



HEALTHCARE PRACTICES OF YAPAYAO-ISNEG TRIBE: AN ETHNOGRAPHIC STUDY IN CONTEMPORARY WORLD

MARK GIL A. VEGA¹, NELSON O. ARGUILLES², DR. LUISITO T. EVANGELISTA³

markgil.vega@vsu.edu.ph¹, nelsonarguilles@yahoo.com², luisitoevangelista@yahoo.com³

<https://orcid.org/0000-0002-2442-7784>¹, <https://orcid.org/0000-0003-4794-90052>

Visayas State University, Baybay City Leyte, Philippines¹

Marikina Polytechnic College, Marikina City, Philippines²

Philippine Normal University, Taft Manila, Philippines³

ABSTRACT

Indigenous healthcare practices played as an integral part of human evolution and development since ancient times and have been exercised in every culture around the world. Traditional knowledge and practices from Yapayao-Isneg had sustained their communities long before Westernization had any significant impact. However, they are affected by different environmental factors, especially when it comes to medical practices that affect their beliefs and traditions. This descriptive-ethnographic research was to determine the traditional health care practices and beliefs among the Yapayao living in Adams, Ilocos Norte. Informants were nine (9) elders of the Yapayao tribe. Findings revealed that throughout the life cycle, they once operated distinctly primitive health care practices, which are primarily affected by their beliefs and traditions. However, most of their old beliefs and practices are influenced by modernization. It only implies that the Yapayao are receptive to changes that may affect their way of living. More so, the government health care and educational support in their community significantly affect their present way of living. In their community, the local government discouraged them from doing their old health care practices, explicitly giving birth for safety and hygienic purposes. Despite the changes and influence of modernization on health care practices, few Yapayao still practicing their traditional exercises.

Keywords: Indigenous Healthcare, Indigenous Beliefs, Ethnographic Study, Yapayao-Isneg, Adams, Philippines

INTRODUCTION

Indigenous people are self-identified communities who live continuously in communal bonds that share the same language, system, and beliefs—beliefs such as in health practices passed from generation to generation.

According to Amnesty International, there are 370 million indigenous peoples worldwide. They are 5,000 different groups, with seventy percent coming from Asia (UNDP, 2010). Approximately one hundred and twenty-seven indigenous communities in the

Philippines are identified based on ethnolinguistic differences between fifteen and twenty million. They live in different parts that share similar linguistic characteristics with other, larger groups of more than sixty percent in the Mindanao region, ten percent in the Visayas region, and around thirty percent in the Luzon region. They have unique traditions and retain social, cultural, economic, and political characteristics distinct from those of the dominant societies in which they live. Ong & Kim (2014) noted that the Philippines is a multicultural nation of more than one hundred



sixty-nine (169) ethnolinguistic communities, one hundred forty (140) indigenous groups. These indigenous people make up ten percent to twenty percent of the total population of the Philippines. Collectively, in the Philippines, indigenous populations are estimated at twelve million and are commonly known as Lumad, Igorot, Ilongot, Palawan, Mangyan, and Negrito (Ting et al., 2008).

In 1997, the Philippine government passed the Indigenous People Rights Act (IPRA) Law or Republic Act 8317, which recognizes and safeguards all indigenous people's rights. It involves every tribe's right to education and learning opportunities in any location around the country. IPRA law dictates the protection of Indigenous People (IP) rights; one particular is cultural integrity. Pertains on preserving their cultural belief and even health practices that pass from generation to generation.

As cited in Fabrigas & Maniago (2018) article, Prott have emphasized that awareness has been transmitted for centuries, typically through word of mouth and cultural traditions. Providing a foundation for agriculture, food storage, health care, education, conservation, and a broad range of other activities that help communities in many parts of the world.

Indigenous healthcare practices have been exercised since ancient times in every culture worldwide and have been an integral part of human evolution and development, especially in the Philippines. These cultural practices represent the values and beliefs held for sometimes centuries by members of a community. The indigenous traditions of Filipino healthwork vary differently. Healers believed in a wellness philosophy, whereby the imbalances are triggered by mental, emotional, spiritual, and physical environmental influences. If these imbalances do not occur, the physical self will deteriorate (Mcbride, M. (n.d.). The relationship between the physical environment, the spiritual world, oneself, and community members is harmonious (WHO, 1964).

Despite existing modern medicine and scientific health services, it is quite surprising

that traditional healthcare practices are still operative in the Philippines, especially in different indigenous groups. One of the indigenous groups having these unique ways of healthcare practices is the Yapayao-Isneg Tribe.

The Yapayao is a subgroup of the Apayao-Isneg upland minority population, also known as the Apayao or the Iapayao. They migrated to their present location in Ilocos Norte from the mountain region of Kalinga-Apayao. In northern Ilocos Norte, two municipalities are predominantly Yapayao: the barangay towns of Adams and Dumalneg (Benner, 2001). After the name of the geographical territory, the term "Apayao" was used interchangeably with "Isneg." They have been known to be ahead, taking society since recorded history (Dalig & Dasing, 2017). Apart from the hierarchical form of government, their tribal council is also made up of prominent elders of the tribe who usually manage the entire community. Practice a unique way of living that cannot even be imagined by non-indigenous people. Yapayao has its way of life, survival, and health care practices, which is the main focus of this research.

Long before the significant effect of Westernization, Christianity, and population pressure, Yapayao's traditional knowledge and practices sustained their communities (Wallace & Ben, 2011). Today, they are influenced by various environmental factors, particularly when it comes to healthcare practices that affect their beliefs and traditions. Lima et al., (2016) explained how, without belief and religion on health and diversity, humanity could not be thought of as medicine and therapies. From a variety of different societies without a fetishist and magic and religious background are considered.

The healthcare activities of Yapayao in Adams, Ilocos Norte, have been limited and may not have been discussed in the literature. Due to this literature discrepancy, the researchers realized the need to perform an ethnographical analysis to record the various health behaviors used by the Yapayao and those beliefs' instruments. Furthermore,



according to Fabrigas & Maniago (2018) Erasing cultural traditions in all areas, including healing and health care, may impact the past that puts us to our origins.

An ethnographic approach was used in this study based on small societies' beliefs, social interactions, and behaviors. Face-to-face interviews, observations, and interpretation of the data collected were involved.

Moreover, this study focused on the health practices of the Yapayao/Isneg, an indigenous group in Adams, Ilocos Norte, Philippines. It aimed to examine the indigenous materials used in their healthcare practices and the convictions that impact them. Researchers considered it essential to understand Yapayao's primitive or traditional health practices and beliefs. A better understanding of their traditional health practices will provide them with any possible assistance, particularly concerning their communities' health needs.

OBJECTIVES OF THE STUDY

This study primarily aimed to investigate the Healthcare belief and practices of the Yapayao-Isneg tribe from Adams, Ilocos Norte. Specifically, this study sought to: 1) identify the common healthcare beliefs of the Yapayao tribe from pregnancy to burial; 2) determine the instruments used in ethnomedicine practices.

METHODOLOGY

This study utilized descriptive and ethnographic research approaches using non-participant observation, interview, and voice recording as methods in gathering data. A purposeful sampling method was used to select a sample based on the researchers' assessment, as well as the criteria established in the study.

Additionally, this study involved nine (9) elders of the Yapayao group ranging from 59 to 73 years as participants. The participants' selection was based on the following criteria: must be a resident of the Yapayao-Isneg community in Adams, Ilocos Norte; must be a

Yapayao, and; must belong to the elders of the Yapayao group.

The face-to-face interview and non-participant observations are the primary data-gathering technique utilized in the study. The face-to-face interview focused on two parts: (1) the healthcare practices of Yapayao in their whole life process; (2) their healthcare tools or materials. The researchers listened attentively to the respondents during the actual interview. However, with the participants' permission, the researchers also used a voice recorder to capture essential details during the said interview. Follow-up questions regarding healthcare practices and beliefs were also raised. At the end of the interview, the researchers also sought permission from the participants for some photo opportunities for documentation purposes.

Presented below are the stages undertaken by the researchers during the actual data gathering.

Stage 1: Before conducting the study, a letter of permission was sent to the municipal mayor of Ilocos Norte, then forwarded to the Chieftain of the Yapayao in Adams.

Stage 2: With the mayor's permission, a field visit and preliminary observation and interview were conducted.

Stage 3: After determining the essential points to be considered, the researchers conducted an in-depth interview about Yapayao healthcare practices and beliefs. However, before the actual interview, it was explained to the participant that their anonymity in the paper is preserved or kept confidential.

Stage 4: After the interview, the researchers conducted further observation and verification by examining some presented tools or materials used by the respondents in their healthcare practices.

Another vital consideration in this study was identifying patterns (themes) in the face-to-face interview data collected. Here, the main requirements are to be consistent throughout the process of determining themes.



RESULT AND DISCUSSION

Indigenous practices in Filipino healthcare are based on the knowledge of tradition. Traditional knowledge is usually defined as the traditional ways indigenous people have done or continue to do certain things and new ideas or ways to develop things that respect their traditions, cultures, and practices. Culturally based, context-specific, holistic, this unique body of knowledge differs from nation to nation.

The results and discussion of this study include the beliefs, healthcare practices, and the instruments used by Yapayao during their whole life cycle. Each stage of their life cycle is presented below:

1. Healthcare Practices of Yapayao/Isneg

1.1 Pregnancy (Panagsikog)

Pregnant Yapayao, despite their condition, continues working in the household chores. Yapayao eats "Panig-an," a wood that can be found in the mountain. The wood is boiled in water and drinks by pregnant women. Hence, to make their body healthy and strong. However, food with coconut milk or "gata" and gabi is discouraged because they believe these may harm the baby, and it may cause allergy, such as prickliness when they grow up.

Participant No. 1 recalled, "Agtultuloy latta iti panangged iti balay dagiti masakog a Yapayao-Isneg iti laksid ti kondisionda. Umininom dagiti masakog a babai iti naanger a kayo ti panig-an a maala iti bantay tapno mapagtalinaed ti kired ken salun-atda. No pay kasta, saanda a mangmangan kadagiti makan a nalaokan iti getta ti niog ken aba. Patienda a saan a nasayaat ti niog ken aba iti sikogda a mabalin a pakaalaan iti ubing iti budobudo ken saksakiten."

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Participant No. 2 mentioned; "Agnginaw daytoy iti makan a mangilog. Kambor daytoy iti prutas kas iti mangga ken piña. Isapulannak iti lakayko iti daytoy a makan ket mapnek ti essemko iti makan."

(I remember that I had a food-love experienced called "Mangilog." Usually, these are fruits or foods, like mango and pineapple. My husband looked for it and satisfied me when my craving appeared.)

They use the plant as a source of medicine employing a trial and error method, and the process is experienced over hundreds of years. According to Morilla et al. (2014) research and investigations of herbal and medicinal plants have begun in many countries due to their impact on health care. Plant medicines have good value in treating many diseases, including cancer, hypertension, and infectious diseases.

1.2 Child Birth (Panaganak)

The partera (midwife) cut the umbilical cord with a bolo and bury it in the land to prevent a child's illness. Other practices also indicated that the umbilical cord is wrapped in labig (leaf) and hung on the tree. It is pierced several times by a sharp stick to prevent illnesses such as cold and fever. The umbilical cord is also flipped and thrown in the air with a quick "bilao" movement to prepare them for war. However, if miscarriage happens, the fetus is wrapped in a "banig/ikamen." Moreover, buried in the house and covered with rock.



As participant No. 3 pointed out, “Iti tradisional a panaganak dagiti Yapayao, nakaparintumeng dagiti ina nga aganak. Iti abay ti aganak, adda uong nga agpaay a kas galinggaling para iti naballigi a panaganak. Putden ti partera wenno kumadrona ti puseg ti ubing aramat ti bolo, maigalut iti laya ken bulbulong, maikabil iti sabsabot, sa maikali iti sirok ti balay.”

(During delivery, the woman Yapayao traditionally gives birth in a kneeling position and with a mushroom as a luck/charm to ensure successful delivery. Next, the umbilical cord will be cut by a partera/ midwife with a bamboo blade, tied up with ginger and herbs, and buried under the house in a coconut shell.)

Participant No. 9 mentioned that Yapayao’s mother could not bathe or drink cold water three months after delivery and can go back to household chores immediately when they are sufficient already. Moreover, although people in the tribe apply these practices, they are discouraged by the local government and have a weekly check-up at the health center.

While facing the challenges mentioned earlier, access to essential health services is still a significant challenge for indigenous peoples in the Philippines and Asia. Adding up are healthcare professionals and limited medicines. Moreover, quality health services are as expensive as they often limit to indigenous populations. Morilla et al. (2014) have stated that herbs used to treat chronic and infectious diseases contain a broad range of substances. They are rich in therapeutically critical secondary metabolites and essential oils.

1.3 Childhood (Panagubing)

Participant No. 4 shared that, “no saan a komportable ti ubing ken addaan iti nangato a gurigor, ilotenna ti ubing aramat ti suka.

(If my child feels uncomfortable and burning with fever, I used vinegar as oil

and applied the hilot/massage to my child.)

Hilot or Ablon, a well-known technique also used elsewhere in Asia, is often mistaken as a massage and offers tourists attraction at wellness centers. It requires hands and is similar to osteopathy, acupressure, and therapy. The doctor, called the manghihilot or mangablun, senses congestion areas and treats skeletal misalignments and energy imbalances using the nerve or vein, ligaments, and bone structure. Furthermore, the integration of plants, herbs, and oils can also occur.

Participant 4 continued, “Mamati pay ti partisipante iti albolario kangrunaanna no adda nakaro a sakit ti ubing. Agorasion ti albolario. Bungonenna iti bulong ti saba ti bukot ken barukong ti ubing. Kasta pay, ikkana iti nangisit a sinulid ti aglawlaw ti ubing tapno malapdan ti ania man sakit.”

(I also believe in albularyo, especially if my child has a severe illness. The albularyo prayed and used banana leaves to be wrapped around my child’s back and chest. Also, I put a black thread around my child; this is to avoid any illness.)

Participant 8 said “No nataenganen ti maysa a lalaki, makugit dagitoy. Maikkan iti bulong a ‘namudo’ ti kakugit a billit ti ubing para iti alisto a panaglunit. Iti impluensia ti media, adun dagiti saan a mangararamid kadagitoy nga addangen. Ad-addan nga agpakonsultada iti health center.”

(When the boy gets older, they are circumcised and put on the “namudo” leaf on their genitals for healing purposes. With the media’s influence, most of them do not apply these practices but consult directly with a health center nurse.)

An albularyo is an expert who uses a combination of methods, similar to a shaman: herbalism, prayers, incantations, and mysticism.



The Philippines is home to 10,000 to 14,000 species of plants. Although 1,500 of them contain a potential medicinal value, only 120 have been scientifically validated.

According to Asia Indigenous Peoples Pact (AIPP), indigenous people have the right to improve their economic and social situation and administer them as much by their institutions, without discrimination, including in the health sector, and participating actively in developing their health programs.

1.4 Puberty and Adolescence (Panagbaro/Panagbalasang)

Participant 5 said that “agmammama dagiti lakay ken baket Yapayao a para iti natibtibker ken nasalsalun-at nga ipen. No pay kasta, saanen nga agmammama dagiti ubing ti agdama a henerasion.”

(Male and female Yapayao eat Nganga / Mama, a practice designed to help make teeth strong and healthy. However, this practice is not being applied by the young generation because the teeth can be stained. Moreover, the proper hygiene that their school friends have been working on in the lowland is used.)

For female IPs who have reached the stage of puberty, during their first menstrual period, they are not allowed to take a bath on the first day of their cycle, as this would believe that this will cause them insanity.

For boys, through a ritual of circumcision called bugit, they enter the phase of manhood. Young males between 11 and 16 years old are circumcised, which shows that a boy's role changes, and soon he can take the bride. Herbal plants are boiled to clean the wound, like guava leaves (Fabrigas & Maniago, 2018).

1.5 Adulthood (Panagtaeng)

According to Participant 7, “no nasugatan ti maysa nga a lakay a Yapayao iti maysa a gubat, 1-3 a linas ti urmotna ti maipan iti sugat sa

maakkuban iti lupot. Kadakuada, makaagas iti sugat ti urmot ti Yapayao a lalaki. Mamati pay dagiti Yapayao/Isneg a dagiti espiritu ti makaigapu iti sakit ti maysa a pamilia. No kastoy ti mapasamak, pumartida iti aso a maibitin iti sango ti balayda. Inumen met ti masakit a Yapayao/Isneg ti dara ti naparti nga aso sa maikkan iti marka ti krus ti musingna.”

(If a man is injured during the war, at least 1-3 strands of his pubic hair were put on the wound and covered with cloth. They think a male pubic hair can heal the injury. We are convinced that spirits cause family diseases. Besides, if they do, they will kill a dog and hang it in front of their house; and the diseased Yapayao will be able to drink blood and mark it in a cross figure on his forehead.)

This practice was only a tale of an adult Yapayao male. However, this does not already apply / practice. The local government is therefore encouraged to go to the health center and ask for medicine.

1.6 Death

Finally, the Yapayao burial believes that the family member's cadaver should be buried within the house. This is because the sending of the body out of the house can lead to a family illness.

If one family member dies, the family places the langka leaves (jackfruit) on the mortal belly for days to preserve. It expresses ethnic and cultural identity and is strictly implemented by the community (Fabrigas & Maniago, 2018). That is why indigenous people grasp their cures to preserve their lives even though they are far away, and hospitals are hours away. IPs are shown to have destructive health behaviors during this stage and therefore avoid any hospitalization because of their total conviction of the spirits that lead to a large proportion of adult life.

As stated in Asia Indigenous People Pact, Indigenous health practices are a significant task for indigenous peoples in practicing their beliefs



and right to health. In their traditional knowledge and practice of health, indigenous peoples in Asia exhibit similar characteristics. The indigenous communities continue to maintain traditional practices in their ancestors' health, especially women, as the primary holder of such knowledge. The health situation of indigenous children in their communities is critically affected by indigenous women.

Similar traditional healing knowledge, including pregnancy, post-natal care, child-rearing, and healing, including childbirth methods such as the use of traditional midwives, are shared and continue to be practiced. For example, the IPs have practiced sustainable conventional medicine and healing for generations under indigenous women's leadership. Indigenous women are severely affected by the health situation of indigenous children in their communities. The forest is used as a traditional medicine to heal different diseases for non-wood forest products. These herbal medicines are incredibly valuable for the breast milk production of Kouy women after delivery.

2. Indigenous Instruments used for healthcare practices

The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), as the most comprehensive international standard on the rights of indigenous peoples to date, provides that indigenous peoples, among others, have the right, without discrimination, to improve their economic and social conditions, including health and sanitation. The following tools listed below were some of the healthcare instruments used by the tribe of Yapayao. The list was based on the participants' statement, and some of them may not be existing already and not used by the present generation of Yapayao.

Indigenous knowledge gained from the cumulative complex bodies of knowledge and practices by the Yapayao tribe is maintained by the elders who have long histories of interaction with the natural environment and developed by local communities who witnessed and observed them.

Table 1
Tools used for health care practices

Health care tools/instrument	Function
Nga-nga (<i>piper betel leaf</i>)	Believe to help to relieve those suffering from diarrhea and other gastric ailments also a chewing practice by yapayao to help their teeth strong and healthy.
Labig/Anahaw (Palma Brava trees)	The leaf of the Labig is usually for roof-thatching and wrapping food; however, it is used as a traditional health tool to wrap the umbilical cord and hang on the tree for a child's protection against sickness.
Banana leaves (<i>Musa acuminata</i>)	Banana leaves, botanically classified as <i>Musa acuminata</i> , grow on a perennial herbal shrub. The albularyo/herbalist uses them for wrapping around the child's back and chest in the medicinal practices.
Namudo plant	It is believed that the leaf of namudo is used to cover the private part of the boy after circumcision for fast healing.
Bayog/bolo (knife) and bamboo blade	A single-edged knife is used as a tool to cut the umbilical cord of the baby during delivery.
Bilao (winnowing basket)	This basket is typically used to separate the grains from the chaffs but also used to flip/winnow the umbilical cord to the air to prepare the child for war in the past as a belief by the elders
Itim na Sinulid/ (Black thread)	A black thread believes that it carries a protective spirit that helps that child be covered from any illness. This is usually tied around to the belly of the child.
Dugo ng Aso (<i>Blood of a Dog</i>)	It is indigenous knowledge and practiced in the past in the Yapayao tribe that a dog's blood can help you recover from a critical illness and may give you strength.
Pubic hair strand	In the past, old Yapayao gets a 2-3 strand of their pubic hair and cover it with a strip of cloth, and wrapped it in the injured part of the body.



The use of plants and tools for traditional medicine is established for Yapayao and all indigenous societies in the Philippines and the world. These health care instruments are inherited from their great ancestors through oral communication and observation. Based on the list above, the commonly used instrument is the leaf of a plant that is used for wrapping, covering, and healing purposes. Its function is similar to the black thread tied around the child's belly to avoid any sickness from coming. A bamboo blade is a traditional tool used for cutting the umbilical cord; however, it is discouraged by the local government as it may cause infection and contamination. It still exists to the tribe about eating nga-nga, a kind plant leaf that believes to be useful in giving more nutrients to the teeth. Some of the health care practices and instruments that are not observable and may not exist anymore in the tribe are drinking of dog blood as a belief to cure an illness and using a pubic hair strand to heal an injury. Some of the yapayao do not apply the health practices mentioned above, and they prefer the local health unit and nurses to help them get cured.

The relationship between yapayao and the tools they used is fundamental to them and their culture. This is their identity and language. With the current influence in social media and technology, they shifted from traditional healthcare tools to modern tools. This may sound good and bad for them. A good thing because it will help them avoid any infection and malpractices of medicine, a bad thing because their culture and history are diverted and contaminated by the modern tools and ideas of the present.

CONCLUSIONS

Through the result of the interviews and observations conducted, it was found that at the present, the healthcare practices and beliefs of Yapayao are not being practiced by almost all of the families in the tribe. Some of them do not believe in specific practices and have been influenced by modernization and technology.

1. The conception of pregnancy of Yapayao is not the same as the other tribe

member, some follow the traditional way of practice, but some go to the clinic for check-ups and delivery. There is also an inconsistency with the response of the Yapayao; some of them believe in flipping and hanging the umbilical cord, but one thing in common, all their belief point towards preventing sickness.

2. Some of their practices regarding the health care of a child show variation in terms of healing illness. They have different beliefs; some go to albularyo/quack doctors, others just by themselves, and some go to the clinic directly.
3. At present, adult Yapayao still eats nga-nga for their teeth. However, young people in their tribe do not practice eating ma-ma. They are exposed to technology and modern ways for proper hygiene and even healing sickness.
4. Lastly, some Yapayao buried their cadaver in their house regarding death and burial, but the other brings them directly to the cemetery and visits them.

This study had given a general impression that the Yapayao-Isneg knowledge, culture, and tradition that should have been kept intact is slowly disintegrating as new generations have been born into a world that places modernization as a priority.

Sadly, the legacy and heritage handed down to the Yapayao-Isneg ancestors can no longer be cherished by the new generations. As time passes, evidence of "the loss of culture and tradition" is becoming more evident.

RECOMMENDATIONS

Based on the result, discussion, and conclusions of the study, the following are hereby recommended:

1. For a high level of reliability of the response, it would be better if the selected respondents personally experience or apply the said health care practices such as healing practices, giving birth, circumcision, etc.



2. A separate study regarding health care practices and beliefs of Yapayao and Isneg is encouraged to understand further the traditional knowledge of healthcare practices and their unique identities.

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AUTHORS' PROFILE

Mr. Mark Gil A. Vega is a Ph.D. Student at Philippine Normal University in Manila City, Philippines, where he is pursuing his postgraduate study. He graduated with his Master in Education, Major in Biology at Visayas State University. He worked as a Prof. Ed. Teacher and a college instructor. The author already served as a resource speaker on action research and a facilitator in training and workshops on research related seminars.



Mr. Nelson O. Arguilles is a full-time college instructor at Marikina Polytechnic College. He finished both his undergraduate and graduate programs with Chemistry Education as his field of specialization. He is currently taking a Doctor of Philosophy major in Science Education at Philippine Normal University in Manila City. He has been in the teaching field for 11 years.



Dr. Luisito T. Evangelista is Museum Curator II at the Botany and National Herbarium Division, National Museum of the Philippines, Manila, Philippines. A Ph.D. in Botany and a professor in the College of Graduate Student at Philippine Normal University



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