



## Health Practices of Tri-People Women

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### ABSTRACT

Parents serve as role models for their children to establish a healthy lifestyle. This study on health practices of tri-people women utilizing the descriptive survey research design aimed to determine the respondents and family health profile, the practices in safeguarding the health of the tri-people women and their families, and aspirations for the health of the tri-people women's families. There were 46 women from partner communities of Southern Christian College (SCC) Peace and Tri-people Dialogue Project Phase 5 identified using convenience sampling were interviewed using a survey questionnaire, and the data gathered from them were treated using descriptive statistical tools such as frequency, percentage and weighted mean.

Findings revealed that a large number of respondents were in their active years, 20-29 years old (12 or 26%), Bangsamoro (20 or 43.48%), believers in Islam (22 or 47.8%), had attended college, worked as farmers (15 or 33%), barangay workers (16 or 34.8%), and had a household size of 2 to 6 (30 or 65%). All (46) of the respondents have water-sealed toilets, but many of them (35 or 76.1%) only use them for their families. Although the designated midwives or nurses visited their respective Barangay Health Station (BHS) at least twice a month (24 or 52%) and twice a week (22 or 48%), the BHS was open every day. The majority of the women reported that all members of their family received anti-CoVid 19 vaccinations (61%); had taken sick family members to the closest government hospital located within their municipality (72%); and reported that the barangay ambulance, and rescue van, or multi-carry vehicle was available whenever medical emergencies arose.

Further findings showed that the respondents personally always practiced taking a bath every day, keeping themselves clean before going to bed, finding ways to interact with their family or laugh to relieve stress and anxiety, and taking deep breaths. They also made sure that each meal was healthy and balanced, used traditional remedies for healing, and engaged in physical activity (exercise) every day. On the other hand, among the respondents' families, drinking enough potable water, eating at least three meals together, sleeping sufficient hours, maintaining good hygiene, limiting screen time to any gadgets as well as abstaining from sugary foods, cigarettes, and alcoholic beverages, and participating in worship and prayer together were highly practiced. Moreover, the respondents wanted their families to be well and free from disease, as well as for them to practice regular prayer, eat a healthy diet, maintain good hygiene, and complete their education so that they can have brighter futures.

Based on the findings, it is inferred that these tri-people women in SCC partner communities share a lot of similar behaviors for ensuring their own and their family's health naturally. Making the most of the available resources, their rural lifestyles are advantageous to their health. Although the family of these tri-people women needs to do more, there is still a need for increased family participation in community activities that enhance knowledge and improve family members' health. In the future, it is suggested that women take part in more barangay health awareness and community activities so they are better familiar with the services and programs accessible to families, particularly those focused on enhancing their health and welfare.

## Introduction

Having good health is directly related to leading a productive life. It is central to human happiness and well-being and contributes significantly to prosperity, wealth, and even economic progress (The Scientific World, 2019). This enforces the world-famous proverb stating “Health is wealth”, which indeed many studies proved that it was true. As Prasanna (2017) stated that a healthy body is defined as the overall ability of the body to function well. It includes all individuals' physical, mental, emotional, and social health. When one maintains good health, he/she opens the key to happiness.

Healthy family habits are key to raising healthy kids. Parents are looked up to by their children as models, thus it is important to give them an example of a healthy lifestyle to follow that includes all aspects of their lives is better. As suggested in The Scientific World (2019), in order to keep a healthy life cycle, one needs a healthy and balanced diet, good hygiene habits, staying in a proper shelter, and getting enough sleep.

Various kinds of literature as cited in the study of McGuigan (2012) that women and mothers are home managers, and ensuring good health is among the bulk of their family's responsibilities. So, this study was conceived to provide data that were taken from the views of tri-people women i.e., Bangsamoro, Indigenous Peoples, and Migrant Settlers within the SCC partner communities. These communities were the Barangays Palacat, Malapang, Pagangan, and Dungguan of Aleosan Municipality; Barangay Nabalawag of Midsayap; and Barangay Aroman of Carmen which lies within the Cotabato Province. These were communities who have been reached and partnered with Southern Christian College (SCC) Peace and Tri-people Dialogue Project-Phase, particularly in Program 1: The Transformative Education for Youth and Women. These women partners have been recipients of various capacity-building and community education concerning health and education. Since there was no data that would show the women's practices in keeping their

and their family healthy, especially in this present time, thus this study was pursued where its finding may significantly be utilized by the women and likewise the concerned government agencies and organizations to improve the women's participation in decision-making, rights-claiming, or collective action.

### Study Objectives

This study generally aimed to determine the health practices of the tri-people women from SCC partner barangays. It specifically aimed to determine the respondent's and family's health profile, the practices in safeguarding the health of the tri-people women and their families, and aspirations for the health of the tri-people women's family.

### Methodology

This study employed the descriptive survey research design. The data needed in this study were collected using a researcher's made survey questionnaire, and administered by the researcher and research assistants. Respondents were the 46 women who were residents of the SCC Peace and Tri-people Dialogue Project partner communities, particularly, they were partner women of Program 1 Transformative Education for Youth and Women. Convenience sampling was utilized in identifying the respondents of the study. Descriptive statistical tools such as frequency and percentage and weighted mean were used to treat the data according to research objectives.

### Study Results

#### A. The Respondents' and Family Health Profile

The study has been responded to by a total of 46 women. High number (12 or 26.1%) of respondents were in the age range of 30-39, then there were nine (9) or 19.6% respondents belonging to each age range 20-29, 40-49, and 60 and above; while six (6) or 13% respondents were at age range 50-59 years old, and only one (1) respondent whose

age was below 20. Considering the findings, it is clearly shown that most of the tri-people women who responded in this study were young adults and at active years of age, ranging from 20-39 years old. It is a period where families and careers are established (Integrus Health, 2015).

As to civil status, many (36 or 78.3%) of them were married, then the remaining numbers of respondents were widows (7 or 15.2%), single (2 or 4.3%), and live-in (1 or 2.2%). Almost half (22 or 47.8%) of respondents were Bangsamoro, while 12 (26.1%) respondents belonged to Migrant Settlers, and also a similar number (12 (26.08%) are Indigenous Peoples. Nearly half (22 or 47.8%) of respondents were affiliated with Islam religion, 11 (23.9%) believed in IP (*Langkat*) Spirituality, 8 (17.4%) claimed they were affiliated with United Church of Christ in the Philippines (UCCP), and 5 (10.9%) were Roman Catholic believers (Table 1).

The highest educational attainment of the respondents was college (14 or 30.4%), followed by those who have reached elementary (13 or 28.3%), and high school (12 or 26.1%). Few (5 or 10.9%) respondents declared they did not have entered any formal education, and two (2 or 4.3%) respondents claimed they had their elementary level of Arabic education (Table 1).

When it comes to occupation, the highest number (16 or 34.8%) of respondents were barangay workers (serving as barangay officials, barangay secretaries, barangay health workers, and day-care teachers), then followed by 15 (32.6%) respondents who claimed they did farm works. Whereas, 10 (21.7%) respondents were purely housekeepers. A minimal number (4 or 8.7%) of respondents were vendors, and only one (1) declared she works in a government agency (Table 1).

A large number (30 or 65%) of the respondents have a household size of a minimum of 2 to a maximum of 6, and the remaining 16 (35%) of the respondents had a household size of a minimum of 7 to a maximum of 11 (Table 1).

Table 1. Frequency and percentage distribution of respondents' profile, 2023.

		<i>f</i> (n=46)	%
Age	Below 20 (i.e., 18 years old)	1	2.2
	20-29	9	19.6
	30-39	12	26.1
	40-49	9	19.6
	50-59	6	13.0
	60 and above	9	19.6
Civil Status	Married	36	78.3
	Widow	7	15.2
	Single ( <i>Laon</i> )	2	4.3
	Live-in (Common-Law)	1	2.2
Social Affiliation	Bangsamoro	22	47.8
	Migrant Settlers	12	26.1
	Indigenous Peoples	12	26.1
Religion	Islam	22	47.8
	Langkat Spirituality	11	23.9
	United Church of Christ in the Philippines (UCCP)	8	17.4
	Roman Catholic	5	10.9
Highest Educational Attainment	College	14	30.4
	High School	12	26.1
	Elementary	13	28.3
	No formal education	5	10.9
	Arabic-Elementary	2	4.3
Occupation	Barangay Workers (Barangay Official, BHW, Day-care Teacher, Barangay Secretary)	16	34.8
	Farmer	15	32.6
	Plain Housekeeper	10	21.7
	Vendor	4	8.7
	Government employee	1	2.3
Household Size	2-6	30	65
	7-11	16	35

As shown in Table 2, the majority (28 or 60.9%) of the respondents declared that all family members have been vaccinated for anti-CoViD 19. While 11 (23.9%) stated that only the parents and those family members who are schooling were vaccinated against anti-CoVid-19, six (6) or 13% claimed that only the couple or they as parents were vaccinated with anti-CoVid-19, and only 1 (2.2%) respondent said she was the only family member vaccinated with anti-CoVid-19.

Further, all respondents have water-sealed toilets, of which many (35 or 76.1%) of them declared that it was used exclusive for their own family, and 11 (23.9%) respondents said that they shared it with neighbors. On the other hand, all mentioned that their BHS was open every day. More than half (24 or 52.2%) of respondents averred that at least twice a month the assigned midwife or nurse were on duty in BHS in their respective communities, while the remaining number (22 or 47.8%) of respondents stated that their midwife or nurse were at their barangay at least twice a week.

When it comes to the nearest hospital where they and their sick family members were brought in, many (33 or 71.7%) respondents commonly mentioned that it was in the government hospitals such as Amado Diaz Provincial Hospital and Aleosan District Hospital, while the 13 (28.3%) respondents preferred in private hospitals such as they mentioned the Tarongoy Medical Clinic and Pesante Hospital. Whenever there will be health-related emergencies, the majority (24 or 52.2%) of respondents would request to use the barangay rescue van or ambulance or a provincial vehicle awarded to the barangay (*serbisyong totoo* multicab). However, some (15 or 32.6%) respondents will use their own vehicles such as motorcycles, tricycles (known as *payong-payong* or *trisikad*), and multi-carry. Few (7 or 15.2%) respondents would rent a vehicle such as a tricycle, multicab or car from their relatives and neighbors.

Table 2. Frequency and Percentage distribution of respondents' family health profile, 2023.

Respondent's family health profile	f (n=46)	%
Family Members who Aailed CoVid 19 Vaccination		
All	28	60.9
Parents and those at schooling-age children	11	23.9
Parents (Couple)	6	13.0
Mother only	1	2.2
Type of Toilet Used		
Water Sealed	46	100
Accessibility of the Toilet Used		
Exclusive for Family	35	76.1
Shared with Neighbors	11	23.9
Availability of Barangay Health Station (BHS) Daily		
Yes	46	100
Presence of midwife/nurse in BHS		
At least 2x a month	24	52.2
At least 2x a week	22	47.8
Nearest Hospital where they and their sick family were brought in		
Government Hospital (Amado & Aleosan District Hospital)	33	71.7
Private-owned Hospitals (Tarongoy Medical Clinic and Pesante Hospital)	13	28.3
Means of transportation in case of health-related emergencies		
Barangay Rescue Van/Serbisyong Totoo 4-wheel Vehicle	24	52.2
Owned Vehicles (motorcycle, <i>payong-payong/trisikad</i> , multicab)	15	32.6
Rented vehicle/car (from Relatives and Neighbors)	7	15.2

B. Health Practices of Tri-people Women for themselves and for their family

Shown in Table 3 is the mean and verbal description of respondents' practices to keep oneself healthy. Data showed that respondents kept themselves healthy by always practicing such as taking a bath daily ( $\bar{x}=2.96$ ), keeping themselves clean before going to bed ( $\bar{x}=2.87$ ), finding ways to talk and laugh with their family to reduce stress and

anxiety ( $\bar{x}=2.72$ ), ensuring that the food every meal is healthy and balanced ( $\bar{x}=2.67$ ), taking deep breaths to reduce stress ( $\bar{x}=2.63$ ). In addition, they highly practiced going to traditional healers first (*manghihilot* and *baylan*, among others) for consultation, and medication of illnesses ( $\bar{x}=2.57$ ), doing physical activities (exercises) for at least 3 minutes every day ( $\bar{x}=2.52$ ), letting go of their grudges and bitterness by forgiving, and ensuring that they sleep 8 hours at night every day ( $\bar{x}=2.5$ ). The last thing they highly practiced was visiting the nearest clinic or health station for monthly check-ups and consultations( $\bar{x}=2.37$ ).

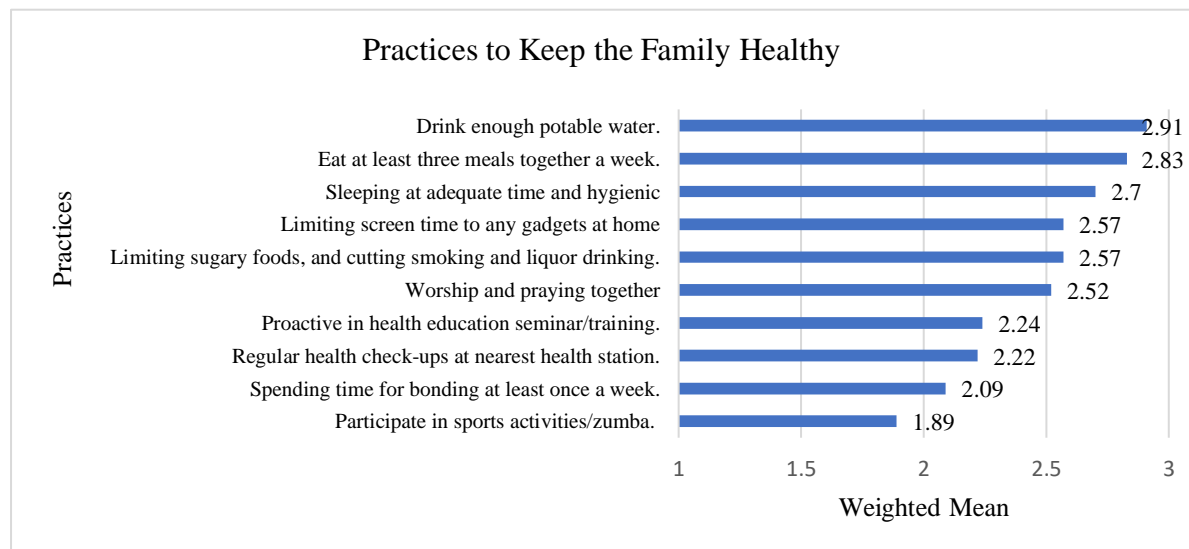
Table 3. Mean and verbal description of practices to keep oneself healthy as perceived by the respondents, 2023.

Practices to keep oneself healthy	Never	Some times	Al ways	$\bar{x}$	Verbal Description
1. I do physical activities (exercises) for at least 3 minutes every day.	1	20	25	2.52	Always
2. I ensure that my food every meal is healthy and balanced		15	31	2.67	Always
3. I let go of my grudges and bitterness by forgiving.	2	19	25	2.5	Always
4. I ensure that I sleep 8 hours at night every day.	1	21	24	2.5	Always
5. I do deep breaths to reduce stress.	1	15	30	2.63	Always
6. I find ways to talk and laugh with my family to reduce stress and anxiety.	1	11	34	2.72	Always
7. I visit the nearest clinic or health station for monthly check-ups and consultations.	1	27	18	2.37	Always
8. I go to traditional healers first ( <i>manghihilot</i> , <i>baylan</i> , etc) for consultation, and medication of illnesses	1	18	27	2.57	Always
9. I make sure that I am clean before I go to bed.		6	40	2.87	Always
10. I take a bath every day.		2	44	2.96	Always

*Legend:* 1.0 – 1.66 = Never/Not practiced  
1.67 – 2.33 = Sometimes/Moderately Practiced  
2.34 - 3.0=Always/Highly Practiced



Figure 1 shows the respondents’ practices to keep their families healthy. It is revealed that in order to keep the family healthy, they always practiced drinking enough potable water ( $\bar{x}$ =2.91), eating at least three meals together in a week ( $\bar{x}$ =2.83), sleeping with sufficient time and hygienic i.e., family members were clean as well as the sleeping area ( $\bar{x}$ =2.7), limiting screen time to any gadgets at home, as well as sugary foods, cigarettes and liquors ( $\bar{x}$ =2.57), and worshipping and praying together ( $\bar{x}$ =2.52). Meanwhile, respondents declared that participating in health education seminars/training ( $\bar{x}$ =2.24), having regular checkups at the nearest health station ( $\bar{x}$ =2.22), spending time for bonding a week ( $\bar{x}$ =2.09), and allowing the family members to participate in sports/Zumba activities ( $\bar{x}$ =1.89) were sometimes practiced by them with their family.



Legend: 1.0 – 1.66 = Never/Not practiced; 1.67 – 2.33 = Sometimes/Moderately Practiced; 2.34 - 3.0=Always/Highly Practiced

Figure 1. The respondents’ practices to keep their family, 2023.

### C. Aspirations for the Health of the tri-people Women’s family

The study's respondents acquiescently averred their aspirations for their family's health. Their most common aspiration was that all of their family members live healthily and away from diseases. Additionally, the women stated that they wished their family

would be prayerful, eat healthy foods daily, observe proper hygiene and lifestyle, and that their children can finish their studies for a better future.

**All members of the family are healthy.** Nearly all (42 or 91.30%) women hoped that their family will always be healthy in all aspects and away from illnesses (*laging maganda/healthy at walang magkasakit*). Furthermore, these women who have this aspiration outspokenly believe that health is wealth. One respondent further stated that it is a treasure for her family though not well-off as long as each member is healthy. Other respondents further stated that a family without sickness can normally live happily and safely. As they were saying,

*Always healthy para happy family.* (To always be in good health to have a happy family)

Another respondent vibrantly said her desire for her family,

*Handom ko na ang pamilya ko gid healthy.* (It is my desire that my family is healthy.)

**Being more prayerful.** There were 11 (23.9%) respondents who mentioned that they wanted their family to be more prayerful. As some further stated that as a family they should pray always, that praying somewhat strengthens their faithfulness to God/Allah/Magveveya, and that through prayer God will grant each family member good health. More so, a respondent said,

*Aside na maging physically fit ang pamilya ko, gusto ko pod na ang spiritual soul namo maging healthy.* (Other than having my family be physically fit, I want our spiritual soul to be healthy too.)

**Can eat daily healthy foods** (*makakaon adlaw adlaw ug healthy foods*). Eight (8 or 17.4%) respondents hoped that their family can eat healthy foods every day. A

respondent mother from Palacat explained that eating healthy foods will result to good health. As she was saying,

*Unta ang family nako makakaon adlaw na saktong sustansiya kay aron may maayong panglawas. (It is my hope that my family can eat nutritious food every day in order to have a healthy body.)*

**Observe proper hygiene and lifestyle.** There were five (5) or 10.9% of respondents who vocally stated their aspiration for their family should observe proper hygiene and lifestyle. As a respondent mentioned,

*“Handom ko na ang pamilya magaobserve gyud ug proper hygiene ug healthy lifestyle. (It is my desire that my family observes proper hygiene and healthy lifestyle.”*

Other respondents said,

*Mamaintain ang proper hygiene at dapat umiwas sa masasamang gawain, para maganda ang kalusugan. (To maintain the proper hygiene and to keep away from bad habits in order to have a good health.)*

**Finish studies for a better future.** Lastly, few (4 or 8.7%) respondents wished that their family members to be specific their children finish their studies so that they could have a better future and will be able to provide the basic needs including health. One respondent said,

*Kon tani makahuman sila ug eskwela para maprovide nila ang gusto nila. (I am hoping that they (my children) will be able to finish their studies so that they could provide what they need.)*

More so, other respondents were saying,

*makahuman ug eskwela akong mga anak aron maaog ilang future ug maprovide ang need nila ilabina para sa ila health. (My children be able to finish their studies for better future and that be able to provide their needs especially for their health.)*

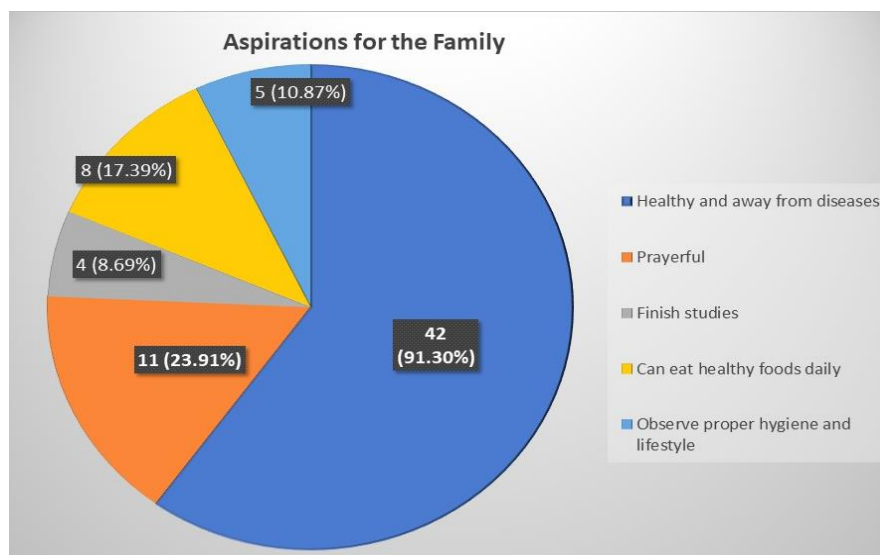


Figure 2. The respondents' aspirations for their family, 2023.

### Conclusion

Based on the results of the study, it is therefore concluded that the tri-people women from partner communities of the SCC Peace and Tri-people Dialogue Project-Phase 5 have shared common practices in safeguarding their own and their family's health. Their practice basically ensured physical and psycho-emotional wellness aligning with their traditional and spiritual practices. Maximizing the natural resources available with simple lifestyles in rural communities are advantageous to their health. Yet, there is a need to further improve the participation of the family of these tri-people women in community activities helpful in the advancement of their knowledge and boosting the health condition of the family members. It is their greatest aspiration that their families are in good health and be free from diseases intertwined with other aspects of human growth.

### Recommendations

Based on the findings and conclusion, the following recommendations are proposed:

1. The women and their families should be more participative in barangay health awareness and community activities so they become more aware of the programs and services to be availed for them, especially on the improvement of their health and well-being.
2. The government agencies particularly the Local Government Units, Rural Health Unit, and Municipal Social Welfare and Development Office should creatively enhance their strategies in designing, implementing, and in information dissemination to increase the participation of women and their families in accessing the programs and services advantage to their health conditions.
3. Academic institutions and other development organizations may develop interventions for women helpful to the advancement of their willpower in decision-making for their family's health.
4. Future researchers may conduct a study similar to this research topic, in particular, an in-depth study on the healing practices of the tri-people women on various illnesses experienced by their household members.

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