

Asian Journal of Education and Social Studies

Volume 50, Issue 8, Page 339-346, 2024; Article no.AJESS.120743 ISSN: 2581-6268

Cultural Perspectives on the Impact of COVID-19 among Blaan Tribal Community of Southern Mindanao in the Philippines: A Relativist Perceptual Analysis

Glenford C. Franca ^{a++*}, Jovelyn L. Franca ^{a++} and Leonel P. Lumogdang ^{a++}

^a Southern Philippines Agri-Business and Marine and Aquatic School of Technology, Malita, Davao Occidental, Philippines.

Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

Article Information

DOI: https://doi.org/10.9734/ajess/2024/v50i81534

Open Peer Review History:

This journal follows the Advanced Open Peer Review policy. Identity of the Reviewers, Editor(s) and additional Reviewers, peer review comments, different versions of the manuscript, comments of the editors, etc are available here: https://www.sdiarticle5.com/review-history/120743

Original Research Article

Received: 02/06/2024 Accepted: 03/08/2024 Published: 08/08/2024

ABSTRACT

This research explores the intricate effects of the COVID-19 pandemic on indigenous upland barangays, with a specific focus on the Blaan tribe in Southern Mindanao, Philippines. Emphasizing health, livelihood, and cultural dimensions, the study applies a relativist perceptual theory to investigate how these communities perceive pandemic threats through their unique cultural perspectives. To compile thorough information on the experiences of the Blaan community, the

++ Faculty;

*Corresponding author: Email: francaglenford1974@gmail.com;

Cite as: Franca, Glenford C., Jovelyn L. Franca, and Leonel P. Lumogdang. 2024. "Cultural Perspectives on the Impact of COVID-19 Among Blaan Tribal Community of Southern Mindanao in the Philippines: A Relativist Perceptual Analysis". Asian Journal of Education and Social Studies 50 (8):339-46. https://doi.org/10.9734/ajess/2024/v50i81534.

study uses a mixed-method approach combining participant observation, key-informant interviews, and a survey of secondary sources. Health-wise, indigenous people see COVID-19 as a direct threat and negotiate a complex interaction between traditional healing methods and contemporary treatments. The epidemic seriously affects livelihoods; it disturbs traditional crafts and subsistence farming, thereby posing financial risks and perhaps weakening of cultural identity. Essential to indigenous cultures, rituals and ceremonies are disrupted, therefore influencing the flow of cultural knowledge and spiritual well-being. The relativist perceptual theory underscores the need for understanding threats through the community's cultural lens, acknowledging diverse interpretations. The analysis suggests the importance of culturally sensitive interventions. While livelihood support programs must match indigenous traditions, public health policies should combine traditional healing with respect of cultural standards. Initiatives including community involvement and education should be culturally relevant, addressing issues in ways the values of the society will find appealing. With inclusive decision-making procedures guaranteeing policies respect the autonomy and cultural distinctiveness of indigenous people, preserving and adjusting cultural practices should be a top concern. Overall, this research provides valuable insights to guide effective, respectful, and culturally considerate interventions addressing the impact of COVID-19 on the Blaan tribe and other indigenous upland communities.

Keywords: Cultural perspectives; covid-19; indigenous; relativist.

1. INTRODUCTION

Beyond health issues, the COVID-19 epidemic has shown wide-ranging effects on many facets of communities all around [1]. Indigenous upland communities have been a topic of particular research interest among this complicated scenario since their particular experiences call for a closer investigation [2].

Background: Indigenous people all over have always been disproportionately vulnerable to outside shocks and infectious diseases. Affecting not just the health but also the socioeconomic fabric and cultural habits of various societies, the COVID-19 epidemic has underlined these differences. One such community confronting complex issues resulting from the epidemic is the Blaan tribe, an indigenous people living in Southern Mindanao, Philippines.

Value and Range of the Research: For many different reasons, this research is absolutely vital:

- 1. It fills up a major void in the body of knowledge on how COVID-19 affects particular indigenous people.
- 2. In the framework of a worldwide health crisis, it offers understanding of the intricate interaction between conventional practices and modern medical solutions.
- 3. The results of the study can guide health professionals and legislators in creating

successful and culturally relevant treatments for indigenous people.

4. Through emphasizing the Blaan tribe, this study advances knowledge of how upland indigenous people view and handle pandemic risks.

In this attempt to grasp the complex the consequences of epidemic inside indigenous highland communities, the present study uses a unique method: the relativist perceptual analysis. By means of their unique cultural and traditional viewpoints, this approach aims to expose how these communities view and react to the COVID-19 challenges (Kirmayer, 2019).

In terms of health views among indigenous people, the study notes the cultural subtleties in handling and interpreting health. With their own health practices and beliefs, indigenous people see COVID-19 not just as a biological threat but also as a complicated interaction of traditional healing methods, contemporary medical interventions, and possible weaknesses in their health systems [3].

Given their dependence on subsistence farming and traditional crafts, it is clear that the great influence on livelihoods within indigenous highland communities. This finding is consistent with the body of research already in publication on the fragility of conventional professions amid world events [4,5]. Furthermore, the disturbance of customs and rituals underlined in this study is in line with results on the larger effects of the epidemic on cultural legacy and activities all around (UNESCO. 2020). This underlines the requirement of a complete awareness of the difficulties experienced by indigenous people. Many tribes have their unique customs of government, social structure, and economic activity as well as These groups have a unique identity that sets them apart from the general population and makes one proud and included [6].

1.1 Objectives

This research intends to:

- 1. With an eye toward the Blaan tribe especially, look at how the COVID-19 epidemic affects indigenous populations living in upland regions.
- 2. Look at how these indigenous people view their health, way of life, and financial effects.
- 3. Examine how conventional wisdom interacts with contemporary interventions in reaction to the epidemic.

The study intends to offer insightful analysis by using this all-encompassing strategy that can guide efficient, polite, and culturally sensitive solutions to handle the significant influence of the COVID-19 epidemic on indigenous upland communities. This is consistent with the general conversation on the need of cultural awareness in public health and initiatives of community involvement [7,8].

1.2 Limitations of the Study

Although this study offers insightful analysis of how COVID-19 affects the Blaan indigenous population, it is crucial to recognize certain restrictions that can compromise the generalizability and meaning of the results.

First, the study was carried out under continuing pandemic limitations, therefore restricting access to some Blaan community areas and people. This can have led to an inadequate portrayal of the experiences of the community, especially those in more isolated or badly impacted regions. Second, memory bias is introduced by depending on verbal accounts for historical knowledge about pre-pandemic conditions. The present situation of participants may have shaped their memories of pre-COVID-19 life, therefore influencing the accuracy of comparison studies.

Thirdly, logistical and time restrictions caused a rather small sample size even if it was rather varied. More solid statistical analysis and maybe even the discovery of new community experiences or trends depending on a bigger sample size could have been possible.

Fourthly, especially when talking about difficult cultural concepts or health-related terminology, language obstacles might have affected the depth and richness of knowledge acquired. While interpreters were sought for when needed, certain delicate messages could have been missed in translation.

Fifthly, the study's emphasis on the Blaan tribe limits the direct applicability of conclusions to other indigenous communities even if it offers indepth insights into this particular society. Different experiences and responses to the epidemic could arise from cultural, regional, and socioeconomic variations amongst indigenous people.

Finally, the fast-changing COVID-19 epidemic makes it possible that the ground condition has changed while data collecting was finished. Future research could have to consider these continuous changes and their effects on the society over long run.

Notwithstanding these constraints, this study gives a basis for next research in this field and a useful contribution to knowledge of the particular difficulties the Blaan community experiences during the COVID-19 epidemic.

2. MATERIALS AND METHODS

Using a mixed-method approach integrating qualitative and quantitative methods, this study sought to fully grasp how COVID-19 might affect the Blaan tribe in Southern Mindanao, Philippines. Using triangulation—that is, participant observation mixed with key-informant interviews and secondary source review—the study produced. Thirty-seven documents—including government reports, scholarly publications, and local health records—were carefully reviewed during the data collecting procedure. Covering the period from the start of the epidemic to the most recent accessible statistics, these records ran from January 2020 to March 2024. Apart from document study, 25 important informants were contacted between June 2023 and February 2024. Providing a variety of points of view on the impact of the epidemic, the major informants were tribal leaders, local health workers, government officials, community members, and traditional healers.

The researcher spent three months (June– August 2023) living among the Blaan people and doing participant observation to better understand their everyday lives and cultural customs. This immersive experience made it possible to directly see how communities responded to the epidemic and to combine conventional wisdom with contemporary medical treatments.

There were 50 people in all for the study—key informants as well as extra community members. With 27 men (54%), and 23 women (46%), the gender ratio was somewhat equal. Three age groups were formed out of the participants: 12 between the ages of 18 and 30, 23 between the ages of 31 and 50, and 15 between the ages of 51 years and above. This varied demographic representation guaranteed a thorough awareness of the effects of the epidemic over several age groups inside the Blaan community.

Three highland barangays in Southern Mindanao, Philippines—where the Blaan tribe mostly lives—were the site of the study. These sites were chosen depending on their population density, accessibility, and portrayal of several socioeconomic levels inside the Blaan community.

Throughout the study, ethical issues took front stage. The researcher got permission from the Barangay Local Government Unit and the Blaan tribal council before starting data collecting. Every participant gave either written or verbal permission after being advised about the nature of the study. All of the data was anonymized to guard participants' privacy.

Data analysis combined qualitative and quantitative techniques. Using thematic analysis, qualitative data from observations and interviews was examined; quantitative data from surveys and secondary sources was examined using descriptive statistics. By means of triangulation of various approaches, the impact of the epidemic on the Blaan community could be fully appreciated.

One should emphasize the limits of this research. The study was carried out under continuing pandemic constraints, which might have restricted access to some regions or people. Furthermore, depending on verbal descriptions for historical data on pre-pandemic conditions can bring some recall bias. Notwithstanding these constraints, the multifarious approach used in this study offers insightful analysis of Blaan tribal experiences during the COVID-19 epidemic.

3. RESULTS AND DISCUSSION

3.1 Blaan Tribes

"The Blaan tribe is a community of Southern Mindanao in which the name stems from the composed words from Blaand-An. It was combined Blaan, which means counterpart tribe" (https://muntingnayon.com). Blaan tribes were spread out from Sultan Kudarat to the region of Davao. "The home of the oldest Blaan is located at Landan Palomolok in the foot hill of Mt. Matutum. They settled there for almost centuries before the Spanish invaded the island of Mindanao. Blaan tribes were scattered to many places in the Mindanao because the hostile conquistadores forced the Blaan tribes to seek refuge mostly in the mountainous area. As regard to their ancestral land, the tribal group are the natural ally in life for maintaining the ecological balance in the region as well as live in harmony with their environment" [9].

According to the write up blog of Renato Jong, "the struggles of Blaan tribes are still existed from the blow of Christianization, Islamization, and mass migration from Luzon and the Visayas and until now in which heavily armed group forced them to drive out from their settled community. For almost 500 years of this homegrown group was driven of their tribal land as of now".

"This tribe were magnanimous in hunting as well as food gatherer in which they rely their food from the forest and water from the rivers. Hunting wild animals, reaping grain, root crops, fruit and herbs in the vast open territories are their source of livelihood. Also, the tribes are well-off in dry cultivation of a variety of food plants especially rice as it was customary institutionalized in their culture. From this, hunting and collecting foods are the foundation of the culture of Blaan" [9].

"The development of cultural change is well fragmentary because the Blaans have a system of weaving and a tradition of creating art from brass copper. Weaving is made of abaca fiber called as mabal tabih while crafting art from brass and copper is produced small bells and handles of long knives which is called fais. Also, the Blaan seam plastic beads to create intricate designs on women's blouses and trouser in which the design is geometrically depicting the environment or the solar system" [9].

It is customary for Blaan to sustain their dialect/language. Its dialect belongs to a group with Tiruray and T'boli in which are different from language from Central Philippines. Traditionally, Blaan headman known as Datu is the leading person that attested all the factual stories, epic and historical account of the community. According to the National Commission on Culture and Art that Datu is considered a hero based from Blaan mythological epic known the Great Datu Ulo E'el – the Datu of the Headwater. Datu Ulo has a counterpart called Datu Ba Sabung the Datu at the mouth of the river. Further, there local datu that governed is а each neighbourhood who independently control over a territory.

The Blaan rich in culture was established 7000 years old with full traditions, heritage, and cultural identity in which many tribal members have abandoned tribal roots and identity by embracing modern life.

There is not actual report from the Philippine Statistic Office the exact numbers of the Blaan population, but based from the 2010 Census, the tribes were scattered in the different municipalities of Don Marcelino, Malita, J.A. Santos, the province of Sarangani and Kiblawan However, the Blaan have area. strewn throughout South Cotabato and Sultan Kudarat, with an estimated number of 450,000 people. The Indigenous Blaan have traditionally lived on the hills behind the Davao gulf's west shore, adjoining the Bagobo territory to the north and the watershed of Davao and Cotabato. They have recently shifted their focus to coastal locations. There are a few different types of

subgroups: 1) Tagalagad; 2) Tagcogon; 3) Buluan; 4) Biraan; 5) Vilanes; and 6) Balud.

Other names of the Indigenous Bilaan include among others, the Balud, Baraan, Biraan, Bilanes, Blan, Buluan, Buluanes, Koronadal, Sarangaani, Taglagad, Tagalagad, Tacogon, Tumanao, Vilanes, Bubluan, Buluanes.

The group shares the similar pattern of scattered villages, albeit the dwellings are often within sight of one another near swidden fields. Rice, corn, and millet are among the crops cultivated. Corn is gradually displacing rice as the primary food source. Sugar cane, bananas, and root crops are among the crops grown in the gardens.

3.2 Impact of Pandemics on Indigenous Communities

Several studies have explored the historical and contemporary impacts of pandemics on indigenous populations. Authors such as Smith and Sharp [10] and King et al. [11] have highlighted the disproportionate vulnerabilities of indigenous communities to infectious diseases, emphasizing the need for tailored responses that consider cultural, social, and economic factors.

Apart from presenting a significant threat to pandemics global health, also have repercussions on economic activity, as evidenced by the impact of COVID-19 worldwide. However, the risks associated with various pandemic threats are not consistent. To illustrate. the groups at risk of severe illness differ between seasonal epidemic influenza, the influenza pandemics of 1918 and 2009, and the ongoing COVID-19 pandemic. In the 1918 and 2009 influenza pandemics, the majority of casualties were young adults, whereas the COVID-19 pandemic has predominantly affected the elderly. Age emerges as the most influential factor determining the severity of outcomes in COVID-19.

Nevertheless, within specific age groups, individuals with underlying medical conditions, those with lower socioeconomic status, immigrants, ethnic minorities, and Indigenous populations face elevated risks of infection, hospitalization, and death across these pandemics and epidemics. This underscores the importance of conducting intersectional analyses and implementing preparedness responses. A recent investigation has provided insights into the significant increase in mortality attributed to COVID-19 across numerous countries. Despite comprehensive epidemiological inquiries, there is a notable scarcity of data and research concerning the impact of COVID-19 on Indigenous communities globally. A 2021 review examining global data collection patterns among Indigenous peoples revealed that merely nine out of 195 countries documented mortality statistics related to COVID-19 based on Indigenous identity.

Another review determined that this dearth of data and research results in a conclusion on mortality with low confidence, with insufficient evidence to make determinations regarding other disease outcomes.

3.3 Cultural Perspectives on Health

The intersection of cultural beliefs and health perceptions is a widely researched area, significantly impacting how individuals understand and respond to health threats. Cultural beliefs shape health perceptions by influencing notions of illness, health behaviors, and healthcare-seeking actions. These cultural frameworks provide a lens through which people interpret symptoms, assign meaning to illness, and decide on treatment pathways.

Arthur Kleinman's seminal work in 1980 introduced the concept of explanatory models of illness, which posits that individuals and their families have their own cultural understanding and explanations for health and illness. These models encompass beliefs about the causes of illness, the course of sickness, and the appropriate treatments. Kleinman emphasized that these culturally-grounded models affect how individuals communicate with healthcare providers, adhere to medical advice, and engage in health-promoting behaviors.

Paul Farmer's research in 2004 extended this discussion by exploring the socio-economic and political dimensions of health. Farmer argued that structural violence-systemic ways in which social structures harm or disadvantage individuals-plays a crucial role in health disparities. He demonstrated how cultural beliefs are intertwined with economic and political conditions, influencing access to healthcare and the distribution of health outcomes. For example, cultural stigmas attached to certain diseases can exacerbate health inequities by discouraging

individuals from seeking timely medical intervention.

Byron Good's work in 1994 focused on the narrative aspects of health and illness. Good highlighted the importance of understanding patients' stories and the cultural contexts that shape these narratives. He argued that medical professionals must appreciate the cultural dimensions of their patients' experiences to provide effective care. Good's research emphasized that health is not merely a biological phenomenon but also a social and cultural one. deeply embedded in the fabric of daily life and personal identity.

Hence, the intersection of cultural beliefs and health perceptions is a complex and multifaceted field that underscores the importance of cultural competence in healthcare. Understanding cultural beliefs and their impact on health perceptions can lead to more effective communication between patients and healthcare providers, improved adherence to medical advice, and ultimately better health outcomes. Integrating cultural awareness into health interventions can help address disparities and ensure that healthcare systems are more inclusive and responsive to the diverse needs of the populations they serve.

3.4 Livelihood and Economic Impacts on Indigenous Communities

Research on the economic impact of external shocks, such as pandemics, on indigenous livelihoods is crucial for understanding the vulnerabilities and resilience of these communities. Coulthard [4] and Brosius [5] have examined how traditional livelihoods, deeply tied cultural practices and environmental to stewardship, are often disrupted by external economic forces and crises. Coulthard [4] highlights how indigenous communities' economic systems are interwoven with their cultural identity and social structures. The loss of traditional livelihoods, whether through environmental degradation, policy changes, or global economic shifts, can lead to a significant decline in economic resilience and cultural erosion. For instance, during pandemics, indigenous communities often face heightened economic insecurity due to limited access to healthcare, reliance on traditional economies, and marginalization within national economies. Brosius [5] underscores that these disruptions not only affect economic stability but also threaten the transmission of cultural knowledge and practices, further endangering the community's social fabric.

3.5 Cultural Preservation and Interventions

The importance of culturallv sensitive interventions is emphasized in the literature. particularly when addressing health and social issues in indigenous communities. Smith [12] and Chandler and Lalonde [13] argue that incorporating traditional healing practices into public health measures is essential for the success and acceptance of such interventions. Smith [12] notes that indigenous knowledge systems and healing practices offer valuable insights and methods that can complement contemporary medical approaches. This integration respects cultural norms and fosters trust and cooperation between indigenous communities and external health agencies. Chandler and Lalonde [13] highlight the necessity of community-driven approaches that empower indigenous groups to define their health and social priorities. Their research demonstrates that when communities have control over the interventions and policies that affect them, the outcomes are more positive and sustainable. This approach ensures that cultural values and practices are preserved and respected. leading to more effective and culturally congruent health outcomes.

In so many words, understanding the economic impacts on indigenous livelihoods and the significance of culturally sensitive interventions is critical. The works of Coulthard [4] and Brosius provide insights into the [5] economic vulnerabilities and resilience of indigenous communities, while Smith [12] and Chandler and Lalonde [13] emphasize the importance of integrating traditional practices into health Together, these perspectives interventions. highlight the interconnectedness of economic resilience, cultural preservation, and the need for respectful, community-driven approaches to supporting indigenous communities during crises.

4. CONCLUSION

In synthesizing the findings of the provided research, future studies could draw on these existing works to contextualize the impact of the COVID-19 pandemic on indigenous upland communities. This interdisciplinary approach, combining insights from anthropology, public

health, and indigenous studies, could contribute to a more comprehensive understanding of the challenges and opportunities for intervention in such contexts.

5. IMPLICATIONS AND RECOMMENDA-TIONS

The implications of this research are far-reaching and offer crucial insights into formulating effective and culturally sensitive interventions for indigenous upland barangays affected by the COVID-19 pandemic. Firstly, understanding the unique perceptions of the pandemic through a relativist perceptual theory highlights the importance of culturally tailored approaches. Policymakers and public health officials should recognize and respect diverse interpretations of the threat, acknowledging the significance of indigenous worldviews in crafting interventions.

In terms of health, the study underscores the need for a nuanced approach that integrates traditional healing practices with modern interventions. Health policies should be flexible enough to accommodate and collaborate with indigenous healing methods, recognizing their cultural validity. This requires a partnership between traditional healers and mainstream healthcare providers.

The profound impact on livelihoods calls for economic support programs that align with indigenous practices. Preserving subsistence agriculture and traditional crafts becomes crucial not only for economic stability but also for the preservation of cultural identity. Livelihood interventions should be designed in consultation with the communities, incorporating their traditional knowledge and sustainable practices.

Cultural preservation emerges as a central theme, with recommendations for ensuring the continuity of rituals, ceremonies, and the transmission of cultural knowledge. Strategies for community engagement and education should be culturally appropriate, respecting the unique values and beliefs of each indigenous group.

In conclusion, the research highlights the necessity of a holistic and inclusive approach that respects the autonomy and cultural uniqueness of indigenous communities. Culturally sensitive interventions are not only more effective but also contribute to the longterm resilience and well-being of these communities in the face of the ongoing pandemic and future challenges.

DISCLAIMER (ARTIFICIAL INTELLIGENCE)

We hereby declare that NO generative AI technologies such as Large Language Models (ChatGPT, COPILOT, etc) and text-to-image generators have been used during writing or editing of manuscripts.

CONSENT

As per international standards or university standards, respondents' written consent has been collected and preserved by the author(s).

ETHICAL APPROVAL

As per international standards or university standards written ethical approval has been collected and preserved by the author(s).

ACKNOWLEDGEMENTS

The authors wish to acknowledge the Institute of Teacher Education and Information Technology, Teacher Education Program of the Southern Philippines Agri-business and Marine and Aquatic School of Technology, Malita, Davao Occidental, Philippines.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. World Health Organization. WHO directorgeneral's opening remarks at the media briefing on COVID-19; 11 March 2020.

- 2. United Nations. COVID-19 and indigenous peoples; 2020.
- Bauer GR, Eiser JR. Indigenous health and risk perception: A systematic review. Health, Risk & Society. 2020;22(5-6):325-346.
- Coulthard GS. Red skin, white masks: Rejecting the colonial politics of recognition. University of Minnesota Press; 2012.
- 5. Brosius JP. Endangered forest, endangered people: Environmentalist representations of indigenous knowledge. University of Minnesota Press;2006.
- 6. Franca GC. Blaan T'logan: The marker of tribal identity. Asian Journal of Education and Social Studies. 2021;22(1):44-50.
- Marmot M. Health equity in England: The Marmot review 10 years on. BMJ. 2020; 368.
- 8. Farmer P. Pathologies of power: Health, human rights, and the new war on the poor. University of California Press; 2004.
- Good BJ, Good MJ. Learning medicine: The constructing of medical knowledge at Harvard Medical School. In Knowledge, Power, and Practice: The Anthropology of Medicine and Everyday Life. University of California Press. 1993;81-107.
- Smith R, Sharp J. Indigenous climate knowledges. Wiley Interdisciplinary Reviews: Climate Change. 2012;3(5):467-476.
- 11. King M, Smith A, Gracey M. Indigenous health part 2: The underlying causes of the health gap. The Lancet. 2014;374(9683): 76-85.
- 12. Smith LT. Decolonizing methodologies: Research and indigenous peoples. Zed Books; 2010.
- Chandler MJ, Lalonde CE. Cultural continuity as a hedge against suicide in Canada's First Nations. Transcultural Psychiatry. 1998;35(2):191-219.

Disclaimer/Publisher's Note: The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of the publisher and/or the editor(s). This publisher and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.

© Copyright (2024): Author(s). The licensee is the journal publisher. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Peer-review history: The peer review history for this paper can be accessed here: https://www.sdiarticle5.com/review-history/120743