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HEALTH, CULTURE, AND CONDITIONAL CASH TRANSFERS AMONG INDIGENOUS PEOPLES IN GEOGRAPHICALLY ISOLATED AREAS OF DAVAO DEL SUR, PHILIPPINES

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ABSTRACT

This study examines the lived health-related experiences of Indigenous Peoples (IPs) beneficiaries of the Pantawid Pamilyang Pilipino Program (4Ps) in Geographically Isolated and Disadvantaged Areas (GIDAs) of Davao del Sur, Philippines. While 4Ps is designed as a conditional cash transfer (CCT) program to improve education and health outcomes, limited qualitative evidence exists on how Indigenous beneficiaries negotiate program health conditionalities within culturally embedded belief systems. Using a phenomenological design, in-depth interviews and thematic analysis (MAXQDA-assisted coding) were conducted among IP mothers from Blaán, Tagakaulo, Bagobo Tagabawa, and Kalagan communities. Findings reveal that 4Ps improves food security, maternal engagement with formal health systems, child immunization exposure, and financial prioritization of medicines. However, compliance with vaccination and biomedical care remains negotiated through traditional healing authority structures. A measles outbreak resulting in child mortality exposed tensions between ancestral healing rituals and state-mandated immunization. Beneficiaries do not perceive the program as fostering dependency; rather, they frame it as alalay (support) within broader livelihood strategies. Delayed cash releases, geographic barriers, and cultural incongruence limit sustained health gains. The study proposes a Culturally Anchored Social Protection Pathways (CASPP) framework integrating Indigenous Knowledge Systems with community-led health governance. Results highlight that health conditionalities in CCTs require culturally negotiated implementation to prevent unintended health risks. Social protection programs in GIDAs must move beyond technocratic compliance toward capability expansion and culturally legitimate public health engagement.

KEYWORDS: Health, Culture, Conditional Cash Transfers, Indigenous Peoples, Geographically Isolated Areas, Mindanao, Qualitative Study

1. INTRODUCTION

Conditional Cash Transfer programs have become central instruments in global poverty reduction strategies that explicitly integrate health and education objectives into social protection frameworks. Rather than providing unconditional welfare assistance, Conditional Cash Transfer initiatives seek to influence long-term human development outcomes by linking financial support to compliance with behavioral requirements such as school attendance, immunization, prenatal consultations, and routine health monitoring. This approach rests on the assumption that poverty is multidimensional and that intergenerational deprivation can be disrupted when families are incentivized to invest in the health and education of their children. Across Latin America, Africa, and Southeast Asia, Conditional Cash Transfer programs have been associated with improved school participation, increased utilization of health services, and reductions in extreme poverty.

In the Philippines, this policy paradigm is embodied in the Pantawid Pamilyang Pilipino Program, commonly known as 4Ps, institutionalized through Republic Act No. 11310. The program provides cash grants to eligible low-income households on the condition that they comply with specific health and education requirements. These include ensuring that children receive complete immunization, attend regular health check-ups, undergo deworming procedures, and that pregnant women participate in maternal care consultations. The program thus operates not merely as a poverty alleviation intervention but as a behavioral governance mechanism that seeks to reshape household practices in alignment with national development goals.

The 4Ps framework conceptualizes poverty as a structural barrier to accessing essential services. By providing financial assistance, it aims to reduce immediate consumption gaps while also compelling beneficiary households to engage with state institutions such as public schools and rural health units. In theory, this dual mechanism addresses both present deprivation and future vulnerability. Quantitative evaluations conducted in various regions of the Philippines have demonstrated improvements in clinic attendance, vaccination coverage, and school enrollment rates among beneficiary households. These findings have reinforced the program's reputation as one of the country's flagship social protection mechanisms.

However, the experience of compliance is not uniform across geographic and cultural contexts. In

Geographically Isolated and Disadvantaged Areas of Davao del Sur, Indigenous Peoples communities such as the Blaan, Tagakaulo, Bagobo Tagabawa, and Kalagan navigate these conditionalities within cosmological systems that differ significantly from biomedical paradigms. Illness, healing, and death are not exclusively interpreted through physiological or microbial frameworks but are often understood through relational and spiritual lenses grounded in ancestral authority, ritual practice, and communal interpretation. Within these epistemologies, disease may be attributed to spiritual imbalance, ancestral displeasure, or ritual transgression rather than solely to pathogens.

The intersection between state-mandated health compliance and Indigenous healing systems generates a complex terrain of negotiation. While beneficiary households may attend immunization sessions to avoid suspension of grants, such attendance does not necessarily indicate a transformation of belief systems. Compliance may coexist with continued reliance on ritual healing, herbal medicine, and ancestral consultation. In this context, the 4Ps operates not only as an economic intervention but as a public health governance instrument that extends state influence into culturally distinct domains of knowledge and authority.

Despite extensive quantitative literature documenting service utilization outcomes, there remains limited qualitative exploration of how Indigenous communities interpret and negotiate the program's health requirements. Most evaluations emphasize measurable indicators such as immunization rates and clinic attendance frequencies without interrogating the cultural meanings attached to these practices. The absence of culturally grounded inquiry risks reducing compliance to numerical metrics while overlooking deeper dynamics of trust, resistance, adaptation, and reinterpretation.

This study reframes the Pantawid Pamilyang Pilipino Program as a site of cultural encounter and governance negotiation. Rather than treating conditionality as a neutral administrative requirement, the research examines how Indigenous mothers in upland Geographically Isolated and Disadvantaged Areas of Davao del Sur experience, interpret, and integrate health conditionalities within their existing systems of belief and practice. By foregrounding lived experiences, the study seeks to illuminate the subtle tensions and accommodations that shape health behavior in Indigenous contexts.

The research contributes to broader debates on

culturally responsive social protection. It challenges technocratic assumptions that behavioral compliance automatically translates into attitudinal transformation. It also interrogates the risks of implementing standardized public health conditionalities in culturally diverse settings without sustained dialogue and mediation. Through qualitative inquiry, this study positions 4Ps as both an instrument of welfare support and a mechanism of public health governance whose outcomes are mediated by Indigenous cosmologies and structural realities.

This paper situates the research within an interdisciplinary framework that integrates social protection theory, Indigenous knowledge systems, and public health governance. It underscores the necessity of examining not only whether conditionalities are met, but how they are understood, negotiated, and embodied within communities whose epistemologies differ from dominant biomedical paradigms.

2. Methods

2.1. Research Design

The study employed a qualitative phenomenological research design in order to capture the lived experiences of Indigenous mothers enrolled in the Pantawid Pamilyang Pilipino Program. Phenomenology was selected because it allows for an in-depth exploration of meaning-making processes, particularly in contexts where cultural interpretation shapes behavioral responses. Rather than imposing predefined explanatory frameworks, the approach centers on participants' narratives and subjective accounts of experience.

The research aimed to uncover how mothers understand health conditionalities, how they reconcile these with Indigenous belief systems, and how they navigate moments of tension between biomedical requirements and ancestral authority. The phenomenological orientation enabled the study to focus not on abstract policy design but on embodied experiences within specific cultural and geographic settings.

2.2 Participants and Setting

Participants were Indigenous mothers residing in upland Geographically Isolated and Disadvantaged Areas of Davao del Sur. The communities included members of the Blaan, Tagakaulo, Bagobo Tagabawa, and Kalagan groups. These areas are characterized by limited road access, constrained transportation infrastructure, and restricted proximity to health facilities. Geographic isolation often compounds economic vulnerability, making beneficiary

households heavily reliant on the cash grants provided by the 4Ps.

Participants were selected based on the criteria that they were active beneficiaries of the program and had children subject to health conditionalities. The focus on mothers reflects their central role in fulfilling program requirements related to immunization, growth monitoring, and prenatal care. Cultural protocols were observed through prior coordination with tribal leaders and community elders before conducting interviews.

2.3. Data Collection

Data collection involved in-depth semi-structured interviews that allowed participants to narrate their experiences in their own terms while still addressing key thematic areas related to health compliance, belief systems, and structural challenges. Interviews were conducted in local languages with the assistance of cultural mediators when necessary.

Field notes were maintained to document contextual observations, non-verbal cues, and community dynamics that might not be fully captured in transcripts. Document review was also undertaken to examine program guidelines, compliance monitoring forms, and relevant local reports to contextualize participant narratives within broader administrative frameworks.

2.4. Data Analysis

Interview transcripts were encoded using MAXQDA qualitative data analysis software. The analysis followed a systematic coding process beginning with open coding to identify emergent concepts from the data. This was followed by axial coding to explore relationships between categories and subthemes. Selective coding was then employed to identify core themes that captured the central dynamics of negotiation between health conditionalities and Indigenous cosmologies. Finally, thematic clustering was conducted to synthesize findings into coherent conceptual groupings.

The analytic process prioritized reflexivity, ensuring that interpretations remained grounded in participant narratives rather than imposed theoretical assumptions. Patterns of co-occurrence between codes such as immunization compliance, ancestral authority, and fear of displeasing spirits were carefully examined to understand how dual belief systems coexist within beneficiary households.

3. RESULTS



Figure 1: Themes and Subthemes.

Theme 1: Health as Conditional Compliance

Participants consistently reported increased attendance at rural health units following enrollment in the 4Ps. Mothers described ensuring that their children received scheduled vaccinations and health check-ups primarily to avoid suspension of cash grants. Compliance was framed as a responsibility tied to financial survival rather than as a transformation of health beliefs.

Many participants articulated a pragmatic understanding of program requirements. They acknowledged that attendance was necessary to maintain benefits, yet they did not necessarily internalize biomedical explanations of disease prevention. Vaccination sessions were sometimes perceived as obligations imposed by external authorities rather than as intrinsic protective measures.

Thematic analysis revealed strong co-occurrence between references to immunization compliance and expressions of ancestral authority. Some mothers described participating in vaccination activities while simultaneously performing ritual practices to appease spirits. Fear of displeasing ancestral forces remained a salient concern, particularly when adverse reactions such as fever occurred after immunization. This dual adherence illustrates a layered epistemology in which biomedical compliance does not displace Indigenous cosmology but coexists alongside it.

Theme 2: Measles Mortality and Cultural Conflict

A significant episode emerged in participant narratives involving five child deaths attributed to measles within the community. Families initially relied on ritual healing practices and delayed seeking biomedical intervention. Only after broader community discussion and external encouragement

were affected families brought to formal health facilities.

This event exposed gaps in health governance within the area. While the 4Ps required immunization compliance, enforcement mechanisms did not fully account for cultural hesitation or distrust. The tragedy temporarily increased vaccination attendance, yet participants emphasized that belief in ancestral healing remained intact. The incident thus did not eliminate traditional interpretations of illness but rather layered biomedical awareness onto existing frameworks.

Comparative analysis of health requirements revealed divergence between biomedical purposes and Indigenous interpretations. Vaccination was framed by health authorities as disease prevention, whereas some participants associated illness with spiritual imbalance. Prenatal check-ups aimed at maternal risk reduction were sometimes considered secondary to ritual blessings performed by elders. Growth monitoring sessions were perceived as administrative requirements with limited cultural meaning.

Theme 3: Health Gains Through Food Security

Participants consistently linked improvements in child well-being to increased food security enabled by cash grants. Mothers reported greater capacity to purchase rice, vegetables, and vitamins. Reduced hunger episodes were frequently cited as evidence of improved health.

Interestingly, improved child strength and vitality were attributed more to enhanced nutrition than to immunization compliance. The concept of alalay, or support, emerged as a central node connecting food security, education, health access, and emotional relief. For many participants, the psychological assurance of having financial assistance reduced stress and contributed indirectly to family stability.

This finding underscores that while health conditionalities increased clinic exposure, perceived health gains were mediated primarily through improved consumption capacity rather than biomedical intervention alone.

Theme 4: Structural Barriers to Health

Despite compliance efforts, structural barriers significantly constrained health outcomes. Delayed cash disbursements, sometimes extending up to three months, disrupted the ability of households to purchase medicines, finance transportation to clinics, or respond to emergencies. Participants described rumor-based banking trips that resulted in wasted transportation expenses when funds were not yet available.

Low trust in biomedical care persisted in some

communities, particularly when interactions with health personnel were perceived as dismissive of cultural beliefs. Informal deductions and logistical challenges further eroded confidence.

A SWOT analysis of the health dimension of 4Ps within these communities reveals both strengths and vulnerabilities. Increased clinic exposure and improved food intake represent notable gains. However, delayed cash release and limited cultural mediation weaken program effectiveness. Opportunities exist for culturally anchored health dialogue and mobile health services, while threats include preventable disease mortality and persistent mistrust.

4. DISCUSSION

Applying Amartya Sen's Capability Approach, the 4Ps can be understood as expanding health-related functionings by enhancing access to clinics and nutritional resources. However, capabilities remain constrained by structural deprivation and cultural mismatch. Financial incentives alone do not automatically generate substantive freedom to achieve health when transportation barriers, delayed payments, and epistemological divergence persist.

Fredrik Barth's theory of ethnic boundary maintenance offers additional insight. Indigenous communities may adopt external institutional practices such as clinic attendance while preserving distinct cultural identities and interpretive frameworks. Compliance does not necessarily signal assimilation. Instead, it may represent strategic engagement with state systems while maintaining ancestral epistemologies.

The concept of technocratic vulnerability emerges from this analysis. When program rules are designed without sustained cultural negotiation, enforcement mechanisms may inadvertently place households at risk. For instance, if compliance is measured solely through attendance records without assessing belief systems, underlying hesitations may remain unaddressed until crises occur.

The proposed Culturally Anchored Social Protection Pathways framework offers a conceptual model for reimagining health conditionalities. Its

first pillar emphasizes integration of Indigenous Knowledge Systems and Practices into health dialogue. The second pillar advocates for flexible conditionalities that allow contextual adaptation. The third pillar calls for community-led health governance structures that involve tribal leaders in decision-making. The fourth pillar proposes capability-based monitoring that evaluates not only compliance but substantive empowerment.

This framework envisions bidirectional negotiation between state health systems and Indigenous authority structures. Rather than imposing uniform standards, it promotes culturally mediated co-governance that respects plural epistemologies while safeguarding public health.

5. CONCLUSION

The Pantawid Pamilyang Pilipino Program increases exposure to formal health services within Indigenous Geographically Isolated and Disadvantaged Areas of Davao del Sur. However, compliance with health conditionalities does not guarantee sustained transformation of belief systems or full trust in biomedical paradigms. Indigenous mothers often navigate dual epistemologies, fulfilling program requirements while maintaining ancestral healing practices.

Health gains are mediated significantly through improved food security and reduced stress rather than through vaccination compliance alone. Structural barriers such as delayed cash disbursement and transportation constraints further complicate health outcomes.

For Conditional Cash Transfer programs to achieve long-term public health impact in culturally diverse settings, enforcement must transition toward culturally mediated co-governance. Integrating Indigenous Knowledge Systems and Practices, fostering dialogue, and strengthening community participation are essential to reducing technocratic vulnerability. Social protection must not only expand access but also cultivate culturally resonant capabilities that sustain well-being beyond compliance metrics.

Ethics Statement: Ethical clearance was secured from the Davao del Sur State College Research Ethics Committee. Informed consent was obtained from all participants. Cultural protocols were observed in coordination with tribal leaders to ensure respect for community authority structures and traditional practices.

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Conflict of Interest: The authors declare that there is no conflict of interest regarding the publication of this study.

Data Availability Statement: Qualitative transcripts generated during the study are not publicly available due to cultural sensitivity and confidentiality agreements. Access may be requested from the corresponding author subject to ethical approval and community consent protocols.

References

- Chaudhury, N., Friedman, J., & Onishi, J. (2013).** *Philippines conditional cash transfer program impact evaluation 2012* (Impact Evaluation Report No. 13244). World Bank.
- Crossman, A. (2017).** *Poverty*. In *Sociology Guide*. Retrieved from <https://www.sociologyguide.com/concepts/Poverty.php>
- Dela Torre, R. (2016).** *The Pantawid Pamilyang Pilipino Program aims to reduce existing poverty by supplementing the income of the poor, particularly in education and health*. AGAP.
- Hofstede, G. (1983).** *National cultures in four dimensions: A research-based theory of cultural differences among nations*. *International Studies of Management & Organization*, 13(1–2), 46–74.
- Jenkins, R. (2008).** *Rethinking ethnicity: Arguments and explorations* (2nd ed.). Sage Publications.
- Reyes, C. M., & Tabuga, A. D. (2013).** *Conditional Cash Transfer Program in the Philippines: Is it reaching the extremely poor?* Philippine Institute for Development Studies Discussion Paper No. 2012-42.
- Rosling, H. (2015).** *Factfulness: Ten reasons we're wrong about the world—and why things are better than you think*. Flatiron Books.
- Sen, A. (1999).** *Development as freedom*. Oxford University Press.
- Smith, M. G. (1974).** *The analysis of social change*. Tavistock Publications.
- Talle, A. (1999).** *Development and difference: Anthropology in the age of globalization*. Indiana University Press.
- World Bank. (2013).** *Philippines conditional cash transfer program: Impact Evaluation 2012*. Retrieved from Open Knowledge Repository.