

Sectoral Monitoring on the Situation of Indigenous Women and Girls during the COVID-19 Pandemic

LILAK (Purple Action for Indigenous Women's Rights) and Commission on Human Rights Gender Equality and Women's Rights Center



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Table of Contents

Introduction	1
EXECUTIVE SUMMARY	5
Methodology	5
Scope And Limitations of The Study	5
Summary of Findings	6
Food Security	6
Health	6
Education	7
Livelihood	7
Indigenous Women Human Rights Defenders Work	7
Political Participation	8
Recommendations	8
Food Security	11
Introduction	11
Presentation of Data	13
PRE-PANDEMIC	13
DURING PANDEMIC	20
Comparative Presentation of Data	28
Analysis	31
Recommendations	37
Health	39
Introduction	39
Presentation of Data	40
PRE-PANDEMIC	40
DURING PANDEMIC	48
Comparative Presentation of Data	63
Health Description	63
Illnesses and Treatment	64
Family and Healthcare	66

Reproductive and Sexual Healthcare	68
Analysis	73
Recommendations	79
Indigenous Women Human Rights Defenders Work	81
Introduction	81
Presentation of Data	83
PRE-PANDEMIC	83
DURING PANDEMIC	87
Comparative Presentation of Data	92
Analysis	96
Recommendations	99
Livelihood	101
Introduction	101
Presentation of Data	102
PRE-PANDEMIC	102
DURING PANDEMIC	107
Comparative Presentation of Data	111
Analysis	116
Recommendations	117
Right to Education	119
Introduction	119
Presentation of Data	120
PRE-PANDEMIC	121
DURING PANDEMIC	130
Comparative Presentation of Data	142
Analysis	147
Recommendations	150
Political Participation	151
Introduction	151
Presentation of Data	152
PRE-PANDEMIC	152

Gender Composition of Leaders	154
Promotion of Women's Rights and Gender Equality	155
Indigenous Women's Accessibility to Local Governance	156
Indigenous Women and Elections	157
DURING PANDEMIC	172
Promotion of Women's Rights and Gender Equality	172
Indigenous Women's Accessibility to Governance	175
Indigenous Women and Elections	176
Gender Composition of Leaders	186
Comparative Presentation of Data	188
Analysis	200
Recommendations	201

Introduction

Judy Pasimio

On March 16, 2020, the Duterte government imposed a lockdown as it determined the presence of the highly infectious COVID- 19 in the country. In an attempt to control the spread of the virus, the entire Luzon and other major cities were immediately placed under the Enhanced Community Quarantine (ECQ), a strict stay-at-home policy to limit movement, and impose stringent physical distancing measures. Only essential travels were allowed such as individuals considered as frontliners, and quarantine passes issued by Local Government Units (LGUs) are required for people to get groceries, and medicine. Transportation and other establishments considered as non-essentials were not allowed to operate. These lockdown policies have great impacts on the Filipino families who suddenly had to stop working, stop going to school, and stay at home while worrying about their safety, their health, but more urgently, about their food on the table. This is the case with indigenous women and their families.

Third week into the lockdown, LILAK (Purple Action for Indigenous Women's Rights) reached out to its partners to ask how they were. According to a Higaonon woman leader, "The drought brought in poor harvest. That's why many of us in our community worked as farm workers, construction workers, and domestic helpers. But because of the lockdown, many of us were forced to stop working – by our employers to avoid transmitting the virus or because there was no more transportation that could take us to our jobs." This was echoed by several others. Indigenous communities that were able to produce good crops, on the other hand, were then unable to sell them due to the quarantine. Earlier on, they were living on vegetables and root crops from their gardens. But they could not afford to buy rice, and anything else.

In some areas, the quarantine restrictions prohibited them from going into their own collective farms by the Barangay or local government units. This was the case for the T'boli-Manobo in Brgy. Ned, Lake Sebu. Furthermore, they were prevented from harvesting the vegetables and corn in their collective farm, by the presence of armed groups surrounding their farm. We see this as something beyond the COVID-19 issue. This was a sinister way of taking advantage of the medical emergency as a way to ease them out of their ancestral domain, given the expansion of the coffee plantation of the DMCI corporation.

Over the months, we saw the government creating a military-led COVID 19 Inter-Agency Task Force (IATF), implementing guidelines which seemed to be oblivious to the realities of the indigenous women on the ground - one of which is imposition of face masks and shields, with harsh penalties for people caught without them; wash hands with soap; social distancing. The realities then - because of the lockdown, indigenous women were finding it very difficult to put

food on the table. The common sentiment among our partners was “*sa gutom kami mamatay, hindi sa COVID- 19*”. (We will not die of COVID 19, but of hunger.”) How can they even afford face masks and shields? The government was not supporting them with these. When we spoke to the women in Marawi, who were still in the evacuation centers, they had no regular access to drinking water, let alone water for washing their hands and soap. Social distancing was an impossible measure to take for Teduray and Lambangian peoples who have been forced to abandon their communities as they were being fired at, houses burned, because of land conflict. As early as the first quarter of 2020, thousands have been displaced, and have set up their own makeshift evacuation centers - cramped, with no regular access to water, and lacking food.

These are the harsh realities of indigenous women and their families in the different parts of Mindanao, and Luzon. And how are these known, or considered by the IATF?

Most of the indigenous communities, accurate and timely information on COVID 19 was hard to come by - what is COVID 19, what is pandemic, how do we properly protect ourselves; also, information on *ayuda* (relief) - where to get this, how, who are eligible? This situation was not a priority of IATF response.

When *ayuda* was first rolled out, it was chaotic - no clear information was reaching the indigenous women - confusion on 4Ps or the Pantawid Pamilyang Pilipino Program, benefits for senior citizens, and the lockdown *ayuda*. There was one experience, shared by an Erumanen Menuvu from Cotabato - that the *ayuda* from the local government was raffled off by the barangay.

Then there is the information on vaccine - what are these? why? how? Again, no systematic and culturally appropriate information campaign was done by the government. This has a significant impact on the vaccination hesitancy among the indigenous communities.

Meanwhile, as the indigenous women were finding ways to cope with the lack of food, and income, the military was making it more difficult for them. The militarist response of the Duterte government has paved the way for more human rights violations in the guise of health protocols. In one instance, the Mamanwa woman leader, who was distributing relief packs from LILAK to the families in her community, was harassed by the military, accusing her of distributing goods to rebels. In another province in Southern Tagalog, the indigenous woman leader who was also distributing relief packs, was visited by the military in her home. Out of fear, she then decided to stop receiving relief packs from LILAK, even, as she said, they badly needed these.

Two years into the pandemic, how are these issues being addressed by the government? How are the realities of indigenous women being taken into account by the IATF, by the agencies, and local government units?

As COVID-19 and its variants are reaching the indigenous communities, indigenous women are worried, and burdened with the increase in their care work. Their food security is deeply threatened, as well as their livelihood which are mostly based on natural resources. The

climate crisis that we are in now, as well as the corporate activities within their ancestral domain have exacerbated the impacts of the lockdown. The lack of nutritious food, and poor health service of the government, as well as the threat of COVID-19 are increasing the vulnerabilities of the indigenous families. The lack of educational support, as well as inferior internet and communications infrastructure, have made schooling more challenging than it ever was, for the indigenous children. All these are shouldered primarily by the women - as mothers, older sisters, and grandmothers. Their worries, anxieties and actual care work increased, compromising their own health - both physical and mental.

It is the obligation of the government to provide timely and appropriate support, that indigenous women can avail through non-discriminatory and empowering processes, and in a non-hostile environment. However, the government has failed to do so as seen in the experiences of the women from the indigenous communities in the participating provinces.

This documentation has proven that the stories and anecdotes we have been hearing from indigenous women - of hunger, of difficulties, particularly experienced by women and their families; and the lack of support from the government in this time of pandemic, are not isolated cases. There is a pattern of state neglect - a clear reneging of the state obligations to its constituency, especially to those who lie in the margins of our society. The Magna Carta of Women or Rep. Act 9710 has identified indigenous women and girls as part of the marginalized sectors or groups of women whose rights need to be protected, fulfilled, and promoted in order to eliminate discrimination against them. However, the situation of the indigenous women and girls, especially in the time of pandemic, has shown that despite the law that directs more focused attention on them, the government has failed to do so.

This research jointly done by the Center for Gender Equality and Women's Human Rights of the Commission on Human Rights and LILAK tried to get the response to these questions from the indigenous women participants coming from communities from Region X, XII, CAR and CARAGA.

In the focused group discussions, the indigenous women articulated recommendations that are sound, feasible and most of all, grounded on their realities. This research intends to forward them to different relevant government agencies who are responsible for direct services, policy makers, as well as civil society organizations which are doing policy and advocacy work. The insights of indigenous women and their experiences will also inform submissions to human rights treaty bodies and inputs to reports of human rights mandate holders.

As COVID-19 peaks, and plateaus, what is constant, is the woman's role - to take care of the family, in different ways. She does it out of love, or obligation, or fear that her family will suffer. She braves being exposed to COVID, just so she can earn for the family, or bring relief to the community. She puts herself last. She shares whatever little she has to her neighbor. She braves the red-tagging from the military as she asks difficult questions about government's

support; and asserts their rights over it. Indeed, to love is difficult in the time of COVID-19, and more difficult to live in the time of an authoritarian regime.

But she persists.

EXECUTIVE SUMMARY

One of the marginalized sectors identified by the Magna Carta of Women are indigenous women and girls. As Gender Ombud, the Commission on Human Rights' work on the protection, promotion, and policy that include and cover issues of indigenous women and girls. There were several studies, sectoral monitoring, and research done by the CHR, developing recommendations to address the difficulties and challenges that women face. However, the indigenous women and girls continue to face relentless challenges in the fulfillment of their human rights. Issues previously identified persisted and are exacerbated by the existing challenges and the current crisis brought about by the COVID-19 pandemic. Thus, the CHR conducted research to have a closer look on the plight of indigenous women and girls in the time of pandemic, and formulate recommendations that will substantively address the specific needs and challenges of indigenous women and girls.

The Sectoral Monitoring of Indigenous Women and Girls in the time of COVID-19 Pandemic was jointly conducted by the Center for Gender Equality and Women Human Rights of the Commission on Human Rights and LILAK (Purple Action for Indigenous Women's Rights).

This commenced on April 11 and concluded on November 29, 2021.

Methodology

The research employed a mixed-method approach using quantitative and qualitative methods of gathering data. The respondents, composed of indigenous women and girls, participated in a hybrid session of semi-structured interviews and focused group discussion (FGD). The discussion was led by a facilitator, and the respondents' answers to the survey questions. The responses were noted by surveyors. The methods of analysis used in the survey are quantitative and qualitative data analyses. The quantitative analysis was supported by KoBo Toolbox, an open-source data collection, management, and analysis tool. The data gathered was also analyzed through thematic and content analyses.

Scope And Limitations of The Study

The survey was participated by 54 indigenous women and girls from the provinces of Cagayan de Oro and Bukidnon of Region X, Trento and Agusan del Sur from CARAGA Region, South Cotabato from Region XII, and Cordillera. Due to lockdown policies and COVID-19 travel restrictions, LILAK had to conduct the interview and FGDs using the video conferencing platform Zoom. The CHR regional teams were able to go on field for data gathering.

The respondents were disaggregated but were only limited from ages 15 to 65. This may imply for example that health needs and health service preferences will vary based on multiple structural inequalities within each of the social groups that they occupy. Sexual orientation, gender identity, and gender expression are also factors that affect the health care needs, the livelihood opportunities, the participation in political processes of indigenous women. Therefore, further studies should be done to carefully consider these variables.

Summary of Findings

Food Security

In the time of pandemic, there is a significant increase in the number of indigenous women and girls who are hungrier, have no capacity to stock up food, and experience food insecurity. It was during the lockdown that the communities felt more than ever the impacts of climate change on their food production, and how corporate control over their land and natural resources within their ancestral domain diminished their food sources. It was during the lockdown that they felt more than ever state neglect. While there is a significant number of indigenous women who said that they have received support from the local government unit, most of them responded that they received support only once, or that the support they got was not enough.

Through all these difficulties, it is the women - in their role as mothers, older sister, or grandmother- who are considered the primary responsible for putting food on the table.

Health

The COVID-19 pandemic in the Philippines highlighted the structural and historical inequalities experienced by the indigenous peoples and made even worse for indigenous women and girls who are most at risk due to the particular conditions in areas in which they live. Results of this survey has shown that the pandemic has increased the multiple inequalities that were already affecting the indigenous women and girls in terms of limited access to health services, continuous discrimination against them through disregard of their traditional health knowledge and practices, and lack of fact-based information about COVID-19 and vaccination.

The workload of the indigenous women increased during lockdown due to family care and other tasks as they are considered the primary responsible in caring and maintaining the health of the family. Such pressure, as well as social disruptions that have left indigenous women to struggle with feelings of uncertainty, stress and worries about economic well-being, including job loss, have effects on their mental health.

Education

While free public education is purported to be available for everyone, the realities of the indigenous women and girls make it very difficult for them to enjoy this right. There is the issue of distance - students had to walk for hours to get to school. For those who have passable roads, they have to pay big amounts for *habal-habal* or local transportation. Other expenses incurred for meal allowances, and payment for boarding house rentals is another challenge. These challenges did not disappear, however, with the shift to online and module-based learning during the COVID-19 lockdown. In fact, the new challenges made it more difficult for the indigenous children. The families could not afford the requirements needed for online schooling such as laptop and smartphones, stable internet connection, and electricity. For the module-based learning, it puts extra work and pressure on mothers who are expected to assist their children. This role is expected for a significant number of indigenous mothers, and parents in general, despite the fact that they have not gone to school themselves.

The survey results have shown the inability of the educational system of the country to seriously consider and integrate in its planning a more responsive program to the realities of indigenous families and communities.

Livelihood

Indigenous women and their families rely heavily on farming and agricultural work for their income and livelihood. The respondents are cultivating land for rice, corn, root crops and vegetables for their own consumption with an intended surplus harvests to sell for non-food needs of their families. However, indigenous farming practices way before COVID-19 came already faced numerous challenges. Such challenges include the encroachment of large corporations into the ancestral domains, and the climate crisis. The insufficiency of income from farming have pushed indigenous women to look for other means to earn income such as handicraft making, weaving and becoming a household help or farm laborers specially for those who don't have their own land to cultivate. With COVID-19 lockdown and strict quarantine protocols, indigenous women were confronted with even graver challenges on how they will make ends meet. Farming has become the only source of livelihood for many indigenous women and their families as other work was no longer available. Furthermore, the lockdowns posed difficulties in selling their farm products due to costly travel requirements. This has caused a significant decrease in the income of the indigenous women and their families.

Indigenous Women Human Rights Defenders Work

Before and during the pandemic, there was a significant number of indigenous women that identified themselves as indigenous women human rights defenders (IWHRD). A significant number of them point out gender-based violence as the primary issue within their communities. Land conflict and harassment comes second. Issues of harassment and red-tagging that are

related to on-going land conflict and protection of ancestral domains were particularly high before the pandemic. However, it relatively decreased during the pandemic. This can be attributed to the mobility restrictions that came with lockdowns. Many of the respondents claim that their focus shifted to economic survival and health during the time of lockdown.

Majority of the respondents put high regard to their role as indigenous women human rights defenders in forwarding their agenda and cause. Indigenous women take pride in the leadership positions they occupy in their community. This however is not always explicitly articulated. Rather, it is often expressed through actions. Hence, the common perception is that an IWHRD is respected and admired in their communities. Meanwhile, confronted with threats and harassment, it is their tribal leaders and non-government organizations that they depend on to support and help them.

Political Participation

There is a huge gap in political participation and representation between indigenous women and men. While most of the indigenous women who participated in the survey believe that women are also capable and should be allowed to lead, those who are able to secure leadership positions are still mostly men. Most indigenous women do not want to run as candidates in the elections because they lack the resources to do so; they are busy with taking care of their families; it is viewed negatively when women take on leadership roles; or their families do not allow them to do so.

During the pandemic, indigenous women experience compounded multiple burdens, but it is also this time that their leadership has been made evident. Indigenous women step up to care for, not just their families, but also their communities during emergencies - including during COVID-19 lockdowns, natural disasters, and continuing armed conflict over land. Indigenous women's actions exemplify the traits they value in leaders - caring, smart, brave, articulate, and familiar with the issues and situations of their communities. More discussions may be conducted to further understand how indigenous women see themselves as leaders or why they do not see themselves as leaders.

Recommendations

The indigenous women themselves articulated specific recommendations which are feasible and grounded on their realities. Below are some of the common recommendations that cuts across the thematic issues:

Services

- Provide accurate, relevant and timely information on COVID-19 and government services to the indigenous communities;
- Institutionalize support for direct access to markets for indigenous products;

- There should be more intense discussion on impacts of climate change on food production with the indigenous communities; and how they can adapt;
- Provide more technical and financial support for combatting the impacts of climate change;
- The Philippine government must prioritize and include as part of their COVID-19 responses - access to maternity care, pre- and post-natal health care, availability of an accessible health care facility within their community and a free and easy-to-access healthcare procedures that are culturally sensitive and non-discriminatory and that also recognizes indigenous medicine and health practices;
- Include mental health support programs in the health services for the communities;
- Utilize government resources to support indigenous women in their leadership roles such as mediating peace and facilitating humanitarian response;
- Install local disaster-emergency response mechanisms that encourage and strengthen community participation, particularly that of indigenous women and girls;

Policy

- Ensure the meaningful participation of indigenous women at all levels and include them in planning, consultation, implementation, and monitoring;
- Indigenous agricultural practices and knowledge must be recognized and provided with technical and financial support;
- Institutionalize inter-agency collaboration between the National Commission on Indigenous Peoples (NCIP) and other relevant agencies to provide appropriate, relevant support for indigenous women and girls (i.e. with the Department of Education, or with Department of Agriculture, or Department of Health);
- Government offices, especially those whose mandates have specific interests to protect, promote and fulfill indigenous women's rights (i.e., NCIP, PCW, DILG, LGUs), should exercise such mandate with urgency and with constancy;
- Conduct dialogues and consultations with indigenous women to collaboratively determine solutions and responses to the challenges they face, especially amidst the pandemic and in the upcoming elections;
- Regular monitoring and documentation of the situation of IP communities particularly of women and children;
- Develop and implement policies that strengthen and institutionalize support for access and control of women over their land and natural resources;
- Implement R.A. 8371 or the Indigenous Peoples Rights Act fully; RA 9710 or Magna Carta of Women; and R.A. 10068 or the Philippine Organic Agriculture Act;
- Review and repeal laws that institutionalize red tagging or criminalization of human rights defense work, such as R.A. 11479 or the Anti-Terrorism Law;

- Pass laws that would protect our environment and promote sustainable, nurturing management of our lands and natural resources such as Alternative Minerals Management Bill, National Land Use Act, Forestry Resource Bill;

Advocacy

- Stop the discrimination against young indigenous women who are being critical and assertive of their rights;
- Raise awareness on unpaid care work as a development and poverty issue;
- Promote stories of indigenous women leaders to counter the narrative against human rights and human rights defenders as being anti-government, or as being part of rebel groups; and
- Build capacities of public servants on gender and cultural sensitivity towards eliminating all forms of discrimination against indigenous women and recognition of their leadership.

Sectoral Monitoring of the Situation of Indigenous Women and Girls During the Pandemic:

Food Security

Judy Pasimio

Introduction

Food is a universal right. In the 1996 historic World Food Summit held in Rome, the heads of states reaffirmed the right of everyone to have access to safe and nutritious food, consistent with the right to adequate food and the fundamental right of everyone to be free from hunger. Two decades after, food insecurity remains to be a primary issue in many developing countries like the Philippines.

A Social Weather Station (SWS) survey reveals that 2.1 million Filipino families continue to experience involuntary hunger in the last three months of 2019 (SWS, 2020)¹. This number is about 8.8% of Filipino families. However, the number of hungry Filipinos increased during the first year of the pandemic. A similar survey conducted during the last quarter of 2020 shows a significant increase with over 7.6 million Filipino households experiencing involuntary hunger. The 30.7% increase is a record-high since 2012 with 23.8%².

The lockdowns due to the COVID-19 pandemic have severely affected the food security of Filipino families. The most at-risk populations are those who are already struggling with poverty and hunger. Most of the daily wage earners for instance have no savings to stock up on food and basic necessities that could last for months. In indigenous communities, indigenous women and their families who are largely dependent on natural resources for food experience extreme difficulties aggravated by the pandemic.

Food is a key issue for indigenous women, their families, and their communities. The production and source of food are key indicators of sustainability in indigenous communities. The quality and type of food are an indication of their state of health, and their immunity and vulnerability to certain illnesses and diseases. Thus, it is vital that indigenous communities, particularly indigenous women have control over food production. This requires that indigenous women have access to and control over their land and natural resources.

¹ Social Weathers Station (2020). <http://www.sws.org.ph/swsmain/artcldisppage/?artcsyscode=ART-20200124143817>

² Manila Bulletin (2020). <https://mb.com.ph/2020/09/27/7-6-m-filipino-households-experienced-hunger-sws/>

According to the Observer Research Foundation³, about 43% of the agricultural workforce in developing countries are women (Suri, 2020). The research highlighted how women and girls form the majority of the world's food producers. Complementary to this, the Food and Agriculture Organization of the United Nations has estimated that rural women produce half of the world's food.

In the Philippines, women from rural and indigenous communities play a significant role in food production both within the household and on a national scale. They compose 60-80% of those who grow food crops. They ensure that food will be available daily.

They are also at the forefront of the defense of their land and natural resources against government projects and large foreign investments. They are seed custodians, knowledge keepers, and stewards of biodiversity. In effect, women are at greater risk due to the threat of the pandemic to agricultural produce and market closures brought by imposed lockdowns. It has further taken a toll on women's productivity and income. Rahman (July 2021) noted in her study that during the pandemic, women experienced a higher stress level which contributes to potential poor mental health as food insecurity deteriorated during the pandemic⁴.

This report aims to present the impact of the pandemic on indigenous women and girls particularly focusing on food security. The data and analyses from this report were drawn from the result of the survey conducted by LILAK (Purple Action for Indigenous Women's Rights) and the Commission on Human Rights (CHR) on the various challenges that indigenous women and girls are currently facing, in August 2021.

³ Observer Research Foundation (2020). <https://www.orfonline.org/expert-speak/gendered-effect-of-pandemic-across-the-food-system/>

⁴ In her study, Tabassum Rahman examined the association between food insecurity and mental health of poor rural women in Bangladesh during the COVID-19 pandemic.

Presentation of Data

PRE-PANDEMIC

How many times do you eat in a day?

Ilang beses kayo kumakainsaloob ng isang araw?

TYPE: "SELECT_ONE", 51 out of 54 respondents answered this question. (3 were without data.)

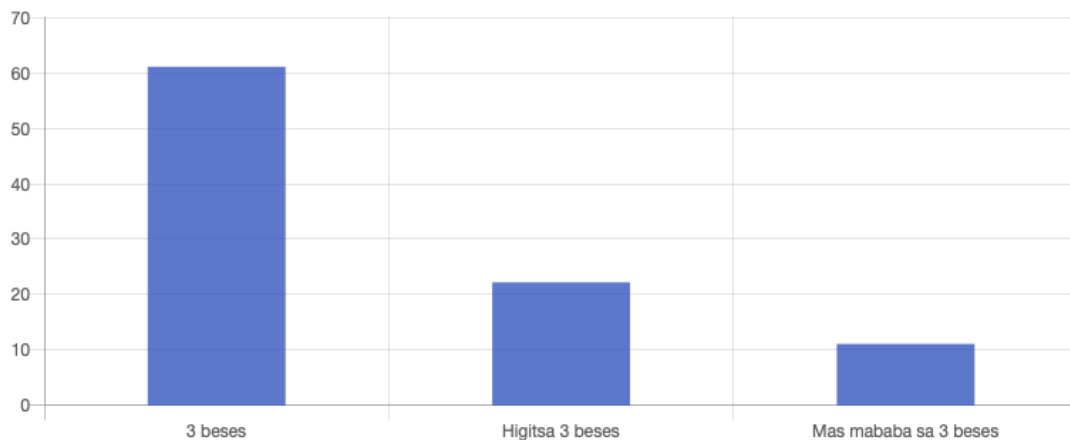


Figure 1. Indigenous women's frequency of having meals

When indigenous women were asked how many times they eat in a day, 61.11% of the respondents said that they eat three (3) times a day while, 22.22% said that they eat more than three (3). Consequently, 11% said that they eat less than three times a day. Three (3) out of 54 respondents or 6% were unable to answer this survey question.

What do you often eat in a day?

Ano-ano ang madalas na kinakain nyo saaraw-raw?

TYPE: "SELECT_MULTIPLE". 53 out of 54 respondents answered this question. (1 were without data.)

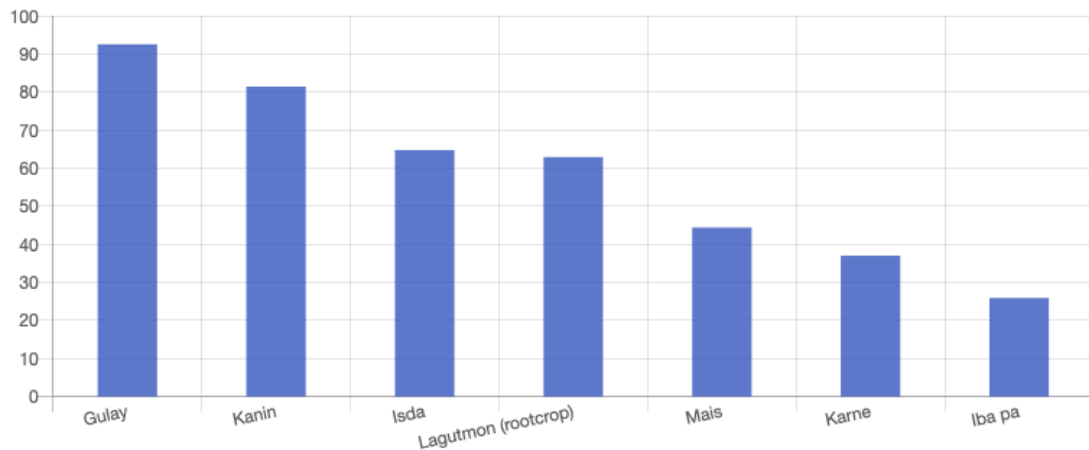


Figure 2. Food indigenous women eat regularly

A total of 92.59% of the respondents said they eat vegetables, 81.48% eat rice, 64.81% eat fish, and 62.96% eat *lagutmon*⁵ or root crop. Another 44.44% of indigenous women said that they eat corn, while 37.04% eat meat. 25.93% responded Others (*Iba pa*) but did not specify what food.

⁵ Lagutmon is a kind of rootcrop eaten similarly as cassava or yam.

Where do you often and mostly get your food in a day?

How long will your family have enough food?

Hanggang kailan may siguradong sapat na pagkain ng iyong pamilya?

TYPE: "SELECT_ONE". 52 out of 54 respondents answered this question. (2 were without data.)

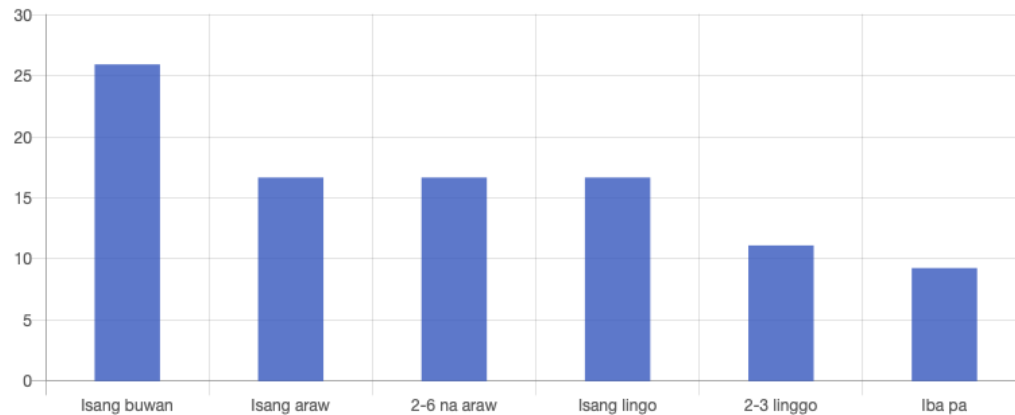


Figure 3. Indigenous women response to how long their families can have enough food

When asked how long their family's food supply can last, 25.93% of the respondents said that they can stock up food for a month. Meanwhile, 16.67% responded that they could stock up on food for a week, another 16.67% for 2-6 days, and another 16.67% only for a day. Another 11.11% responded that they could stock up on food for 2-3 weeks. While 9.26% were not able to provide their answers. The respondents said that they mostly stock up on rice while others opted for corn. Some rely on the vegetables and root crops that they were able to harvest on their communal farms. While only a few can store canned goods, dried fish, and noodles.

Who is responsible in ensuring that there is food for the family?

Sino ang maituturing na may pangunahing responsibilidad sa pagsisiguradong may pagkain ang pamilya?

TYPE: "SELECT_ONE". 53 out of 54 respondents answered this question. (1 were without data.)

...

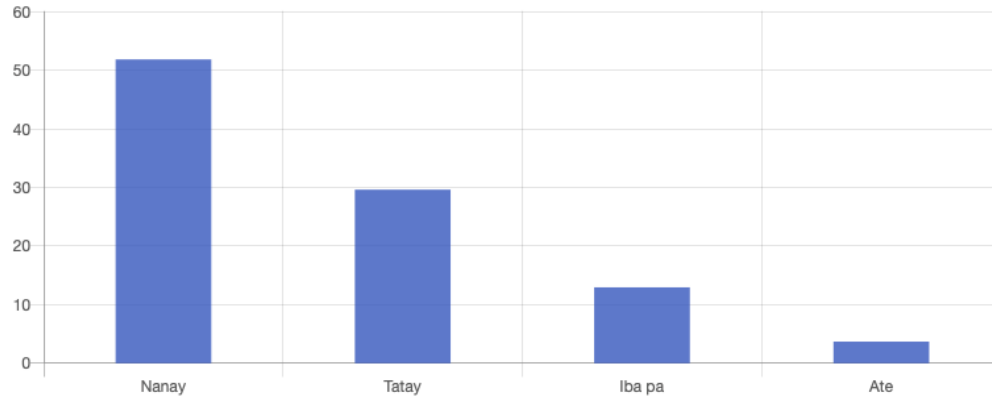


Figure 4. Responsible in ensuring food for the family

When asked who is responsible in ensuring that there is food for the family, 51.85% of the respondents said it is the mothers. On the other hand, 29.63% responded that it is the fathers' responsibility to ensure that there is food on the table. Another 12.96% said Others, without specifying who, while 3.7% said it is their older sister. One (1) respondent was not able to provide an answer to the survey question.

Were there times when food was not enough?

May pagkakataon ba na di sapat ang pagkain?

TYPE: "SELECT_ONE". 52 out of 54 respondents answered this question. (2 were without data.)

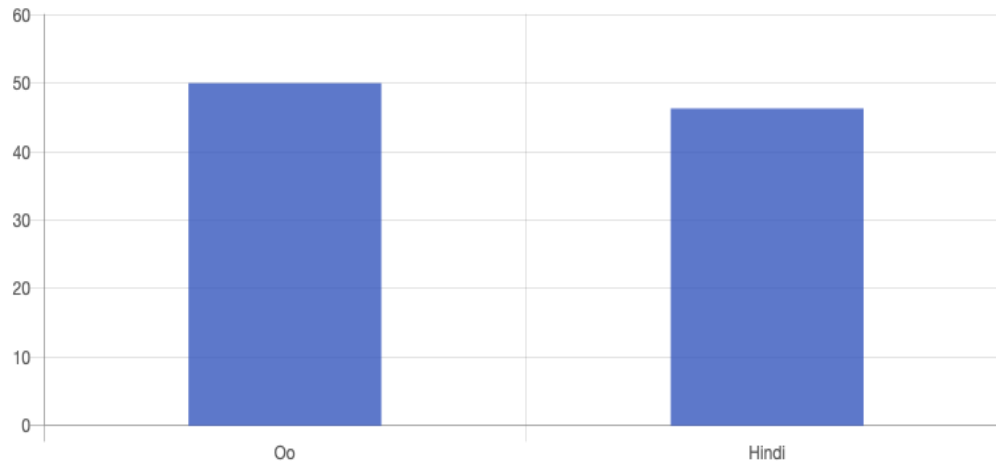


Figure 5. Indigenous Women's responses when asked whether their families have experienced insufficient food

When asked if there were times that food was not enough for the family, 50% of the respondents said Yes (*Oo*) while 46.3% said that they have not experienced food insufficiency. Meanwhile, 3.7% or two (2) out of 54 respondents were not able to provide a response to the survey question.

Are there instances when someone will not eat in order for other members of the family to eat?

May pagkakataon ba na hindi kakain ang iba, para makakain ang ibang miyembro ng pamilya?

TYPE: "SELECT_ONE". 27 out of 54 respondents answered this question. (27 were without data.)

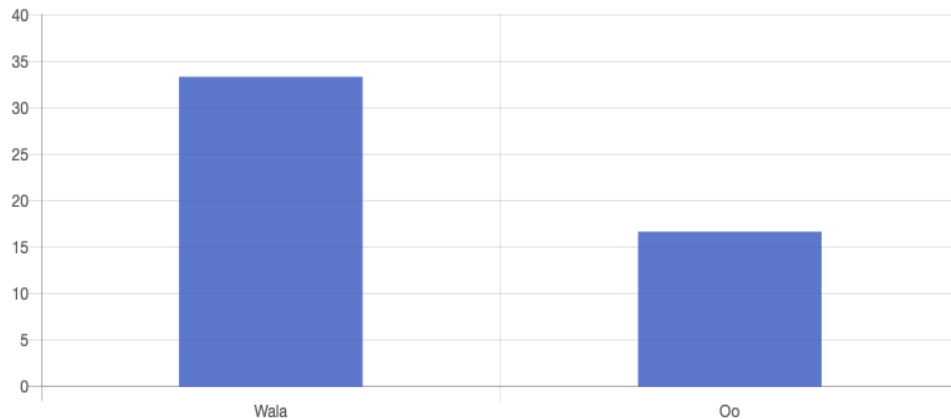


Figure 6. Instances when there will be someone who will not eat for others to do so

While 33.33% said that they have not experienced it, 16.67% said that there were instances that someone in the family will not eat in order for others to eat. They said that it would usually be their mothers who will skip a meal for their children. One (1) respondent said it was her older sister, and another said it was her parents. Meanwhile, 50% or twenty-seven (27) out of 54 respondents were not able to answer the question.

How would you describe your overall food situation?

Paano mo isasalarawan ang sitwasyon ninyo sa usapin ng pagkain?

TYPE: "SELECT_ONE". 52 out of 54 respondents answered this question. (2 were without data.)



Figure 7. Description of overall food situation

A total of 64.81% of the respondents said that their food is enough while 16.67% said that it wasn't. Another 12.96% said that the food is more than enough. On the other hand, 1.85% responded *gutom*⁶ or hunger. Another 3.71%, or two (2) out of 54 respondents, were not able to provide their answer.

⁶ Gutom or hunger, in this instance, does not refer to the situation of the family only, but of the community.

DURING PANDEMIC

How many times do you eat in a day?

Ilang beses kayo kumakain sa loob ng isang araw?

TYPE: "SELECT_ONE". 51 out of 54 respondents answered this question. (3 were without data.)

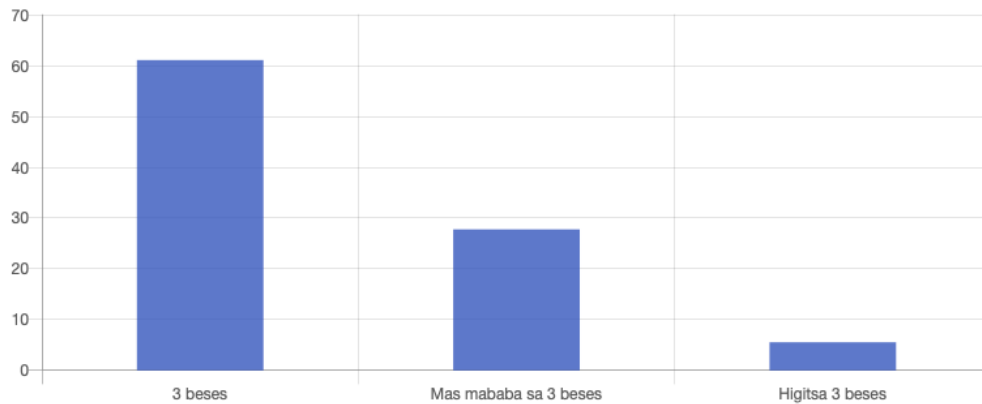


Figure 8. Indigenous women's frequency of having meals

When asked how many times they eat in a day during the pandemic, 61.11% of the respondents said that they eat three (3) times a day while 27.78% said that they eat less. Another 5.56% said that they eat more than three (3) times. Meanwhile, 5.55% were not able to provide their answer to the survey question.

What do you often eat in a day?

Ano-ano ang madalas na kinakain nyo sa araw-raw?

TYPE: "SELECT_MULTIPLE". 53 out of 54 respondents answered this question. (1 were without data.)

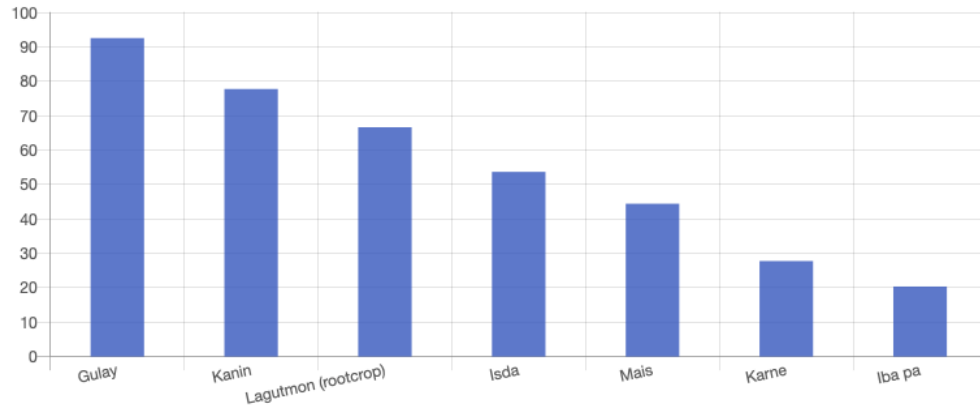


Figure 9. Food Indigenous Women eat regularly

A total of 92.59% of the respondents said that they eat vegetables, while 77.78% said they eat rice. Another 66.67% of the respondents said they eat *lagutmon* or rootcrop, 53.7% eat fish, 44.44% eat corn, and 27.28% said that they eat meat. On the other hand, 20.37% of the respondents said Others (*Iba pa*) but did not specify.

Where do you often and mostly get your food in a day?

Saan kalakhan, at madalas, nyo kinukuha ang pagkain nyo saaraw-araw?

TYPE: "SELECT_MULTIPLE". 53 out of 54 respondents answered this question. (1 were without data.)

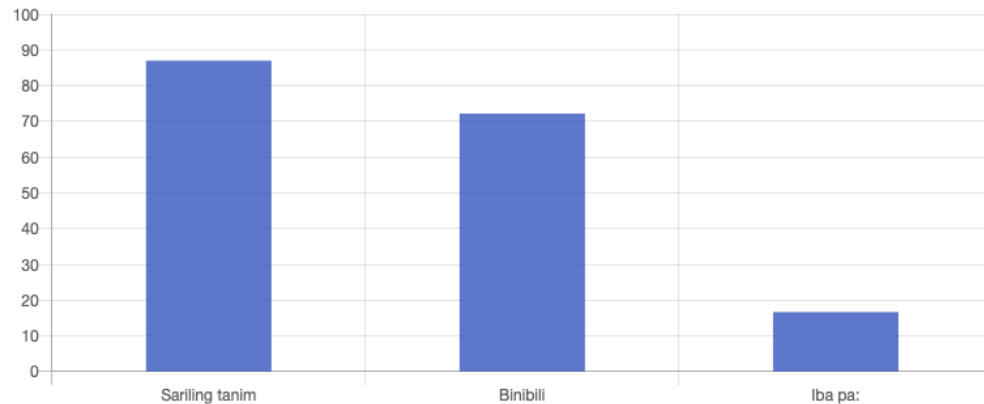


Figure 10. Indigenous women's responses to where they often get their food in a day

During the pandemic, 87.04% of the respondents said that they plant their own food. Meanwhile, 72.22% said that they buy food. Another 16.67% responded Others (*Iba pa*) but did not specify.

How long will your family have enough food?

Hanggang kailan may siguradong sapat na pagkain ng iyong pamilya?

TYPE: "SELECT_ONE". 52 out of 54 respondents answered this question. (2 were without data.)

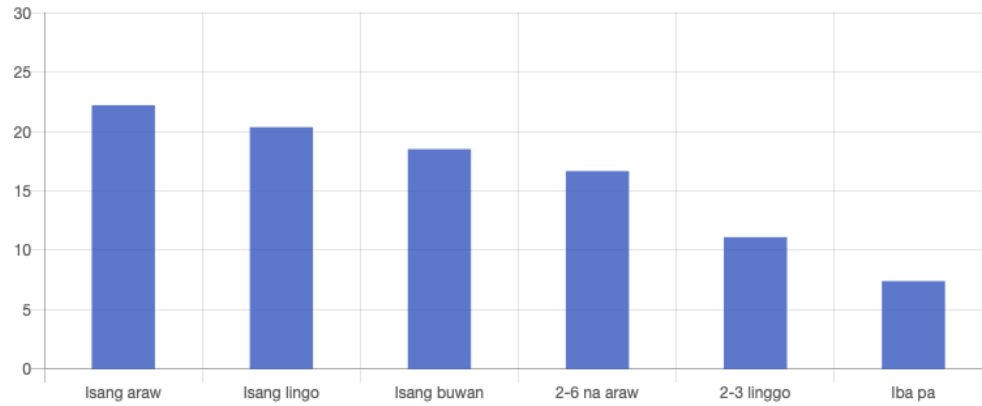


Figure 11. Indigenous women response to how long their families can have enough food

When asked how long their family could stock up on food during the pandemic, 22.22% of the respondents said that they only have enough for a day, while 20.37% said they can stock up for one (1) week. Another 18.52% of the respondents said that their food can last for a month while 16.67% said only for two (2) to six (6) days. On the other hand, 11.11% said that they can stock food that can last for two (2) to three (3) weeks while 7.41% responded Others (*Iba pa*) but did not specify. Only 3.7% or two (2) out of 54 respondents were not able to provide a response to the survey question.

Who is responsible for ensuring food for the family?

Sino ang maituturing na may pangunahing responsibilidad sa pagsisiguradong may pagkain ang pamilya?

TYPE: "SELECT_ONE". 52 out of 54 respondents answered this question. (2 were without data.)

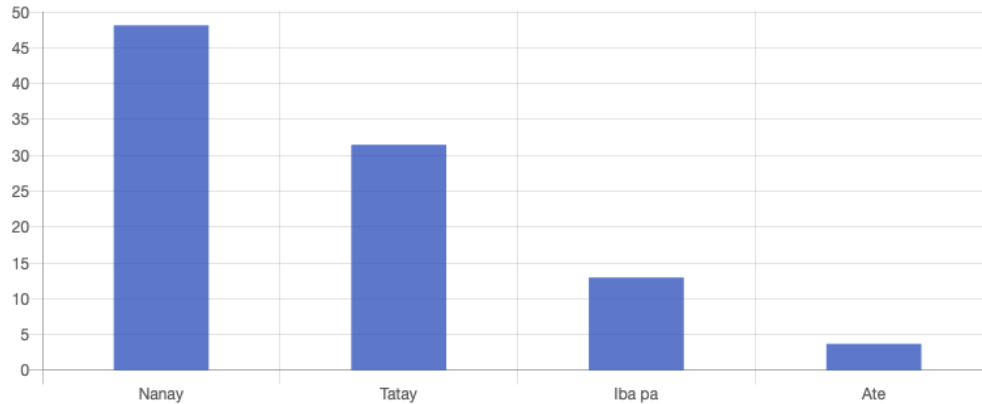


Figure 12. Responsible for ensuring food for the family

When asked who is responsible for ensuring that there is food for the family, 48.15% of the respondents said it is the mothers. On the other hand, 31.48% responded that it is the father's responsibility to ensure that there is food on the table. Another 12.96% said Others (*Iba pa*) without specifying, while 3.7% said it is their older sister. Two (2) respondents were not able to provide an answer to the survey question.

Are there instances when someone will not eat in order for other members of the family to eat?

May pagkakataon ba na hindi kakain ang iba, para makakain ang ibang miyembro ng pamilya?

TYPE: "SELECT_ONE". 27 out of 54 respondents answered this question. (27 were without data.)

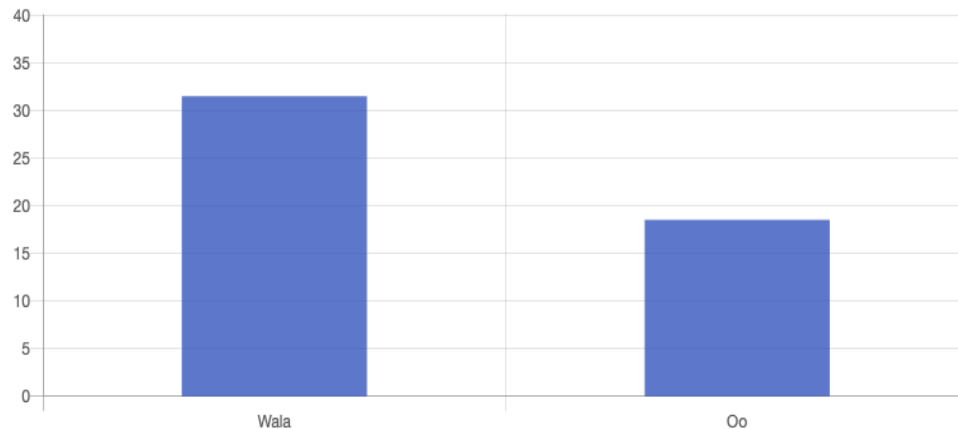


Figure 13. Instances when there will be someone who will not eat for others to do so

While 31.48% said that they have not experienced it, 18.52% said that there were instances that someone in the family will not eat in order for others to eat. 60% of the respondents said that it would usually be the mothers who will skip a meal while 20% said both parents. Meanwhile, twenty-seven (27) out of 54 respondents were not able to provide an answer to the survey question.

How would you describe your overall food situation?

Paano mo isasalarawan ang sitwasyon ninyo sa usapin ng pagkain?

TYPE: "SELECT_ONE". 50 out of 54 respondents answered this question. (4 were without data.)

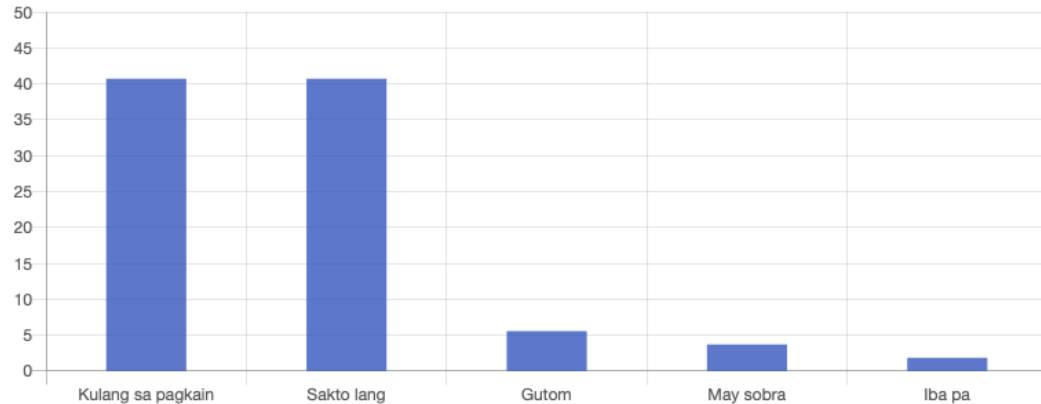


Figure 14. Description of overall food situation

A total of 40.74% of the respondents said that food was not enough for them and their families during the pandemic. Another 40.74% said that food is just enough while 5.56% said that there is hunger. Only 3.7% said that there is more than enough food for their family. Meanwhile, 1.85% responded Others (*Iba pa*) but did not specify. There were 7.41% or four (4) out of 54 respondents that were not able to provide their responses.

Do you receive any form of help or support?

May natatangap ba kayo na tulong o suporta?

TYPE: "SELECT_ONE". 54 out of 54 respondents answered this question. (0 were without data.)

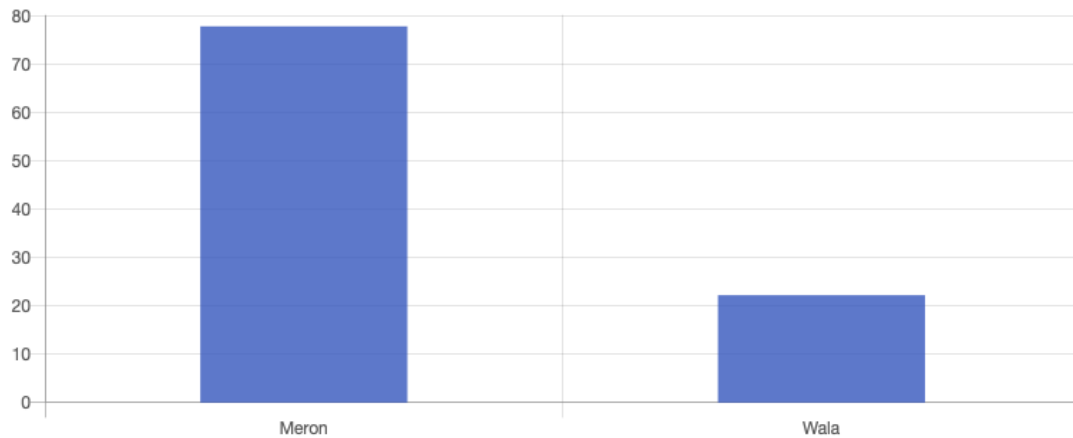


Figure 15. Indigenous women response if they receive support

When asked if they have received any type of help or support, 77.78% of the respondents said that they received (Meron). 64.81% of those who received support said that it was from their Local Government Unit (LGUs) or other government agencies while 29.63% said it was from non-government organizations (NGOs). Another 1.85% of the respondents said it was from the Church. 29.63% said that they received support once during the pandemic. Another 25.93% said they got support three (3) times or more, and 20.37% said that they received support twice.

On the other hand, 22.22% or 12 out of 54 respondents said they have received none (Wala). Meanwhile, 7.41% said Others (*Iba pa*) but did not specify.

Comparative Presentation of Data

Indigenous Women and Girls' Access to Food Pre and During Pandemic

When indigenous women and girls were asked how frequent they get access to food in a day, there were no changes in their responses that they get to eat three (3) times a day both pre and during pandemic. However, the number of those who eat less than three (3) times a day significantly increased, and the number of those who could eat more than three times a day drastically decreased.

Table 1. Comparison of the frequency of indigenous women's meals in a day

Response	Pre-Pandemic		During Pandemic	
	Frequency	Percentage (%)	Frequency	Percentage (%)
3 times a day	33	61.11	33	61.11
more than 3 times a day	12	22.22	3	5.56
less than 3 times a day	6	11.11	15	27.78

The Kind of Food That Indigenous Women and Girls Have Access to Pre and During Pandemic

Indigenous women's and girls' primary food are vegetables both pre and during the COVID-19 pandemic. While there was no change in the number of women who were eating vegetables, a slight decrease in the consumption of rice can be observed. Corn remains to be a staple for a good number of indigenous women. It is worth noting that there is an increase in the consumption of root crops while there is a significant decrease in those who have access to meat, followed by fish.

Table 2. Comparison of the kind of food that the indigenous women eat

Response	Pre-Pandemic		During Pandemic	
	Frequency	Percentage (%)	Frequency	Percentage (%)
vegetable	50	2.59	50	92.59
rice	44	81.48	42	77.78
fish	35	64.81	29	53.70
root crop (<i>lagutmon</i>)	34	62.96	36	66.67
corn	24	44.44	24	44.44
meat	20	37.04	15	27.78
others	14	25.93	11	20.37

Indigenous Women and Girls' Source of Food Pre and During Pandemic

When indigenous women and girls were asked where they usually get their food both pre and during the COVID-19 pandemic, it can be observed that there was an increase in their reliance on vegetables that they plant, and a decrease in buying of food.

Table 3. Comparison of the sources of food of indigenous women

Response	Pre-Pandemic		During Pandemic	
	Frequency	Percentage (%)	Frequency	Percentage (%)
from their own planted food	46	85.19	47	87.04
they buy	42	77.78	39	72.22
others	9	16.67	9	16.67

Analysis

Food security has always been an issue that indigenous women and girls confront even before the onset of COVID-19. Based on the monitoring and situationers collated during National Indigenous Women Gatherings organized by LILAK, indigenous women and girls experience varying degrees of hunger in their communities. The documentation highlighted how these experiences were exacerbated by existing threats and different factors through the years. Specifically, poverty and issues of lack of government support to develop their farms and communal gardens have always been an arena of struggle. Protection of forests and water is a consistent problem. Land grabbing of large corporations and development projects in ancestral domains enables the presence of military and armed groups within and around ancestral lands that most of the time fuels conflict. In some communities, indigenous peoples are even forced to evacuate because of the ongoing clashes and violence directed at them. In recent years, climate change has also significantly affected their food sources with the arrival of intense typhoons, drought, and pests such as rat infestations.

In the time of the pandemic, the indigenous communities and their families are hungry. Moreover, the indigenous women and girls are hungrier for when food becomes scarce, they give up their share of the meal in order for others to eat. Their ability to produce, prepare and buy food has been compromised by the worsening impacts of climate change, intensifying resource conflicts, and environmental degradation which has been further aggravated by the pandemic. The National Indigenous Women Gathering 2021 report by LILAK (unpublished document), reveals that poorer indigenous women experience the brunt of the COVID19 pandemic differently. For instance, indigenous women farmers experience unjust pricing for their products and how laws such as Republic Act 11203, or the *Rice Tariffication Law* (RTL) affected their products which further constrict their food security. On top of these challenges are travel restrictions hampering the transport of their products which in effect may cost more for farmers in general, but this situation made indigenous women more anxious as it is them who are expected to put food on the table daily.

On the other hand, it is important to note that women are not homogenous. Within indigenous communities and among indigenous women, there are class differences. While the communities are experiencing the threats and grave situations of the pandemic, indigenous women and their families experience it differently according to their class standing within communities. Others are more engaged in economic activities. They have different capacities to adjust and recover from the impacts of the pandemic, on food security, and their well-being. However, it is the poorer indigenous women who experience the heaviest brunt of the COVID-19 pandemic and the restrictive policies that came with it. Based on the survey and the qualitative data gathered through the focused group discussions, the observations presented below may be drawn.

There is inadequate agricultural support that indigenous women and their communities receive from the government.

This observation has been an existing problem even before the pandemic. This has been the woes of indigenous women as shared in the 2017 National Gathering of Indigenous Women. The pandemic further exposed the lack of government support for agriculture and its impact has been felt by indigenous women and girls as reflected in how they coped during the pandemic.

Some indigenous women said that they have traditional rice seeds, and they are practicing organic farming. On the other hand, some became dependent on what has been distributed by the Department of Agriculture (DA). Some respondents lament that the DA does not promote traditional farming. Instead, they distribute hybrid seeds which often require the use of chemical pesticides and fertilizers. According to the respondents, these attract insects and adversely affect their organic produce. There is consensus among the respondents that the government does not implement the *Organic Agriculture Act of 2010*⁷, and provide adequate support for organic farming. Consequently, the government would give synthetic and unhealthy food (e.g., *tilapia*). One of the indigenous women farmers, *Bae*⁸ Kalalagan, said “[*Ang*] *bigas na binibili sa tindahan ay hindi safe, may synthetic na pang-abono at pesticide. Mahirap ang usapin ng food security. May pagkain nga pero ikamamatay ang pagkain na ito.*” (The rice that is bought in the market is not safe, as it uses chemical fertilizers. Food security is a difficult matter. There is food but it is the kind of food that can kill you.)

The government’s support plays a critical role in ensuring that products can be transported from farms to markets with fair farm gate prices. Since indigenous women farmers live in geographically isolated areas, they have limited options in transporting their products. According to one of the respondents, they either sell their products which include corn, squash, and other vegetables to a person who owns a truck and goes up to their communities for a very low price, or they would personally go to the market. The former means an income loss while the latter incurs higher transportation costs. Both of these options meant a financial loss for indigenous women farmers. Marketing the products became more challenging during the pandemic as it presents a new range of difficulties for indigenous women.

Some respondents said that they couldn’t sell their products to town by themselves because of the documentary requirements imposed on travelers such as travel permits and health certification. The brokers and middlemen who go to their villages would buy their products at a much lower price. Left without much bargaining power, they are forced to sell their products at a cheaper price which means less income for their family. Their exclusion, or invisibility, in the agricultural programs of the government, results in a lack of grounded understanding of the

⁷ REPUBLIC ACT NO. 10068. AN ACT PROVIDING FOR THE DEVELOPMENT AND PROMOTION OF ORGANIC AGRICULTURE IN THE PHILIPPINES AND FOR OTHER PURPOSES

⁸ Bae is a title accorded by the community to indigenous women leaders.

needs of the indigenous women. Furthermore, it also contributes to a lack of appreciation of their valuable contribution to sustainable food production for the community.

Indigenous women feel the worst impacts of climate change.

Indigenous women feel the worsening impacts of climate change, especially on their food sources. There has been a decrease in the number of yielded crops yearly because of typhoons and floods. As observed by the respondents, typhoons have become more frequent and stronger. These have a great impact on the crops and vegetable gardens. There is also the intense drought that destroys crops. The intense heat brings pests such as big rats. This has been a phenomenon observed in the provinces of Region 12 in recent years⁹. The rat infestation causes heavy damage to agricultural farms and products such as corn and vegetables.

The impact of climate change has compounded the problem of food shortage and economic instability brought by the COVID-19 pandemic. Many of the respondents shared that they could have stocked up on food such as rice and corn and been able to depend on their vegetable gardens during the lockdown. However, it was nearly impossible during the time of the climate crisis. Meanwhile, there is no adequate support, if any, has come from the government during disasters during the time of the pandemic. While some of the indigenous women said that they received relief packs a few times, these are not enough nor sustainable. A more systematic and proactive response is required from the government down to the local agencies during disasters, especially in the context of the pandemic. Hence, the response should be more effective, efficient, culturally appropriate, and grounded on the realities of indigenous women and their communities.

⁹ News reports in 2011 - <https://www.mindanews.com/top-stories/2011/02/rat-attack-destroys-p29-m-palay-farms-in-region-12/>. and in 2020 - <https://newsinfo.inquirer.net/1560205/rats-destroy-rice-fields-in-cotabato-town>

Resource conflicts make indigenous women and their families more vulnerable to hunger.

Indigenous women plant and gather food from the forests. It is in this context that land and natural resources are their sources of life. Access to these is the key to their survival. Through the years, indigenous women's access to these resources has been limited, if not totally denied, by the aggressive and violent land grabbing perpetrated and enabled by government, corporations, or feudal landlords. For instance, during the first two years of the pandemic in the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM), indigenous women and their families fled their villages as their houses were torched, and fired upon, or bombed by armed groups who wanted to seize their lands. This meant losing access to their food sources, disrupted food production, and affected their livelihood which could have allowed them to buy food. They were made to rely on food donations which in the long run were not sustainable.

The pandemic and the militaristic approach and policies that came with it have been used to justify the restrictions on mobility. This poses a limitation on the access of indigenous women to their farms. In addition, there are ancestral domains in Region XII which are embroiled in resource conflicts with a large mining corporation and coffee plantation¹⁰. According to the respondents, there is an intensified presence of paramilitary groups guarding the farms and using quarantine protocols as a pretext for not allowing them to travel and go to their farms. They said that members of the Special Active Auxiliary with the Civilian Armed Forces Geographical Unit (SCAA and CAFGU) would confiscate their farm equipment. This has further contributed to their anxiety as they fear that they would totally lose access and control over their farms. This would mean deeper food insecurity for their family and their communities. A B'laan elderly woman said she thinks they would die of hunger than Covid19 [LILAK's Indigenous Women and COVID 19: unpublished report].

Indigenous women feel the worst impacts of climate change.

Indigenous women are expected to put food on the table daily. Even with food scarcity, the mothers are expected to manage the meals to ensure that everyone in the family, especially children, can eat. To manage the availability of food within the family, a mother will skip meals for others to eat. One of the respondents shared that if it was not the mother, it would be the older sister (*Ate*). These sentiments reflect the gendered role assigned to women which makes them even more vulnerable to hunger, malnutrition, mental pressure, and even violence.

During the COVID-19 pandemic, indigenous women are in a more vulnerable position as they feel the pressure to provide food for the family amidst all the challenges they continue to confront. Such pressure and the lack of nourishment would really have a toll on their physical

¹⁰ Details are withheld for security reasons.

and mental health. As shared by one of the respondents, the malnutrition rate of children and mothers has increased in the course of two years during the pandemic.

“Tumaas ang malnutrition rate ng mga bata, at ng mga nanay (The malnutrition rate of the children, and of the mothers has increased during the pandemic).”

Indigenous women hardly received any support from the multi-million government budget allotted for *ayuda*¹¹. According to the respondents, there is a clear lack of systematic and coherent information on what, when, and how to avail these services and support. The distribution of food packs from the government does not reach them or is often selective and politicized in their areas. Moreover, the indigenous women said that if they were lucky enough to receive food packs from the government, they would usually contain canned sardines, instant noodles, and instant coffee, food that were not nutritious. Some of the respondents said that the pack of rice would only last for a few days.

Indigenous women play a crucial role also at the community level. As they looked out for each other, they would share their food with other families. A T’boli woman said, *“Dati hindi kami nahihirapan, pero ngayon hirap na kami. Binabahaginan namin ng tulong lahat ng tao sa komunidad namin, dahil hindi namin hinahayaan na walang makain ang iba* (It was not so difficult before. But now, it is hard for everyone. We give help to everyone in the community, because we do not allow that others would have nothing to eat).”

¹¹ A law was passed in March 2020, Bayanihan to Heal as One Act (Rep. Act No. 11469). This law has provided for funds for Social Amelioration Program (SAP) worth P199.975 billion.

Other indigenous women do seed banking and they share with each other their traditional seeds. There is a group of indigenous women who would post on social media the information about the seeds that they have kept in their seed banks, and they share when asked, or do seed exchanges. They tend to communal farms where they plant vegetables, fruits, and other produce from their seed banks such as *adlai*¹². These practices help mothers to have food for their families.

Others shared that prior to the pandemic, they were engaged in informal work such as peddling in the market, house help, and doing laundry. It is from their daily earnings that they get money to buy food and other supplies. When COVID-19 came, they lost their paid work. This has prompted them to go back to planting their food and revived certain food produce for them such as root crops. Despite these acts of solidarity among indigenous women, securing food for the family has become an enormous burden, especially in the context of COVID-19, restricted movements, and price hikes in local transportation and food prices, among others. Before, they can stock up on food for weeks and even months. Now they could only afford to buy “*tingi-tingi*” or in small amounts or quantity and most of the time, “*palista*” or on credit. Some of the Indigenous women sold their livestock, while others resort to borrowing money with usurious lending terms.

Others said, “[*S*]anay na kami na walang ulam (We are now used to not having viand)”. Some said, “*Sanayan lang na hindi na kami nagkakanin* (We just get used to not eating rice)”. Eating root crops would be enough. Others simply have their families skip meals as part of their coping mechanism.

“Bago ang covid, pag wala trabaho ang tatay dahil nastroke, nanay at ako ang nagtatrabaho, balinghoy, saging ang kinakain, bigas, namamasukan kami 170 lang bawat araw, 9 ang mga kapatid ko, di sapat sa amin ang kinikita dahil mahal ang bigas noon at ngayon, kaya minsan hindi nakakakain sa isang araw natutulog na lang, mag-aaral nang walang kain, lalong nahirapan ngayon COVID dahil wala nang mahanap na trabaho dahil ilan na lang kinukuha sa trabaho, dati mahirap na pero mas lumala ngayon,” Kirintiken Menuvu young woman from Bukidnon.

[“Before COVID, when father lost his job as he suffered from stroke, me and my mother would work, and we ate root crops, bananas, and rice. We would work as house help, earning P170 a day. This would not be enough for food, as I have 9 siblings, and rice is expensive. So, there would be days when I would not be able to eat and would just sleep off my hunger; would go to school hungry. It was really difficult then, but now with COVID, it is more difficult. Now, jobs are limited. It was difficult then, but it has become worse today.” Kirintiken Menuvu young woman from Bukidnon].

¹² Adlai is a grain, similar to palay, that indigenous women grow. This is known to be healthier than rice but cooked and prepared like rice.

COVID-19 pandemic has undeniably caused detrimental effects and introduced a new range of challenges to the food security of indigenous families in the Philippines. The experiences of the indigenous women point to what made them more vulnerable are the exclusion and isolation of indigenous women from government support, development plans, and even disaster risk and reduction management. The involvement of indigenous women, even at the local level, would have given them the opportunity to share their valuable contribution to sustainable food production. Any threat to the household's access to food — from state neglect, impacts of climate change, resource conflicts, and COVID-19 - affects poor indigenous women more than the others. They have the increased and multiple burdens of securing food for the family daily while confronting other enormous challenges within and outside the family setting. The responsibilities and roles ascribed to indigenous women have made them even hungrier and less nourished.

However, this state of hunger does not dampen the solidarity that indigenous women extend to one another. Part of their culture and solidarity is to leave no one behind as they share their meager food, their seeds, and whatever they have to help each other overcome the difficulties and challenges. However, they also realize and acknowledge that the Philippine government has an obligation to lessen their burdens by providing support and services that they can access. These may include support for their food production, make them visible as productive members of society, and include them and their realities in government programs and services. The government must recognize and relate with the indigenous women as partners in facing, and prevailing over, the different threats to the food security of indigenous women, and their communities.

Recommendations

Based on the data presentation and analyses presented in this report, the following recommendations were gathered:

SERVICES

- Accurate and timely information on *ayuda* should be made available to the indigenous communities;
- Streamline the process for the access of *ayuda*;
- Relief packs should contain healthier food such as rice, *munggo*, dried fish instead of canned goods and instant noodles;
- Review and examine *ayuda* and support that is being given in time of pandemic and the mechanisms of distribution;
- A more intensive, wider reach of training on organic farming by the DA;
- DA should provide support for healthier food production and avoid synthetic food products such as tilapia;
- Access to a better water irrigation for the crops;

- A more intense discussion on the impacts of climate change on food production and how communities can adapt;
- Strengthen technical and financial support in combatting the impacts of climate change;
- Genuine support for access and control of women over their land and natural resources;
- Review of DA and DAR programs on seed protection;
- Recognize and support the role of indigenous women in food production and resource management and include them in discussions, development of plans, and other decision-making processes;
- Implement the NCIP 2016 *en banc* resolution of recognizing indigenous women's participation in FPIC processes and other decision-making processes;
- Develop rural women's capabilities, encourage women's membership in farmers' organizations, and support women to form organizations, including cooperatives, where they can push for common concerns like getting credit for rural entrepreneurial and agricultural projects, assistance for projects on environmental protection;

POLICY

- Promote Republic Act No. 10068 or the *Organic Agriculture Act of 2010*;
- Review the national development plans that would prioritize the land use for food;
- Enact laws that promote the protection and management of natural resources in a more democratic and sustainable manner such as the *Alternative Minerals Management Bill* or AMMB, the National Land Use Act, and the Forestry Resource Bill;
- Review laws and policies that cause more hardships for small food producers such as RTL;
- Policy initiatives in ameliorating immediate food insecurity during crises, improving long-term well-being, and expanding the reach of mental health support are warranted;
- Recognizing and supporting indigenous women and their communities' IKSP in biodiversity protection and management, sustainable food systems;
- Implement policies that promote food sovereignty;
- Conduct more extensive research on the indigenous food systems; and
- Produce information materials highlighting the critical role of indigenous women in the sustainable and climate resilient food production.

Sectoral Monitoring of the Situation of Indigenous Women and Girls During the Pandemic:

Health

Deniza Ismael

Introduction

Health is wealth?

“Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” – World Health Organization

The traditional Indigenous perspective of health is holistic. It encompasses everything important in a person’s life, including land, environment, physical body, community, relationships, and law. Health is the social, emotional, and cultural wellbeing of the whole community and the concept is therefore linked to the sense of being Indigenous.

Good health for indigenous peoples is more than the absence of disease or illness; it is a holistic concept that includes physical, social, emotional, cultural, and spiritual wellbeing, for both the individual and the community. On the other hand, the indigenous women’s and girls’ gender roles and their relationships with men, their communities, and society as a whole, shape both their ability to achieve good health and improve their quality of life. The particular tasks that indigenous women undertake and their general, but not consistent, unequal power relationships with men often place them at a higher risk for health complications. Restrictive social norms and gender stereotypes limit women’s ability to access health services. Indigenous women in the Philippines are triply disadvantaged due to their: a) ethnicity, b) sex, and c) geographical locations. Indigenous women and girls have unique health needs, but the indigenous women and girls in the Philippines, especially those in the upland and marginalized indigenous communities, are less likely to have access to quality health services, essential medicines and vaccines, maternal and reproductive health care. They are also less likely to have health benefits that would cover the costs of health care.

The indigenous women respondents in this survey belong to communities from the poorest provinces in the Philippines. Indigenous women from these communities are nearly three times as likely to be living in extreme poverty and are more likely to suffer severe outcomes from infectious diseases. These communities are already impacted by malnutrition, pre-existing health conditions, and lack of access to quality health care. Indigenous women living in fragile conflict areas are also more likely to suffer from diseases or poor health.

Presentation of Data

PRE-PANDEMIC

Before the COVID-19 pandemic, at least half 51.85% of the respondents answered that they and their families were healthy enough (*sakto lang*), and 29.63% were in good health (*malusog*).

7.41% had illnesses; 5.56% were sickly/often ill; and 11.11% respondents had family members who are sickly.

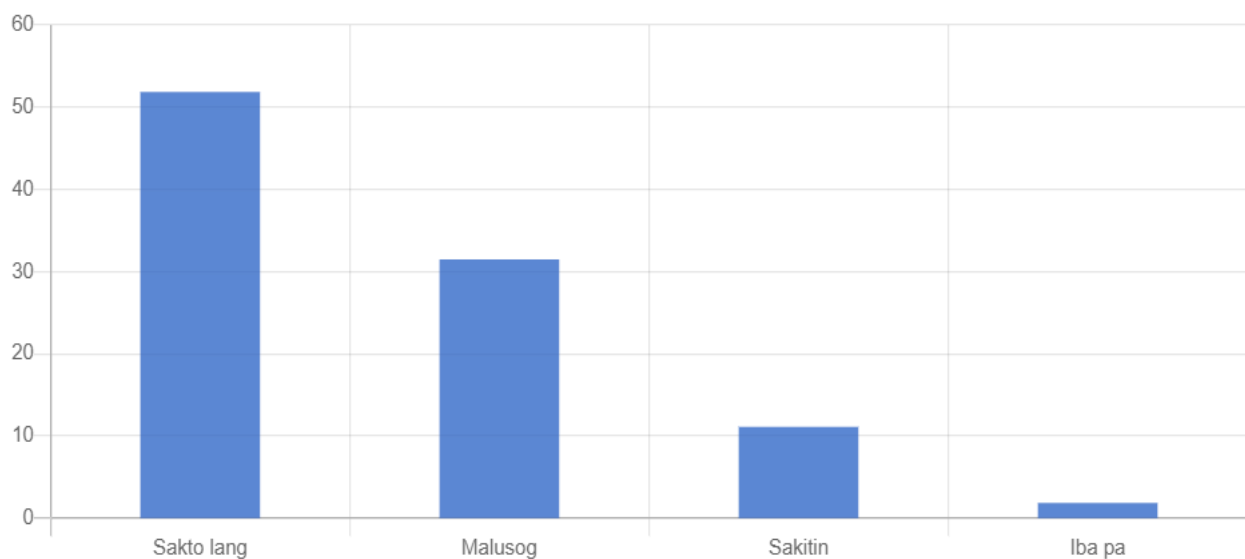


Figure 16. Status of health of indigenous women and their families.

Common illnesses among indigenous families according to indigenous women are cold (68.52%), cough (64.81%) and fever (55.56%); 24.07% answered high blood pressure or hypertension; and 7.41% answered diarrhea.

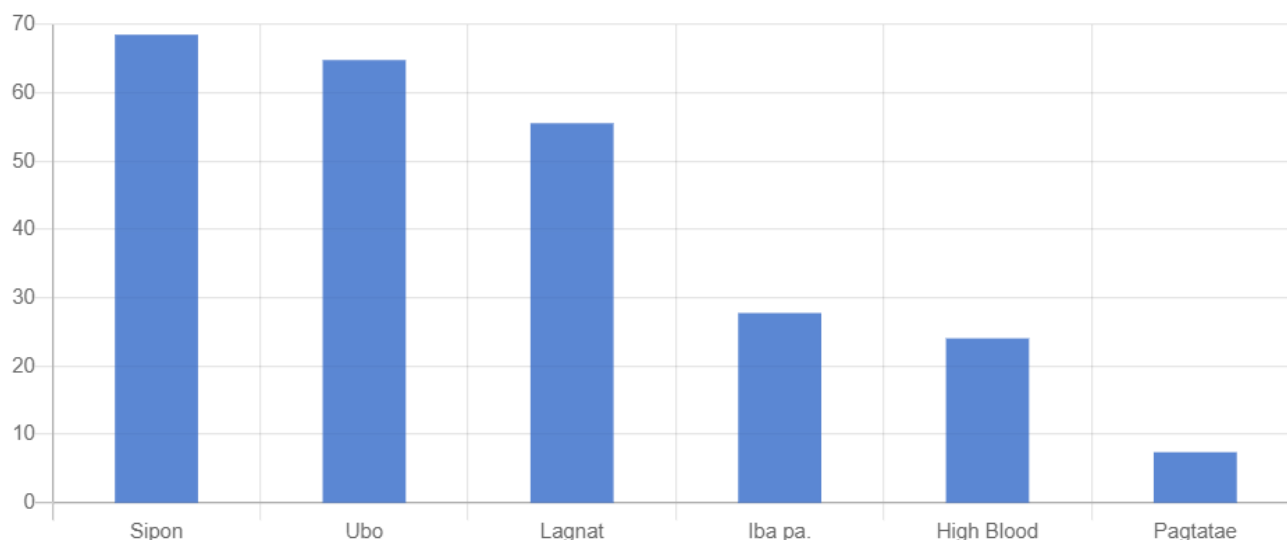


Figure 17. Common illnesses among indigenous families.

For treatment, 85.19% of indigenous women relied on herbal medicines; 6% used synthetic drugs like paracetamol; 44.44% went to the doctor's clinic and health centers for consultation; 27.78% went to *albularyo* or *hilot*; and 16.67% performed rituals and other indigenous practices.

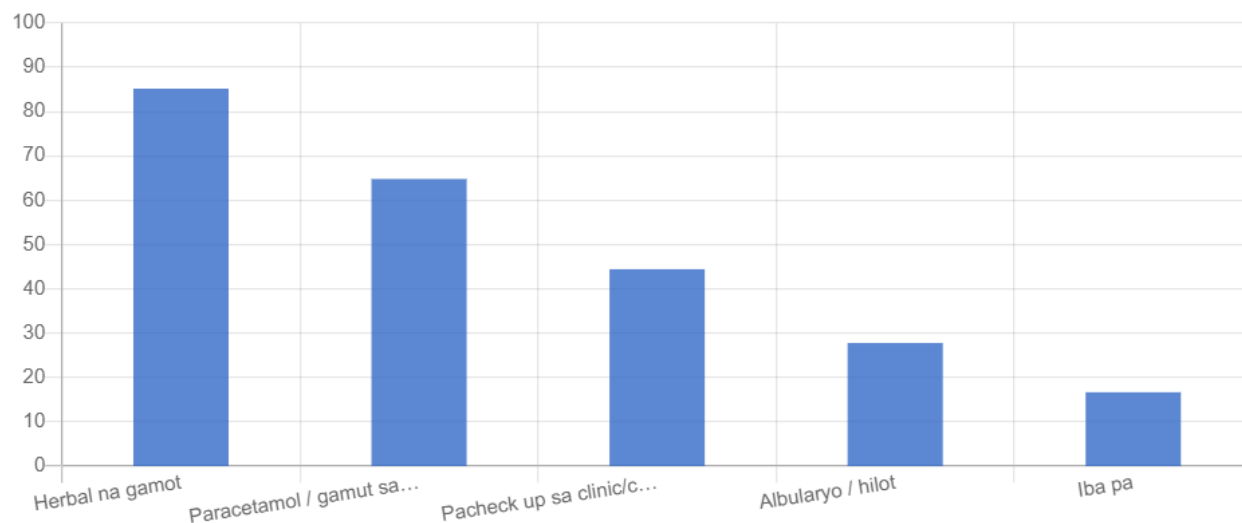


Figure 18. Treatments used by the indigenous women to treat common illnesses.

To maintain good health, 92.59% believed in eating nutritious food, 72.22% said getting enough sleep, 46.3% said drinking vitamins, 35.19% opted for vaccination, 20.37% did regular visits to the doctors, and 18.52% performed traditional practices such as rituals and prayers.

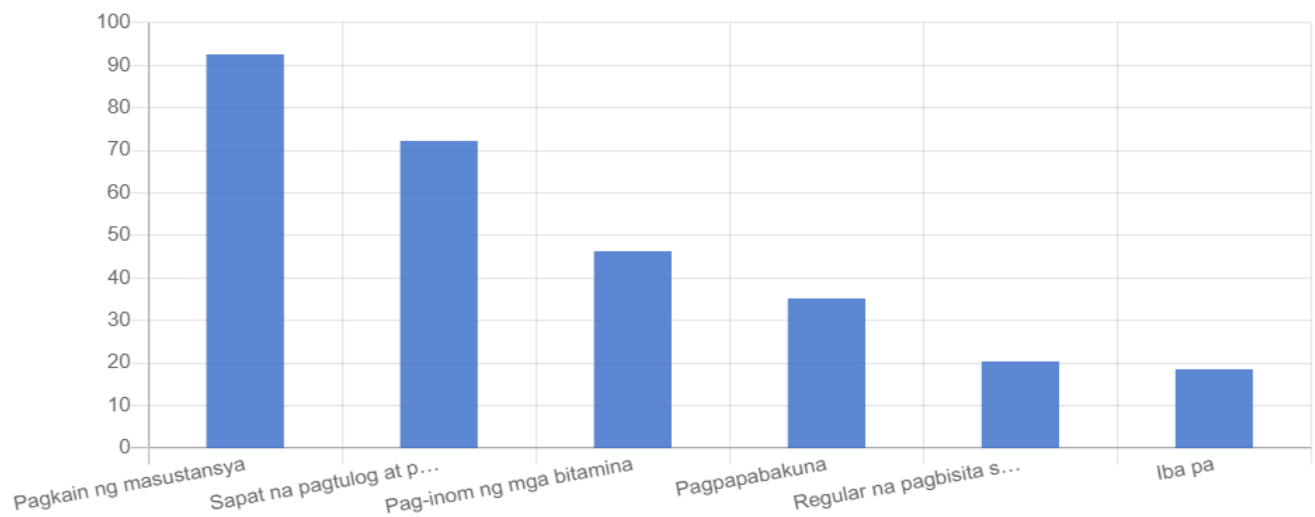


Figure 19. Practices to maintain good health

Of the respondents, 85.19% believed that taking care of the family and ensuring the family's health are mothers' primary responsibility; 24.07% assigned this responsibility to fathers; 9.26% identified others as the responsible person for the family's health but did not further specify; 3.7% said this responsibility is the older sisters'; and 1 respondent (1.85%) answered older brother.

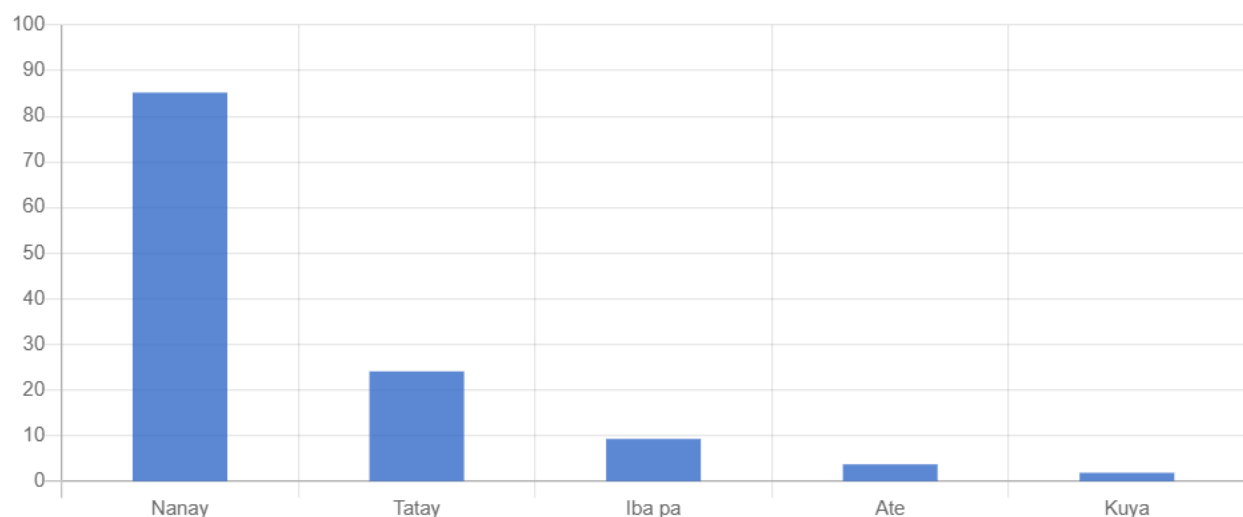


Figure 20. Responsible persons for the family's health

When the respondents were asked how they travel to the nearest health facilities, 50% walk, 42.59% took a *habal-habal*¹³, 18.52% answered others; 7.41% rode the jeepney; and 1 respondent rode by horse.

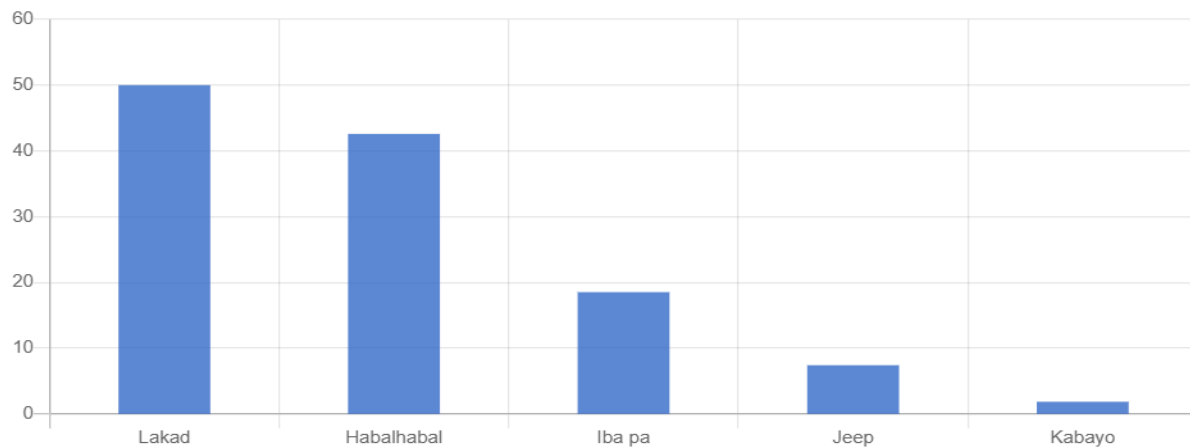


Figure 21. Travel means to the nearest health facility.

When asked how long it takes for the respondents to reach the nearest health facilities, 74.07% answered they can reach the nearest health center in less than 1 hour; 16.67% answered in 1 to 4 hours; and 3.7% or 2 respondents answered it takes them 5 to 10 hours to reach the nearest health center.

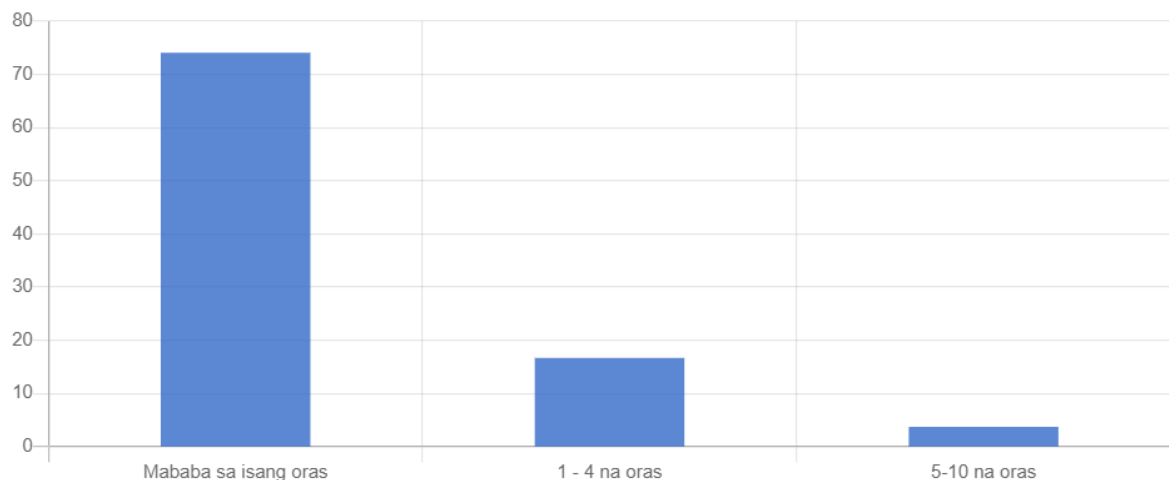


Figure 22. Travel time to reach the nearest health facility.

¹³ "Habal-Habal (motorcycle taxi rides) provides an alternative form of public transport, and is available throughout the Philippines but is in greater use in area where jeepneys and tricycles can't handle the rough, steep terrain and narrow roads". Source: <https://www.sandspice.com/habal-habal-filipino-motorcycle-taxis/>

When asked about healthcare personnel's presence in the community, 48.15% of the respondents said they are visited by Barangay Health Workers; 35.19% said they have not been visited at all by anyone; 27.78% said they are visited by traditional healers such as *hilot*, *albularyo*, and/or *paltera*; 14.81% answered midwife; and 3.7% answered others but did not further specify.

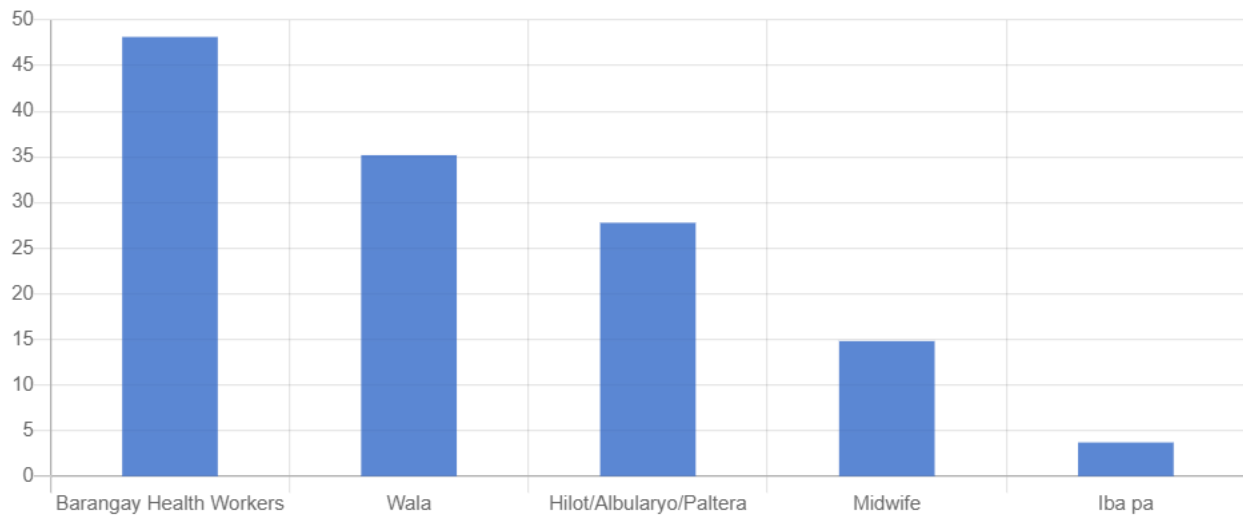


Figure 23. Healthcare personnel usually visiting the communities.

When respondents were asked whether there is a system of care for indigenous women beginning from puberty to motherhood, 61.11% answered there is; and 25.93% answered none.

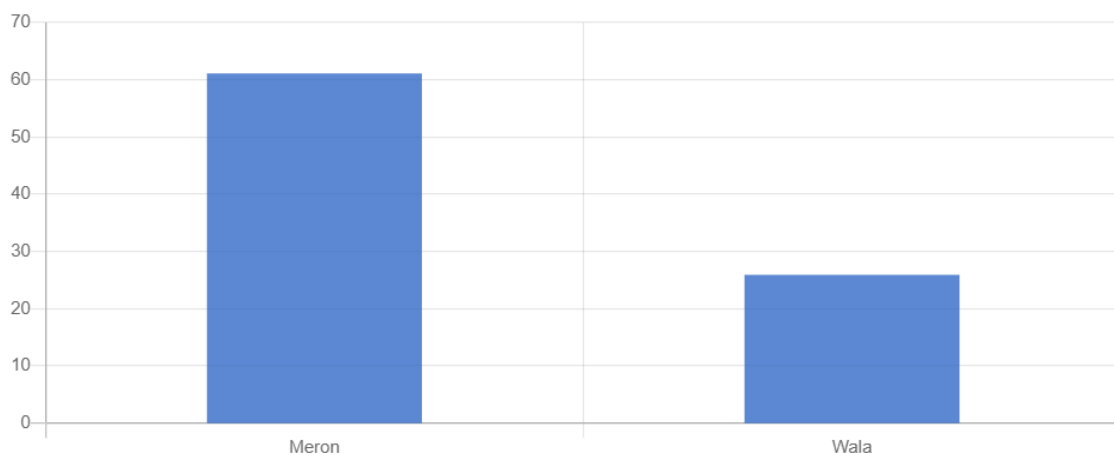


Figure 24. Existence of a system of care for indigenous women beginning from puberty to motherhood

Of the 35 women who answered positively, 37.04% said mothers are the ones who ensure this system of care among indigenous women; 29.63% said they go to health centers; 22.22% have identified *paltera* or *hilot* as their primary caregivers; 11.11% said they go medical doctors; and 3.7% answered others such as their communities' traditional healers or other relatives.

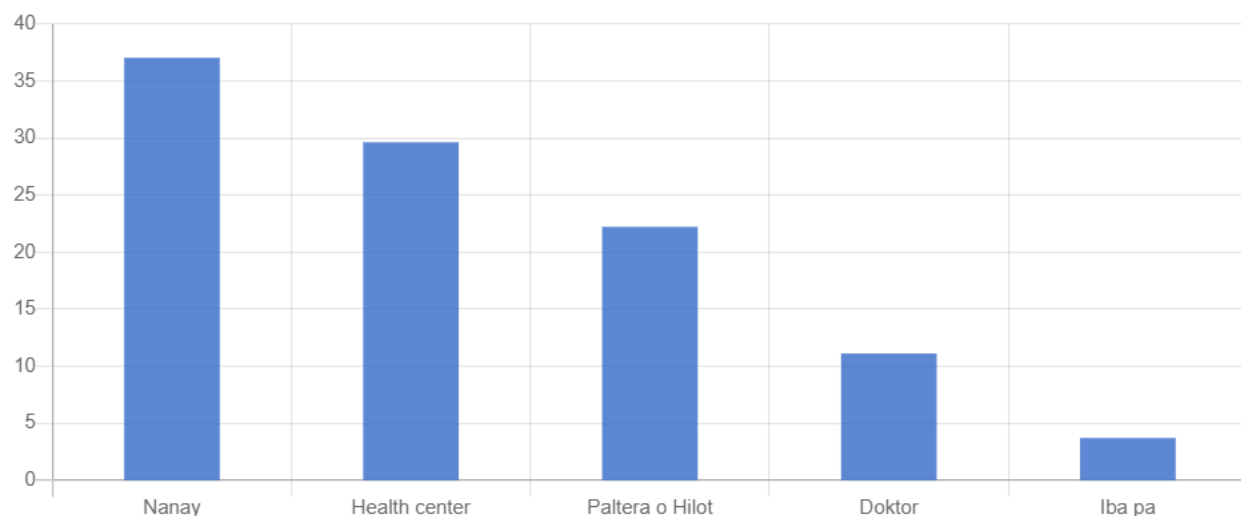


Figure 25. Caregivers and guides regarding Reproductive and Sexual Health

During childbirth, 31.48% of indigenous women said they relied on traditional birth attendants *paltera* or *hilot*; followed by midwives at 27.78%; 25.93% said they go to medical doctors; and 3.7% or 2 respondents identified others but did not further specify.

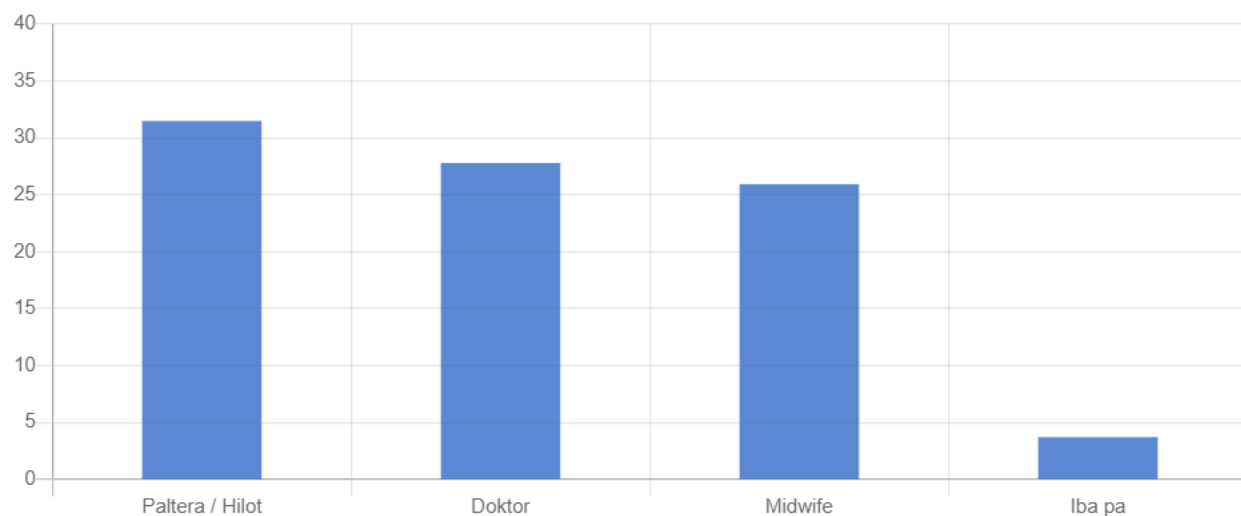


Figure 26. Birth attendants the indigenous women go to

Birthing among indigenous women is done at home, according to 37.04% of the respondents; 37.04% answered birthing is done at hospitals; while 14.81% answered health centers.

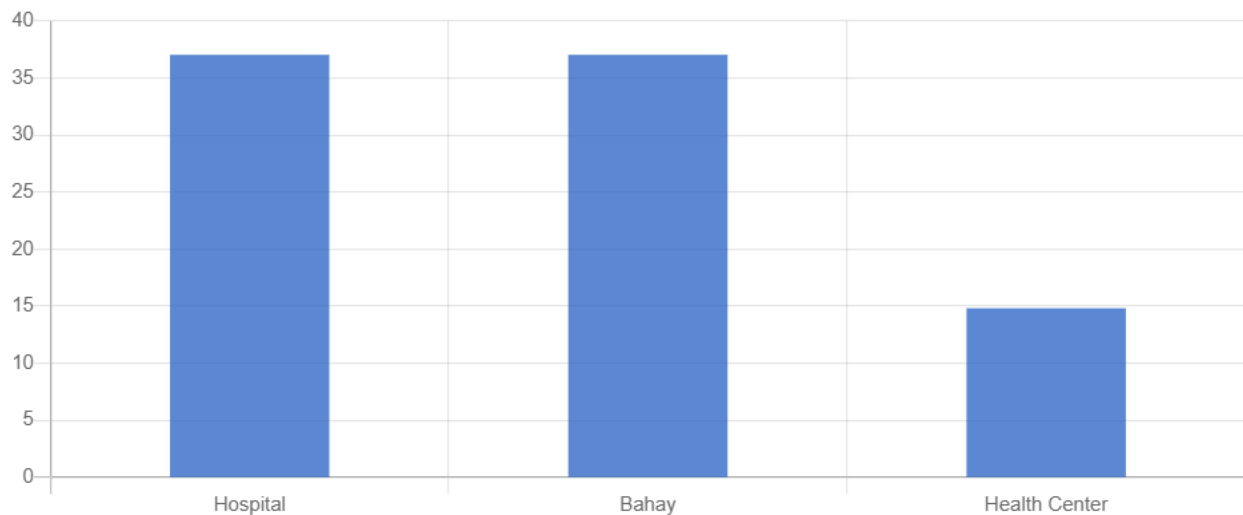


Figure 27. Childbirth delivery locations.

When asked whether indigenous women practice family planning, 53.7% of them answered yes; and 31.48% or 17 respondents answered they do not. The eight (8) respondents who did not answer this question were either in their teens, unmarried, or widowed.

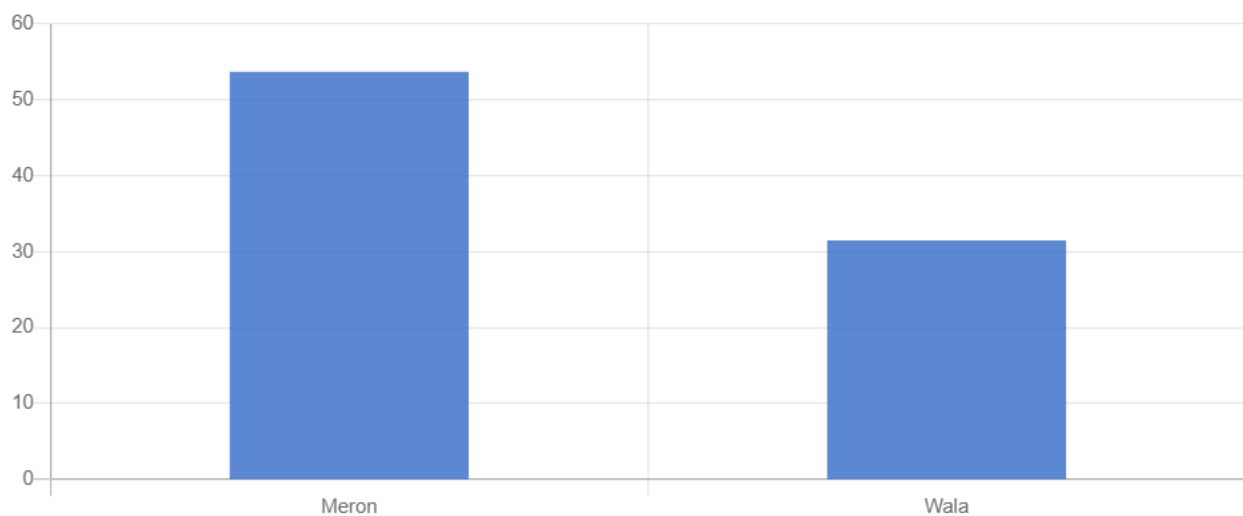


Figure 28. Family planning practice vs no family planning

12.96% of the respondents identified Barangay Health Workers (BHW) as the ones who provided them guidance when it came to family planning; 11.11% practiced family planning by themselves; 11.11% were equally guided by midwives; 9.26% are hospital guided; 5.56% were guided by *paltera*; and 1 (1.85%) respondent answered other but did not further specify.

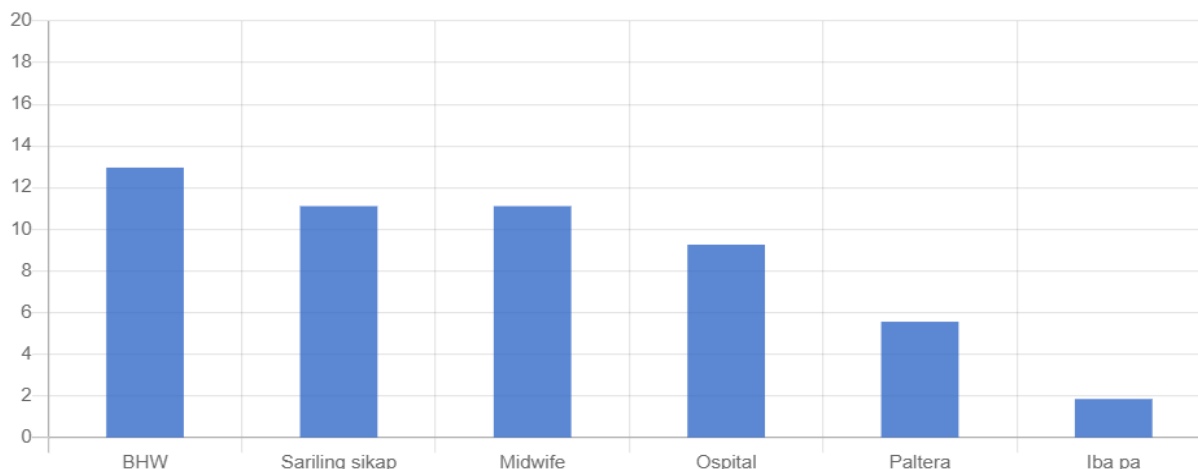


Figure 29. Family planning guidance and advisors

When asked what their experiences were when they went to their health center and hospitals, or those who goes to health centers and hospitals, 61.11% said they were given proper treatment and care; 16.67% said that the services were not good enough; 5.56% had difficulty because of distance and accessibility of the nearest health center; 3.7% or 2 respondents didn't have enough money for the hospital bill; and another 2 respondents answered "other" saying they felt discrimination and they got scared.

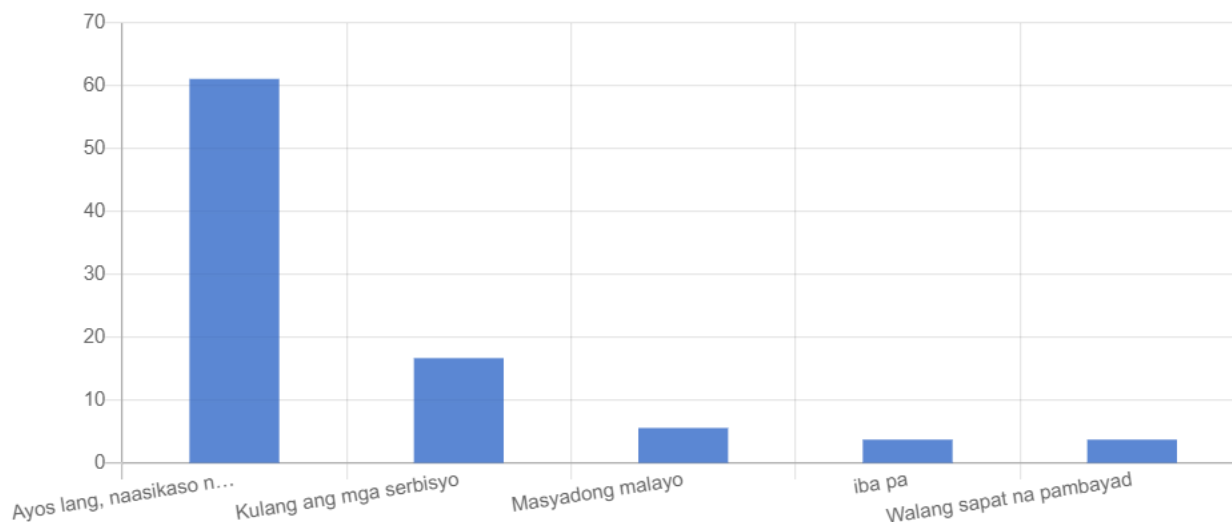


Figure 30. How the indigenous women felt when they went to the health center and hospitals

DURING PANDEMIC

During the COVID-19 pandemic, 61% of the respondents answered that they and their families are healthy enough; and 14.81% said they are in good health. 9.26% of them have illnesses, 7.41% are sickly/often ill.

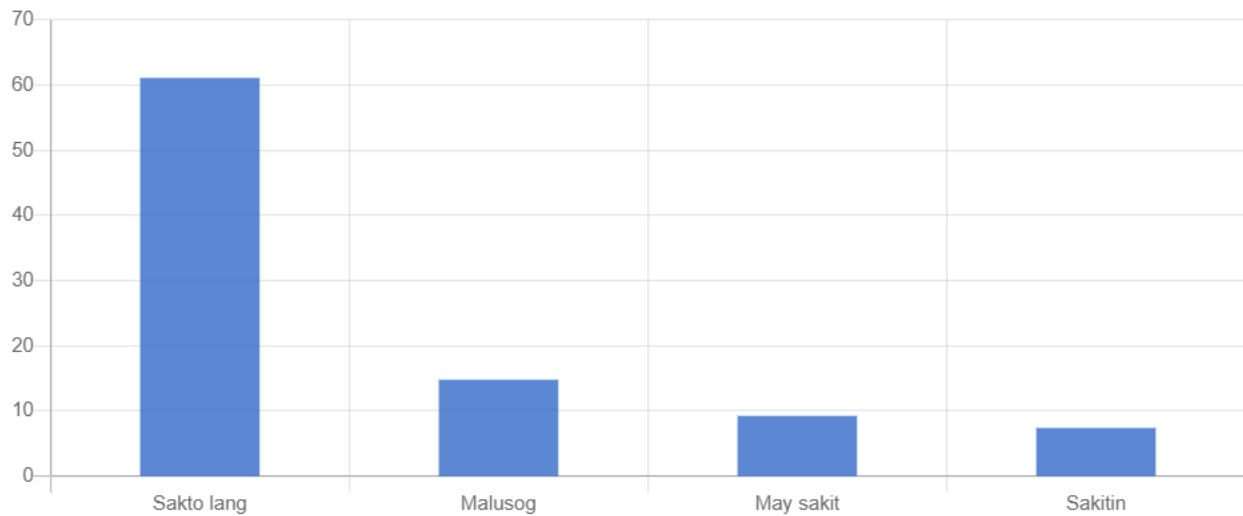


Figure 31. Health status of respondents during the COVID-19 pandemic

For their families, 55.56% of the respondents answered that their families are healthy enough; and 22.22% said they their families are in good health. 14.81% are sickly/often ill.

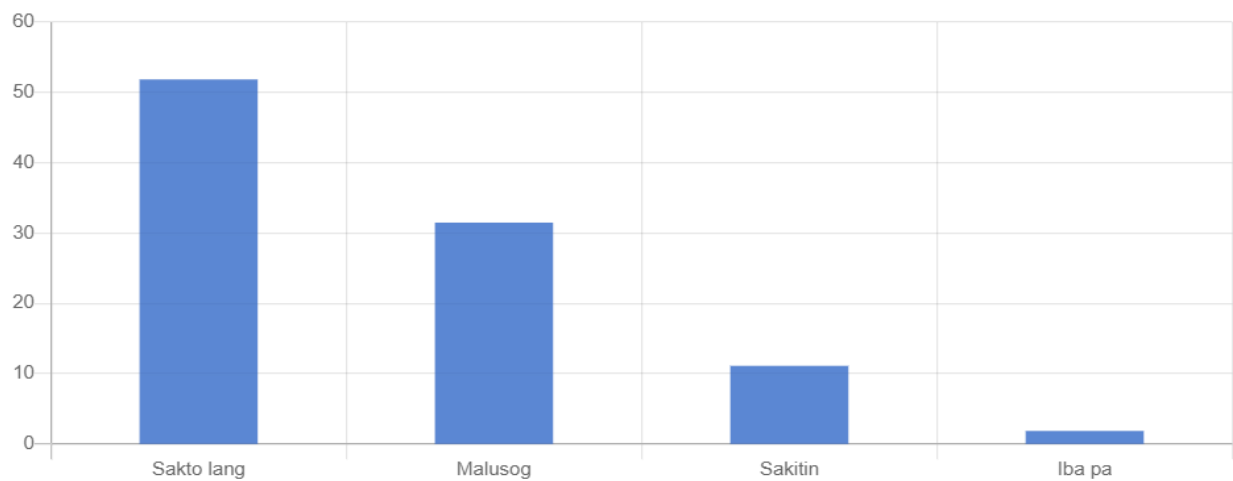


Figure 32. Health Status of respondent's families during COVID-19 pandemic

During the pandemic, common illnesses among indigenous women are cold 72.22%, cough 68.52%; and fever 51.85%; 22.22% answered high blood pressure or hypertension; and 7.41% suffered from diarrhea.

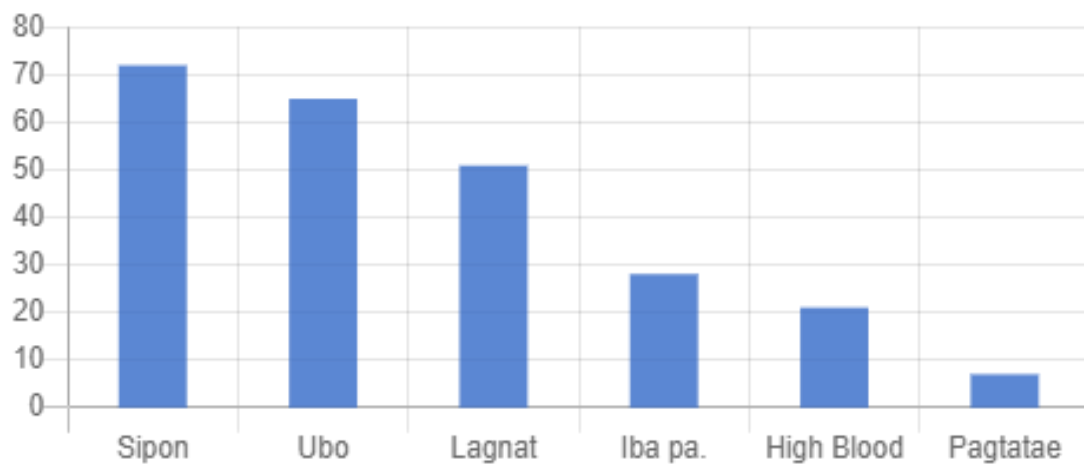


Figure 33. Common illnesses among indigenous families during the pandemic

To treat illnesses, 88.89% of indigenous women rely on herbal medicines; 66.67% use synthetic drugs like paracetamol; 27.78% go to *albularyo* or *hilot*; and 20.37% go the doctor's clinic and health centers for consultation.

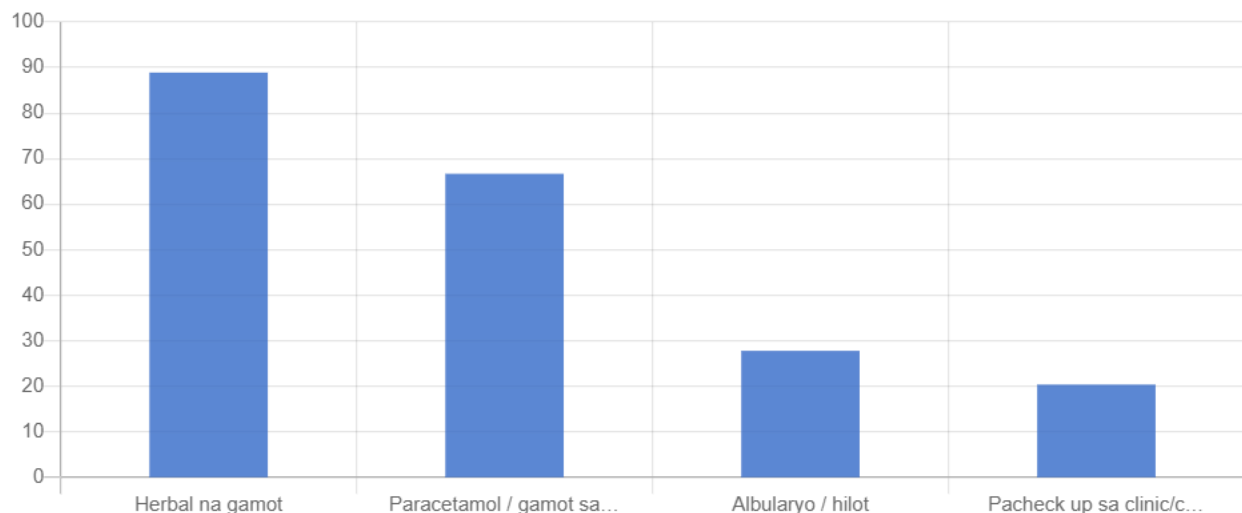


Figure 34. Treatments used by the indigenous women to treat common illnesses during the pandemic

Of the respondents, 83.33% believe that taking care of the family and ensuring the family's health is the mother's primary responsibility; 7.41% assign this responsibility to fathers; 5.56% identified others like grandmother, aunts or other elder women relatives as the people responsible in ensuring the family's health; while 1 respondent 1.85% said this responsibility belongs to the older sisters.

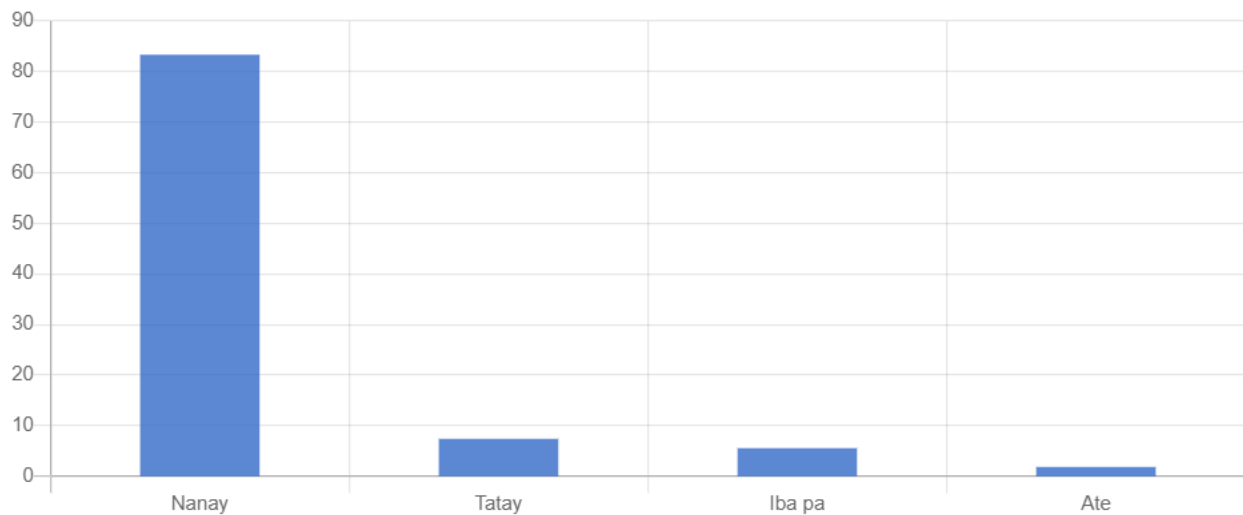


Figure 35. Responsible persons for the family's health

Of the respondents, 44.44% are visited by Barangay Health Workers (BHW); 40.74% said they have not been visited at all by anyone; 25.93% are visited by traditional healers such as *hilot*, *albularyo*, and *paltera*; 3.7% answered midwives; another 3.7% answered others and only 1 said they were visited by a medical doctor.

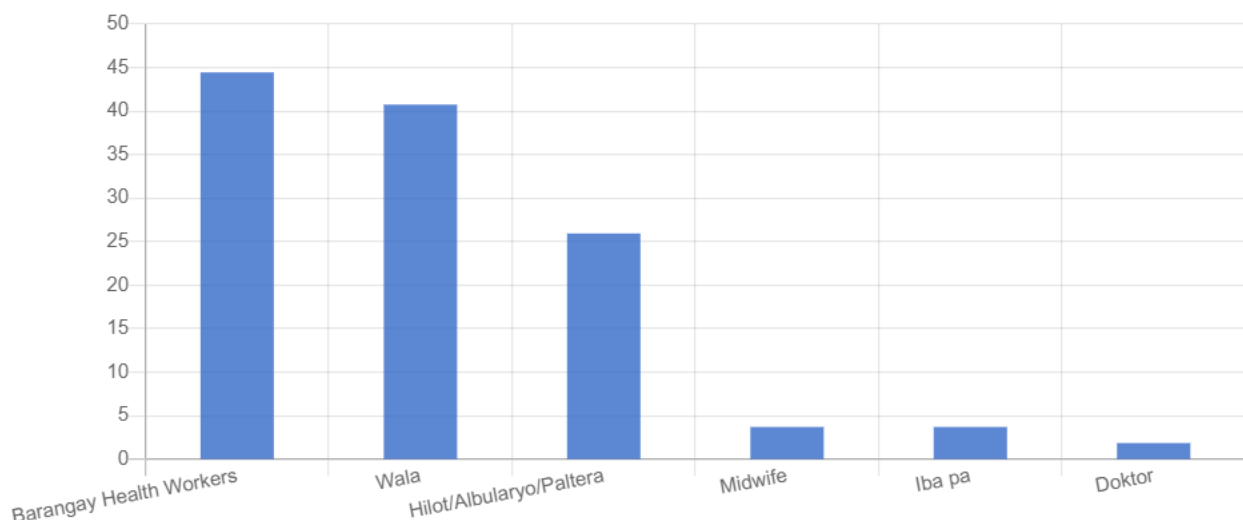


Figure 36. Healthcare personnel usually visiting the communities during pandemic

Family planning through pills and other methods like herbs and other traditional birth control methods are equally the most frequently used (22.21% for each method); 11.11% use implants and the same percentage use IUD method; family planning through abstinence from sex is practiced by 7.41% of the respondents; 5.56% use condoms; 2 indigenous women or 5.56% use the withdrawal method, and 3.7% took the injection.

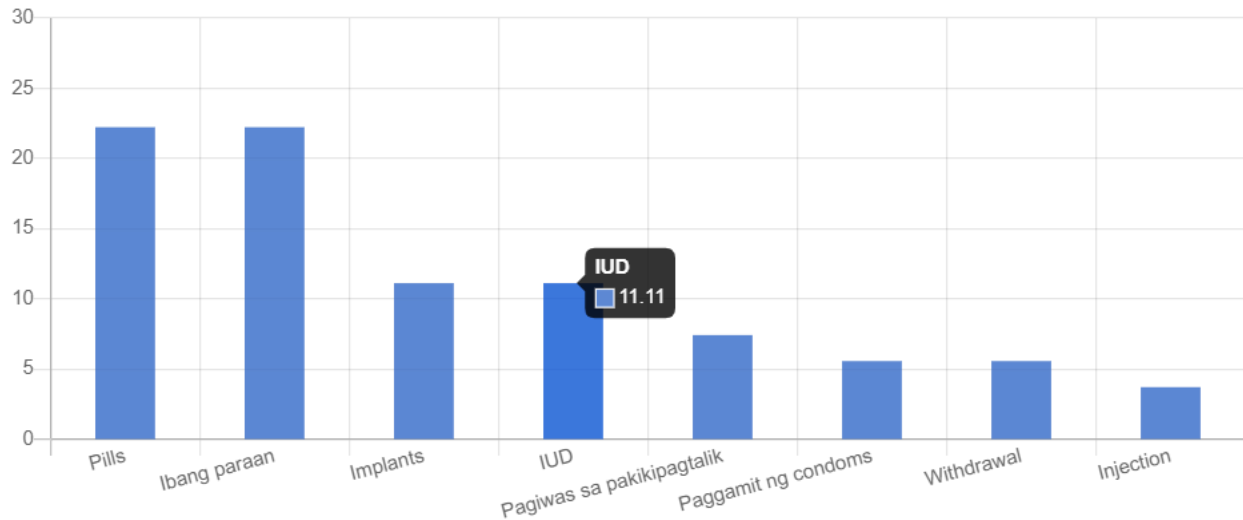


Figure 37. Family planning methods during pandemic

Regarding system of care - 45 out of 54 respondents answered this question; 13 were without data. 61.4% answered that there is a system of care for indigenous women that starts from puberty to motherhood. 25.46%, however, answered none.

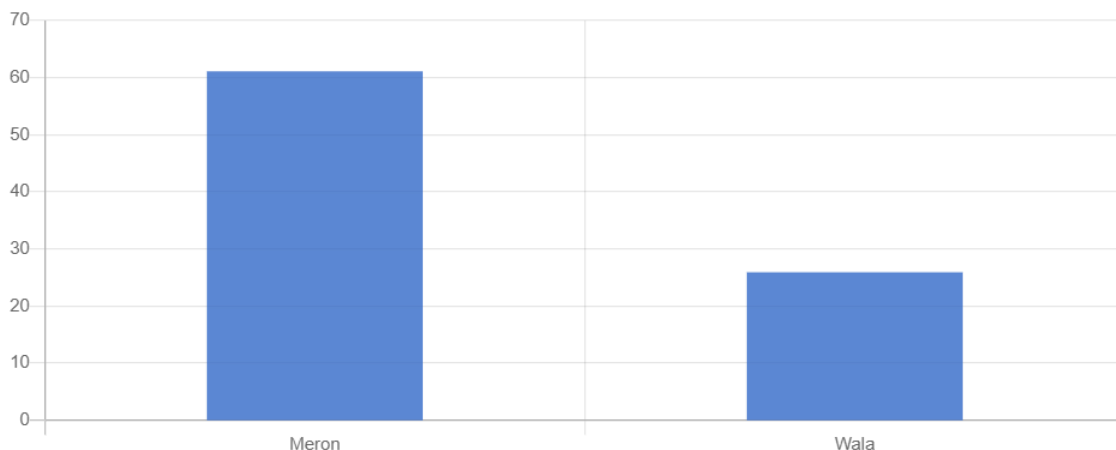


Figure 38. Existence of a system of care for indigenous women that starts from puberty to motherhood

Of the 35 women who answered positively, 36.84% pointed to the mothers as the person who ensures reproductive care; 29.82% go to health center; 21.05% have identified the *paltera* or *hillot* as their primary care givers; 10.53% go to medical doctors; and 3.51% have others such as their traditional healers or other relatives.

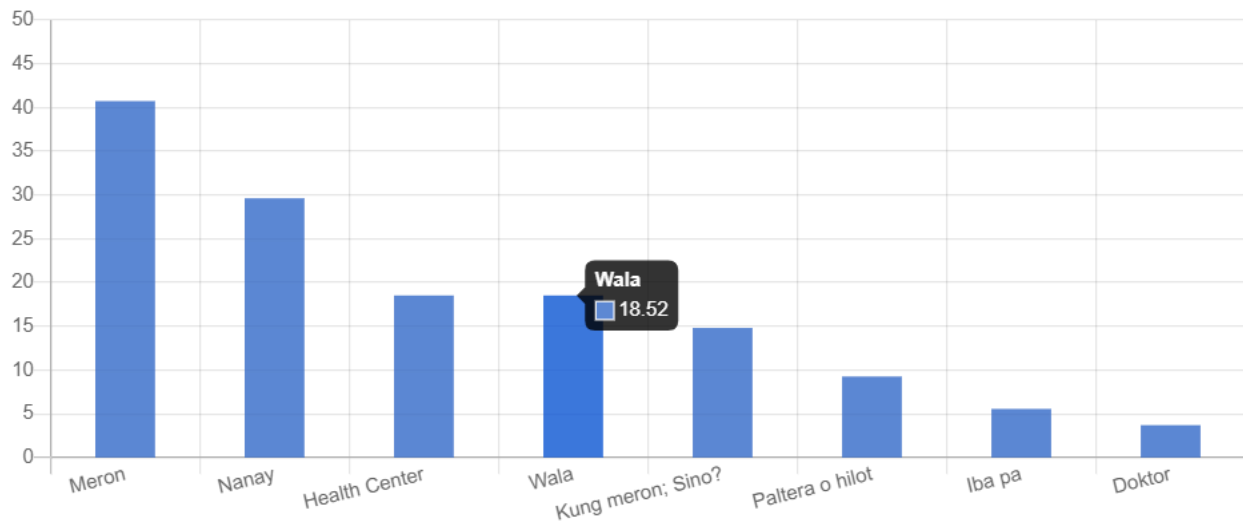


Figure 39. Caregivers and guides regarding reproductive and sexual health

During childbirth, 29.63% go to doctors; followed by *paltera*/traditional birth attendants at 22.22%; 20.37% go to midwives; and 3 respondents or 5.56% identified others but did not further specify.

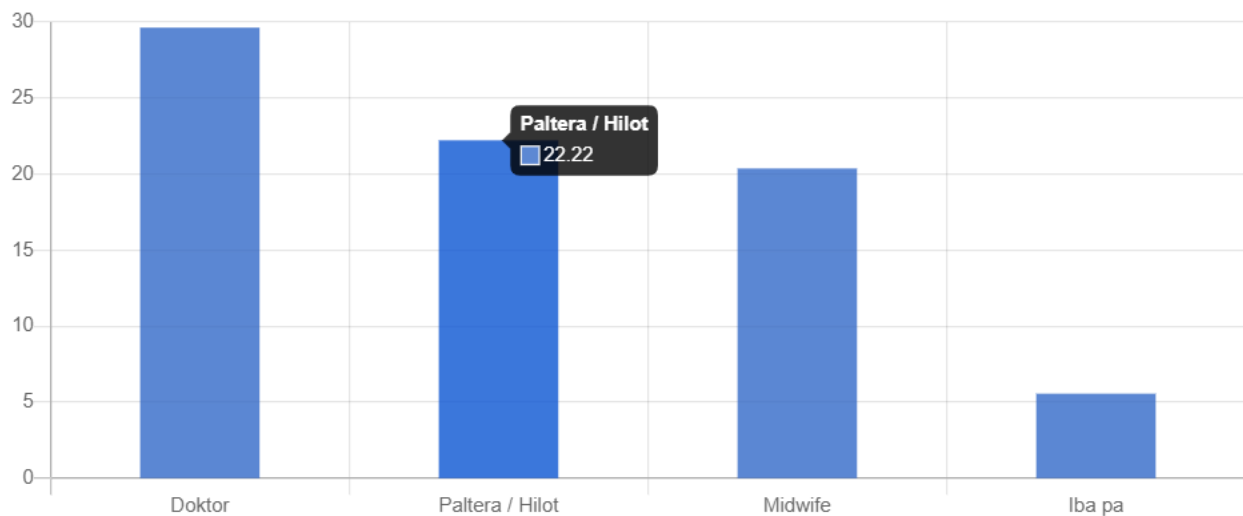


Figure 40. Childbirth attendants that indigenous women go to during the pandemic

During the COVID-19 pandemic, birthing of indigenous women is done at hospitals (37.04% or 20 respondents); 24.07% said deliveries were done at home, 14.81% answered in health centers.

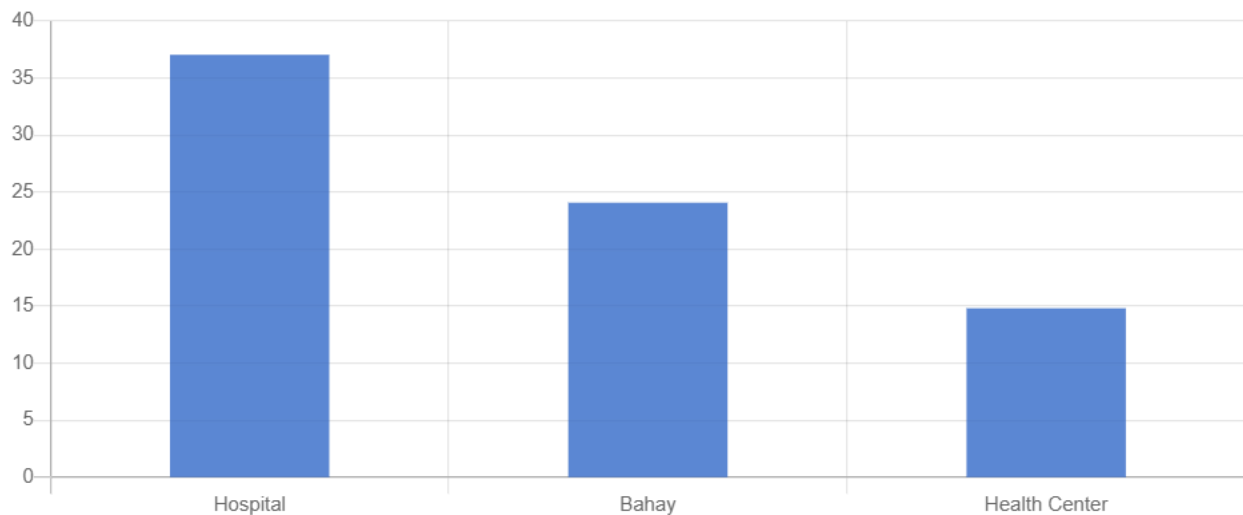


Figure 41. Childbirth locations during the pandemic

Of the respondents, 44% are practicing family planning; 24.07% have none; 17 (31%) were without data because they are either in their teens, single, unmarried and widowed.

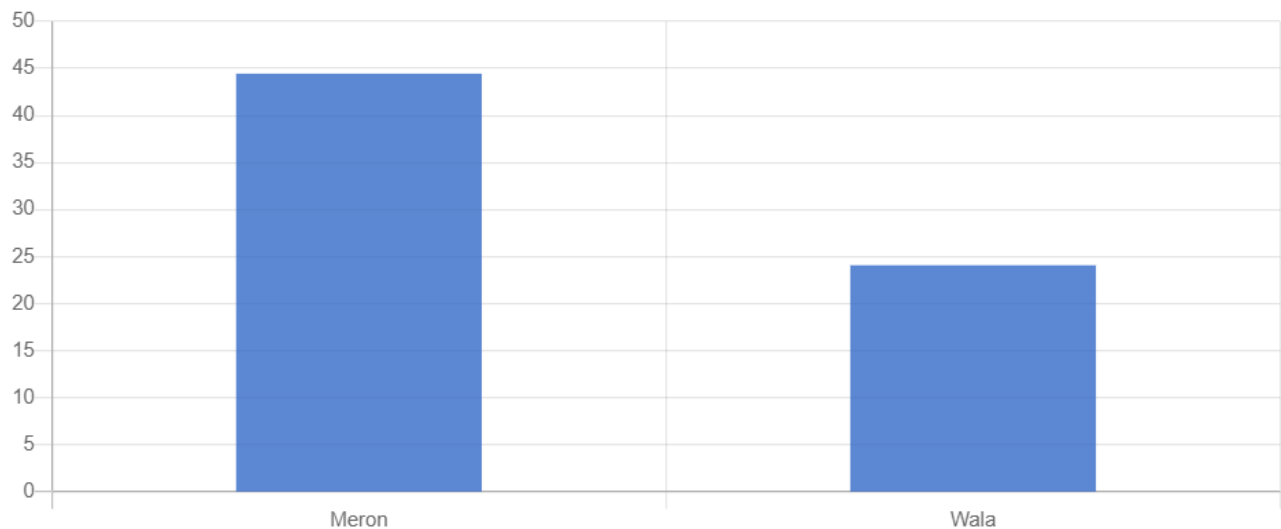


Figure 42. Respondents who do and does not practice family planning during pandemic

Of the respondents, 14.81% said they perform family planning by themselves; the remaining are guided by health practitioners – 9.26% by midwife; 7.41% by BHWs; 5.26% by *paltera*; 5.26% by hospital; 5.56% are guided by hospital staff; 5.56% by traditional birth attendants/*palteras* and 1 respondent or 1.85% identified others but did not further specify.

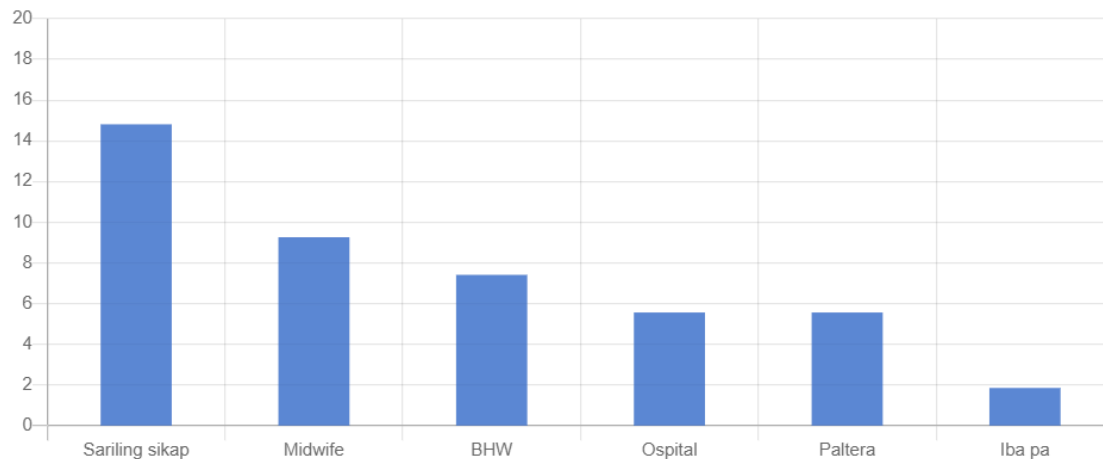


Figure 43. Healthcare attendants that the indigenous women go to for family planning

When asked what contraceptives they use, 27.78% indigenous women answered other or alternative methods like herbs and traditional family planning methods; 16.67% use pills, 11.11% use implants, 9.26% use IUD method; 7.41% sex abstinence, 5.56% practice withdrawal; 3.7% use injection and 3.7% use condoms.

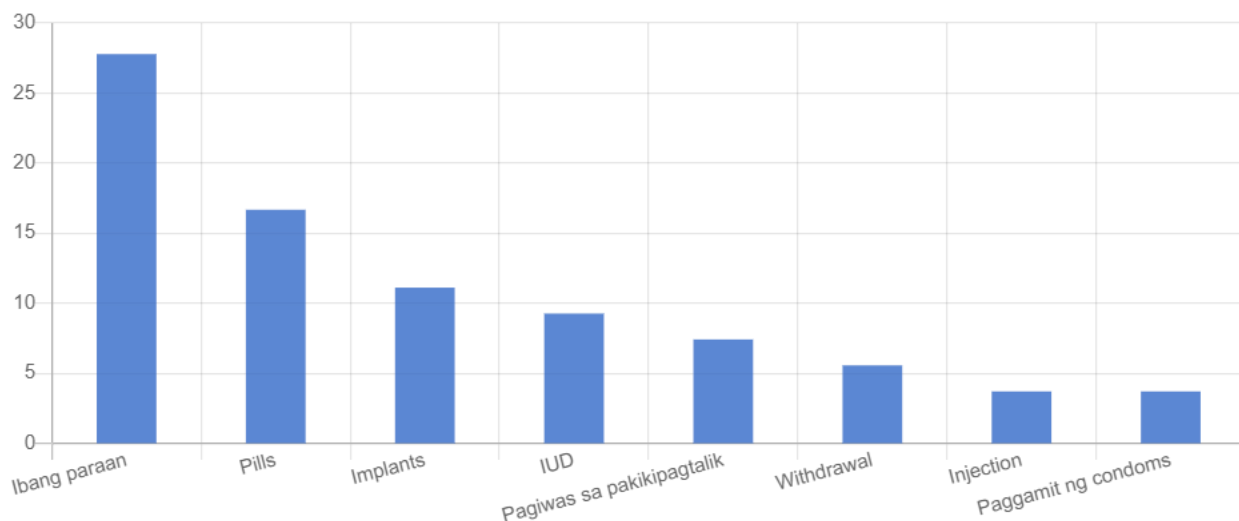


Figure 44. Types of contraceptives used by the indigenous women during the pandemic

Family planning is mainly a decision made by indigenous women themselves (42.59%); 7.41% of the respondents identified other but did not further specify, 5.56% identified their husband; and another 5.56% identified their parents as the ones who decide about family planning.

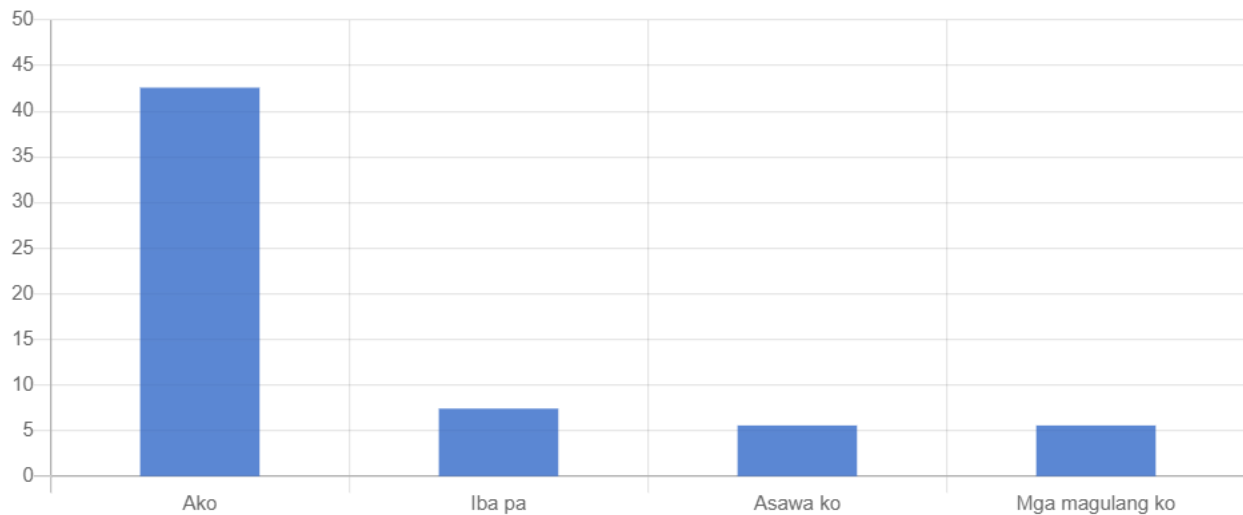


Figure 45. Decision making about family planning

For pregnancy complications, 37.04% of indigenous women go to the hospital; 20.37% go to health centers, 11.11% go to *paltera/hilot*, and 5.26% just stay at home.

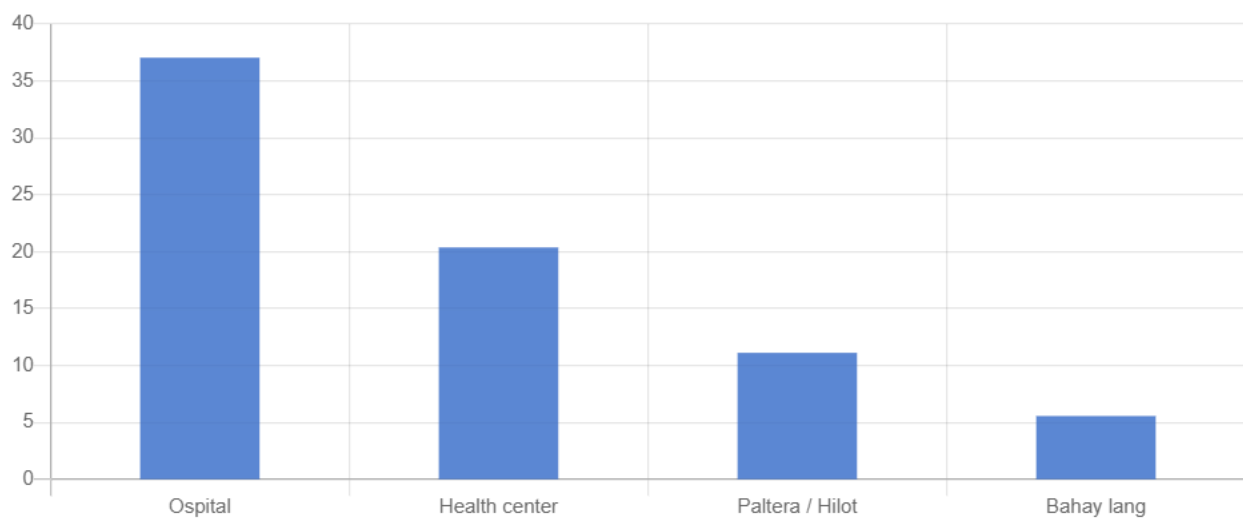


Figure 46. Facilities indigenous women go for pregnancy complications

Of the respondents, 66.67% have received information about COVID-19; while 29.63% have not received information about COVID-19.

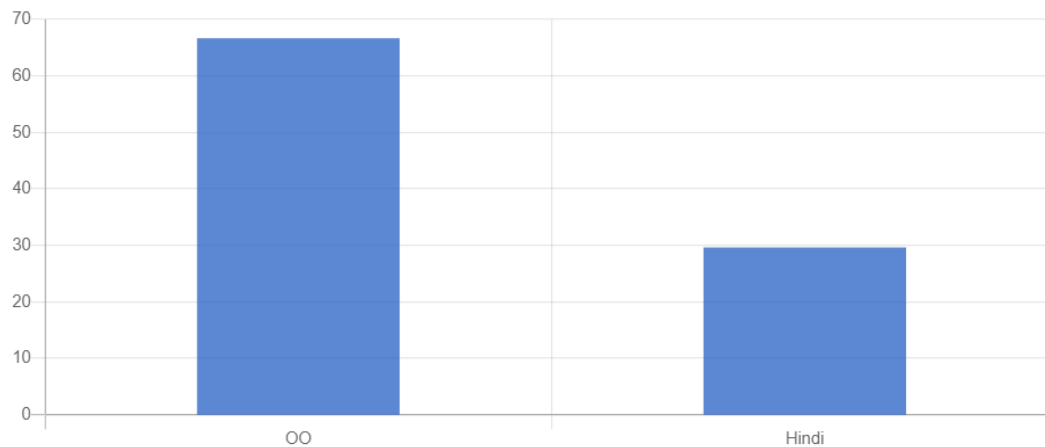


Figure 47. Respondents who received information about COVID-19 vs. respondents who did not receive information

The top source of information regarding COVID-19 for indigenous women is news service at 50%; 38.89% said they get their information from YouTube, Facebook or other social media platforms; 31.48% from health centers; 25.93% from Barangay LGU; 16.67% from DOH; 12.96% from NGOs; and 11.11% from other sources.

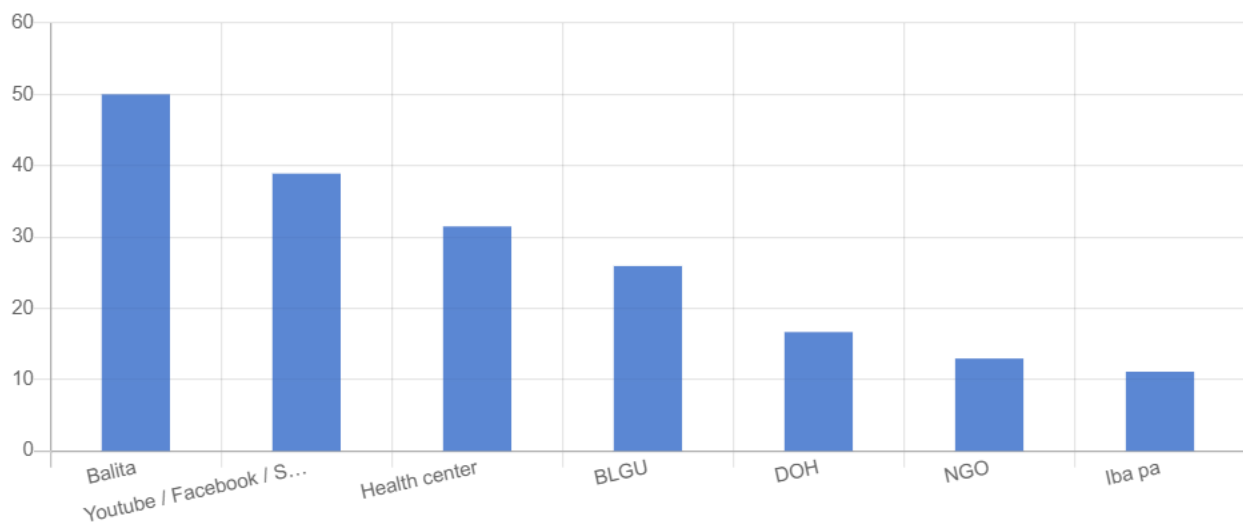


Figure 48. Sources of information regarding COVID-19

Of the respondents, 87.04% acknowledge and believe there is a COVID-19 virus infection happening; and 11.11% do not believe the COVID-19 pandemic.

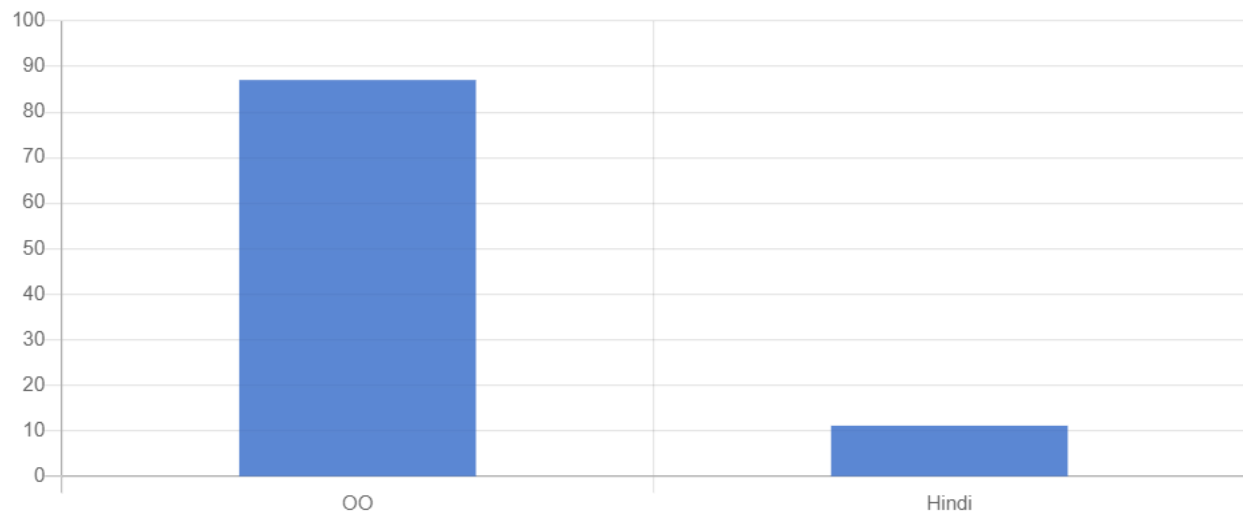


Figure 49. Respondents who believe acknowledge there is a COVID-19 virus infection happening vs those who do not believe and do not acknowledge

When asked whether they knew of people who have been infected by COVID-19, 61.11% answered yes; and 37.04% answered none. When asked who these people were, their answers were their neighbors 29.63%, others 22.22%, relatives 18.52%, and friends 9.26%; 1 respondent was herself infected.

Table 4. People who the respondents know have been infected by COVID-19

Response	Frequency	Percentage (%)
Neighbor	16	29.63
Others	12	22.22
Relatives	10	18.52
Friends	5	9.26
Me	1	1.85

When asked how the COVID-19-infected patients they knew of were treated: 37.04% answered others such as hospitalization; 12.96% said that patients just stayed at home; 9.26% answered health centers. Interestingly, 1 respondent identified herbal medicine as COVID-19 treatment.

Table 5. COVID-19 treatment

Response	Frequency	Percentage (%)
Others	20	37.04
Stayed at home	7	12.96
Health center	5	9.26
Herbal medicine	1	1.85

When asked if they received enough information about COVID-19, 75.93% answered they have received information about COVID-19 from the radio and TV news advisories; 55.56% from YouTube, Facebook or social media; 37.04% from health centers; 24.07% from neighbors; 22.22% from BLGUs; 18.52% from NGOs; and 9.26% from other sources.

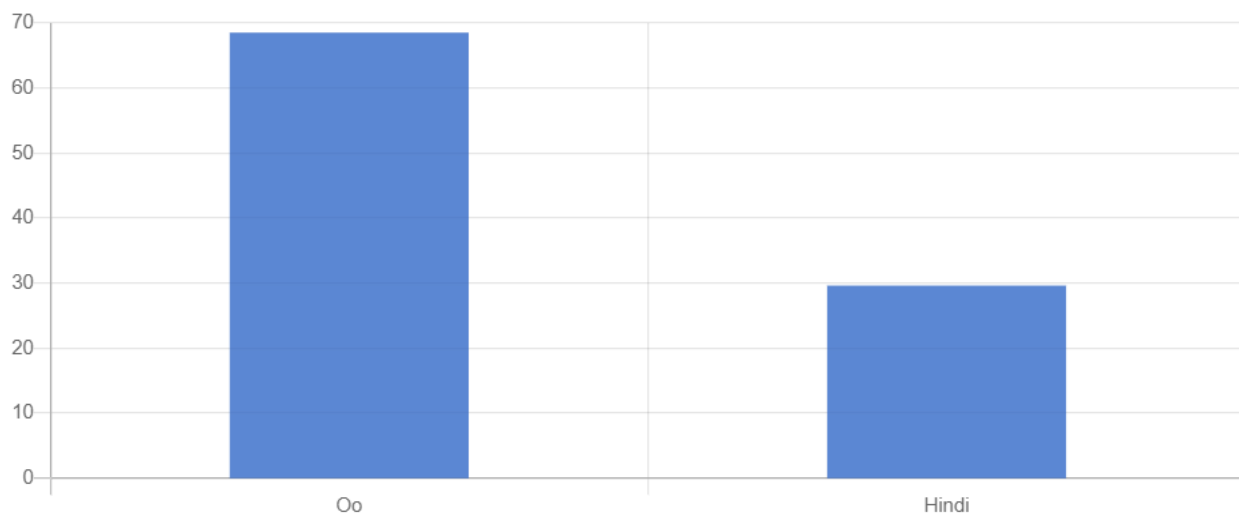


Figure 50. Respondents who received information about COVID-19 vs those who did not receive information about COVID-19

Table 6. Sources of information about COVID-19

Response	Frequency	Percentage (%)
News from Radio/TV	41	75.93
YouTube / Facebook / social media	30	55.56
Health Center	20	37.04
Neighbors	13	24.07
BLGU	12	22.22
DOH	10	18.52
NGO	10	18.52
Others	5	9.26

Vaccination has started in 46 (85.19%) barangays and 6 (11.11%) said there has been no vaccination yet in their communities.

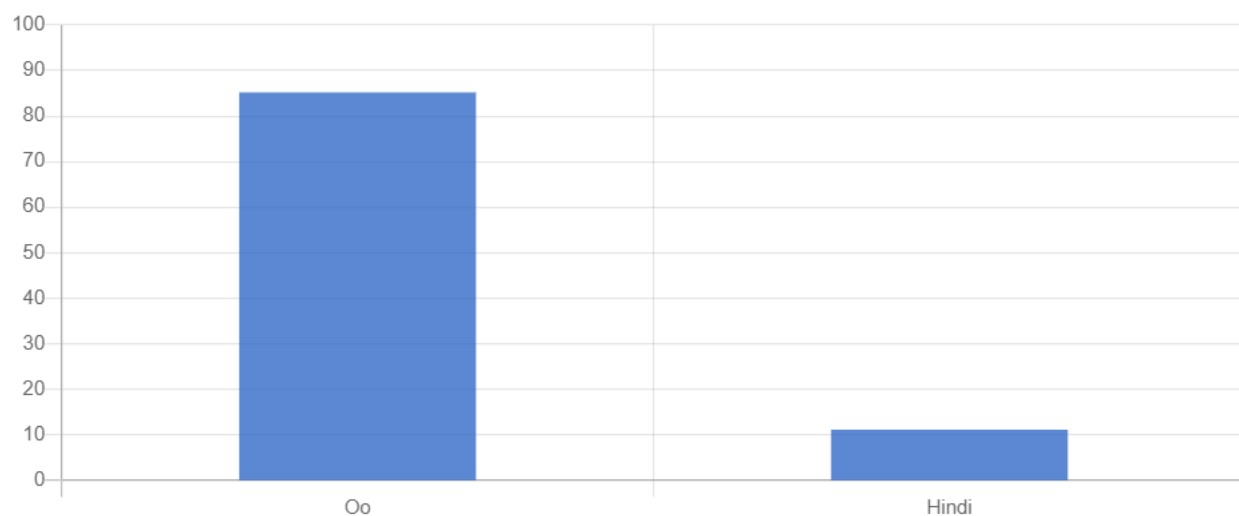


Figure 51. Vaccination activities in indigenous communities vs no vaccination happening

Of the respondents, 27.78% are willing to receive vaccination; with 9 (16.67%) having received the vaccine already; 13 or 24.07% are still thinking about it; but the same number of respondents (13 or 24.07%) do not want to be vaccinated.

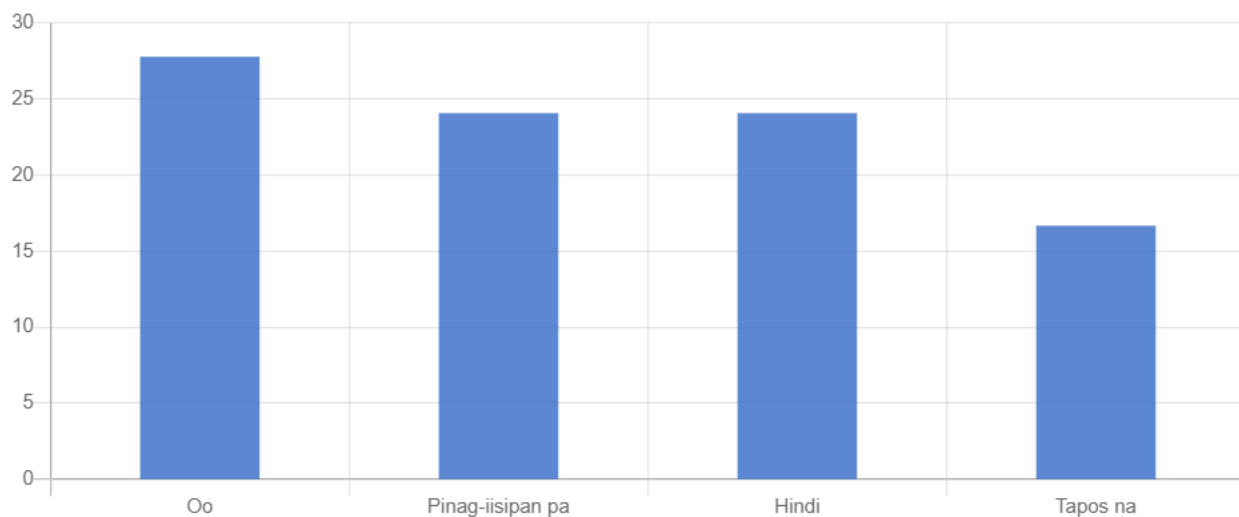


Figure 52. Respondent's willingness to receive vaccination

Those who do not want to be vaccinated or are still thinking about it, 25.93% (14 respondents) are afraid of the vaccine effects; 12.96% (7 respondents) have other personal reasons; 5.56% (3 respondents) do not know how; 1.85% (1 respondent) cannot register, and 1.85% (1 respondent) said she is prohibited from getting vaccinated.

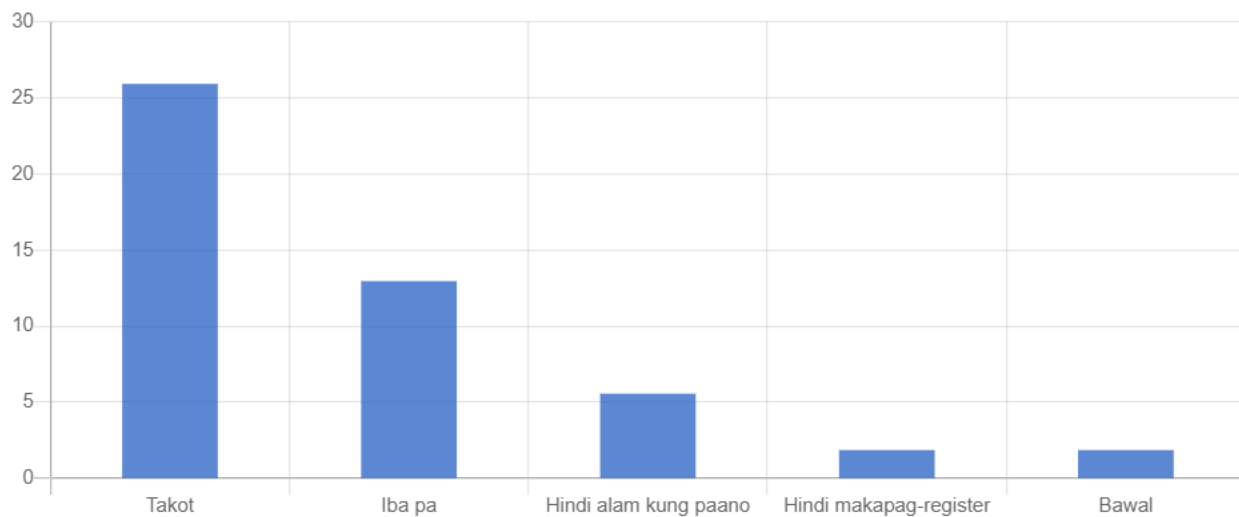


Figure 53. Reasons for non-willingness to receive vaccination.

To avoid infection, indigenous women use face masks and face shields (90.74% / 49 respondents); eat nutritious food to strengthen their immunity (77.78% / 42 respondents); practice social distancing (68.52% / 37 respondents); wash their hands frequently (55.56% / 30 respondents); drink herbal medicines (55.56% / 30 respondents); do not leave their house (51.58% / 28 respondents); drink vitamins (48.15% / 26 respondents); have gotten vaccinated (33.33% / 18 respondents); perform rituals (29.63% / 16 respondents); and other methods (7.41% / 4 respondents).

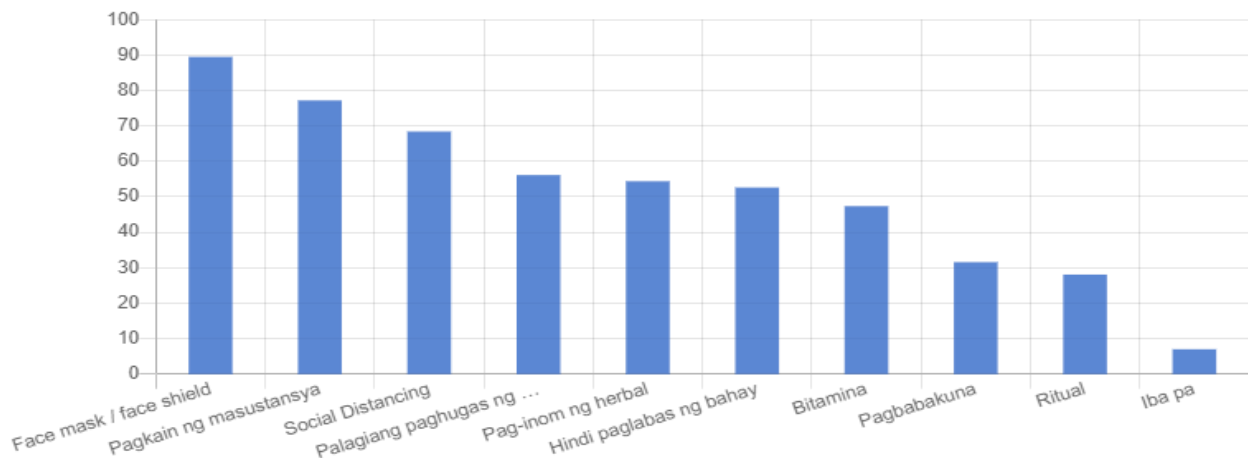


Figure 54. Cautionary measures taken by the respondents to avoid COVID-19 infection

There were almost equal numbers of respondents who received and have not received health care support and assistance – 48.15% (26 respondents) have not received health care assistance; and 46.3% (25 respondents) have received health care assistance. NGOs topped the list of institutions that have given support to indigenous women. Specifically, 24.07% (13 respondents) answered NGOs; 14.81% (8 respondents) answered BLGUs; 14.81% (8 respondents) answered health centers; 7.412% (4 respondents) answered others such as individuals; and 1 person received assistance from the church. Many of the respondents reported to receiving support only once during the COVID-19 pandemic.

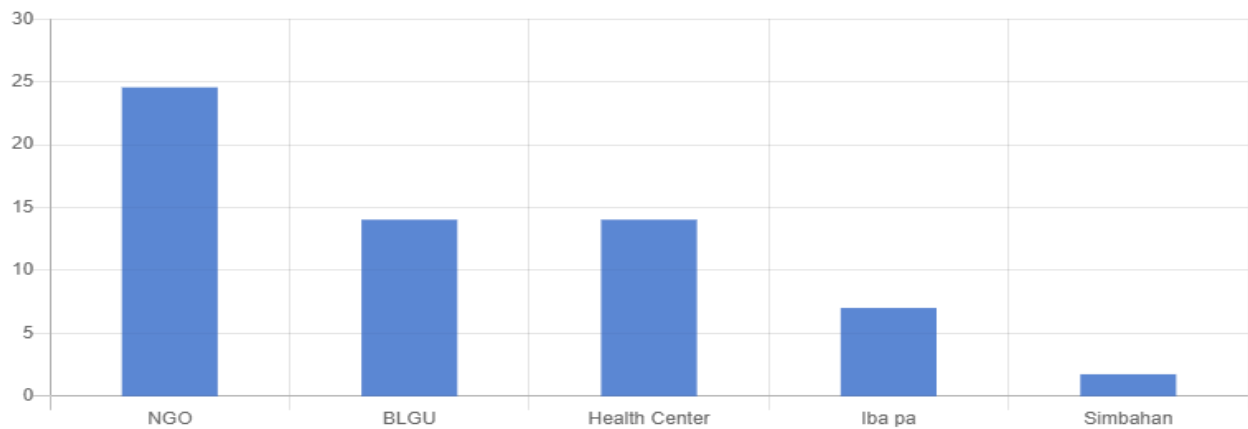


Figure 55. Institutions who have extended support during the pandemic

The respondents have expressed varying emotions because of the pandemic with 66.67% feeling fear and apprehension; 22.81% (13 respondents) cannot sleep at night; 21.05% (12 respondents) feel very sad about the situation; 19.3% (11 respondents) are feeling anxious; 15.79% (9 respondents) cannot concentrate; 15.79% (9 respondents) feel physically sluggish; 14.04% (8 respondents) are experiencing headache; 14.04% (8 respondents) are experiencing heart palpitations; 14.04% (8 respondents) no appetite; 12.28% (7 respondents) expressed other feelings/concerns; 10.53% (6 respondents) experience irritability; 8.77% (5 respondents) feel loneliness; 5.26% (3 respondents) have become sickly; and 3.51% (2 respondents) are experiencing difficulty in breathing.

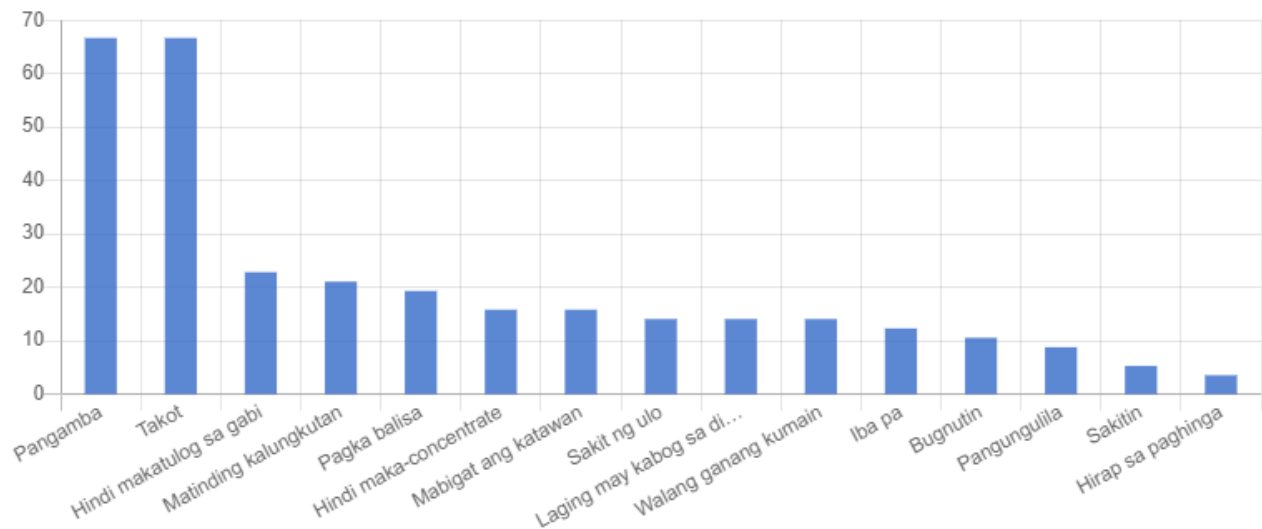


Figure 56. Emotions the respondent felt during pandemic

Comparative Presentation of Data

Health Description

How do you describe the health of yourself and of your family?

Table 7. Health description of indigenous women and their families

Response	Pre-Pandemic		During Pandemic	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Good enough	28	52	33	61
Healthy	16	30	8	15
Sick	4	7	5	9
Sickly	3	6	4	7
No Response	3	6	4	7

52% of the respondents described themselves in a good enough health situation and this increased by 10% during the pandemic. However, those who described themselves as healthy also decreased by half during the pandemic. Those who described themselves as sick and sickly also increased during the pandemic.

Illnesses and Treatment

What are the usual illnesses in your family?

Table 8. Common illnesses among indigenous families

Response	Pre-Pandemic		During Pandemic	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Colds	37	69	39	72
Cough	35	65	37	69
Fever	30	56	28	52
Others	15	28	16	30
High blood / hypertension	13	24	12	22
Diarrhea	4	7	4	7
No Response	2	4	1	2

Indigenous women listed the common illnesses in their families, among which are colds, cough, and fever.

How are illnesses treated?

Table 9. Treatment for the common illnesses

Response	Pre-Pandemic		During Pandemic	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Herbal medicines	46	85	48	89
Paracetamol	35	65	36	67
Clinic/health centers	24	44	11	20
<i>Albularyo / hilot</i>	15	28	15	28
Others	9	17	0	0
No response	1	2	1	2

Herbal medicines top the list of treatment options followed by Paracetamol. There was a decrease (by half in those who go to clinics and hospitals during the pandemic. Other treatments identified are rituals and indigenous practices.

Family and Healthcare

Whose responsibility is the family's health?

Table 10. Family healthcare management

Response	Pre-Pandemic		During Pandemic	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Mother	46	85	45	83
Father	13	24	4	7
Other	5	9	3	6
Older Sister	2	4	1	2
Older Brother	1	2	0	0
No Response	1		1	

Family care and health remain to be the primary responsibility of mothers. Pre- and during the COVID-19 pandemic, mothers have been socialized to provide care and maintenance for the family by procuring and preparing food, giving care to dependent family members, and by socializing children to become productive adults. Mother's primary roles within families have positioned them to become health managers or promoters of overall family health.

Who is the usual health officer in your community?

Table 11. Presence of healthcare personnel in the community

Response	Pre-Pandemic		During Pandemic	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Barangay Health Workers	26	48	24	44
None	19	35	22	41
<i>Hilot/Albularyo/Paltera</i>	15	28	14	26
Midwife	8	15	2	4
Other	2	4	2	4
Doctor			1	
No Response	3		1	

Barangay Health Workers (BHW) top the list of health officers consistently present in the community. Usually living as residents and as a community member, BHWs becomes the link to the public healthcare facilities. There is also an absence of a medical doctor in the community even during the COVID-19 pandemic.

Reproductive and Sexual Healthcare

Is there a reproductive healthcare system that ensures the health and wellbeing of indigenous girls from puberty until they become mother? If there is, whose takes on that role?

Table 12. Reproductive healthcare system in the community

Response	Pre-Pandemic		During Pandemic	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Yes, there is	33	61	31	57
None	14	26	10	19
No Response	7	13	13	24

Table above shows that there is an existing reproductive healthcare system pre COVID19 and during the pandemic.

Table 13. List of healthcare attendants who manages reproductive health situation in the community

Response	Pre-Pandemic		During Pandemic	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Mother	20	37	16	30
Health center	16	30	10	19
<i>Paltera o Hilot</i>	12	22	5	9
Doctor	6	11	2	4
Other	2	4	3	6

For those who answered “yes, there is”, mothers play a critical role in guiding and ensuring the reproductive health situation of indigenous women and girls in their communities.

They share and continue to practice similar traditional healthcare knowledge, in relation to pregnancy, post-natal care, child-rearing, and healing, including childbirth methods such as the use of medicinal herbs. Survey results showed a drop during the COVID-19 pandemic but further explanations cannot be provided on this.

Who usually attends to your birth deliveries?

Table 14. Childbirth attendants

Response	Pre-Pandemic		During Pandemic	
	Frequency	Percentage (%)	Frequency	Percentage (%)
<i>Paltera / Hilot</i>	17	31	16	30
Doctor	15	28	12	22
Midwife	14	26	11	20
Other	2	4	3	6
No Response	6	11	12	22

On matters of birth deliveries, traditional birth attendants (Paltera/Hilot) top the list pre- and during the COVID-19 pandemic.

Where do you deliver your babies?

Table 15. Location of childbirth deliveries

Response	Pre-Pandemic		During Pandemic	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Hospital	20	37	20	37
Bahay	20	37	13	24
Health Center	8	15	8	15
No Response	6	11	13	24

Before the COVID-19 pandemic, deliveries are done at home and at hospitals but during the pandemic, there was a decrease in the number of birth deliveries done at home.

Do you practice family planning?

Table 16. Family planning practice

Response	Pre-Pandemic		During Pandemic	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Yes	29	54	24	44
No	17	31	13	24
No Response	8	15	17	31

When asked whether they practice family planning, 54% of respondents said they do but this number decreased to 44% during the pandemic.

Of those who answered 'yes', BHW was the go-to person regarding family planning before the pandemic. But during pandemic, more indigenous women performed family planning on their own.

Table 17. Healthcare attendants that the indigenous women go to for family planning.

Response	Pre-Pandemic		During Pandemic	
	Frequency	Percentage (%)	Frequency	Percentage (%)
BHW	7	13	4	7
By themselves	6	11	8	15
Midwife	6	11	5	9
Hospital	5	9	3	6
<i>Paltera</i>	3	6	3	6
Other	1	2	1	2
No response	1			

Top on the list of family planning method pre- and during the COVID-19 pandemic are traditional methods such as herbal medicines, rituals, etc. Those using pills, IUD decreased during COVID-19 because of unavailability and mobility restrictions.

Table 18. Family planning methods

Response	Pre-Pandemic		During Pandemic	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Traditional methods i.e., herbal medicines, rituals, etc.	12	22	15	28
Pills	12	22	9	17
Implants	6	11	6	11
IUD	6	11	5	9
Abstaining from sex	4	7	4	7
Withdrawal	3	6	3	6
Injection	2	4	2	4
Condoms	3	6	2	4

Analysis

While the structural causes of inequality remain important, targeted programs are still needed to address the specific and collective rights of indigenous peoples, including their right to not be discriminated. The exclusion and marginalization of indigenous peoples, especially of women and girls, are often the result of multiple forms of discrimination. In addition to their ethnic status, indigenous women and girls are also discriminated against on the grounds of sex and age, social and economic status, and location. These intersecting forms of discrimination are often perpetuated by underlying factors such as inattention to the sexual and reproductive health needs of indigenous women and girls in public policies and budgets.

Indigenous women' and girls' concept of healthy as well as their reproductive health needs and desires are shaped by nationality, race, class, ethnicity, religion and culture. For many indigenous women and girls in the Philippines, the intersecting and overlapping discrimination that they face as women, and as members of the indigenous community has resulted to a wide gap between how they would best like their self-identified reproductive health needs to be met and the reality of how they actually receive the services. This can range from poor or culturally inappropriate provision of services in the areas that they live, to outright denial of access to health care. Poverty, cultural insensitivity, and inappropriateness and unresponsive health related policies further compounds this discrimination.

The lack of disaggregated data on indigenous peoples, their ethnicity and other disaggregation such as number of indigenous women and girls in the Philippines has been prohibitive for a deeper look in terms of gender expressions and identities. For Indigenous communities to demand for evidence-based interventions to improve and promote health equity i.e., current researches, policy development processes and decision making are led by non-indigenous peoples and without proper consultations with indigenous communities. These structural issues are the result of and maintained by current assumptions of race and health that are rooted in discrimination and non-recognition of the indigenous women's right to self-determination. As a result, the current public health paradigm cannot effectively address the needs of the indigenous women and girls in the Philippines as it does not incorporate a reproductive justice framework that meets the needs of marginalized indigenous women and girls.

Lack of Access to Medicine, Medical Supplies and Healthcare

Health is a basic human right guaranteed by the Philippine Constitution of 1987. Health delivery is provided in the Philippines through a dual health delivery system composed of the public sector and the private sector but survey result shows that indigenous women and girls' access to basic healthcare services largely remains a challenge in terms of delivery frequency, quality, and urgency.

Primary healthcare including preventive and promotive health services and other public health programs in the communities is the responsibility of the municipal governments through the rural health units, health centers and barangay health stations. In reality however, healthcare availability in the rural and indigenous communities are very limited. Having no available and accessible healthcare facilities, the indigenous women and girls find it difficult to access appropriate mainstream primary health care services.

All of the indigenous women respondents do not have medical insurance. Survey data suggest that the indigenous women may have medical conditions that may go untreated for years due to their lack of access to health services. They experience challenges in accessing health emergency relief; do not have enough medicine or medical supplies; and are often without any health support system in their community.

Where social and health amenities exist in some of the communities, they are often obsolete, insufficient, understaffed, dysfunctional, or lacking basic essentials and supplies. With the restrictive public transportation, the indigenous women respondents expressed major challenges especially transportation to hospitals, or a more accessible isolation center at the minimum, in the event of more critical cases of COVID-19. One survey respondent in fact lamented on the lack of access to the nearest health clinic “4 hours away by foot”.

Evangeline Campos Banwaon from Agusan del Sur said “*Mahirap na nga usaping kalusugan at ospital. Di naman kami makapunta sa ospital basta-basta dahil sa layo. Mas lalo pang pinahirap nung nadagdag ang COVID at bakuna*” (health and hospitalization is already a complicated issue. As it is, we cannot go to the hospitals because it is not that accessible - far from our community. Things are more complicated during COVID-19 and also with the vaccination requirements”. If there are no free medicines from the local health centers, they have to buy it themselves in the pharmacy. To get to the nearest local hospital, they have to walk a total of 8km back and forth and pay 500 pesos to ride a *habal-habal* that will get them to the hospital.

Furthermore, the absence of a functional health facility for many indigenous communities and the existing health centers for some lucky communities are completely unprepared to deal with the COVID-19 crisis, both in terms of preventative measures, diagnosis, and treatment. Very little investments have gone into equipping health centers in the communities to offer COVID-19 testing, treatment, and care.

No reliable government healthcare facilities force the indigenous women to resort to privatized healthcare facilities which requires cash-out to receive services. No free medicines also require indigenous women to buy the prescriptions. This kind of “cash-out” system of healthcare and the emergence of more private healthcare facilities is a clear indication of a commercialized healthcare system. Healthcare systems focused on profit skew services toward the wealthy thus resulting to against the poorer populations such as the indigenous women.

Another major contributor to the pervasive health inequalities in indigenous communities in the Philippines is the shortage of available, appropriate and motivated health workers. Despite the huge number of health professionals produced in the Philippines every year, there is still the absence of healthcare workforce in the indigenous communities. Stories from the indigenous women respondents say that there is rarely a presence of a medical doctor in their communities. Respondents have identified the volunteer Community Health Workers - who serve as a bridge between the community and their local health center. They carry the brunt of promoting health, often working house-to-house, for programs such as family planning. In many cases however, the community health workers like the Barangay Health Workers and volunteer health workers trying to deliver health services to the indigenous peoples in the communities, suffer from harassment and intimidation due to adverse political conditions. This dire situation of health workers also eliminates the alternative opportunities for indigenous women and children to have access to basic health services. Interestingly, during the focus group discussions, some of the BHW are traditional healers themselves or related families of traditional healers.

Traditional Knowledge and Health Practices

Indigenous peoples often seek first line health service from traditional systems of medicine because it is the only available and affordable form of health care.

Indigenous women, particularly mothers, are the primary holder of such knowledge, and are expected to continue to hold on to these and play critical role in ensuring the health situation of the indigenous women and girls in their communities. They continue to practice traditional healing and caring knowledge, including in relation to pregnancy, post-natal care, child rearing and healing, including childbirth methods such as the use of *paltera* or *hilot*.

The indigenous women, especially the *paltera* and *hilot* remain the backbone of indigenous communities and play a crucial role in the preservation of their traditional healing and caring practices. They have a fundamental collective and community role as guardians of indigenous ancestral knowledge, having been traditional stewards of natural resources and managers of seeds and medicinal plants.

Exercising their traditional knowledge and practices on health and reproductive health become more challenging for the indigenous women. The continued practice of such knowledge is threatened, if not lost, due to non-recognition of indigenous health systems and practices by national laws and policies. The unavailability of health care facilities, medical doctors, and basic medical supplies within the community for prevention is already a major health risk especially to pregnant indigenous women and also to indigenous elders/seniors, but the situation is further exacerbated by the lack of recognition of indigenous health systems and practices in the national laws and policies such as the criminalization of indigenous or traditional birth attendants (*partera/hilot*) and the imposition of giving birth only in hospitals (No Home Birth Policy). These anti indigenous women policies have contributed to the overall feeling of insecurity and distress to pregnant indigenous women during childbirth. As Nanay Nadith, a Higaonon from Manolo

Fortich narrated, *“May ordinance na bawal pero hindi naman puwede sa mga katutubo. Maraming dahilan. Pamasaha pa lang hindi na kaya. Marami nanganak sa biyahe. Almost 60km ang lying in sa amin. May mga barangay service na ini-issue ng LGU pero hindi madaling gamitin. Walang driver o sira ang makina. Paano kami manganganak sa ospital? Mamatay na kami bago pa man kami dumating sa ospital”.* (There is a no home birth policy but that is not feasible for the indigenous people - for many reasons. Cost of transportation alone is already an issue. The distance is another, many deliveries have happened while travelling. Lying in is around 60 km away. There are barangay service issued by the LGU but it is not easy to use it. No driver or engine is not working. So, how? We will die before we even reach the hospital.)

Such situation is a clear example how Sexual and Reproductive Health Services (SRHS) of the Philippine government generally do not incorporate an intercultural approach, nor do they consider indigenous knowledge and traditional worldview.

Yet, as COVID 19 infection continues, Indigenous women are seeking their own solutions to this pandemic. They are taking action using traditional knowledge and practices such as voluntary isolation, and sealing off their ancestral domains, as well as preventive measures. The indigenous women shared that the use of medicinal plants has increased during COVID-19 as medication and also to prevent COVID-19.

*“...noon may anak akong baby, everytime na may sakit siya o kami nadadala naming sa ospital para macheck up. Ngayong COVID, lumalapit kami sa manggagamot dahil bago ma admit sa ospital mag-pa-pa-swab test pa. May bayad lahat yun. Sa matatanda na marunong gumamot kami lumalapit, gumagaling naman po sila. Ang ospital malayo po (16 km), nagmomotor o nagsasakyan. Ngayon pahirapan dahil hindi na pwedeng mag-travel pag may kasamang bata...
“*

(...before, I try to bring my baby to the hospital for check up. During the pandemic, we cannot pay nor afford the swab test requirement of the hospital so we go to our traditional healers instead. The hospital is 16 km away from our community and it is more difficult to travel especially as the children are not allowed...)

- Juliet, 34-year-old T'boli from Saranggani

Going back to their traditional healing practices became their source of strength and inspiration as well as their coping mechanisms for themselves and their communities. Perhaps most importantly, revisiting their traditional knowledges and indigenous spirituality became a renewal of relationships to their land and the environment as a whole.

Family Planning

Of the respondents, only those married and belonging to age group 24-54 responded that they practice family planning. As discussions during the focused group discussion surfaced, this is because for the indigenous women respondents and in many of the indigenous societies in the Philippines, it is taboo to discuss sex openly, particularly for girls. This leads to a tendency to withhold information from indigenous girls about sex - making it difficult for them to learn how to protect themselves.

Sex in the Philippine society, much more in indigenous communities, is a moral or religious issue. Mothers and sometimes the traditional healers and elder women, are tasked to be the ones to educate their daughters about it – at the right time. This taboo limits the discussions related to sex especially with unmarried girls. Similarly, sexual activity outside of marriage is strictly prohibited in many indigenous cultures in the Philippines. The prevailing norm that unmarried women should not be sexually active makes unmarried indigenous women less likely to seek SRH services for fear of the social stigma against sexually active unmarried women, moreso against indigenous girls engaged in premarital sex. Norms about chastity as an expectation before marriage *prevents* indigenous women and girls to engage in discussions about sex, protection, sexual activities, choices, and even pleasure.

For some who answered “no family planning” - marital status is another key factor tied to social norms, and indigenous traditions often dictate that new wives must demonstrate their fertility and produce children shortly after marriage. Once a young woman has given birth this pressure begins to subside, and young women are more likely to find community support and overall societal acceptance of their use of family planning methods.

For the married practicing family planning, contraceptives through birth control pills is still the most popular method of family planning.

Result from the survey suggests a heavy bias toward female responsibility for contraception. The results show that family planning is a ‘women’s business’.

Access to Fact-based Information

Indigenous women pre-COVID-19 are already experiencing a high degree of marginalization and are at disproportionate risk in public health issues. During COVID-19 pandemic, they have become even more vulnerable and at risk. Also, the lack of available and reliable information on the impact of COVID-19 on indigenous peoples is surely due in part to the wider absence of data and a result of indifference to the plight of the indigenous peoples.

It has thus become more difficult for indigenous women and girls to access nor receive treatment and health services from the government. This is compounded by multiple or intersecting inequalities, such as ethnicity, socioeconomic status, disability, age, race, geographic

location and sexual orientation, among others which influences access and decision-making to critical health services and information about COVID-19.

As it stands, reliable data on infection rates, mortality levels and other indicators on COVID-19 are very difficult to achieve due to widespread underreporting, lack of testing, massive boreoarctic anomalies, and the reluctance of the Philippine government to acknowledge the scale of the problem. There is no effort from the government to reach out and inform communities more so indigenous communities about COVID19. Lack of knowledge on COVID-19 including “fake news” and wrong information about the COVID19 vaccines is very much prevalent among the respondents. They get information from internet, mainly Facebook, and gossips channels “*balita ni kapitbahay o kaibigan ng kaibigan ng pinsan ng kapitbahay*” (news from neighbors or friends or relatives of neighbors) – mostly unreliable sources and not from health experts - resulting to respondent’s understandable fear of the virus, and of vaccination.

Misinformation is spreading rapidly along with the legacy of vulnerability and exclusion and heightens the susceptibility of indigenous women to the impacts of COVID-19. Low levels of formal education among the indigenous women have also contributed in the rapid spread of misinformation about COVID-19, increasing their vulnerability to the virus. Lack of information and misinformation has led to the disbelief about the pandemic and fear on the “zombie” effect of vaccines and thus contribute to a higher risk for the indigenous women. Furthermore, for the scant information about the COVID-19 pandemic brought out, it is not being delivered in a culturally appropriate and inclusive manner. The shift to online discourses also poses risks to the integrity of the available information.

Hate speech, misinformation and lack of information about COVID-19 have spread as quickly as the virus itself. The situation has fostered division and misinformation at a time when collective action and accurate messaging are more important than ever.

Mental Health

The COVID-19 pandemic and resulting social disruption have left many to struggle with changes to routines and feelings of uncertainty. Stress and worry were common answers especially as it relates to fear of getting sick or making others sick, fear of being apart from loved ones due to physical distancing, and worry about economic well-being, including job loss, no livelihood, lockdowns resulting to movement restriction disabling the indigenous women to go to their planting activities.

Recommendations

For all individuals to live healthy and satisfying lives and to achieve their full potential, their overall health and SRHR must be fulfilled and respected. Globally, substantial health gains have been achieved since world leaders reached landmark agreements defining sexual and reproductive health almost 25 years ago at the International Conference on Population and Development (ICPD; Sept 5–13, 1994, Cairo, Egypt). In the Philippines however, survey results show compelling evidence of the need to further document, understand, and address the issues surfaced. The survey result highlights a number of challenges, including legal and structural barriers for indigenous women and girls to reach an overall healthy status. Through the stories of the indigenous women participants in the FGDs, they have shown their poor access to healthcare, displacements from their ancestral domains, dispossession as a result of natural resource extraction, industrial agriculture, conservation efforts or infrastructure development in their communities, and non-recognition of their traditional knowledge and health practices including child birth practices. Disempowerment and discrimination, including invisibility and indirect discrimination through inattention in public policies and budgets, are two main structural factors preventing many indigenous women and girls from enjoying their rights to health and sexual and reproductive health.

Health care provision is recognized as a social responsibility of a government. The Philippine government healthcare services however, has become a private good and the costs for accessing healthcare, even in these public healthcare facilities, have gone up. User fees, fees for service and revenue enhancement schemes are now part of the norm, so patients have to pay for practically everything when they go to the healthcare facilities. In other words, one needs to have money to access even government health services.

Listening to their stories, supporting the collective rights of indigenous women and girls to maintain and utilize their indigenous health systems in pursuit of their right to health, as well as upholding state obligations to provide available, accessible, acceptable and quality care, without discrimination is the framework of the following recommendations:

- Stop commercialization and privatization of health care. Privatization and commercialization have worsened the problem of inequitable access to health facilities, goods and services. We call for the Philippine government support to public healthcare system, improve funding and support (health staff, medical supplies, etc.) in indigenous communities by prioritizing the healthcare sector over defense and anti-drug war policy;
- Include mental health support program and create mechanisms for safe social and mental support by providing secured and safe spaces of interaction and exchanges with other indigenous women in the community, therapists and psychosocial experts;
- Improve access to COVID-19 testing, treatment vaccination services in indigenous communities where healthcare access is limited or absent;

- Prevention actions should include free distribution of personal protection supplies such as face masks, soap and alcohol for personal hygiene and care;
- Awareness, information, education and communication on COVID-19 in Filipino or Bisaya;
- Stop destruction and dispossession of lands and disallow developments and extractive projects in indigenous communities. Instead, protect and conserve indigenous health resources - the natural resources that provide the raw materials for herbal medicines and other natural health care products. Support herbal gardens of indigenous communities. Developing more herbal medicines needed for primary health care would decrease dependence on the importation of medicines and increase the accessibility of drugs even in geographically isolated indigenous communities;
- Review TAMA, the “Traditional and Alternative Medicine Act of 1997” and Initiate efforts to integrate traditional medicines into mainstream clinical practice. Maximize its economic potential and develop standards and regulations for training in and practice of traditional medicine. Including broadening research so that the standards and regulations encompasses traditional medicine’s holistic nature and develop better policies and programs that ensure that traditional medicine benefits the people who need it most particularly the indigenous women and girls;
- Further explore potentials of traditional indigenous medicine treatments in order to find natural remedies to prevent and treat not only of the coronavirus but of other diseases;
- Review and update Maternal, Neonatal and Child Health and Nutrition (MNCHN) to include a multidimensional and cultural appropriate strategy that recognize indigenous health care framework;
- Consult and closely coordinate with *paltera/hilot* and traditional healers and include them in ensuring safe and adequate pregnancy, childbirth and post-partum care;
- The “No Home Birth Policy” is a blunt rights-violating instrument against the indigenous women. Instead, decriminalize traditional birthing, provide further trainings to traditional birth attendants to improve traditional birthing practices, and build more healthcare facilities near indigenous communities. This should also be included as part of the Philippine government’s COVID-19 responses - access to maternity care, pre- and post-natal health care, availability of an accessible health care facility within their community and a free and easy-to-access healthcare procedures that are culturally sensitive and non-discriminatory and that also recognizes indigenous medicine and health practices;
- The hidden inequalities further widen the access to health services during disasters and pandemic such as the COVID19 pandemic. It is clear in the focused group discussions that there are gaps in planning, delivery and mitigating. This shows an urgency to undertake further research / fact finding missions and a comprehensive review of health services during disaster preparedness; and
- The Philippine government should conduct regular and proper consultations and dialogues to address the lack of disaggregated data on indigenous peoples and indigenous women and girls for a more pro-indigenous women and girls evidence-based interventions and policy recommendations

Sectoral Monitoring on the Situation of Indigenous Women and Girls During the Pandemic:

Indigenous Women Human Rights Defenders Work

Jayneca Reyes

Introduction

Land and natural environment are integral parts of indigenous people's lives, identity, and culture. As caretakers of their ancestral land and environment, indigenous peoples and their communities have been the constant victims of various forms of attacks, intimidation, and harassment in the Philippines. These challenges are often associated with the entry of destructive development projects in ancestral domains.

The Global Witness recorded 227 lethal attacks on human rights defenders and over half of these were directly linked to land and environmental defenders' opposition to destructive development projects such as mining, logging, and dams in the country. The report highlighted that for eight straight years since 2013, the Philippines ranks as the deadliest country for land and environmental defenders in Asia, and the third deadliest in the world.¹⁴

As part of the government's anti-insurgency campaign, the situation was further aggravated under the administration of President Rodrigo Duterte. In 2018, the President signed Executive Order 70 (E.O. 70) which mandates the creation of a National Task Force to End Local Communist and Armed Conflict (NTF-ELCAC). At the height of the pandemic in 2020, the highly contested and controversial Anti-Terrorism Bill was enacted as law. The institutionalization of laws, executive issuances, and other policies has intensified the intelligence-gathering and red-tagging¹⁵ in IP communities. Even indigenous young women leaders and girls are not spared from the threats and harassment.

Meanwhile, services and support of the government remain inaccessible for many indigenous communities in the country. This is especially true when the country was placed in a highly militarized lockdown to contain the spread of the coronavirus (COVID-19). While civil

¹⁴ The Global Witness is an international non-government organization that releases annual reports on environmental destruction. They recorded a total of 29 killings of land and environmental defenders in 2020, and 43 in 2019.

¹⁵ Red-tagging or red-baiting is a dangerous strategy or act used by the State or by state agents that accuse, label, brand, and names individuals and/or organizations of being left-leaning, subversives, communists, or terrorists, against those perceived to be 'threats' or 'enemies of the State' (Simbulan, 2011).

society and humanitarian organizations continued to support these communities, they are also subject to intimidation, red-tagging, and harassment from security forces.

This report aims to present the situation of indigenous women human rights defenders before and during the pandemic. In particular, it aims to highlight the result of the survey conducted by the Center for Gender Equality and Women's Human Rights (CGEWHR) of the Commission on Human Rights, and LILAK Purple Action for Indigenous Women's Rights on the various challenges that indigenous women human rights defenders face in the time of the pandemic. It also attempts to identify the perceived forms of security risks in the communities. And finally, the report aims to provide recommendations for improving and mitigating the risks and challenges of indigenous women and girls including their communities.

Presentation of Data

This section presents the perception of indigenous women to women human rights defenders and their roles and issues in the community. Furthermore, it looks at the various security issues that indigenous women rights defenders confront given the restrictions imposed during the pandemic. The survey focuses on their perception prior to, and during the pandemic. Hence, the data were organized into three subsections. First, their perception during pre-pandemic is presented. This is followed by the data collected during the pandemic. And third, the notable convergences of data pre-pandemic to the pandemic are presented.

PRE-PANDEMIC

Do you consider yourself a human rights defender of indigenous women?

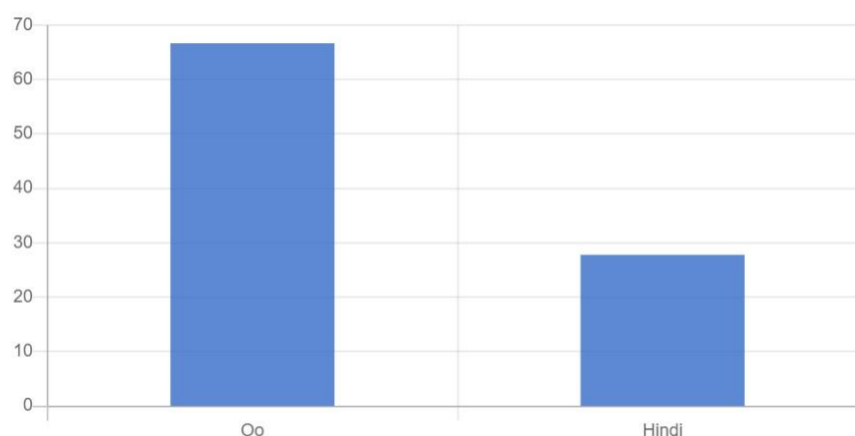


Figure 57. Indigenous women who consider themselves as human rights defenders

Among the indigenous women who participated in the survey, 66.67% said that they identify themselves as Human Rights Defenders (HRDs).¹⁶ Among the respondents, 36 described how their different levels of engagement within and beyond their community—as indigenous women, barangay Violence against Women and Children (VAWC) officers, community volunteers, advocates, mothers, and elders—are what make them HRDs.

On the other hand, 27.78% did not identify themselves as indigenous women rights defenders. During the FGD, some respondents said that they are not yet sure if they are worthy

¹⁶ Amnesty International defines Human Rights Defenders as individuals or group of individuals working to stop human rights abuses to ensure that everyone has access to their universal rights. HRDs can fulfill this through their job, profession, or volunteerism separate from their profession - a community worker, teacher, lawyer, a journalist, or activists working for human rights change.

to be identified as IWHRDs. One said she had no idea what a human rights defender meant. Three (3) respondents were not able to answer the survey question.

What issues do you think IWHRDs are focusing on in your area?

The table below shows the perceived issues that women rights defenders focus on as their area of work. Among the issues, gender-based violence ranked the highest. Different forms of discrimination and harassment, which include threats and intimidation, red-tagging, and bullying were mentioned 12 times and thus came in second. Land Issue and Indigenous Peoples' Rights was mentioned 9 times. This was followed by Household and Marital Concerns with 6 mentions. Peace and Order and Livelihood concerns were both mentioned 3 times. Issues related to Leadership and Community Participation and Sexual and reproductive health, and rights were also mentioned twice. Meanwhile, Education and Climate Change were only mentioned once. On the other hand, there were 6 respondents who expressed that they have no idea what issues IWHRDs focus on in their communities. Twelve (12) respondents were not able to provide an answer to the question.

Table 19. Perceived issues that indigenous women human rights defenders focus on pre pandemic

Issues	Frequency
Gender-Based Violence	13
Discrimination and Harassment	12
Land Issue and IP Rights	9
Household and Marital Concerns	6
No Idea	6
Peace and Order	3
Livelihood	3
Leadership and Community Participation	2
Sexual and reproductive health, and rights	2
Education	1
Climate Change	1
No Answer	12

How does the community recognize indigenous women human rights defenders?

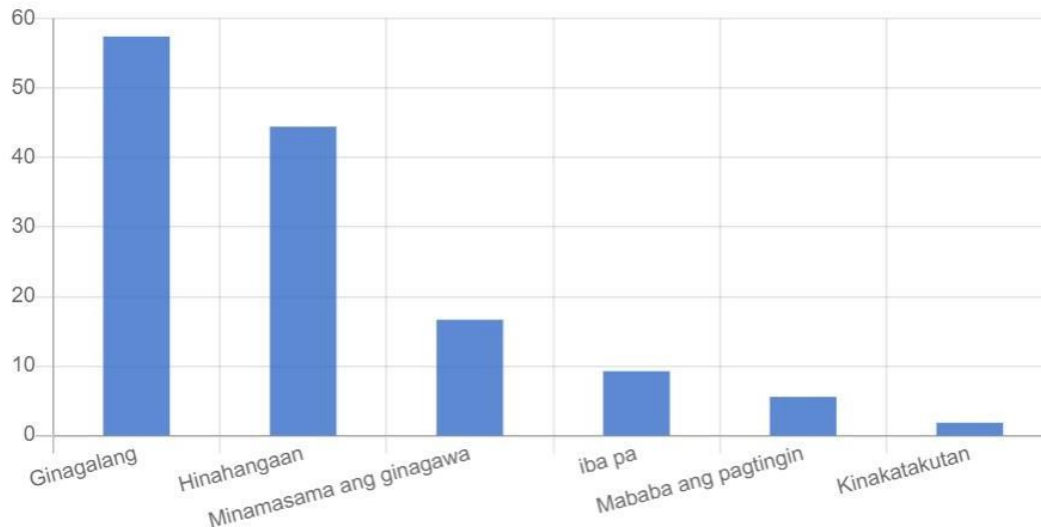


Figure 58. The community's perception on women human rights defenders

When asked how their communities recognize indigenous women human rights defenders, the respondents agree that they are recognized as vital and influential people in the community. 57.89% said that they are respected. Complementary to this, 45.61% also said that they are admired by the community.

On the other hand, 15.79% of the respondents mentioned that the initiatives of indigenous women rights defenders are taken badly by community leaders and community members. Meanwhile, 5.56% said that they are looked down on and one respondent mentioned that they are feared. Another 9.26% mentioned other perceptions and said that they are being hated or experienced hostility from some members of the community. Nine (9) respondents were not able to provide their answers to the question.

Who is expected to provide support to indigenous women human rights defenders?

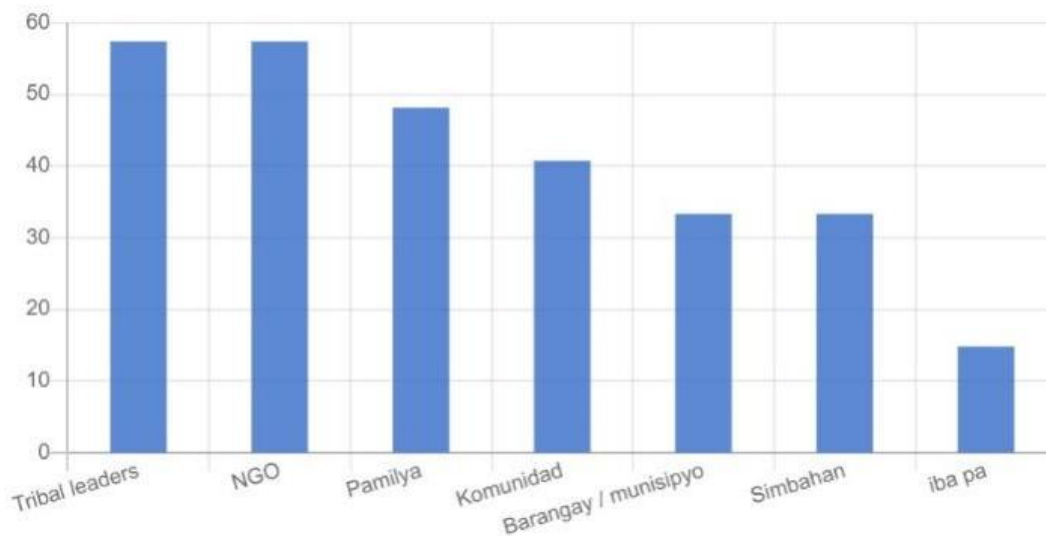


Figure 59. Support for indigenous women human rights defenders

The figure above shows that both the tribal leaders and non-government organizations are expected to have a significant role in providing support for women rights defenders with over 57.41%. Family support ranked second with 47.37%, followed by community with 38.6%. 33.33% of the respondents identified the government through the local government unit as a network of support and 31.58% for the church. 14.04% mentioned other types of support system which includes self, friends within the community and those in Metro Manila, organizations that they are a part of, and legal advisers. There were seven (7) respondents who were not able to answer the survey question.

DURING PANDEMIC

Do you consider yourself a human rights defender of indigenous women?

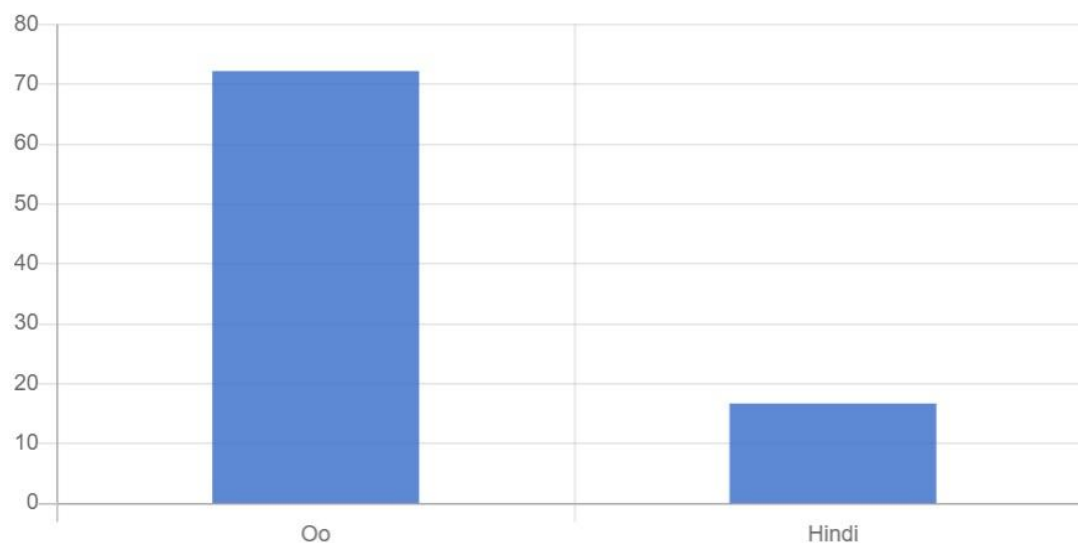


Figure 60. Indigenous women who consider themselves as human rights defenders during pandemic

During the pandemic, 39 respondents or 72.22% identify themselves as women rights defenders. Only 9 or 16.67% responded 'No' to the survey question. Meanwhile, there were seven (7) respondents who were not able to answer the question.

What issues do you think IWHRDs are focusing on in your area?

The table below shows that during the pandemic, gender-based violence ranked as the highest perceived primary issue in the communities. It was followed by 7 mentions of COVID-19 pandemic-related issues such as health, mobility restrictions, and access to financial assistance. Both Land Issue and IP Rights and Discrimination and Harassment came in third with 6 mentions. This is followed by Household and Marital Concerns and Livelihood with 4 mentions. There were also concerns with SRHR particularly teenage pregnancies with 3 mentions. Peace and Order and Education were only mentioned twice, while Leadership and Community Participation was only mentioned once. There were only 4 respondents who responded that they have no idea. Meanwhile, fourteen (14) respondents were not able to provide their answer to the survey question.

Table 20. The perceived issues that indigenous women human rights defenders focus on during the pandemic

Issues	Frequency
Gender-Based Violence	10
COVID19 Pandemic	7
Land Issue and IP Rights	6
Discrimination and Harassment	6
Household and Marital Concerns	4
Livelihood	4
No Idea	4
Sexual and reproductive health, and rights	3
Peace and Order	2
Education	2
Leadership & Community Participation	1
No Answer	14

How does the community recognize indigenous women human rights defenders?

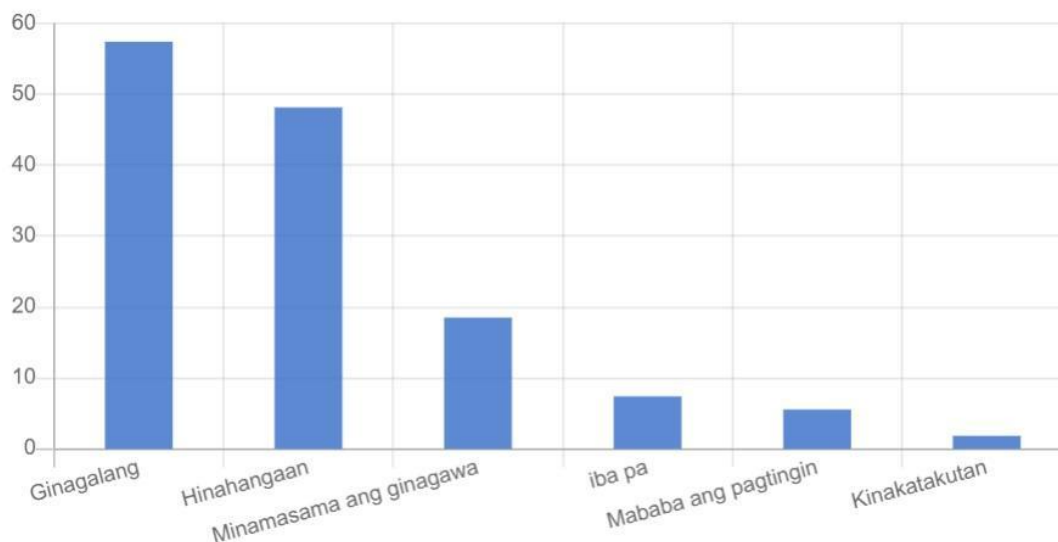


Table 21. The community's perception on women human rights defenders

The figure above shows that respondents still agree that women human rights defenders are recognized by their communities during the pandemic. 57.41% believe that they are respected and 48.15% said that they are admired by the community.

On the other hand, 18.52% of the respondents shared that the initiatives of indigenous women rights defenders are taken badly by some members of the community. 5.56% of the respondents said that they are looked down and one mentioned that they are feared. Another 7.41% mentioned other perceptions and said that they are being hated or experiencing hostility from some members of the community. Meanwhile, there were eight (8) respondents who were not able to provide their answers to the survey question.

Who is expected to provide support to indigenous women human rights defenders?

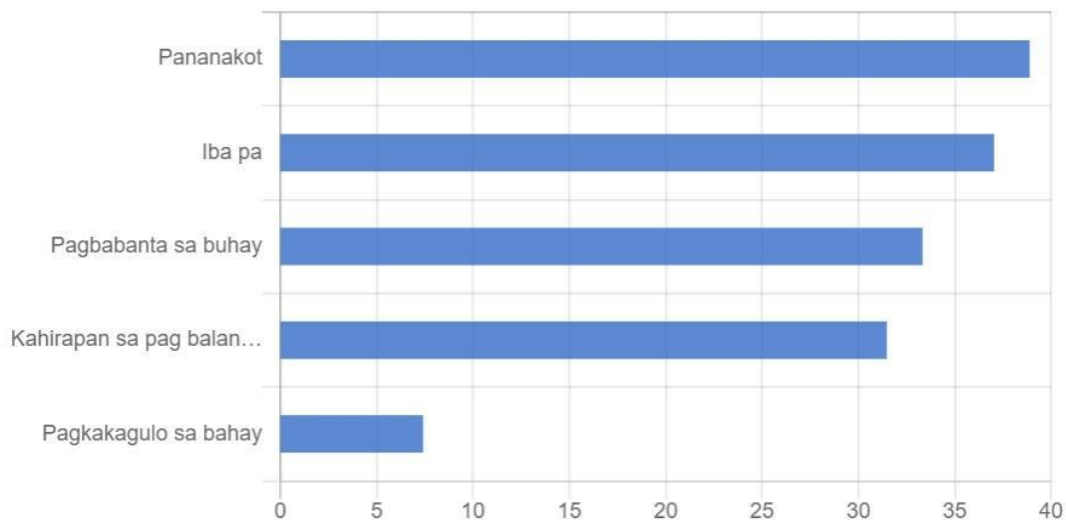


Figure 61. Difficulties and challenges that indigenous woman human rights defenders confront

The figure above shows the perceived challenges during the pandemic that women rights defenders confront in line with their work. Among the challenges mentioned, different forms of harassment ranked the highest with 38.6%. This was followed by death threats with 35.09%. 29.82% also mentioned difficulty in balancing their advocacy with their personal lives. Meanwhile, 8.77% noted that their family relationships are also affected. Another 36.84% of the respondents mentioned other forms of challenges that women rights defenders confront that vary from access to legal support and verbal attacks from uniformed personnel to personal illness. There were thirteen (13) respondents who were not able to answer the question.

Who is expected to provide support to indigenous women human rights defenders?

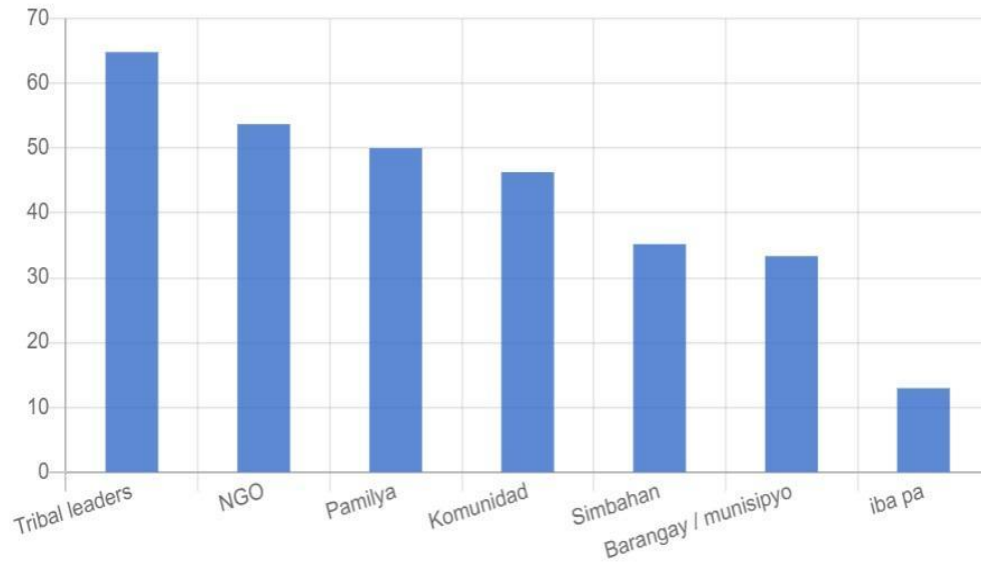


Figure 62. Support for indigenous women human rights defenders during the pandemic

The figure above shows that tribal leaders are still perceived to have a significant role in providing support for women rights defenders with 64.81%. This was followed by 53.7% where they seek the support of non-government organizations. Family support ranked third with 50%, followed by community with 46.3%. Several respondents of 33.33%, identified the government through the local government unit as a network of support, and 35.19% identified the church. Whereas 12.96% mentioned other types of support system which includes the self, friends within the community and those in Metro Manila, organizations that they are a part of, and legal advisers. On the other hand, there were eight (8) respondents who were not able to answer the survey question.

Comparative Presentation of Data

Indigenous Women Who Consider Themselves as Human Rights Defenders Pre-Pandemic and During Pandemic

The table below shows that pre-pandemic, 37 indigenous women or 64.91% of the total number of respondents identify themselves as IWHRDs. It can be observed that there was an increase in indigenous women who identify themselves as women rights defenders during the COVID-19 pandemic with 40 respondents or 70.18%. On the other hand, 19.3% did not identify themselves as women rights defenders during the pandemic. However, most of them said that they still need to learn a lot to deserve becoming an IWHRD. Some said that they are still new and are still familiarizing themselves with the issues of their communities.

Table 22. Responses of indigenous women who identifies themselves as human rights defenders Pre-Pandemic and During Pandemic

Value	Pre-Pandemic		During Pandemic	
	Frequency	Percentage	Frequency	Percentage
Yes	37	64.91%	40	70.18%
No	16	28.07%	11	19.3%
No Response	3	5.55%	6	11.11%

Issues That Indigenous Women Human Rights Defenders Focus on Pre-Pandemic And During Pandemic

The table below gender-based violence remains the primary issue that women rights defenders focus on in their communities both before and during the pandemic. While the number of perceived attentions on GBV issues slightly decreased, it still ranked the highest during the pandemic. Attention to issues related to discrimination and harassment significantly decreased as well during the pandemic. However, it must be noted that the decrease in the perceived attention given to discrimination and harassment issues does not necessarily mean a decline in cases of harassment and red-tagging experienced by indigenous women in the communities.

A slight increase of perceived attention given to issues related to livelihood, education, and SRHR can also be observed in the table below. Climate change was mentioned once before the pandemic but scored zero during the pandemic. On the other hand, COVID19-related issues were added to the list because it was mentioned 7 times by the respondents.

The slight decrease and increase in the data may be attributed to the onset of the COVID-19 pandemic in the country. Many of the respondents claim that their focus shifted to health and economic survival during the pandemic. Some also mentioned the adjustment needed for online and modular learning and the increase in teenage pregnancy cases in their communities as issues that arose and became significant during the pandemic.

Table 23. Comparison of perceived issues that indigenous women human rights defenders focus on Pre-Pandemic and During Pandemic

Issues	Pre-Pandemic	Pandemic
Gender-Based Violence	13	10
Discrimination and Harassment	12	6
Land Issue and IP Rights	9	6
Household and Marital Concerns	6	4
No Idea	6	4
Peace and Order	3	2
Livelihood	3	4
Leadership and Community Participation	2	1
Sexual and reproductive health, and rights	2	3
Education	1	2
Climate Change	1	0
COVID19	0	7
No Response	12	14

Recognition Of Women Human Rights Defenders In Their Communities Pre-Pandemic And During Pandemic

In the table below, respondents of the survey agree that women human rights defenders are recognized by their communities as vital and influential people in the community prior to and during the pandemic. It can be observed that there was an increase in perceived admiration toward their work during the pandemic. Meanwhile, there was also a slight increase in the negative perception of their work.

Table 24. Responses of indigenous women on how human rights defenders are recognized in their communities.

Value	Pre-Pandemic		During Pandemic	
	Frequency	Percentage	Frequency	Percentage
Respected	33	57.89%	33	57.89%
Admired	26	45.61%	28	49.12%
Efforts are taken badly by the community	9	15.79%	10	17.54%
Others	5	8.77%	4	7.02%
Looked down by the community	3	5.26%	3	5.26%
Feared	1	1.75%	1	1.75%
No Response	9	16.66%	8	14.81

Support received by Women Human Rights Defenders Pre-Pandemic and During Pandemic

The data below shows that tribal leaders and NGOs are expected to have a significant role in providing support for women rights defenders. The number has increased for tribal leaders from 57.89% to 64.91% during the pandemic, for families 47.37% to 49.12%, for community 38.6% to 45.61%, and for LGUs and church from 31.58% to 35.09%. The slight decrease in NGOs support may be attributed to the mobility and travel restrictions that came with the implementation of lockdowns.

Table 25. Responses of indigenous women when asked who they think are expected to give support for human rights defenders

Value	Pre-Pandemic		During Pandemic	
	Frequency	Percentage	Frequency	Percentage
Tribal leaders	33	57.89%	37	64.91%
NGO	31	54.39%	30	52.63%
Pamilya	27	47.37%	28	49.12%
Komunidad	22	38.6%	26	45.61%
Barangay / munisipyo	19	33.33%	20	35.09%
Simbahan	18	31.58%	20	35.09%
Others	8	14.04%	7	12.28%
No Response	7	12.96%	8	14.81

In this section, the data presented the perceptions of indigenous women on the following: their own situation, women rights defenders, issues in communities, their challenges and difficulties, and the available network of support for them before and during the COVID-19 pandemic. A comparative presentation of data was also shown with notable differences which can be observed in four criteria. First, there was an increase in the number of women who identify themselves as HRDs during the pandemic. Second, there was a decrease in the number of indigenous women who perceived gender-based violence as the primary issue in their communities during the pandemic—however, it must be noted that while the number decreased, it remains to be the highest perceived issue among indigenous women. Third, indigenous women confront various threats and harassment from the state and its agents, corporations, community, and even within the family. And fourth, tribal leaders and non-government organizations are perceived to have a significant role as a network of support for indigenous women and their communities.

Analysis

“Tinuturing ko po [ang] sarili ko na [isang] Human Rights Defender... ngayon nga po ay may mga bisita... pinupuntahan ako dito sa bahay.”

[I consider myself a Human Rights Defender... now I have guests... they come to visit here at my home."]¹⁷

Resource conflicts fueled by large projects make indigenous peoples more vulnerable to violence and abuse. This has often caused displacement, malnutrition, landlessness, and unemployment which further contributes to their invisibility and marginalization. In the Philippines, they are among the poorest and most disadvantaged social groups with a lack of basic social services and support from the government (De Vera, 2007). Exacerbating this situation is the lack of, or non-implementation of laws and policies that protect and respect their rights. On the other hand, Indigenous women and girls carry multiple burdens, both as part of the indigenous community and as women. Indigenous women and girls are expected to do care work for their family and to ensure that there is food. They are also at the frontlines of defense work to protect their land and natural resources. Meanwhile, patriarchal systems within IP communities and organizations are still very much embedded. Values and attitudes towards indigenous women are still patriarchal. Thus, there is a very limited space for indigenous women and girls' voices and participation in the discussion—it further contributes to their invisibility, discrimination, and vulnerabilities to gender-based violence.

COVID-19 has introduced a new range of challenges to indigenous women and girls. The pandemic has worsened the already difficult situation in communities such as food insecurity and their lack of access to basic social services and timely information. The indigenous women who participated in the survey and focus group discussion came from different communities. All of them shared diverse issues that they confront in their everyday lives. Most of these issues were already existing, even prior to the pandemic, and these were directly or indirectly worsened by the onset of the pandemic and by the implementation of lockdowns in the country. Through these data, several observations can be made.

¹⁷ The quote above came from one of the respondents for this survey. She said this while looking at her doorway, trying to be alert, and with a hushed voice continuously engaged in the focus group discussion. She refers to military forces' presence in their community as *bisita* or guests.

Indigenous Women Rights Defenders and Their Security

Indigenous women rights defenders in the Philippines remain to be under threat, and these threats to their lives and security must be addressed. Forms of threats and attacks may vary from: red-tagging, death threats sent through text messages, false accusations both online and 'offline', verbal attacks, harassment, and discrimination from uniformed personnel and state agents. Some of them are even experiencing intensified surveillance from the military.

The threats and attacks against women human rights defenders are tied to their defense work in asserting rights in land and natural resources. For instance, a respondent said that her assertion of their right to their ancestral land and their right to oppose huge corporate projects such as industrialized plantations have greatly contributed to the challenges and difficulties that she is confronting in the community. Consequently, she believes that her vocal and staunch position causes intense surveillance and threats against her.

Another respondent shared that the threats, attacks, and accusations against them are part of their active advocacy work and volunteerism within the community. She articulated that red-tagging and intimidation are consequences of their initiatives.

"May hinahawakan kaming kaso na limang rape cases. Yung mga bata na biktima ang lumalapit [sa amin] kasi ayaw maniwala ng mga nanay. Ang suspect ay mga tatay nila, kuya, stepfather... Hinahabol na naman kami ngayon dahil sa cases na ito. Sinasabihan kami na NPA daw kami, at yung mga kausap namin mga NPA daw."

[We are currently assisting victims of five rape cases. The victims, who are all children, went to us because their mothers wouldn't believe them. The suspects are their father, brother, and stepfather... Now, we are being harassed because of these cases. They are accusing us and our networks as of being members of the New Peoples Army (NPA).]

Both men and women who speak critically and stand against human rights violations and atrocities can be targeted, threatened, and harassed. However, there are forms of harassment and intimidation that mostly only women experience. These are rape threats, sexual harassment, and threats that insinuate physical or sexual assault against their children who are also women. Often these threats are made by men and male tribal leaders.

"Marami kaming natanggap na death threats. Na ri-rape-in ako... Sinusundan ako ng mga lalaki. Isa kasi ako sa mga umaayaw talaga... bakit tayo magpapapasok ng mga korporasyon sa lupa natin. Pinapalibutan kami, binabantaan sa tinitirahan namin. Gumagapang na lang kami para di kami makita."

[We receive a lot of death threats. I receive rape threats... men follow me. Because I am really against it... why would we allow corporations to enter our land. They

surround us even in our homes. We just stay down and we crawl so they can't see us.]

Land-grabbing, militarization, red-tagging, harassment, and killings of indigenous peoples intensified under the Duterte government. Duterte's marching orders are to shoot anyone against the government.⁴ In his last State of the Nation Address (SONA), President Duterte mentioned indigenous peoples once, and only in the context of insurgency.

The state policies and the framework of government agencies working on the protection and promotion of indigenous peoples are also geared on the anti-insurgency campaign of the government and have aggravated the situation. Further exacerbating the situation is the pandemic and the militarist approach in handling it.

Human Rights and Women Rights Defenders

Sabi nila [ang] liit-liit ko lang daw. Madaling itapon o patayin... Pero kahit na ganoon, 'di ako takot... para sa akin, patuloy parin.

[They said I am so tiny, and they can easily dispose and kill me. Despite that, I am not afraid... For I must go on.]

Indigenous women and girls take pride in their advocacies, volunteerism, and community work. The image of an indigenous women human rights defender is characterized by the respondents with selflessness, *pakikipagkapwa* or fellowship, and *pakikiisa* or solidarity. However, there is hesitation in recognizing the position and role they occupy as Human Rights Defenders. Their recognition as HRDs and as a woman leader is not always explicitly articulated. Indigenous women working in defending their rights and responding to issues comes from the innate nature of assuming a leadership role without assuming a title. They continue to work as indigenous women rights defenders without the consciousness that they *are* Human Rights Defenders. It is important that indigenous women not only recognize themselves as Human Rights Defenders, but also know their rights as IWRHDs, organize themselves, and work with HRDs from other sectors. Asserting their identities as IWRHDs will also strengthen the indigenous peoples' campaign against the criminalization of their struggles and the assertion of their rights.

Pandemic Effect

COVID-19 has exacerbated deeply rooted and existing challenges and difficulties of indigenous women and girls. While they remain committed to advocating for various issues, the COVID-19 pandemic has added a burden to their work. This is evident in the data as presented in Table 4 which showed a shift in what they perceive as primary issues within the communities. Many community-based organizations have also shifted and adjusted to respond to urgent needs brought by the pandemic and lockdowns. From the point of view of indigenous women, the pandemic has shifted the focus and priorities of women rights defenders, as the health and food crises presented interrelated concerns which are tied to livelihood, education, family, and community.

Tribal leaders and non-government organizations are important networks of support for indigenous women rights defenders. Most of them said that they get strength from their tribal leaders to continue to fight for what they believe in. For them to advance their advocacies and campaigns, they seek the support of NGOs to amplify their voices and issues on a national scale. They said that skills-sharing, and other capacity development trainings provided by NGOs help boost their confidence as indigenous women, and in effect, this helps them actively participate and engage in community discussions and activities.

Finally, despite the difficulties and challenges, indigenous women continue to work and fight to defend their rights. Most of them identify as indigenous women human rights defenders. In relation to this, the majority of the respondents put high regard to the role of indigenous women human rights defenders in forwarding the indigenous women agenda and cause. Hence, the common perception is that indigenous women rights defenders are respected and admired in their communities.

Recommendations

SERVICE

- CHR should amplify community-based programs to bolster networks of support for indigenous women rights defenders;
- Develop safety and security protocols for various types of risks experienced by indigenous women rights defenders;
- Conduct trainings and discussions with the state security forces on the rights of IWHRDs;
- Popularize and make accessible a comprehensive support for IWHRDs at risk, and include psycho-social support, sanctuary, and economic support for IWHRDs and their families;
- Popularize Human Rights Defenders and their Rights;
- For concerned line agencies such as DILG and DSWD to ensure that GBV/VAW desks in barangays are established and are effectively and efficiently functioning to respond to the needs of victims/survivors including access to justice;

- Develop IEC materials, preferably in local dialect, featuring IP Human Rights Defenders stories and disseminate to the community to counter the narrative against human rights and human rights defenders;
- Develop human rights-based programs to address ESCR issues that were aggravated further by the pandemic;
- Provide support and services that strengthen and encourage community participation, particularly that of indigenous women and girls;
- Develop human rights-based programs to address ESCR issues that were aggravated by the pandemic;
- Continuous skills and capacity development trainings that aim to empower IP women and girls;
- NCIP should fulfill its mandate and to work not within the framework of anti-insurgency but within the framework of promoting and protecting indigenous people's rights;

POLICY

- To push for the enactment of HRD Protection Bill'
- Abolish Anti-Terrorism Law of 2020 and NTF-ELCAC'
- Expedite the enactment of the Anti-Red-Tagging Bill that criminalized red-tagging and impose sanctions to perpetrators, including those in the government; and
- Ban military troops and paramilitary groups in ancestral domains.

Sectoral Monitoring on the Situation of Indigenous Women and Girls During the Pandemic:

Livelihood

Cheryl Polutan

Introduction

Indigenous peoples depend primarily on natural resources for their livelihoods. Communities rely on their collective lands and water for agriculture and livestock grazing. That is why they give much importance to protecting and defending water, land, and forests. A healthy environment means food, health, and economic security. The indigenous peoples' way of caring for the land and natural resources sustains not only themselves but also future generations.

Access to land and natural resources is central when it comes to indigenous peoples' livelihoods. Any issues or activities that would hamper their access would greatly affect their livelihood and violate their economic rights. Economic insecurity and poverty among indigenous communities are deeply rooted in the inefficient and inept implementation of the Indigenous Peoples Rights Act (IPRA) or Republic act 8371. IPRA supposedly safeguards the rights of indigenous peoples to their ancestral domains and territories, but the weak implementation of the law has enabled the entry and encroachment of projects of corporations such as mining and commercial plantations. These land and resource rights issues put indigenous women in a more vulnerable state. Culturally they already experience discrimination because most customary and statutory laws do not recognize the rights of women to own and manage land and its resources. Most can only gain limited access through marriage. Yet indigenous women are often expected and/or made responsible to ensure food security and provide for the needs of all family members. Thus, they find other means of livelihood other than agriculture to contribute to the family's income which is equally very challenging as there are not that many available jobs or livelihood opportunities for them.

Indigenous women carry most of the burden of being poor and this became evident when the COVID-19 pandemic and lockdown affected their communities. Aside from being a threat to public health, this global pandemic caused economic and social disruption and threatened the long-term livelihoods of millions of people, especially the women in rural and indigenous communities.

Presentation of Data

This section is intended to present how the means of livelihood and incomes of the indigenous women were affected as the COVID-19 pandemic and lockdowns unfolded.

PRE-PANDEMIC

Of the respondents, 53.7% responded that farming is their primary source of income. Farming, as they have defined, is cultivating the land for rice, corn root crops, and vegetables with intended surplus harvests to sell for the non-food needs of their families.

Indigenous farming practices way before COVID-19 have already faced numerous challenges. The intrusion of investments and projects by large corporations into ancestral domains resulted in land-grabbing and displacement, snatching the indigenous women and their communities of control and access to necessary resources for agriculture. The impacts of climate change are also adding up to the hardships that indigenous women farmers are already facing. Compared to decades ago, seasonal patterns of crops no longer exist due to unprecedented and extreme weather conditions. Typhoons and floods are becoming frequent and prolonged droughts occur, and with the continuing rise in temperature, pests and diseases are affecting crop yields and quality¹⁸.

Due to the insufficiency of income from farming, indigenous women looked for other means to earn. 33.33% of the respondents of the survey have maximized traditional skills in handicraft making and weaving as an additional livelihood. 12.96% applied to become household help or farm laborers or those who don't have their own land to cultivate. Another 12.96% sell produces and other products in markets, 7.41% are vegetable and fruit peddlers and the remaining 1.85% are fisherfolks.

¹⁸ Insects 2021, 12, 440. <https://doi.org/10.3390/insects12050440> <https://www.mdpi.com/journal/insects>

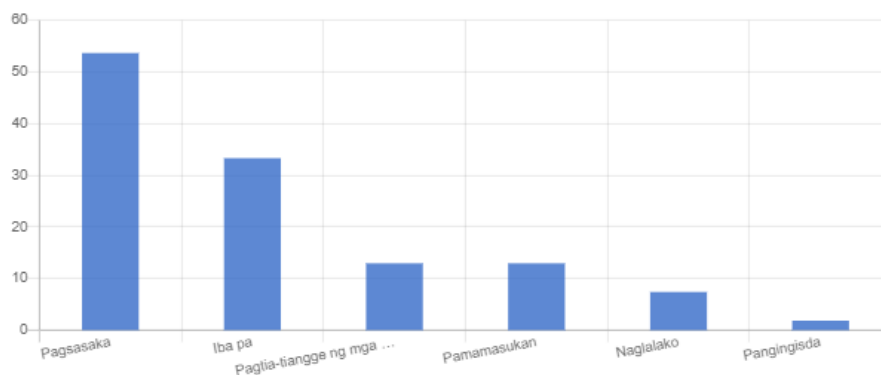


Figure 63. Indigenous women's main sources of income

To cover the expenses for other basic necessities, indigenous women engage in other economic activities. As indicated in figure below, 27.8% raise livestock, while 14.81% get small honorariums as volunteer workers in barangay LGUS, non-government organizations, or in church.

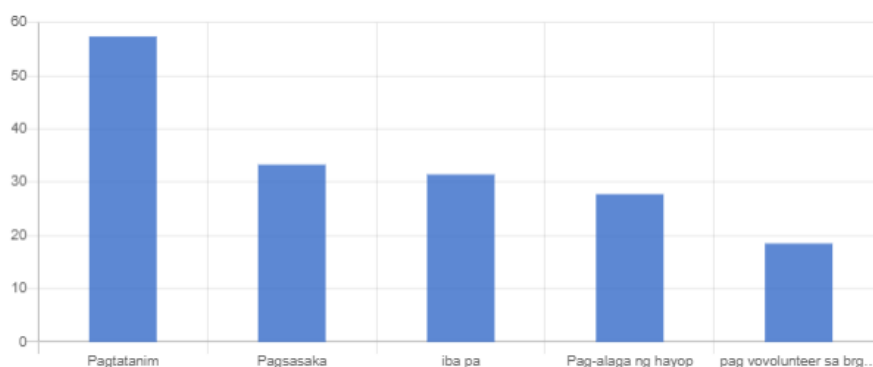


Figure 64. Other economic activities of indigenous women for additional income

Members of the household contribute to the family income [see Figure 3], spouses (40.74%), children, and other relatives would help in farming (sons 16.67%, daughters 12.96%, other members 16.67%) [see figure below], but it is mostly the women and girls who engage in other livelihood activities such as weaving and peddling vegetables and other agricultural products.

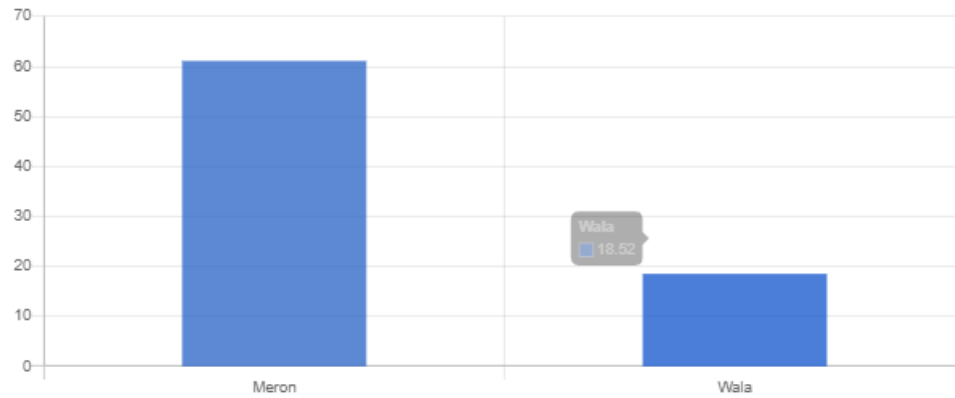


Figure 65. Presence of support for indigenous women on livelihood

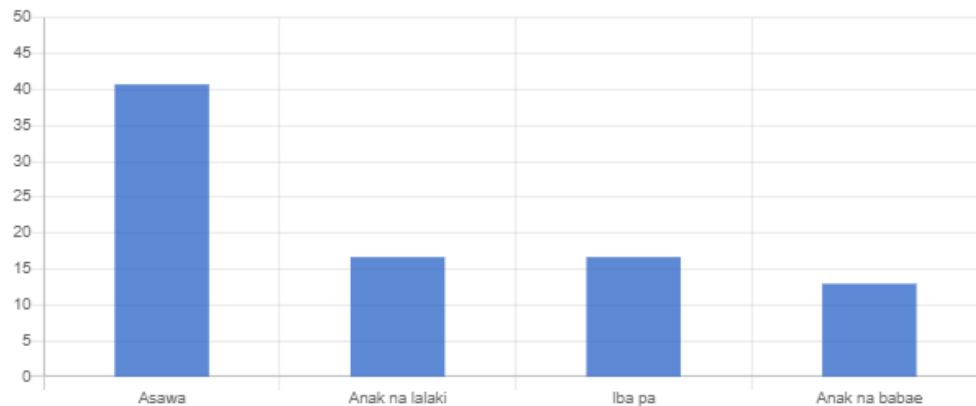


Figure 66. Family members who contribute to household income

Indigenous families' income is spent based on the following priorities [see figure below]:

- Food – (87.04% of respondents chose this as their top priority)
- Education – (7.41% of respondents chose this as their top priority)
- Medicines – (1.85% of respondents chose this as their top priority)
- Soap for Hygiene and Laundry – (1.85% of respondents chose this as their top priority)
- Utilities (Water and Electricity Bills) – (1.85% of respondents chose this as their top priority)

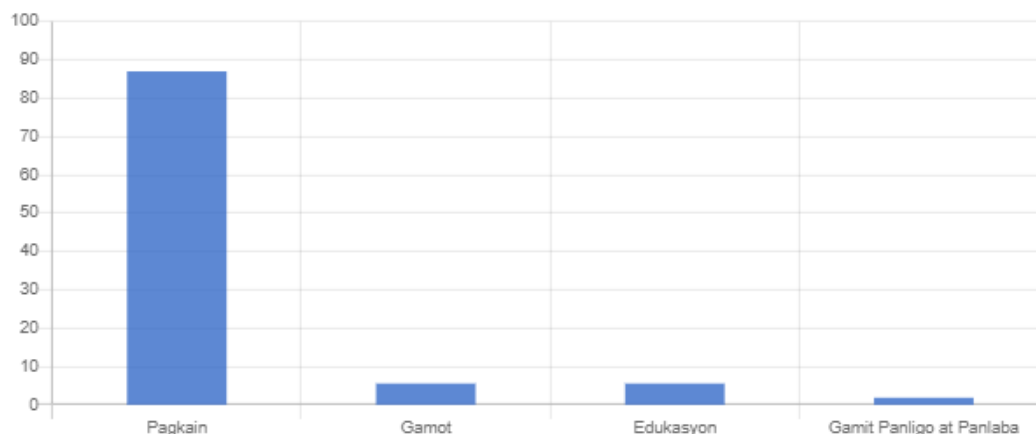


Figure 67. Household budget allocation

When asked if they allocate a portion of their income for their personal needs, 46.3% of the indigenous women said yes [see figure below].

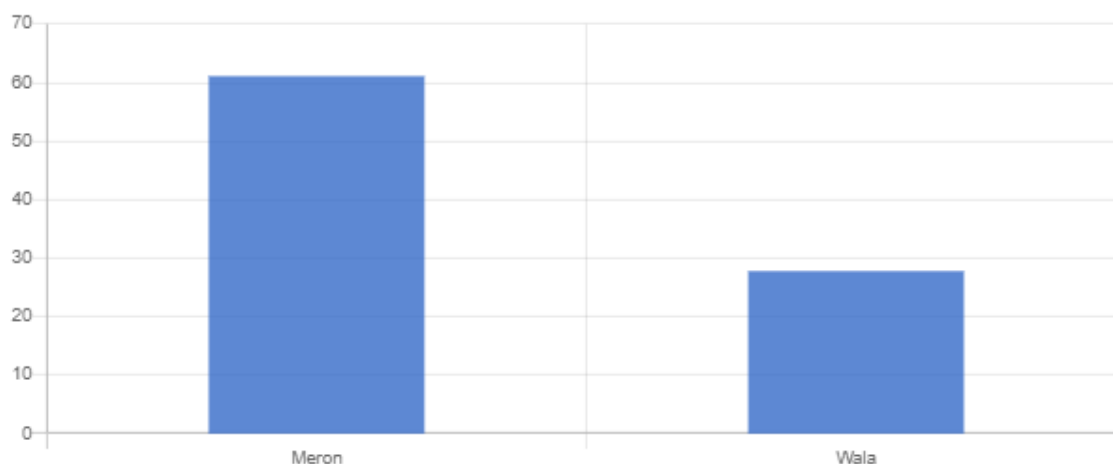


Figure 68. Indigenous women who allocate budget for personal needs

But when asked further, 50% of the respondents said that they actually spend this on food that is not just intended for themselves but also shared with other members of the family. As for personal needs, 40.74% said they sometimes buy clothes or footwear for themselves, 35.19% spend on cellphone load, while the rest of the respondents said that they sometimes buy lipstick or spend their money on things/activities they consider as leisure such as videoke (karaoke) or sometimes on cigarettes [see figure below].

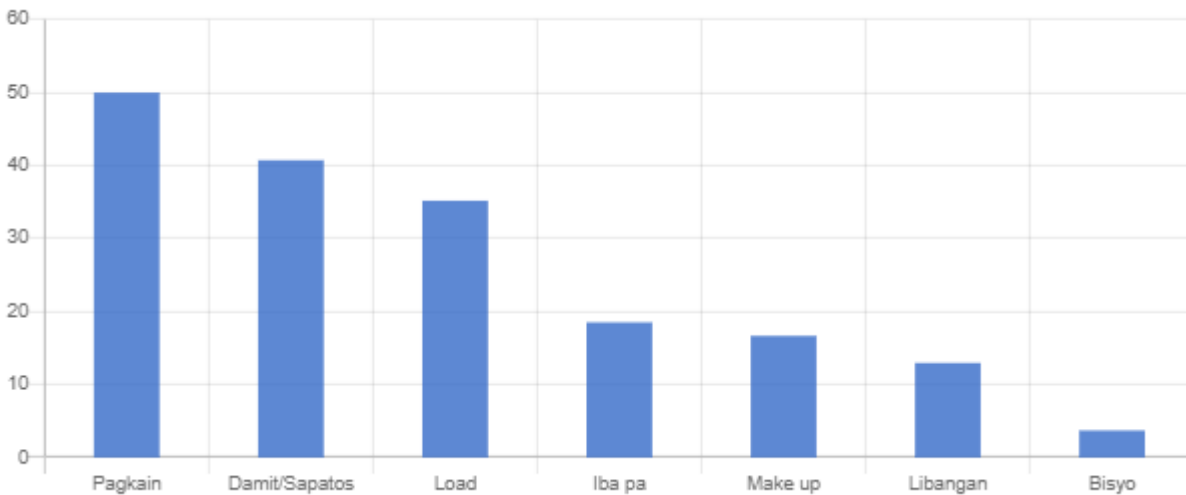


Figure 69. Identified personal needs

Even before the pandemic, indigenous women's livelihoods and income are not sufficient for the needs of the family, thus they need all the support that they can get, but only 27.78% said that they were able to access support while 62.96% said that no support was extended to them [see figure below].

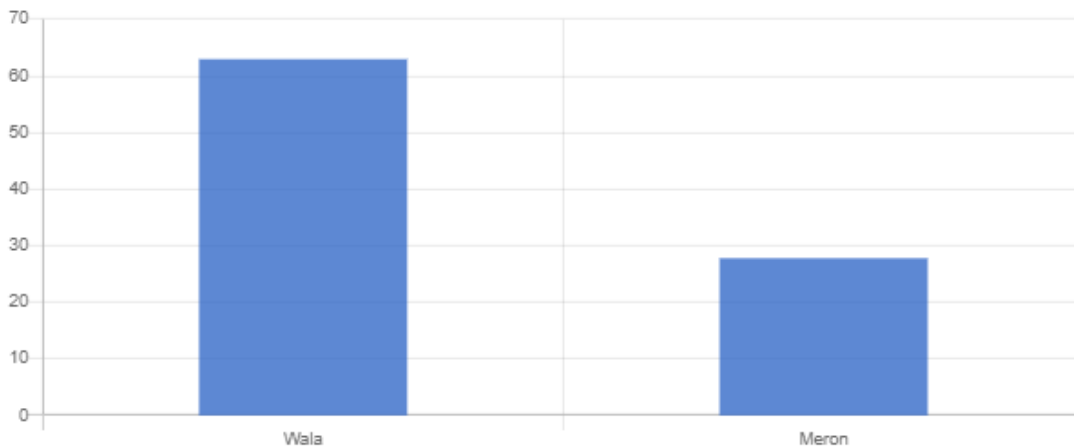


Figure 70. Access to livelihood support pre-pandemic

Of the respondents, 12.96% said they have gotten livelihood support from non-government organizations (NGOs); 7.41% said from church-based organizations or individual donors; 7.41% said from other government agencies such as the Department of Agriculture (DA) and the Department of Social Welfare and Development (DSWD), and 3.7% said they have gotten support from LGUs [see figure below].

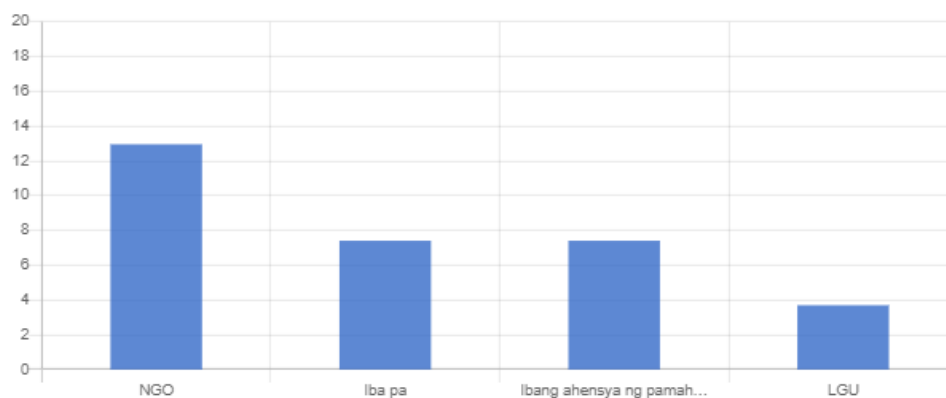


Figure 71. Livelihood support/assistance donor

DURING PANDEMIC

As lockdowns and stricter health protocols were declared in rural and indigenous communities, indigenous women were confronted with even graver challenges as to how they will make ends meet. 64.81% said farming is still the primary livelihood, 27.78% create and sell handicrafts, and there are still indigenous women who engage in informal work such as hired farm labor and selling of products and produce [see figure below].

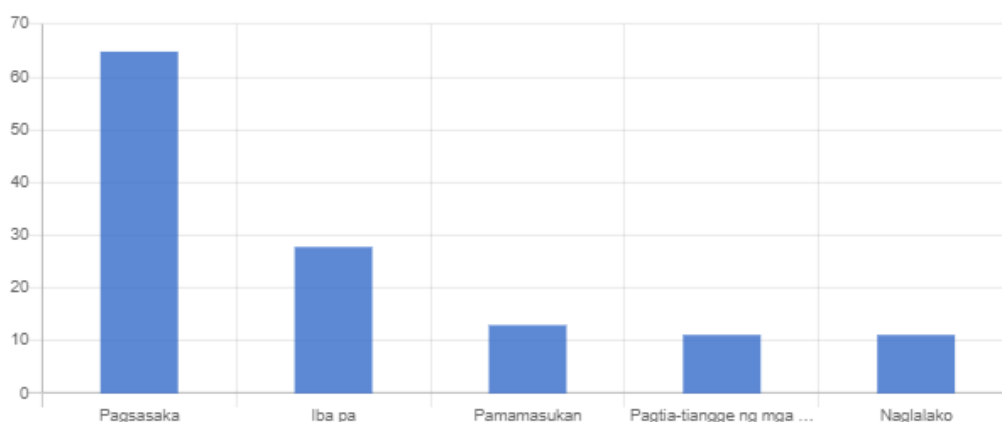


Figure 72. Indigenous women's main source of income

When asked whether they are not alone in ensuring the economic welfare of their families, 59.26% of the respondents said they do have support [see Figure 11]. 42.59% said their spouses are co-providers, while the rest said their children and other relatives also contribute to the household's income [see figure below].

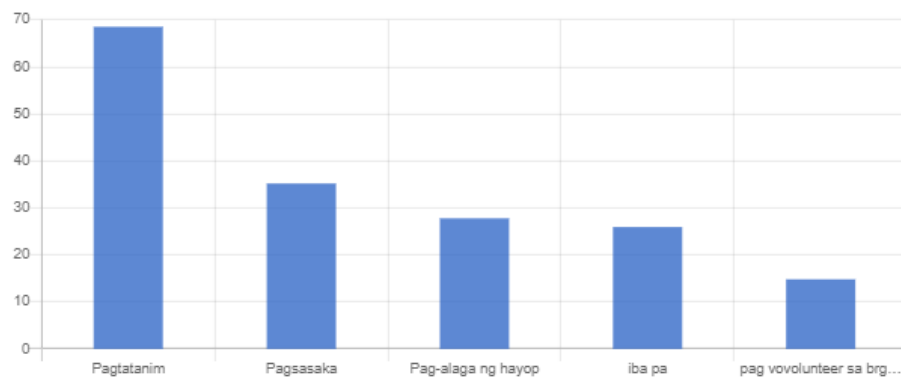


Figure 73. Other economic activities of indigenous women for additional income

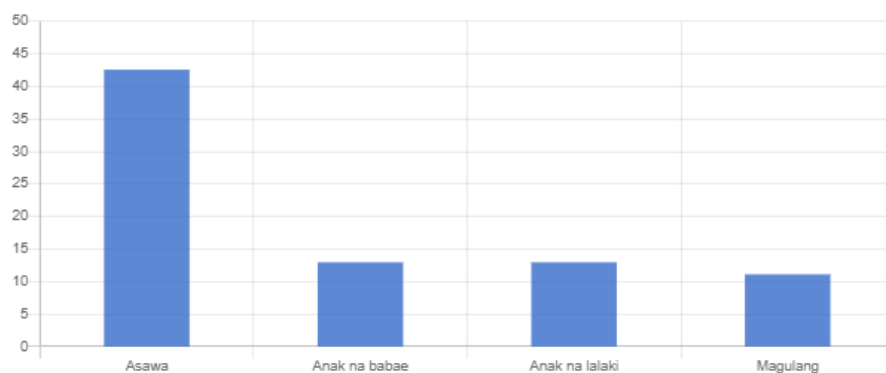


Figure 74. Family members who contribute to household income

With the movement restrictions implemented during the COVID-19 lockdown, many indigenous women were unable to properly market their harvests. 55.56% of the respondents said that their income is insufficient for their family's needs [see figure below].

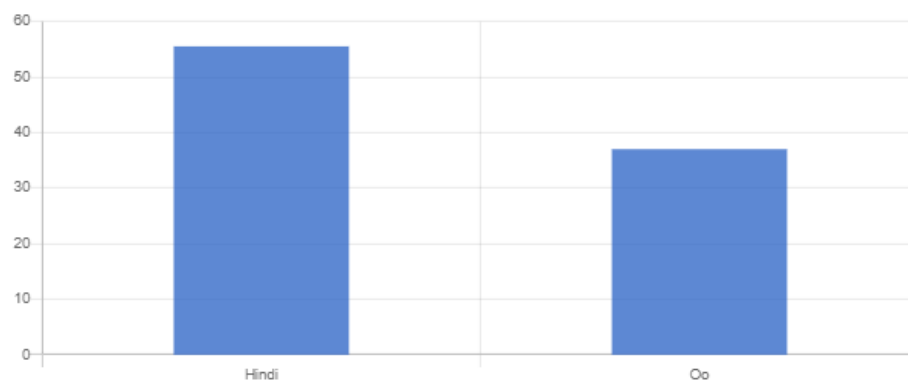


Figure 75. Response on whether the livelihood support is enough

The financial challenges brought about by the scarcity of income and work opportunities pushed indigenous women to borrow money from loan sharks who charged excessive interests. 40% of the respondents said they had to resort to desperate measures because the needs of their family especially of the children are very important. They had to pay their water and electricity bills, secure phone loads for children who are doing online classes, and even had to allocate money to buy COVID-19 protection necessities such as face masks and face shields. Many of the women interviewed shared that they had to tighten their belts even more and rely heavily on their gardens and farms for their food consumption to lessen expenses. When the COVID-19 pandemic and lockdowns happened, indigenous women's priorities when it came to expenses slightly varied. 87.04% said food remained their top priority, 5.56% said medicines and medical needs, another 5.56% said education, and 1.85% said hygiene products and laundry soaps [see figure below].

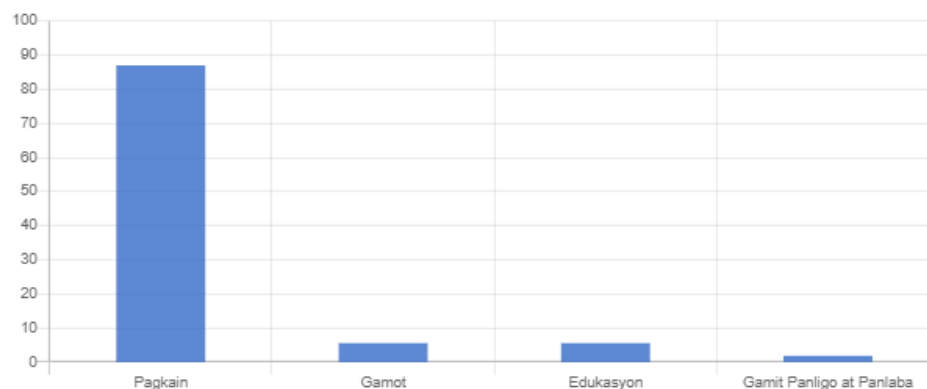


Figure 76. Household budget allocation

Of the respondents, 33.33% buy food when asked if they spend for themselves [see figure below]. Yet again, upon probing they admit that these foods are actually for the family, especially during the challenging times that a global pandemic is happening [see figure below].

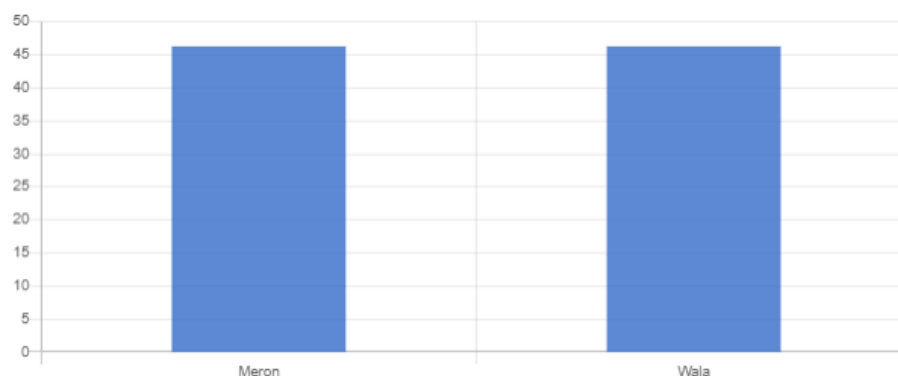


Figure 77. Indigenous women who allocate budget for personal needs

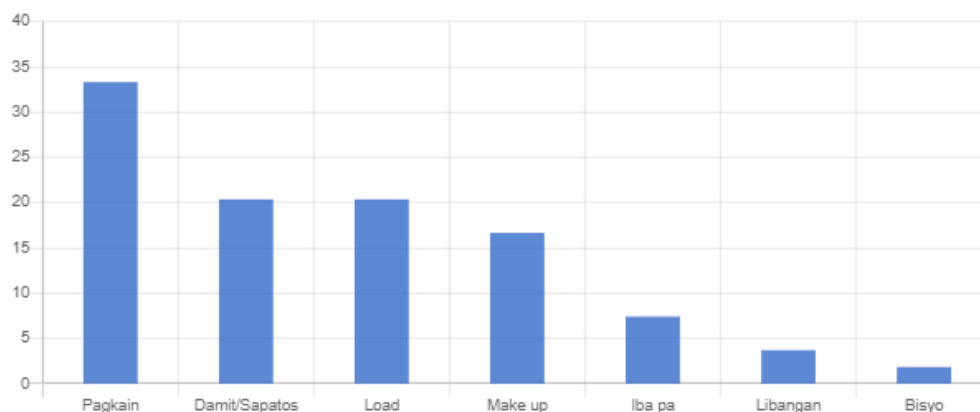


Figure 78. Identified personal needs

When asked whether there was any livelihood support extended to them, only 33.33% said yes, they were able to receive support. The remaining 53.7% said they did not receive any support [see Figure 17]. NGOs (20.37%) still lead as livelihood support providers for indigenous women and their communities. Government agencies (12.96%) and LGUs (11.11%) gave one-time assistance at the onset of the pandemic as did some private companies (1.85%) [see figure below].

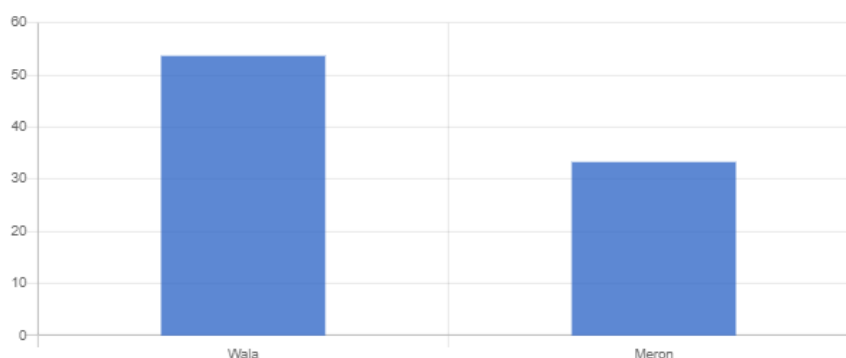


Figure 79. Access to livelihood support pre-pandemic

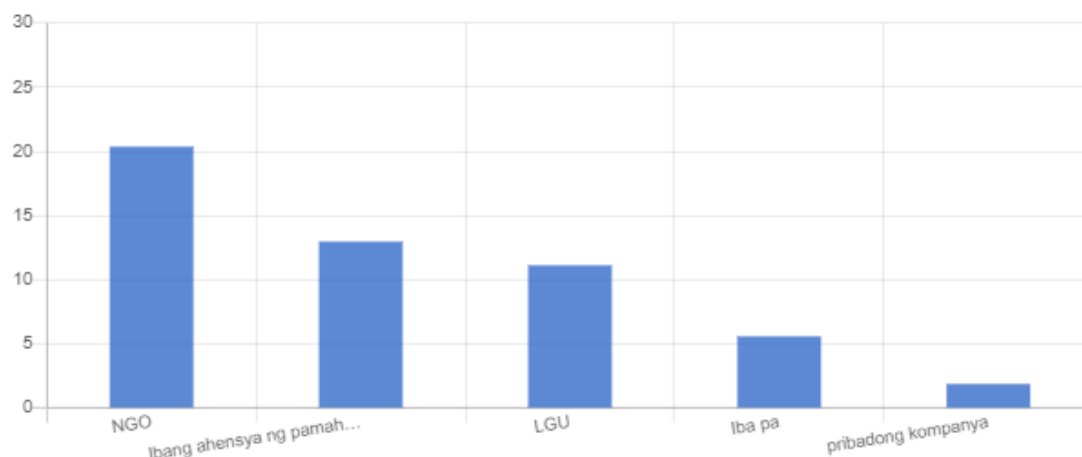


Figure 80. Livelihood support/assistance Donor

Comparative Presentation of Data

Table 26. Indigenous women's main sources of income

Response	Pre-Pandemic		During Pandemic	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Farming	29	53.7	35	64.81
Handicrafts Making	18	33.33	15	27.78
Hired Labor/Househelp	7	12.96	7	12.96
Selling produce in community markets	7	12.96	6	11.11
Peddling Vegetables	4	7.41	6	11.11
Fishing	1	1.85	0	0
No response	10	18	8	14

Respondents who did not indicate their livelihood or source of income are indigenous girls who were still students during the time of the survey [see table above].

Table 27. Other economic activities of indigenous women for additional income

Response	Pre-Pandemic		During Pandemic	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Gardening	31	57.41	37	68.52
Farming	18	33.33	19	35.19
Employment	17	31.48	15	27.78
(Government or Private)	15	27.78	14	25.93
Livestock Raising	10	18.52	8	14.81
No Response	10	18.52	8	14.81

There is an increase in the number of indigenous women who resorted to vegetable gardening when the lockdown was implemented [see table above].

Table 28. Presence of support for indigenous women for livelihood

Response	Pre-Pandemic		During Pandemic	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Yes	33	59.26	32	24.07
No	10	46.3	13	46.3
No Response	11	20.37	9	16.6

Response	Pre-Pandemic		During Pandemic	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Spouses	22	66.67	23	71.87
Sons	9	27.27	7	21.87
Daughters	9	27.27	7	21.87
Other members of the household	7	21.21	6	18.75

Table 29. Family members who contribute to household income

Economic activities are collectively done by members of the family. During the FGD with the respondents, they shared that their spouses/husbands are considered the main contributors to the family's income before and during the COVID-19 pandemic [see table above].

Food remains the main priority of the family's budget allocation followed by education. But there is a significant increase in respondents who chose medicines and other medical expenses as their top expenses during COVID-19. During the FGD, respondents shared that during the pandemic they have become more cautious about their health and have made sure to prepare basic medicines such as paracetamol [see table below].

Table 30. Indigenous women's budget allocation

Response	Pre-Pandemic		During Pandemic	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Food	47	87.04	47	87.04
Education	4	7.41	3	5.56
Medicines/Medical Needs	1	1.85	3	5.56
Hygiene and Laundry Soap	1	1.85	1	1.85
Utilities (Water and Electricity Bills)	1	1.85	0	0

No Response	0	0	0	0
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When the respondents were asked if they allocate a budget for personal needs, fewer women answered yes [see table below]. Food remained to be their top expense when it came to personal needs, however, although supposedly for their own consumption, this is still shared with family members [see table below].

Table 31. Indigenous women's personal budget allocation

Response	Pre-Pandemic		During Pandemic	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Yes	33	59.26	32	24.07
No	10	46.3	13	46.3
No Response	11	20.37	9	16.6

Table 32. Indigenous women's identified personal needs

Response	Pre-Pandemic		During Pandemic	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Food	27	81.81	18	72
Clothes and Shoes	22	66.66	11	44
Cellphone Load	19	57.57	11	44
Makeup	10	16.67	9	36
Leisure activities	9	30.30	4	16
Vices	7	21.21	2	8
Others	2	6.06	1	4

During the COVID-19 pandemic, fewer indigenous women had access to livelihood support [see table below]. Before and during the pandemic; NGOs provided the most support to the livelihood of indigenous women [see table below].

Table 33. Indigenous women's access to livelihood support/assistance

Response	Pre-Pandemic		During Pandemic	
	Frequency	Percentage (%)	Frequency	Percentage (%)
No	34	62.96	29	53.7
Yes	15	27.78	18	33.33
No Response	5	9.26	7	12.97

Table 34. Institutions that provide support for indigenous women

Response	Pre-Pandemic		During Pandemic	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Non-Government Organizations	7	46.66	11	61.11
Government Agencies	4	26.66	7	38.88
LGUs	4	26.66	6	33.33
Other groups/individuals (church, academe etc.)	2	13.33	3	16.66
Private companies	0	0	1	5.55

Analysis

Indigenous women's livelihood is intertwined with land and natural resources.

The survey conducted amongst indigenous women affirmed the reliance of indigenous communities on agriculture. For many indigenous women, farming has become their only source of livelihood during the COVID 19 pandemic, as other work, mainly informal work, was no longer available due to the lockdowns and pandemic protocols. To augment the financial needs of the family, more women have engaged in backyard gardening because according to them this is the easiest and fastest way to earn since harvests were also sold within their communities. There are also those who lost their contractual employment in government and private agencies and resorted to gardening to make ends meet.

It is also important to note that in many parts of Southern Mindanao (South Cotabato and Saranggani), rat infestation was very rampant and destroyed most of the primary crops in the communities. If there are crops left untouched by the pests, they are not even enough for the consumption of their families. The impacts of COVID-19 lockdowns and climate change pushed indigenous women further into debt and financial woes.

The pandemic amplified the already difficult economic situation of indigenous women before the pandemic. Respondents of the survey are part of communities that are continuously threatened by infrastructure and industrialization and are often criminalized when they stand against these projects that have brought havoc to their means of subsistence.

Indigenous women are expected to augment or find ways to address financial challenges in the family.

When communities met the impact of quarantine restrictions on their livelihood and income, indigenous women carried the responsibility of finding alternative means of subsistence for their families. Most of the women interviewed resorted to growing and maintaining their backyard gardens not only for their family's consumption but also to sell the extra produce to other members of their communities. In Bukidnon, there were incidents shared by the interviewees where indigenous girls were forced to work as farm laborers in order to somehow unburden their mothers from worrying about food and other expenses that their families need.

When all else failed, they are left with no other choice but to loan money, the mothers and wives are expected to negotiate with loan sharks and deal with the stress that comes with it.

Indigenous women's contribution to household income remains undermined/undervalued.

Despite the fact that the contribution of indigenous women to the household income is vital, they are not yet getting the recognition that they deserve. Their tasks and roles in the entire agricultural process are still considered secondary to the men of the family (the husband or the sons) or are treated as merely assistance or part of the household chores. The care work that they do are not factored in the entire discussion of 'household income' as household or domestic work is not yet considered an economic activity because it does not translate to actual earning.

Lack or limited livelihood and agricultural support services from the government

Income in indigenous households is mostly on a weekly basis, as this would depend on how much they would earn from selling their products or from wages they get from paid labor or informal work. When the abrupt lockdowns and movement restrictions and the closure of "non-essential" services were implemented as part of the government's COVID 19 response, indigenous families struggled, especially the mothers as their domestic and subsistence responsibilities increased. The survey results showed that respondents only received minimal support from both the national and local governments when it comes to livelihood, and most of the support they have received came from non-government organizations. Yet these supports were not determined by the indigenous women themselves, they were merely beneficiaries of pre-identified relief packs.

Indigenous women who were part of the informal sector such as those who are into weaving and handicraft making were not given assistance in determining alternative livelihood or marketing strategies so they can continue to earn.

Recommendations

Policies

Full and effective implementation of the Indigenous Peoples Rights Act (IPRA).

The Philippine government should recognize the deep-rooted relationship of the indigenous people's lives and livelihoods to their ancestral lands and natural resources. IPRA should be fully implemented as this law outlined specific and coherent legal frameworks on the indigenous people's access, control, and management of their lands and natural resources with the active and meaningful participation and consent of the indigenous women.

Repeal the Mining Act of 1995 and enact a pro-indigenous peoples, pro-environment mining bill, and Scrap Executive Order 130.

Mining contributes little to the country's GDP and generates few jobs but causes tremendous environmental destruction and grave impacts on the livelihood of rural and indigenous communities. The government should instead establish an inclusive and community-led development framework for its economic recovery plan and not profit-oriented and corporate-dependent projects.

Scrap the Rice Tariffication Law

Indigenous agricultural practices and knowledge must be recognized and supported.

The Department of Agriculture's programs and services should recognize the importance of and support traditional agricultural knowledge and practices.

Support the economic empowerment of indigenous women

To overcome poverty and discrimination, indigenous women should lead the identification of development and economic projects and should be given enough resources and technical assistance by the government for them to be able to maximize alternative means of livelihood. Traditional knowledge and values if given economic support can provide indigenous women wider opportunities to better themselves and their families (Such as the case of the Higaonon women weavers in Talakag, Bukidnon who were part of this interview)

Raise awareness on unpaid care work as a development and poverty issues

Sectoral Monitoring on the Situation of Indigenous Women and Girls During the Pandemic:

Right to Education

Abbygail Dupale

Introduction

The right to education is a universal right. Exercising such rights can open opportunities for the well-being of the people regardless of race, culture, or ethnicity. However, although education is a right for all people, it is not always enjoyed by everyone. Among the groups of people deprived of quality education are the indigenous peoples. At the same time, gender issues are also a common impediment to education for women and girls in indigenous communities.

In the Philippines, education is divided into formal and non-formal education. The formal sector is further divided into three levels: primary, secondary, and tertiary. Each level can be private or public. Ever since the Americans established the public school system in the country during its colonization in 1901, no efforts were done on establishing schools that utilized indigenous knowledge. In fact, it was required in all schools that the American system be used — language and all. It was only in the last 20 years that Filipino has been reintroduced as a language of instruction in schools, though English still has more preference. Local languages have never been encouraged, much less those of the indigenous peoples. Only a handful of indigenous schools exist, all of them built due solely to the efforts of the community, leaders, elders, and non-profit organizations, often with minimal support from the government — if any.

At the same time, in some communities in the Philippines, social norms prevent indigenous girls from attending school. Families may prefer girls to remain at home to help with domestic chores and care for younger siblings. Other parents prefer that their daughters be married off at a young age. An increase in early marriages was also reported during the pandemic and during the sudden shift to online and modular ways of learning in schools. Unable to continue their education due to limited resources, indigenous girls chose to marry at an early age believing marriage is the only way for them to have economic security and lead good lives. Consequently, parents are reluctant to send their daughters to school or to pursue higher education because this is not considered productive and beneficial for the household. Such norms and practices, coupled with other ongoing exclusion and discrimination of indigenous girls and women, have led to serious consequences for the community and society.

This report aims to present the impact of the pandemic on indigenous women and girls particularly focusing on their right to education. The data and analyses from this report were drawn from the result of the survey conducted by LILAK (Purple Action for Indigenous Women’s Rights) and the Commission on Human Rights (CHR) on the various challenges that indigenous women and girls are currently facing.

Presentation of Data

What is your educational attainment?

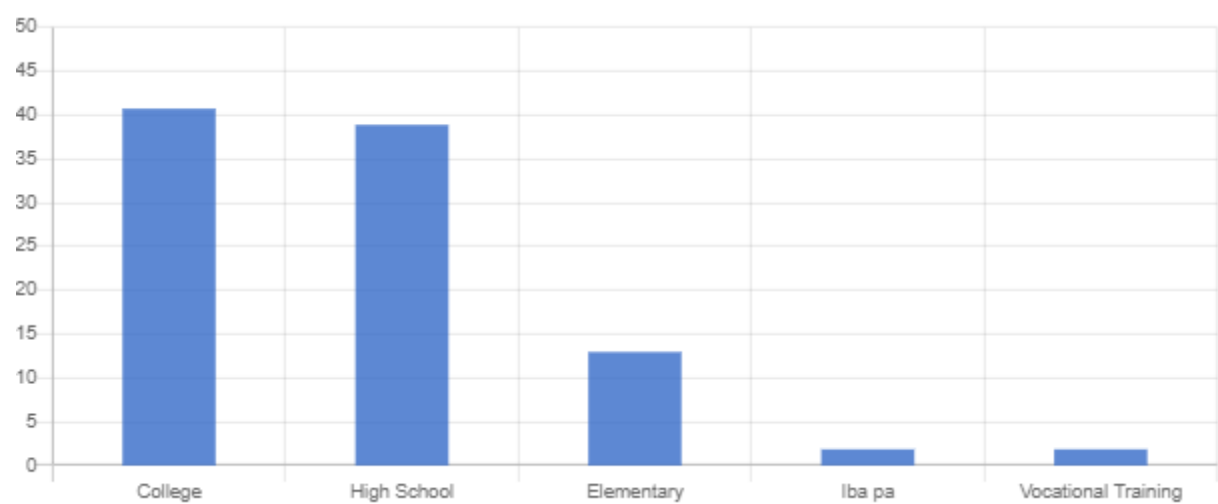


Figure 81. Indigenous women’s levels of educational attainment

When indigenous women were asked about their educational attainment, 40.74% of the respondents said that they were able to attend school until College level, 38.78% attended until High School level, 12.96% attended school until Elementary level, 1.85% attended Others (*Iba pa*) and 1.85% attended vocational training [see figure above]. Two (2) out of 54 respondents, or 3.71%, were unable to answer this part of the survey.

PRE-PANDEMIC

Is anyone in your family currently studying?

Merong ba sa pamilya mo ang nag-aaral?

TYPE: "SELECT_ONE". 52 out of 54 respondents answered this question. (2 were without data.)

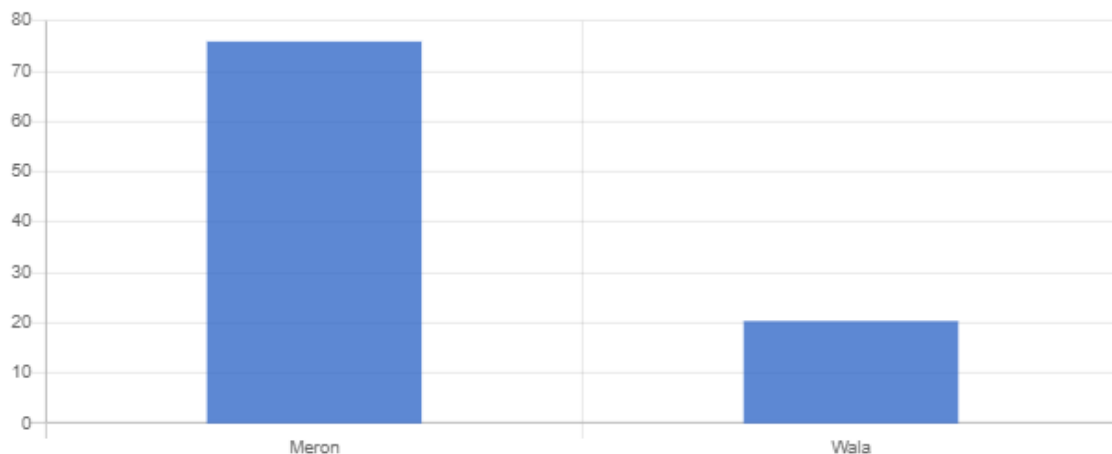


Figure 82. Indigenous women with family member(s) who is/are currently studying

When indigenous women were asked if any member of their family is currently studying, 75.93% answered Yes (*Merong*) and 20.37% answered None (*Wala*) [see figure above]. Two (2) out of 54 respondents or 3.7% were unable to answer this part of the survey. During the Focus Group Discussion (FGD), those who answered None (*Wala*) said that their family cannot support and sustain the education of their children due to poverty.

If you answered Yes to the previous question, which member(s) of your family is/are currently studying?’

Kung meron, sino?

TYPE: "SELECT_MULTIPLE". 41 out of 54 respondents answered this question. (13 were without data.)

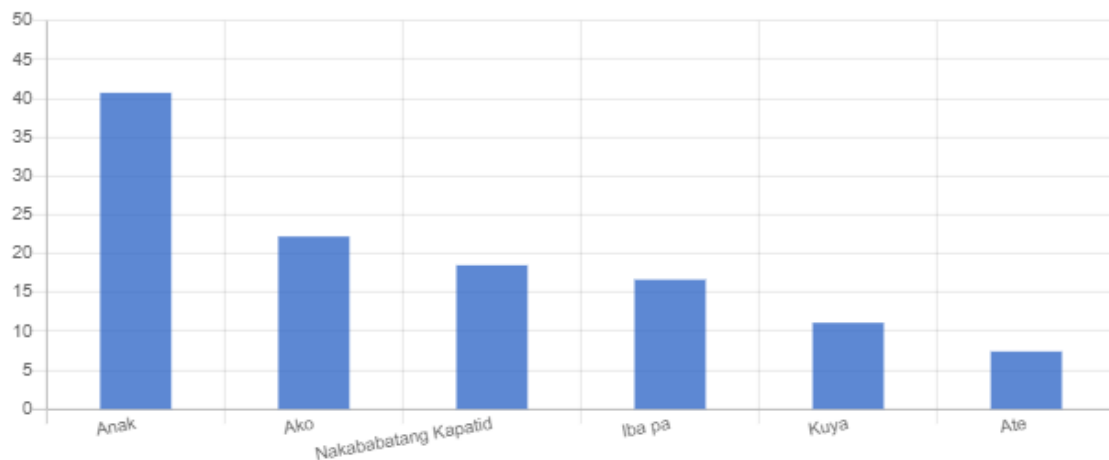


Figure 83. Members of indigenous women’s families currently studying

When asked which member(s) of the family is/are currently studying, 22 out of 41 respondents (53.66%) answered Children (*Anak*), 12 out of 41 respondents (29.67%) answered Themselves (*Ako*), ten (10) out of 41 respondents (24.39%) answered Younger Sibling(s) (*Nakababatang Kapatid*), nine (9) out of 41 respondents (21.95%) answered Others (*Iba pa*), six (6) out of 41 respondents (14.63%) answered Older Brother (*Kuya*), and four (4) out of 41 respondents (9.76%) answered Older Sister (*Ate*) [see figure above].

Is there a local school within your barangay?

May local school ba sa inyong barangay?

TYPE: "SELECT_ONE". 52 out of 54 respondents answered this question. (2 were without data.)

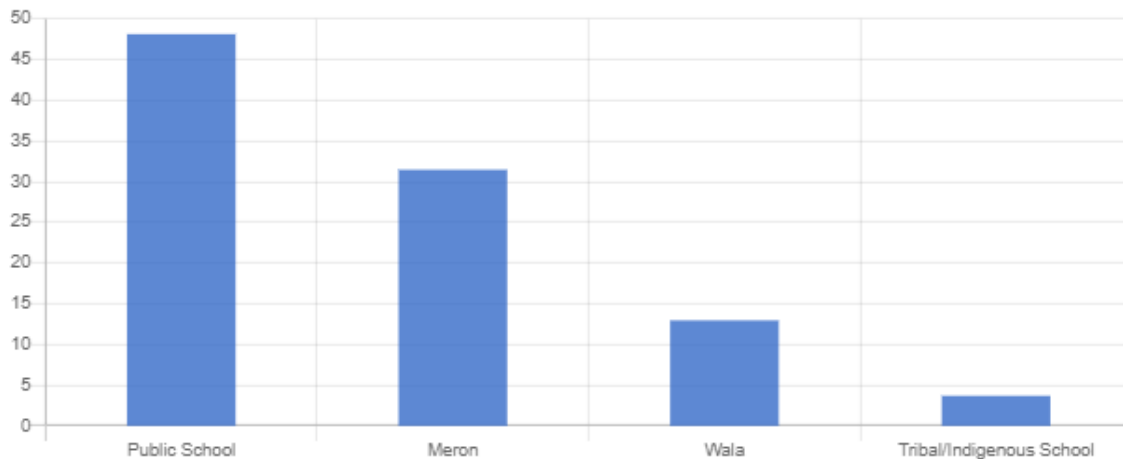


Figure 84. Local schools within the barangay of indigenous women

When indigenous women were asked if there is/are local school(s) within their respective barangays, 48.15% answered yes there is/are and specified this school(s) to be a Public School, 31.48% answered Yes (*Meron*), 12.96% answered None (*Wala*), and 3.7% answered yes there is/are and specified this school(s) to be a Tribal/Indigenous School [see figure above]. Two (2) out of 54 respondents, or 3.71%, were unable to answer this part of the survey.

If you answered None to the previous question where is the nearest school to your barangay?

Kung walang eskwela sa barangay, saan ang pinakamalapit?

TYPE: "SELECT_ONE". 7 out of 54 respondents answered this question. (47 were without data.)

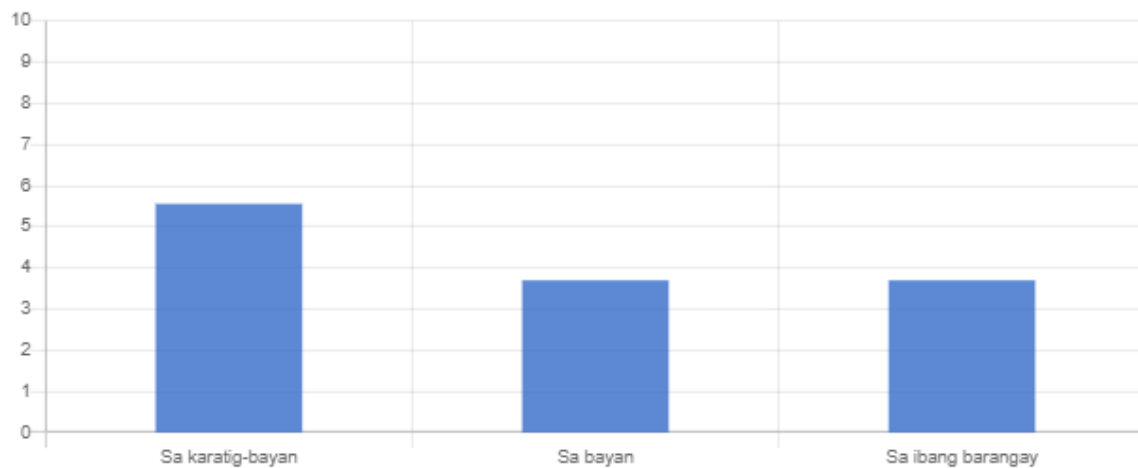


Figure 85. The nearest school outside indigenous women's barangay

When indigenous women were asked where the nearest school to their barangay is, three (3) out of seven (7) respondents (42.86%) answered Neighboring Town (*Sa Karatig-Bayan*), two (2) out of seven (7) respondents (28.57%) answered Town Proper (*Sa Bayan*), and two (2) out of seven (7) answered (28.57%) Another Barangay (*Sa Ibang Barangay*) [see figure above].

If you answered None to the previous question, how far from your home is the nearest school?

Gaano kalayo ito sa inyo?

TYPE: "SELECT_ONE". 7 out of 54 respondents answered this question. (47 were without data.)

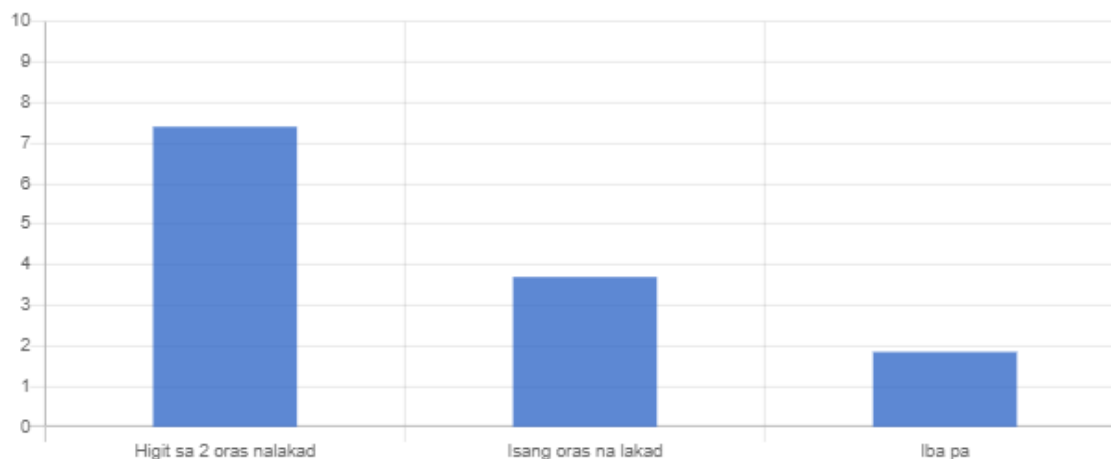


Figure 86. Time spent by indigenous women to reach the nearest school outside their barangay

When asked how far from their home is the nearest school, four (4) out of seven (7) respondents (57.14%) answered they Walk for More Than 2 Hours (*Higit Sa 2 Oras Lakad*) to reach the nearest school, two (2) out of seven (7) respondents (28.57%) answered They Walk for an (1) Hour (*Isang Oras Na Lakad*), and one (1) out of seven (7) respondents (14.29%) answered Others (*Iba pa*) [see figure above]. According to the respondents during the focus group Discussion, although there are *habal-habal* and other means of transportation, they prefer walking because it is cheaper.

What do you spend on as students or as households with at least one member who is currently enrolled in school?

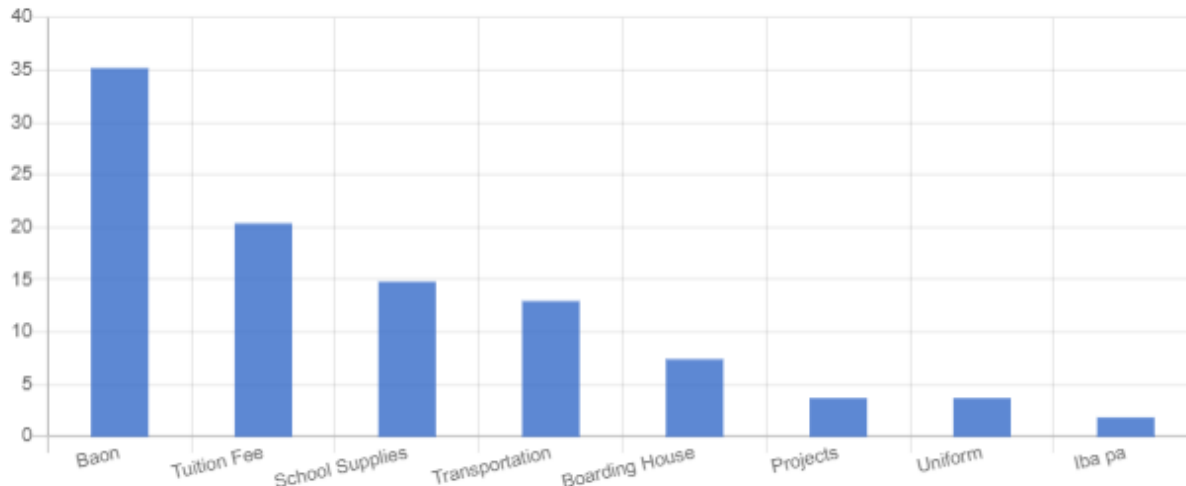


Figure 87. Indigenous women's highest education-related expenses

When indigenous women were asked which education-related expense(s) they spend the most before the COVID-19 pandemic, 35.19% of the respondents answered Daily Basic Needs (*Baon*¹⁹), 20.37% answered Tuition Fee²⁰, 14.81% answered School Supplies, and 12.96% answered Transportation, 7.41% answered renting a Boarding House²¹, 3.7% answered Projects, 3.7% answered Uniform, and only one (1) (1.85%) answered Other expenses [see figure above].

¹⁹ Baon or allowance can be money, food, or other provisions taken to school, work, or on a journey, lunch money, pocket money.

²⁰ It is important to note that public schools are supposedly free for everyone but because there are still payments for other miscellaneous students that still allocates a substantial chunk of their budget to this do not have a tuition fee but may require students to pay for a miscellaneous fee.

²¹ Boarding house - a communal house where students from far places temporarily stay while they are enrolled in school.

Which sources of income do you use to pay for education-related expenses?

Saan kinukuha ang pangtustos sa mga gastusing pang-eskwelahan?

TYPE: "SELECT_MULTIPLE". 50 out of 54 respondents answered this question. (4 were without data.)

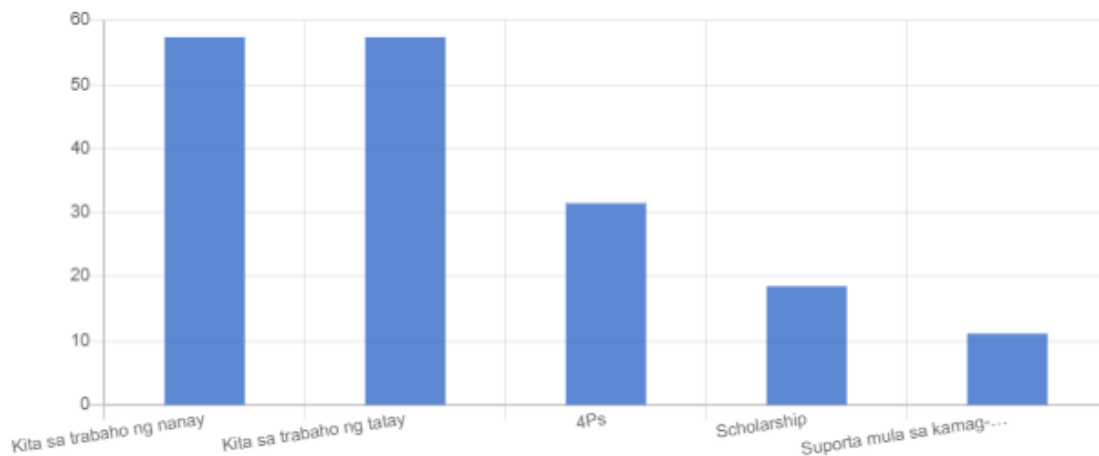


Figure 88. Indigenous women's sources of income to pay for education-related expenses

When indigenous women were asked to choose which source(s) of income is/are used to pay for education-related expenses, 57.41% of the respondents answered from the Mother's Income (*Kita sa Trabaho ng Nanay*), 57.41% answered from the Father's Income (*Kita sa Trabaho ng Tatay*), 31.48% answered from the cash grant in the 4Ps⁴²² (*Pantawid Pamilyang Pilipino Program*), 18.52% answered from Scholarship, and 11.11% answered from Support Given by Relatives (*Suporta Mula sa Kamag-anak*) [see figure above]. Four (4) out of 54 (7.41%) respondents were unable to answer this part of the survey.

²² 4Ps provides conditional cash grants to qualified indigent families for a maximum of seven years to improve their health, nutrition, and the education of their children aged 0-18.

Is your income enough to pay for education-related expenses?

Sapat ba ang pangtustos sa mga gastusing pang-eskwelahan?

TYPE: "SELECT_ONE". 50 out of 54 respondents answered this question. (4 were without data.)

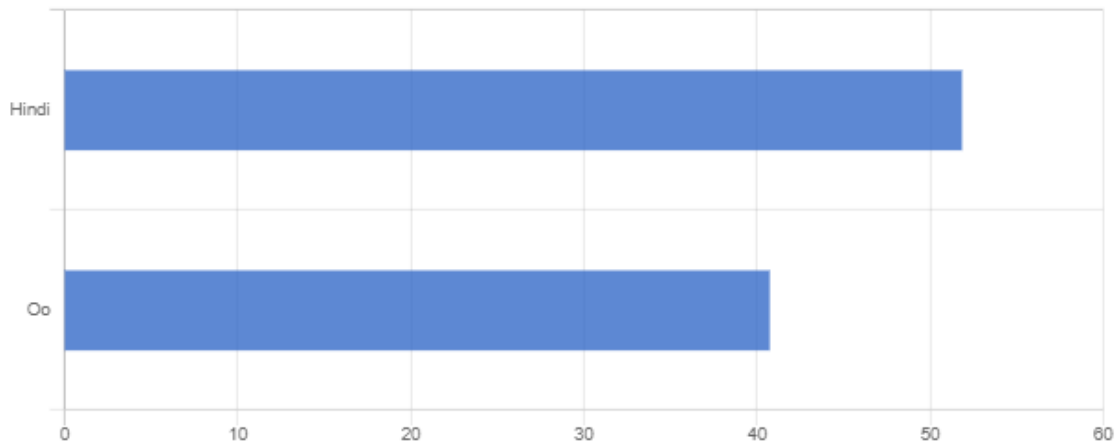


Figure 89. Sufficiency of indigenous women's income to pay for education-related expenses

When indigenous women were asked if their income is enough to pay for education-related expenses, 51.85% said No (*Hindi*) and 40.74% said Yes (*Oo*) [see figure above]. Four (4) out of 54 respondents or 7.41% were unable to answer this part of the survey.

Did 4Ps help the education of the children in your family?

Nakatulong ba ang 4Ps sa pag-aaral ng mga bata?

TYPE: "SELECT_ONE". 50 out of 54 respondents answered this question. (4 were without data.)

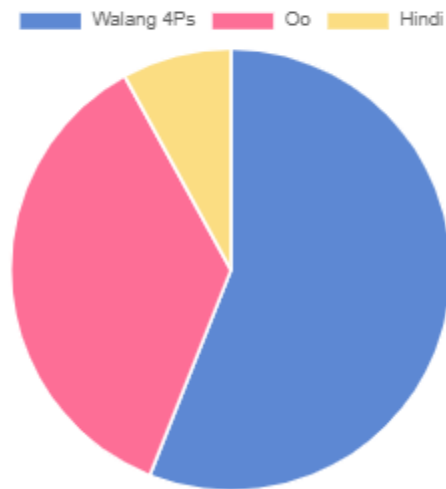


Figure 90. 4Ps program sufficiency in supporting the education of indigenous women's children

When indigenous women were asked whether the cash assistance from the *Pantawid Pamilyang Pilipino* Program or 4Ps is enough to pay for their children's education, 51.85% answered They Have No 4Ps (*Walang 4Ps*) or they are not recipients of the program, 33.33% answered Yes (*Oo*), and 7.41% answered No (*Hindi*) [see figure above]. Four (2) out of 54 respondents or 7.41% were unable to answer this part of the survey. According to the respondents during the FGD, given their geographical isolation, the government is not making much effort to reach them, and those who are most in need of this support are not the ones receiving it. Indigenous women also cited difficulty in fulfilling the requirements as another reason they are not beneficiaries of the program. Many of them have no legal identification, which is an important requirement to be a beneficiary.

DURING PANDEMIC

Is there at least one member of your family who was unable to continue going to school during the pandemic?

Merong ba sa pamilya mo ang hindi nakapagpatuloy ng pag-aaral?

TYPE: "SELECT_MULTIPLE". 52 out of 54 respondents answered this question. (2 were without data.)

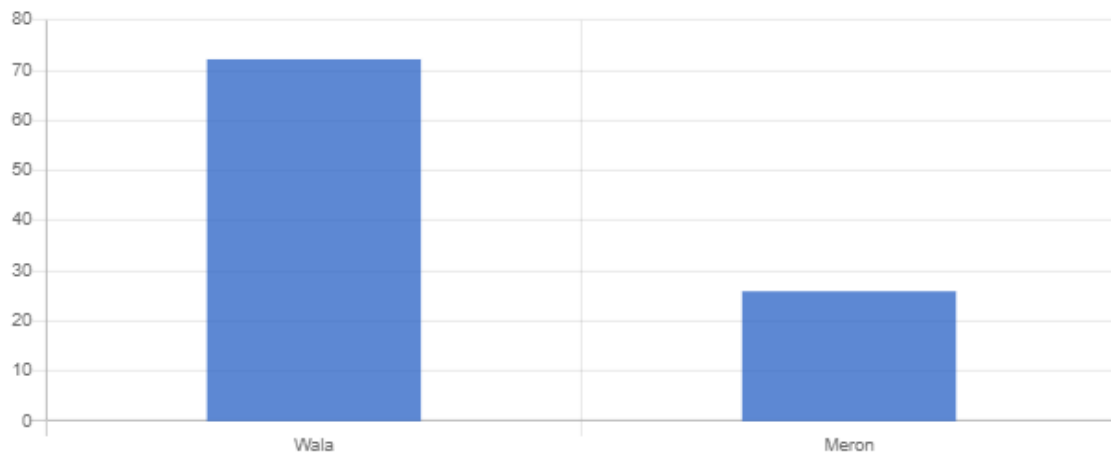


Figure 91. Indigenous women with at least one member of their family who was unable to continue going to school during the pandemic

When indigenous women were asked if there is at least one member of their family who was unable to continue going to school during the COVID-19 pandemic and lockdown which started in March 2020 until the present, 72.22% of the respondents said None (*Wala*), and 25.93% said Yes, There Are (*Merong*) [see figure above]. One (1) out of 54 respondents or 1.85% was unable to answer this part of the survey.

During the FGD, indigenous women who said Yes stated that challenges made more difficult by the pandemic are the reasons why at least one member of their family was forced to stop going to school. It was also mentioned in the discussion that whether a family member (often the child) needs to stop going to school is a decision usually made by the parents.

If you answered Yes to the previous question, which member(s) of the family was/were unable to continue going to school?

Kung meron, sino?

TYPE: "SELECT_MULTIPLE". 13 out of 54 respondents answered this question. (41 were without data.)

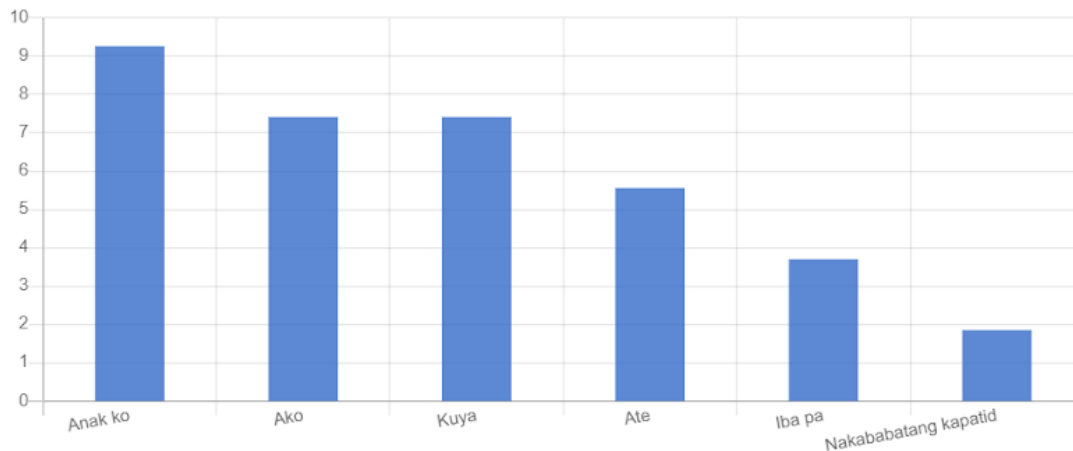


Figure 92. Member(s) of indigenous women's families unable to go to school during the pandemic

When asked which member(s) of indigenous women's families was/were unable to continue going to school, five (5) out of 14 respondents (35.71%) answered Their Child (*Anak Ko*), four (4) out of 14 respondents (28.57%) answered Themselves (*Ako*), four (4) out of 14 respondents (28.57%) answered Older Brother (*Kuya*), three (3) out of 14 respondents (21.43%) answered Older Sister (*Ate*), two (2) out of 14 respondents answered Others (*Iba pa*), and one (1) out of 14 respondents (14.29%) answered Younger Sibling (*Nakababatang Kapatid*) [see figure above]. One (1) out of 14 respondents was unable to answer this part of the survey.

If you answered None to the previous question who helps with students' modules in the household?

Kung wala, sino ang tumutulong sa pag sagot ng mga module ng mga mag-aaral?

TYPE: "SELECT_MULTIPLE". 31 out of 54 respondents answered this question. (23 were without data.)

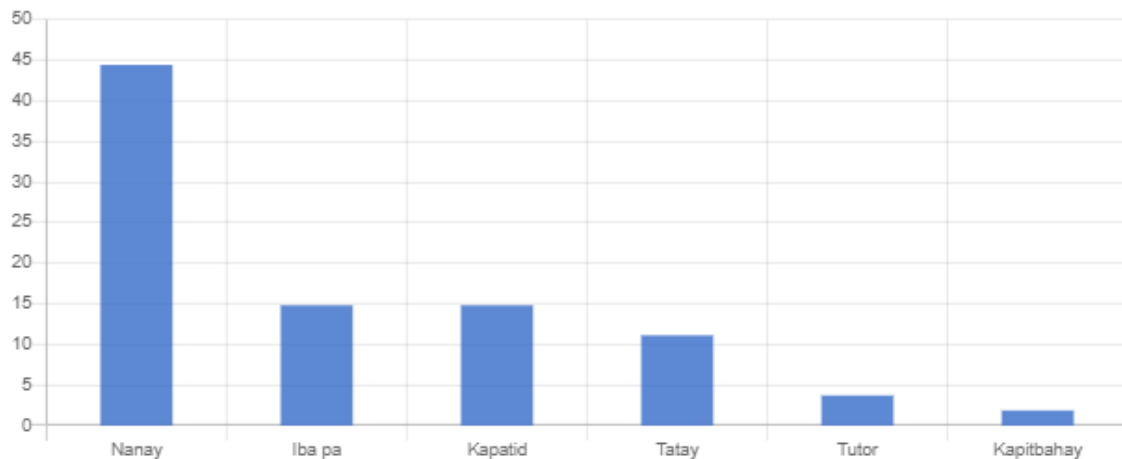


Figure 93. Member(s) of indigenous women's families who help(s) with modules in the household

When asked which member(s) of indigenous women's families help(s) with modules, 24 out of 39 respondents (61.54%) answered Mother (*Nanay*), eight (8) out of 39 respondents (20.51%) answered Others (*Iba pa*), eight (8) out of 39 respondents (20.51%) answered Sibling (*Kapatid*), six (6) out of 39 respondents answered (15.38%) Father (*Tatay*), two (2) out of 39 respondents (5.13%) answered Tutor, and one (1) out of 39 respondents (2.56%) answered Neighbor [see figure above]. Eight (8) out of 39 respondents (20.51%) were unable to answer this part of the survey.

If you answered Yes to the previous question, why did they stop going to school?

Bakit hindi nakapagpatuloy ng pag-aaral?

TYPE: "SELECT_MULTIPLE". 13 out of 54 respondents answered this question. (41 were without data.)

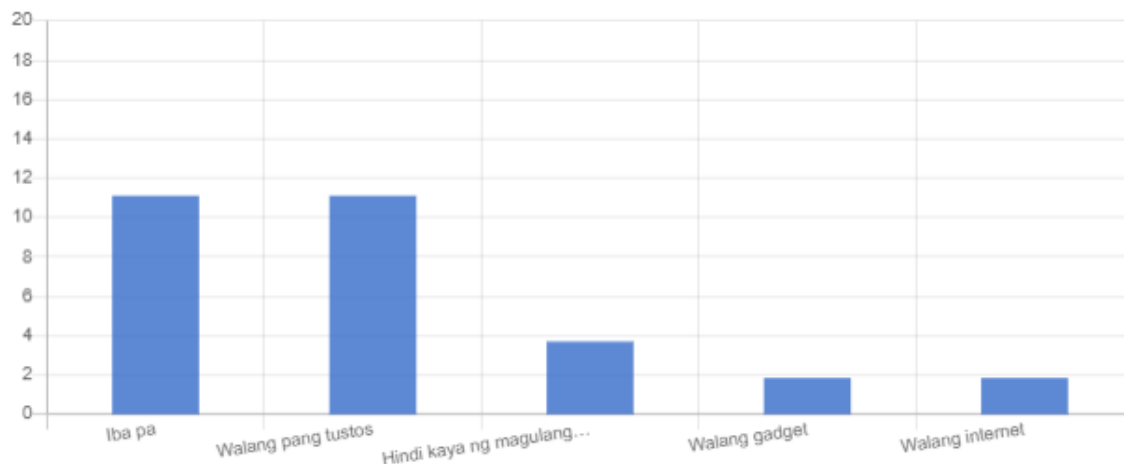


Figure 94. Reasons why members of indigenous women's families stopped going to school

When asked which reason(s) caused at least one member of indigenous women's families to stop going to school, six (6) out of 14 respondents (42.86%) answered Others (*Iba pa*), six (6) out of 14 respondents (42.86%) answered No Money (*Walang Pangtustos*), two (2) out of 14 respondents (14.29%) answered The Parents Can No Longer Answer or Help in Answering Modules (*Hindi Kaya ng Magulang Sumagot o Tumulong sa Modules*), one (1) out of 14 respondents (7.14%) answered No Gadget (*Walang Gadget*), and one (1) out of 14 respondents (7.14%) answered No Internet (*Walang Internet*) [see figure above]. One (1) out of 14 respondents (7.14%) was unable to answer this part of the survey.

What do you spend as students or as households with family members who are currently enrolled in school during the pandemic?

Ano ang pinagkakagastusan para makapasok sa eskwelahan, at maka pag-aral?

TYPE: "SELECT_MULTIPLE". 44 out of 54 respondents answered this question. (10 were without data.)

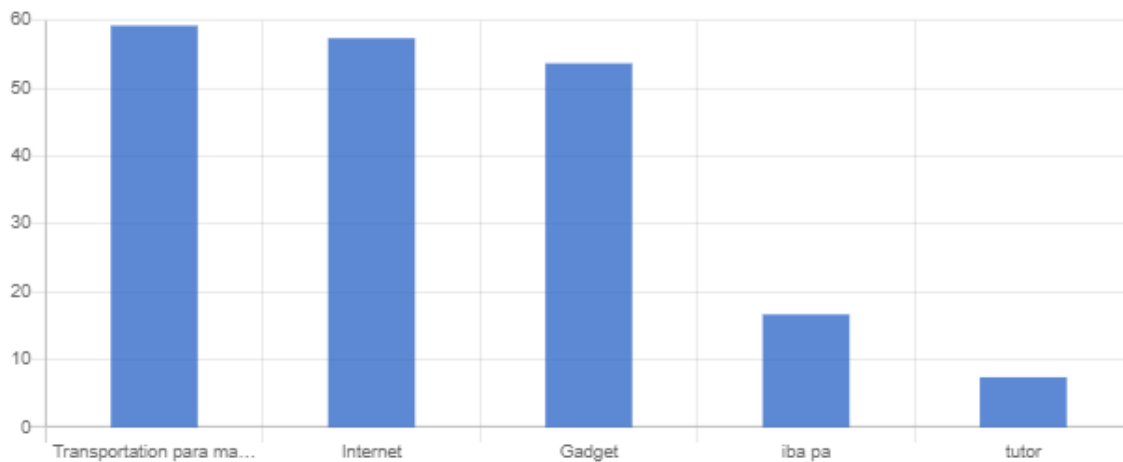


Figure 95. Indigenous peoples' highest education-related expenses during the COVID-19 pandemic

When indigenous women were asked which education-related expense(s) they spend during the time of the COVID-19 pandemic, 59.26% of the respondents answered Transportation, 57.41% answered Internet, 53.7% answered Gadget, 16.67% answered Others (*Iba pa*), and 7.41% answered Tutor [see figure above]. Ten (10) out of 54 respondents (18.52%) were unable to answer this part of the survey.

During the FGD, the respondents said that because of restrictions brought by the COVID-19 pandemic and lockdown, schools suddenly shifted to online and modular. Transportation and Internet connection became the two most expensive expenses. Students or parents/guardians of the students need to go to school every week to get their modules and give this back to their teachers after answering them.

Which sources of income do you use to pay for education-related expenses during the pandemic?

Saan kinukuha ang pagtustos sa mga gastusing pang-eskwelahan?

TYPE: "SELECT_MULTIPLE". 45 out of 54 respondents answered this question. (9 were without data.)

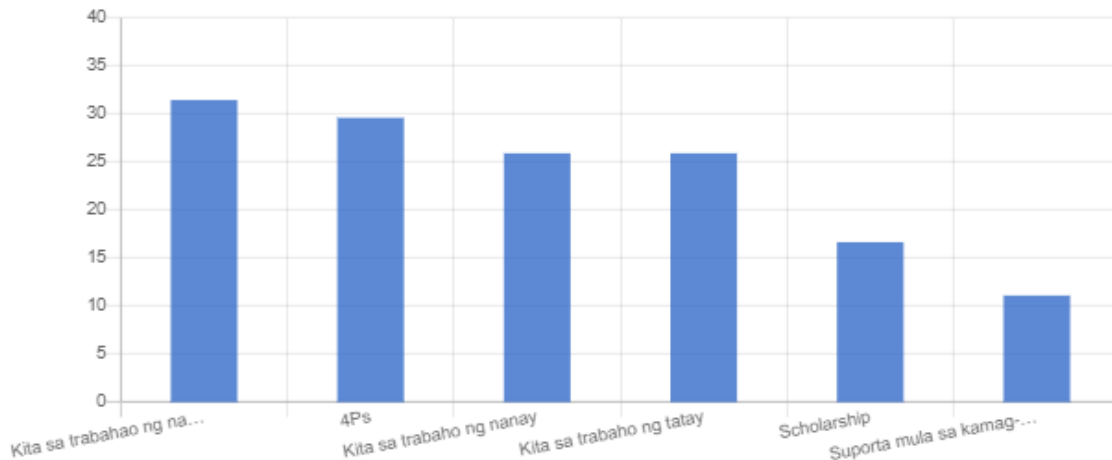


Figure 96. Indigenous women's sources of income in paying for education-related expenses during the pandemic

When indigenous women were asked which source(s) of income is used to pay for education-related expenses, 31.48% of the respondents answered from Both the Parents' Income (*Kita sa Trabaho ng Nanay at Tatay*), 29.63% answered from 4Ps, 25.93% answered from the Mother's Income (*Kita sa Trabaho ng Nanay*), 25.93% answered from the Father's Income (*Kita sa Trabaho ng Tatay*), 16.67% answered Scholarship, and 11.11% answered Support Given by Relatives (*Suporta Mula Sa Kamag-anak*) [see figure above]. Nine (9) out of 54 respondents were unable to answer this part of the survey.

Is your income enough to pay for education-related expenses during the pandemic?

Sapat ba ang pangtustos sa mga gastusing pang-eskwelahan?

TYPE: "SELECT_ONE". 45 out of 54 respondents answered this question. (9 were without data.)

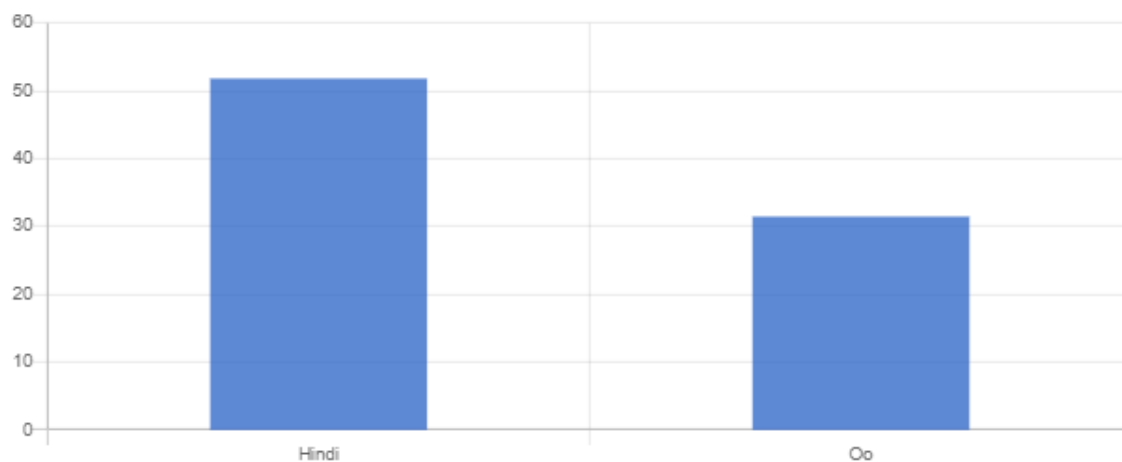


Figure 97. Sufficiency of indigenous women's income to pay for education-related expenses during the pandemic

When indigenous women were asked if their income is enough to pay for education-related expenses, 51.85% said No (*Hindi*) and 31.48% said Yes (*Oo*) [see figure above]. Nine (9) out of 54 respondents (16.67%) were unable to answer this part of the survey.

Does DepEd visit your community?

Bumibisita ba ang teacher o ang DEPED sa inyong lugar?

TYPE: "SELECT_ONE". 47 out of 54 respondents answered this question. (7 were without data.)

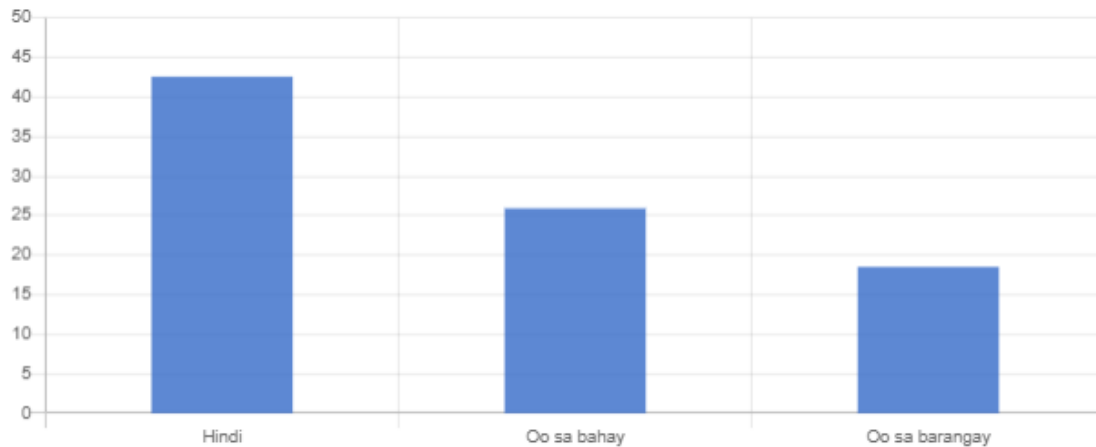


Figure 98. Indigenous women visited by DepEd

When indigenous women were asked whether employees from the Department of Education (DepEd) visit them, 42.59% of the respondents answered No (*Hindi*), 25.93% answered Yes, In Our Home (*Oo, sa Bahay*), and 18.52% answered Yes, In Our Barangay (*Oo, sa Barangay*) [see figure above]. Seven (7) out of 54 respondents (12.96%) were unable to answer this part of the survey.

Did 4Ps help the education of the children in your family during the pandemic?

Nakatulong ba ang 4Ps sa pag-aaral ng mga bata?

TYPE: "SELECT_MULTIPLE". 45 out of 54 respondents answered this question. (9 were without data.)

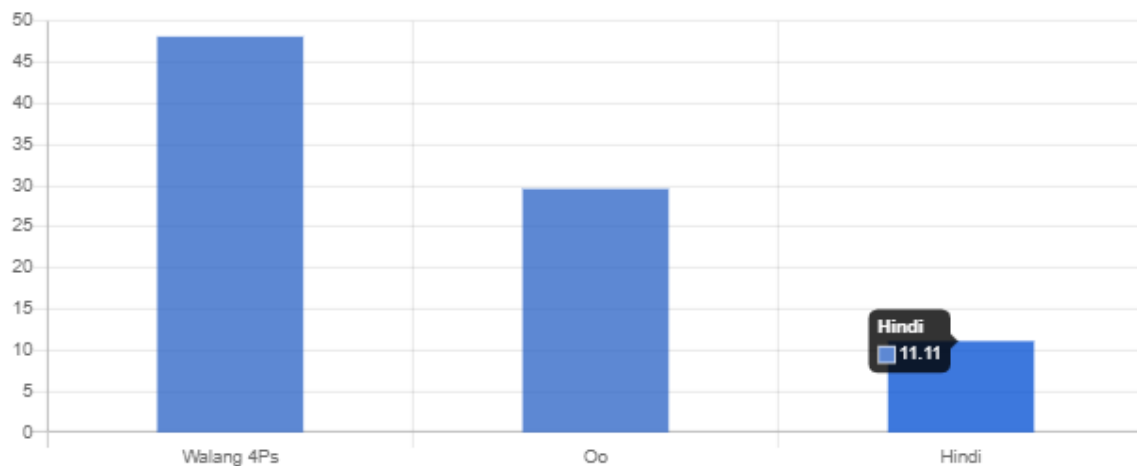


Figure 99. 4Ps program sufficiency in supporting the education of indigenous women's children during the pandemic

When indigenous women were asked whether the cash assistance from the *Pantawid Pamilyang Pilipino* Program or 4Ps is enough to pay for their children's education during the pandemic, 48.15% answered They Have No 4Ps (*Walang 4Ps*) or they are not recipients of the program, 29.63% answered Yes (*Oo*), and 11.11% answered No (*Hindi*) [see figure above]. Nine (9) out of 54 respondents (16.67%) were unable to answer this part of the survey.

Did you receive cash assistance for the education of students in your family during the pandemic?

May ayuda ba kayong natatanggap para sa edukasyon ng mga bata?

TYPE: "SELECT_ONE". 45 out of 54 respondents answered this question. (9 were without data.)

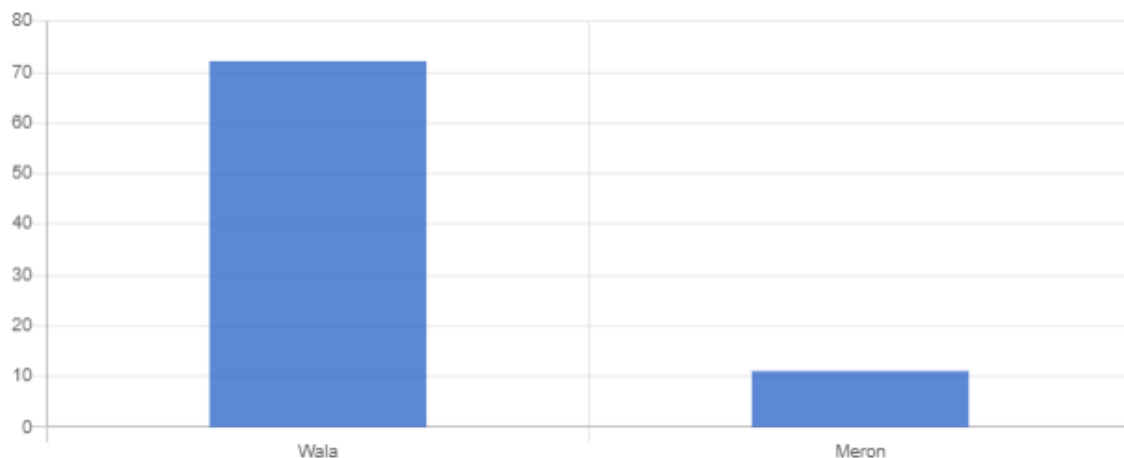


Figure 100. Indigenous women who received cash assistance for the education of students in their families during the pandemic

When indigenous women were asked if they received cash assistance for the education of students in their families during the pandemic, 72.22% answered No (*Wala*), and 11.11% answered Yes (*Meron*) [see figure above]. Nine (9) out of 54 respondents (16.67%) were unable to answer this part of the survey.

If you answered Yes to the previous question, from where did you receive cash assistance?

Kung meron, kanino galing?

TYPE: "SELECT_MULTIPLE". 6 out of 54 respondents answered this question. (48 were without data.)

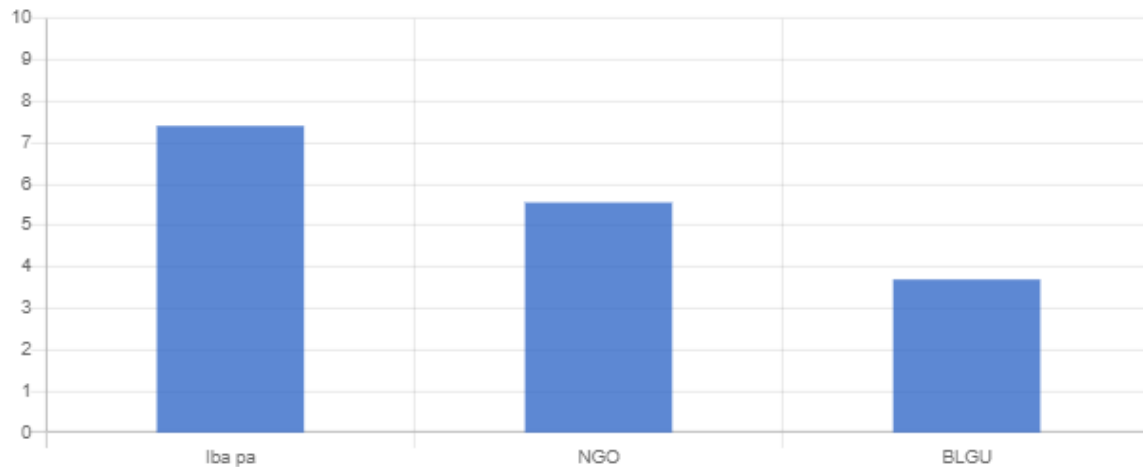


Figure 101. Sources of cash assistance for the education of students in indigenous women's families during the pandemic

When indigenous women were asked which source(s) they received cash assistance from, four (4) out of six respondents (66.67%) answered Others (*Iba pa*), three (3) out of six respondents (50%) answered Non-government Organization (NGO), and two (2) out of six respondents (33.33%) answered Barangay Local Government Unit (BLGU) [see figure above].

What are the indigenous women who stopped going to school doing now?

Sa mga kababaihang huminto sa pag-aaral, ano na ang kanilang pinagkaka-abalahan?

TYPE: "SELECT_MULTIPLE". 12 out of 54 respondents answered this question. (42 were without data.)

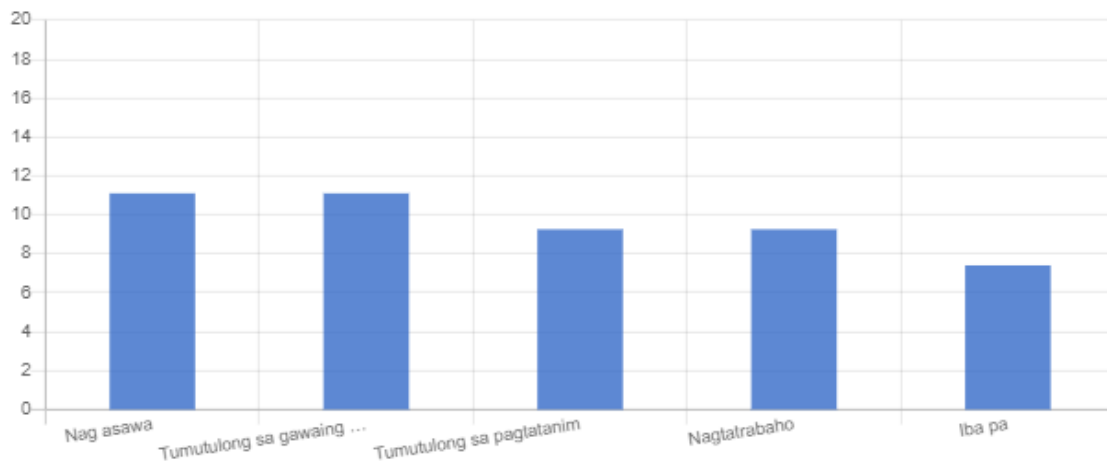


Figure 102. Situation of indigenous women who stopped going to school during the pandemic

When indigenous women were asked what they or those they know of who stopped going to school were doing now, twelve (12) out of 14 respondents (11.11%) answered Got Married (*Nag-asawa*), 11.11% answered Helping with House Chores (*Tumutulong sa Gawaing Bahay*), 9.26% answered Helping with Farming (*Tumutulong sa Pagtatanim*), 9.26% answered Working (*Nagtatrabaho*), and 7.41% answered Others (*Iba pa*).

Comparative Presentation of Data

Indigenous Women Currently Studying Pre- and During Pandemic

When asked if they have a family member or if they themselves are attending school, The table below reveals that before the pandemic, 41 or 75% of the respondents have a family member who goes to school. It can be observed that the number decreased during the pandemic.

Table 35. Indigenous women's family members attending school before the COVID-19 pandemic

Response	Pre-Pandemic		During Pandemic	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Yes	41	75.93	39	72.22
No	11	20.37	14	25.93
No Response	2	3.7	1	1.85

Indigenous Women's Education-related Expenses Pre- and During Pandemic.

Indigenous women's education-related expenses are different before and during the pandemic (see table below). Before the pandemic, indigenous women spent the most on Basic Daily Needs (*Baon*), followed by Tuition, School Supplies, Project, and Uniforms. Due to the COVID-19 pandemic, learning became either online or modular. Indigenous women who are currently studying or have at least one family member who is currently enrolled in school spent the most on Transportation, followed by the Internet, and Gadget. During the FGD, indigenous women narrated how in a modular set-up, they must travel to school on a regular basis to submit and retrieve modules for the students hence the higher transportation expense.

Table 36. Comparison of indigenous women's education-related expenses pre- and during pandemic

Rank	Pre-Pandemic			During Pandemic		
	Response	Frequency	Percentage (%)	Response	Frequency	Percentage (%)
1	Basic Daily Needs (<i>Baon</i>)	19	35.19	Transportation	32	59.26
2	Tuition Fee	11	20.37	Internet	31	57.41
3	School Supplies	8	14.81	Gadget	29	53.70
4	Transportation	7	12.96	Others (<i>lba pa</i>)	9	16.67
5	Boarding House	4	7.41	Tutor	4	7.41
6	Projects	2	3.70	-	-	-
7	Uniform	2	3.70	-	-	-
8	Others (<i>lba pa</i>)	1	1.85	-	-	-
9	No Response	0	0	No Response	10	18.52

Indigenous Women's Income Sufficiency for Education-related Expenses Pre- and During the Pandemic

When indigenous women were asked whether their income is enough to pay for education-related expenses, their responses differed before and during the pandemic (see table below). By comparison, more indigenous women believed their income did not suffice during the pandemic.

Table 37. Comparison of the sufficiency of indigenous women's income to pay for education-related expenses pre- and during the pandemic

Response	Pre-Pandemic		During Pandemic	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Yes (<i>Oo</i>)	28	51.85	17	31.48
No (<i>Hindi</i>)	22	40.74	28	51.85
No Response	4	7.41	9	16.67

4Ps Program Sufficiency in Supporting the Education of Indigenous Women's Children Pre- and During the Pandemic

When indigenous women were asked whether the cash assistance from the *Pantawid Pamilyang Pilipino* Program or 4Ps is enough to pay for their children's education, their responses differed before and during the pandemic (see table below). By comparison, more indigenous women believed that the 4Ps cash assistance did not suffice in supporting the education of their children during the pandemic. During the pandemic, there were also less indigenous women who were beneficiaries of the program.

Table 38. Comparison of 4Ps program sufficiency in supporting the education if indigenous women's children pre- and during the pandemic

Response	Pre-Pandemic		During Pandemic	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Yes (Oo)	18	33.33	16	29.63
No (<i>Hindi</i>)	4	7.41	6	11.11
Not a 4Ps Beneficiary	28	51.85	26	48.15
No Response	4	7.41	9	16.67

Indigenous Women's Sources of Income to Pay for Education-related Expenses Pre- and During the Pandemic

When indigenous women were asked which source(s) of income they use to pay for the education of students in their families, their responses differed before and during the pandemic (see table below). During the pandemic, indigenous women relied most on Both the Parent's Income to pay for education-related expenses. They also relied more on cash assistance from 4Ps during the pandemic.

Table 39. Comparison of indigenous women's sources of income to pay for education-related expenses pre-and during the pandemic

Rank	Pre-Pandemic			During Pandemic		
	Response	Frequency	Percentage (%)	Response	Frequency	Percentage (%)
1	Mother's Income (<i>Kita sa Trabaho ng Nanay</i>)	31	57.41	Both the Parents' Income (<i>Kita ng Nanay at Tatay</i>)	17	31.48
2	Father's Income (<i>Kita sa Trabaho ng Tatay</i>)	31	57.41	4Ps	16	29.63
3	4Ps	17	31.48	Mother's Income (<i>Kita sa Trabaho ng Nanay</i>)	14	25.93
4	Scholarship	10	18.52	Father's Income (<i>Kita sa Trabaho ng Tatay</i>)	14	25.93
5	Support Given By Relatives (<i>Suporta Mula sa Kamag-anak</i>)	6	11.11	Scholarship	9	16.67
6	-	-	-	Support Given by Relatives (<i>Suporta Mula sa Kamag-anak</i>)	6	11.11
	No Response	4	7.41	No Response	9	16.67

Twenty-eight (28) or 51.85% of the respondents agree that the support for the education of children is sufficient pre-pandemic and even during the lockdown. There is, however, a slight decrease in the number of respondents that says that it is not enough. Of 22, only 17 respondents felt that it is insufficient. This may be attributed to the national aid for support during the pandemic. There is a community in South Cotabato who shared that because of the pandemic, they received assistance from the government.

More than half of the participants revealed that during the pandemic, most of the students are relying on the income of their parents, but due to the lockdowns, most of them were not able to continue working, meaning they were not able to support their children's education. It is notable, however, that the number of 4Ps beneficiaries decreased during the pandemic. This is the same with the decrease in scholarship support from the government.

Analysis

The survey showed that many of the indigenous women respondents were able to finish school until college and high school levels. During the FGD, according to respondents, indigenous women are determined to study and finish their education, but expenses such as daily basic needs, tuition fees, transportation, and rent, to name a few, put a heavy burden on the family and the parents. Mothers and fathers, who, based on the survey, are often the breadwinners in the family, earn little from farming, selling farm products, or doing seasonal farming labor and informal work.

Even before the COVID-19 pandemic and lockdown, there is a significant dropout rate among indigenous youth. Considering the distance from their home to school facilities, college students have to rent a boarding house until the end of the school year or the semester. Elementary and high school students must travel long distances to reach their school, some walking for hours under the sun. While some do ride *habal-habal* or other transport vehicles, these are less preferred because of their costs, especially if needed daily. Although there is an outlier in the survey — in one community of T'boli women in Saranggani, the majority of respondents shared how it became easier for them when the school started its modular program because their transportation costs were lessened — this only highlights the difficulties they had before the pandemic that were not and are still not addressed by the government.

When indigenous young women do gain access to education, they are discriminated against by their peers and their teachers. They are given educational materials that are not culturally appropriate and that are not translated into their local or indigenous languages. There are even textbooks mandated by the Department of Education (DepEd) that promote gender stereotypes and that have minimal and incorrect information about indigenous peoples. The lack of indigenous representation in the Philippine education system, the lack of recognition of indigenous knowledge and practices, paired with the lack of accessibility of both indigenous and mainstream education limit opportunities for indigenous young women and stunt their growth, self-esteem, and self-empowerment. This also forces them to marry young and leaves them in a vicious cycle of poverty.

Indigenous young women and girls face discrimination and limitations because they are indigenous, because they are women, and because they are young. For example, Kirintiken Menuvu women and girls from Bukidnon in Mindanao are speaking out against sexual harassment in their community. They are also asserting their right to participate in discussions and decision-making processes. However, they are verbally harassed and threatened by male elders in their community because of their assertion. Therefore, it is all the more important that they have access to a feminist and a culturally appropriate education to support them in facing the hardships and challenges that come with being indigenous young women and girls.

As a result of the COVID-19 pandemic, measures have been taken globally to shut down schools at all levels and move education to the online arena, which entails a strong dependence on access to the internet and electronic gadgets. Measures such as these are bound to deepen already existing inequality and bring about major disruptions in the indigenous students' learning process. For instance, table 2 in the comparative part shows how expenses shifted during the pandemic. Due to the modular setup of education, allowances, tuition fee, school supplies, projects, and uniforms are now not part of the expenses of students. Because classes are now moved online, transportation to get the modules and bring them back to school has the highest percentage of allocation which gets 59.26% of students' expenses. Next to this is the importance of connectivity. Now, 57.41% is allocated to internet or data connection for online classes.

Rise of school dropouts during the pandemic

The survey showed how the situation of the indigenous women worsened when the COVID-19 pandemic hit. More indigenous women dropped out from school because they can no longer keep up with the new methods of education. Others reasoned discrimination and difficulty in combining work and. During the pandemic, transportation, internet, and gadgets became the top three education-related expenses when classes became online and modular — added financial burdens in a time of a pandemic, economic crisis, loss of livelihood and high unemployment.

The modular method of learning requires students to submit and retrieve their modules to and from school. Because of the already far distance between schools and indigenous communities and the restrictions in travel due to the COVID-19 lockdown, transportation expenses have become even more costly. Some indigenous students need to rent houses temporarily in the town where their school is located. In Bukidnon, Kirintiken Menuvu young women shared how the difficulty they face in attending school due to their remote location became even more apparent during the lockdown.

As for the online method of learning, classes are conducted virtually, and most indigenous women lack the necessary equipment and infrastructure, such as computers, internet connection, and even electricity, to be able to take part in online classes. During the pandemic, internet and gadgets became the top education-related expenses.

Given these circumstances, changes in the education system during the pandemic were not made accessible for indigenous peoples.

“Before, reasons for dropping out [are] distance of school from the community, where children have to cross rivers and mountains to reach the closest school. There is available transportation, but it is expensive to hire. The only way for the children to reach their schools is to walk. Due to the pandemic this problem still continued because of the need to bring back and forth the module of students to the school.”

Compounded gender inequalities to women

In the modular set-up, mothers are often the ones tasked to help their children in answering their modules. This is on top of them providing food and doing the care work for their family. Many indigenous parents also were unable to finish school and find it difficult to help their children with their modules.

One (1) T'boli respondent from Saranggani said *“Ang nakikita ko sa community na problema, kapag modular ay hirap turuan ng magulang ang mga anak nila kasi mismo ang magulang ay hindi marunong magbasa, magsulat, o mahirap yung tinuturo sa module.”*

(“The problem that I see in the community is when it is modular, it becomes difficult for parents to teach their children because the parents themselves cannot read, write, or the topic is difficult for them.”)

Lack of government support to indigenous communities

The lack of access to education has forced indigenous young women to marry early or work young and has left them in a vicious cycle of poverty. In addition to the prevalence of poverty among indigenous women, the lack of access to social services places them in an even more vulnerable situation. The survey shows that indigenous women are rarely included in social protection programs. More than half answered not being a beneficiary of 4Ps, and although this number slightly increased during the pandemic, more indigenous women still believed that the cash assistance provided by the program is insufficient in supporting the education of their children. The 4Ps or *Pantawid Pamilyang Pilipino* Program is a human development measure of the national government that provides conditional cash grants to the poorest of the poor, to improve the health, nutrition, and the education of children aged 0-18 (*Pantawid Pamilyang Pilipino* Program - Official Gazette).

During the pandemic, the lack of support by the government for indigenous women was highlighted more than ever. Despite the difficult transition to online and modular learning methods, very minimal support, if any, was given to indigenous students and their families. Indigenous women have to cross rivers and mountains to reach the nearest school, but the new normal set-up requires them to submit and retrieve modules to and from their schools weekly. Indigenous women live in far and isolated areas where there is no internet connection and signal is often weak, if there is any at all, but the new normal online set-up requires them not only to have stable connections but also a laptop or a cellphone — all without support from the government, still many choose to pursue, because of the high value placed upon education.

Recommendations

The state has the obligation to provide free, quality, and culturally appropriate education to indigenous peoples.

Policy

- Allocate DepEd resources to building accessible daycare and primary schools inside the Indigenous Peoples (IP) communities.
- Stop militarizing tribal schools. Recognize and allocate resources for tribal schools. Support indigenous learning/educational systems.
- DepEd should ensure that there is a localized and participatory curriculum development process to give space for indigenous women to share their Indigenous Knowledge Systems and Practices (IKSPs) and Indigenous Learning Systems (ILS). So that these will be included in DepEd's learning methodologies and materials.
- Fair and gender-inclusive requirements for indigenous peoples' scholarship grants.

Sectoral Monitoring of the Situation of Indigenous Women and Girls During the Pandemic: Political Participation

Katrina Marie Magtoto

Introduction

Gender norms and stereotypes restrict Filipino women from taking on leadership roles. This reality is already recognized by the Philippine government. The Magna Carta for Women and the Philippine Plan for Gender-Responsive Development are just a few of many extensive laws which mandate the Philippine government to address gender inequality and ensure equal participation of both men and women in all development interventions. However, huge gaps remain and this is especially true for indigenous women who experience multiple layers of discrimination, as women and as indigenous peoples.

Indigenous women face numerous intersecting barriers and challenges such as multiple burdens of women, discrimination, and gender-based violence which ultimately push indigenous women to become silent and limit their political participation. Their leadership is generally undermined and undervalued by mainstream society and the official legal system. Even in indigenous political structures, leadership is still mostly reserved for men.

When COVID-19 started to spread and lockdowns were imposed, indigenous women's isolation and exclusion were only amplified. At a time when they most needed it, government support and accessibility became even more scarce. Stories shared to LILAK by indigenous women show that COVID-19 is increasingly spreading in indigenous communities and compounding indigenous women's multiple burdens. Despite this, indigenous women have received very little, if any at all, COVID-19-related support, visits, or consultations from government offices, even after almost 2 years of lockdowns.

This report is made even more relevant as the Philippine National Elections are soon to be held in July of 2022. It is thus crucial to ensure women's participation in the formulation of government policies and their implementation, especially in responses to COVID-19 and in making the upcoming elections free from discrimination, corruption, and violence.

Presentation of Data

This section aims to contribute to the documentation of indigenous women's situation on the issue of political participation. This section presents the results of a survey designed to capture the perspectives and experiences of indigenous women on political participation, including facilitating, influencing, and hindering factors in their decision-making. The authors also share here their recommendations for improving government interventions towards promoting and protecting indigenous women's right to participate meaningfully in development.

PRE-PANDEMIC

Which character traits do you think a leader should have?

Ano sa tingin mo ang dapat katangian ng isang lider?

TYPE: "SELECT_MULTIPLE". 52 out of 54 respondents answered this question. (2 were without data.)

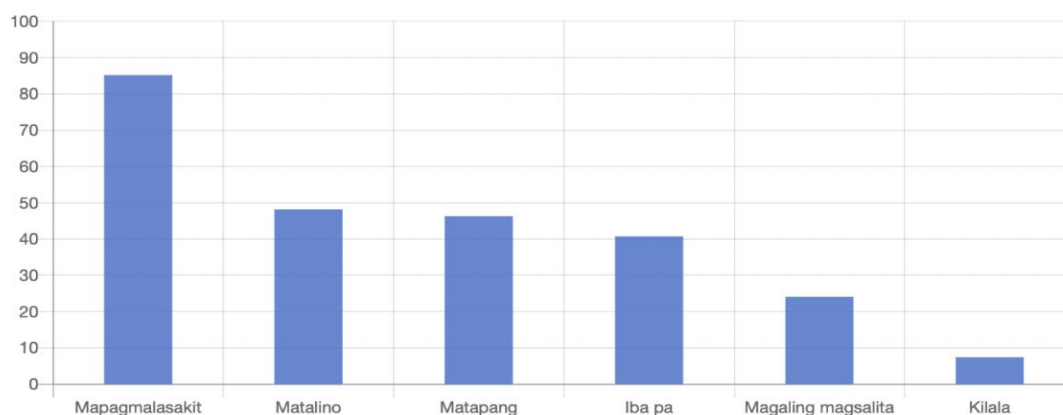


Figure 103. Character traits indigenous women a leader should have

When indigenous women were asked which character traits a leader should have, 85.19% answered 'Caring (*Mapagmalasakit*)', 48.15% answered 'Smart (*Matalino*)', 46.3% answered 'Brave (*Matapang*)', 40.74% answered 'Others (*Iba Pa*)', 24.07% answered 'Articulate (*Magaling Magsalita*)'²³, and 7.41% answered 'Well-known (*Kilala*)'. Two (2) out of 54 (3.70%) respondents were unable to answer this part of the survey. Those who answered 'Others (*Iba Pa*)' said that a leader should also have the following traits: 'Articulate (*Magaling Magsalita*)', and 7.41% answered 'Well-known (*Kilala*)'. Two (2) out of 54 (3.70%) respondents were unable to answer

²³ 'Magaling magsalita' could also mean 'charismatic' in Filipino

this part of the survey. Those who answered 'Others (*Iba Pa*)' said that a leader should also have the following traits:

- Patient;
- Disciplined;
- Good follower;
- Does not deprive women of their rights;
- Godly;
- Humane;
- Merciful;
- Respects human rights;
- Sees and focuses on the problem and limitations of tribes, especially in ensuring that land is given to them;
- Considers the welfare of people;
- Not corrupt;
- Fulfills their promises;
- Able to look into multiple issues;
- Focuses on the big and important issues;
- Person of action;
- Humble;
- Forgiving;
- Takes accountability for their own wrongdoings;
- Respects and recognizes indigenous peoples and their lands;
- Loving;
- Good listener;
- Understanding; and
- Able to get along with everyone.

Gender Composition of Leaders

In your community, what is the gender of your leaders?

Sa inyong komunidad, ano ang kasarian ng mga lider?

TYPE: "SELECT_MULTIPLE". 52 out of 54 respondents answered this question. (2 were without data.)

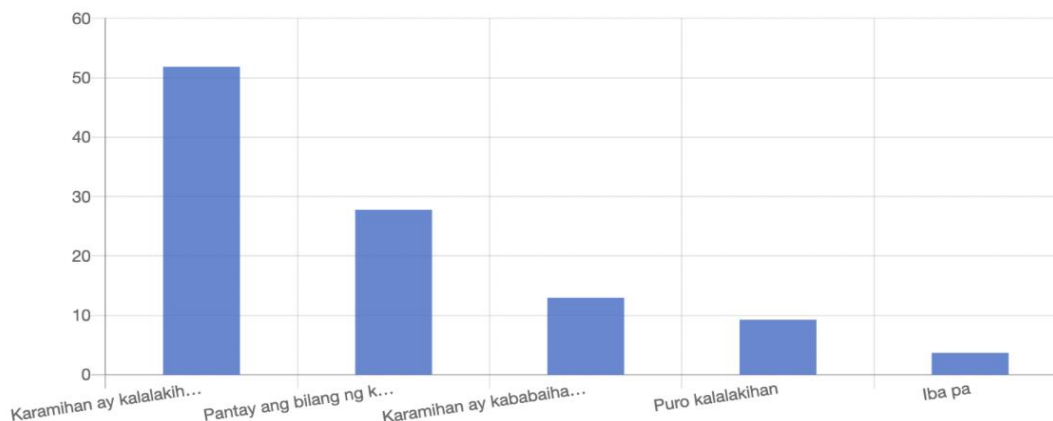


Figure 104. Gender composition of indigenous women's communities

When indigenous women were asked about the gender composition of leaders in their communities, 51.85% answered 'Most are men, but there are also a few women (*Karamihan ay kalalakihan at iilan lamang ang kababaihan*)', 27.75% answered 'Leadership positions are occupied equally by both men and women (*Pantay ang bilang ng kalalakihan at kababaihan*)', 12.96% answered 'Most are women, but there are also a few men (*Karamihan ay kababaihan at iilan lamang ang kalalakihan*)', 9.26% answered 'Almost all are men (*Puro kalalakihan*)', and 3.7% answered 'Others (*Iba pa*)' although did not specify. Two (2) out of 54 (3.7%) respondents were unable to answer this part of the survey.

Promotion of Women's Rights and Gender Equality

Do leaders in your community promote women's rights and gender equality?

Sinusulong ba ng mga lider sa komunidad mo ang karapatan ng mga kababaihan at pagkapantay-pantay ng mga kasarian?

TYPE: "SELECT_MULTIPLE". 51 out of 54 respondents answered this question. (3 were without data.)

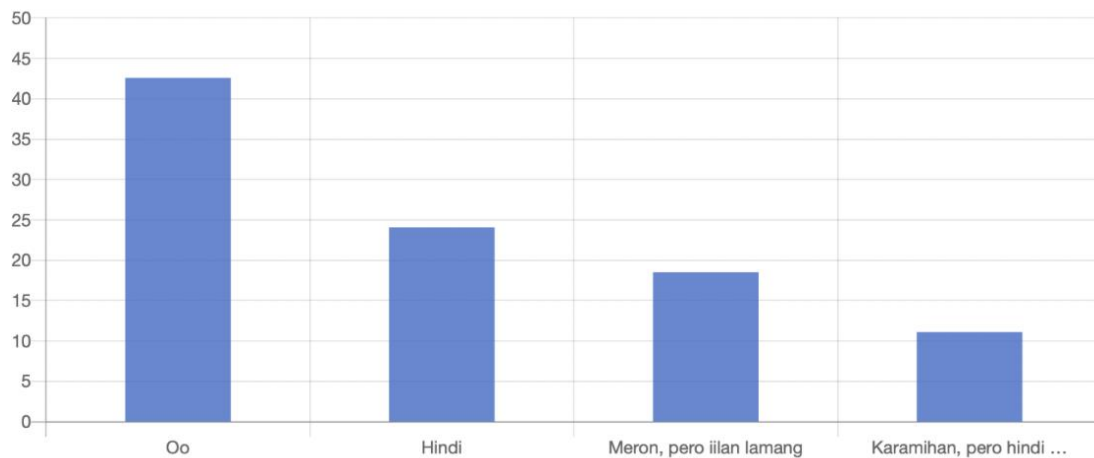


Figure 105. Promotion of women's rights and gender equality by leaders in indigenous women's communities

When asked whether leaders in their communities promote women's rights and gender equality, 42.59% indigenous women answered 'Yes (*Oo*)', 24.07% answered 'No (*Hindi*)', 18.52% answered 'There are, but they are few (*Meron, pero iilan lamang*)', and 11.11% answered 'Most do, but not all (*Karamihan, pero hindi lahat*)'. Three (3) out of 54 (5.56%) respondents were unable to answer this part of the survey.

In your opinion, do current leaders in government promote indigenous women's rights?

Indigenous Women's Accessibility to Local Governance

Can you rely on your local government to solve problems in your community?

Nalalapitan mo ba ang mga pinuno sainyong lokal na pamahalaan para tumulong sa paglutas ng mga problemamo o ng komunidad ninyo?

TYPE: "SELECT_ONE". 50 out of 54 respondents answered this question. (4 were without data.)

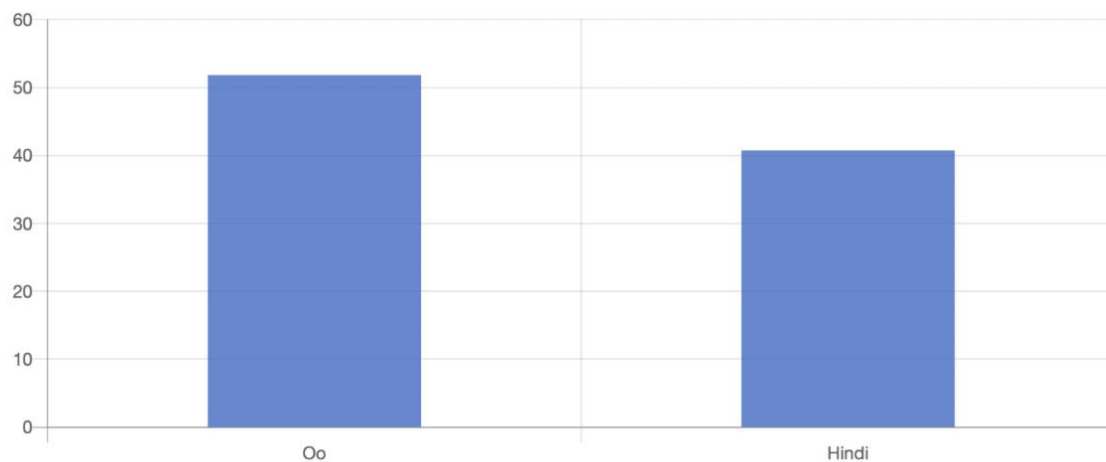


Figure 106. Reliability of local governments for indigenous women

When indigenous women were asked whether they can rely on local government representatives to solve problems in their communities, 51.85% answered 'Yes (*Oo*)', and 40.74% answered 'No (*Hindi*)'. Four (4) out of 54 (7.41%) respondents were unable to answer this part of the survey.

Indigenous Women and Elections

Has there been a woman from your community who ran for office in previous elections, local or national, that you know of?

Mayroon bang babae mula sa inyong komunidad ang tumakbo sa mga nakaraang halalan, lokal man o national?

TYPE: "SELECT_ONE". 51 out of 54 respondents answered this question. (3 were without data.)

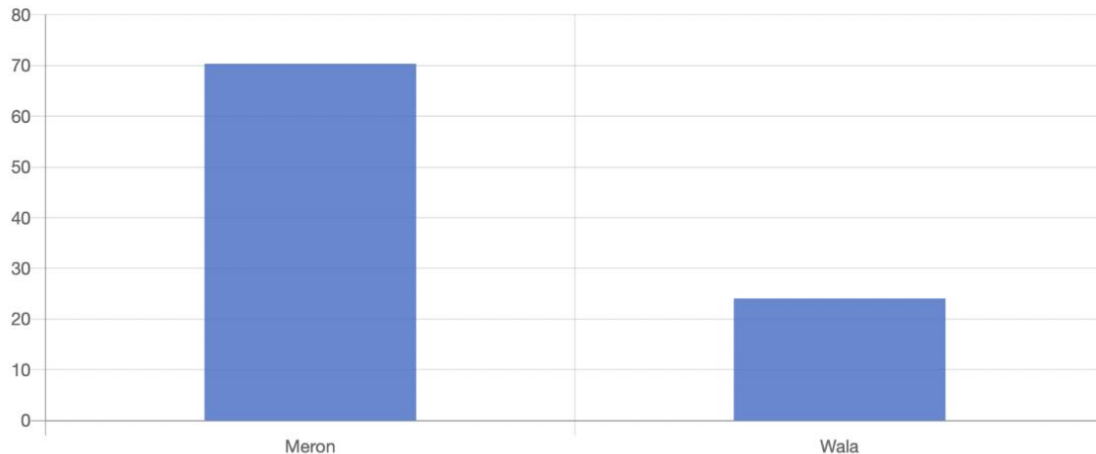


Figure 107. Indigenous women who have run for office in previous local or national elections

When asked whether they know of a woman who has run for office in previous elections, local or national, 70.37% answered 'Yes, there are (*Meron*)', and 24.07% answered 'None (*Wala*)'. Three (3) out of 54 (5.56%) respondents were unable to answer this part of the survey.

In your opinion, are there enough women in government leadership positions?

Sa pananaw mo, sapat ba ang bilang ng mga kababaihan na lider sa pamahalaan?

TYPE: "SELECT_ONE". 49 out of 54 respondents answered this question. (5 were without data.)

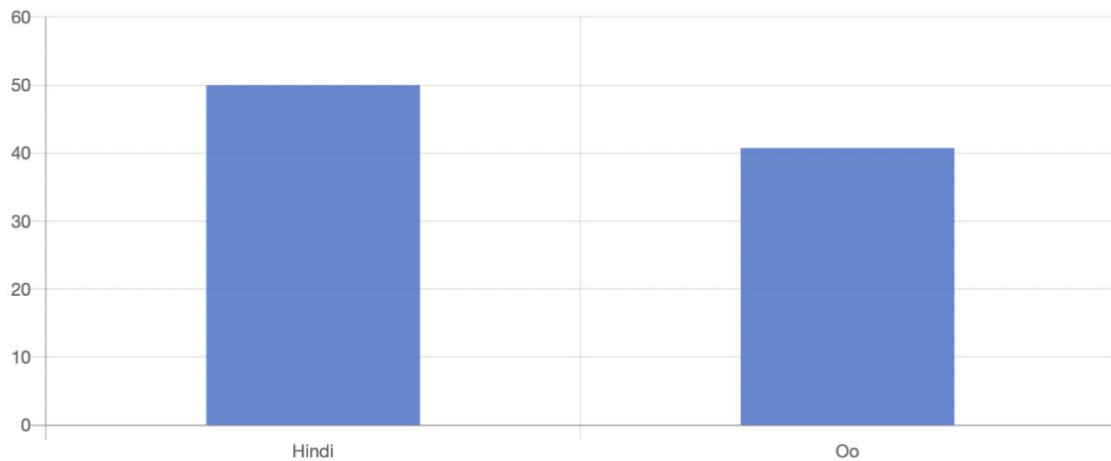


Figure 108. Adequacy of the number of women in government leadership positions

When indigenous women were asked whether they believe the number of women in government leadership positions is enough, 50% answered 'No (*Hindi*)', and 40.74% answered 'Yes (*Oo*)'. Five (5) out of 54 (9.26%) respondents were unable to answer this part of the survey.

Are you a registered voter?

Ikaw ba ay rehistradong botante?

TYPE: "SELECT_ONE". 48 out of 54 respondents answered this question. (6 were without data.)

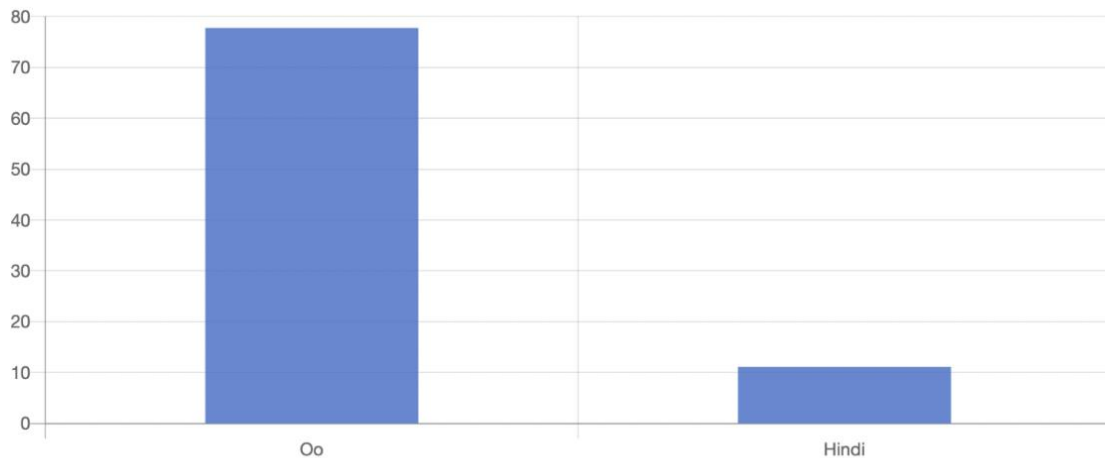


Figure 109. Indigenous women registered voters

When indigenous women were asked whether they are registered voters, 77.78% answered 'Yes (*Oo*)', and 11.11% answered 'No (*Hindi*)'. Six (6) out of 54 (11.11%) respondents were unable to answer this part of the survey.

One of the respondents who is not registered yet said that her reason for not registering is a fear of being discriminated against if she does so, while another respondent cited the unclear process of voting and registration.

If you answered ‘Yes’ to the previous question, are you registered in the barangay where you live in?

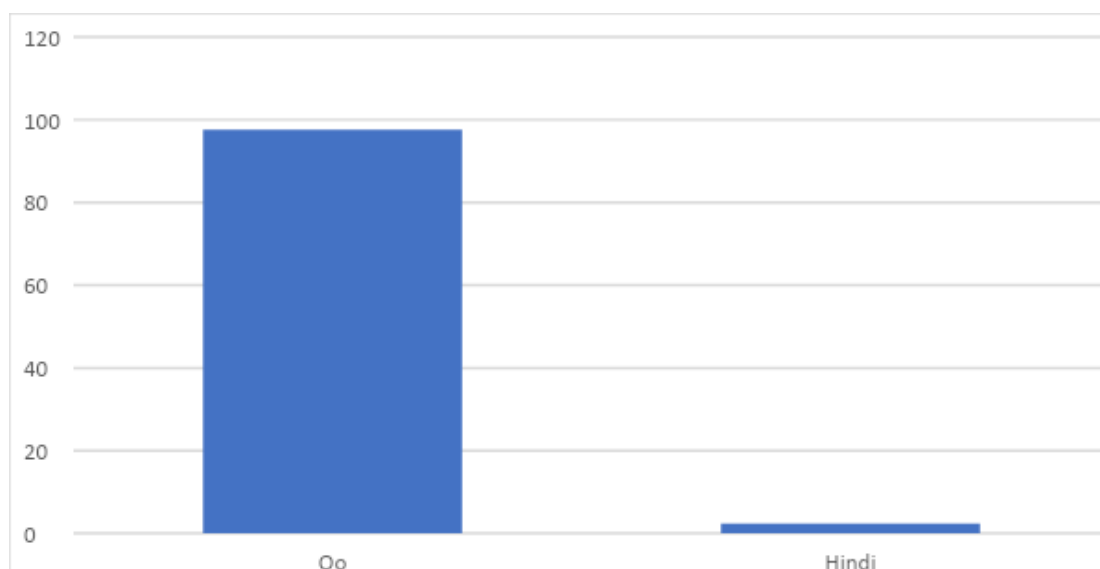


Figure 110. Indigenous women registered voters in the barangay where they live in

When indigenous women registered voters were asked whether they are registered in the barangay they live in, 97.62% answered ‘Yes (*Oo*)’, and only one (1) or 2.38% answered ‘No (*Hindi*)’. All 42 respondents were able to answer this part of the survey.

Have you voted?

Nakaboto ka na ba?

TYPE: "SELECT_ONE". 48 out of 54 respondents answered this question. (6 were without data.)

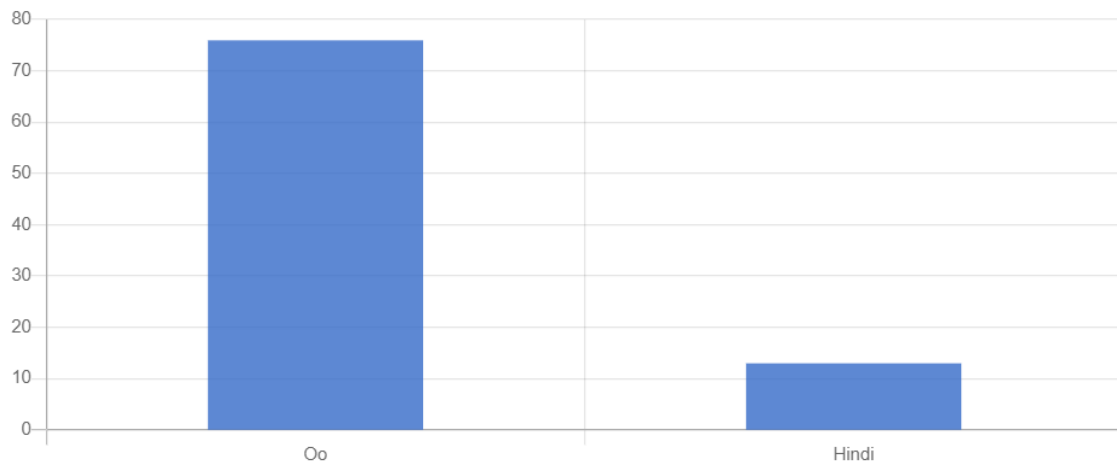


Figure 111. Indigenous women who have voted

When indigenous women were asked whether they have voted before, 75.93% answered 'Yes (*Oo*)', and 12.96% answered 'No (*Hindi*)'. Six (6) out of 54 (11.11%) respondents were unable to answer this part of the survey.

Respondents who answered 'No' to this question are not yet registered voters. During the FGD, it was found that only one of the registered voters answered 'No' to Question 10 and cited being newly registered as her reason for not yet voting.

If you answered ‘Yes’ to the previous question, which government positions have you voted for?

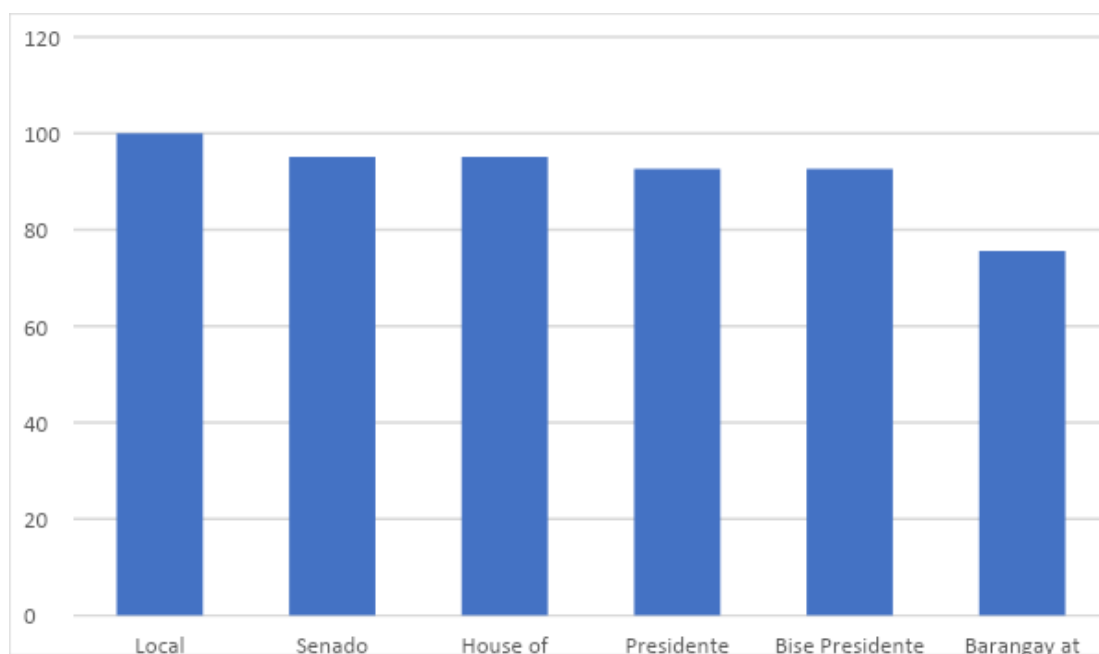


Figure 112. Government positions indigenous women have voted for

When indigenous women were asked which government positions they have voted for, 100% answered ‘Local’²⁴, 95.12% answered ‘Senate (*Senado*)’, 95.12% answered ‘House of Representatives’, 92.68% answered ‘President (*Presidente*)’, 92.68% answered ‘Vice President (*Bise Presidente*)’, and 75.61% answered ‘Barangay Officials and Members of the Youth Council (*Barangay at Sangguniang Kabataan*)’. All 41 respondents were able to answer this part of the survey

²⁴ ‘Local’ means city, municipal, or provincial levels of government

If you answered ‘Yes’ to the previous question, who or what influences your decision in who to vote for?

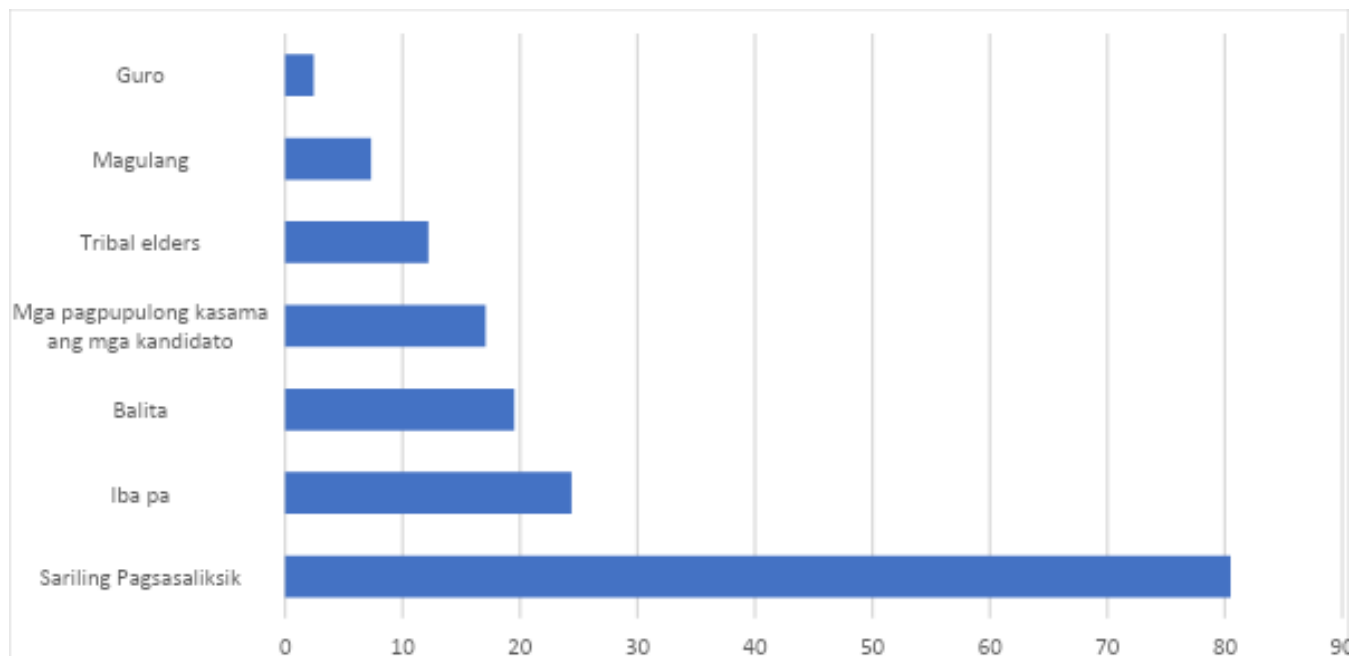


Figure 113. Indigenous women’s influences in voting

When indigenous women registered voters were asked who or what influences their decision in who to vote for, 80.49% answered ‘Own research (*Sariling pagsasaliksik*)’, 24.39% answered ‘Others (*Iba pa*)’, 19.51% answered ‘News (*Balita*)’, 17.07% answered Dialogues with candidates (*Mga pagpupulong kasama ang mga kandidato*)’, 12.20% answered ‘Tribal elders’, 7.32% answered ‘Parents (*Magulang*)’, and only one (1) or 2.44% answered ‘Teacher (*Guro*)’. All 41 respondents were able to answer this part of the survey. Some of those who answered ‘Others (*Iba Pa*)’ said that they are influenced by the debates they have with their family, some did not specify.

In your community, who decides who to vote for?

Sa loob ng komunidad, sino ang nag dedesisyon kung sino ang iboboto?

TYPE: "SELECT_MULTIPLE". 48 out of 54 respondents answered this question. (6 were without data.)

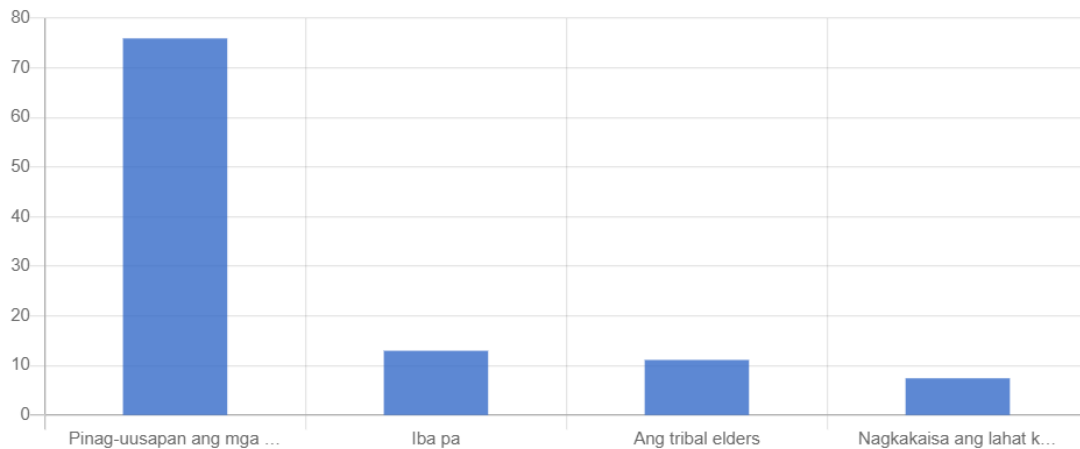


Figure 114. Decision-makers and decision-making processes in indigenous communities during election

When indigenous women were asked who in their communities decides who they are going to vote for, 75.93% answered that 'Even though they conduct dialogues on candidates and the election, the decision on who to vote for belongs to the family or individual (*Pinag-uusapan ang mga kandidato at eleksyon pero desisyon ng bawat pamilya o indibidwal kung sino ang iboboto*)', 12.96% answered 'Others (*Iba pa*)' although did not specify, 11.11% answered 'Tribal elders', and 7.41% 'Everyone unites in who to vote for (*Nagkakaisa ang lahat kung sino ang iboboto*)'. Six (6) out of 54 (11.11%) respondents were unable to answer this part of the survey.

In your family, who decides who to vote for?

Sa loob ng pamilya, sino ang nag dedesisyon kung sino ang iboboto?

TYPE: "SELECT_MULTIPLE". 48 out of 54 respondents answered this question. (6 were without data.)

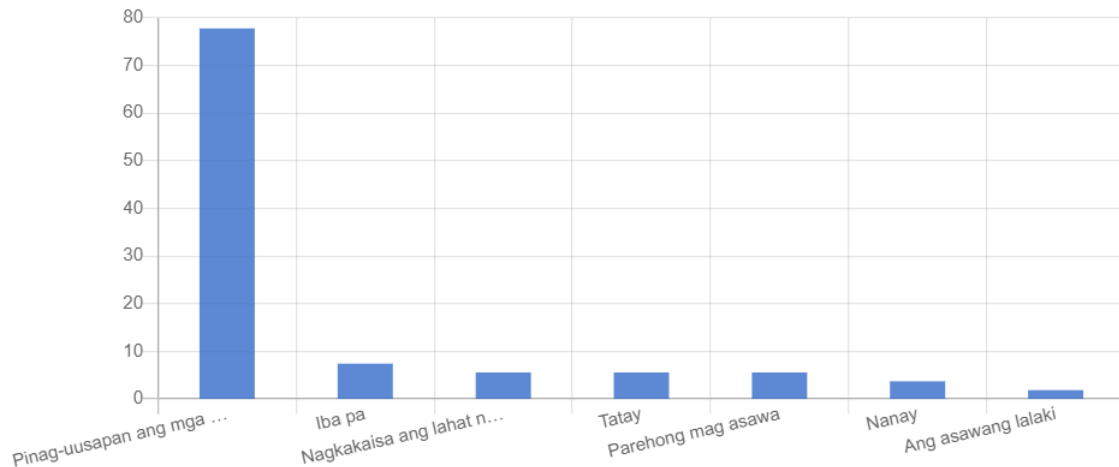


Figure 115. Decision-makers and decision-making processes in indigenous families during election

When indigenous women were asked who in their families decides who they are going to vote for, 77.78% answered 'Even though they conduct dialogues on candidates and the election, the decision on who to vote for belongs to the family or individual (*Pinag-uusapan ang mga kandidato at eleksyon pero desisyon ng bawat pamilya o indibidwal kung sino ang iboboto*)', 7.41% answered 'Others (*Iba pa*)' although did not specify, 5.56% answered 'Everyone unites in who to vote for (*Nagkakaisa ang lahat kung sino ang iboboto*)', 5.56% answered 'Father (*Tatay*)', 5.56% answered 'Both spouses or parents (*Parehong mag-asawa*)', 3.7% answered 'Mother (*Nanay*)', and only one (1) answered 'Husband (*Ang asawang lalaki*)'. Six (6) out of 54 (11.11%) respondents were unable to answer this part of the survey.

If you answered ‘Yes’ to the previous question, in your experience has anyone you voted for being able to help in the development of your community and in the advancement of indigenous peoples’ rights?

Iba pa sa iyong karanasan, mayroon ba sa mga binoto mo ang nakatulong sa pagpapa-unlad ng inyong lugar at pagsusulong ng karapatan ng mga katutubo?

TYPE: "SELECT_ONE". 41 out of 54 respondents answered this question. (13 were without data.)



Figure 116. Electoral candidates who helped in indigenous communities’ development and in the advancement of indigenous peoples’ rights

When indigenous women were asked whether a candidate they voted for has helped in the development of their community and in the advancement of indigenous peoples’ rights, 51.22% answered ‘Yes, there is/are (*Meron*)’, 41.46% answered ‘None (*Wala*)’, and 7.32% answered ‘Others (*Iba pa*)’ [Erratum: Option 3 was mislabeled and is supposed to be ‘Iba Pa’ or ‘Others’]. All 41 respondents were able to answer this part of the survey.

If you answered 'Yes' to the previous question, which elected officials were able to help?

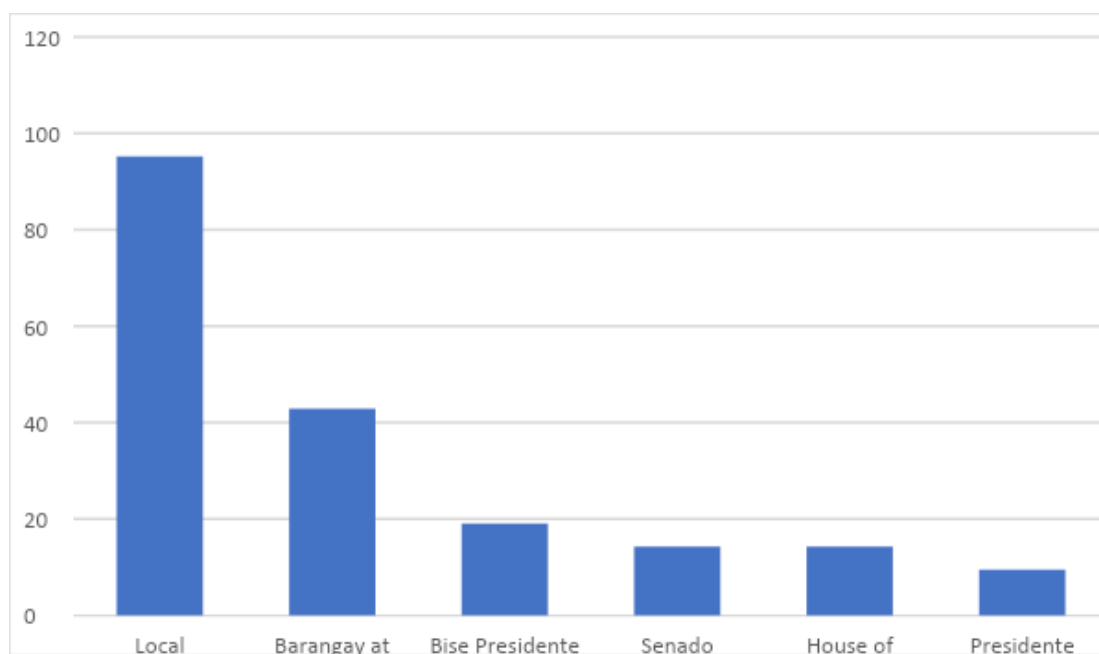


Figure 117. Elected officials who helped in the development of indigenous communities and in the advancement of indigenous peoples' rights

When indigenous women were asked which elected officials helped in the development of indigenous communities and in the advancement of indigenous peoples' rights, 95.24% answered 'Local', 42.86% answered 'Barangay Officials and the Youth Council (*Barangay at Sangguniang Kabataan*)', 19.05% answered 'Vice President (*Bise Presidente*)', 14.29% answered 'Senate (*Senado*)', 14.29% answered 'House of Representatives', and 9.52% answered 'President (*Presidente*)'. All 21 respondents were able to answer this part of the survey.

Have you participated in elections in other ways aside from voting?

Ikaw ba ay nakikilahok sa eleksyon sa iba pang paraan, bukod sa pagboto?

TYPE: "SELECT_MULTIPLE". 43 out of 54 respondents answered this question. (11 were without data.)

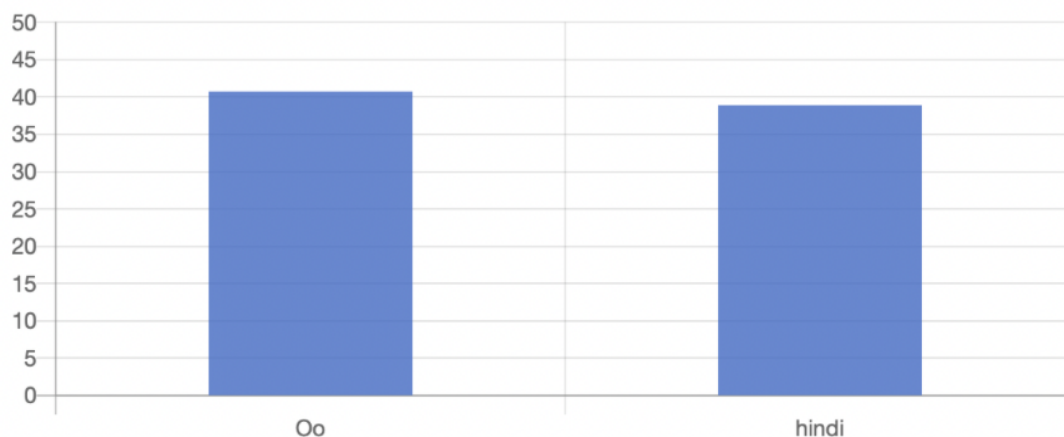


Figure 118. Indigenous women's other ways of participating in elections aside from voting

When indigenous women were asked if they participated in elections through other means aside from voting, 40.74% answered 'Yes (*Oo*)', and 38.89% answered 'No (*Hindi*)'. Eleven (11) out of 54 (20.37%) respondents were unable to answer this part of the survey.

If you answered ‘Yes’ to the previous question how else did you participate in elections aside from voting?

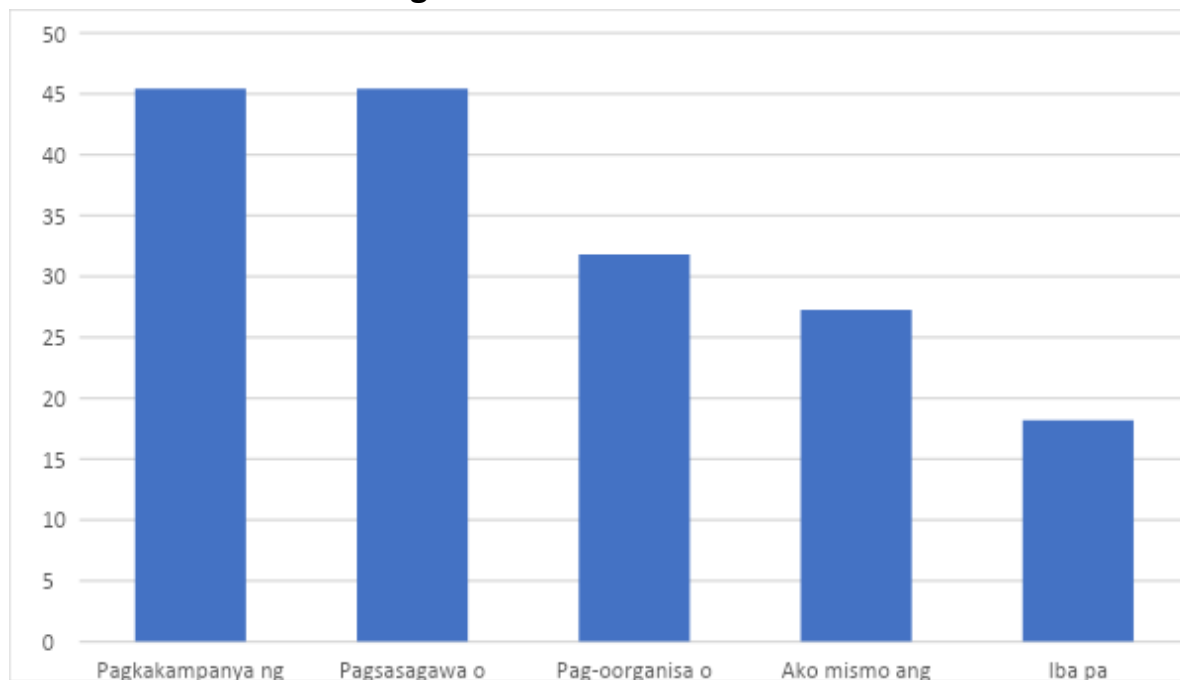


Figure 119. Other ways aside from voting indigenous women participated in elections

When indigenous women were asked what activities they participated in aside from voting during elections, 45.45% answered ‘Campaigning of candidates (*Pagkakampanya ng mga kandidato*)’, 45.45% answered ‘Organizing or participating in discussions about candidates and the election (*Pagsasagawa o pakikilahok sa mga diskusyon tungkol sa mga kandidato at eleksyon*)’, 31.82% answered ‘Organizing or participating in the crafting of the electoral agenda of different sectors (*Pag-oorganisa o pakikilahok sa mga pagbuo ng electoral agenda ng mga sektor*)’, 27.27% answered ‘I am running as an electoral candidate (*Ako mismo ang tumatakbo bilang kandidato*)’, and 18.18% answered ‘Others (*Iba pa*)’ although did not specify. One (1) out of 22 (4.55%) respondents were unable to answer this part of the survey.

If you were given an opportunity to run for office, will you participate in the election this way?

Kung ikaw ay magkaroon ng pagkakataon na tumakbo sa eleksyon, lalahok ka ba sa ganitong paraan?

TYPE: "SELECT_MULTIPLE". 40 out of 54 respondents answered this question. (14 were without data.)

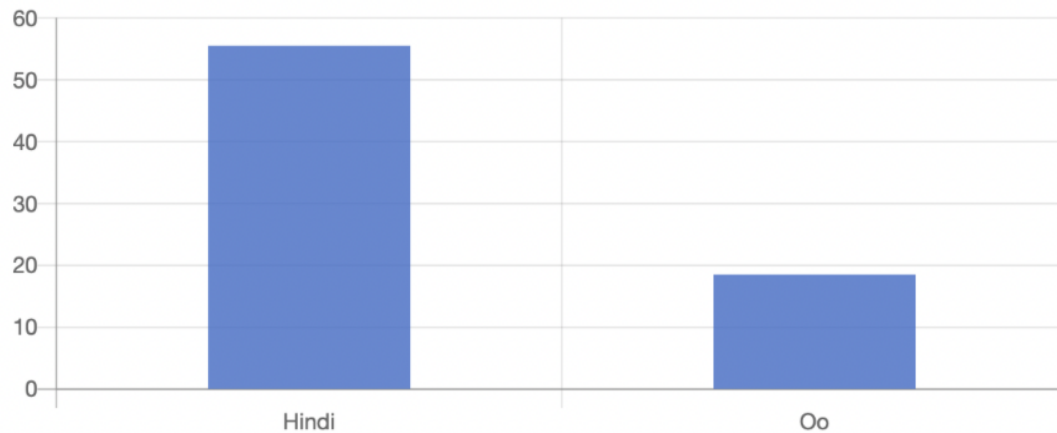


Figure 120. Indigenous women who will run for office if given the opportunity

When indigenous women were asked whether they would run for office if given the opportunity, 55.56% answered 'No (*Hindi*)', and 18.51% answered 'Yes (*Oo*)'. Fourteen (14) out of 54 (25.93%) respondents were unable to answer this part of the survey.

If you answered 'No' to the previous question, why?

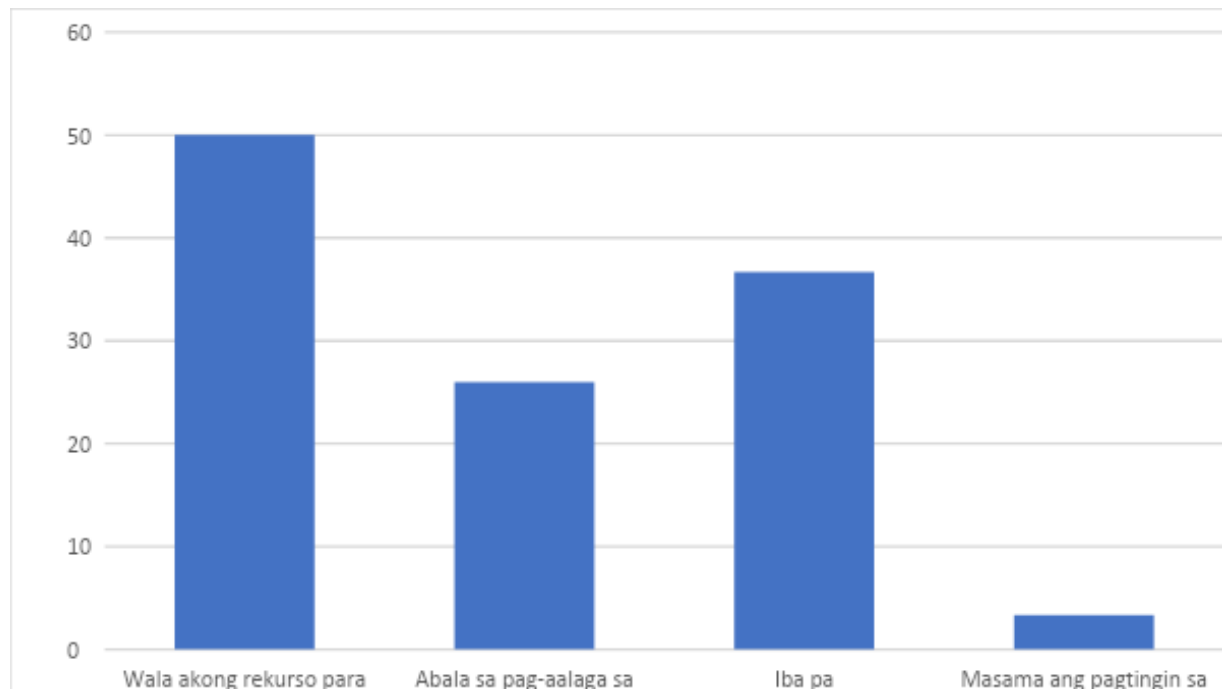


Figure 121. Reasons why indigenous women would not run for office if given the opportunity

When indigenous women were asked why they would not run for office despite being given an opportunity, 50% answered 'I have no resources to join the election (*Wala akong mga rekurso para makalahok sa eleksyon*)', 26% answered 'Too busy caring for family (*Abala sa pag-aalaga ng pamilya*)', 36.67% answered 'Others (*Iba pa*)' although did not specify, one (1) or 3.33% answered 'Women participating in politics is frowned upon in our community (*Masama ang pagtingin sa pakikilahok ng mga kababaihan sa politika sa aming komunidad*)', and one (1) or 3.33% answered 'No permission from family (*Walang permiso mula sa pamilya*)'. All 30 respondents were able to answer this part of the survey.

DURING PANDEMIC

Promotion of Women's Rights and Gender Equality

In the time of the COVID-19 pandemic, are leaders in your community working towards the advancement of women's rights and gender equality?

Sa panahon ng pandemya, naisusulong pa ba ng mga lider sa komunidad mo ang karapatan ng mga kababaihan at pagkapantay-pantay ng mga kasarian?

TYPE: "SELECT_ONE". 43 out of 54 respondents answered this question. (11 were without data.)

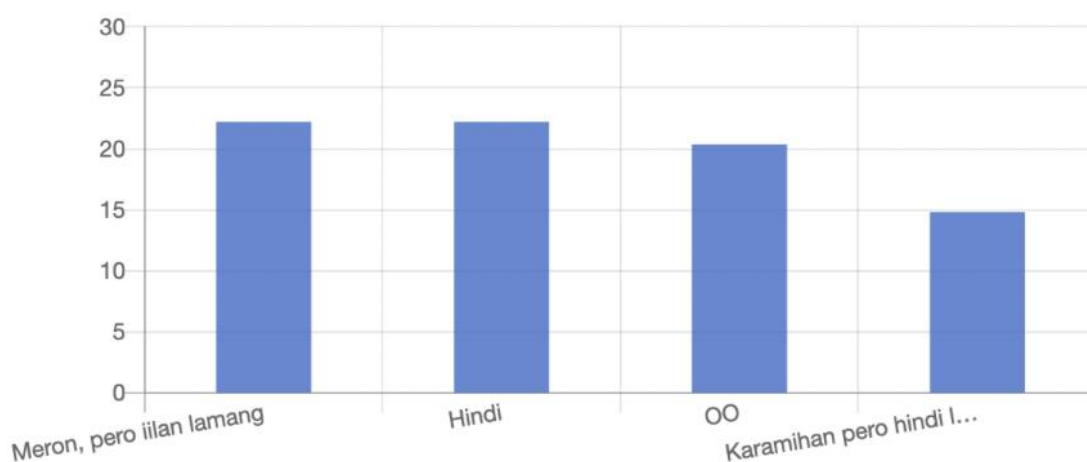


Figure 122. Leaders in indigenous women's communities working towards the advancement of women's rights and gender equality

When indigenous women were asked whether leaders in their community are working towards the advancement of women's rights and gender equality during the time of the COVID-19 pandemic, 22.22% answered 'Yes, there are, but only a few (*Meron, pero iilan lamang*)', 22.22% answered 'No (*Hindi*)', 20.37% answered 'Yes (*Oo*)', and 14.81% answered 'Most do, but not all (*Karamihan pero hindi lahat*)'. Eleven (11) out of 54 (20.37%) respondents were unable to answer this part of the survey.

In your opinion, do current leaders in government promote indigenous women's rights during the time of the COVID-19 pandemic?

Sa iyong pananaw, naisusulong ba ng mga kasalukuyang namumuno sa pamahalaan ang karapatan ng mga katutubong kababaihan sa panahon ng pandemya?

TYPE: "SELECT_MULTIPLE". 43 out of 54 respondents answered this question. (11 were without data.)



Figure 123. Leaders in government promoting indigenous women's rights and gender equality during the COVID-19 pandemic

When indigenous women were asked whether they think current leaders in government are promoting indigenous women's rights and gender equality, 25.93% answered 'No (*Hindi*)', 22.22% answered 'Yes (*Oo*)', 18.52% answered 'Yes, there are, but only a few (*Meron, pero iilan lamang*)', 11.11% answered 'Most of them, but not all (*Karamihan, pero hindi lahat*)', and 3.7% answered 'Others (*Iba pa*)' although did not specify. Eleven (11) out of 54 (20.37%) respondents were unable to answer this part of the survey.

If there are women leaders in your community, do you think they bring the voices and agenda of women to public discussions and decision-making processes during the time of the COVID-19 pandemic?

Kung meron mga babaeng lider sa inyong komunidad, nabibitbit ba nila ang boses o kapakanan ng mga kababaihan sa mga pagpupulong at pagdedesisyon ngayong panahon ng pandemya?

TYPE: "SELECT_ONE". 44 out of 54 respondents answered this question. (10 were without data.)

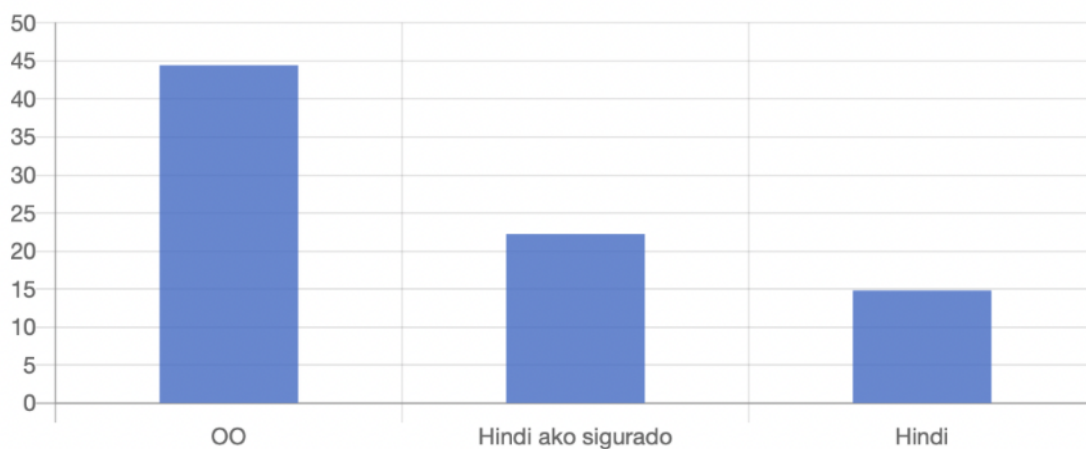


Figure 124. Women leaders in indigenous communities bringing voices and agenda of women to public discussions and decision-making processes during the COVID-19 pandemic

When indigenous women were asked whether women leaders in their communities are bringing voices and agenda of women to public discussions and decision-making processes during the COVID-19 pandemic, 44.44% answered 'Yes (*Oo*)', 22.22% answered 'I'm not sure (*Hindi ako sigurado*)', and 14.81% answered 'No (*Hindi*)'. Ten (10) out of 54 (18.52%) respondents were unable to answer this part of the survey.

Indigenous Women's Accessibility to Governance

In the time of the COVID-19 pandemic and lockdown, can you rely on your local government to solve problems in your community?

Sa panahon ng lockdown, nalalapitan mo pa ba ang mga lider ng komunidad mo para tumulong sa paglutas ng mga problema mo?

TYPE: "SELECT_ONE". 44 out of 54 respondents answered this question. (10 were without data.)

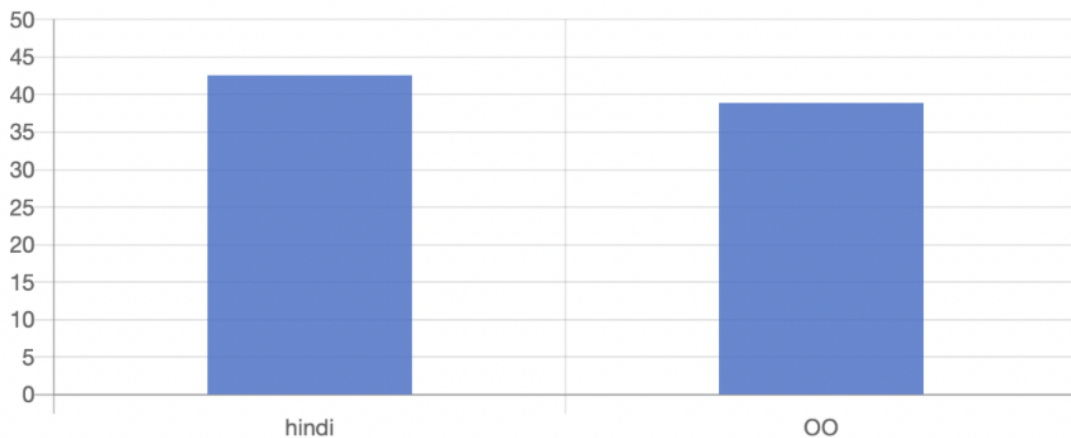


Figure 125. Reliability of local governments for indigenous women during the COVID-19 pandemic

When indigenous women were asked whether they can rely on their local governments to solve their problems in their communities during the time of the COVID-19 pandemic and lockdown, 42.59% answered 'No (*Hindi*)', and 38.89% answered 'Yes (*Oo*)'. Ten (10) out of 54 (18.52%) respondents were unable to answer this part of the survey.

Indigenous Women and Elections

Is there a woman from your community planning to run for office in the 2022 local and national election?

Mayroon bang babae mula sa inyong komunidad ang balak tumakbo sa mga parating na halalan sa 2022, lokal man o national?

TYPE: "SELECT_ONE". 40 out of 54 respondents answered this question. (14 were without data.)

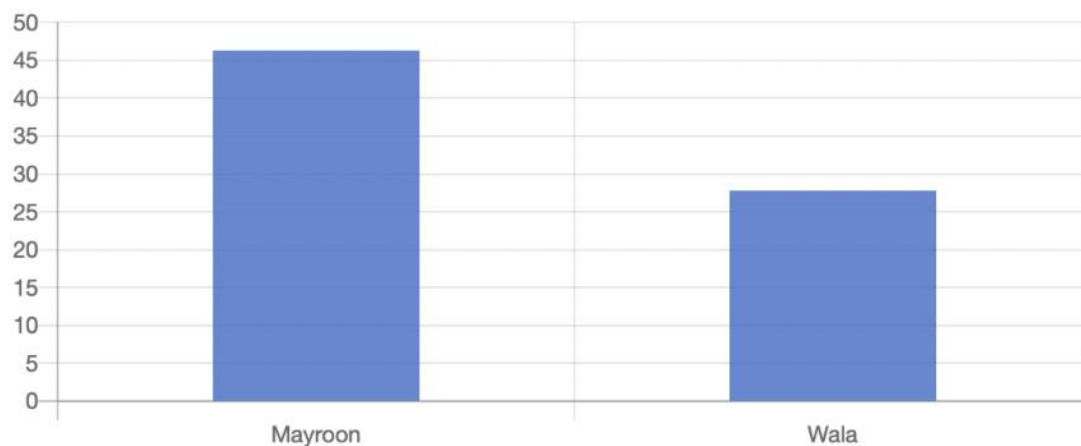


Figure 126. Indigenous women who will run for office in the 2022 local and national election

When indigenous women were asked whether they know of a woman from their community who is planning to run for office in the 2022 local and national election, 46.3% answered 'Yes, there is/are (*Mayroon*)', and 27.78% answered 'None (*Wala*)'. Fourteen (14) out of 54 (25.93%) respondents were unable to answer this part of the survey.

Do you plan on voting in the 2022 national election?

Ikaw ba ay may balak bumoto sa parating na pambansang halalan sa 2022?

TYPE: "SELECT_ONE". 42 out of 54 respondents answered this question. (12 were without data.)

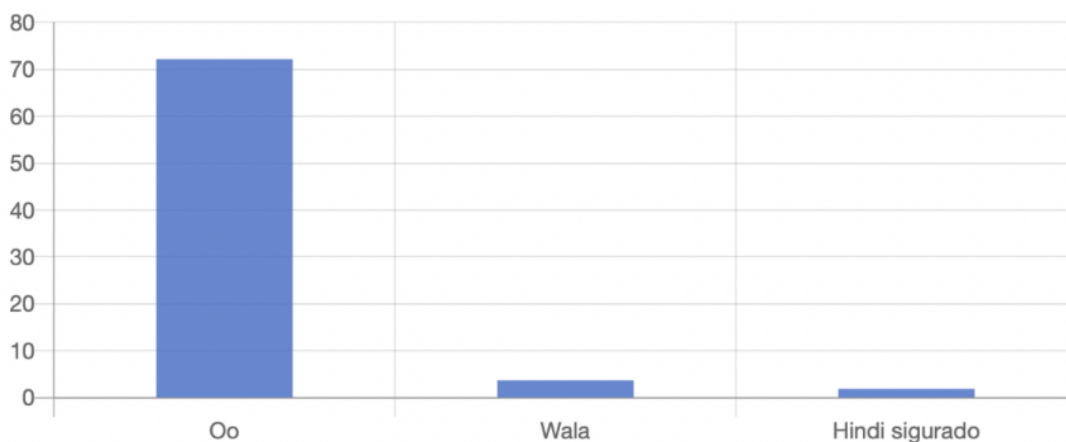


Figure 127. Indigenous women who plan to vote in the 2022 national election

When indigenous women were asked whether they plan to vote in the 2022 national election, 72.22% answered 'Yes (*Oo*)', 3.7% answered 'No (*Wala*)', and one (1) or 1.85% answered 'Not sure' (*Hindi sigurado*). Twelve (12) out of 54 (22.22%) respondents were unable to answer this part of the survey.

During the FGD, the reasons indigenous women mentioned for not voting or not being sure if they will vote were; the unclear process of voting or registration, as well as their fear of being discriminated against.

If you answered ‘Yes’ to the previous question, which government positions do you plan to vote in?

Kung oo, alin sa mga antas ng gobyerno ang iyong binotohan:

TYPE: "SELECT_MULTIPLE". 38 out of 54 respondents answered this question. (16 were without data.)

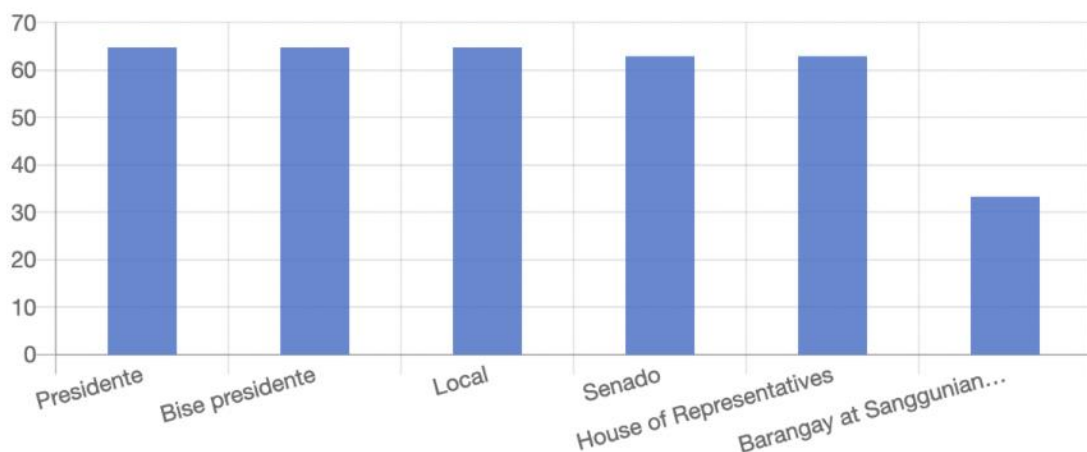


Figure 128. Government positions indigenous women plan to vote in during the 2022 local and national election

When indigenous women were asked which government positions they plan to vote in during the 2022 local and national election, 89.74% answered ‘President (*Presidente*)’, 89.74% answered ‘Vice President (*Bise Presidente*)’, 89.74% answered ‘Local’, 87.18% answered ‘Senate (*Senado*)’, 87.18% answered ‘House of Representatives’, and 46.15% answered ‘Barangay Officials and Members of the Youth Council (*Barangay at Sangguniang Kabataan*)’. One (1) out of 39 (2.56%) respondents were unable to answer this part of the survey.

Who or what will influence your decision on who to vote for during the 2022 local and national elections?

Sino o ano ang nag-impluwensya sayo kung sino ang iboboto mo sa parating na eleksyon?

TYPE: "SELECT_MULTIPLE". 42 out of 54 respondents answered this question. (12 were without data.)

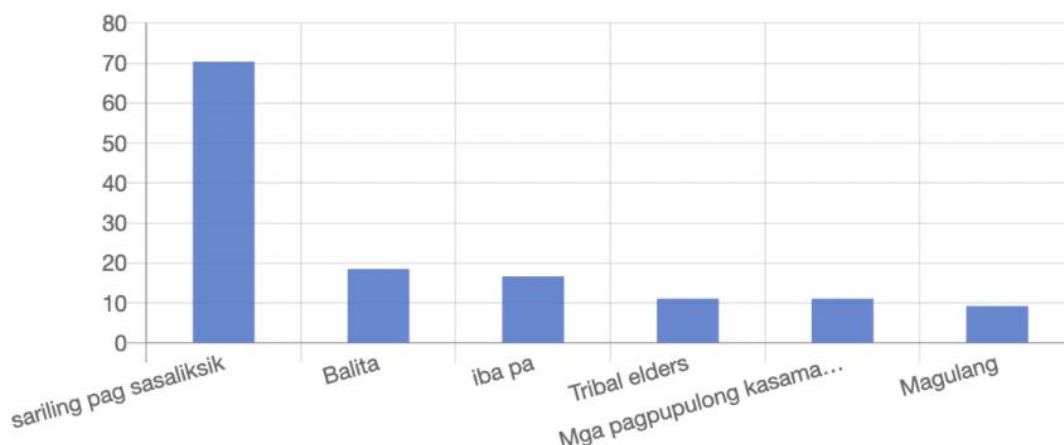


Figure 129. Indigenous women's influences in who to vote for the 2022 local and national election

When indigenous women were asked who or what influences their decision in who to vote for the 2022 local and national election, 70.37% answered 'Own research (*Sariling pagsasaliiksik*)', 18.52% answered 'News (*Balita*)', 16.67% answered 'Others (*Iba pa*)' although did not specify, 11.11% answered 'Tribal elders', 11.11% answered 'Dialogues with candidates (*Mga pagpupulong kasama ang mga kandidato*)', and 9.26% answered 'Parents (*Magulang*)'. Twelve (12) out of 54 (22.22%) respondents were unable to answer this part of the survey.

In your community, who will decide who to vote for during the 2022 local and national elections?

Sa loob ng komunidad, sino ang nag dedesisyon kung sino ang iboboto?

TYPE: "SELECT_MULTIPLE". 46 out of 54 respondents answered this question. (8 were without data.)

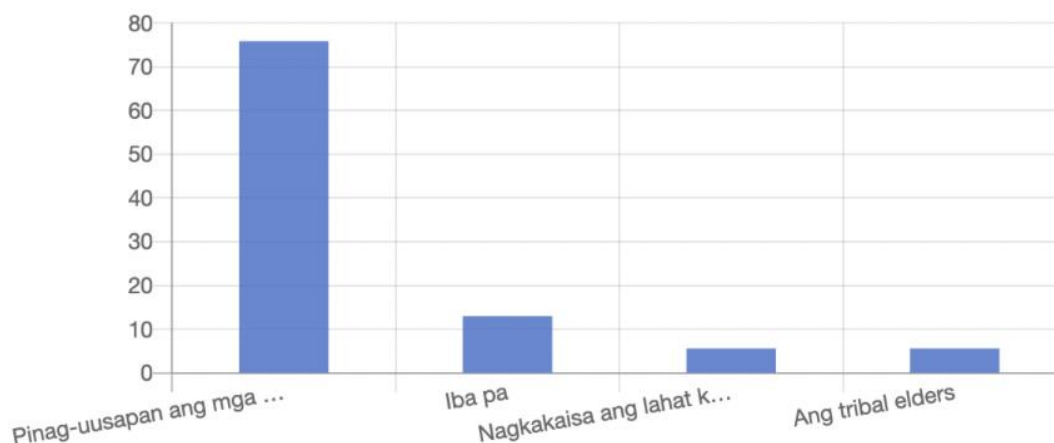


Figure 130. Decision-makers and decision-making processes in indigenous communities for the 2022 local and national election

When indigenous women were asked who within their communities will decide who they will vote for during the 2022 local and national election, 75.93% answered that ‘Even though they conduct dialogues on candidates and the election, the decision on who to vote for belongs to the family or individual (*Pinag-uusapan ang mga kandidato at eleksyon pero desisyon ng bawat pamilya o indibidwal kung sino ang iboboto*)’, 12.96% answered ‘Others (*Iba pa*)’ although did not specify, 5.56% ‘Everyone unites in who to vote for (*Nagkakaisa ang lahat kung sino ang iboboto*)’, and 5.56% answered ‘Tribal elders’. Eight (8) out of 54 (14.81%) respondents were unable to answer this part of the survey.

In your family, who will decide who to vote for during the 2022 local and national elections?

Sa loob ng pamilya, sino ang nag dedesisyon kung sino ang iboboto?

TYPE: "SELECT_MULTIPLE". 47 out of 54 respondents answered this question. (7 were without data.)

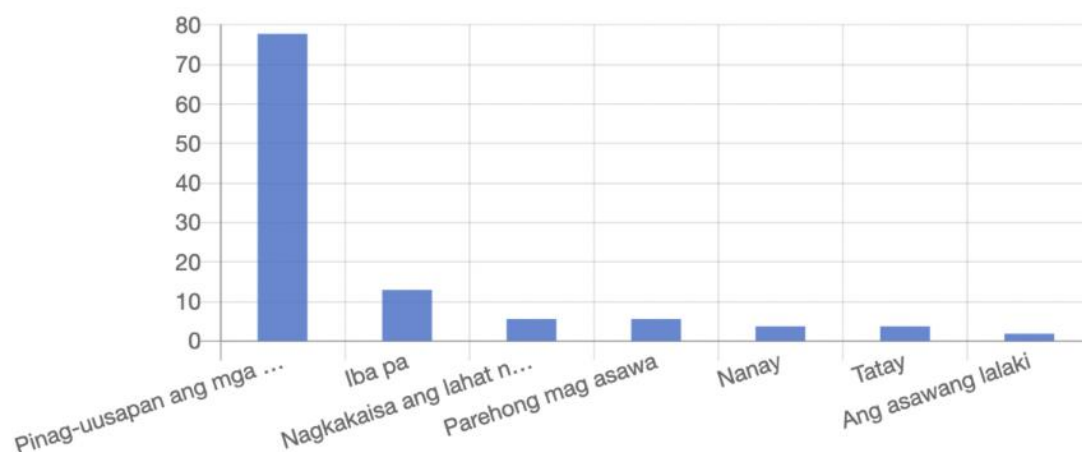


Figure 131. Decision-makers and decision-making processes in indigenous families for the 2022 local and national election

When indigenous women were asked who within their families will decide who they will vote for during the 2022 local and national election, 77.78% answered that 'Even though they conduct dialogues on candidates and the election, the decision on who to vote for belongs to the family or individual (*Pinag-uusapan ang mga kandidato at eleksyon pero desisyon ng bawat pamilya o indibidwal kung sino ang iboboto*)', 12.96% answered 'Others (*Iba pa*)' although did not specify, 5.56% 'Everyone unites in who to vote for (*Nagkakaisa ang lahat kung sino ang iboboto*)', 3.7% answered 'Mother (*Nanay*)', 3.7% answered 'Father (*Tatay*)', and one (1) or 1.85% answered 'Husband (*Asawang lalaki*)'. Seven (7) out of 54 (12.96%) respondents were unable to answer this part of the survey.

Has anyone you voted for in the past been able to help your community during the time of the COVID-19 pandemic?

Ngayong panahon ng pandemya, mayroon ba sa mga binoto mo ang nakatulong sa inyong komunidad?

TYPE: "SELECT_ONE". 43 out of 54 respondents answered this question. (11 were without data.)

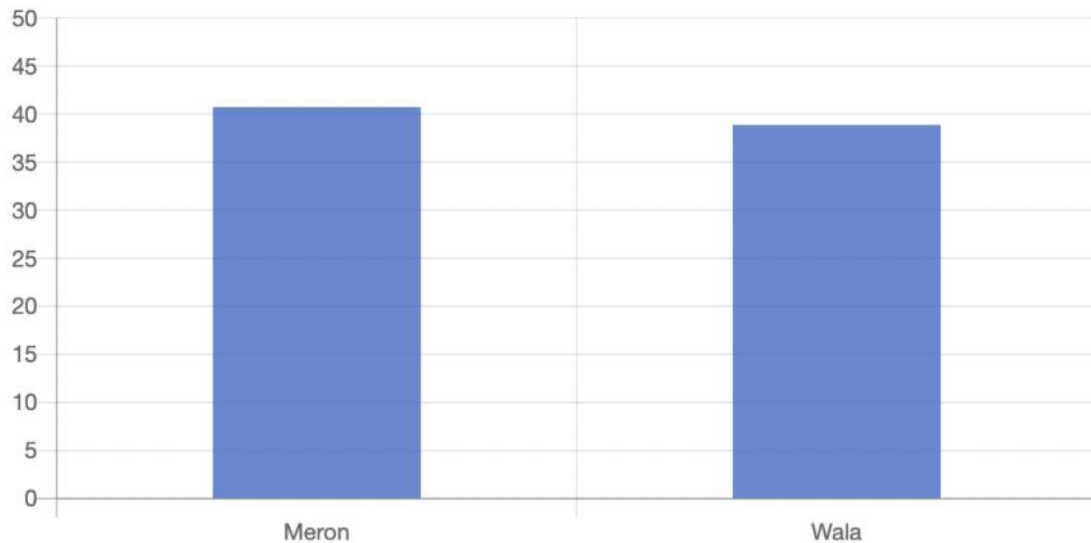


Figure 132. Electoral candidates who have helped indigenous women during the COVID-19 pandemic

When indigenous women were asked whether a candidate they voted for has helped them during the COVID-19 pandemic, 40.74% answered 'Yes, there is/are (*Meron*)', and 38.89% answered 'None (*Wala*)'. Eleven (11) out of 54 respondents were unable to answer this part of the survey.

If you answered ‘Yes’ to the previous question, which branch or level of government helped?

Kung meron, alin sa mga sumusunod ang nakatulong:

TYPE: "SELECT_MULTIPLE". 21 out of 54 respondents answered this question. (33 were without data.)

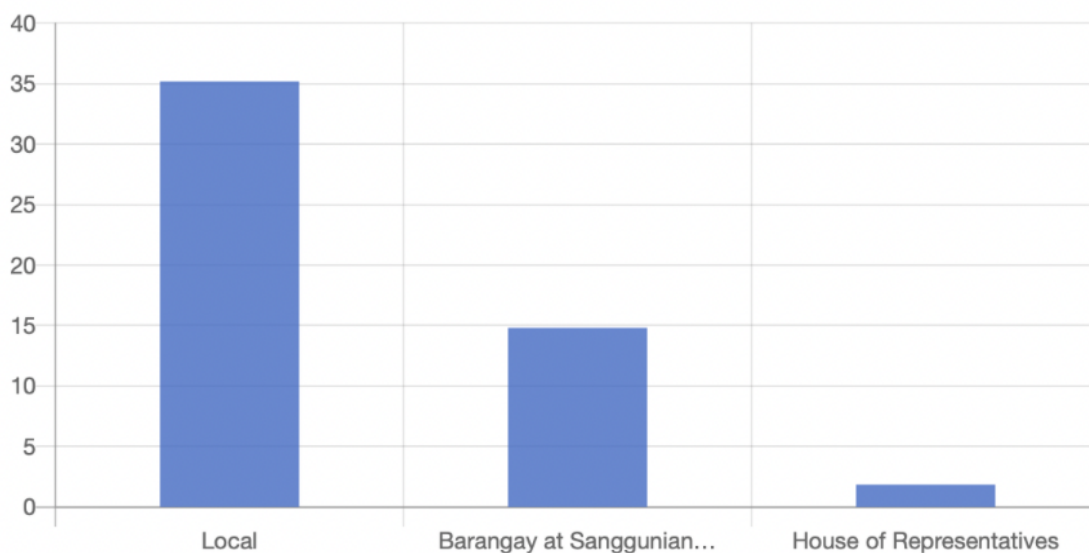


Figure 133. Branch and level of government that helped indigenous women during the COVID-19 pandemic

When indigenous women were asked which branch or level of government helped them during the COVID-19 pandemic, 86.36% answered ‘Local’, 36.36% ‘Barangay Officials and Members of the Youth Council (*Barangay at Sangguniang Kabataan*)’, and only one (1) or 4.55% answered House of Representatives. Out of the 22 respondents, one (1) or 4.55% was unable to answer this part of the survey.

Apart from voting, do you plan to participate in the 2022 elections in other ways?

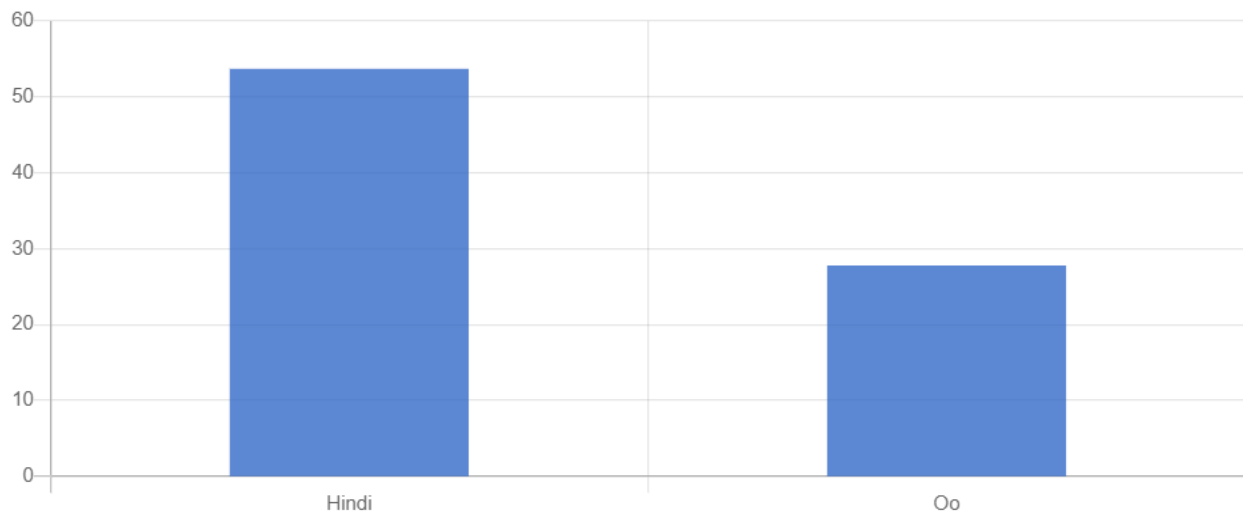


Figure 134. Indigenous women participating in the 2022 elections

When indigenous women were asked whether they plan to participate in the 2022 elections in other ways apart from voting, 53.7% answered 'No (*Hindi*)', and 27.28% answered 'Yes (*Oo*)'. Out of 54 respondents, ten (10) or 18.52% were unable to answer this part of the survey.

If you answered ‘Yes’ to the previous question, what other ways do you plan to participate in the 2022 elections?

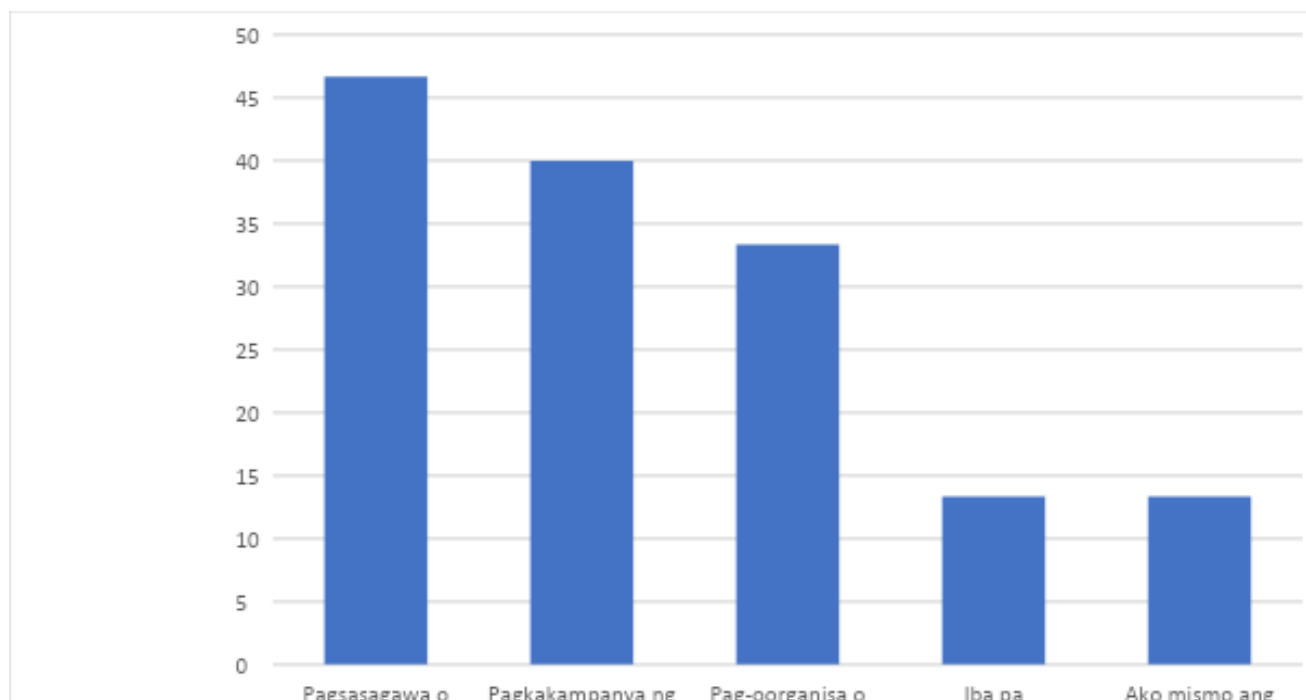


Figure 135. Indigenous women participating in the 2022 elections

When indigenous women were asked what other ways they plan to participate in the 2022 elections, 46.67% answered ‘Organizing or participating in discussions about candidates and the election (*Pagsasagawa o pakikilahok sa mga diskusyon tungkol sa mga kandidato at eleksyon*)’ 40% answered ‘Campaigning of candidates (*Pagkakampanya ng mga kandidato*)’, 33.33% answered ‘Organizing or participating in the crafting of the electoral agenda of different sectors (*Pag-oorganisa o pakikilahok sa mga pagbuo ng electoral agenda ng mga sektor*)’, 13.33% answered ‘Others (*Iba pa*)’ but did not specify, and 13.33% answered ‘I am running as an electoral candidate (*Ako mismo ang tumatakbo bilang kandidato*)’. One (1) out of 15 respondents was unable to answer this part of the survey.

Gender Composition of Leaders

Did the gender composition of leaders in your community change during the COVID-19 pandemic?

Nag bago ba ang komposisyon ng mga lider sa inyong komunidad batay sa kasarian dahil sa pandemya?

TYPE: "SELECT_ONE". 43 out of 54 respondents answered this question. (11 were without data.)

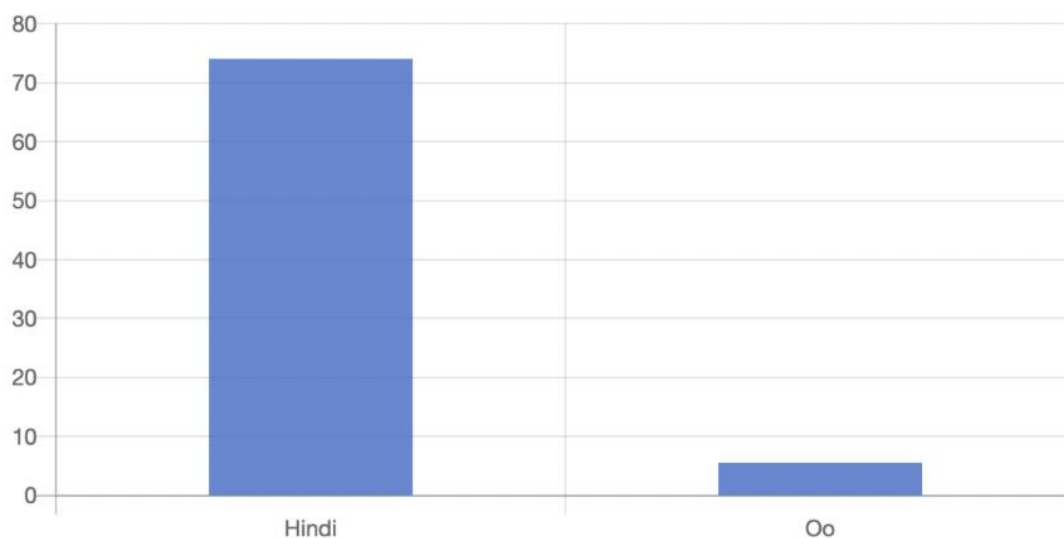


Figure 136. Change in the gender composition of leaders in indigenous communities during the COVID-19 pandemic

When indigenous women were asked whether the gender composition of leaders in their communities changed during the COVID-19 pandemic, 74.07% answered 'No (*Hindi*)', and 5.56% answered 'Yes (*Oo*)'. Eleven (11) out of 54 (20.37%) respondents were unable to answer this part of the survey.

If you answered 'Yes' to the previous question, what changed the gender composition of leaders in your community?

Kung oo, ano ang nagbago?

TYPE: "SELECT_MULTIPLE". 3 out of 54 respondents answered this question. (51 were without data.)

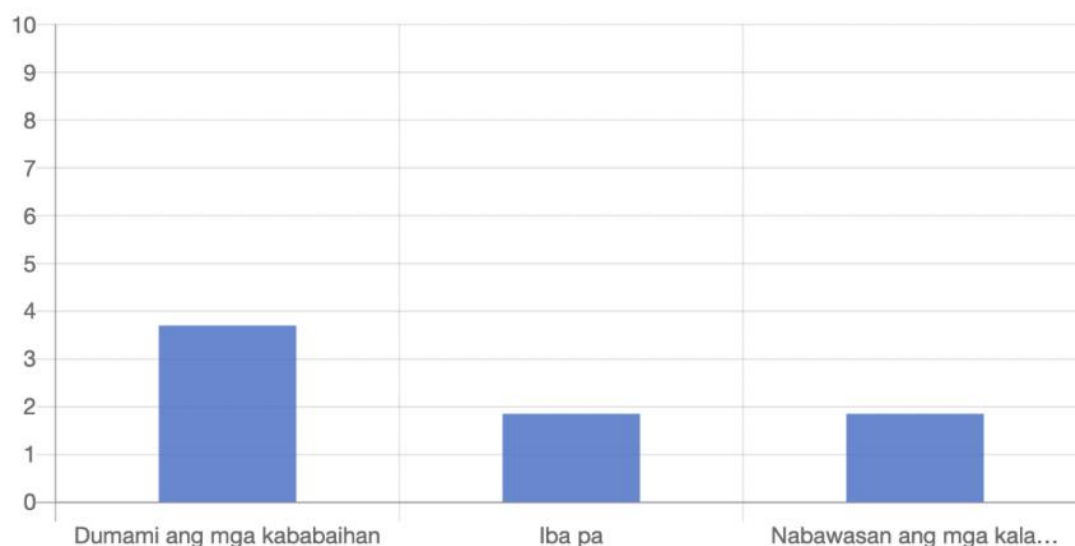


Figure 137. Exact change in the gender composition of leaders in indigenous communities during the COVID-19 pandemic

When the indigenous women, who said that the gender composition of leaders in their communities changed during the COVID-19 pandemic were asked, were asked how exactly it changed, two (2) out of three (3) or 66.67% answered 'Women leaders increased (*Dumami ang mga kababaihan*)', one (1) out of three (3) or 33.33% answered 'Others (*Iba pa*)' although did not specify, and one (1) out of three (3) or 33.33% answered 'Men leaders decreased (*Nabawasan ang mga kalalakihan*)'. All three (3) respondents were able to answer this part of the survey.

Comparative Presentation of Data

Promotion of Women's Rights and Gender Equality

The number of participants who believed that leaders in their community promoted women's rights and gender equality decreased by more than half.

Table 40. Comparison of leaders in indigenous communities promoting women's rights and gender equality pre- and during the COVID-19 pandemic

Response	Pre-Pandemic		During Pandemic	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Yes	23	42.59	11	20.37
No	13	24.07	12	22.22
Yes, there are, but only a few	10	18.52	12	22.22
Most do, but not all	6	11.11	8	14.81
No Response	3	5.56	11	20.37

The number of participants who believed that government officials promote and advance indigenous women's rights also decreased, from pre-pandemic to during pandemic.

Table 41. Comparison of government leaders promoting indigenous women's rights pre- and during the COVID-19 pandemic

Response	Pre-Pandemic		During Pandemic	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Yes	15	27.78	12	22.22
No	16	29.63	14	25.93
Yes, there are, but only a few	11	20.37	10	18.52
Most do, but not all	10	18.52	6	11.11
Others	1	1.85	2	3.7
No Response	5	9.26	11	20.37

From 27 respondents who said that women leaders in their communities represented women and brought their agenda to public meetings and decision-making processes, the number of those who believed this during COVID-19 lockdowns decreased to 24 indigenous women.

Table 42. Comparison of women leaders in indigenous communities bringing the voices of women to public discussions and decision-making processes pre- and during the COVID-19 pandemic

Response	Pre-Pandemic		During Pandemic	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Yes	27	50	24	44.44
No	15	27.78	8	14.81
Not sure	9	16.67	12	22.22
No response	3	5.56	10	18.52

Indigenous Women's Accessibility to Governance

The number of indigenous women who rely on leaders in their local governments decreased during the COVID-19 lockdowns.

Table 43. Comparison of reliability of local governments in solving problems of indigenous communities pre- and during the COVID-19 pandemic

Response	Pre-Pandemic		During Pandemic	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Yes	28	51.85	21	38.89
No	22	40.74	23	42.59
No Response	4	7.41	10	18.52

Indigenous Women and Elections

Less indigenous women said that they know of other women who plan to run in the 2022 elections, in comparison with previous elections before the pandemic.

Table 44. Comparison of indigenous women who have run for office in previous elections and indigenous women planning to run for office in the 2022 elections

Response	Previous Elections		2022 Election	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Yes, there is/are	38	70.37	25	46.3
None	13	24.07	15	27.78
No Response	3	5.56	14	25.93

The number of respondents who plan to vote in the 2022 elections is less by 3 compared to the number of indigenous who voted in previous elections before the pandemic.

Table 45. Comparison of indigenous women who voted in previous elections and indigenous women who plan to vote in the 2022 elections

Response	Previous Elections		2022 Election	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Yes	41	75.93	39	72.22
No	7	12.96	2	3.7
Not sure	N/A	N/A	1	1.85
No Response	6	11.11	12	22.22

As voting plans, slight changes can also be observed in the frequency of voting per level of government position. Voting for local positions has the most difference, from 41 respondents saying they voted in previous elections, to 35 respondents saying they still plan to vote in the upcoming 2022 elections.

Table 46. Comparison of government positions indigenous women voted for in previous elections and government positions they plan to vote for in the 2022 elections

Rank	Previous Elections (Pre-Pandemic)			2022 Election (During Pandemic)		
	Response	Frequency	Percentage (%)	Response	Frequency	Percentage (%)
1	Local	41	100	President	35	89.74
2	Senate	39	95.12	Vice President	35	89.74
3	House of Representatives	39	92.68	Local	35	89.74
4	Presiden	38	92.68	Senate	34	87.18
5	Vice President	38	75.61	House of Representatives	34	87.18
6	Barangay Officials and Members of the Youth Council	31	75.61	Barangay Officials and Members of the Youth Council	18	46.15
-	No Response	0	0	No Response	1	2.56

In previous elections, indigenous women ranked their own research as the highest in terms of factors influencing their voting behavior. However, more respondents said that they relied on their own research during the pandemic. More respondents also said that they looked into the news on the radio, television, and social media; parents; and their tribal elders to decide who to vote for.

Table 47. Comparison of indigenous women's influence in voting from previous elections and in the 2022 elections

Rank	Previous Elections (Pre-Pandemic)			2022 Election (During Pandemic)		
	Response	Frequency	Percentage (%)	Response	Frequency	Percentage (%)
1	Own research	33	80.49	Own research	38	70.37
2	Others	10	24.39	News	10	18.52
3	News	8	19.51	Others	9	16.67
4	Dialogues with candidates	7	17.07	Tribal elders	6	11.11
5	Tribal elders	5	12.20	Dialogues with candidates	6	11.11
6	Parents	3	7.32	Parents	5	9.26
7	Teacher	1	2.44	-	0	0
-	No Response	0	0	No Response	12	22.22

In terms of decision-making in the community, the data relatively stays the same. However, the number of indigenous women who relied on their tribal elders to decide on who to vote for decreased from 6 to 3, while voting for the same candidates decreased by 1 respondent.

Table 48. Comparison of decision-makers and decision-making processes in indigenous communities during previous elections and in the 2022 elections

Rank	Previous Elections (Pre-Pandemic)			2022 Election (During Pandemic)		
	Response	Frequency	Percentage (%)	Response	Frequency	Percentage (%)
1	Even though they conduct dialogues on candidates and the election, the decision on who to vote for belongs to the family or individual	41	75.93	Even though they conduct dialogues on candidates and the election, the decision on who to vote for belongs to the family or individual	41	75.93
2	Others	7	12.96	Others	7	12.96
3	Tribal elders	6	11.11	Everyone unites in who to vote for	3	5.56
4	Everyone unites in who to vote for	4	7.41	Tribal elders	3	5.56
-	No Response	6	11.11	No Response	12	22.22

Decision-making in the family on who to vote for, relatively stayed the same as well, during previous elections and in the 2022 elections.

Table 49. Comparison of decision-makers and decision-making processes in indigenous families during previous elections and in the 2022 elections

Rank	Previous Elections (Pre-Pandemic)			2022 Election (During Pandemic)		
	Response	Frequency	Percentage (%)	Response	Frequency	Percentage (%)
1	Even though they conduct dialogues on candidates and the election, the decision on who to vote for belongs to the family or individual	42	77.78	Even though they conduct dialogues on candidates and the election, the decision on who to vote for belongs to the family or individual	42	77.78
2	Others	4	7.41	Others	7	12.96
3	Everyone unites in who to vote for	3	5.56	Everyone unites in who to vote for	3	5.56
4	Father	3	5.56	Both spouses or parents	3	5.56
5	Both spouses or parents	3	5.56	Mother	2	3.7
6	Mothe	2	3.7	Father	2	3.7
7	Husband	1	1.85	Husband	1	1.85
-	No Response	6	11.11	No Response	7	12.96

There is also little difference, pre-pandemic and during lockdowns, in the number of indigenous women who believe that the candidates they voted for in previous elections actually helped in the development of their communities and in the advancing of indigenous peoples' rights. However, those who answered otherwise — that the candidates they voted for did not help during the pandemic — increased from 17 to 21 indigenous women.

Table 50. Comparison of electoral candidates who helped in indigenous communities' development and in the advancement of indigenous peoples' rights pre- and during COVID-19 pandemic

Response	Pre-Pandemic		During Pandemic	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Yes	21	38.89	22	40.74
No	17	31.48	21	38.89
Others	3	5.56	N/A	N/A
No Response	13	24.07	11	20.37

Amidst the pandemic, help from the presidential, vice-presidential, and senatorial levels was no longer felt by the respondents. Help from other levels of the government stayed relatively the same, pre-pandemic and during the pandemic, for the respondents.

Table 51. Comparison of government units that helped in the development of communities and in the advancing of indigenous people's rights pre- and during the COVID-19 pandemic

Rank	Pre-Pandemic			During Pandemic		
	Response	Frequency	Percentage (%)	Response	Frequency	Percentage (%)
1	Local	20	95.24	Local	19	35.19
2	Barangay Officials and the Youth Council	9	42.86	Barangay Officials and the Youth Council	8	14.81
3	Vice President	4	19.05	House Representatives of	1	1.85
4	Senate	3	14.29	House Representatives of	0	0
5	House Representatives of	3	14.29	President	0	0
6	President	2	9.52	Senate	0	0
-	No Response	21	38.89	No Response	33	61.11

During the pandemic, more of the respondents shared that they plan to participate in the election by means other than voting.

Table 52. Comparison of indigenous women's participation in the previous elections and during the 2022 elections

Response	Previous Elections (Pre-Pandemic)		2022 Election (During Pandemic)	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Yes	22	40.74	15	27.78
No	21	38.89	29	53.7
No Response	11	20.37	10	18.52

Table 53. Comparison of indigenous women's participation in elections pre- and during the pandemic

Rank	Previous Elections (Pre-Pandemic)			2022 Elections (During Pandemic)		
	Response	Frequency	Percentage (%)	Response	Frequency	Percentage (%)
1	Campaigning of candidates	10	45.45	Organizing or participating in discussions about candidates and the election	7	46.67
2	Organizing or participating in discussions about candidates and the elections	10	45.45	Campaigning of candidates	6	40
3	Organizing or participating in the crafting of the electoral agenda of different sectors	7	31.82	Organizing or participating in the crafting of the electoral agenda of different sectors	5	33.33
4	I am running as an electoral candidate	6	27.27	Others	2	13.33
5	Others	4	18.18	I am running as an electoral candidate	2	13.33
-	No Response	1	4.55	No Response	1	6.67

Analysis

Huge gaps in indigenous women's political participation and representation

Data from the survey suggests that there is a huge gap between the political participation of indigenous men and women. While most of the indigenous women who participated in the survey believe that women are also capable and should be allowed to lead, those who are able to secure leadership positions are still mostly men. Even though some women have been able to secure leadership positions in indigenous communities or local governments, for most indigenous women, it is not evident if they are able to voice out women's issues and represent the interest of women in decision-making.

Only half of the respondents can rely on their local governments for support, and many indigenous women do not feel that their local government officials support indigenous peoples in their struggle for their rights.

Most indigenous women do not want to run as candidates in the elections because; they lack the resources; they are busy taking care of their families; it is viewed negatively when women take on leadership roles; or their families do not allow them to do so.

Multiple barriers to indigenous women's participation in the elections

Many indigenous women plan to participate in the upcoming elections by voting, campaigning for a candidate, and agenda-building; while a few plans to run as a candidate themselves. For voting, many rely on their own research and the news to make decisions about who to vote for. Indigenous women are open to discussing their research with their families and communities, but they are mostly able to decide on who to vote on on their own.

In discussions with the respondents, it was mentioned that some are hindered by: their experiences of discrimination at the voting precinct; unclear voting processes; far voting precincts; threats by some electoral candidates; and limited access to information about electoral candidates.

Compounded multiple burdens but increase in indigenous women's leadership amidst the pandemic

Some indigenous women mentioned that the number of women leaders in their communities increased, or the number of men leaders decreased. On this note, it is important to understand how indigenous women define leadership. In LILAK's experience, it has been very apparent how many indigenous women step up to care for, not just their families, but also their communities during emergencies — including during COVID-19 lockdowns, natural disasters, and continuing armed conflict over land. Indigenous women's actions exemplify the traits they value

in leaders: caring, smart, brave, articulate, and familiar with the issues and situations of their communities. More discussions may be conducted to further understand how indigenous women see themselves as leaders or why they do not see themselves as leaders.

Aggravating impacts of the pandemic on indigenous women's political participation

Amidst the pandemic, fewer indigenous women were able to reach out to their local governments for support; and even less felt that the leaders in their community or local government advanced indigenous peoples and/or women's rights. Further research and discussions with indigenous women need to be conducted to know the reasons why this is.

Recommendations

- Build capacities of public servants on gender and cultural sensitivity towards eliminating all forms of discrimination against indigenous women and recognition of their leadership;
- Conduct dialogues and consultations with indigenous women to collaboratively determine solutions and responses to the challenges they face, especially amidst the pandemic and in the upcoming elections;
- Government offices, especially those whose mandates have specific interests to protect, promote, and fulfill indigenous women's rights (i.e., NCIP, PCW, DILG, LGUs), should exercise such mandates with urgency and with constancy;
- PCW to actively push all government agencies to integrate the work of gender and equality with a specific focus on the most vulnerable women's sectors, including indigenous women;
- DILG and LGUs to ensure genuine and inclusive processes are followed in identifying IPMR, ensuring participation of indigenous women in barangay development planning, including annual investment plans, and allocation and utilization of GAD budget;
- Promote recognition of women's — including young women's — leadership and contribution to indigenous people's structures (IPS);
- Support building indigenous women's capacities and confidence to take on leadership roles, both at the IPS and formal political processes;
- Utilize government resources to support indigenous women in their initiatives as leaders — such as, mediating peace and facilitating humanitarian response;
- Conduct more rigorous campaigns on the part of the government to make visible the indigenous women's struggles and their own initiatives as active agents of change; and
- Make both national and local elections accessible to indigenous women, including linking them to factual and relevant information.

