

Socioeconomic disparities afflicting the Aeta tribe of central Luzon

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HISTORY/BACKGROUND

The Aeta are believed to be the oldest population of the Philippines. They, along with about 25 other ethnolinguistic groups, are collectively known as Negritos.^{1,2} For tens of thousands of years, the Aeta lived nomadically in the Luzon region of the Philippines and sustained themselves through hunting and gathering.³ New settlers' encroachment upon their land forced the Aeta into the mountains, but their fierce, hostile attitude towards outsiders, mastery of the terrain, and command of weaponry left them largely unaffected by 333 years of Spanish colonial rule.

However, in 1991, the eruption of Mount Pinatubo devastated the Aeta people and altered their traditional way of life. Heavy ashfall and pyroclastic flows ravaged the Aeta's ancestral land, rendering it infertile and uninhabitable. Following the disaster, the government relocated over 35,000 Aeta people to 11 "resettlement camps,"^{2,9} some located more than 100 km away from Mt. Pinatubo. These new lands were uncondusive to agriculture and lacked the natural resources like water and wild game that were once abundant on the mountain slopes. The Aeta's traditional, nomadic way of life became unsustainable, and they were forced to adapt to new living methods.^{2,4} Some Aeta families started small businesses like craft and brick making, often met with little success. Others began cultivating small plots of land, trading their produce with middlemen.

The government also attempted to provide educational opportunities and healthcare services at the resettlement camps. These attempts were largely unsuccessful; teachers were unwilling to stay with indigenous communities or make the daily commute to resettlement camps; health stations stipulated to have one doctor, a nurse, and a midwife were also commonly left unoccupied.²

CURRENT CONDITION

Conditions have begun to improve within Aeta communities. Today, about 50,000 Aeta live throughout central Luzon in communities ranging in size from fewer than 50 to over 13,000 people.^{4,5} Primary and secondary schooling is now offered within most towns, locally termed barangays, and literacy rates have risen from 4 percent in 1990 to over 30 percent.¹⁰ In addition,

the Aeta have been receiving more medical aid from the government and NGOs like ABCs for Global Health.¹³ Some Aeta people have begun working low-skilled jobs within the city or on larger plantations to support their families, while others have continued to cultivate small plots of tubers, watermelons, squash, or tree fruits on their own.²

Many Aeta have adapted to these new lifestyles, but for others, giving up their ancestral lands and their traditional way of life remains difficult. Spurred by a strong connection to their ancestral lands, many families have left the government-protected camps throughout the years to develop their own offsite settlements in the mountains where living space is more abundant and where wildlife is beginning to reemerge. Some families move back and forth between these offsite settlements and resettlement sites to take advantage of resources at both locations.²

ISSUES

Despite improvements, the Aeta remain socioeconomically disadvantaged due to social discrimination, economic instability, and widespread health disparities.

Social issues: Encroachment upon ancestral territory segregates and marginalizes the Aeta people

Aetas and other indigenous populations of the Philippines continue to face segregation and marginalization in their own country. Lack of government representation and widespread apathy for their unique culture has led to the rapid loss of native lands to infrastructure projects such as dams and “green cities.”^{1,7,8} The 2018 development of the New Clark City sports complex displaced over 300 Aeta families, and funding from foreign powers like China only further incentivizes the Philippine government to continue “developing” ancestral Aeta land.⁷

With the support of the National Commission on Indigenous Peoples (NCIP) and the United Nations, the Aeta have been pushing back against encroachment upon their ancestral territories. However, they have been met with setbacks, such as the new “Anti-terrorism Act of 2020,” which allows government officials to imprison anyone they deem a “terrorist.” Laws like these are intentionally vague in wording and are used to suppress dissent. Since the current president, Rodrigo Duterte, signed into office in July 2016 and initiated the “war on drugs”, more than 5,526 people have been killed extrajudicially by the police: some of these, indigenous activists fighting against the destruction and development of ancestral lands.¹⁴ The Philippines has become the most dangerous country in the world for land and environmental activists, and the new Anti-terrorism act will only make the situation worse.¹⁴ As such, it is crucial that the Aeta are continued to be helped in resisting.

Medical issues: Aeta populations experience high rates of malnutrition and parasitism

Aeta populations also experience widespread disease burdens, predominantly in the forms of malnutrition and parasitism.

A 2005 study done of the Casiguran Agta community, a subgroup of the Aeta, found that 17% of children in the community were wasted or extremely wasted and that nearly 80% of children were considered stunted. Wasting (low weight-for-height) and stunting (low height-for-age) are two indicators of childhood malnutrition defined by a deviation from the world median by more than two standard deviations.^{11,12} Wasting is generally associated with sudden weight loss or failure to gain weight, while stunting results from chronic malnutrition that leads to growth retardation.^{6,11,12} Both childhood conditions significantly increase the risk of illness and death. Stunting in children negatively affects mental development and intellectual capacity. Women who suffered from stunting in their youth are also at a greater risk for obstetric complications because of their smaller pelvises.¹¹ The same 2005 study found that 35% of adults were underweight or severely underweight, which correlates with a Body Mass Index (BMI) of less than 18.5.

The World Health Organization (WHO) uses the prevalence of wasted children and underweight adults in a given population to assess and compare the severity of public health situations in different groups (Table 1 & 2). The WHO defines a population with 20-39% of adults underweight as having a “serious public health situation,” while a population with greater than 40% adults underweight as having a “critical situation.” Similarly, a population with over 15% of its children wasted indicates a “critical situation”. We see that in this community, these indicators suggest a serious to a critical public health crisis.

Table 1: Indicators of malnutrition in children and their implications

Indicator	Degree of malnutrition	Cut-off values for public health significance
Wasting (Weight-for-Height)	$< -3 \text{ SD} = \text{Extremely wasted}$ $-3 < \text{SD} < -2 = \text{Wasted}$ $-2 < \text{SD} < 2 = \text{Normal}$ $> +2 \text{ SD} = \text{Overweight}$	$<5\%: \text{Acceptable}$ $5-9\%: \text{Poor}$ $10-14\%: \text{Serious}$ $>15\%: \text{Critical}$
Stunting (Height-for-Age)	$< -3 \text{ SD} = \text{Extremely Stunted}$ $-3 < \text{SD} < -2 = \text{Stunted}$ $-2 < \text{SD} < 2 = \text{Normal}$	$<20\%: \text{Low prevalence}$ $20-29\%: \text{Medium prevalence}$ $30-39\%: \text{High prevalence}$ $>40\%: \text{very high prevalence}$

Reference: https://www.who.int/nutrition/nlis_interpretation_guide.pdf,
<https://www.who.int/nutgrowthdb/about/introduction/en/index5.html>

Table 2: Indicators of malnutrition in children and their implications

Indicator	Degree of malnutrition	Cut-off values for public health significance
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BMI	<p>< 17.0 = moderate and severe thinness</p> <p>< 18.5 = underweight</p> <p>18.5–24.9 = normal weight</p> <p>≥ 25.0 = overweight</p> <p>≥ 30.0 = obesity</p>	<p>5-9%: Low prevalence (Warning sign)</p> <p>10-19%: Medium prevalence (Poor situation)</p> <p>20-39%: High prevalence (Serious situation)</p> <p>>40%: Very high prevalence (Critical situation)</p>
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Reference: https://www.who.int/nutrition/nlis_interpretation_guide.pdf

The Aeta are also more susceptible to parasitism. Lack of running water and working sewage systems leads to poor hygiene and open defecation, facilitating the spread of parasites. In 2018, the Philippine Department of Education, Department of Health, and the University of the Philippines Manila led a project to reduce parasitism in indigenous children within the provinces of Pampanga and Davao del Norte. The group studied eight Aeta communities within the municipalities of Porac and Floridablanca and found that the baseline cumulative prevalence of soil-transmitted helminthiasis was 84.4% within the Aeta children of Pampanga. Data was retaken after ten months and two rounds of deworming. There was a 6% decrease in cumulative prevalence to 78.4%, still double the prevalence of non-indigenous children without treatment (36.9%). Parasitic infections further exacerbate the Aeta malnourishment crisis as they leech off the Aeta people’s already deficient nutrients.

Lack of economic resources keep Aeta at a place of poverty and low economic and social status

The indigenous people of the Philippines are among the poorest in the nation. A 2016 study done of the Aeta in the Santa Juliana barangay found that Aeta families made just 1,915 pesos or 40 USD a month on average.⁴ This widespread poverty has hindered access to equitable education, quality healthcare, and nutritious foods.

The most troubling effect of poverty is the inaccessibility to quality education. Within the most populous Aeta city, the Santa Juliana barangay, there are three primary schools and one secondary school. But with an area greater than 100 square miles (twice the size of San Francisco) and a population of over 26,000 Aeta, this is entirely inadequate.⁴ Some Aeta students are forced to trek for hours, daily, just to get to school. Furthermore, the absence of technological resources limits the education quality of these schools. These issues lead to pervasive illiteracy and lacking education, which further prevents Aeta from defending their own land rights or making a decent wage.

Similar to schools, Barangay health centers and rural health units are also difficult to access: many have to trek for hours, and some even need to traverse rivers to visit health centers.⁴ The Aeta tend to rely on traditional medicine first and only turn to health centers when conditions become critical. The result is an underreporting of disease burdens among Aeta people and a lack

of understanding of these burdens in the literature and clinics. Furthermore, delayed reporting of disease and poorly equipped health centers lead to poor treatment outcomes.

Poverty also restricts the Aeta to cheap and often nutrient-poor food items. Rice, an empty carb, has become a dominating part of their diet.^{2,6} For those who labor in cities or on larger plantations, rice is all that they can afford. Those who cultivate their own crops generally sell their produce to make a profit. With the money earned, it is once again, rice that is bought and brought home for consumption. Even most babies are fed rice as a weaning food to replace breast milk. This diet, lacking in vital nutrients and dominated by empty carbs, is the cause of widespread malnourishment and disease.

COVID-19

It is unclear how the current COVID-19 pandemic might affect the Aeta population. However, past pandemics have disproportionately harmed indigenous communities more so than their non-indigenous counterparts.

In the case of the Aeta, it is almost certain that this trend will continue.

Without running water and working sewage systems, proper hygiene is impossible to attain. Furthermore, lack of personal protective equipment and medical resources means an inability to comply with WHO guidelines of frequent handwashing and use of masks.¹⁵ The existing high prevalence of health conditions like malnutrition and parasitism will serve to worsen the overall effects of COVID-19 in Aeta communities. Sparse and lacking medical treatment facilities will also be insufficient in treating and holding patients in the event of an outbreak.

The Aeta have taken precautions and have self-isolated themselves from outsiders, which may temporarily avert the disease. However, should COVID-19 infiltrate a community, the outcome is unpromising.

COVID-19 may also serve to accelerate cultural erosion. With the aging population at higher risk of mortality, and the younger population ignorant to old traditions, this pandemic may prove devastating to the Aeta culture.

Nevertheless, the current lack of data demands that more research be done to address the long-term social and economic effects of the COVID-19 pandemic on the Aeta tribe.

CONCLUSION

The issues afflicting Aeta communities are interconnected. Deficient economic resources lead to a lack of education; lack of education results in discrimination and marginalization; the Aeta are then forced to work low wage jobs, and the cycle repeats itself: exacerbating health disparities and poor living conditions.

Organizations like ABC's for Global Health, the Aeta Tribe Foundation, and the United Nations seek to break this vicious cycle. Old wells have been restored and new ones built; seeds, farming tools, and livestock have been provided to help the Aeta towards autonomy; medical support and equipment have continually been donated; educational health programs have been led in these communities to teach members about the importance of a balanced diet, and good hygiene. However, as reported, this is not enough.

Like many other indigenous groups of the world, the Aeta are facing a cultural extinction. With their ancestral lands lost to both development and natural disasters, the Aeta have been forced to adapt and modernize. As they continue to do so, age-old traditions will gradually be lost as well.

The traditions of indigenous people around the world are of symbiosis and mutualism with nature. Their environmentally conscious, sustainable way of living and their honor for the complex interdependence of life have protected the planet's biodiversity. But now, as ecosystems around the world are being destroyed, so too are the indigenous tribes and communities.

The continued studying and support of indigenous tribes like the Aeta thus become critically important for not only the people within but also for the protection of the planet that we inhabit.

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