

# WHEN HEALTH DOES NOT EQUATE WITH WEALTH: THE HEALTH PRACTICES AND CHALLENGES OF THE TALAANDIG TRIBE IN BUKIDNON

Arroyo1 VJ<sup>1</sup>, Arroyo R<sup>2\*</sup> and Marapao AM<sup>3</sup>

*1Department of Home Economics Education, Central Mindanao University, Philippines*

*2Department of Hospitality Management, Central Mindanao University, Philippines*

*3Department of Nutrition and Dietetics, Central Mindanao University, Philippines*

---

**Abstract:** The Talaandig indigenous group in the southern part of the Philippines has unique health practices rooted in their culture and traditions. This study explored the lived experiences and health practices of the Talaandig tribe community in Songco, Lantapan, Bukidnon. Specifically, it investigated their health practices, struggles, and challenges within the tribe. Additionally, this study designed some recommended programs to address their challenges. This paper utilized a qualitative approach, particularly the descriptive phenomenological research design. To gather the necessary data, a semi-structured one-on-one interview was conducted with the selected members of the Talaandig tribe. The interview script was content validated by a panel of experts from Central Mindanao University and Bukidnon State University. The researcher coded the interview transcripts, which the same experts validated. The study results revealed that the Talaandig tribe's health practices include feeding their children vegetables and root crops, conducting healing rituals, using herbal and traditional medicines, and consulting their elders for crucial life decisions. The Talaandig members also shared that their secondary options are visiting health centers and consulting a doctor. Regarding the struggles and challenges in their tribe, the Talaandigs shared their problems with accessing potable and affordable water, limited supply of rice as a staple food, and malnutrition among children. Based on the interview conducted, this study recommended creating livelihood programs for mothers and out-of-school youth, feeding programs for malnourished children, training on food preparation and cooking of locally available food, providing a potable yet affordable water supply, and creating health and nutrition programs for the Talaandig community in Sonco, Lantapan

**Keywords** - Challenges, health practices, indigenous, Talaandig, traditions

---

## Introduction

The Talaandig people, an indigenous group found in the southern part of the Philippines, and one of the seven tribes of Bukidnon, have their own unique set of health practices that are rooted in their culture and traditions. These practices are reflective of their beliefs and values, as well as their close relationship with the natural environment. One of the core tenets of Talaandig health practices is the importance of balance and harmony between different aspects of life. According to the Bukidnon government website (Soria, 2021; GovPh, 2012), the indigenous people, particularly the Talaandig

\*Corresponding Author's Email: [f.rubie.arroyo@cmu.edu.ph](mailto:f.rubie.arroyo@cmu.edu.ph)

tribe, have a different concept regarding health, which is more wide-ranging and holistic in scope. This holistic approach to health recognizes that individuals are not separate from their environment or community. Instead, they are seen as interconnected and interdependent with the natural world and the people around them.

However, the indigenous people's traditional knowledge and health practices usually cost them their right to access healthcare services from the government, which is the fundamental right of every Filipino. According to the United Nations State of the World's Indigenous Peoples (UN-SWIP, 2015), a distinct challenge that Indigenous Peoples (IPs) face in exercising the right to health is related to their traditional knowledge and health practices. Researchers (Davy et al., 2016; Pickering et al., 2023; Anderson et al., 2016) also explained that the social and physical contexts in which I.P.s live impact their health. The I.P.s' health is negatively impacted by the poor health determinants they experience, such as low income (Tauli-Corpuz & Tamang, 2018; Harfield et al., 2015), limited access to formal education (Brito, 2021), high unemployment, inadequate access to safe drinking water, sanitation, and health care, high food insecurity (Singer et al., 2019), inadequate housing, a lack of adequate and contextual formal safety nets, and stigmatization (Wilson et al., 2015).

To better understand the indigenous peoples' needs when accessing health care services without jeopardizing their traditional beliefs, this study aimed to investigate the health practices and lived experiences of the Talaandig tribe of Sonco in the province of Bukidnon. The finding of this research would contribute to the existing body of literature on the indigenous health practices of the different tribes in the country. Particularly, this study aimed to explore the lived experiences and health practices of the Talaandig tribe community in Songco, Lantapan, Bukidnon by answering the following questions:

1. What are the health practices of the Talaandig tribe in terms of:
  - a. Child-feeding practices;
  - b. Medicines and methods of healing;
  - c. Ways of Staying Healthy
2. What are the lived experiences and struggles within the Talaandig tribe?
3. What programs are to be implemented to address the challenges of the Talaandig tribe?

## **Materials and Methods**

### *Research Design*

This research paper utilized qualitative research with a descriptive phenomenology research design. The present study investigated the Talaandig tribe's lived experiences of health practices. A descriptive phenomenological approach is a powerful tool for understanding subjective experience and gaining insights into people's actions and motivations, challenging long-held assumptions. To gather the necessary data for the study, the researcher conducted a semi-structured one-on-one interview with the members of the Talaandig tribe residing at Sonco, Lantapan, Bukidnon. A panel of experts validated

the interview script to ensure the questions were relevant and appropriate to the study's objectives. The experts and the researcher also made sure that the questions in the interview would not disrespect in any way the customs and traditions of the Talaandig tribe. The researcher manually transcribed the results of the interview. To establish the validity and trustworthiness of the qualitative data, this study employed inter-coders who helped validate the themes created out of the answers given by the study participants.

### *Research Locale and Participants*

The participants of this study were purposely chosen as they fit the general criteria of the study. The Talaandig tribe is one of the Philippines' 110 indigenous peoples. It is also one of the most established tribes in the Province of Bukidnon, whose tribal leader actively participates in the government's efforts to educate and deliver services to minority groups. It was also them who identified the 11 members- 9 mothers and two fathers- who became the participants of this study.

## **Results and Discussion**

### *Health Practices of the Talaandig Tribe*

Table 1: *The Talaandig's Child Feeding Practices*

<b>Actual Script</b>	<b>English Translation</b>
<i>“Sa amoa kay bugas man jud among kaonan dayon magtanum ug gulay ug lagutmon pang reserba”</i>	For us, we eat rice, and then we plant vegetables and root crops as reserved.
<i>“Kargado mi ug utan. Kasagaran sa mga bata kilangan control sanang delata”</i>	We usually prefer vegetables. We control our kids from eating canned goods.
<i>“Gikan pa sa pagburos...nay klasi-klasi nga talimughat para sa unsay bation.”</i>	From pregnancy..there are different herbal medicines for all types of pains.
<i>“Kaon ug mga pagkaon diri sa tribo na kanang healthy ug ubanan sad namo ug prayers and ritual.”</i>	We eat the traditional and healthy food in our tribe. We also offer prayers and rituals.
	I consult our elders about what food to give my children.

---

*“Ga consult ko sa mga elders namo kung unsay pwede ipakaon sa bata”*

---

It can be noted from the participant's answers that when it comes to choosing the right food for their infants, most of them rely on rice and vegetables as they are the food readily available in their surroundings. Out of the 11 participants in the study, 8 of them answered that they rely on rice and vegetables as the staple food for their children. They explained that since they could not afford to buy meat, they had to do with whatever was available in their area, mostly vegetables, root crops, and rice. They also do not allow their kids to eat canned goods as they think they are unhealthy for the children.

Their answers coincide with the finding of GovPh (2012), a government website, which explained that most of the feeding practices of the Talaandigs and other tribes in Bukidnon are influenced by their belief in the existence of their highest god, *Magbabaya*, and the spirits of the nature who guard and protect it. It is also for this reason that they always consult their elders in terms of the appropriate food they should feed their children. In addition, their preference for rice and vegetables as the staple food for their family reflects their way of living, where the cultivation of lands and planting crops are their main livelihood and source of food (Calceña, 2017; Camacho et al., 2015).

On the other hand, the researcher also asked the participants about their traditional medicines and healing methods. Table 2 reflects Talaandig’s answers in the interview and their English translation.

Table 2: *Talaandig’s Medicines and Methods of Healing*

<b>Actual Script</b>	<b>English Translation</b>
<i>“Naa mi pito ka ritual para makatabang...ispiritwal man o material.”</i>	We have seven types of rituals to help our members, whether their problems are spiritual or material.
<i>“Sa ako best jud ang traditional or herbal. Kung dili na makaya usa pa adto sa center.”</i>	For me, using traditional or herbal medicine is still the best. However, if it will not work, then that is the time we visit the center.
<i>“Naa mi gitawag nga tawal.”</i>	We have what we call <i>tawal</i> .
<i>“...Mopalit mi sa coins para mawala ang sakit. Spiritual cause sa illness kay itransfer sa mineral.”</i>	We buy coins to ease our illness. If the illness comes from a spiritual cause, it will transfer to the mineral in the coin.

As reflected in Table 2, the participants' main medicine and healing method is traditional. Their answers reflect the tribe's use of medicinal plants, a unique way of treating illnesses in conjunction with religious ceremonies. All of them answered that whenever they or their children are sick, they would first visit their *mangongoyamo* or herbal doctor for a check-up. The *mangongoyamo* determines a person's cause of illness and performs an appropriate ritual to cure the illness. The *mangongoyamo* also prescribes herbal medicines and concoctions of different medicinal plants in their area. One example of a ritual done when someone is sick is the *tawal*, in which the herbal doctor offers a prayer and blows or spits on the head of the sick.

The *mangongoyamo* is also consulted by the women of the tribe if they want to get pregnant, and a ritual is performed to acknowledge and protect the pregnancy. Other forms of ritual that the participants shared are called *panlang* and *napamalas*. These two rituals are done to recognize and ask for the blessing of the *Magbabaya* or the Heavenly Father. They include using sacred plants, such as herbs or leaves, and performing specific prayers or chants. Water, believed to have purifying properties, is often used in these rituals.

According to Martinez (2019), rituals play a significant role in the lives of indigenous groups, specifically in maintaining balance within the community. While specific rituals may vary, some standard practices observed among indigenous communities in the Philippines can provide insights into the lives, beliefs, and practices common to all. These practices and knowledge systems have been developed and passed down through generations within specific cultural communities (Payyappallimana, 2010).

Table 3: *Talaandig's Ways of Staying Healthy*

Actual Script	English Translation
“Mag herbal ug kaon gulay gulay.”	Use herbal (medicines) and eat vegetables.
“Kanang ritual gikan sa bata pa hangtod madaku ug pgkaon ug gulay.”	The application of ritual from childbirth to adulthood and eating vegetables.

It can be seen in Table 3 that there were only three main points raised by the eleven participants when it comes to the practices of staying healthy. These included eating vegetables, using herbal medicines, and performing rituals. The majority of the participants divulged that they do not immediately seek the assistance of a doctor or drink over-the-counter medicines when they feel something. Instead, they take herbal or indigenous medicines, which they believe do not cause side effects or harm the body, thus, helping them stay healthy. One participant shared how many times she had witnessed the efficacy of herbal medicines in healing from her great ancestors up to her children.

According to Simbulan (2011) and Odchimar et al. (2017), using herbal medicines is essential to indigenous people's cultural practices. Community members have seen their potential and medicinal powers while growing up, hence, the firm belief in them. They also strongly rely on the wisdom and knowledge of their elders based on their experiences (Improgo, 2017). Thus, when they offer rituals or herbal medicines, they follow them.

Moreover, it is also deeply rooted in the indigenous people’s holistic perspectives on health, where the physical, mental, and spiritual aspects are interconnected (Aziz et al., 2018). Herbal medicines are believed to align with this holistic approach as they are derived from nature and are seen as part of the natural healing process (Lumbera, 2018). Hence, it is perceived as harmonious with the environment and the spirits, which holds cultural and spiritual significance, especially for the Talaandig tribe.

From a different perspective, Haque et al. (2018) believed that the unavailability of over-the-counter medicines or doctor-prescribed medications could be one of the reasons why indigenous people, especially those living in remote areas, continue to patronize folk or herbal medicines. Because herbal medicines can often be sourced locally or grown in their own gardens, the indigenous people are provided with accessibility and cost-effectiveness. This practical consideration influences their preference for herbal remedies as a convenient and affordable healthcare option.

On the other hand, Talaandig’s preference for vegetables and root crops could be in line with self-sufficiency and economic reasons. Meat can be more expensive and less accessible compared to plant-based foods. Vegetables and root crops, especially locally grown, can be more affordable and readily available for Talaandig community members, making them a practical choice for meeting dietary needs.

### ***Lived Experiences and Struggles of the Talaandig Tribe***

In determining the lived experiences and the struggles of the members of the Talaandig tribe, the researcher asked questions pertaining to their access to clean water, access to healthcare services and nutrition programs, and access to nutrition and food. Table 4 presents the distribution of the participant’s answers regarding clean and potable water availability.

*Table 4: Talaandig’s Access to Potable Water*

<b>Actual Script</b>	<b>English Translation</b>
<i>“Perme jud mapulan og tubig maam kay dili man mi makabayad.”</i>	Our water line is always cut off.
<i>“Gaka cut off among water supply, mga one day or two days. Moadto na dayon mi sa sapa”</i>	Our water supply is sometimes cut off for one or two days, so we go to the river.
<i>“Permanente mi naay problema sa pagaccess og tubig kai maputlan man mi permanente.”</i>	We always have difficulty accessing water because our lines are always cut off.
<i>“Maka kuha man mi og tubig gihapon maam.”</i>	We can still access clean water.

---

Based on the interview, most participants, or 64%, do not have continuous access to clean and potable water. Meanwhile, two participants always have access to clean water, and two do not have potable water in their homes. During the interview, the majority of the reasons given by the participants why they do not have access to clean water, is because their lines were cut-off due to negligence or inability to pay the water bill.

The problem of limited or unavailability of clean potable water in tribal communities across the country has been present for decades. It is compounded by several factors, including poverty, remote locations, workforce issue, and government support (Tsai et al., 2016). The issue highlights socioeconomic challenges faced by the community, potential limitations in infrastructure and service provision, and broader structural inequalities affecting marginalized communities. It could also be an issue of water affordability and the need for policies that ensure access to clean water for all.

On the other hand, when it comes to the participant's access to healthcare services and nutrition programs of the local and national government, Talaandig's answers are outlined in Table 5.

Table 5: Talaandig's Access to Healthcare Services

Actual Script	English Translation
<i>"Naa man mi center so dali rami makaadto."</i>	There is a center, so we can quickly go there.
<i>"...wala paman na sa una mam, maong wala pako kaagi ana."</i>	...it was not common in the old days, so I have not tried it.
<i>"Maka access man dayon mi sa hospital o health center."</i>	We can easily access the hospital or the health center.
<i>"...last option na diri sa amoa kay buyag jud himsog man amoang mga bata"</i>	...that is the last option for us, luckily, our kids are healthy.

Based on the participant's answers, no one experienced being denied or had difficulty accessing healthcare services in government facilities. It suggests that, within the study context, the participants

did not encounter significant barriers in accessing healthcare. However, it is essential to note that these findings are specific to the participants interviewed and may not represent the experiences of the Talaandig tribe or other indigenous communities.

Contrary to the findings on easy access to healthcare services, The National Demographic and Health Survey (N.D.H.S., 2017) highlighted the disparities in health outcomes and access to health services in the Philippines based on socioeconomic status and geographic area. The survey found that healthcare services and facilities are unevenly distributed across the country, with more concentrations in major and metropolitan cities. This maldistribution is why disparities and challenges in availing healthcare services are shared among residents in rural areas, particularly the indigenous communities.

It is also interesting to note that three participants revealed that they have not tried consulting with a doctor or being admitted to the hospital as it was not a common practice of the tribe in the old days. Their answers were an essential insight into the cultural practices and beliefs of the Talaandig tribe. It solidified the role of traditional healing practices and the preference for using herbal medicines and other traditional remedies as a first line of treatment. The finding is consistent with previous research (Sison et al., 2021; Naïve et al., 2021) on indigenous healthcare practices, emphasizing the importance of acknowledging and respecting traditional healing practices and their role in the indigenous community's health and well-being.

Finally, the researcher also asked questions regarding the participant's significant problems or challenges when it comes to accessing proper nutrition and food. Table 6 highlights the distribution of the participant's answers to this question.

Frame 6: Talaandig's Challenges in Accessing Food and Nutrition

Actual Script	English Translation
<i>“Kasagara sa amoa diri mam dili jud makapalit ug bugas.”</i>	Most of us here have a hard time buying rice.
<i>“Rice gyud amoang problema mam ky naa man utanon sa palibot.”</i>	Rice is our leading problem here because there are so many vegetables around.
<i>“Gapaningkamot gyud mi tanum pero init man maong lisod kaayo.”</i>	We really try to plant rice, but because of the drought, it is very challenging.
<i>“Naa mga bata diri nga malnourished”</i>	
<i>“...last option na diri sa amoa kay buyag jud himsog man amoang mga bata”</i>	There are malnourished children in our community.

Based on the participant's answers, the Talaandigs have financial challenges when buying rice for their family. The statement highlights a significant issue faced by many individuals, not just the indigenous people, in the community: the financial struggle to afford rice for every meal. It emphasizes the presence of poverty and economic challenges within the community. The availability of affordable and nutritious staple rice is essential for ensuring food security and meeting basic dietary needs. However, the limited financial resources of an individual or a family may lead to inadequate nutrition and potential health implications for all the members. It could also be one of the reasons why the other participants noted that there are malnourished children in their community (Briones, 2017).

According to the Asian Development Bank report (2012), historical marginalization and too much reliance on land rights and resources are the two significant factors influencing poverty among indigenous groups. These factors have contributed to economic disadvantage and poverty among indigenous groups because, most often, their access to traditional lands and resources may be restricted or threatened by factors such as land encroachment, resource extraction, and land rights disputes, which undermines their ability to sustain their traditional practices, including rice cultivation (Dacanay, 2020).

As a result of the challenge of putting nutritious and adequate rice for the whole family on their tables, several Talaandig children in the community are found to be malnourished, as the participants divulge in the interview. However, it is essential to note that each case of malnutrition may have specific underlying causes, and a comprehensive understanding requires considering various contributing factors. In the case of the Talaandig children, they mostly attribute it to the unavailability of a well-balanced diet.

### ***Recommended Programs to Address the Challenges of the Talaandig Tribe***

After the close one-on-one interview with the members of the Talaandig tribe, it is clear that additional programs and initiatives could still be done to improve their health practices and way of living in general. Table 7 presents the different programs this study recommended based on the one-on-one interview with the Talaandig tribe members.

*Table 7: Recommended Programs for the Talaandig Tribe*

<b>Program</b>	<b>Objectives</b>	<b>Agency to Implement</b>
Livelihood programs such as fruit and vegetable processing or weaving for women and out-of-school youth	<ul style="list-style-type: none"> <li>• Provide a source of income.</li> <li>• Develop skills among youth and women</li> </ul>	<ul style="list-style-type: none"> <li>▪ L.G.U.</li> <li>▪ N.G.O.s</li> <li>▪ T.E.S.D.A.</li> </ul>
Feeding program	<ul style="list-style-type: none"> <li>• Address the cases of malnutrition among children.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Municipal Health Nutrition Office</li> <li>▪ N.G.O.s</li> </ul>

---



---

<p>Training on food preparation and cooking of locally available food</p>	<ul style="list-style-type: none"> <li>• Train mothers on proper food preparation.</li> <li>• Instill the importance of preparing healthy and nutritious food.</li> </ul>	<ul style="list-style-type: none"> <li>▪ L.G.U.</li> <li>▪ Educational Institutions</li> <li>▪ T.E.S.D.A.</li> </ul>
<hr/>		
<p>Provision of potable and affordable water supply</p>	<ul style="list-style-type: none"> <li>• Address the problem of shortage of potable water</li> </ul>	<ul style="list-style-type: none"> <li>▪ L.G.U.</li> <li>▪ Water District</li> </ul>
<hr/>		
<p>Health and nutrition programs</p>	<ul style="list-style-type: none"> <li>• Instill among the members of the community the importance of health and nutrition.</li> <li>• Foster health education and awareness</li> </ul>	<ul style="list-style-type: none"> <li>▪ Municipal Health Nutrition Office</li> <li>▪ N.G.O.s</li> <li>▪ Educational Institutions</li> </ul>

---

There are five programs that the members of the Talaandig tribe raised during the one-on-one interview. The first is creating a livelihood program for women and out-of-school youth. They specifically mentioned fruit and vegetable processing and weaving, which they believe are accessible and appropriate for them to learn. Implementing livelihood programs, such as fruit and vegetable processing or weaving, can significantly contribute to the socioeconomic development and empowerment of women and out-of-school youth in the Talaandig tribe.

Secondly, a feeding program is deemed necessary by the Talaandig tribe. Implementing a feeding program for the Talaandig tribe is crucial for addressing malnutrition and improving the community's overall health, especially for children and vulnerable populations. The first step is conducting a comprehensive needs assessment to understand the specific nutritional needs, food availability, and cultural preferences of the Talaandig tribe. This assessment should involve engaging community members and collaborating with local health authorities to ensure their participation and insights.

Conducting training on food preparation and cooking of locally available food for the Talaandig tribe is a vital initiative to promote nutritious and culturally appropriate diets. The training program should

prioritize community participation and engagement to ensure the relevance and sustainability of the program. By collaborating with the tribe leaders, elders, and individuals with traditional culinary knowledge, their insights and experiences can be incorporated into the training curriculum. The training sessions should equip community members with practical skills and knowledge related to food preparation and cooking techniques. It can include sessions on ingredient selection, food preservation, cooking methods, and using traditional utensils and equipment. It is also crucial to emphasize the importance of nutrient-rich local foods, such as indigenous vegetables, fruits, grains, and protein sources, and how they contribute to a balanced and healthy diet.

Another relevant program for the community is aimed at addressing Talaandig's problem of the source of potable and affordable water supply. Ensuring a potable and affordable water supply for the Talaandig tribe must address their need for clean and accessible water. To achieve this, a multi-faceted approach is required. It is also crucial to involve local authorities and health experts in selecting and implementing appropriate water treatment methods.

The last program recommended in this study is the health and nutrition program. A comprehensive health and nutrition program for the Talaandig tribe can be implemented through a multi-sectoral approach involving various agencies and stakeholders. The program would involve conducting assessments of the community's health and nutritional needs, improving healthcare access and infrastructure through the Department of Health and local health offices, and providing culturally sensitive nutrition education and support in collaboration with local agriculture offices and NGOs. Culturally sensitive approaches consider the community's unique cultural practices, beliefs, and food preferences, ensuring that nutrition interventions are relevant and acceptable to the Talaandig people.

## **Conclusion**

Based on the relevant findings, these are the conclusions of this study:

- 1.The Talaandig tribe significantly emphasizes traditional and cultural health practices. The preference for these practices over conventional healthcare options suggests a solid connection to their ancestral knowledge and a belief in the effectiveness of their indigenous healing methods.
- 2.The Talaandig tribe faces several significant challenges, as revealed by their accounts. These challenges affect their health practices and way of living, hence, should be addressed accordingly.
- 3.Implementing the recommended programs would require collaboration among government agencies, NGOs, community leaders, and healthcare professionals. Furthermore, engaging the Talaandig community in the planning and implementation process is essential, respecting their cultural values and involving them as active participants.

## **Acknowledgment**

This work would not have been possible without God and His blessings of wisdom, enlightenment, strength, perseverance, and hope.

To the research advisory committee members, Dr. Rubie A. Arroyo, Dr. Lady Munique P. Charles, Dr. Marivic B. Lazar, and Dr. Jahzeel M. Candisala, for their significant suggestions and constructive criticism to improve this manuscript.

To the N.C.I.P. Malaybalay for helping the authors start their qualitative research and approve their manuscript.

To Datu Megketay Victorino Saway, Bae Liza Saway, and the participants in the Talaandig Tribe in Songco, Lantapan, Bukidnon, who, without their responses, this study would not have been possible. The author highly appreciated their time and contribution to the success of this study.

Lastly, a word of appreciation is due to all the unmentioned individuals whose names did not find their way in this acknowledgment but have helped the author in many ways.

To God be all the glory and honor!

### **Declaration of Interest Statement**

The authors declare that they have no conflict of interest.

### **References**

Anderson, I., Robson, B., Connolly, M., Al-Yaman, F., Bjertness, E., King, A. (2016). Indigenous and tribal peoples' health (the lancet–lowitja institute global collaboration): A population study. *Lancet*, 3(88)131–57. doi: 10.1016/S0140-6736(16).

Asian Development Bank (2012). Ethnic minorities and poverty reduction in the Philippines. Retrieved from <https://www.adb.org>

Aziz, M.A., Adnan, M., Khan, A.H., Shahat, A.A., Al-Said, M., & Ullah, R. (2018). Traditional uses of medicinal plants practiced by the indigenous communities at Mohmand Agency, FATA, Pakistan. *Journal of Ethnobiology Ethnomedicine* 14(2). <https://doi.org/10.1186/s13002-017-0204-5>

Brito, C.P. (2021). Do data-no story: What the absence of indigenous people's specific data reveals. Worldbank Blogs.

Briones, R. (2017). *Food security and nutrition in the Philippines*. Brain Trust Inc. Retrieved from <https://www.wfp.org/publications/2017-food-security-and-nutrition-philippines>

Calceña, J. P. (2017). Factors associated with the extent of utilization of the health care services among indigenous people in the Municipality of Calinog, Iloilo (Unpublished Master's thesis). Central Philippine University, Jaro, Iloilo City.

Camacho, L., Gevaña, D., Carandang, A., & Camacho, S. (2015). Indigenous knowledge and practices for the sustainable management of Ifugao forests in Cordillera, Philippines. *International Journal*

of *Biodiversity Science Ecosystem Services Management*, 47(10), 5-13.  
<https://doi.org/10.1080/21513732.2015.1124453>

Dacanay, J. (2020). The struggle of Philippine indigenous peoples. *International Journal of Advanced Research*, 3(27), 37–46. DOI:10.21474/IJAR01/11042

Davy, C., Harfield, S., McArthur, A., Zachary, M., & Alex, B. (2016). Access to primary health care services for Indigenous peoples: A framework synthesis. *International Journal of Equity Health* 15, 163. <https://doi.org/10.1186/s12939-016-0450-5>

Gov.Ph (2012). Talaandigs. Retrieved from <https://bukidnon.gov.ph>

Harfield, S., Davy, C., Kite, E., McArthur, A., Munn, Z., Brown, N., Brown, A. (2015). Characteristics of indigenous primary health care models of service delivery: A scoping review protocol. *Joanna Briggs Institute Database of Systematic Reviews & Implementation Reports*, 1(3), 43–51.

Haque, M.I., Chowdhury, A., Shahjahan, M., Haron, G.D. (2018). Traditional healing practices in rural Bangladesh: a qualitative investigation. *B.M.C. Complementary and Alternative Medicine* 18(62). <https://doi.org/10.1186/s12906-018-2129-5>

Improgo, M.O. (2017). Cultural areas of the seven tribes of Bukidnon. *Asia Pacific Journal of Social and Behavioral Sciences*, 9(12), 6-19. DOI: <https://doi.org/10.57200/apjsbs.v9i0.40>

Lumbera, L. (2018). Cultural practices and traditional healing among the Talaandig tribe in Bukidnon, Philippines. *Journal of Indigenous Peoples and Traditional Medicine*, 1(1), 29–43.

Martinez, R.C.K. (2019). The health ritual of “pag-aanito” among the aetas of Nabuclod, Pampanga, Philippines. *Journal of Health and Caring Sciences*, 1(1), 41-47.

National Commission on Indigenous Peoples (2019, March 5). Drop 'lumad,' use ethnic group names instead: N.C.I.P. Retrieved from <https://www.pna.gov.ph/articles/1132620>

Naive, M.C.K., Binag, S.D., Duran, A. (2021). Plants with benefits: Ethnomedicinal plants used by the Talaandig tribe in Portulin, Pangantucan, Bukidnon, Philippines. *Indian Journal of Traditional Knowledge*, 20(3). DOI: 10.56042/ijtk.v20i3.26584

Odchimar, N., Nuñeza, O., Uy, M., & Senarath, W.T. (2017). Ethnobotany of medicinal plants used by the Talaandig Tribe in Brgy. Lilingayon, Valencia City, Bukidnon, Philippines. *Asian Journal of Biological and Life Sciences*, 6(1), 358-364.

Payyappallimana U. (2010). Role of traditional medicine in primary health care: An overview of perspectives and challenges. *Yokohama Journal of Social Sciences*, 14(6), 57–77.

Pickering, K., Galappaththi, E. K., Ford, J. D., Singh, C., Zavaleta-Cortijo, C., Hyams, K., Miranda, J. J., Arotoma-Rojas, I., Togarepi, C., Kaur, H., Arvind, J., Scanlon, H., Namanya, D. B., Anza-Ramirez, C. (2023). Indigenous peoples and the COVID-19 pandemic: A systematic scoping review. *Environmental Research Letters*, 18(3), 033001. <https://doi.org/10.1088/1748-9326/acb804>

- Singer, M., Baer, H., Long, D., Pavlotski, A. (2019). *Introducing medical anthropology* (3<sup>rd</sup> 3d). Dokumen Publishing; Canada
- Simbulan, R. (2016). Indigenous communities' resistance to corporate mining in the Philippines. A *Journal of Social Justice*, 28(1), 29–37. <https://doi.org/10.1080/10402659.2016.1130373>
- Sison, O., Medina, J.R., Lumangaya, C., Ayes, C.N., Joe, A.J., Belizario, V. (2021). Water, sanitation and hygiene practices in the Philippines: Meeting national and global targets at the local level. *Journal of Environmental Science and Management*, 24(1). DOI: [https://doi.org/10.47125/jesam/2021\\_1/01](https://doi.org/10.47125/jesam/2021_1/01)
- Soria, F. R. (2021). Indigenous knowledge and practices of the Talaandig tribe in Bukidnon: Implications for healthcare interventions. *Asia Pacific Journal of Education, Arts, and Sciences*, 8(3), 36–44.
- Tauli-Corpuz, V., & Tamang, J. (2018). Indigenous peoples' traditional knowledge and practices for sustainable development: Case studies from Asia. Geneva, Switzerland: United Nations Development Programme.
- Tsai A.C., Kakuhikire B., Mushavi R., Vořechovská D., Perkins J.M., McDonough A.Q., Bangsberg D.R. (2016). Population-based study of intra-household gender differences in water insecurity: Reliability and validity of a survey instrument for use in rural Uganda. *Journal of Water Health*, 2(14), 280–292. doi 10.2166/wh.2015.165
- United Nations State of the World's Indigenous Peoples (2015). Situation of the right to health of indigenous peoples in Asia. Retrieved from <https://www.un.org/development/desa/indigenouspeoples/publications/2015/09/state-of-the-worlds-indigenous-peoples-2nd-volume-health/>
- Wilson, A., Magarey, A., Jones, M., O'Donnell, K., & Kelly, J. (2015). Attitudes and characteristics of health professionals working in Aboriginal health. *Rural Remote Health*, 15(9), 27–39

## Appendices





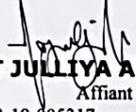
Republic of the Philippines ]  
Province of Bukidnon ] S.S.

### AFFIDAVIT OF UNDERTAKING

I am VINCENT JULLIYA ANDOY ARROYO, who is of legal age, single, Filipino citizen and a resident of Lumbo, Valencia City Bukidnon, after having been duly sworn to in accordance with law, hereby depose and state:

1. That, I am a student of Central Mindanao University taking the course of Masters of Arts in Home Economics Education;
2. That as of this time, I am making my thesis entitled **"Live Experience and Health Practices on the Talaandig Tribe of Bukidnon" at Songco, Lantapan, Bukidnon;**
3. That I intend to conduct an interview of the members of Talaandig Tribe in Lantapan, Bukidnon and during the said interview, I hereby undertake that the personal details and information of my respondent shall be kept confidential, to give due respect to their culture and tradition during the conduct of the said interview and to publish the said research divulging only the best practices and cultures of the said tribe without including the personal information of my respondents; and
4. That I am executing this Affidavit in order to attest the veracity of the truthfulness of the above-mentioned statement, in order to request the office of the tribal counsel to allow me to do the said interview and for whatever legal purposes that this affidavit may best serve.

IN WITNESS WHEREOF, I have hereunto set my hand this 30<sup>th</sup> day of December 2022, at Valencia City, Bukidnon.

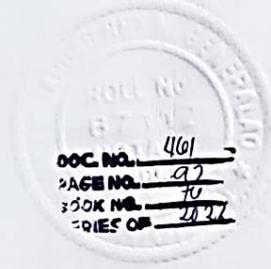
  
**VINCENT JULLIYA ANDOY ARROYO**

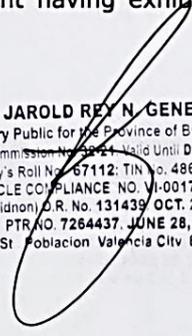
Affiant

ID Number: KO3-19-005317

Issued by: Philhealth

SUBSCRIBED AND SWORN to before me this 30<sup>th</sup> day of December 2022, at Valencia City, Bukidnon after the affiant having exhibited to me identification documents above mentioned.



  
**ATTY. JAROLD REY N. GENERALAO**

Notary Public for the Province of Bukidnon

Notarial Commission No. 32741 - Valid Until Dec. 31, 2022

Attorney's Roll No. 67112; TIN No. 486-274-365

MCLE COMPLIANCE NO. VI-0017353

IBP (Bukidnon) D.R. No. 131439, OCT. 28, 2020

PTR NO. 7264437, JUNE 28, 2021

P4, Kanlaon St. Poblacion Valencia City, Bukidnon 8709