Mag-urong ako sa Baryoyo (Returning to the Barrio): A Glimpse into the Health Status of the Aetas of Bayan-bayanan, Orion, Bataan

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ABSTRACT

Introduction. Health status is one of the major determinants of national development, economic prosperity and security.[1] Various efforts have been made by the Philippine government especially the Philippines Department of Health (DOH) to improve the performance of the health sector and to ensure that each Filipino citizen will have access to quality health services.[2] However, in most instances, this does not always hold true. This study describes the health situation of the Aetas of Bayan-Bayanan, Orion, Bataan.

Methods. Thirteen families participated in the survey on the community dimensions directly related and secondary to health, after informed consent. Focus group discussions and individual interviews were also conducted.

Results. The respondents identified (1) poor access to medicine, (2) lack of stay-in midwife, and (3) lack of trained health personnel within the community as the primary factors that affect the health services. The foremost health status problems encountered are (1) prevalence of respiratory tract infection, (2) poor child bearing practices and (3) diarrhea.

Conclusion. The study showed that the indigenous Aeta people hardly receive and have access to health services provided by the main municipality of Orion, Bataan.

Key Words: Aetas, indigenous people, health, regionalization

Introduction

The indigenous cultural community in *Sitio* (sub-barrio) Bayan-bayanan, *Barangay* (barrio) General Lim, is situated in the mountains of Orion, Bataan. It served as the site for the community immersion of Region III student for summer immersion 2010. Through the collaborated effort with the municipal health officer, health personnel and *barangay* captains, the immersion served as a training ground in preparation for the role of RP students serving the underserved. This also strengthened the mission-vision of the College of Medicine, University of the Philippines, Manila which is "*Towards Leadership and Excellence in Community-Oriented Medical Education Directed to the Underserved*".

This research studied the indigenous group of *Sitio* Bayan-bayanan who are the Aetas indigent to the area and Aetas migrant from the provinces of Pampanga and Zambales.[3] Thirty-five (35) families inhabit the area along with some locals from other nearby towns. The people speak two languages – the native Aeta tongue and tagalog. The community is headed by the tribe's chief leader known as *Kapitan*, and his council of elders.

This study describes the health situation of the indigenous Aeta people of Bayan-bayanan, Orion, Bataan.

Methods

This is a cross-sectional descriptive study, wherein legal and ethical permission were taken from the University of the Philippines-College of Medicine Regionalization Program Committee and from the Orion, Bataan Municipal Office to conduct a situational analysis related to health in April 2010.

There were thirty-five (35) indigenous households living in the *Sitio* Bayan-Bayanan, General Lim, Orion, Bataan who gave their informed consent to participate in the study. Thirteen (13) households were included in the health survey. Key-informant interviews were conducted with the tribal chieftain, *barangay* health workers (BHWs), tribal councilor, Municipal Health Officer (MHO) and midwives of *Barangay* Bilolo and *Barangay* General Lim. Six indigenous people participated in the focus group discussion. All subjects gave their informed consent to participate in the study.

To determine the community dimensions that affect the health condition of the people, a survey questionnaire was

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made consisting of items that identified factors directly and secondarily related to health. The directly related factors included general health indicators, health practices, environmental indices, health manpower, health facilities, and organized community health programs and agencies. Community dimensions secondarily related to health were composed of items pertaining to demography, economic life, and social indices. A review of municipal and *barangay* data on health programs and diseases was also done.

To further provide on people's perception to health and the community's culture, key informant interviews and focus group discussion were conducted. General open-ended questions were constructed that assessed general health seeking behavior, and perceived health problems. Examples of questions were "*Ano po ang tingin ninyong problemang pangkalusugan ng inyong barangay?* (What do you think are the health problems of the community)*" "Pag po may nagkakasakit sa pamilya, ano po ang inyong ginagawa? (*When there is someone sick in the family, what do you usually do?*)"*

The researchers lived with the indigenous people for seven days. This provided information and knowledge to describe and identify the culture of the community specifically the health aspects.

Results

As of 2009, Bayan-bayanan had a total population of 174, most of whom were farmers. Literacy rate was 58.44% (n=77).[4] About 15% of the households had shelters made of permanent materials (n=13). Transportation from the community to the nearest health facility was through the garbage truck that passed along the area or the one-hundred-peso-tricycle ride with the travel time of forty-five minutes.

For the year 2009, there was only one reported death in the community. Leading causes of morbidity from 2006-2009 (Table 1) showed respiratory tract infection as the top cause.[4] The community perceived that the respiratory tract infections might be caused by the open-dumpsite located near their community. In the focus group discussion and key-informant interviews, diarrhea was the main concern of the people. However, most cases were not brought to the health center.

Maternal and childbirth practices showed that 30% (Figure 1) of the childbirths were attended by untrained *hilot* (traditional midwife) and another 30% by a midwife. Seven out of thirteen mothers were delivered at home. Seventy-six (76) percent of the families were knowledgeable with family planning; however, few used family planning methods due to lack of access and a notion that it has undesirable effects to a woman's health.

A regular family ate rice, vegetables, and meat three times a day. The health center lacked data about nutritional profile of the indigenous people and weighing through Operation *Timbang* (Weight) was conducted last 2008. However, children aged 4-12 years old seemed shorter and thinner compared to their urban counterparts.

Table 1. Leading Causes of Morbidity, Bayan-bayanan, 2006-2009[4]

Leading Causes of Morbidity	Counts
Respiratory Tract Infections	58
Gastro-intestinal diseases	10
Fever	8
Pneumonia	7
Trauma	3
Bronchitis	3
Tetanus	3
Body pain	2
Numbness and body weakness	2

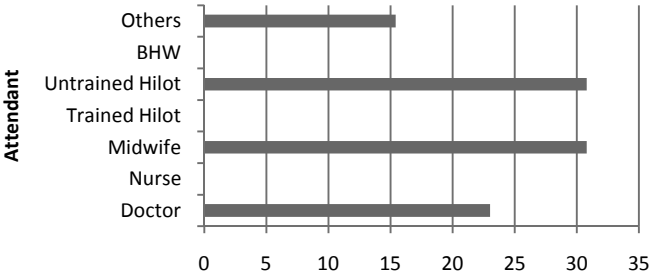

Figure 1. Percent distribution of births (n=13) by attendant (Bayan-bayanan, 2010)

Health seeking practices showed that 61.5% of those who had illnesses go to health centers while 23.1% prefer to self-medicate with herbal medicine (Figure 2). These practices varied depending on severity of illness. For mild illness, people opted to self-medicate. When the disease was perceived to aggravate, then the family sought services from the rural health center.

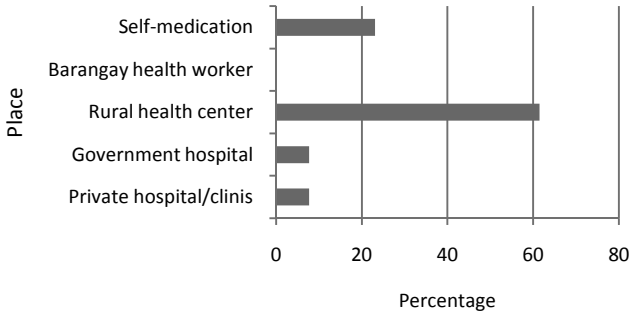

Figure 2. Percent distribution of households by place of consultation and treatment for simple health problems (Bayan-bayanan, 2010)

Results of environment indices revealed that there was no piped water source in Bayan-bayanan. Sources of

drinking water were the rivers and springs; water was stored in plastic containers. Out of thirty-five families, only two has sanitary toilets. The people practiced disposal of their excreta by covering their feces with soil or paper.

There was no health facility and no trained health personnel in the community. Though there were two Aetas who served as BHWs, they lacked adequate training and skills, and only one of them knew how to read and write.

Discussion

The main health problem in the community was diarrhea which can be attributed to the absence of clean and direct potable water resources and improper waste disposal. The lack of effective and sustainable health programs, and insufficient education on water and food handling aggravated the problem.

The main health service problem was lack of trained health personnel followed by poor access to medicine, and lack of stay-in midwife. Since the geographical location of a community greatly contributes to their access of health services, it was perceived by the people that this can be addressed by having trained health personnel within the community who will provide basic and essential health care. The community also proposed to the local government to have a community jeep for transportation in case of health emergencies, however, the proposal remains unaddressed. The poor transportation also contributed to the poor access to medicine. With a family income of Php 250 a day, it seemed more reasonable to self-medicate rather than to spend the entire income to access the nearest heath center. Most of the people, particularly the elders, whom people consult, were bounded by their cultural health beliefs and traditions especially in medication and childbirth practices. The people knew that their community has inadequate health education. The inconsistency and failure of follow-up of government and NGO health-related activities result to the low community participation and unity in programs pertaining to health.

Through this study, the health problems and needs of the indigenous Aeta community were known, building an awareness and sense of responsibility in the regionalization student about the status of communities that rarely access quality health services.

Reflections

Health is indeed one determinant of a nation's development. However, the health situation of the indigenous people of *Sitio* Bayan-bayanan showed that many things are still needed to be done especially when problems are bounded by cultural beliefs and non-sustained policies. Though collaborated effort from different sectors is needed, service from RP medical student who can impart knowledge about basic health services and who can empower the people is one of the ways to improve this community's situation. Building strong ties among the people and increasing the community's awareness of commonly encountered health concerns through education, are just some of the specific ways to achieve this. However, empowerment cannot be achieved in a seven-day immersion. Indeed, years and sustained effort and projects must be done. It may not be immediate but to witness that years from now, transformation and changes in health condition of the indigenous people in *Sitio* Bayan-bayanan is but a rewarding success to a future doctor.

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