attached to geographically distinct traditional habitats or ancestral territories, and who identify themselves as being part of a distinct cultural group descended from groups present in the area before modern states were created and current borders defined." They generally maintain cultural and social identities and social, economic, cultural, and political institutions, separate from the mainstream or dominant society or culture (Morello-Frosch and Shenassa, 2006).

In 1982, the United Nations Commission

on Human Rights adopted the following definition of Indigenous Peoples: "descendants of the peoples who inhabited the present territory of the country wholly or partially at the time when persons of a different culture or ethnic origin arrived... reduced them to a non-dominant or colonial situation." With the colonization of the country by the Spaniards and the Americans, the original inhabitants of Mindanao and Sulu became a minority in the southern Philippines. Data from the National Commission on Indigenous Peoples (NCIP) shows that 61% of IPs are in Mindanao, 33% in Luzon, and 3% in the Visayas island groups. In Region 12 alone, some identifiable groups include the Blaan, Tboli, Tiruray, Ubo, Manobo, and Tagakaolo, to name a few. The United Nations recognizes the rights of indigenous peoples "to promote, develop and maintain their institutional structures and their distinctive customs, spirituality, traditions, procedures, practices, and . . . juridical systems or customs, in accordance with international human rights standards." Thus, the United Nations declared their rights to the enjoyment of the highest attainable physical and mental health standards.

The Declaration of State Policy and Principles Section 2, Article I (Republic Act No. 7610) declared it to be the policy of the State to provide special protection to indigenous children against conditions prejudicial to their development.

Children are entitled to special care due to their dependency and vulnerability. At the same time, they represent the nation's future. As intoned by the national hero of the country, Dr. Jose P. Rizal: “*Ang kabataan ang pag-asa ng bayan*” (The youth are the hope of the country). Thus, the 2030 Sustainable Development Goals 16.2 of the United Nations targets to end all forms of violence against children through an inclusive social protection framework (United Nations High Commissioner for Human Rights Report, 2023). Recognition of the need for special attention given to children of different countries is the creation of a special agency for the promotion of children's rights, the United Nations International Children's Emergency Fund (UNICEF) created specifically for the special care of children. Meanwhile, the Philippines Health System Review by the Asia Pacific Observatory on Health Systems and Policies published in 2011 noted improved levels of child and maternal mortality and communicable disease control during the second half of the twentieth century. Moreover, as mentioned earlier, it also noted the slowing down in recent years of improvement partly due to the poor health status of those in the country's low-income and less-developed regions.

This study has relevance in terms of determining the health and well-being of children in the indigenous community, especially those found in geographically isolated and disadvantaged (GIDAS) areas. The IP group studied is situated in Barangay Cablalan, one of the Blaan communities in the Sarangani area of Region 12. Also investigated are the local government's efforts on health to meet the demands and needs of the IP children and their families. Thus, the study's investigation focused on children's health care, specifically practices and services, and the problems and challenges faced.

The study's general objective was to determine the child health care of an IP community in Barangay Cablalan, Glan, Sarangani Province. The specific objectives include the following: (1) to determine the healthcare practices and services available to the Blaan children and their families, and (2) to identify the problems and challenges encountered in the promotion of child healthcare.

### Theoretical Framework

Three theoretical perspectives in medical anthropology provide the analytical framework of the present study, namely, the Ecological Perspective, the Cognitive and Symbolic

Perspective, and the Medical Pluralism Perspective. The status of the child health care in an indigenous people's community and the problems and challenges encountered.

The Ecological Perspective regards "health as the result of successful adaptation to environmental challenge" and considers "disease as the outcome of the failure to adapt" (Hardon et al., 2001). The use of medicine for cure and prevention is seen as a cultural tool for optimal adaptation (McElroy & Townsend, 1998). The Cognitive and Symbolic Perspective delves into how people define illness, explain and label illness, choose between various alternative medicines for cure and prevention, and relate or communicate with health care practitioners and providers (Hardon et al., 2001). The Medical Pluralism Perspective recognizes the "multiplicity of health systems" and is usually related to the "presence of different cultural or ethnic groups within one society." Medical pluralism may also be the "result of introducing and accepting a foreign tradition in a culture" (Ibid.), such as biomedicine as a therapeutic alternative to traditional medicine. Thus, medical pluralism is a "condition where there are several medical systems, each with its own set of etiologies and proofs and which compete, albeit on unequal ground" (Frankel & Lewis, 1989).

This study grounds its theoretical framework in medical anthropology, encompassing ecological, cognitive, symbolic, and medical pluralism perspectives to elucidate the dynamics and mechanisms shaping the Indigenous Peoples' (IPs) views on health and child health care practices. Over time, IPs have adapted to their environment, relying on plants and herbs to combat challenging illnesses—a practice rooted in the ecological perspective of medical anthropology. This perspective equips IPs with indigenous knowledge, enabling them to harness local resources and adapt to their surroundings in maintaining physical health.

In addition to the ecological viewpoint, illnesses are perceived as originating from the spiritual realm, with shamans or baylans believed to communicate with spirits capable of providing cures. If the community members commit acts repulsive to the spirits, the baylans engage in rituals, seeking forgiveness and offering animals or crops to the former. The cognitive and symbolic perspective on health underscores the Indigenous Peoples' connection to the sacred, emphasizing reverence for spirits as guardians of nature. A harmonious relationship with the spirits is deemed vital for maintaining health in both physical and spiritual dimensions.

However, these traditional ecological and symbolic health interpretations among IPs are changing due to the integration of synthetic

conventional medicine into their indigenous knowledge. This integration has led to imbalances and disconnection from nature, challenging the previously established norms. Introducing and accepting foreign cultural practices, particularly in health care, has resulted in a medical pluralism perspective among the IPs in Barangay Cablalan, Glan, and Sarangani Province. Consequently, community members are now purchasing over-the-counter or doctor-prescribed medicines, and some travel to the lowlands to access government-provided medical services, especially for pregnant women and children in need of immunization care. This shift reflects a complex interplay between traditional practices and the influence of external forces on the healthcare landscape of Indigenous Peoples.

### Materials and Methods

This study employed a mixed methods research design with quantitative as the primary method and qualitative as the secondary or supplementary method. The mixed methods design allows the researcher to merge quantitative and qualitative data to comprehensively analyze the research problem (Creswell, 2014).

A variety of research techniques were employed: survey method using a semi-structured questionnaire, Key Informant Interview (KII) of people who provide child care, and archival research of secondary data taken from documents. The multiple data sources allowed the researchers to validate and cross-check the findings, thus ensuring the validity and trustworthiness of the study. Data triangulation across qualitative and quantitative methods is an important requirement of a mixed methods design. This approach uses "evidence from multiple sources to prove the findings" (Pierce, 2008).

Respondents for the survey that determined the child health care and practices were the mother or father of respondents—families with children 12 years of age and below—using a semi-structured questionnaire. The researchers chose 12 years old and below since this age represents vulnerability, considering their continuous reliance on their parents. A total of 50 households were taken for the survey. Purposive quota sampling was employed in determining the households. The researchers relied on the knowledge of the local contacts in selecting the respondent families. The informants for the KII were the people who provide services to children. They included LGU officials, health workers, POs, and NGOs providing services to children where there are schools in the community, as well as school officials.

Descriptive statistics was used for the data analysis, specifically simple frequency distribution,

in analyzing quantitative data presented in tabular form. Content analysis was used in analyzing qualitative data derived from interviews and documents. Content analysis is an analytical tool used for the "subjective interpretation of the content of the text data" (Hsieh & Shannon, 2005). It is a tool to reduce and make sense of a "volume of text data and to identify core consistencies and meanings" (Patton, 2002).

The researchers observed ethical principles and practices, mainly so that the study was conducted in an indigenous people's community. Creswell (2014) identified various phases of the research process in which ethical issues have to be anticipated: prior to the conduct of the study, beginning the study, collecting data, analyzing data, and reporting data. The researchers observed the ethical principles prescribed in the Philippine National Ethical Guidelines for Health and Health-Related Research (2017) involving IP communities, such as informed consent, respect for traditions, confidentiality and anonymity, risk and safety, and benefit sharing and ownership.

### Results and Discussion

This part presents the study's findings on Child Health Care in Barangay Cablalan, an IP community in Sarangani Province. It includes the child health care practices, the services available to the IP children and their families, and the problems and challenges encountered in promoting child health care.

The respondent families in Barangay Cablalan belong to low-income families, where most are housekeepers, while the farmer group is the next populous respondent after housekeepers. Most respondents' families earn a monthly income between Php1,000 and Php2,000. The diversity of occupation in Barangay Cablalan may be attributed to its geographical set-up since it is a coastal barangay, but farming is also common in the mountainous areas. The data are not surprising because of the geographical nature of the place where the soil is nutrient-rich, but some parts are remote and slightly inaccessible. Herbs, spices, fruits, and vegetables grow in their proximity, and produce is consumed rather than sold. Excess goods are sometimes a source of confusion about whether one should be sold to earn money or to be kept for future consumption.

### Indigenous People's Health Care Practices and Available Services

This part shows the data about the health care practices of the IP children and their families and the health services available in Barangay Cablalan.

The most common illnesses experienced by

the respondent families in Barangay Cablalan are LBM/Diarrhea, Fever/Lagnat, Respiratory ailments, skin diseases, pregnancy-related illnesses, particularly beri-beri, and environmental infections like scabies and worms. LBM/Diarrhea, skin diseases, and environmental infections are related to a lack of clean, potable water and environmental sanitation. Respondent families view climate change as the primary culprit for respiratory illnesses. The frequency distribution and rank are presented in Table 1.

The study participants believe illnesses could be reduced by securing a clean environment and utensils, avoiding too much exposure to harsh

climates, taking medicines, and being watchful of health practices. An IP mother shared:

*“Kanang ubang sakit man gud makuha gikan sa hugaw nga palibot. Dapat jud kanunay mag-amping sa panglawas. Dapat pod aware ang mga tawo, ilabina ang mga kabataan, sa pag-atiman sa panglawas ug sa palibot. Importante pod nga dunay imnon nga tambal ilabina kung grabe na ang sakit.”* (Some illnesses are caused by unclean environment. People should take care of their health. People should also be aware, especially the children, of their health and the

Table 1. Illnesses Experienced by the Respondent-Families (Multiple Responses)

Specific Illnesses	Frequency	Rank
Environmental Infections (Scabies, Worms)	2	6 <sup>th</sup>
Fever/Lagnat	50	1 <sup>st</sup>
LBM/Diarrhea	48	2 <sup>nd</sup>
Respiratory Illnesses (Cold, Cough)	47	3 <sup>rd</sup>
Pregnancy-related Illnesses (Beri-beri)	12	4 <sup>th</sup>
Skin Diseases ( <i>tineaversicolor/an-an/ringworm/bun-i</i> )	5	5 <sup>th</sup>
<b>Total Respondents = 50</b>		

environment. It is also important to take medicine, especially when the illness is already serious.)

Most respondent families affirm that they use herbal medicines in curing illnesses. For the respondent families who consider herbal medicines as medication for illnesses, the predominant sources of these herbs are from the surroundings. Specific herbs used are guava, lagundi, or sambong/gabon leaves. This is expected since herbs are available in the surroundings, and as part of the tradition of their ancestors, they continue the health practice of using herbs for medication. A participant expressed her views:

*“Ang among naandan nga tambal sa dugay ng panahon kung dunay magkasakit sa pamilya kanang mga sagbot alang sa panglawas, mga herbal nga tambal sama sa lagundi, sambong, tuba-tuba, ug dahon sa bayabas. Kung dunay kwarta, mopalit mi ug tambal sa botika.”* (The medications we have been accustomed to for a long time, if a family member gets sick, are medicinal herbs such vitex negundo, blumea balsamifera, jathropa, and guava leaves. If we have money, we buy medicine in the pharmacy.)

Respondent families specify their treatments for illnesses. The foremost medication used are drugs that may be obtained over-the-counter or with a doctor's prescription. Common over-the-counter medications include Loperamide, Diatabs, Sodium, Dicycloverine, Metronidazole, Paracetamol, Biogesic, Calpol, and Bioflu. Ointment or haplas ranks second; massage/hilot ranks third. Langka (jackfruit) leaves are mentioned by the three respondents, followed by mango leaves (2), medicinal juice (2), lagundi, and guava leaves. On the sixth rank are sambong, tuba-tuba, pineapple, banana, dried fish, and eggs. On their treatment for skin diseases such as an-an, bun-i, and galis, six (6) respondents use sulfur soap, acitatis, and sebo de macho, while the remaining three respondents treat it with boiled guava leaves. Only a few experience skin diseases. Consequently, on treatment for pregnancy-related illnesses, synthetic medicines such as Paracetamol and Biogesic are mainly used by the respondents (11), followed by rubbing Liniment oil (8) such as in curing beriberi; five respondents claim that they went to the doctor (if severe) or hilot/albularyo (if not serious), Koolfever and doctor's prescription through check-up are medications used by the three respondents respectively, one respondent uses a combination of a juice and rubbing the body to

decrease the fever, and the other respondents use herbal medicine that can't harm the body. The data shows that the respondent families both use herbal and over-the-counter medications since these are available in the barangay. Aside from herbs, modern medicines are commonly used for ordinary illnesses.

As to whom to call during illnesses, most respondents consider the services of their Rural Health Unit Worker/Barangay Health Worker or Barangay Health Staff. While the growing trend shows growing reliance by the community on local government health centers, a lot still would contact their hilot or albularyo (traditional healer) if the illness is not serious such as body pain, muscle ache, mild fracture, or fever. For serious illnesses, respondent families go to the doctor or hospital for treatment. From the data, the presence of the rural health unit staff and facilities is already available, so the respondent families have access to their services. However, the reliance on traditional healers is still present.

As to the reasons for not availing of government facilities/services for some illnesses, the foremost reasons identified by the respondent families in Barangay Cablalan are:

- Lack and/or delay of available medicines.
- Lack of capacity to pay or no money.
- Fear of being reprimanded whenever questions are not answered correctly, or

instructions are not followed appropriately.

- A far distance from their residence from the Barangay Health Center.

A mother voiced out her sentiments:

*“Pasalamat jud mi nga duna nay Health Center sa among barangay. Ang nakapait lang kay layo man gikan sa among balay ang Health Center. Gawas pa jud, wala man mi kwarta magpa doctor ug pampalit ug tambal.”* (We are really thankful that there is already a Health Center in our barangay, but it is far from our residence. Aside from that, we have no money to see a doctor and to buy medicine.)

### **Types of Maternal Care Provided by the Government**

Almost everybody avails of the Pre- and Post-natal Care, Delivery, and Immunization services, as shown in Table 2 below. These services are crucial for the baby and the newly-born child. The post-partum services may consult the midwife when needed, but the latter services are only critical of the two services mentioned if the mother's life is endangered. This is where the importance of herbal medicines emerged. The seemingly lost wisdom of ancient people is being passed down through generations to the manghihilots, baylans or herbolarios in which

Table 2. Types of Maternal Care that the Respondent Mothers and Their Children Availed from Government Services (Multiple Responses)

<b>Maternal Care</b>	<b>Frequency</b>	<b>Rank</b>
Pre- and Post-Natal Care	50	1 <sup>st</sup>
Immunization	14	2 <sup>nd</sup>
Delivery	6	3 <sup>rd</sup>
Post-Partum Services	0	4 <sup>th</sup>
<b>Total Respondents = 50</b>		

some of their methods may seem questionable to modern medicine but somehow effective (see: placebo) when tried.

Meanwhile, based on the data (see Table 3 ), all the respondent families in both barangays avail of the BCG (at birth), DPT (6 weeks, 10 weeks, and 14 weeks old), and OPV (6 weeks, ten weeks, and 14 weeks old). Growth Monitoring (0-24 months and bi-annually for 25-71 months) is also available. This is followed by the Measles vaccine and Vitamin A supplementation. 42 families in Barangay Cablalan have benefited from developmental screening. Deworming and Hepatitis B check-ups are also available. Hence,

the barangay health center provides these services to the respondent families, either the respondents' community health workers or the latter visiting their households. This is a favorable scenario on the part of the government to actively perform its tasks of delivering health care services to the IP families in the community.

In the Philippines, government-led immunization initiatives have found significant acceptance within Indigenous communities. Specifically, Indigenous Peoples' children are actively receiving vaccinations as a safeguard against various diseases. Within the Aeta community in Angeles City, Pampanga, the engagement of

Aeta barangay health workers plays a crucial role. These health workers, who belong to the Aeta ethnicity themselves, are instrumental in educating parents about the advantages of vaccines. The Aeta community, in collaboration with UNICEF and the Department of Health, has embraced the utilization of polio vaccines for their children (UNICEF Philippines, 2020).

Similarly, in the Yapayao and Malaueg indigenous communities in Cagayan Province, the success of immunization programs can be attributed to the vaccination knowledge of the mothers. Through the education efforts of the barangay health workers, mothers in these indigenous communities have developed a moderately favorable attitude towards vaccination. This positive shift in perception has led to

increased participation in immunization programs for the children of Yapayao and Malaueg (Capili, Chua, Mallabo, and Calubaquib, 2022).

**LGU Programs to Promote Good Health in the Barangay**

Through the efforts of Barangay Rural Health Unit (RHU) personnel, pregnant women are regularly advised to go to the barangay health centers for prenatal check-ups. According to the barangay midwife, prenatal services and vitamins are free twice a week, but only on Wednesdays and Thursdays from morning to afternoon. To inform residents of the maternal health services available in the health center and determine pregnant women in the locality, barangay health workers (BHWs) conduct home visitations to every purok and sitio.

Table 3. Essential Health and Nutrition Services during Early Childhood  
Availed by the IP Family

Essential Health and Nutrition Services	Frequency	Rank
BCG (at Birth)	50	1st
DPT (6 weeks, 10 weeks, 14 weeks old)	50	1st
OPV (6 weeks, 10 weeks, 14 weeks old)	50	1st
Growth Monitoring (0-24 months and bi-annually for 25 to 71 months)	47	2nd
Measles (9 months)	46	3rd
Vitamin A Supplementation	46	3rd
Developmental Screening	42	4th
Deworming (every 6 months starting at 1 year old)	37	5th
Hepatitis B (within 2 hours, 6 weeks, 14 weeks)	35	6th
Dental Check-up (starting 2-3 years old)	1	7th
<b>Total Respondents = 50</b>		

Two-month-old pregnant women are closely monitored for prenatal screening and services under the RHU's 1-1-2 monitoring guide system (one BHW, one mother, and a two-month-old unborn). Prenatal services continue onwards before birth. There is one BHW per purok or sitio receiving P800 honorarium per month. Each barangay has one detailed midwife, nurse, and one barangay nutrition scholar (BNS). The municipal physician, on the other hand, delivers intermittent medical services to the barangay.

Moreover, medical assistance programs such as free clinics, free medicines, and other related services are the foremost programs the LGU promotes for good health. A dental check-up is also provided. The DSWD conducts Feeding programs such as giving rice, *tinapa*, and *lugaw*. These are given to the malnourished children in four (4) Day Care Centers. The Provincial Government seldom conducts feeding programs in the barangay.

Notably, the respondent families maintain

their traditional health care practices, such as using herbal and over-the-counter medicines available in the surroundings depending on the illness. Moreover, the respondent families also avail of the traditional healers (hilot/baylan/albularyo) if the illness is not serious, but if it is severe, they avail of hospital services. Since the national government empower the grassroots government and the private sectors. However, there are still challenges experienced by the children and their families, especially since poverty is a primary culprit in why they have difficulty accessing particular health care, and sometimes these health services are not accessible.

**Child Health Care Challenges in the Indigenous People's Community**

Efforts of the LGUs and other government implementing agencies to promote health for the resident families, mainly children's care services, are delivered to beneficiaries, but more is needed since there are still many identified problems and

challenges experienced by the community.

In essential health, despite the health program of the LGU, there is still a need to have more funds for the overall support of the said endeavors. There is also a need for medicines, materials, and equipment to support these services. Delayed delivery of medical supplies to the Barangay Health Center is also a persisting challenge, a slow process of the government in the support of the health services. Malnutrition incidents are also recorded among the children. Most children have a shortage intake of nutritious foods due to poverty. Also, the lack of cooperation of the resident families and the stubbornness to follow the health protocols of the LGUs are challenging.

Barangay Cablalan has no lying-in clinic or birthing home facility. A pregnant mother who is due for delivery has to go to the Municipal Health Center when the Barangay midwife finds difficulty in facilitating the birth delivery. It is problematic when the family has no money to pay for the fare, especially if the house is located far away. A BHW shared her experience:

*“Ginapa-remind-an jud nanamo ang mga buntis nga manganakay na nga sunod semana dapat manaog na sila. Pang-andamon na nila tanan ilang gamiton sa pagpanganak og mamakyaw og habal-habal. Didto sila matulog pila ka gabie hantod nga manganak hantod nga pwede na mogawas.”* (We always remind pregnant women to go down and stay near the Municipal Lying-in Clinic a week or couple of weeks before their due. They have to prepare all the materials needed for birth delivery. The family stays in the lowland for a few nights until the mother has given birth and is ready for hospital or clinic discharge.)

### Conclusions and Perspectives

The study's findings show that the respondent families belong to low-income families, affecting healthcare opportunities, especially for those living in upland areas. In health care, though traditional medicines are a standard first-line of medications, there is a growing practice of using modern medicine, especially over-the-counter medicines for ordinary illnesses, except for those living in distant places where the traditional *hilot/arbularyos* and herbal medicines are the first option. However, the family's financial capacity is critical, mainly if the illness is severe. Sometimes, the availability of medicines in the area is also a factor that affects health opportunities. Likewise, the barangay health centers especially provide frontline services, free pre-natal/postnatal services

for mothers, and services for children, including immunization, deworming, circumcision, vitamins, and benefits for ordinary sickness. To improve their nutritional health, respondent families use healthy and nutritious foods found in the surroundings or produced in their backyard gardening. Mother respondents, on the other hand, are primarily housewives or housekeepers. The IP parents find it hard to maximize their health care opportunities as their income can hardly even support the family's basic daily needs.

Given the preceding results, the national and local government cascades its health priorities from top to bottom, particularly in standards and goals, resources, communication and implementation, agencies' characteristics, environmental conditions, and the implementers' dispositions. The barangay health center relies heavily on the support of the national and municipal governments. The grassroots governments, such as the barangay, are heavily relying on the top's prioritization of activities when it comes to health care because of the lack of facilities and funds, much more if the barangay is struggling financially. There are available medicines, but more is needed to supply the needs of the beneficiaries, who usually belong to disadvantaged families.

The results/findings in this study need to reflect the status of healthcare practices and services in other IP communities. Other researchers may conduct similar studies in other settings to see a larger picture and for validation purposes.

### Policy Recommendations

For the Department of Health Region 12, Provincial Health Office of Sarangani Province, Municipal Health Office of Glan, Barangay Health Office of Cablalan, Department of Education officials and teachers, and Local Government Unit, there is a need to improve access to health facilities and services, and the drumbeat the strengthening of children care services particularly in children health care among the vulnerable communities like IPs. Supporting the community health team's training and implementation of children's care services utilization is also essential to be enhanced. Moreover, an update and review of the progress of children's care and their families' service utilization is needed. Furthermore, there is a need to enhance a culture-sensitive Information Education Campaign for the community to improve awareness about children's healthcare service delivery and their rights as valuable community members. Promoting mental health services for mothers and their children is also critical, specifically during pre-natal and post-natal years (e.g., pregnancy, breastfeeding, post-partum). The Barangay Health Workers, Barangay Nutrition

Scholars, Barangay Midwives, and other medical staff should be respectful, approachable, trained, helpful, patient, and present to serve its clientele more holistically.

### Authors' Contributions

J. Calva is the project leader and lead author of this research study; she is responsible for formulating and writing the proposal manuscript covering its original components (executive summary, significance and background of the study, statement of the problem, objectives of the study, methodology, theoretical framework, literature review, interview guide, and questionnaire). Also, she is assigned to data-gathering and writing the final report of Barangay Cablalan, Glan, Sarangani Province. Moreover, she also facilitated the free and prior informed consent (FPIC) permit from the NCIP office of Region 12 and Sarangani Province. Finally, she is also tasked with writing the abstract, policy recommendations, finalizing the discussions and results, conclusions, and final manuscript, and converting the manuscript into article.

R. Batoto is the co-author of this research. He is tasked with data-gathering and writing the final report of Barangay Cablalan, Sarangani Province. He is also responsible for writing the study's abstract, theoretical framework, results and conclusions. Moreover, he helped in finalizing the questionnaire and interview guide. Finally, he facilitated the FPIC permit from the NCIP office of Region 12 and Sarangani Province.

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### References

Bryce, J. et al. (2008). *Countdown to 2015 for maternal, newborn, and child survival: the 2008 report on tracking coverage of interventions*. The Lancet, vol. 371, no. 9620, 1247-1258. doi: 10.1016/S0140-6736(08)60559-0

Bryce, J. et al. (2008). *Tracking Progress in Maternal, Newborn, and Child Survival: The 2008 Report*. New York, USA: The United Nation's Children Fund (UNICEF). Retrieved from <https://www.who.int/pmnch/>

Capili, J., Chua, J.M., Mallabo, L.A., and Calubaquib, J. (2022). *Knowledge and Attitude towards Childhood Vaccination of Indigenous Peoples in Cagayan, Philippines*.

International Journal of Bioscience, V21, N6, December, P151-159. DOI: <http://dx.doi.org/10.12692/ijb/21.6.151-159>

Department of Health. (2011). *Maternal, Neonatal, Child Health, and Nutrition (MNCHN) Manual of Operations*, 2<sup>nd</sup> ed. Manila, Philippines: DOH National Center for Disease Prevention and Control. Retrieved from <https://www.doh.gov.ph>.

Early Child Care Development Card, Department of Health 3<sup>rd</sup> printing (2003). Retrieved from <https://www.researchgate.net/>

Frankel, S. and Lewis, G., eds. (1989). *A Continuing Trial of Treatment; Medical Pluralism in New Guinea*. Dordrecht, The Netherlands: Springer.

Hamrosi, K., Taylor, S.J., and Aslani, P. (2006). *Issues with prescribed medications in Aboriginal communities: Aboriginal Health Workers' Perspectives*. Rural and Remote Health 6: 557. (Online)

Hardon, A. et al. (2001). *Applied Health Research Manual: Anthropology of Health and Health Care*. Amsterdam, The Netherlands: Het Spinhuis.

Lawn, J. (2010). *Maternal and child health – now, then, or when?* The Lancet, vol. 375, no. 9730, 1957-1958. doi: 10.1016/S0140-6736(10)60912-9.

Lester, J. and Stewart, Joseph Jr. (2000). *Public Policy: An Evolutionary Approach* (2<sup>nd</sup> Edition). USA: Wadsworth Thomas Learning.

McElroy, A. and Townsend, P. (2009). *Medical Anthropology in Ecological Perspective*. 5<sup>th</sup> Edition. Colorado, U.S.A.: Westview Press.

Morello-Frosch, R. & Shenassa, E. (2006). *The Environmental "Riskscape" and Social Inequality: Implications for Explaining Maternal and Child Health Disparities*. Environmental Health Perspectives, vol. 114, no. 8, 1150 – 1153. doi: 10.1289/ehp.8930



National Statistics Office (NSO) [Philippines], and ORC Macro. (2004). *Philippines National Demographic and Health Survey 2003*. Calverton, Maryland: NSO and ORC Macro. Retrieved from <https://dhsprogram.com/pubs/pdf/FR156/>

Philippine Statistics Authority 2011 Family Health Survey (2012). Retrieved from <https://psa.gov.ph/tags/2011-family-health-survey>

Redvers, N. and Blondin, B. (2020). *Traditional Indigenous medicine in North America: A scoping review*. PLoS ONE, 15 (8). DOI: 10.1371/journal.pone.0237531

Romualdez, J. et al. (2011). *The Philippines Health Systems Review*. In S. Kwon and R. Dodd (Ed.), *Health Systems in Transition*, vol. 1, no. 2. Geneva, Switzerland: WHO Asia Pacific Observatory on Health Systems and Policies. Retrieved from [http://www.wpro.who.int/philippines/areas/health\\_systems/](http://www.wpro.who.int/philippines/areas/health_systems/)

Sholkamy, H. (1997). *Children Health and Well-being: Ethnography of an Upper Egyptian Village*. PhD Thesis, London School of Economics and Political Science.

UNICEF Philippines. (2020). *Preserving an indigenous community with lifesaving vaccines*. UNICEF Philippines Article. Retrieved from <https://www.unicef.org/philippines/stories/preserving-indigenous-community-lifesaving-vaccines>

United Nations High Commissioner for Human Rights Report. (2023). *A/HRC/54/36: Rights of the child and inclusive social protection*. Retrieved from <https://www.ohchr.org/en/documents/thematic-reports/ahrc5436-rights-child-and-inclusive-social-protection-report-united>

United Nations Permanent Forum on Indigenous Issues (UNPFII) Report on the first session (2002). Retrieved from <https://undocs.org/E/CN.19/2002/3/Rev.1>

United Nations Permanent Forum on Indigenous Issues (UNPFII) Report on the second session (2003). Retrieved from <https://undocs.org/E/CN.19/2003/22>

United Nations Permanent Forum on Indigenous Issues (UNPFII) Report on the third session (2004). Retrieved from <https://undocs.org/E/CN.19/2002/3/Rev.1>

United Nations Permanent Forum on Indigenous Issues (UNPFII) Report on the fourth session (2005). Retrieved from <https://undocs.org/E/>

C.19/2005/9

World Health Organization. (1999). *Reduction of maternal mortality : a joint WHO/UNFPA/UNICEF/World Bank statement*. Geneva, Switzerland: World Health Organization. Retrieved from [https://apps.who.int/iris/bitstream/handle/10665/42191/9241561955\\_eng.pdf;jsessionid=B07DF5CCB69BFB95517B1E69482D4459?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/42191/9241561955_eng.pdf;jsessionid=B07DF5CCB69BFB95517B1E69482D4459?sequence=1)

World Health Organization. (2010). *Trends in maternal mortality: 1990 to 2008*. Geneva, Switzerland: World Health Organization. Retrieved from [https://apps.who.int/iris/bitstream/handle/10665/44423/9789241500265\\_eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/44423/9789241500265_eng.pdf?sequence=1).

World Bank (2023). *Governance*. Retrieved from <https://www.worldbank.org/en/topic/governance>.

Yew, V., Sia, M., Lam, K.C., Sarmila, M.S., Selvadura, S. (2015). *Education and awareness of modern health care amongst aboriginal people: The case of the Jakuns of Peninsular Malaysia*. Malaysian Journal of Society and Space 11 issue 13 (79 - 85). ISSN 2180-2491