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Understanding how the poorest can thrive: A case study of the Mangyan women on Mindoro, Philippines

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INDEX

Abstract

This masters' thesis is within the field of Social Determinants of Health in very poor rural areas. Within this field, the focus is on the topic of social determinants of social position and health. The purpose of this study is to understand the perceived determinants of social position and physical and mental health amongst Mangyan women of childbearing age in the north of Mindoro, the Philippines. The study applied case study design using in-depth interviews with nine key informants with relevant experience working with the Mangyan women.

The literature indicates that there is a relation between social position and health. Further, there is acknowledgement that the measurements used may not be appropriate for poor people. Moreover, the literature indicates that research done on poor women have a focus on reproduction health and not the overall health of the women. This is an exploratory study within a field that is not done much research in before.

The Mangyans are an indigenous people living on the island of Mindoro, the Philippines. When looking at social position within a small Mangyan community, social position and status, education and religious beliefs were some of the themes that emerged. Further, the paradox between developing towards what the world sees as important and how that conflicts their traditional culture emerged.

Key words: Health Promotion, health, social determinants of health, poverty, sustainable livelihoods framework, Mangyan, Mindoro, education, social position, religious beliefs.

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1. Background

Women living in poverty and in rural areas in the Global South seem to have the largest potentially avoidable risk for early death, illness and disability, and their health is often poorly addressed. Nevertheless, in poor rural communities some women are in better health, wellbeing and thriving than other women in the same areas (World Health Organization [WHO], 2009; Bull & Mittelmark, 2010). The WHO's report *Women and Health: today's evidence tomorrow's agenda* highlights social determinants of women's health and draws awareness to limiting access to health care and information, the role of gender inequality in increasing exposure and vulnerability to risk, and influencing health outcomes. The report shows that women's health needs to go beyond reproductive and sexual concerns (WHO, 2009). Further, the UN Millennium Development Goal (MDG) number 5 focuses on the health of women in child bearing age (United Nations, 2008).

The protective factors which include occupation, education and income underpin a challenge as these factors are poorly related to health in poor rural areas. In areas like this, several people would have an incomplete education or no education at all. Further, they might not have an income measured in money, but rather agriculture and trade as important source of support. This leaves the standard measurements inadequate. The literature indicates that research done on poor women has a focus on reproductive health and not the overall health of the women (Bull & Mittelmark, 2010; WHO, 2009; Commission on Social Determinants of Health, 2008).

The Commission on Social Determinants of Health [CSDH] (2008) emphasizes that the alarming gap separating the rich and the poor is widening within and between countries all around the world. Further, they focus on actions that need to be taken to narrow this gap and hopefully close it in a generation. The Commission appeals to the world for a Social Determinants of Health approach to help diminish poverty.

> The social determinants of health have been defined as: "the socio-economic conditions that influence the health of individuals, communities and jurisdictions as a whole. These determinants also establish the extent to which a person possesses the physical, social and personal resources to identify and achieve personal aspirations, satisfy needs and cope with the environment." (Raphael, 2004, p. 446)

Wilkins & Marmot (2003) admit that the research done on social determinants of health and the evidence documented in their publication comes from rich developed countries and its relevance to less developed countries might be limited. There is a need for research on

social determinants of health among the poor in developing countries (Wilkins & Marmot, 2003; Marmot & Wilkins 2006). The literature indicates that there is a relation between social position and health (Bull & Mittelmark, 2010; Marmot & Wilkins, 2006). This paper will investigate the role of social position as a potential social determinant of health.

The purpose of this case study is to understand the perceived determinants of social position and physical and mental health amongst Mangyan women of childbearing age in the north of Mindoro, Philippines. The Mangyans are eight ethnic groups residing on the island Mindoro, the seventh largest island in the Philippines (Indigenous People's Community Organization [IPCO], 2007; Lopez-Gonzaga, 2002). This study aims to examine the characteristics of a thriving woman as well as enabling and protective factors for wellbeing of women in these communities. The researcher is part of a research team consisting of several master students, PhD students and a professor, together using both qualitative and quantitative methods working on the same topic of social determinants of health in very poor rural areas (SDHVR). To answer the research questions the qualitative methodology of case study and the tool key informant interview design was used.

The research questions were as follows:

1. What are the perceived social determinants of social position and status amongst Mangyan women of childbearing age residing in the north region of Mindoro, as experienced by NGO workers with field experience in the region?
2. What are the perceived social determinants of health amongst Mangyan women of childbearing age residing in the north region of Mindoro, as experienced by NGO workers with field experience in the region?

Chapter one is the background and the introduction of this study. Chapter two will look at the literature background for this study explaining health promotion, social determinants of health (SDH) and socioeconomic status or social position. Further, the Sustainable Livelihoods Framework that frames this study will be presented and described. In chapter 3 the case is presented looking more thoroughly at the Mangyans and their culture. It looks at their history, problems they face today, the Mangyan women and their culture and belief. Chapter 4 looks in depth into the method of case study, the collection of the data,

analysis and ethical considerations. Chapter 5 is the result part where the findings are described. Here the framework is visible through the division of the themes into sections. In the 6th chapter the themes will be discussed along with a critical reflection on the methodology. Finally, chapter 7 will conclude this thesis.

2. Review of literature

2.1. Health Promotion

Health, according to the Declaration of Alma Ata is not merely the absence of disease but a state of complete mental, physical and social wellbeing. The Declaration continues by stating that health is an essential human right for all people and that the inequality of health status within countries and between countries is unacceptable (International Conference on Primary Health Care, 1978). The Ottawa Charter (WHO, 1986) builds on the discussion from the Alma Ata Declaration and states that

> ”Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social wellbeing, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment… Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being” (WHO, 1986, p 1).

Further, the Charter declares that health promotion focuses on reaching equity in health. Health promotion action intends to decrease differences in health status and ensure equal resources and opportunities to enable all individuals in achieving their fullest health potential. The Charter outlines the fundamentals for health as being peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity. Further, it outlines five pillars of action: building healthy public policies, creating supportive environments, strengthening community action, developing personal skills, and reorienting health services. “People cannot achieve their fullest health potential unless they are able to take control of those things which determine their health. This must apply equally to women and men” (WHO, 1986, p. 2).

The Ottawa Charters ends by appealing to the world to advocate the promotion of health in all forums and countries. A health promoting perspective will guide this study on social determinants of health among the Mangyan women on Mindoro.

2.2. Social Determinants of Health

Even in the most prosperous countries in the world, the people who are less well off have noticeably more illnesses and shorter life expectancies than the rich (Raphael, 2007; Wilkinson & Marmot, 2003). These differences are not only an important social injustice in health; moreover they have drawn attention to some of the most important determinants of

health. In particular they have led to an increasing understanding of the significant sensitivity of health to the social environment and to what have become recognized as the social determinants of health (Wilkinson & Marmot, 2003).

In the 1970's the term social determinants of health arouse out of worry that health care systems were the main attempt to improve health. This was in spite of research which constantly verified the vast impact social circumstances had on health. Since then research has increasingly confirmed that health is amazingly sensitive to the wider social environment in which people work and live (Wilde, 2007).

The most common Social Determinants indicators are income, education, and employment. Health outcomes such as well-being and mental health are starting to receive some attention. However, the commonly used health outcomes are usually mortality and morbidity due to chronic diseases. Further, most of the studies done on social determinants of health are in industrialised countries suggesting that research on this topic in poor developing countries is essential (Bull & Mittelmark, 2010).

In 2005 the WHO established a global committee, The Commission on Social Determinants of Health (CSDH), to tackle the avoidable health inequalities and social causes of poor health and to accumulate knowledge on SDH. The committee delivered a report in 2008. One of the key aims of the CSDH is to promote a global movement on health equity and SDH. The SDH actions aim at achieving health equity. The report states that there is enough knowledge to start action, while at the same time research is needed in the field of SDH (CSDH, 2008).

Society has traditionally looked to the health sector in dealing with concerns about disease and health. One SDH certainly is misdistribution of health care, with care not distributed to those who need it the most. However, "… the high burden of illness responsible for appalling premature loss of life arises in large part because of the conditions in which people are born, grow, live, work, and age" (CSDH, 2008 p 26). Poor social policies and programmes and unfair economic arrangements lead to unequal and poor living conditions. Action on the social determinants of health must therefore involve the whole of government, local communities and civil society, global forums, business, and international agencies. Programmes and policies must not only embrace the health sector but all the key sectors of society (CSDH, 2008; Marmot, 2004).

2.2.1. Poverty. Poverty is both a consequence of and a cause for poor health (Wilde, 2007). The increasing poverty around the world is a great issue and poverty has a huge impact on premature death and health (CSDH, 2008). In *Voices of the poor – Can anyone hear us*, poverty has been defined as:

> ”… the lack of what is necessary for **material well-being**—especially food, but also housing, land, and other assets. In other words, poverty is the lack of multiple resources that leads to hunger and physical deprivation” (Narayan, Patel, Schafft, Rademacher & Koch-Schulte, 2000, p. 31).

Poverty is hardly ever the lack of only one thing but it affects many areas of life. Nevertheless, the major threat is always lack of food and hunger. Further, poverty affects the psychological dimension, including voicelessness, dependency, shame, powerlessness and humiliation. In rural areas, people affected by poverty often lack access to basic infrastructure such as roads, clean water and transportation. Additionally they are often illiterate and have less accessibility to education. Illness and poor health might be a source of destitution as this relates to cost of health care. Finally, those experiencing poverty focus on managing assets such as social, human and environmental as a way to cope with vulnerabilities instead of income (Narayan et al, 2000).

> **”Illness** is often dreaded, because of the experience that it plunges families into destitution, because of the lack of health care, the costs of available health care, and the loss of livelihood due to illness. While literacy is viewed as important, **schooling** receives mixed reviews, occasionally highly valued, but often notably irrelevant in the lives of the poor. Poor people focus on **assets** rather than on income, and link their lack of physical, human, social, and environmental assets to their vulnerability and exposure to risk “(Narayan et al, 2000, p. 31).

Fighting poverty is a focus in the CSDH report from 2008. One of the actions advocated in the report is:

> ”Promote health equity between rural and urban areas through sustained investment in rural development, addressing the exclusionary policies and processes that lead to rural poverty, landlessness, and displacement of people from their homes” (CSDH, 2008, p. 4).

2.2.2. Women in Rural Areas. There is often a neglect of investment in rural social infrastructure such as communication, health care and education. The women living in poor rural areas have an inevitable struggle for access to resources and services. In Asian and Pacific countries the rural women lag behind when it comes to gender equity, education, employment and health. Women living in rural areas across Asia and the Pacific region play an important role for all members of the household in security of food; nutritional security, food production and access to available food. Women often have this role in both regular times as well as in times of distress and calamity. Their tasks are conducted despite great cultural, social and economic hardship though they in general are undervalued and constrained (Balakrishnan, 2005).

Rural women suffer from poverty, high health risks, illiteracy, inadequate access to health and sanitation services, and productive resources (Bloom, Craig & Malaney, 2001). For many rural women illiteracy is a major barrier to their economic and social advancement. Further, girls in rural areas often lack access to formal education (Balakrishnan, 2005).

2.3.Sustainable livelihood framework

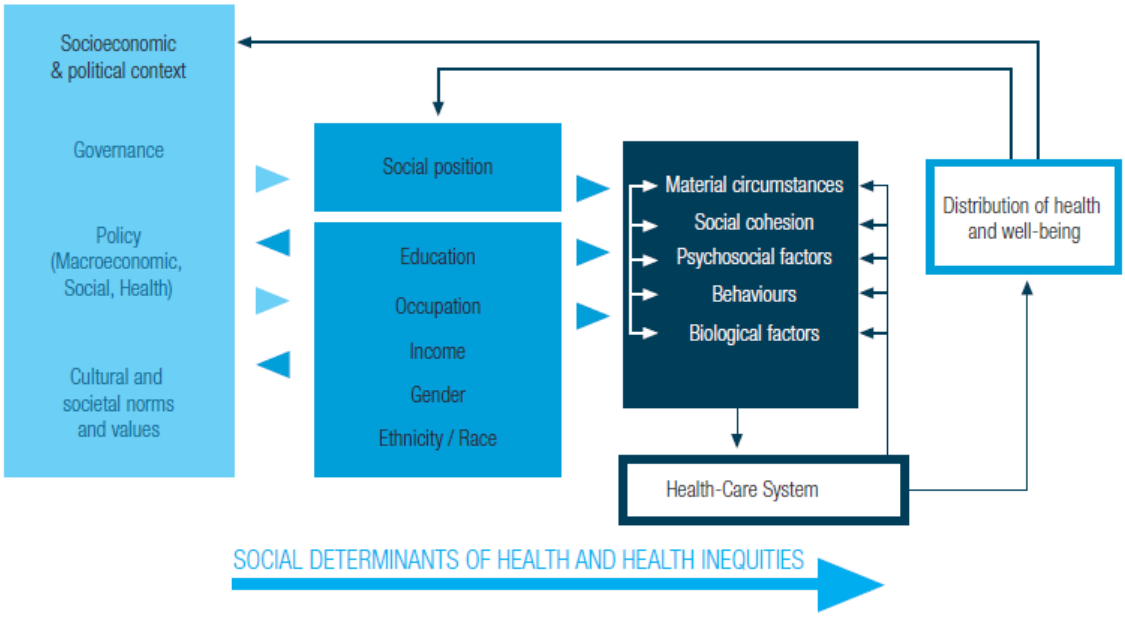


Figure 1. Commission on Social Determinants of Health Conceptual Framework (CSDH, 2008, p 43).

The Commission on Social Determinants of Health Conceptual Framework was presented in the CSDH report in 2008. The model suggests multiple entry points for action to reduce inequity in health. Further, it shows the complexity in linking social determinants and

health. Nevertheless, this model does not distinguish between poor rural and poor urban areas (CSDH, 2008). As the SDHVPR project focuses specifically on poor rural areas this model does not suffice as a basis for the project. Therefore, the Sustainable Livelihoods Framework has been integrated as an additional model in the SDHVPR project (see Figure 2).

Livelihoods include the assets, activities and capabilities necessary for a means of living. A livelihood is sustainable when it can recover and cope from shocks and stresses and enhance or maintain its assets and capabilities in the future and now, while not undermining the natural resource base (Chambers & Conway, 1992).

The sustainable livelihoods framework (SLF) is an instrument to improve understanding of livelihoods and in particular the livelihoods of the poor. The SLF has been used and adapted by many development researchers and agencies, including CARE, UNDP and DFID (Carney, et al, 1999). At present there is no universal depiction of the SLF, however the one shown in Figure 2 is representative of the major elements in all SLF's. An exception is the addition of cultural, symbolic and political capitals, as advocated in recent years by some users of the SLF.

Further, another exception from the usual depiction of the SLF is the inclusion of longevity as an outcome. Longevity was added for the purposes of the SDHVPR project. Health may not seem to be an important element in the SLF, but there is not a completely accurate impression. Health appears in specified forms in at least three parts of the basic SLF. Sudden changes in health such as falling ill and being injured are important sources of vulnerability (shock). Physical and psychological vigour and vitality are important aspects of human capital, as is general health. Wellbeing as a sustainable livelihood outcome encompasses the ideal of positive physical, social and psychological functioning. With the addition of longevity as an outcome, this version of the SLF seems suitable as a framework of analyses of health, as well as of sustainable livelihoods. One aspect of the social determinants of health that is perhaps not evident enough in this framework is social position, which in a great many animal and human studies proves to have a powerful effect on health. Social position is a complex function of the capitals, and accounting for social position demands consideration especially of social, cultural, symbolic and political capital (Department for International Development [DFID], (1999).

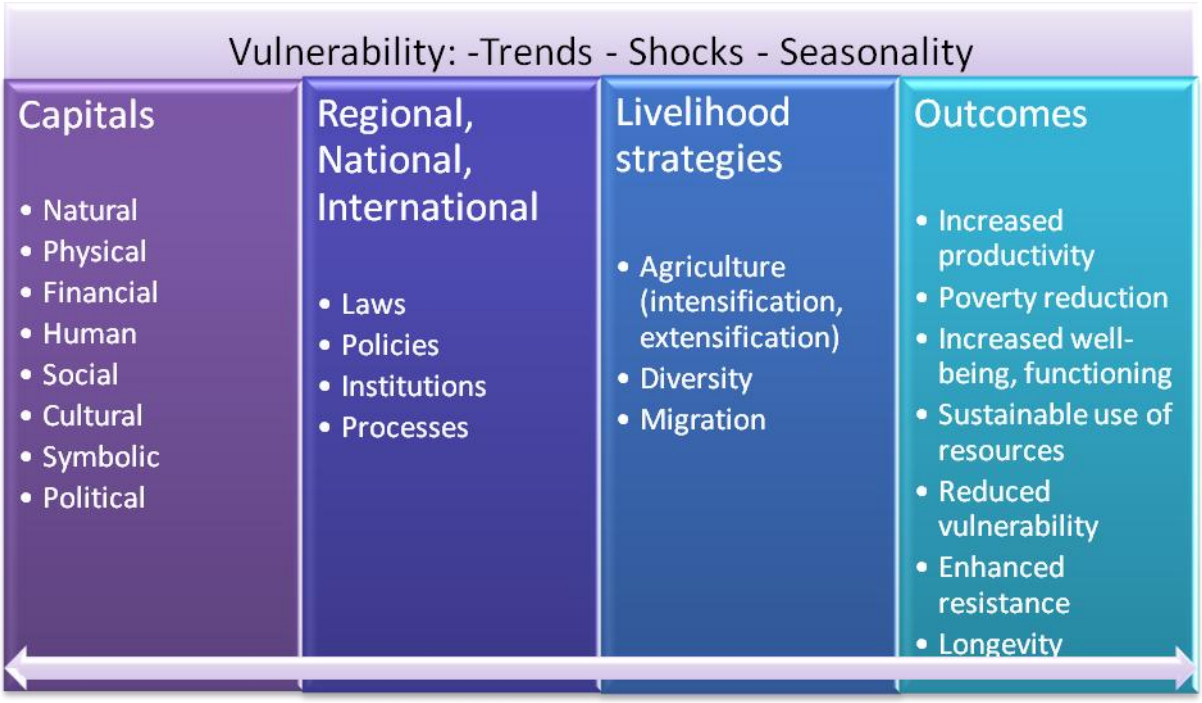


Figure 2. Sustainable livelihood framework with enhanced attention to health.

Adaptation by MB Mittelmark of the Sustainable Livelihoods Conceptual Framework (Carney et al, 1999; Bull & Mittelmark, 2010)

2.3.1. The Capitals

1. *Natural Capital:* Natural Capital signifies the natural resource stocks from which services useful for livelihoods are derived and resource flows. The relationship between Vulnerability Context and natural capital is close (DFID, 1999).
2. *Physical Capital:* Physical Capital encompasses the basic producer goods and infrastructure needed to support livelihoods. "Infrastructure consists of changes to the physical environment that help people to meet their basic needs and to be more productive. Producer goods are the tools and equipment that people use to function more productively" (DFID, 1999).
3. *Financial Capital:* Financial Capital indicates the financial resources that people use to achieve their livelihood objectives. This is the asset that tends to be the least available to the poor (DFID, 1999)
4. *Human Capital:* Human Capital represents the ability, knowledge and skills to labour and good health that together enable people to follow different livelihood strategies and achieve their livelihood objectives (DFID, 1999).

5. *Social Capital:* Social Capital means the social resources which people draw upon in pursuit of their livelihood objection. This might be through relationships of trust, reciprocity and exchange, networks and connectedness, or memberships of more formalised groups (DFID, 1999).
6. *Cultural Capital:* Cultural capital exists in three forms; the objectified state, in the form of cultural possessions and objects, the embodied state as the nature of the body and mind, and the institutionalized state or objectification in the form of academic qualification (Bourdieu, 1986).
7. *Symbolical Capital:* Social Capital means a physical or non physical resource that is given value, power or recognition in relation to one individuals or several (Bourdieu, 1986).
8. *Political Capital:* Political capital refers to using and having the right to partake in decision making at all levels of society such as national, district, community and neighbourhood (Bull & Mittelmark, 2010).

2.4.Social Position

2.4.1. Measurements of Social Position. Social Position is one of the social determinants of greatest interest, together with education, income and occupation. These indicators are favoured because they are often available in health surveillance registers and epidemiological studies (Bull & Mittelmark, 2010).

Social position means that a person has a position within the social hierarchy in the society they live in. Education, occupation and income are often related to social position and are ways of measuring social position. Further, the society and culture people live in, impacts their social position (Lindemann, 2007; Candola et al (2003). Social status is used to distinguish groups who are thought to share a common level of resources and a common way of life (Blackburn, 1991). Socioeconomic status (SES) is a person's social and economic position in relation to others (Adler et al, 1994). Regidor (2006) says that social position and socioeconomic status are used interchangeably. Individuals classified as having lower income, education and lower prestige employment have poorer health than the people classified as having higher levels of income, education and high status employment. There is good evidence that SES affects health and that health affects SES (Smith, 2004; Winkelby, Jatulis, Frank & Fortmann, 1992).

Mortality static's have been produced in Britain since 1911 by social class. It has consistently shown a close relation between mortality and social position, where low social position increases the risk of high mortality. Statistics in the US show a similar inverse relation. There are continuing evidence that there is a close relationship between SES and health. The Whitehall findings state that there is clearly a greater risk of ill health with poverty. In lower social position it is prevalent with poorer health practices. The lower social status is the worse well-being and greater mental and physical ill health. Lower social position does not only increase the possibility for ill health it additionally decreases the chances for well-being. Health might affect social position and social position might affect health (Marmot, Ryff, Bumpass, Shipley & Marks, 1997).

According to Blackburn (1991) occupation is the best indicator of SES, as it not only indicates the type of work but it also shows levels of pay, working conditions and accesses to resources and benefits. Further, it can be closely related to education and income. "At almost every age people in the poorer social classes have higher rates of illness and death than people in wealthier social classes" (Blackburn, 1991, p. 33). However, there might be some problems connected to the use of occupation and income as indicators of SES in poor ruralities. In many poor rural areas there might be more than one occupation and for many agriculture activities is their main occupation. In poor rural areas occupation might not be a job with an income as considered in developed countries. Income might not be measured in money, rather food and the goods to satisfy everyday basic needs. Today it might be difficult to use occupation, income and traditional education as indicators of SES in poor rural areas. Low education and lack of skills is closely linked to poverty in rural areas. Both workplace skills and formal education is important in these areas. Working skills might be how to plough the field well and use nature to survive (Ellis, 1999; Bull & Mittelmark, 2010).

2.4.2. Social Position and Health. There is good evidence that there is a close relation between social position and health in the developed world. Health is known to follow a social gradient, that the higher social position, the better the health. This gradient can be followed all the way from the top to the bottom. To be able to understand the cause of the gradient, the circumstances in which people live and work need to be examined (Marmot & Wilkinsin, 2006; Regidor, 2006).

However, there is a scarcity of research on the relation between health and social position in very poor rural areas in the developing world (Bull & Mittelmark, 2010). In many poor countries, a social gradient in health has been identified at the national level. The

problem, however, are that few countries have data systems that allow for analysis at the level of small rural areas. That is the level where there are inconsistent findings regarding SDH and health outcomes. The little data there is on adult mortality by social position show that there is a difference in health within the social gradient. However, there is more information of child and infant mortality (Bull & Mittelmark, 2010; Roberts & Power, 1996; Starfield, Robertson, Riley, 2002; CSDH, 2008). The numbers show a clear relationship between socioeconomic position of the household and rates of child mortality (Marmot, 2006).

In developing countries the relationship between health status and socioeconomic status has been documented in some studies (Bicego & Boerma, 1993; Caldwell, 1979; Cochrane et al. 1982; Gwatkin, Rutstein, Johnson, Pande & Wagstaff, 2000; Rutstein, 1984; Woelk & Chikuse, 2000). In India social status has been shown to have an effect on the overall health, as some experience severe disadvantages as a result of low social status in the society in both rural and urban areas (CSDH, 2007). Using Demographic and Health Surveys (DHS) from Tanzania Gwatkin et al (2000) described differences between the least poor and the poor in treatment of illness, nutrition and mortality. Bicego and Ahmad (1996) using DHS from Pakistan found that for children under 5 years born to uneducated women mortality risks were more than twice as high as children born to women with a secondary education. In Zimbabwe, Woelk and Chikuse (2000) showed that children in the lowest socioeconomic status group had increased risk of underweight by about three times compared to children in the highest socioeconomic group. Further, they showed that underweight, occurrence of diarrhoea and stunting varied according to socioeconomic status. In Tanzania, Schellenberg et al (2003) made observations of the inequalities between the poor and the least poor across a broad array of health interventions and of childhood illnesses.

2.4.3. Social Position and Women's health. Traditionally, women's social position has been measured by partner's occupation, while recently it has been considered more suitable to categorize women by their own occupation. A study on women's health in relation to social position in England showed that there was a strong relationship between self-assessed health and social position (Bartley, Sacker, Firth & Fitzpatrick, 1999). In a study in Spain the association between social class and health for women was considerably related to material wellbeing at home, amount of household labour, and working conditions. Women in lower social classes had poorer health, especially unskilled workers. These women often had a harder workload as they had to work and at the same time take care of the house, while

women in higher social class might have less physically demanding jobs and might afford help in the house (Borrell, Muntaner, Benach &Artazcoz, 2004).

Studies conducted in several places including South Asia shows that women's status is linked positively with health status of children and women. Among women with more decision-making power and who lived in household structures giving them more independence, lower rates of child mortality were observed (Bloom, Wypij & Gupta, 2001).

Fotso and Kuate-Defo (2005) showed that SES and social status in the community affected child health and that there was a difference between rural and urban areas. The article stated that educated women in developing countries had children with better health due to increased preventive care, hygiene, nutrition, and breastfeeding, among others. Further, women with education were more likely to use health care services. Caldwell & Caldwell (1991) argued that education had greater benefits among rural women, than in more science-based societies. Women with education kept their homes cleaner, were more self-sufficient and prevented children from getting sick and were better able to take care of their children if they did fall ill. One reason why educated women have better health possibilities than uneducated women is also related to economic advantage, as women with an education normally will be able to get a better paid occupation. With a higher income it is easier to get food for the family and pay for medical help.

Searches after information regarding heath and the Mangyans were unproductive.

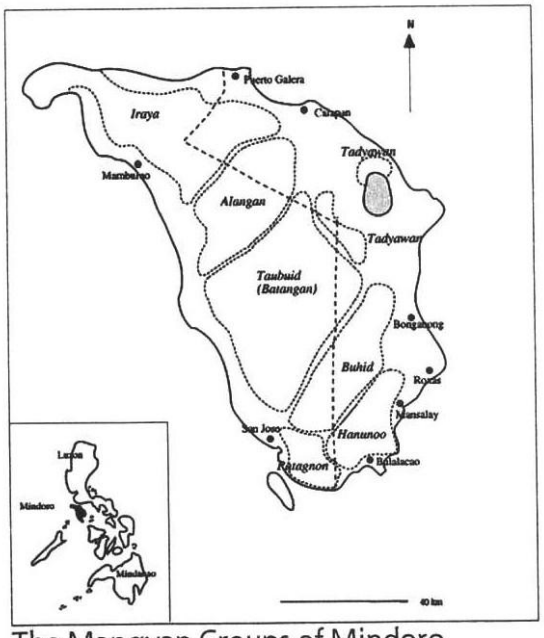
3. The Case

The case in this study is the Mangyan women of childbearing age in the North of Mindoro, Philippines.

3.1. Location

This study was conducted in the Philippines on the Island of Mindoro. The Philippines lies in Southeast Asia and is a country consisting of 7 107 islands and has a population of 97,976,603 (July 2009 est.) (CIA, 2009). There are seven main ethnic groups and the largest is the Tagalog population (28%). It is a country with middle income, challenged with increasing demands for better public services and unnatural shortage of spending (WHO, 2005).

Mindoro is the seventh largest island of the Philippines and consists of two separate and almost equally large administrative units, Occidental and Oriental Mindoro. Mountain area comprises about 40% of the islands total area. The remaining area consists of hill area and lowlands (Helbling & Schult, 2004). The total population of Mindoro is one million (Mangyan Heritage Centre, n.d.).



The Mangyan Groups of Mindoro

(Helbling & Schult, 2004, p. 3).

3. 2. The Mangyans

This study has its focus on the cultural minority population or the ethnic group of Mindoro called the Mangyans. They are also called the Katutubo, which means native tribe (Ramschie, 2008). The Mangyans are divided into 6-8 groups, depending on how you divide them and who you count in. They are called Hanunoo, Buhid, Taobuid, Tadyawan, Alangan, Iraya, Ratagnon and Bangon. The Mangyan population is estimated to be 100 000 or 10 % of the total population of Mindoro (Mangyan Heritage Centre, n.d.).

The Mangyans live in comparatively small local groups, from about 300 per group in the settlement near the plain down to some 30 people per group in the mountain and hill

region. Most of the Mangyans practice shifting cultivation of rice, corn, vegetables and tubers. Further, they do some hunting, raise pigs and chickens and gather wild plants. The map above shows the different Mangyan tribes and their different locations on Mindoro. The Bangon Mangyans are the only tribe that is not shown on this map. They reside along the Bongabon River (Helbling & Schult, 2004). The focus in this study will be in the north of Mindoro were both the Iraya and the Alangan Mangyans reside. Some of the informants had experience with several of the groups and especially one informant additionally shared experiences from the Hanunoo Mangyans.

Many Mangyans are involved in swidden agriculture, or slash-and-burn agriculture as it is also called. In simple terms swidden farming can be characterized by an alternation of a long span of fallow and a comparatively short span of cultivation, cyclical shifting of fields and the removal of natural vegetation by the use of fire (Erni, 2006). Included to the swidden agriculture are kamote, cassava, rice, corn and vegetables like pepper, cucumber and beans and fruits like mangoes, bananas and duhat (blackberry). Further the Mangyan women do livelihoods as gathering buri bushes to make bags, baskets, sacks and mats which are sold to visitors and tourists (Royo-Fay, 1992). The Mangyans are described as hardworking, patient, polite and kind. They would normally walk away instead of fighting and for the Mangyans it is not cowardice but simply avoiding trouble (Bawagan, 2008).

3.3. History of the Mangyans

> ”It’s safe here. Safe from lowlanders who force us to work in the mahogany forests for little or no pay, and beat us if we refuse. They treat us like animals. Some of them even believe that we Mangyans have tails! When we hear these people coming we disappear deep into the forest. No wonder the great grandfathers left the lowlands to live up here in the jungle-covered hills. It’s safe.” (Davis, 1998, p. 30).

The Mangyans settled along the shores of Mindoro approximately 600-700 years ago. Gradually they were forced to leave their coastal settlements by more forceful groups. It emerges through history that the Mangyans traditionally is a peaceful people, avoiding conflicts. They would rather give up area uncontested instead of fighting for it. During the Spanish colonial period tremendous pressure was brought upon the Mangyans. They suffered extreme deprivation and pain for most of the 333 years of the Spanish colonial rule in the Philippines. Though the Spanish regime ended, the colonization of the Mangyans continued. American entrepreneurs saw the potential of the shy, withdrawn and hardworking nature of the Mangyans as a possible labour force. Dislocated and displaced Mangyan groups sought

freedom form harassment and peace in the deeper and higher parts of the mountains (Balajadia, 1997). Their pattern of withdrawal and retreat was the Mangyans response to the Spaniards and was repeated during the Moro attacks, the Spanish-Philippine war, American-Philippine war, and when Japanese troops invaded Mindoro during World War II. After World War II the situation worsened for the Mangyans as more settlers poured into the island and occupied the land the Mangyans had possessed (Helbling & Schult, 2004). However, their life has continued to be insecure due to natural disaster, limited food supplies, and shocking weather. Illiteracy has caused concerns for them in coping with challenges posed by "Mainstream" or Tagalog society in terms of legal issues regarding land and development methods that threaten their culture and ecosystem and by that their survival as a people. Now the Mangyans find themselves with increasingly less space and still discriminated against (Balajadia, 1997).

Both the Mangyans and the lowlanders emphasize the cultural distinction between the two populations. The lowlanders are regarded as courageous, aggressive and violent, while the Mangyans look upon themselves as peaceful and good-natured people. The contrast in these two settlements has been leading to a latent collective identity of all Mangyans against the lowland settlers. In general the relationship between the settlers and the Mangyans are conflictive and there are no marriages between them, save a very few ones. The lowlanders clarify the Mangyans as uncivilized, arrogant and dirty, even though some lowland settlers could be poorer. Even the Mangyans who live in the lowlands and might have more socioeconomically in common with the lowlands emphasize their ethnic identity. The Mangyans differ from the lowland population in regard to language as each Mangyan tribe has its own language (Helbling & Schult, 2004).

3.4. Issues the Mangyans face today

The Philippines is in the middle of a typhoon belt, usually affected by 15 typhoons and struck by five to six cyclonic storms per year. Further the land suffers from landslides, active volcanoes, destructive earthquakes and tsunamis (CIA, 2010). The bad weather and natural disaster affect the Mangyans on Mindoro hard as they are dependent on the nature to survive. Typhoons strike the island, especially in the northern parts, between August and September. When typhoons hit the island as it does several times a year, they are not well protected behind safe walls and are often victims of bad weather. Further, draughts may strike the island destroying their source of survival leaving them in great distress (Helbling & Schult, 2004).

The Mangyans experience discrimination from the Tagalog society. They suffer the ridicule from childhood to adulthood, the young get easily affected but the old learn to ignore it. Mangyan children are often mocked in school when together with Tagalog children. Further, the Mangyans are looked upon as dirty and smelly. They do not have many clothes and if they have a little money they would rather use it on food. In the mountains this is no problem as there are not many people there save themselves. During the summer season the water hose may dry up and the main water source is far away, and sometimes due to cold weather they do not take a bath. Nevertheless, when they dress this way and goes into town, it becomes a source for ridicule by the Tagalog. The Mangyans are also described as uneducated by outsiders. However, this stereotype is beginning to change as it is becoming more common for young Mangyans to complete higher levels of education. For the lowlanders the Mangyans are looked upon as uncivilized since they do not know most of the ways of the Tagalogs (Bawagan, 2008).

> "We had to hide further up the mountain again yesterday. We heard that the government doctors were in the area looking for people. My cousin says they come with sharp sticks and shove them into your arm. Why would they do that? I remember the old One said it might be a good thing. Someone told him it was to keep the children from getting sick. But how do you know? It could be something very bad." (Davis, 1998, p. 96).

3.5. The Mangyan Women

> "It is time for me to have a wife. I know the one I will choose. She's from the village across the river where my cousin lives. He says she is not spoken for, so after the rice is planted I'll go and bring her here. Why do I want this one? Because she is strong. When I visited my cousin I watched her work. She is not large, but she can dig sweet potatoes faster than anyone, and she can carry five bamboo tubes of water from her headband. Five! She's a quiet one, but she laughs. I would like a wife that laughs. I think she'll want to come with me. The second day I was with her village she made herself very clean in the river and even put a flower in her hair. That's a good sign." (Davis, 1998, p. 50).

In many ways the Mangyan men and women are similar as in identity construction such as knowledge of their ancestors, territory and language. However, gender difference is revealed in the productive-reproductive discourse. The productive roles are performed to produce goods or services for exchange, sale, or to meet the survival needs of the family for instance agriculture. The reproductive roles are activities needed to ensure the reproduction of society's labour force, for instance care for family members, child bearing, and rearing. The reproductive roles are usually assigned to the women, while the productive roles are usually

assigned to the men. However, not all the roles are exclusively female or male as many of them are shared by both (Bawagan, 2008).

When it comes to the work on the farm most of the activities are shared between the women and the men. The children participate in farm work from they are rather young and might therefore often be absent from school in the harvest season. The heavy outside work is left for the men, while the women do less heavy work on the farm in addition to preparing meals and gathering firewood together with other household chores. Further, the women are responsible for selling farm goods in the market when they have enough farm produce. If the goods that are to be sold are too heavy she might require a man to help her carry the products. In addition to this the women weave baskets and plates or other products, either for personal use on the farm or to be sold. The handicraft provides an outlet for their artistic and creative talent. Some women might work as domestic helps in homes of lowlanders and both the women and the men might work on farms for the lowlanders. However, when both men and women are occupied by the lowlanders the man is normally the one getting paid. The older children, normally the oldest daughter takes care of the younger children that cannot work the farm. Some girls might do heavy work like the men if they show better strength. Also in families where there are no men the women have to do the heavy work. Though most of the domestic chores are handled by the women, men also perform these tasks to support their wives, they do it on a regular basis but when the wife has just given birth or is sick they do more (Bawagan, 2008).

When it comes to decision-making that involve family concerns this is shared by the men and women. Both men and women can become leaders of organizations, healers and ritual leaders, though recently most men have held these positions. If the eldest person in the village is a woman, she might be given the task of managing the community affairs. In community meetings women are able to contribute their opinions and suggestions to discussion, though men are usually more vocal. Men are usually responsible for dealing with government officials in the lowlands (Bawagan, 2008).

3.6. Mangyan Culture and Beliefs

> "I will miss the Old One … Everyone knew that he had a powerful personal spirit who would talk to him and sometimes help him. But when he became so ill, the spirits didn't help him. For many days my wife tried to get him to eat some rice or a fresh juice grub. Every night my brother and I gathered around the fire with the others and sang to the spirits. We hoped they would let the Old One live. We

> sacrificed our last pig in exchange for his life. When we were afraid that he might die in the house – if he did, we'd have to burn it down – we carried him out into the forest and laid him on a pile of leaves and built a shelter over him with palm branches. That's where he died. I buried him far away from the house, near the place where he died. I was afraid because it's true that a dead person's spirit can bite you and make you sick enough to die so you will join him. But I wore my string of animal teeth tied together with a bell to keep the spirits away. It must have worked because I'm feeling strong and well, even after staying in the forest for nine days. That's the way it has to be when you are the one who does the burying". (Davis, 1998, p. 67-68).

The Mangyans have initially believed in and worshiped deity and spirits, both evil and good spirits. They were animists and believed in malicious spirits living in trees and rocks and they prayed to inanimate objects such as the spirit in the lakes or rivers. They would sacrifice to these spirits. However, these rituals are different from tribe to tribe. In the Iraya tribe it was normal to promise to sacrifice an animal when a child was sick, and when the child had regained health the sacrifice would take place. Further, they used to have marayaws or shamans, which would look after and heal the sick. Other believes are that when a bird enters your house someone in the household will become sick, or when a person dies in a house they have to burn the house down or the whole household has to move, otherwise, bad luck will always follow them. Some still live in this culture (Bawagan, 2008; Davis, 1998; Ramschie, 2008).

However, several Mangyan tribes have believed what the church is preaching and what science teaches in school, that good health come from good nutrition, and good harvest comes from enough rain, seeds and good land. For many the traditional rituals no longer play a significant role in their daily living. The people living in the lowland are getting influenced by the Tagalog population, while the Mangyans still living in the uplands might have this practice. For the Mangyans, superstition has always been as true as scientific facts, and for some still is. Sickness is believed to be a consequence of misbehaving in places where the spirits reside (Bawagan, 2008; Davis, 1998; Ramschie, 2008).

> "I and my family just worshiped gods in nature. But [the] more spirits we believed, the more we were fearful… The spirits are everywhere in nature. For example, Bukao is a bad spirit. We cannot see him. He is living in the rock, in the spring, in big trees like Baliti and other big trees in the forest. When you roam in the forest and get sick, it is caused by Bukao. So when you go to the forest or jungle you must be quiet. You should not speak bad words. You will surely get sick… When I go to the forest to get some wood or food I will not misbehave there. It is frightening, something might happen to me" (Ramschie, 2008, p 45).

4. Method

4.1. Case Study

"Case studies are a qualitative strategy in which the researcher explores in depth a program, event, activity, process, or one or more individuals" (Creswell, 2009, p. 227). Using case study design enables the researcher to study social phenomena within a real-life setting. The case study has an exceptional ability to preserve the meaningful and holistic characteristics of real-life processes and events (Yin, 1989) and this unique advantage of the approach is particularly relevant for this research to gain insight into the practical experience of NGO workers with the health of the Mangyan women.

This research alone is a single case study as it focuses on one single case. Further it is a descriptive case study as it describes a phenomenon within a context (Yin, 2003). The research group as a whole uses mixed methods drawing on both qualitative and quantitative research in three continents of the world to investigate the *Social Determinants of Health in very poor Ruralities*. However, the qualitative part of the research group uses multiple case study design as the different researchers will apply the same methodology to cases in different parts of the world: Ghana, Tanzania, Canada, and the Philippines. Reports will be available in fall 2010 from quantitative projects in Ghana and Peru and from qualitative research projects in Canada, Tanzania, Ghana, and The Philippines (Bull & Mittelmark, 2010). According to Creswell the researcher using a case study design collects detailed information using a variety of data collection procedures over a sustainable period of time and the cases are bound by activity and time (Creswell, 2009).This case study will use multiple sources of information as key informant interviews, observation, and documents.

4.2. Data Collection

4.2.1. Interview data. The interview data in this study were collected through in-depth semi-structured interviews with key informants having relevant field experience with the Mangyan women on the North of Mindoro. In key informant interviews, a relatively small number of informants are interviewed, and are selected based on their knowledge and ideas that can be solicited by the researcher. *"Simply stated, key informant interviews involve interviewing a selected group of individuals who are likely to provide needed information,*

ideas, and insight on a particular subject" (Kumar, 1989, p. 1). The participants should come from different backgrounds, to avoid one-sided results. However, the informants should be especially knowledgeable on the topic of research (Kumar, 1989).

The interviews lasted from 25-90 minutes and all the interviewees were provided with information about the research prior to the interview (Appendix 2). In some cases when it was impossible to provide the participant with information ahead of the interview, time was set aside in the beginning of the interview for the participant to read through the information sheet and ask questions. The information was provided in both English and Tagalog to ensure that the participant had a good understanding of what the interview was about and that they could withdraw from the research whenever they wanted to without giving an excuse and without consequences. A translator that the NGO uses to translate documents was used to translate the information sheets from English to Tagalog. This was done together with the researcher to ensure that the information was as accurate as possible. All informants signed an informed consent form before the interviews started. To collect the data audiotape recording and field notes were used. All interviews were recorded, as all the participant consented. By using audio recording, the researcher was able to give full attention to the conversation. The informant was then not distracted because of the interviewer taking many notes. However, during the interviews the researcher took notes with focus on nonverbal behaviours, like facial expression. Further, the interviewer tried to make sure to take rapid notes to keep the conversation moving (Kumar, 1989). To deal with the ethical issues concerning recordings the participants were informed about how the recording is being kept in a secure place, for how long, and what happens when the time of keeping the data runs out.

An issue in data collection is that the interviews were in English, the secondary language of both the participants and the researcher. To avoid misunderstanding the researcher worked thoroughly on the interview guide and how to communicate with the participants. Further, the stay on the Philippines lasted three months giving the researcher some time to adapt to the Filipino culture and language. All the interviews were conducted by the researcher. To ensure the data collected was as accurate as possible the transcripts were taken back to the participants to verify accuracy. However, not all of the informants were available on mail or to be contacted, but the ones that were available were contacted. Two of the participants were contacted during the transcription and analysing phase to clarify what they had said.

4.2.2. Observation. While in the Philippines the researcher volunteered and worked with an NGO which included some contact with the Mangyans. Observation in this research was conducted for the researcher to get a better understanding of the Filipino culture in order to accomplish more valid interviews with participants and learn more about the Mangyan culture (Kvale & Brinkmann, 2009).

When observing, the researcher was a complete participant, and concealed the role as a researcher by working with the NGO. The role of researcher was concealed because the role as a foreign researcher would easily create a distance between the Mangyans and the researcher. Further, the observations were only used for researcher to get a better understanding of the culture. Observation field notes were taken in an unstructured way, trying to learn from their culture and things that might apply to the research, trying to avoid letting previous knowledge get in the way of seeing things as they really are (Creswell, 2009). Additionally, during the interviews the participants were observed and notes were taken by the researcher with focus on body language (Kvale & Brinkmann, 2009).

4.2.3. Documents. Documents about the Mangyans have been researched thoroughly throughout this research. Documents about the Mangyans were mainly found in the Mangyan Heritage Centre's library or local bookstores in the Philippines. At the Mangyan Heritage Centre's library all documents, papers, journals or writings about the Mangyans are kept. Some of the documents may only be found at this library (Creswell, 2007).

4.2.4. Interview Guide. To collect the data a semi-structured interview guide was used. Since the researcher had not conducted many interviews before, a semi-structured interview guide seemed like the best choice. Semi-structured is neither closed questions nor an open everyday conversation. The guide included an outline of topics to be covered, with suggested questions. Having some structure guided the interviews, and with semi-structure, it was additionally not bound to certain questions, but allowed open conversation around the topics (Appendix 1). Though the questions provided a guide, the interviews were open and questions were added in response to the interviewee for the dynamic of the conversation. The interview guide was pilot tested before the interviews were conducted. Moreover, the guide was adjusted from interview to interview (Kvale & Brinkmann, 2009). The purpose of the interviews was to understand the perceived determinants of health and social position among Mangyans women, as experienced by NGO workers with relevant field experience.

4.2.5 Interview Setting. The researcher tried to choose quiet and familiar locations to the participants and in most of the cases they were conducted either at their workplace or at their house. In one case a public place was chosen as it was the most convenient for both parties, it turned out to be quite noisy, however this did not seem to bother the interviewee and the quality of the recording was still good.

4.3. Sampling strategy

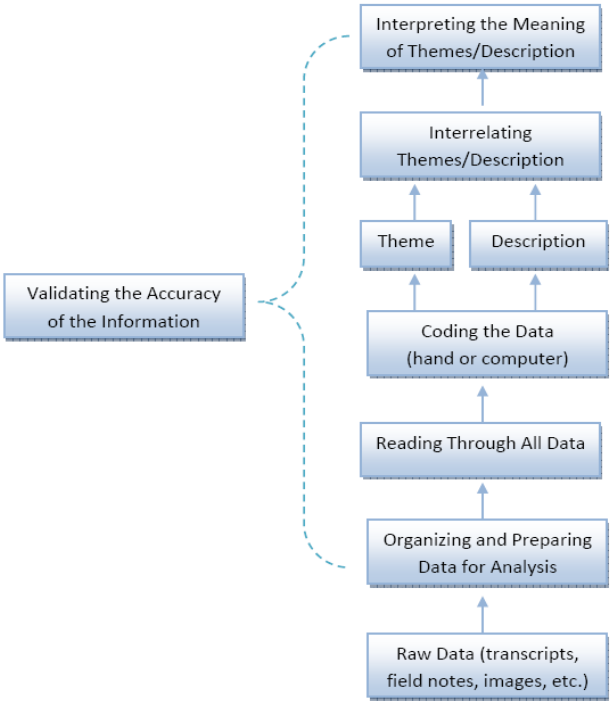
This research draws on key informant interviews with participants constituting a secondary source related to the case. It would be impossible for the researcher to go into the Mangyan villages and interview the women personally. Firstly, most of the Mangyan women do not speak English making language an issue. Secondly, the Mangyans have been tricked and fooled throughout history by foreigners and the Tagalog population leaving them to not trust strangers easily. It would therefore be difficult and time consuming to earn their trust. Finally, there are strict ethical regulations on performing research on the Mangyans. So within the timeframe available within a master's research, interviewing the Mangyans would be difficult. Instead, NGO workers or key informants and secondary sources with field experience, working with the Mangyan women were interviewed. Additionally, this research is part of a greater research team that has framed the research to be of secondary sources. Further, the key informant interview design frames this work to draw on participants from several backgrounds. When using key informant interviews it is vital to collect data from a wide range of people, with different background, such as social workers, health workers, community leaders and so forth, who have the first hand knowledge of the subject in research (Kumar, 1989). The number of key informants was adjusted according to time and recourse limitations in this master thesis.

4.3.1. Purposive sampling. In this case study purposive sampling has been used, were the researcher has chosen the participants believed to be of best use to the study. When choosing the interviewees, a NGO working with the Mangyans in the North area of Mindoro, Philippines was contacted. Together with the president of the Organisation, seven of his employees that had the relevant experience in relation to the study question were chosen. Out of these seven, three of them are from a Mangyan tribe as well as employed in the NGO and are therefore not only secondary sources but also primary sources. This strengthens the thesis because they do not only have experience working with Mangyan women, as they are

Mangyans themselves and can share experiences from their own lives. Further, three of the participants were men, so that a man's perspective as well as women's perspective could be collected. In many cultures men have a different social position than women, and it was therefore interesting to see whether what the men were saying was different from what the women say. Further, using key informant interviews, participants from different backgrounds should be chosen. Of the seven informants, there are a social worker, teacher, nurse, NGO leader, midwife, and pastor. Two of the interviews were held together as it turned out that one of the informants did not understand English very well. However, the two knew each other well and the one translated the questions for the other and translated back the answers to the researcher in addition to giving a personal response.

When travelling to the Philippines the researcher was open for new key informants that could be recommended by the participants already chosen (Kumar, 1989). As a result of this two new informants were interviewed for this study. They both had different backgrounds than the others and long field experience with the Mangyans. A total of nine participants were interviewed.

4.4. Data analysis model



The interviews were transcribed shortly after they were conducted and written in a Word format. All personal information in the interviews was made anonymous and the transcripts were saved on a portable memory disc with password that only the researcher knew. The transcripts were checked to ensure that they did not contain any obvious mistakes that could have been made during transcription. For the data analysis, the linear, hierarchical approach was used.

Figure 3. Data Analysis in Qualitative Research. Creswell (2009) Figure 9.1 p 185.

This frame looks at six steps in analysing the data. The different stages are interrelated and may not always be used in that order. The first step is to organize and prepare the data for analysis, which involves typing up the field notes and transcribing the interviews. The second step is to read all the data to reflect on its overall meaning and get a general sense of the information.

The third step is to begin detailed analysis with a coding process. This involves taking the text data, segmenting it into categories, and labelling the categories with a term. Step 4 is to use the coding process to generate a description of the people or setting as well as themes or categories for analysis.

This involves a detailed rendering of the information about places or people. Using the coding generated a smaller number of categories or themes. The Sustainable Livelihoods Framework was used to categorise the different themes (See 2.4). These themes have been used as the major findings of the study. Step 5 is to advance how the description and themes will be presented in the qualitative narrative. Step 6 is a final step in data analysis, which involves making a meaning or interpretation of the data (Creswell, 2009).

4.5. Role of the researcher

Possible factors that may have biased the research and analysis are firstly that the researcher is from a different country and culture than the context in research. Secondly, the researcher knew the leader of the NGO that most of the participants worked for. Additionally the researcher volunteered and worked for the NGO two months prior to the interviews. This included a little contact with some of the informants preceding the interviews. The researcher knew two of the interviewees before coming to the Philippines. Thirdly, the researcher had no prior experience in doing research using case study and little experience conducting interviews. The limitations are critically reflected upon in the discussion part.

4.6. Timeline of the study

The research proposal for the study was approved in May 2009. The observation data were collected between September 1st and December 1st as the researcher stayed in the Philippines within these dates. The interview data was collected between November 1st and December 1st. The documents and physical artefacts were collected between the end of

October and end of November. The interviews were transcribed and analysed by the end of January 2010. Reporting was finished by May 2010.

4.7. Ethical considerations

To deal with the ethical issues Kvale's four main considerations framework of the four fields of uncertainty, concerning informed consent, confidentiality, consequences, and the researcher's role was used (Kvale & Brinkmann, 2009).

The participants work in a NGO where the researcher is familiar with the leader. The topic of the data collection was not about the work or the organization and so the topic presents no direct conflict to their positions within the company. However, it is an issue that they might not dare to say no to the interview which raises the question whether it is a valid written consent, given freely by fully autonomous people. To deal with this issue the researcher made it clear before each informant signed that nothing would influence their work or relation to the NGO. They were informed that they could withdraw whenever they want to, without giving a reason, and it would under no circumstances influence their work or have any consequences for them. To ensure confidentiality the NGO or the participants will not be mentioned by name or the relation by which the researcher know these people. Nevertheless, to be transparent it will be mentioned that the researcher knows the leader of the NGO.

The theme of this paper is not a theme that raises many ethical issues, as it does not focus on highly sensitive issues. In addition, secondary sources interviewing NGO workers about the Mangyan women are used. If any sensitive issues had occurred during the interviews, the researcher made sure that they were guaranteed the necessary help they need. The NGO they are working for, and pastors in the area, were of service if needed after the interviews.

In all storing, reporting and handling of data it has been crucial to secure the confidentiality of the participants. Written documents and tapes are kept in a secure locked place and all computer storages are protected by passwords.

4.7.1. Ethical Clearance. Ethical approval was granted form both Norway (Appendix 3) and the Philippines (Appendix 3). Using observations might raise some ethical issues. For the observation, villages that were accustomed to visits from white NGO workers visiting

were chosen. Further, there are strict regulations on how to do research on this group. The Mangyan Heritage Centre was contacted and oral approval was granted to conduct the research. They informed that this research did not need a written research proposal for permission as the interviews were with secondary sources and not the Mangyan women. Further, informed consent from the participants and the organization that they work for, were gained as some of them were interviewed in their work time.

5. Result

The results are presented through the different themes emerging from the interviews divided into themes from the Sustainable Livelihoods Model framing this research. Not all themes belonged clearly to one capital. Choices had therefore been made about the most appropriate organization. Education is one theme that all informants highlighted in different ways enabling it to fit under several capitals. Nevertheless, for organizational purpose it has been placed under human capital where it initially belongs and shortly under social capital as interesting facts occurred.

5.1. Natural Capital

5.1.1. Security of land. The Mangyans are the natives of Mindoro and used to have a lot of land that they travelled in and lived in like nomads, sowing and harvesting at different places. As the years have developed and more settlers have come to the island, land has been taken away from the Mangyans. Informant 9 told about a gathering of the Mangyan leaders from different places where they were asked "How was your life ten years ago, how is it now and how will it be in ten years?" After two days the Mangyan leaders had come to an agreement and their answer was:

> "Land is our identity, it is our medicine and it is our life".

Several of the informants talked about how the Mangyans not only use the land for food but how they also use it for herbal medicine. Informant 2 said it like this:

> "They use herbal medicine for many things. They boil leaves and use for disinfection liquid, use leaves in wounds for better healing and for stomach problems. They have used herbal medicine from the beginning and are still actively using it. They would use their own herbal medicine before they would use medical help ".

Because the Mangyans have been illiterate they have been tricked to sell their land for almost nothing. Informant 7 said:

> "Having their own land matters now, they are learning the value of land because some of the children are able to study so they can inform that in the future the value of the property will be that and that. And you are going to benefit from that".

The Mangyans live of the land and the resources that the land provides. Informant 4 said:

> "Working the field is very important for the Mangyans because most of the food for the family comes from the field… They are working the field by planting cassava, camotee, potato, sweet potato, finding root graphs from the fields … They also plant rice, corn and banana".

While informant 1 said:

> "Earlier they moved around on land that "belonged to their forefather's" but they were often in conflict with people who said they owned their land".

Informant 9 said:

> "Mindoro 100 years ago, there were maybe 30-40 000 people on the island. There was no infrastructure and no Malaria. By 1970, there were about half a million people and in year 2000 about 30 years later there were about one million people on Mindoro". "Land is important for both the men and the women. Basically it is their security".

Informant 3 said:

> "Basically [the Mangyans] are peace loving people, like if there are lowlanders that would try to take their land they would rather go to the hills and just transfer. But there are more people who are trying to grab their land and the land is getting smaller".

Informant 2 said:

> "It is so that they wish not to be looked down upon and to be tricked, because that is what happens when they cannot read. They get presented a contract where someone tells them what it says and then everything is not said… They have been tricked enormously when it comes to land areas and have sold that for nothing".

5.2. Physical Capital

5.2.1. Accessibilities of health and welfare services. Doctors and medical help are not always accessible for the Mangyans. For many of them it is far and expensive to travel and though the stay at the hospital and treatment is for free there are many additional financial burdens. Information is also an issue as some of the Mangyans are not informed that treatment and most of the medication is for free or that they are entitled to a lot of public health help as a minority group.

Informant 1 said:

> "The treatments for the Mangyans are for free and a lot of the medication is for free as well. Another thing is that they do not always have the medication available, so that is why they do not always get the treatment they are entitled to. Our social worker are helping them to first and foremost know what rights they have, get the medication that is possible to get from the community, and then give them extra help if they need that. But for example as Mangyans they have the right to get tuberculosis treatment, something that is an expensive treatment. But there are no resources for that, no medication available. So in real life it is very variable the help that they get".

Informant 3 said:

> "Sometimes a burden for them is to have someone in the hospital; because when they are in the hospital although treatment is for free, they still might need to buy extra medicine and they need to buy a lot of things. And then there is the transportation back and forth cost money... They also need someone to stay with the sick person, someone to run errands and someone to go to the proper person like the officials for help".

Informant 8 said:

> "That is one problem for the Mangyans, because it is very far to go to the doctor and they do not have money for transportation and a lot of them do not have information that sick people need to see the doctor or that treatment is for free… they are scared for the doctor and the nurse and some of the people of the hospital".
> "If the illness is very severe and they decide to go to the hospital but it is already [too late]".

Informant 6 said:

> "Very few go to see a doctor because if they go to the doctor then there is no medicine in the centre, so where can they get that medicine, the drugs? So they use herbal medicine… They are worrying. But the problem is that they have no money also. If the doctor gave them the prescription… they cannot afford [the medication]. So that is why they do not go to the doctor".

Informant 4 said:

> "Not every Mangyan think about hospital because we learn from our ancestors that herbal medicines are working as first aid. And if the sick is … not getting well, then we will bring the sick person to the hospital… [Transportation] is also a problem because some of the Mangyan communities have no highway".

5.2.2. Secure shelter and adequate water supplies. Another issue the Mangyan face is the weather forces, which tend to destroy physical structures among other things. Since they are so dependent on their fields for food to survive they are often dependent on the weather.

Mindoro is often struck by typhoons and droughts. Informant 1 talked about the issues the Mangyans met in 2006 when the typhoon *Reming* hit the north part of the island. One village in particular was struck severely. No one died however the entire village was destroyed:

> "…no houses were standing except one house that was partly standing. There was a fear among the women especially that this could happen again… We talked to the elder in the village about what we could do to help them in the establishing phase… they found out what they wanted, what kind of house they wanted".

The entire village was rebuilt and the houses were improved and made to last through another typhoon like this one. Though this particular village was helped, secure shelter is a general issue the Mangyan face.

Another issue is clean water. As the land areas the Mangyans are now living on are getting smaller and smaller the accessibility of clean water is getting scarce. Informant 1 told about one of the Mangyan tribes that had settled in a particular area:

> "They had a groundwater well at the size of a 10 litre bucket that they used to get water. But it was clear that there was a problem with water. Accessibility of water was difficult so we arranged with them to dig out a large container, put down cement rings and were able to collect water in this. We bought a pump and a diesel motor that pumped the water into a pool over the village and then it flowed down to the village. So there was good accessibility to water here after that".

5.3. Financial Capital

5.3.1. Material Circumstances. Many of the informants stated that for many Mangyans material circumstances are not important yet, though it is growingly important especially for the ones who have moved downhill. The Mangyans still live of the trading goods culture. And especially the ones that live in the upland have no need for money or material goods. Nevertheless, the Mangyans living in the lowland have been gradually exposed to civilization and see the need for having a job to earn money to buy things. They learn that their trading goods tradition does not work everywhere and that not all things can be traded.

> "Very few of them have a relation to money. A lot of what happens is that they change one product with another" (Informant 2).

> "It is important with material things, but they cannot afford it, we cannot afford it" (Informant 4).

> "If you have money you will have status among the Mangyans… [They want] to be able to buy the absolute necessary, for example, in several villages we have helped them drill so they can get water, but they do not have soap. And they need to buy basic things like that and it things like soap and clothes etc. they want to have available" (Informant 2).

> "Although they would sort of respect someone with wealth, when I say respect probably if you have more money I wouldn't confront you I would hold back. But that does not mean that I respect you more. So I would just hold back" (Informant 3).

So in a way they respect people with money on the other hand they might not respect them they just would not confront them. Informant 7 put it this way:

> "Sometimes they consider material things because they are just human and it is the same with the civilized group so they look up to that kind of outside material things that a person possesses. In a way just like us other human beings they also cherish possessions. If someone owns a big property, they would have respect because they have the influence. They will get the favour, the favour of other people".

Informant 6 said:

> "A Mangyan woman will have respect if she or her family have property, and some may have a television. Because the Katutubo have no television so they go to the Tagalog to watch. So if they have a television or material things and a good house you can respect that. Also you will have respect if you have property".

Informant 9 said about the Hanunoo Mangyans:

> "When someone has more financial goods than others in the tribe that could be a cause for envy for the others. If I would give someone two t-shirts, they would keep one of them hidden, because two new t-shirts would bring fourth envy in the others. In their culture they believe that others can bring evil spirits to come over you as revenge or because of envy".

5.4. Human Capital

5.4.1. Education. If a person manages to finish an education and a profession it does not only profit the whole tribe but also the person that gets the education. It seems that education is an important factor for good health. Several of the informants stated that many of the Mangyans had bad health status as a result of lack of knowledge. Informant 4 who is a Mangyan said:

> "We need education so that we can learn how to dress and how to clean the body, the house and the family. Because in our tradition we are not cleaning our houses, it is not our style of living that our house is clean. It is ok for us if it is dirty and filthy animals go in and out".

The Mangyans are seeing that education and knowledge will teach them how to prevent certain illnesses and sicknesses and can improve their overall health. Informant 6 said:

> "Right now in our generation, right now they see the importance of education, because many of the Mangyans, many minorities from the upland, they go down to the lowlands".

In the Philippines it is difficult to rise out of the poverty and get a job without an education as informant 6 said:

> "If you have no education it is very hard to get a job".

Most of the parents are uneducated and might not understand the importance of education for their children and are not able to help their children who attend school. Informant 6 said:

> "Until now, 80-90 % of the mothers of the pupils do not know how to read and write".

Some Mangyans are still sceptical to education and new knowledge. Informant 2 told that many of the Mangyan children suffer from intestinal worms and that many of the mothers were sceptical to the treatment because they believed that the treatment would harm the children. Informant 2, 6 and 7 told about one Mangyan girl who had been able to finish school and was now educated and working as a midwife. This girl has now through an NGO been travelling into different villages educating the mothers about hygiene and health. Because she is a Mangyan it seems that she can reach them in a special way and they listen to her. Still Mangyans have a way to go both in understanding of the importance of education and information in relation to health behaviour.

Informant 4, 5, 7 and 8 stated that there was a health difference between the Mangyans with education and the uneducated ones. The Mangyans who had been able to go to school and had been educated about health and hygiene had better health than the others. Informant 8 said:

> "Someone with education would be healthier than someone who does not have education".

Informant 5 said:

> "[My daughter] became famous when she studied, some Mangyans wanted to reach her level".

A problem for the Mangyans is the sowing and harvest season. The Mangyans would in these periods travel for longer periods of time up into the mountains. As informant 3 said the children are good workforce and would be needed. Further, the whole family might be gone for a long period of time making it difficult to attend school in these periods of the year.

> "… in the sowing and harvest seasons the children are often absent. So that is a cause of problem for the minority schools with continuity… And now we have children at the age of 11, 12 and 13 in preschool" (Informant 2).

For the Mangyans that live in the uphill accessibility of schools is a problem. Not all villages have schools in their villages and travelling through the mountains might be difficult.

Education partly falls under Financial Capital as money often is an issue for the children to not go to school or get an education. Informant 1 informed that to go to school is for free in the Philippines, nevertheless, you need to be able to buy the necessary school supplies. Further, you have to be able to read and write to be able to attend school. As most of the Mangyan children cannot read and write and have no parents who can teach them they are dependent on going to preschool. Again money is an issue, as they here as well need the proper school supplies to be able to attend. Informant 8 said:

> "I was sponsored by missionaries. A lot of Mangyans cannot afford education, so I was blessed… Money is main reason why Mangyans do not have an education".

Informant 7 said:

> "For many of the Mangyans their opinion on education is that it would be an additional financial burden to the family".

Informant 3 told about some Mangyans that she knew:

> "They wanted to go to school. They cannot go to a regular school, this is something that they really dream of, make them sort of successful… But they would not be let go because of economic reason".

Further, informant 2 said that often school is not in the neighbourhood and the children might be dependent on public transportation as they have no transportation vehicles themselves and it is too far to walk. To be able to use public transportation you need money. Last but not least to let the children go to school takes away work force that could else be used to help on the farm and ensure food and shelter for the family. Informant 3 said:

> "If the eldest child is a boy, then he goes with the father in working the fields, the rice fields, the corn fields or whatever hard work they have. And then the oldest girl helps the mother, so that is why education is very hard for them. … Normally they have a lot of children because they have this helping-each-other-out for working the field. So if you have 8 children, and say the youngest is five years old, a five year old can already work in the field. So if a family sends out 8 children helping 8 people, then when it is their turn to plough and plant the land they have 8 people helping them… So if they break this circle by sending the children to school it is going to collapse… It is hard for the families to send their children to school and they need to make a lot of sacrifices. Either the mother stays at home and is not able to look for food or that might be a problem. Or if they send only one to school and not the others that might be unfair".

Culture and traditions are important for the identity of the Mangyans. Every one of the eight tribes has their own language. Informant 6 informed that they do not learn how read and write their own language at home as the most of the parents were illiterate.

> "Do [the Mangyans] learn their own language in school?" Informant 6: "No, they only learn Tagalog and English… some of them are worried that they might lose their traditions and culture as well as their language".

5.4.2. Training skills of women. Informant 2 informed that the Mangyan women are known for their handicraft skills. They use palm leafs, forest vines, bamboo, textiles and beads to produce different kinds of products. Informant 9 said that the Mangyans used to make these products for themselves. Nevertheless, they have gradually learned that these products could be sold and they could earn a living. Several Mangyan women are now part of women's groups producing handicrafts to sell and by this are earning some money. Some of the women have started by themselves while others have been helped to start by NGOs or private people. Informant 7 said:

> "Having a skill means that they are really healthy mentally and physically and that they are able to do things like that. And that is also something that other women look up to. Because they have good health conditions so they are able to do many things and they earn from it".

Informant 2 said that the women in the tribes that are not part of the women's group might be a little jealous. As these women are producing something, and at the same time they are able to earn a little money to buy products for the family that cannot be traded with goods. Further, several of the informants said that having a skill and using that skill was important for the overall health. It showed that the women were skilful and talented. Informant 7 said:

> "Being in a women's group is something that boost their self esteem. That means that they feel they are already involved and they are participating in this work as a women. They also get more respect from the other women…You will have more respect from the others in the village if you have a skill because then the others can see that you are really talented"

Informant 2 is working together with some Mangyan women in a livelihoods project. She said:

> "Lately I have gotten a lot of requests… that there are a lot more that wants to join and be a part of this. They see that these women produce something and that they are paid for what they do and that it is something that is lasting and that it is not only one time and not more. But now it has been going on for several years".

Informant 9 said that all the women had skills, but in different areas and because of this they were all equal and no one was looked up to more than the others.

5.4.3. Health Status. Informant 2 talked about how the health of the Mangyans and their families were important for feeling happy and thriving. Further, the opportunity to get help when someone fell sick made them glad and thankful.

Informant 7 said:

> "They live form hand to mouth so it is not in their mentality to worry. However, when sickness occurs that is a cause for worry… Those who are in the lowland have more worries than those in the upland. They do not think about those things since it is only themselves they are interacting with. But in the lowlands they are interacting with several kinds of people. That is why they start to worry".

Maternal health is an issue for the Mangyans as they often do not have health professionals available when they are giving birth. Informant 5 said:

> "Most of the Mangyan mothers are living in the mountains so it is also one way that gives them worry, getting help to deliver the baby.

Informant 9 said:

> "… they might be pregnant in the ninth month and then they go out alone because they have something that needs to be done. Then they bleed to death in the pathway. There are too many maternity deaths."

Informant 3 talked about the physical condition of the Alangan Mangyan women:

> "… they have a lot of physical illness because the women … have these baskets where there is a strap that they put on their forehead and they put the cassava, sweet potatoes, and the long knife. Everything goes in there so it is very heavy and of course when they carry these heavy things back home it causes a lot of back pain… They also suffer from ulcers because they do not eat very well. Actually it is not lack of food because they can get food when they want to it is just that when they work in the field they forget to eat and they would rather chew roots rather than cook so it is a habit. And so they have ulcers. They also have malaria, TBC; those are common and general diseases".

5.5. Social Capital

5.5.1. Education. Social capital does not normally cover education, however for the Mangyans it seems that it does. Several of the informants noted that education was important not only for personal achievement but for the entire village or community. As the Mangyans have been discriminated and tricked for years education for one in the village helps the whole village. They do not want to be looked down upon, but that is what happens when they cannot read and write. As informant 2 said

> "They have easily been tricked as some of them do not know the difference between 200 000 and 2 million".

When someone in the tribe has gone to school and learned how to read and write that person can help the others in the tribe to make sure that they do not get tricked. Informant 1 said:

> "Because they are uneducated they have been tricked into dept and poverty by others. They are uneducated, that means they are easy to trick economically. They are tricked on prices when they are selling their products, they are tricked on land areas, and there are so many stories on this. They have a disappointment when it comes to this, which makes them sceptical to others".

Education is at the verge of break-through among the Mangyans. Several people start to see the importance of it and how it can help them, though some still think that education is a waste of time as it cost money and it takes away valuable workforce. Informant 2 said:

> "I believe that they are very proud over every Mangyan that manages to get an education and manages to get accepted among the "normal Filipinos". They would listen to such a person in a special way, even if it is a woman. At the same time I believe that they the same as every general Filipino that if you have education you will have status".

Informant 5 said:

> "I think the Mangyans feel very happy when they are educated. Education is very important. When they have education everything else will follow like cleanliness. One of the reasons the Mangyans are still poor is because they are uneducated".

5.5.2. Social Position. When it comes to social position some of the informants said that social position was important and had an effect on the health, as informant 7 said:

> "If you are in a high position your health should be in good condition. Because they will also make a judgment if you are not in good health you should not be in that position".

Informant 3 said that if a woman was in good health, had a good personal character and behaved well she would be respected by the other women and men in the tribe. Further several informants said that if a parent had a child that had gone to school, managed to get an education and a job, the child and the parents would be respected in the tribe as informant 6 formulated it:

> "If a Mangyan graduates from high school she is respected".

Informant 7 said:

> "The family will be very proud of someone who has gotten an education. And with an education you also get respect in the village"

Informant 7 continued by telling about a Mangyan girl she knew who had managed to graduate, studied and now has a job.

> "They look up to her, even to her parents. They are respected by the others".

Many of the Mangyans dream of going to school and become successful as informant 3 said:

> "A major cause for a Mangyan woman to have respect would be if she is educated, and can read and write. It is a really big thing for them to be able to read and write. And that is something that can give them a lot of respect… So they can get a lot of respect first by the kind of education they get. When I say education it does not mean just formal education but it is that they read well, they write well and they do their studies well".

Further, the Filipino custom is to have and show respect for people that are older than you. Informant 8 informed that if you address a women that is older than you would call her ate (big sister) and then her name, if you address a man you would call him kuya (big brother). According to several of the informants this custom of respect for someone older than you is also among the Mangyans.

> "They respect the older, especially the Mangyans. They always call kuya and ate, it means respect".

Informant 7 said:

> "They have respect for older people because they are thinking that they have more experience and more wisdom".

Informant 6 said:

> "They respect the older… What the older tell them they follow, even in election if the older tell them told you must vote this man, they follow… As well in marrying. If the mother or the father or the grandfather or grandmother told they must marry this one, so they follow."

Only one of the informants, informant 9 said that social position was non-existing among the Mangyans. This informant was working with different Mangyan villages in a different location than the others. He informed that if for instance two families had a quarrel and there was a misunderstanding they would use the elders to judge in the case and that elder would during this time have absolute authority. However, when the case was finished they would all go back to being equals. The elders are chosen by the tribe by looking at his or her life, whether he or she has a good personality and can settle problems in a good manner. Informant 9 also said:

"They use the first name basis. They do not use ate and kuya".

Another reason for respect and social position is family relation to someone in a high social position. Informant 1 said:

> "The wife of a leader in the village would be considered to have a higher social status and position among the women in the tribe".

Informant 2 said:

> "If you are a man you are higher up in the hierarchy than women, and if you are married to a man that is high in the hierarchy you as a women also gets higher in the hierarchy".

Informant 3 said:

> "If you are married to someone with a high social position and the highest position in the area where I live is the pastor. If you are a pastor's wife they expect something of you too, they respect you"

Informant 8 said:

> "If the parents are leaders the children will also get respect".

Informant 3 said:

> "You will have more respect if you behave better rather than money and wealth. They do not measure respect by how much you have but rather how you behave as a person".

5.5.3. Social relationship and social ties. Family is important for the Mangyans. The different villages often consist of extended family living together.

> "You know in the Mangyan culture children is an important part of our lives because a family can only be happy if there are children in the home" (informant 4).

> "For the older Alangan women their concept of what is successful is that as a mother or as a parent they have lots of children" (Informant 3).

Informant 8 said:

> "If the family is doing well the mother will also be doing well".

Informant 7 said:

> "… those who are exposed to the lowlands and to the civilization are practicing proper hygiene already and the family planning. They are more happy, because last year and several years ago we had introduced… sterilization. There some participated. This year I met some of them and they are really grateful that they participated…. So now their children are already three or four years old and they are not anymore worried that they will get pregnant again. So they are able to help their husbands also. They are now working in the farm without worry that there will be another child that will come".

5.5.4. Social activities in the household

> "… it is the women that look for the everyday food, for the food that may be put on the table. That means she is the one that has to take care of the cassava plants or the sweet potato plants or she needs to find some vegetables for the family to eat" (informant 3).

The researcher asked informant 7 what a normal day for the Mangyan women would be like. The response was:

> "It will be taking care of the children, cooking, preparing some food for the family… They are both [men and women] going up to the mountains to get cassava, sweet potato and then work in the farm".

Informant 3 said:

> "They toil the land, look for everyday food, and of course giving birth is a very hard thing to do. It takes a lot from your body… But they do not feel disadvantaged, they feel ok. They feel that they are fine, "I am successful as a women because I am able to do what I am supposed to do"".

5.6. Cultural Capital

5.6.1. Religious Beliefs. Belief is something that has always been important in the Mangyan culture. In the "old ways" the Mangyans believed in evil spirits that controlled the circumstances. Still many Mangyans believe and live in these old ways. Because of the many missionaries that have been travelling to Mindoro and worked among the Mangyans, many of the Mangyans are now Christians and have aborted the "old way".

Informant 9 told that in one tribe if someone was sick it could be because someone had cast a spell on that person. The Mangyans living with the belief in the spirits are in many

ways controlled by these spirits. They have to always make sure that they please the spirits, because if they angry the spirits evil things might happen to them. He continued b saying:

> "Culture and belief system is like a weaving, you cannot take something out, and that would destroy the fibre".

Informant 2 said:

> "The Mangyans who believe in the evil spirits it has to do with amulets and spirits. They are controlled by what to do and what not to do that makes them extremely drawn back… there is a lot that binds them because everything is so dark… The ones who have received the gospel have also received parts of civilization that further opens up to more knowledge. They are for example more willing to receive medical treatment. They might be more willing to see a doctor instead of putting boiled leaves on a broken bone".

Informant 4 said:

> "The unbeliever Mangyans when they get sick … they are going to the witch craft doctor getting medication from them calling the evil spirit to heal the sick."

Informant 9 said about the Buhid and the Alangan tribes:

> "…when somebody is dying the evil spirit is really near waiting… so they run away. They are left alone to die. They run away and the house or hut, nobody will live in anymore… if there is a sickness then the whole settlement moves away for half a year or a year and then they come back… With the Alangan, if the husband dies the woman has to stay in the hut for one year. They would bring food [for her]. And if there would be noise maybe a visitor coming, [she] could not look at them, she had to put a cloth over her head for when they were there. She could not go out, maybe a little but not much".

Informant 9 continued by saying:

> "The Hanunoo die easily… If the name [of the dead] is spoken out they are there. Then they go back to the heaven and the evil spirit could come in disguise as a good spirit and say here is the way and then they get lost".

Informant 2 said:

> "I believe that they see more and more that medical help can save them and that they are working more towards it than before. I think earlier fate belief and stuff like that was more important that if something happens it happens and it is supposed to be like that. So that they have been controlled by [fate].

Informant 3 said:

> "… the difference between the [Christians] and the non believers is that the non believers continues to live in the area of the hills while the believers have learned how to adapt, though it is very slow"

Informant 6 was talking about how the Mangyans living in the old religion believed in magic oil that could be applied on sick parts of the body.

> "But with the believers, the Christians, they are going to the doctors, because they do not believe in the magic oil".

5.6.2. Culture. Informant 1 told about his experience working with the Mangyans in rising up a village after the typhoon destroyed it.

> "But we told them that if they had a wish to function in the big society they should learn how to relate to working times. Because one of the reasons why some would not hire them is because they were not reliable, suddenly they were gone. Then they were up in the mountains some days to fix things without giving a notice. So they were looked upon as unreliable, but that is not what they are. It is just that they have a completely different way to think about time and a different way prioritize".

Later in the interview informant 1 said:

> "It is important for them to take care of their own culture and traditions".

Informant 2 said:

> "I believe that there could be a danger for losing their culture is the Tagalog are in control and that they want them into a certain form… I think it is very positive that they have their own grouping that focuses on the Mangyan people".

Informant 7 said:

> "… some of those who live in the upland are worried that if they more down they might lose some of their culture and that is why they do not move down".

5.7. Symbolical Capital

5.7.1. Religious Beliefs. Informant 2 talked about how the Mangyans who still believe in the evil spirits use a lot of amulets. Further, Informant 7 said:

> "If a child is always sick they will sacrifice a chicken and they will believe that the blood of the chicken will help cure the disease of the member of the family".

The blood of the chicken seems to have a symbolic meaning for the Mangyans belonging to the traditional belief.

Informant 9 said:

> "When someone dies in the tribe someone courageous in the tribe go to the mountain with the body. On the way they make a bridge if there is some kind of water. They go over the bridge and throw the body there. Then they go back and do not look back over their shoulder. The go over this artificial bridge and the last one destroys it so that the evil spirit cannot follow them".

The artificial bridge and the destruction of the bridge seems to have a symbolic meaning for the Mangyans as when they follow this ritual the evil spirit will not be able to follow them back to the village.

5.8. Political Capital

5.8.1. Discrimination. Informant 1 said:

> "…it is a challenge because even when they are having their gatherings where they have to travel long distance for and have to take a bus they experience it as problematic because they notice that they make reactions in others and they are aware that their hygiene is so that they are not valued by others".

Informant 4 said:

> "I think that if you put it in our daily living some are happy and some are not happy because we feel that we are, the Mangyans, are discriminated by the lowlanders. Sometimes we feel that we are not important, the lowlanders are more important than us and that there is no hope for the Mangyans".

5.8.2. Independence. Informant 1 has much contact with the Mangyan leaders and noted that independence was getting more and more important for the Mangyans. Their independence has in many ways been taken away from them

> "I believe that the freedom and independence is important to them. And that is something that is there from the nomadic element in the Mangyans. That was at least

the melody we were played over and over again… I think what is important for them is that they have the right of self-determination and that they have freedom. That is something that has been repeated in our conversations and communication with them. The whole process that we were in, every meeting we had with the village, with the population, not only the leaders but the old men stood up and said that it is so important that we do not become dependent with an organization or anyone else. We must take care of our independence we must take care of our independence".

6. Discussion

There seems to be several important perceived social determinants of social position and health among the Mangyan women of childbearing age. The informants mentioned a number of determinants. However, three determinants seemed to stand out throughout the interviews. Social position is one determinant that the informants had contradicting thoughts about. Education is the one aspect that all informants stated as highly important. Religious beliefs seemed to have an effect on the overall health both positively and negatively. These issues will be critically discussed in this chapter. Finally the method used in this study will be discussed.

6.1. Social Position and Status

Literature and research conducted on the relation between social position and health show a close connection between the two (see 2.4). Education, income and occupation are normal indicators of an individual's position on the social ladder. Most of the Mangyan women in childbearing age have no education, no income measured in money, or an occupation where they are employed by others earning money. They live of the land harvesting their food, finding timber in the forest for shelter, herbal medicine for illness and everything they need they provide through the land they live on (see 3.5.). Still there seems to be a social gradient in their society and this gradient seems also to affect their health. Most of the informants talked about the gradient and how the Mangyans can earn respect either by education, skill, age, their personality or relation to someone with a high social position (see 5.5.2.). Informants stated that there was a close relation between social position and health that people respected in the village would have better health as a result of the respect.

Through education, skills, personality, and respect for age, human capital seems important for social position. Relationship to others of high social position shows the importance of social capital. Social and human capital has traditionally been essential, however, now material wealth, through financial capital, is growing in importance.

Education seems to be an important factor increasing social position as most of the informants stated that education would bring respect from the others in the village. Several informants told about a Mangyan woman who had managed to get an education and a job and how she was respected in her village. Further, others wanted to reach the level of the ones that were educated. Nevertheless, most mothers in childbearing age did not have an education as

only recently the parent generation is seeing the importance of education and sending their children to school. Zimmer (2008) states that in some poor societies, education is not a good indicator for SES. As most Mangyan mothers do not have an education it seems that education would not be a good indicator for SES yet. Nevertheless, most of the informants focused on education and the effect on respect and health. As there is a shift going on where more Mangyans are realizing the importance of education, and more children are attending school, there might be a difference some years from now, where education will be an important indicator to SES for Mangyan women.

Some of the informants stated that having a skill, such as handicraft work making necklaces, bags, and so forth, would give a women respect from the others in the tribe. Some of the Mangyan women are part of women's groups producing handicraft and by that earning a living. One informant said that the women in these groups were respected by the other women and that there were many more women that wanted to join this women's groups. Further, one of the informants said that all of them had skills on different areas and that no one of them where respected more than the others because of that (see 5.4.2.). This might indicate that it is because of they are earning a money from their skill that they are respected. However, if this is because the women are having and using their skills or whether it is because they earn a living from their skill they are respected is yet to be known.

One informant stated that personal character and behaviour were important for Mangyan women to earn respect from the others (section 5.5.2.). If a Mangyan woman had a good personal character she could get a higher social position. A Mangyan woman was considered having a good personal character if she behaved well, did her chores well, acted properly in relation to men, was hardworking, and if she was a student, did her studies well.

Bull & Mittelmark (2010) says that income and occupation might not be relevant indicators for SES in some poor rural areas. Income and occupation seemed to be increasingly important for the Mangyans living in the lowlands as they are gradually being influenced by the Tagalog society. Some informants stated that material wealth were of growing importance for the Mangyans (see 5.3.1.). Further, one informant said that wealth would bring status and respect among the Mangyans, while another said that wealth would bring jealousy. Though wealth might be of growing importance for the Mangyan women, it might still be a poor indicator for socioeconomic status as most of the Mangyans have little or no relation to money. It seems more important to them having land, as land was their identity and their source of survival. Most of the Mangyans work by sowing and harvesting their fields and have no additional occupation. However, some Mangyans in the lowlands have been

influenced by the Tagalog society and have gotten an occupation. Still the majority work of the land.

Another reason for respect was being related to someone with a high social position in the tribe. For the Christians the highest social position was becoming a pastor. For the Mangyans living in their old religion the highest social position is becoming a shaman (Bawagan, 2008). The wife of a pastor or shaman would then be respected in the tribe and have a higher social position than the other women in the tribe. Further, the parents of someone with an education would be respected. The Mangyans have respect for age. The elders in the village have great power and influence and if an elder says something the whole tribe will listen. This goes for elections as well as in marriage and other important choices that the Mangyans have to take. The respect for age goes throughout the tribe from the youngest to the oldest. If they address someone older than themselves they use polite titles such as big sister or big brother. Further, they would often ad the word "po" or "opo" at the end of a phrase or sentence as a sign or respect (Ramschie, 2008).

On the other hand, in section 5.5.2, one particular informant stated that there was no social hierarchy among the Mangyans and that they were all at the same level, all were equals. In conflicts they would elect someone who would in that particular case have authority. However, when the case was over they would all go back to being equals. The same informant said that the Mangyans did not have leaders and again stated that they were all equals, while other informants talked about Mangyan leaders. Though this one informant had experience with a different tribe of Mangyans than the other informants, it was interesting that his observations and experiences with the Mangyans were so very different than the others.

The findings of this study indicate that education, occupation and income are increasingly important determinants of social position among the Mangyans. There appears to additionally be other influences on social position among the Mangyans such as personal character, relation to others in a high social position, age and skill. Further, it seems that there is a difference between the different Mangyan tribes as well as a difference between the different local villages when it comes to social position and health. This represents a caveat against common practices of generalizing findings across regions, and even between areas within regions.

6.2. Education

Education was the one topic that all the informants stated as important factor for thriving and happiness among the Mangyan women. As the Mangyans are getting more information they are realizing that they need money to buy certain products like soap, and tools and maybe a caribou (water buffalo). Education will raise their understanding and knowledge that again would raise their dignity and self esteem. Several of the informants stated that there was a shift going on now, that the Mangyans were increasingly realizing the importance of education. The children that managed to get an education were respected and looked up to by the others in the tribe. Further, education might help raise the standard of living for the Mangyans. They might learn about hygiene, sanitation and other important information that can help prevent illness and disease. Such health knowledge is regarded as part of human capital. Further, education might help them against discrimination and raise Mangyans' status in the view of other Philippine groups. Numeracy and literacy might protect them from being tricked by the Tagalog population and might help them out of poverty.

When meeting Filipinos they are initially smiling and outgoing. Meeting the Mangyans as a foreigner is quite different. Though they are a particularly friendly people they are in many ways shy. Education might help them to stand up for themselves.

Most Mangyan women in childbearing age do not have an education. However, the few ones that do have an education are thriving and respected among the other Mangyans. Further, as it seems that education is in general become more important for the Mangyans more women will get an education.

Education is normally considered part of human capital, together with skills and ability to labour (section 2.3.1). However, in the Mangyan culture education is also closely connected to social capital, as education of individuals benefit the entire village. Though the individual will benefit for himself, the benefit of the whole community might be just as great. As the Mangyans have been tricked throughout history of properties, work labour and so forth, they do not easily trust people and many villages have isolated themselves from the rest of society. However, with someone in the tribe who is able to read and write they might avoid being tricked and make deals that profit the whole community. Bawagan (2008) tells about how the villages would not make deals without the educated among them reading and talking through the deal.

On the other hand if the Mangyans are educated they might lose part of their culture and their way of living. The Mangyan culture is to live of the land, and it is the way they have been living for centuries. The Mangyans that have been able to get an education and a job

have adapted to society and the Tagalog way of living are respected in the village and the other Mangyans want to reach their level (see 5.4.1). The Mangyans dress differently, behave differently and live differently than the Tagalog population. It is likely that education might help lift the Mangyan community out of poverty and discrimination. Nevertheless, it might cost to lose part of cultural capital for education. The Mangyans that live in the upland and are not used to interaction with other people fear that if they move downhill to get an education they will lose their culture. There might be a trade-off with a risk of losing out on some aspects of cultural capital in order to gain human capital.

Conway, Wood, Dugas &Pushkar (2004) write that women are more worried than men. Further, Patel, Araya, Lima, Ludermir and Todd (1999) writes that women in low to middle income countries, with low education and poverty were strongly associated with mental disorder. One of the informants stated that the Mangyans living downhill and that were interacting with other groups of people such as the Tagalog population, worried more than the Mangyans living isolated in the hills. As the Mangyan way of life is from hand to mouth, living in the lowland and learning about other ways to live and being further away from the fields teach them how to worry. With education and knowledge comes the awareness of all that is lacking, and that might be a cause of worry. This might especially affect the Mangyan women as the responsible for the household.

Bawagan (2008) writes that indigenous people and traditional cultures have had varying impact from formal education. New ideas and values are brought to the children from modern education that keeps them apart from their traditional beliefs and values. Instead of participating in daily activities of the ethnic community, such as rituals and farming, the children now spend more time in school.

History shows (see 3.3. and 3.4.) that the Mangyans have repeatedly been disempowered by initiatives trying to educate and modernize their communities. According to health promotion principles of empowerment and participation the Mangyans need to see for themselves the importance of education and not be forced into it. In the book *The Spirits of Mindoro*, Davis (1998) tells about how the Mangyans were afraid of the Tagalog because they came and took away their children for school:

> ”It was because of the children that we moved. They were not safe. In the village below us, while the parents were gone, police came and took two children away to live at the government school in town. They just took them! They have built a house where all the children live while they are away at school. But we want them to be with us, and we need them to care for the little ones while we are working in the sweet potato

> fields. Tell me, how does the school help them understand Mangyan ways? That is what's important" (Davies, 1998, p. 76).

The experience for the Mangyans was brutal and for many of them that is the story that is being told about education. Education is something that has been forced on them, giving the feeling that they are not good enough and the impression that others want to change them. Further, in the schools they learn how to speak and write English and Tagalog but their own native language are not taught. There might be other ways of offering school for the indigenous people so that it does not disempower them and take away their culture.

The objective of human capital is high-quality information, education, training, technologies, and better health and nutrition. DFID (1999) says that if human capital is prevented, for instance if children are prevented from attending school because of social norms, then indirect support to human capital through changing of culture and norms that limit access to education or reform education policies will be important. Education should be relevant for and based upon a broad understanding of the livelihood strategies of the poor. Health promotion focuses on empowering the individuals. Empowerment in the school setting represents the teachers' and students' ability to gain greater control over and understanding of social, personal, political and economic factors that affect them. Education programs should be sensitive to local social and political realities (Simpson & Freeman, 2004).

Klaus (2010) writes about education in Papa New Guinea in relation to indigenous people where they had focus on their culture and native language in the education. They made a link between the teaching and cultural conversation, identity and pedagogical effectiveness. They had an especial emphasis on enhancement of their national identity, traditions, culture and language. They used the local leaders and parents to help teach the students. Klaus writes that this way of conducting education among the indigenous groups was highly effective as the children both learned their own culture and language and compared to earlier they learned English faster as well (Klaus, 2010).

It seems that fear of losing the culture is one of the aspects that hinders the Mangyans from going to school. It might not be right to put pressure on them to attend the normal schools. Maybe it would be better for them to have more teaching related to their culture, traditions and language, which additionally would be a more health promoting way of educating.

Still, there are many issues that arise related to education. The Mangyans have had a nomad way of living (see 5.4.1) where they might travel for days, or even months, up in the mountains in the sowing and harvesting seasons. On the farms all hands are needed and the

children represent important workforce to make the family survive. When they are travelling the whole family might be gone for days, so the children cannot be left behind to attend school. That means that for the children to be able to attend school they have to able to miss big chunks of the school year. The Mangyans have found a circle where the children help out on the farm and if one or all of these resources are taken away the circle will collapse. The way they have been living is a part of their culture and education of their children could threaten their culture and way of living. Seen through the eyes of a foreigner it is easy to say that they should all have education. However, that might not be what they themselves believe is best for them.

Another issue is that the children might have to travel a distance to get to school, and it might be too far to walk leaving them with the only option of public transportation that cost money. In part 5.4.1, one informant says that education is for free but that the children normally have to have school supplies to be able to attend school. Financial capital is an issue for the Mangyans as money is scarce, and might have a negative effect on education. There might be funds, scholarships or NGO's that are helping, however, these opportunities might not reach all children. Financial circumstances might then be a burden for the parents who want to send their children to school.

Without education you will not be able to get a paid job in the Philippines. If the Mangyans want to get a paid job it will be very difficult for them to get a job. There is a 7.5 % unemployment rate in the Philippines (CIA, 2010). As the Mangyans are generally looked down upon they are not likely to get a job without education.

From a western perspective it would be highly health promoting for the Mangyan women to get an education. Through modernization some aspects of the lives of the Mangyans could be improved. However, there is a dilemma when modern and old traditions meet. From their point of view it might take away their way of living which is important for them. Further, there are many issues that need to be highlighted in order to meet the Mangyans on their premises where they can both get education and at the same time learn about their own culture and traditions. Culture appropriate ways of providing education for rural nomads is a topic of interest for future research.

6.3. Religious Beliefs

There are many studies that indicate a relationship between health status and religious beliefs (Kalliath, 2000; Koenig, Hays, George, Blazer, Larson & Landerman, 1997; Idler & Kasl, 1997; Park & Cohen, 1993; Pargament & Hahn, 1986). In two large studies of House,

Robbins and Metzner (1982) and Strawbridge, Cohen, Shema and Kaplan (1997) a relationship is found between church attendance and lower mortality in women. There is an ongoing discussion in both media and among academics about the relationship between health and faith. Newspaper articles uses tabloid titles such as: "Doctors report: Faith *can* heal you"; "How faith keeps you well"; "Add Years to Your Life: Unlock the Secret Healer Within" and similar. Most public research has focus on the positive relationship of religion to health and hardly ever negative relationships or no association was found (Koenig, McCullough & Larson, 2001).

Many of these studies focus on church attendance and as the Mangyans initially live in a primitive way, Church attendance may not be the way to measure religiousity. However, though they might not have the kind of church attendance measured in developing countries they still have faith; either Christian or their ancestral faith, and it seem that religion for them has an effect on health.

Bull & Mittelmark (2010) found that depending on various religious practices and beliefs, religion introduced both protection and risk. Traditional beliefs included increased poverty due to perceived obligation to sacrifice resources and fear of punishment from the spirits. However, at a personal level religion was a protective factor as it brought peace and hope, and helped women through difficulties due to their belief in a higher order. The Christian faith was reported to engage the husbands in the wellbeing of the children and wife.

The initial belief of the Mangyans is an old belief in spirits (see 3.6). Many of the stories told to the researcher about this religion were of the Mangyans being bound by these spirits and how they controlled their lives and everyday life (5.6.1). Early missionaries came to the island with focus to reach the Mangyans with the Christian faith (Helbling & Schult, 2004). Today many of the Mangyans are Christians and have left their old religion though there are still many villages up in the mountains that live in the old ways. One of the informants told about a Mangyan that had become a Christian recently and that person had said that it was a relief to leave the old religion. She had felt trapped and miserable but now she felt free and happy. One couple that had practiced in the old religion earlier had killed their firstborn child as the religion demands to ensure the safety of the coming children. However, this couple was not able to have any more children and especially the mother lived with a constant grief over her murdered child. Many years later when she became a Christian she felt relief from the burden and the guilt she had been carrying since her child died and she was able to forgive both herself and her husband for letting that happen to their child though

their traditions required it. Some of the traditional rituals seem to be especially difficult for the women.

On the other side the introduction of Christianity to the Mangyans has slowly changed their traditions and culture. Even if most of the informants stated the positive effect on the Mangyan Christians and their health, some of the informants stated that some of the Mangyans feared losing their culture and traditions. And one informant said that belief and culture are closely connected and you cannot take away one without destroying the society. Whether, the Christian faith has had a positive effect on the Mangyan culture or is slowly making the Mangyans lose their culture is yet to be discovered. Further, whether it is the Christian faith or it is the adaptation to the Tagalog society that has had a positive effect on their health is additionally a question that needs further research. Though most of the informants stated that being a Christian made a health difference for the Mangyans, most of the informants were Christians themselves giving this issue a state of conflict as they might not be able to be objective in the matter.

According to Musgrave, Allen and Allen (2002) the Christian belief is viewed as an extension of the cross of Christ. The extension shows itself vertically, through a surrender to God's sovereignty and through a recognition of God's love and justice, and horizontally, through an extension of God's kingdom by sacrifice, service and compassion in the world. A Christian is a part of the sovereign, active, and saving activity of God. Further, God's intentions of health and wellbeing as the ideal state of humankind are highlighted in the Christian worldview.

When the researcher asked about the difference between the Mangyans who believed in the old spirit and the ones that had become Christians they talked about how the Lord had saved them, given them a much better life and freed them from the evil spirits that bound them. Further, they said it had improved their health. A potential explanation for this is that the Christian faith has a positive and encouraging focus on redemption and freedom for the bounded in contrast to the old religion where they in many ways are bound by the evil spirits and have to please the spirits. There is support for a health effect of Christian faith compared to Traditionalist and Moslem faiths in poor ruralities in for instance Ghana, in studies using qualitative as well as quantitative methods (Bull & Mittelmark, 2010; Gyimah, Takyi & Addai, 2006). However, most of the informants in the current study were Christians themselves resulting in a one-sided perspective in the data collected on this topic.

Religion has mainly been showed to have a positive effect on health. However, in the case of the Mangyans it seems that their old religion might have also had a negative effect on

them as they in many ways were bound by their religion. Further, when bad things happened it was because they have not pleased the spirits. When someone in some tribes died the whole village had to leave the area for at least a year so that the evil spirits would not take them. In some of the tribes the dying were left alone in the forest to die again as a result of fear for the evil spirits. If a child was sick the parents might sacrifice their last chicken to the spirits and be left without meat. From a health promoting point of view it seems as if this religion affects their health in a negative way.

The results from this study indicate that religious beliefs have an effect on the health of the Mangyans. At the same time there seems to be an important difference between the Christian Mangyans and the Mangyans still living in the old religion and their effect on health. The Christians seem to be of better health than the other Mangyans.

6.4. Methodological discussion

Validity is "*the strength and soundness of a statement; in the social sciences validity usually means whether a method investigates what it purports to investigate"* (Kvale & Brinkmann, 2009, p 327). Further it is *"the extent to which an account accurately represents the social phenomena to which it refers"* (Silverman, 2005, p. 380). Validity strength in this research is that an approved interview guide was used. The interview guide was approved and used by the supervisor of this study prior to the interviews. The interview guide was pilot tested by the researcher and all the interviews were conducted by the researcher. To ensure the participants views were correctly expressed in the transcribed the transcripts were shared with the participants for them to determine whether they felt that the description and writing was accurate. However, not all of the informants were available on mail or to be contacted, but the ones that were available were contacted. No one of the informants responded with comments.

One threat to validity is the limited understanding the researcher had of the Mangyan culture as she was from a different country and culture herself. However, the researcher spent a three-month period in the field, where some of the time was spent with the Mangyan women. This helped the researcher to gain a better understanding of the phenomena studied and allowed for observations from the field as an additional source of data. Despite this, understanding a different culture is a complex matter and cannot be achieved to more than a very limited level within three months (Creswell, 2009).

Another validity issue is that secondary sources were used in the research, through key informant interviews. The use of secondary sources might be both a weakness and strength. A weakness is that the informants do not have the first hand knowledge and what they know and observe have been influenced by their background and previous understanding. Though they are key informants in this area and have experience working with the Mangyans, they are still informing about a different group of people then they belong to and they will not be able to know everything about them. However, as three of the participants are from the Mangyan tribe and observations were used for personal understanding of the culture it strengthens the research. Strength of using secondary sources in this thesis is that it would be difficult to get information directly from the Mangyan women. Since the Mangyans in general are sceptical to new people it would be time consuming to gain their trust. Further, the researcher does not speak their language and there are strict regulations on how to do research directly on the Mangyans, making it difficult to manage within the time limit of a master thesis. It is strength to the study that the informants all have different backgrounds and different relations to the Mangyans. Additionally, it strengthens the research that different sources, such as key informant interviews, observation and documents, have been used to get the information. Every effort was made to confirm results with several data sources to confirm and triangulate the study findings. Interview data was compared to document data and interviews were checked against each other. Further, the observations were used for the researcher to be able to understand and get to know the culture to be able to have a more valid analysis of the data (Creswell, 2009).

When doing key informant research, it is important to select well informed participants. This method normally uses few people to interview, making it difficult to demonstrate validity of the findings (Kumar, 1989). It might be a threat to validity that is hard to assess beforehand the degree to which the selected informants are well-informed on the topics of interest. However, this issue was strived to be avoided by considering the informants carefully, and recruit from a wide pool of knowledgeable informants. Together with the president of the organization informants were selected based upon their amount of knowledge about the Mangyans and their professional background. Further, by using triangulation in choosing the participants might narrow down the weakness. The nine informants all have different backgrounds and are experts in different fields. One weakness of the selection of informants is that they were all Christians making it difficult to find valid results on religious beliefs. The researcher tried to find informants without a Christian belief

to avoid biased answers. However, no non-Christian informants were found as most of the professionals working with the Mangyans are through Missionary organizations. Another weakness is that the researcher is a Christian and the faith might influence the interpretation of the results. However, the researcher has tried to keep this in mind throughout this study.

> "Reliability pertains to the consistency and trustworthiness of research findings; it is often treated in relation to the issue of whether a finding is reproducible at other times and by other researchers. This concerns whether the interview subjects will change their answers during an interview and whether they will give different replies to different interviewers" (Kvale & Brinkmann, 2009, p 245).

To secure a maximum reliability of the study as many steps of the procedure as possible were documented. The transcripts were checked to ensure that they did not contain any obvious mistakes that could have been made during transcription. Further, memos were written about codes and their definition and codes were constantly compared with the data to ensure that there were no shifts in the meaning of the codes during the process of coding.

Other designs were considered for this study, such as ethnography and phenomenology. However, as this research is a part of a research team with a certain common approach, neither of these designs suited with the frame of the project.

7. Conclusions

This masters' thesis focus is on the topic of social determinants of social position and health. The purpose of this study is to understand the perceived determinants of social position and physical and mental health amongst Mangyan women of childbearing age in the north of Mindoro, the Philippines. The study applied case study design using in-depth interviews with nine key informants with relevant experience working with the Mangyan women.

The main findings of the study are related to human, social, and cultural capital, and the paradoxes and threats from meeting modern attitudes from the society outside. Education, income and occupation are the classical social determinants of health. It seems that among the Mangyans not all of these indicators are relevant in relation to health as most Mangyans do not have an occupation or an income. Education on the other hand seems to be getting more and more important and additionally affects social position. Social hierarchy seems to have some affect among the Mangyans and is related to good health. However, not all the tribes seem to have a strong social hierarchy. Further, religious beliefs seem to have both positive and negative effect on the overall health of the Mangyans. The paradox between development towards what the world sees as important and the conflicts with and threats this represent to traditional Mangyan culture emerged as an overarching theme. Differences seemed to exist between Mangyans within even small areas and this represents a caveat to generalizing results from research without critical considerations.

This study alone may not be of great importance. However, as it is a part of a research project where the same topic is studied in different parts of the world, the joint results contributes to strengthening the knowledge on what determines social status and health of women in childbearing age in poor ruralities.

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Appendix 1.

INTERVIEW GUIDE

Today we are going to talk about two women. They are not real women, but examples of women. Think of them as women that could have lived in a Mangyan village. In many ways these women are similar. They are both married. They both have three children less than five years. None of the households are richer than the other. They live in the same village. But the women do not feel the same. One woman says she feels strong and full of energy. The other woman is feeling weak, and ill.

- What are the days like for Mangyan women?
- How would you describe a successful Mangyan women
- A woman says she feels strong and full of energy.
    - Do you think many Mangyan women village feel like her?
    - This lady, do you think she has just been lucky or has she worked hard for it?
        - (Check for ancestors, faith etc)
    - Why do you think this lady is feeling strong and full of energy?
- Another woman says she feels tired and ill.
    - Do you think many women in your village feel like her?
    - What would you guess are the health problems of this lady, if she is an ordinary woman from a Mangyan village?
        - (Fertility, illness and death, vs. 'worry' and 'thinking too much?')
    - What would you guess has made her weak and ill?
- What could make the one woman strong and the other weak/ill when they
    - Live in the same village
    - Drink from the same water source
    - Are both married?
- What is a good life like for a woman who lives in the villages in this area?
- What is important to have a good life as a Mangyan woman?
- What do you think women in Mangyan villages dream of?

- Describe the husband of a strong woman
    - How are husbands chosen for a woman?
        - (Woman self, family?)
    - How would choice of partner influence her happiness and health?
        - (Evt if equal upbringing/culture of wife and husband is important)
    - How does he behave that helps her feel strong and happy?
    - How are decisions made in the households?
        - If you make some money, can you decide how to spend it?
    - If you see another family in the village, how could you see if the man respects his wife or not?
    - If this man has another wife, which difference would that make for this woman?
        - Would it be best to be the first or the second wife?
        - In which ways?
            - (Power vs popularity?)
- Find differences to the husband of a weak woman

- How do you think the family of a strong woman could be described?
    - What about the children could make the mother happy?
    - How could having children disturb the health of the mother?
    - Gender, age, number?
- Find differences to the family of the weak wife

- A woman that is respected in her village. What has made the village respect her?
- How would you know that a woman is respected in her village?
- Is a woman happier and healthier if she is respected in her village?
    - Why?
    - If women could decide in the villages, which kind of things would a woman influence?
- Is it important for a woman that her husband is respected in the village?
    - Why?
    - How would that influence her health?
    - How could you tell that her husband is respected in the village?

Appendix 2.

PARTICIPANT INFORMATION AND INFORMED CONSENT FORM

Project Title: Social Determinants of Health in Very Poor Ruralities.

Sponsor: University of Bergen, Department of Health in England

Investigator: Kristine Askeland

Purpose and conduct of the study

I am part of a research team that is currently undertaking a research project funded by the Department of Health in England, with the aim of identifying social determinants of health in very poor ruralities of the world.

There has previously been done research on this area. However, most research is done in the developed world and there is a need for similar research in developing countries.

As part of this project, which is already in good progress, I wish to collect qualitative information in a rural area on Mindoro, Philippines. The goal of this study is to contribute to knowledge on social determinants of health, improving methods of surveillance and research globally.

The objective of the field visit is to collect information on the *social position* and *status*, and *health* of women in the community and family in the project area. In other words, I want to figure out why some women may succeed while others do not in the same villages. I will be using secondary sources interviewing NGO workers with experience in the field.

The participant will be interviewed by the researcher in English, using an audio tape device to record the interviews.

Risks and inconveniences

There is no risk or discomfort related to participate in this research.

Possible benefits for the participants

There are no specific benefits in participating in this research, other than contributing to the knowledge on social determinants of health.

Compensation

Should there occur travel expenses or other kinds of expenses, these will be covered by the researcher.

Provision for injury or related illnesses

There is no danger of injury or illness in participating in this study. However, should sensitive topics arise during the interview causing emotional problems; the NGO will be available for assistance and follow-up after the interview.

Contact person

Kristine Askeland

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5096 Bergen
Norway
krissivissi@yahoo.no
+4748101595

Philippine Address:

Arnaldo Highway
Brg. Santiago Gen. Trias
Cavite

09173509848

Voluntariness of participants

It is voluntary to participate and it is possible to withdraw from the project anytime without giving an explanation. Participating or not participating will under no circumstances have consequences for the work in the NGO. Signed written consent forms will be collected from all participants.

Confidentiality

Confidentiality will be upheld according to ethical regulations. Identity will not be revealed through audio tapes and will remain anonymous in written work. If quotes are used in the final written product the participant will be contacted and asked to approve of the quotes. The audio tapes will be stored safely at the University of Bergen for 2 years after ended research and will then be destroyed.

CONSENT FORM

I have read and understood the above information and had been given the opportunity to consider and ask questions regarding the involvement in this study. I have spoken directly to the researcher who has answered to my satisfaction all my questions. I have received a copy of this Informed Consent form. I voluntarily agree to participate.

Participant's Signature:

_____	_____	_____
Name of participant	Signature of participant	Date

Researcher's Signature

I, the undersigned, certify that to the best of my knowledge, the participant signing this consent form has read the above information sheet fully, that this has been carefully explained to him/her, and that he/she clearly understands the nature, risks, and benefits of his/her participation in this study.

_____	_____	_____
Name of researcher	Signature of researcher	Date

Impormasyon at Pagbibigay Pahintulot ng Kalahok

Titulo ng Proyekto: Alamin ang Kalusugang Panlipunan sa Napakahirap na Kanayunan

Pinopondohan ng: Unibersidad ng Bergen, Kagawaran ng Kalusugan sa Inglatera

Mananaliksik: Kristine Askeland

Layunin at paraan ng pag-aaral

Ako ay bahagi ng isang grupo na kasalukuyang nagsasagawa ng isang proyektong pananaliksik na pinondohan ng Kagawaran ng Kalusugan sa Inglatera, na may hangaring kilalanin ang mga bagay patungkol sa kalusugang panlipunan sa napakahihirap na kanayunan sa buong mundo.

Mayroon nang ginawang pananaliksik patungkol dito. Subalit, karamihan sa mga ginawang pananaliksik ay sa mga bansang maunlad na at ang kahalintulad na pag-aaral ay dapat ding isagawa sa mga umuunlad pa lamang na bansa.

Bilang bahagi ng proyektong ito, na sa ngayon ay kasalukuyang isinasagawa, nais kong mangolekta ng mga impormasyon sa isang kanayunan ng Mindoro, Pilipinas. Hangad ng pag-aaral na ito ang makapagbahagi ng kaalaman upang matukoy ang kalusugang panlipunan at mapaunlad ang pamamaraan ng pananaliksik na pang-global.

Ang layunin ng pagbisita ay upang mangalap ng impormasyon ukol sa kalagayan, kondisyong panlipunan at kalusugan ng mga kababaihan sa komunidad at pamilya sa lugar kung saan gaganapin ang proyekto.

Sa madaling salita, nais kong alamin kung bakit ang ibang kababaihan sa iisang lugar ay nagtatagumpay samantalang ang iba ay hindi. Magpapadala ako ng mga social worker na may karanasan na mula sa NGO upang makipanayam sa kanila.

Ang mga kalahok ay kakapanayamin ng mananaliksik sa wikang Ingles gamit ang isang “audio tape” upang mai-rekord ang pag-uusap.

Panganib at kahirapan

Walang anumang panganib o kahirapan sa pakikilahok sa pagsasaliksik na ito.

Posibleng pakinabang para sa makikilahok

Walang tiyak na pakinabang sa paglahok sa pananaliksik na ito, kundi ang pagbabahagi lamang ng kaalaman sa pagtukoy ng kalusugan ng lipunan sa kanayunan.

Kabayaran

Kung ang pakikipanayam ay maganap sa panahon ng pagtatrabaho ng kalahok, wala siyang anumang gagastusin dito. Subalit, kung siya ay namasahe o gumastos, ito ay sasagutin ng mananaliksik

Kaloob para sa pinsala sa katawan o kaakibat na sakit

Walang anumang panganib na masaktan o magkasakit sa pakikilahok sa pag-aaral na ito. Samantala, kung may mga sensitibong bagay na matatalakay na makapagdudulot ng suliraning emosyonal; ang NGO ay nakahandang umalalay habang ginagawa at matapos ang pakikipanayam.

Taong kokontakin

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Pagkukusa ng mga kalahok

Ang pagsali ay kusang-loob at anumang oras ay maaari siyang umatras sa proyekto ng walang anumang paliwanag. Ang paglahok at hindi paglahok ay hindi makakaapekto sa trabaho ng NGO. Kokolektahin mula sa mga kalahok ang kanilang nilagdaang pahintulot.

Pagiging kompidensyal

Ang pagiging kompidensyal ay sinasang-ayunan ayon sa regulasyong etikal. Ang pagkakakilanlan ay hindi isisiwalat sa rekord ng audio tapes at mananatiling di-kilala sa mga dokumentong isusulat. Kung may salaysay na gagamitin sa natapos na dokumento, ang kalahok ay kokontakin at kukunin ang kanyang pahintulot sa naturang salaysay. Ang audio tapes ay itatago sa loob ng dalawang taon sa Unibersidad ng Bergen at pagkatapos ay sisirain na ito.

Pagbibigay Pahintulot

Binasa ko at naunawaan ang mga impormasyon sa itaas, nabigyan rin ako ng pagkakataong magtanong at pag-isipan ang patungkol sa pagsali sa pag-aaral na ito. Nakipag-usap ako ng tuwiran sa mananaliksik at nasagot niya ng maayos ang aking mga katanungan. Nakatanggap ako ng kopya ng Pagbibigay Pahintulot na ito. Kusang-loob akong sumasang-ayon sa pakikilahok.

Lagda ng kalahok:

_____	_____	_____
Pangalan ng Kalahok	Lagda ng Kalahok	Petsa

Lagda ng Mananaliksik

Ako, na lumagda sa ibaba, ay nagpapatotoo sa abot ng aking kaalaman, na ang kalahok na lumagda na nagbibigay ng pahintulot ay nabasa ang buong impormasyon sa itaas, na ito ay maingat na ipinaliwanag sa kanya, na malinaw niyang naunawaan ang kalikasan, mga panganib, at kapakinabangan ng kayang pakikilahok sa pag-aaral na ito.

_____	_____	_____
Pangalan ng Mananaliksik	Lagda ng Mananaliksik	Petsa

Appendix 3

Republic of the Philippines
Department of Science and Technology
PHILIPPINE COUNCIL FOR HEALTH RESEARCH & DEVELOPMENT

3rd Floor, DOST Main Building, Gen. Santos Ave.,
Bicutan, Taguig, Metro Manila
Tel. Nos.: 837-7535 to 37; 837-2071 to 82 loc. 2110 to 2113
Fax: (632) 837-2924 & (632) 837-2942

27 November 2009

MS. KRISTINE ASKELAND
Research Center for Health Promotion
University of Bergen

Dear ***Ms. Askeland***:

RE: Ethical Review of Research Proposal, ***"Social Determinants of Health: Understanding How the Poorest Can Thrive"***

This is to acknowledge receipt of the following documents in connection with the above mentioned research proposal for ethical review:

1. Scientific Protocol
2. Interview Guide
3. Letter of Endorsement from Prof. Maurice B. Mittelmark, Head of the Research Center for Health Promotion , University of Bergen
4. Documentation of the Ethical Approval of the Norwegian Ethical Board.

The proposal and the accompanying documents underwent an expedited review. No ethical issues were identified during the review. Hence, the National Ethics Committee is granting ethical clearance for 6 months, to end in May 2010.

The committee would appreciate a report at the end of the research, highlighting any difficulties or adverse effects the research activity encountered.

Yours truly,

Marita V. T- Reyes

MARITA V. T. REYES
Chair
National Ethics Committee

Norsk samfunnsvitenskapelig datatjeneste AS
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Christiesgt. 13
5015 BERGEN

Vår dato: 03.08.2009 Vår ref:22309 / 2 / AH Deres dato: Deres ref:

TILBAKEMELDING PÅ MELDING OM BEHANDLING AV PERSONOPPLYSNINGER

Vi viser til melding om behandling av personopplysninger, mottatt 08.07.2009. Meldingen gjelder prosjektet:

22309	*Social Determinants of Health in very poor Ruralities: Philippines Field visit Sub-project*
Behandlingsansvarlig	*Universitetet i Bergen, ved institusjonens øverste leder*
Daglig ansvarlig	*Maurice Mittelmark*
Student	*Kristine Askeland*

Etter gjennomgang av opplysninger gitt i meldeskjemaet og øvrig dokumentasjon, finner vi at prosjektet ikke medfører meldeplikt eller konsesjonsplikt etter personopplysningslovens §§ 31 og 33.

Dersom prosjektopplegget endres i forhold til de opplysninger som ligger til grunn for vår vurdering, skal prosjektet meldes på nytt. Endringsmeldinger gis via et eget skjema, http://www.nsd.uib.no/personvern/forsk_stud/skjema.html.

Vedlagt følger vår begrunnelse for hvorfor prosjektet ikke er meldepliktig. Prosjektet kan settes i gang.

Vennlig hilsen

Bjørn Henrichsen Åsne Halskau

Kontaktperson:Åsne Halskau tlf: 55 58 89 26
Vedlegg: Prosjektvurdering
Kopi: Kristine Askeland, Nattlandsveien 58, 5093 BERGEN

Prosjektvurdering - Kommentar

22309

Prosjektets formål er å bidra til kunnskap om sosiale faktorer som er bestemmende for helse, samt forbedre metodene for overvåkning og forskning globalt. Utvalget består av seks nøkkelpersoner ansatt i en hjelpeorganisasjon på Filippinene og som har lang erfaring med kvinner fra Mangyan landsbyer.

Ombudet kan ikke se at det i prosjektet behandles personopplysninger med elektroniske hjelpemidler, eller at det opprettes manuelt personregister som inneholder sensitive personopplysninger. Prosjektet vil dermed ikke omfattes av meldeplikten etter personopplysningsloven.

Det tas høyde for at det kan fremkomme indirekte personidentifiserende opplysninger i forbindelse med intervju, men all den tid lydopptakene ikke lagres eller overføres til PC, vil denne behandlingen ikke være omfattet av meldeplikten. Lydopptakene oppbevares nedlåst og slettes etter transkripsjon, senest ved prosjektslutt.

Ombudet legger til grunn at man ved transkripsjon av intervjuer eller annen overføring av data til PC, ikke registrerer opplysninger som gjør det mulig å identifisere enkeltpersoner, verken direkte eller indirekte. Alle opplysninger som behandles elektronisk i forbindelse med prosjektet må være anonyme. Med anonyme opplysninger forstås opplysninger som ikke på noe vis kan identifisere enkeltpersoner i et datamateriale, verken direkte gjennom navn eller personnummer, indirekte gjennom bakgrunnsvariabler eller gjennom navneliste/koblingsnøkkel eller krypteringsformel og kode.

Ombudet anbefaler at det vedlagte informasjonsskrivet oppgir en konkret dato for prosjektslutt slik at informantene vet når lydopptakene slettes.