

Challenges of Manobo Tribe in the Access of Primary Health Care at Lanao Kuran, Arakan Valley North Cotabato

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ABSTRACT

This study determined the challenges of Manobo Tribe in the access of healthcare in Arakan, North Cotabato in the Philippines. The method involved immersion to the area and qualitative interviews with the participants. An informed consent was obtained from the Tribal leader and as well as the Manobo participants. Socio-demographic information of the area revealed that there are 380 households, with a population of 2,308 individuals. A group of Kiatao populated by some 60 Manobo families was one of the inhabitants of the area. There were two elementary schools and one high school and day care centers. There were scarcely two Barangay Health Workers and Nutrition scholar that look after the health of the population. Majority of the residents are farmers with major crops such as vegetables, corn and coffee. In terms of health beliefs and practices and health care delivery system, most of the residents of the tribal community are still into traditional medicine practices and/or false health beliefs and practices. Due to lack of medical services and personnel from the government and the distance from the nearest medical institution, child birthing practices are either home deliveries by an "experienced hilot" or if the lone midwife is able to assist". During sicknesses most of the IPs seek the help of a known "traditional/spiritual healer" in the community. Only a midwife from the government, Brokenshire College Community Extension Service and a German medical outreach team provides health services to the people. Meanwhile, a health center was built by Brokenshire College but is still semi-functional due to lack of supplies and equipment as only the college provides for the needs. Hence, the nearest medical facilities are either in Buda or Calinan areas. Moreover, no dental services are available except if Brokenshire College or the German group would provide this for them. Most of the trainings rendered to the health workers were provided by Brokenshire College and other NGOs. Furthermore, feeding programs were also implemented thru partners of the LGU (BC and Feed the Children, DSWD and ACF). One thing good about the health scenario is that tribal members are cooperative and responding well when they were being called for health gatherings or services even if they have to walk 7-14 kilometers. They have also been taught on the importance of vaccination, hygiene, reproductive health, breast feeding and pre-natal care though there is still a need to further educate them. The need for toilets and adequate water system has also been identified especially in the Manobo community areas.

Keywords: *Primary Health Care, Manobo Tribe*

INTRODUCTION

There is an observable imbalance when it comes to health care services provided to indigenous people throughout the globe (King, 2009). In fact, it is revealed that the gap in health status between Indigenous and non-Indigenous people remains unacceptably wide (Social Justice Report, 2005). Besides, the Indigenous people are helpless due to separation from the mainstream environment of the society and yet are also vulnerable as they grow up in isolation from their cultural and social root (King, 2009).

The health care service delivery is somewhat crucial given that mortality can be avoidable if there are appropriate and timely health care interventions provided to these minority groups (AHMAC, 2008). However, it is reported that health care service delivery is slow among indigenous people in many countries (King, 2009; Hall & Patrinos, 2005). In the same way, the indigenous people in the Philippines have far below allocation of social service provision than that of the rest of the country (Carino, 2012). Moreover, the general health situation is below the national average in regions and provinces of the Philippines with the largest concentrations of indigenous peoples (Carino, 2012).

Locally, the Manobo tribe in Arakan also experience problems when it comes to health status and health service delivery. The rough terrain and its mountainous location also contributed to the difficulty in accessing primary health care among the Manobo populations. Indeed, there were some health facilities in the vicinity but not adequate to accommodate to the health needs of the indigenous people living in the area. With this reason, this study was formulated to describe the challenges of Manobo tribe in the access of primary health care.

Statement of the Problem

This study determined the challenges of Manobo Tribe in the access of healthcare in Arakan, North Cotabato. More specifically, it addressed the following questions:

1. What is the socio-demographic profile of the Manobo Tribe?;
2. What are the challenges of the Manobo tribe in the access of primary health care?

METHODS

Participants

This study involved qualitative interviews with 30 Manobo participants, aged 20 to 60 years, of widely varying backgrounds and educational levels. The interviews were semi-structured in nature and included a large number of probing questions in order to elicit a variety of responses. During the immersion, we also do observations about their health behaviors and practices to gain additional information for the study.

Ethical Consideration

We wrote a letter (bisaya version) to the Tribal leader asking permission about the conduct of the study. After the approval, we provide explanation to the Manobo participants about the research and their rights not to participate or to withdraw in the study. We also ensure confidentiality and anonymity among the participants. After which, a consent form was obtained.

RESULTS AND DISCUSSIONS

Demographic Profile

Socio-demographic information of the area revealed that there are 380 households, with a population of 2,308 individuals. A group of Kiatao populated by some 60 Manobo families was one of the inhabitants of the area. There were two elementary schools and one high school and day care centers. There were scarcely two Barangay

Health Workers and Nutrition scholar that look after the health of the population. Majority of the residents are farmers with major crops such as vegetables, corn and coffee.

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Most of the residents of the tribal community were still into traditional medicine practices and/or false health beliefs and practices. Due to lack of medical services and personnel from the government and the distance from the nearest medical institution, child birthing practices are either home deliveries by an “experienced hilot” or if the lone midwife is able to assist”. During sicknesses most of the IPs sought the help of a known “traditional/spiritual healer” in the community.

One thing good about the health scenario is that tribal members are cooperative and responding well when they were being called for health gatherings or services even if they have to walk 7-14 kilometers. They have also been taught on the importance of vaccination, hygiene, reproductive health, breast feeding and pre-natal care though there is still a need to further educate them. The need for toilets and adequate water system has also been identified especially in the Manobo community areas.

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