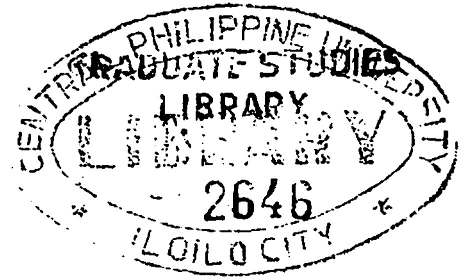
A COMPARATIVE STUDY OF HEALTH BELIEFS AND PRACTICES OF TRADITIONAL AND PROFESSIONAL HEALERS IN THE PROVINCE OF ILOILO



A Thesis

Presented to

the Faculty of the School of Graduate Studies

Central Philippine University

In Partial Fulfillment

of the Requirements for the Degree

MASTER OF ARTS IN NURSING

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by

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March 1985

CHAPTER I

INTRODUCTION

In recent years health has been an issue that has caught the interest of a number of people from both developed and less developed countries. The present status of a health system has been closely analyzed as to its relevance to the reality of the health situation.

Close examination has shown that most of the illnesses which Filipinos suffer from are self-limiting[1] and therefore may not need hospitalization. Out of every 1000 Filipinos, 430 become ill at some time or other. Fifteen per cent of these need hospitalization, and 85 per cent come down with self-limiting illnesses that can be treated at home.[2] Yet the number of people dying without receiving appropriate health care is out of proportion to the nature of illnesses contracted. This is something Filipinos should be concerned about.

One of the reasons given for the problem mentioned above is the unfairness of the total health system in the dispensation of health services, resulting in the inability

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[1]Self-limiting illnesses are illnesses which has its own specific duration and course regardless of whether, it is treated or not such as influenza.

[2]A. Banzon, "Health for All Filipinos by 2000," _Philippine Journal of Nursing_, L, No. 3 (Oct.-Dec., 1980), p. 135.

of some people to avail themselves of current health benefits. The suspected unfairness is believed to be caused by:

1. The medical industry which has created false expectations and artificial needs;

2. The pharmaceutical industry which has managed to create a form of "drug addiction" in the medical profession and the people by means of subtle incentives;

3. "Scientism" which predominates in university education, resulting in professional elitism which, in turn, results in a medical professional's inability to delegate responsibility, reluctance to train other levels, and tragically, loss of the human approach;

4. Improper personal and sectoral outlook resulting in government and non-government resources being used not to meet patients' needs but more to satisfy intellectual and scientific curiosity, the craving for prestige and even economic gain of the medical practitioner.[3]

Another form of unfairness is to be found in the tendency of health personnel and planners to concentrate facilities and services in cities and towns without taking into consideration the number of people who could avail of such type of health care. There is also maldistribution of health manpower as can be clearly seen in the small number of health professionals practicing in the rural areas of the country. The present trend is for Filipino health personnel to want to work abroad, most preferring to work in an environment similar to that where they were trained

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[3]Julio Alberto Monsalvo, "The Church and Injustices in the Health Sector," CONTACT 67 (Geneva, Switzerland: Christian Medical Commission, World Council of Churches, April 1982), pp. 4-5.

and where they can get the most financial benefits. It is sad to note that only 3 per cent of the Filipino doctors and 12 per cent of the nurses work in the rural areas, and that there is a strong possibility that other health professionals will follow the same trend.[4]

The general health services in the past have been delivered on the basis of the complaint-response system called curative medicine. This system is dramatic, expensive, and wasteful. The tendency has been to create relatively sophisticated health services centers run by highly qualified personnel in the hope that they can be expanded progressively until the entire population is covered. Health programs in most countries are basically disease-oriented, crisis-oriented, drug-reliant, hospital-centered, with heavy reliance on borrowed or foreign technology.[5] The present health service of the Philippines has therefore created a gap between the "health-haves" and "health have-nots" because, with the present economic situation of the country, people in the community cannot afford the health service supposedly meant for them.

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[4] Jaime Galvez Tan, "Structural Analysis of Health Problems," Philippine Journal of Nursing, XLVII, No. 3 (July-Sept. 1978), pp. 77-78.

[5] Banzon, loc. cit.

The Philippines, like any other country of the Third World, made some attempts to come up with programs or strategies to make health care accessible to the most number of people, especially those in the rural areas. In the mid-seventies the Restructured Health Care Delivery System was implemented with one midwife assigned to every 5000 population, to dispense primary health care. Catchment areas were designated according to a specific Rural Health Unit. There has been the "hilot" training program since 1954, to make use of the existing manpower in the community to meet the needs of the mothers and the babies. The most recent one is the participation of the government in the Primary Health Care program of the World Health Organization, according to Letter of Instruction 949.[6]

Both these attempts resulted in a health care that is still inadequate to meet the basic health needs of the people.

The World Health Organization during the Alma Ata Conference, in 1977, decided to launch a movement for "Health For All by the Year 2000" with Primary Health Care as the key. This movement aims to help people attain a level of health that will permit them to lead a socially and economically productive life, to exploit their potential economic energy, and to derive social satisfaction from

[6]Regional Health Plan 1980-81, A Plan Prepared by Region VI Health Office (Iloilo City: Regional Health Office, 1979).

being able to realize whatever latent intellectual, cultural and spiritual talents they have.[7] This statement strongly implies that health care can be viewed now as more of a responsibility entailing active participation and involvement of individuals and community in the process of making health care accessible to all.

The Philippines has been known for its rich natural resources. Material resources related to health are evident in the abundance of medicinal herbs growing all over the country. Human resources related to health can be seen in the existence of traditional healers.

Studies have shown that, from time immemorial, man has turned to those engaged in the art of healing and to significant others in times when he is sick.[8] In the past, most of the illnesses in the community were handled either by the family of the affected or by traditional, indigenous healers. Before the advent of modern technology people were happy and contented with how the sick were traditionally taken care of. In instances when such sickness could not be relieved or cured, they simply accepted it as God's will, thus allowing the individual to die with dignity.

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[7] H. Mahler, "About World Health Day," Health For All By the Year 2000 (Geneva: World Health Organization, April 1981).

[8] Nita Barrow, "Nursing: The Art, Science and Vocation in Evolution," CONTACT 59 (Geneva, Switzerland: Dec. 1980), p. 1.

Studies have shown that in many countries of the Third World many people still seek medical assistance from indigenous healers. Why this type of health care system still persists, in spite of the advance of modern technology in the medical world and the efforts to minimize the employment of traditional healers, is something worth looking into.

Statement of the Problem

The participation of traditional healers in community health care is a fact that has attracted scholars and researchers. Studies have shown that it is practiced nation-wide.[9] In the province of Iloilo alone, assuming that there is one or two in each barangay, there would be about 2,000 traditional healers.[10] There are about 509 professional healers to the estimated population of 1,387,000.[11] The figures just presented give a clear picture of the inadequacy of professional health personnel in communities.

The present study intends to gather data about the health beliefs and practices of both traditional and

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[9]F. Landa Jocano, The Traditional World of Malitbog (Quezon City: University of the Philippines Press, 1969), p. 18.

[10]Moises S. Ponteras, "Folk Healing in Iloilo" (unpublished Doctoral dissertation, University of the Philippines, Quezon City, March 1980), p. 49.

[11]Philippine (Republic). Iloilo Provincial Health. Annual Statistical Report of the Provincial Health Office, a report prepared by the Iloilo Provincial Health Office, Iloilo City, 1980.

professional healers in the province of Iloilo and to compare these to the end that appropriate plans could be made to improve the delivery of health care in Iloilo by way of integrating traditional healers in the over-all health care system.

More specifically, the study aims to seek answers to the following questions:

1. What are the demographic characteristics of the professional and of the traditional healers as to age, sex and religion?

2. Do the professional healers significantly differ from the traditional healers in terms of their demographic characteristics?

3. What are the health beliefs of the traditional and professional healers regarding assessment and diagnosis, treatment and follow-up of common illnesses?

4. Are there significant differences between the health beliefs of the traditional and those of professional healers regarding assessment and diagnosis; treatment and follow-up of common illnesses?

5. Is the healers' age related to the degree of their reliance on a particular health belief item?

6. Are the healers' health beliefs influenced by their sex?

7. Are the healers' health beliefs influenced by their religion?