

Cultural Perspectives on the Impact of COVID-19 among Indigenous Upland Communities: A Relativist Perceptual Analysis

ABSTRACT

This research explores the intricate effects of the COVID-19 pandemic on indigenous upland barangays, emphasizing health, livelihood, and cultural dimensions. Applying a relativist perceptual theory, the study investigates how these communities perceive pandemic threats through their unique cultural perspectives. Health-wise, indigenous groups view COVID-19 as a direct threat, navigating a complex interplay between traditional healing practices and modern interventions. The pandemic profoundly impacts livelihoods, disrupting subsistence agriculture and traditional crafts, leading to economic threats and potential erosion of cultural identity. Rituals and ceremonies, integral to indigenous cultures, face disruption, affecting the transmission 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. Public health measures should integrate traditional healing and respect cultural norms, while livelihood support programs must align with indigenous practices. Community engagement and education initiatives should be culturally appropriate, addressing concerns in ways that resonate with the community's values. Preserving and adapting cultural practices should be a focus, with inclusive decision-making processes ensuring policies respect the autonomy and cultural uniqueness of indigenous communities. Overall, this research provides valuable insights to guide effective, respectful, and culturally considerate interventions addressing the impact of COVID-19 on indigenous upland communities.

Keywords: Cultural Perspectives, Covid-19, Indigenous, Relativist

1. INTRODUCTION

The COVID-19 pandemic has indeed demonstrated its broad-ranging consequences, extending beyond health considerations to impact various aspects of communities globally (World Health Organization, 2020). Amid this complex scenario, indigenous upland communities have become a subject of particular research interest, as their unique experiences necessitate a deeper exploration (United Nations, 2020).

In this endeavor to understand the intricate ramifications of the pandemic within indigenous upland communities, the present research adopts a distinctive approach – the application of a relativist perceptual analysis. This methodology seeks to unveil how these

communities interpret and respond to the threats posed by COVID-19 through the lens of their distinct cultural and traditional perspectives (Kirmayer, 2019).

Regarding health perceptions within indigenous communities, the study recognizes the cultural nuances in managing and perceiving health. Indigenous communities, with their unique health practices and beliefs, view COVID-19 not merely as a biological threat but as a complex interplay of traditional healing practices, modern medical interventions, and potential vulnerabilities in their health systems (Bauer & Eiser, 2020). Understanding these nuanced perspectives is crucial for crafting interventions that are effective and culturally sensitive.

The profound impact on livelihoods within indigenous upland communities is acknowledged, given their reliance on subsistence agriculture and traditional crafts. This observation aligns with existing literature on the vulnerability of traditional occupations during global crises (Coulthard, 2012; Brosius, 2006).

Additionally, the disruption of rituals and cultural practices, highlighted in this research, is consistent with findings on the broader implications of the pandemic on cultural heritage and practices worldwide (UNESCO, 2020). This emphasizes the need for a holistic understanding of the challenges faced by indigenous communities. Several tribes have their own traditional systems of governance, social organization, and economic activities. These communities have a distinct identity that distinguishes them apart from the general population and gives them a sense of pride and belonging (Franca, 2021).

The call for culturally sensitive interventions, integrating traditional healing methods, and preserving cultural identity in livelihood support programs, aligns with the recommendations of scholars advocating for community-centered approaches during health crises (Chandler & Lalonde, 1998; Smith, 2010).

By adopting this comprehensive approach, the research aims to provide valuable insights that can guide effective, respectful, and culturally considerate interventions to address the profound impact of the COVID-19 pandemic on indigenous upland communities. This aligns with the broader discourse on the importance of cultural sensitivity in public health and community engagement efforts (Marmot, 2020; Farmer, 2004).

OBJECTIVES

It has two objectives as follows;

1. To know the Impact of Pandemics on Indigenous Communities in the Upland Areas;
2. To find out their Cultural Perspectives on Health and Livelihood and Economic Impacts on Indigenous Communities

2. MATERIAL AND METHODS

This paper used the exploratory descriptive research utilizes triangulation which combines participant observation, key-informant interviews and review of secondary sources. The researcher participates and sought the consent of the upland community tribe and the Barangay Local Government Unit. After which, interview was done with the key informants. Further library research was done to validate the result of the interview and fieldwork.

3. RESULTS AND DISCUSSION

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.

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 home-grown 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.

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.

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 is a local datu that governed 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 area (see Figure 1). However, the Blaan have 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.

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 (2012) and King et al. (2014) 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 global health, pandemics 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.

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.

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 (2012) and Brosius (2006) have examined how traditional livelihoods, deeply tied to cultural practices and environmental stewardship, are often disrupted by external economic forces and crises. Coulthard (2012) 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 (2006) 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.

Cultural Preservation and Interventions

The importance of culturally sensitive interventions is emphasized in the literature, particularly when addressing health and social issues in indigenous communities. Smith (2010) and Chandler and Lalonde (1998) argue that incorporating traditional healing practices into public

health measures is essential for the success and acceptance of such interventions. Smith (2010) 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 (1998) 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 (2012) and Brosius (2006) provide insights into the economic vulnerabilities and resilience of indigenous communities, while Smith (2010) and Chandler and Lalonde (1998) emphasize the importance of integrating traditional practices into health interventions. Together, these perspectives 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.

IMPLICATIONS AND RECOMMENDATIONS

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 long-term resilience and well-being of these communities in the face of the ongoing pandemic and future challenges.

CONSENT

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

ETHICAL APPROVAL (WHERE EVER APPLICABLE)

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

REFERENCES

1. Rodriguez, C. J., Allison, M., Daviglius, M. L., Isasi, C. R., Keller, C., Leira, E. C., ... & Piña, I. L. (2014). AHA Science Advisory. *Circulation*, 130, 593-625.
2. Karlinsky A, Kobak D. Tracking excess mortality across countries during the COVID-19 pandemic with the World Mortality Dataset. *eLife* 2021;10:e69336.
3. Mallard A, Pesantes MA, Zavaleta-Cortijo C, et al. An urgent call to collect data related to COVID-19 and Indigenous populations globally. *BMJ Glob Health* 2021;6:e004655.
4. Mackey K, Ayers CK, Kondo KK, et al. Racial and ethnic disparities in COVID-19–related infections, hospitalizations, and deaths. *Ann Intern Med* 2021;174:362–73.
3. Blaan, Davao. (June 25, 2021) Ethnogroups of the Philippines. Ethnogroups.com
4. Franca, G. C. (2021). Blaan T'logan: The Marker of Tribal Identity. *Asian Journal of Education and Social Studies*, 22(1), 44–50. <https://doi.org/10.9734/ajess/2021/v22i130520>

5. Kinoc, Antonio P. "The Blaans". National Commission for Culture and the Arts. Retrieved June 6, 2020.
6. National Commission for Culture and the Arts, www.ncca.gov.ph
7. National Statistics Office Data. (1990)
8. Bull, F. C., Al-Ansari, S. S., Biddle, S., Borodulin, K., Buman, M. P., Cardon, G., ... & Willumsen, J. F. (2020). World Health Organization 2020 guidelines on physical activity and sedentary behaviour. *British journal of sports medicine*, 54(24), 1451-1462.
9. Smith, W. (2020). *Mountains of Blame: Climate and Culpability in the Philippine uplands*. University of Washington Press.
10. Rousseau, C., Aggarwal, N. K., & Kirmayer, L. J. (2021). Radicalization to violence: A view from cultural psychiatry. *Transcultural psychiatry*, 58(5), 603-615.
11. Thompson, R. (2023). *The Utilization of Biophilic Arts Within Healthcare Settings: A Descriptive Case Study* (Doctoral dissertation, The University of Arizona).
12. Fabinyi, M., Evans, L., & Foale, S. J. (2014). Social-ecological systems, social diversity, and power: insights from anthropology and political ecology. *Ecology and society*, 19(4).
13. Kleinman, A. (1980). *Patients and Healers in the Context of Culture*. University of California Press.
14. Kleinman, A. (1988). *The Illness Narratives: Suffering, Healing, and the Human Condition*. Basic Books.
15. Farmer, P. (2004). *Pathologies of Power: Health, Human Rights, and the New War on the Poor*. University of California Press.
16. Farmer, P., & Rylko-Bauer, B. (2004). Managed care or managed inequality? A call for critiques of market-based medicine. *Medical Anthropology Quarterly*, 18(3), 375-409.
17. Good, B. J. (1994). *Medicine, Rationality, and Experience: An Anthropological Perspective*. Cambridge University Press.
18. Good, B. J., & Good, M. J. (1993). Learning medicine: The constructing of medical knowledge at Harvard Medical School. In *Knowledge, Power, and Practice: The Anthropology of Medicine and Everyday Life* (pp. 81-107). University of California Press.
19. Helman, C. G. (2007). *Culture, Health and Illness*. Hodder Arnold.
20. Napier, A. D., Ancarno, C., Butler, B., Calabrese, J., Chater, A., Chatterjee, H., & Guesnet, F. (2014). Culture and health. *The Lancet*, 384(9954), 1607-1639.
21. Coulthard, G. S. (2012). *Red Skin, White Masks: Rejecting the Colonial Politics of Recognition*. University of Minnesota Press.

22. Brosius, J. P. (2006). *Endangered Forest, Endangered People: Environmentalist Representations of Indigenous Knowledge*. University of Minnesota Press.
23. Smith, L. T. (2010). *Decolonizing Methodologies: Research and Indigenous Peoples*. Zed Books.
24. Chandler, M. J., & Lalonde, C. E. (1998). Cultural continuity as a hedge against suicide in Canada's First Nations. *Transcultural Psychiatry*, 35(2), 191-219.
25. Kirmayer, L. J., & Valaskakis, G. G. (2009). *Healing Traditions: The Mental Health of Aboriginal Peoples in Canada*. University of British Columbia Press.
26. Durie, M. (2004). Understanding health and illness: Research at the interface between science and indigenous knowledge. *International Journal of Epidemiology*, 33(5), 1138-1143.

UNDER PEER REVIEW