

ORIGINAL RESEARCH

# Psychosocial Health of the Badjao People During COVID-19 in Jolo, Philippines: An Exploratory Study



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## Article Info

### Article History:

Received: 28 June 2023

Revised: 23 August 2024

Accepted: 25 August 2024

Online: 31 August 2024

### Keywords:

Badjao; COVID -19; pandemic;  
psychological health;  
social health

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## Abstract

**Background:** The Badjao, a nomadic maritime group in Southeast Asia, faces heightened vulnerability during public health crises due to their reliance on maritime livelihoods, limited healthcare access, and historical marginalization – challenges exacerbated by the COVID-19 pandemic. However, there is a significant research gap in understanding their unique needs and vulnerabilities, especially its specific impacts on their health and well-being due to the pandemic.

**Purpose:** This study explores the psychological and social health of the Badjao and the factors affecting them during the COVID-19 pandemic.

**Methods:** This study used an exploratory qualitative design. Guided semi-structured interviews were conducted with 10 purposively selected Badjao respondents from Barangay Bus-Bus, Jolo-Sulu, Philippines. The data were analyzed using thematic analysis.

**Results:** The study identified five key themes related to the psychosocial health of the Badjao community during COVID-19 and the affecting factors. They were: (1) Feelings and apprehension, with anxiety over contracting the virus and financial instability; (2) Responses to the pandemic, marked by fear of death, job loss, and hospitalization concerns; (3) Coping mechanisms, where the community relied on traditional remedies, social support, and quarantine adherence; (4) Social status, highlighting food insecurity and disrupted social interactions; and (5) Factors influencing psychosocial health, focusing on the importance of support systems and access to accurate information and resources.

**Conclusion:** The COVID-19 pandemic has significantly disrupted the social and economic stability of the Badjao community, exacerbating their existing vulnerabilities. The community needed culturally sensitive interventions that addressed both their immediate and long-term needs. Collaborations with local government units and stakeholders are crucial in supporting the resilience and well-being of the Badjao in future crises.

**How to cite:** Mason, Z. T., & Pangandaman, H. K. (2024). Psychosocial health of the Badjao people during COVID-19 in Jolo, Philippines: An exploratory study. *Nurse Media Journal of Nursing*, 14(2), 256-266. <https://doi.org/10.14710/nmjn.v14i2.55968>

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## 1. Introduction

Psychological health, encompassing mental and emotional well-being, is essential for maintaining resilience, managing stress, and fostering healthy relationships. It forms the foundation of an individual's overall balance and ability to navigate life's challenges. The significance of psychological health is especially pronounced during crises where the strain on mental well-being intensifies (Abu Khait & Lazenby, 2021; Eiroa-Orosa, 2020; Van Denend et al., 2022). The COVID-19 pandemic, a global public health emergency, has profoundly disrupted these aspects of health, particularly among marginalized communities (Caron & Adegboye, 2021; Virella & Cobb, 2021). The resulting widespread anxiety, distress, and uncertainty have underscored the essential role of healthcare professionals, especially nurses, in addressing these challenges (Inayat et al., 2022; Ness et al., 2021).

The Badjao people, an indigenous and traditionally nomadic maritime group in the Philippines, present a unique case for study (Moreno, 2023). Their reliance on maritime livelihoods, limited access to healthcare, and historical marginalization have made them

particularly vulnerable during public health crises like the COVID-19 pandemic (Fitzpatrick et al., 2023; Moreno, 2023). This situation has placed an unprecedented strain on their psychosocial health, as the pandemic has disrupted their income sources, deepened their social isolation, and exacerbated existing health disparities (Eiroa-Orosa, 2020).

Nurses, as the frontlines of healthcare delivery, play a critical role in managing the psychosocial impacts of the pandemic, especially in vulnerable populations (Fitzpatrick et al., 2023; Inayat et al., 2022; Pratt et al., 2023). Understanding the specific challenges faced by the Badjao community is essential for nurses to provide culturally sensitive and effective care. However, despite extensive research on the psychosocial effects of COVID-19, there is a significant gap in the literature regarding its impact on indigenous and marginalized groups like the Badjao.

This study seeks to address this gap by focusing on the psychosocial health of the Badjao community in Bus-bus, Jolo Sulu, during the COVID-19 pandemic. By exploring how the pandemic has affected the mental, emotional, and social well-being of the Badjao, this research aims to explore the psychosocial health and its affecting factors of the Badjao during the COVID-19 pandemic. The result of this study will provide nurses and other healthcare professionals with the insights needed to develop targeted interventions that address the unique needs of this community. The study also contributed to the broader understanding of COVID-19's impact on marginalized populations and highlighted the critical role of nursing in promoting psychosocial health in diverse cultural contexts.

## **2. Methods**

### *2.1 Research design*

This study employed a descriptive-exploratory qualitative research design to investigate the impact of the COVID-19 pandemic on the Badjao community's mental, emotional, social, and spiritual health. The descriptive aspect systematically captured and articulated the specific effects of the pandemic on these health dimensions, providing a detailed account of the challenges faced by the Badjao. Descriptive research, by definition, gathers data to describe a phenomenon, focusing on the "what," "when," "where," and "how" rather than the "why" (Doyle et al., 2020). This approach was essential for understanding the Badjao community's condition during the pandemic.

The exploratory component aimed to uncover the broader impacts of the pandemic on the Badjao's daily activities, livelihoods, social interactions, and spiritual practices, areas that had been largely unexamined in prior research. Exploratory research is typically undertaken when there is little or no existing research to draw upon, allowing for an initial, theoretical understanding of the study problem. This approach, often informal and unstructured, provided valuable insights into the Badjao community's unique experiences during the pandemic (Nilsen et al., 2019).

### *2.2 Setting and participants*

This study was conducted in Barangay Bus-Bus, Jolo, Province of Sulu, Philippines, a densely populated area with a significant Badjao community, which was identified as highly vulnerable and thus qualified for this study. Barangay Bus-Bus, home to 38,650 people as of the 2020 Census, accounts for 28.16% of Jolo's population (Basaluddin, 2021).

A total of 10 participants as conversational partners were purposively selected to provide insights into the psychosocial impacts of COVID-19 on the Badjao community. The inclusion criteria focused on literate members of nuclear families, particularly heads of families and mothers, who could effectively articulate their experiences. The decision to recruit 10 participants was based on the qualitative nature of the study, where depth of insight was prioritized over sample size, and data saturation was achieved when no new themes emerged (Guest et al., 2020). A community liaison, a trusted common-law friend within the Badjao community, facilitated the recruitment process, helping to identify and engage participants, thereby ensuring their active involvement in the study.

### *2.3 Data collection*

The data for this study were gathered through a scheduled in-depth interview with qualified participants, guided by a semi-structured interview questionnaire. The researchers developed the semi-structured interview guide specifically designed for qualitative exploration of the

psychosocial impacts of the COVID-19 pandemic on the Badjao community. This interview guide was carefully crafted to ensure that it elicited in-depth, relevant insights. The guide was divided into three sections: psychological and mental health (4 questions), social status (4 questions), and factors influencing psychosocial health (4 questions). Each section contained open-ended questions designed to explore the participants' experiences and perceptions in detail. For instance, the psychological section included questions like, "How has the pandemic affected your mental and emotional well-being?" and "What are your biggest concerns related to your family's mental health during this time?" Probing questions were used throughout the interviews to delve deeper into participants' responses, ensuring a comprehensive understanding of their experiences.

The interview guide was translated into the Badjao language to ensure that participants could fully understand and accurately respond to the questions, given that many were not fluent in Filipino or English. The interviews were conducted in the Badjao language to facilitate comfortable and open communication. The guide was developed in consultation with five local experts and validated through a pilot test with a thirty sample of Badjao individuals to ensure cultural relevance and clarity. The pilot test yielded a Cronbach's alpha of 0.81.

Data collection took place over 40 days, from 15 December 2021 to 2 February 2022. Interviews were conducted by the researchers in the participants' houses within Barangay Bus-Bus, Jolo, to create a familiar and comfortable environment. Each interview lasted between 30 and 40 minutes, depending on the depth of the participants' responses. The interviews were audio-recorded with participants' consent, and the recordings were later transcribed into text using Word document software for analysis. After the interviews, the data were coded, analyzed, and interpreted systematically. The first ten days were dedicated to conducting the interviews, while the following 15 days were spent to organizing and coding the data. The entire process, including thematic analysis, was completed within the remaining days to ensure a thorough interpretation of the findings.

#### *2.4 Data analysis*

The collected data were analyzed using thematic analysis, a widely used method for identifying, analyzing, and interpreting patterns of meaning within qualitative data. The thematic analysis was conducted in six steps to ensure a rigorous and systematic approach (Naeem et al., 2023). First, familiarization with the data was begun by thoroughly reading and re-reading the transcripts to immerse in the data, noting initial ideas. This step was carried out by ZTM and HKP. Second, initial codes were systematically generated by ZTM to identify significant features across the entire dataset. These codes highlighted important aspects related to the psychosocial impacts of COVID-19 on the Badjao community. Third, searching for themes was done by organizing the codes into potential themes. The authors (ZTM and HKP) collaboratively examined the codes to identify patterns and grouped them into broader themes that captured the essence of the data. Fourth, all authors reviewed and refined the identified themes to ensure that the themes accurately represented the data. This step involved checking the themes against the coded data and the entire dataset to confirm their relevance and coherence. Fifth, the themes were defined and named once they were finalized. Both authors worked together to ensure that each theme captured a distinct and meaningful aspect of the data. Finally, the themes were woven into a cohesive narrative during the writing-up phase, illustrating the key findings of the study.

Throughout the analysis process, discrepancies among the authors were resolved through discussion and consensus. If disagreements arose, the authors re-examined the data collaboratively until an unanimous agreement was reached, ensuring the analysis was robust and reflective of the participants' experiences. This thorough and systematic approach to thematic analysis allowed the researchers to uncover deep insights into the psychosocial impacts of COVID-19 on the Badjao community.

#### *2.5 Trustworthiness/rigor*

Several strategies were employed to achieve credibility, transferability, dependability, and confirmability to ensure the rigor of this study. Credibility was achieved through prolonged engagement with the participants and the use of triangulation. The researchers spent considerable time building rapport with the Badjao community, which helped to gather rich, in-depth data. Triangulation was employed by comparing data from multiple sources, such as

individual interviews and focus group discussions, to validate the findings. Member checking was also used as participants were invited to review and verify the accuracy of the transcriptions and interpretations of their responses, ensuring that the data accurately reflected their experiences. Transferability was addressed by providing detailed descriptions of the research context, the participants, and the research process. By thoroughly documenting the setting and the characteristics of the Badjao community, other researchers can determine the applicability of the findings to similar contexts or populations. The study's findings were presented with sufficient detail to allow readers to evaluate the extent to which the findings could be transferred to other settings.

Furthermore, dependability was ensured by maintaining an audit trail, which documented all the decisions made during the research process, including changes to the study design, data collection methods, and data analysis strategies. The research team also engaged in peer debriefing, where they discussed the study's progress and challenges with external experts who provided critical feedback. This helped to ensure that the study's procedures were consistent and could be replicated in future research. Confirmability was established by maintaining objectivity throughout the research process. The researchers kept reflexive journals to record their thoughts, biases, and decisions, which helped to minimize personal biases that could influence the study's outcomes. The audit trail also contributed to confirmability by providing transparency about how the data were analyzed and how conclusions were drawn.

### *2.6 Ethical considerations*

This study was conducted in strict adherence to ethical guidelines to ensure the safety and well-being of all participants. Ethical approval was obtained from the college based ethics review committee of the College of Nursing of Mindanao State University-Sulu (CON-MSU-Sulu: 2021-1125), ensuring that the research met all necessary ethical standards. The study posed no harm to the participants, and all efforts were made to protect their rights and privacy.

Before participating in the study, all participants were provided with an informed consent form based on the World Health Organization's guidelines for qualitative research. This form detailed the purpose of the study, the procedures involved, potential risks and benefits, and the voluntary nature of participation. Participants were given ample time to review the information and ask questions before providing their written consent. This process ensured that participants were fully informed and agreed to participate freely, without any coercion. Moreover, confidentiality was strictly maintained throughout the research process. Personal identifiers were removed from the data, and all recordings, transcriptions, and documents were securely stored to protect participants' privacy. To further ensure anonymity, participants were assigned pseudonyms such as P1 and P2, where "P" stands for participant (e.g., P1 as Participant 1). These identifiers were used consistently throughout the study to reference individual responses without revealing their identities. The ethical considerations undertaken in this study ensured that the research was conducted with the highest respect for the participants' rights and well-being.

## **3. Results**

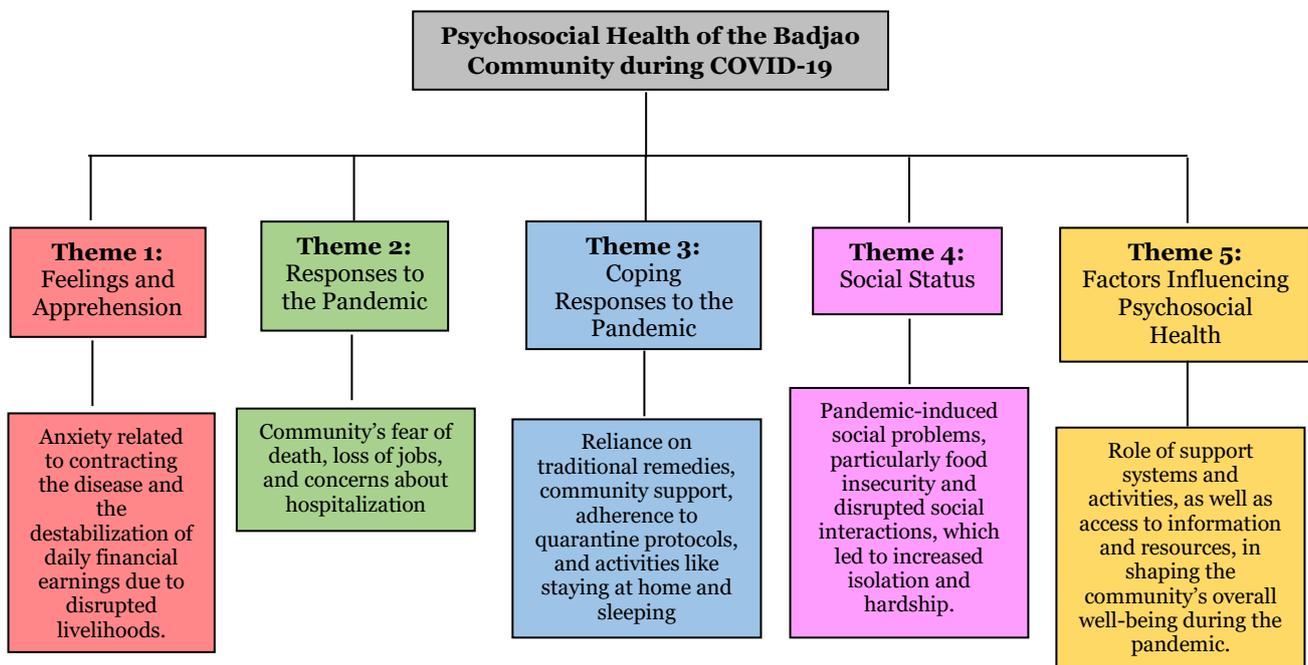
### *3.1 Characteristics of the study participants*

As illustrated in Table 1, from the selected 10 participants from the Badjao community in Barangay Bus-Bus, Jolo, Province of Sulu, Philippines, six of them were heads of families (60%) and four mothers (40%). All participants were between the ages of 30 and 55, ensuring a diverse representation of perspectives within nuclear families. All participants were literate and had basic proficiency in reading and writing, which was crucial for ensuring that they could effectively articulate their experiences and understand the interview questions. The participants were actively involved in traditional occupations such as fishing (40%), vending (30%), and other small-scale trades (30%), reflecting the primary livelihoods of the Badjao community. Their educational backgrounds were limited, with most having received only informal education, typical within their community. However, their relative literacy enabled them to engage more deeply in the interview process, providing rich insights into their experience during the COVID-19 pandemic.

**Table 1.** Characteristics of study participants

Participant ID	Role in Family	Age	Literacy Level	Occupation	Education Level
P1	Head of Family	45	Literate	Fishing	Informal
P2	Head of Family	50	Literate	Vending	Informal
P3	Head of Family	38	Literate	Fishing	Informal
P4	Head of Family	30	Literate	Small-scale trade	Informal
P5	Head of Family	55	Literate	Fishing	Informal
P6	Head of Family	42	Literate	Vending	Informal
P7	Mother	40	Literate	Small-scale trade	Informal
P8	Mother	35	Literate	Vending	Informal
P9	Mother	32	Literate	Fishing	Informal
P10	Mother	48	Literate	Small-scale trade	Informal

As presented in Figure 1, the study revealed that the COVID-19 pandemic had significant psychosocial impacts on the health of the Badjao community, as reflected and expressed in five main themes. Theme 1: Feelings and Apprehension highlighted the anxiety related to contracting the disease and the destabilization of daily financial earnings due to disrupted livelihoods. Theme 2: Responses to the Pandemic detailed the community’s fear of death, loss of jobs, and concerns about hospitalization, all of which intensified their stress levels. Theme 3: Coping Responses to the Pandemic explored how the Badjao relied on traditional remedies, community support, adherence to quarantine protocols, and activities like staying at home and sleeping to cope with the crisis. Theme 4: Social Status focused on the pandemic-induced social problems, particularly food insecurity and disrupted social interactions, which led to increased isolation and hardship. Finally, Theme 5: Factors Influencing Psychosocial Health, examined the role of support systems and activities, as well as access to information and resources, in shaping the community’s overall well-being during the pandemic.



**Figure 1.** Brief description of the themes

**3.2 Theme 1: Feelings and apprehension**

The COVID-19 pandemic significantly destabilized the Badjao community’s pre-pandemic sense of security, impacting their mental health and overall well-being. This theme captured the overwhelming anxiety and financial uncertainty that permeated their lives during the crisis.

### *3.2.1 Anxiety about acquiring the disease*

Participants expressed deep fears about contracting COVID-19, particularly due to the risk of exposure from asymptomatic or unidentified infected individuals within the community. This anxiety was heightened by concerns over hospitalization and treatment costs, as one participant stated, “I was afraid to go outside. I was afraid I could get sick with COVID-19 ...” (P3). Another participant echoed this sentiment, saying, “I was afraid to get sick ...” (P4).

### *3.2.2 Destabilization of daily financial earnings*

The pandemic caused severe disruptions in the participants’ daily livelihoods, leading to significant financial instability. Many were worried about how the pandemic would affect their ability to provide for their families, as their income from vending, selling goods, and other forms of daily labor was suddenly halted. One participant shared: “The community leaders instruct us to stay at home. We cannot go out to raise some money due to the lockdown. We only wait for food supplies given by the respective authority” (P1).

Another participant reflected, “I was so worried every day since the time of the pandemic and lockdown because we cannot have everyday income ... I cannot go to my bosses to do laundry ...” (P5). The sentiment of financial strain was further emphasized by P6, who stated, “The pandemic halted us from going fishing, which is our source of food and income as well.”

## *3.3 Theme 2: Responses to the pandemic*

The pandemic elicited strong responses from the Badjao community, characterized by heightened fear of death, job loss, and the potential financial and social implications of hospitalization. These responses reflect the deep psychological impact of the crisis on their lives.

### *3.3.1 Fear of death*

Participants experienced an increased fear of death due to the high mortality rates associated with COVID-19. This fear was fueled by the severity of the disease and the widespread perception of its inevitability and fatality. As P1 noted, “I felt that COVID-19 is a big disease that can cause death.” Similarly, P2 expressed, “I felt that COVID-19 is a serious disease that made people want not to come out for a walk or go outside of the house.”

### *3.3.2 Loss of jobs*

The pandemic led to widespread job loss and reduced work hours among the participants, severely affecting their financial stability and exacerbating their stress and anxiety. P3 commented, “I felt that COVID-19 disrupts our occupation or job, such as ... the inability to do laundry for my boss.” Meanwhile, P5 simply stated, “The COVID-19 made me feel that I lost my job.”

### *3.3.3 Fear of hospitalization*

Participants were deeply concerned about the possibility of being hospitalized, fearing both the stigma of a COVID-19 diagnosis and the high costs associated with the medical care. P6 shared, “... COVID-19 made me feel afraid of being sick of any kind. I do not want to get hospitalized when I get sick because I will be accused of having the disease already.” This fear was echoed by P8, who said, “All sick persons are always diagnosed with COVID-19 ... I do not want to get sick and hospitalized.” P10 also expressed concerns, stating, “I felt that COVID-19 can be easily transmitted, and no known medication ... I am afraid of getting the disease.”

## *3.4 Theme 3: Coping responses to the pandemic*

In response to the overwhelming challenges posed by the pandemic, the Badjao community demonstrated resilience by adopting various coping mechanisms. These included reliance on traditional remedies, adherence to quarantine protocols, and leveraging community support systems to manage stress and uncertainty.

### *3.4.1 Medication and cure*

Participants turned to traditional remedies and community support as primary coping strategies. They relied on herbal medications, prayer, and other rituals, while also adhering to recommended safety protocols to prevent the spread of the disease. One participant explained,

“When my child gets sick, I make sure that I can buy the right medication for them and other (Haggut) herbal meds ...” (P3). P1 added, “I pray and ask the Umbu (deity) to cure me of any disease.” P10 expressed gratitude, stating, “I was very thankful that I was not infected with the COVID-19 ... or my family, because we followed the protocol.”

### *3.4.2 Staying at home and sleeping*

To manage the stress of lockdown and the constant fear of illness, many participants chose to stay at home and engage in activities like sleeping, resting, and household chores. These actions helped them cope with the boredom and anxiety brought on by the pandemic. P6 mentioned, “We spent a lot of time sleeping.” P8 noted, “I stayed safe as I could ...,” while P9 added, “We just eat, then sleep.”

### *3.5 Theme 4: Social status*

The pandemic caused significant disruptions to the social fabric of the Badjao community, leading to widespread issues such as food insecurity and social isolation. These changes strained the community’s ability to maintain its traditional social structures and interactions.

#### *3.5.1 Food insecurity*

The economic impact of the pandemic led to severe food shortages for many families, as lockdowns prevented them from earning an income. Participants frequently mentioned the difficulty of securing basic necessities like food and rice during this period. P5 shared, “... It left us bare food to eat on the table because we cannot go out to sell our product to the public.” P9 added, “It left us no rice to cook, we cannot go out to do our jobs and have an income ...,” while P8 expressed, “It left us no food to eat, we are stuck in the house.”

#### *3.5.2 Disrupted social interaction*

Social distancing measures and lockdowns severely limited the community’s ability to interact and maintain social bonds. This disruption led to increased feelings of loneliness and isolation, as participants were unable to engage in their usual social activities. P2 reflected, “... We are so worried about being infected, but we are thankful that we were not infected.” P3 also noted, “The pandemic did not allow us to go outside. We had limited time to talk with and mingle with our friends ... Our children did not go to school.”

### *3.6 Theme 5: Factors influencing psychosocial health*

The psychosocial health of the Badjao community during the pandemic was shaped by various factors, including the availability of support systems, social activities, and access to accurate information and resources. These factors played a crucial role in how well individuals coped with the challenges brought by COVID-19.

#### *3.6.1 Support systems and activities*

Family and community support were vital in helping participants manage the stresses of the pandemic. Social interactions, even in limited forms, along with engaging in leisure activities, contributed significantly to their overall well-being. P1 acknowledged, “The support from family, barangay captain, mayor, friends ...,” while P5 highlighted the importance of “... mingling and chit-chatting with friends.” P7 also noted that doing sport was a key activity that helped cope with stress, as stated in “... playing basketball games helps keep away from stress and depression.”

#### *3.6.2 Access to information and resources*

Access to accurate information and essential resources was a critical factor in how participants navigated the pandemic. Reliance on local leaders for updates and the struggle to obtain medical supplies were commonly mentioned concerns. P4 stated, “We relied on the barangay captain for updates on the pandemic ...,” while P3 mentioned the challenge of “... limited medical supplies ...”

## **4. Discussion**

The core of the study was to explore the psychological and social health of the Badjao and the factors affecting them during the COVID-19 pandemic. Based on the identified themes from the

responses of the participants, various subthemes had emerged, providing details and significance on the contributing ideas on how to comprehend better the changes, effects, emotional changes, and mental baggage that the participants had endured in order to survive, given that they were members of a minority and a marginalized sector of the community.

The findings highlighted significant anxiety and apprehension among the Badjao community during the COVID-19 pandemic. The fear of contracting the virus and the destabilization of their financial earnings were central to their experiences. This anxiety mirrors findings from other studies on marginalized communities during the pandemic, where fear of infection and economic instability were prevalent (Gupta et al., 2021; Petrișor et al., 2021). However, the Badjao's reliance on daily labor for sustenance, combined with limited access to healthcare, exacerbated their vulnerability, making their situation particularly severe compared to more economically stable populations. This aligns with findings from similar studies on indigenous populations, who often face compounded challenges during health crises due to pre-existing socio-economic disadvantages (Fitzpatrick et al., 2023; Huyser et al., 2021).

The Badjao community's responses to the pandemic were marked by heightened fear of death, job loss, and hospitalization. The fear of death, amplified by the global mortality rates, reflects a broader psychological impact seen worldwide during the pandemic, particularly in communities with limited access to reliable health information and resources (Fairlamb, 2022; Menzies & Menzies, 2020). The loss of jobs further intensified financial insecurity, a trend also observed in other studies where low-income communities suffered disproportionate economic impacts due to the pandemic (Han & Hart, 2021; Khetan et al., 2022). The fear of hospitalization, driven by concerns over stigma and costs, adds a layer of complexity that is not always captured in other populations, highlighting the unique intersection of health and economic fears in the Badjao community.

The Badjao community exhibited resilience through traditional coping mechanisms, including the use of herbal medicines and community support systems. This reliance on traditional remedies and communal support is consistent with findings from other studies on indigenous communities, where cultural practices play a crucial role in health and well-being, particularly during crises (Crocetti et al., 2022; Fitzpatrick et al., 2023). The adherence to quarantine protocols, despite the challenges, demonstrates a strong community commitment to collective safety, similar to findings in other communal societies where collective action is emphasized over individual behavior (Leong et al., 2022; Sundiam et al., 2023). However, the focus on staying home and engaging in minimal activities like sleeping also reflects a coping strategy rooted in necessity, driven by limited alternatives.

The pandemic's disruption of the social fabric of the Badjao community, leading to food insecurity and social isolation, is a significant concern. The inability to secure food due to halted incomes is a direct consequence of the economic shutdowns and mirrors similar challenges faced by low-income groups globally during the pandemic (Huyser et al., 2021; Pangandaman, 2023). The social isolation, compounded by the necessity of social distancing, exacerbated feelings of loneliness, a phenomenon widely reported in pandemic literature (Cudjoe & Kotwal, 2020; Hwang et al., 2020; Lewis, 2020). However, the Badjao community's traditional reliance on close social networks made these disruptions particularly painful, contrasting with more urbanized communities where social networks may be less central to daily life.

The psychosocial health of the Badjao community was influenced by the availability of support systems, access to information, and essential resources. The critical role of family and community support in managing pandemic-related stress is well-documented in the literature, where strong social ties are linked to better mental health outcomes (Aragasi & Pangandaman, 2021; Fitzpatrick et al., 2023; Tei & Fujino, 2022). However, the Badjao's dependence on local leaders for pandemic updates and their struggle to access medical supplies underscore the gaps in healthcare infrastructure and information dissemination in marginalized communities. This aligns with studies highlighting the disparities in resource access and information flow in low-income and indigenous populations during health crises (Crocetti et al., 2022; Huyser et al., 2021). The findings emphasize the need for targeted interventions that address these disparities to improve resilience and health outcomes in such communities.

## **5. Implication and limitation**

The findings of this exploratory qualitative research on the psychosocial health status of Badjao people amidst the COVID-19 pandemic at Bus-Bus, Jolo, Sulu, can provide valuable insights into the unique challenges and needs of this specific community. The study's results may inform the development of culturally sensitive interventions and support programs tailored to address the psychosocial well-being of the Badjao people in similar contexts. The implications extend to policymakers, healthcare professionals, and community leaders who can utilize these findings to enhance their understanding and improve the mental health support available to the Badjao community during and beyond the pandemic.

The primary limitation of this study is its contextual specificity, focusing solely on the psychosocial health status of Badjao people at Bus-Bus, Jolo, Sulu, during the COVID-19 pandemic. As a result, caution should be exercised when generalizing the findings to other communities or ethnic groups, as the experiences and circumstances of the Badjao people in this specific location may not reflect those of Badjao individuals living in different regions. The limited sample size and qualitative nature of the study also restrict the generalizability of the findings. Further research involving larger and more diverse samples, quantitative methods, and multiple locations would be necessary to validate and expand upon the current study's findings.

## **6. Conclusion**

One of the most remarkable consequences of the COVID-19 outbreak was the impact on the psychological status of Badjao people and families, which mainly included the fear of contracting and spreading the infection to family members and confusion brought by mass hysteria. It also included significant socioeconomic distress. The pandemic had disrupted not only just their social lives but also their economic status. However, despite the circumstances brought by lockdowns, they diverted their energy towards focusing on childrearing, cleaning the house, doing laundry, and beautifying their homes. They counteracted the social effect of the COVID-19 and the present situation by focusing on the house and the family. The factors that contributed to their psychosocial well-being include a combination of physical, social, and financial factors. It was analyzed that if any of these factors were absent, it disrupted their psychosocial status, which might lead to symptoms such as fear, irritability, and boredom. Therefore, this study recommends that clinical practice should prioritize culturally sensitive mental health interventions tailored to the unique experiences of the Badjao community, with an emphasis on alleviating fear and stress through family-centered approaches. Healthcare providers should integrate community-based psychosocial support programs that address the interplay of physical, social, and financial factors affecting their well-being. Also, collaborations with local government units and stakeholders are crucial in supporting the resilience and well-being of the Badjao in future crises.

## **Acknowledgment**

This study acknowledges the officials of the Local Government Unit Barangay Bus-Bus, Jolo Sulu and Mindanao State University System for the support. Special thanks to the Badjao community especially the conversational partners as participants of the study.

## **Author contribution**

ZTM had made a substantial contribution to the concept and design of the article, including shaping the research objectives and guiding the overall methodology. She actively participated in the data acquisition process, conducting interviews and gathering relevant information from the study participants. HKP substantially contributed in the acquisition, analysis, and interpretation of data and in writing revisions.

## **Conflict of interest**

There is no conflict of interest to declare among authors.

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