Piang, Panuhot or the Moon: The Folk Etiology of Cough Among Boholano Mothers

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ABSTRACT

A qualitative study among rural mothers’ classification of the lay etiologies of childhood cough was conducted in Bohol island, the Philippines, the site of an ARI control research project which tested the effectiveness of the WHO developed acute respiratory infections standardized case management algorithm. The study aimed to look into lay models of etiology of childhood cough and the influence of these perceptions of causation on mothers’ health seeking behavior and healer choices.

Some 111 mothers participated in the study, 48 identified from among those whose child was admitted to hospital, while 63 were identified from volunteer health workers’ list of mothers with children under five years old. Case histories and illness histories were elicited from the hospital-based sample while the community-based mothers participated in focus group discussions and in-depth interviews using hypothetical situations.

Cough was attributed primarily to the folk category piang, a sprain or dislocation of tissues or nerves, due to falls or mishandling of the child. Mothers believed that this condition can only be diagnosed and treated by the manghihilot; midwives or physicians are not capable of diagnosing nor managing piang. The belief that the child has piang drives the mother first to the manghihilot (masseur), and she will make multiple manghihilot referrals to confirm or refute their suspicions.

The current program to reduce ARI mortality, specifically pneumonia, is primary curative. Its success depends on the caretakers’ ability to recognize fast breathing and to seek antibiotic treatment as soon as it is observed. The significance of this folk etiology is its contribution to delays in seeking treatment, particularly because rapid breathing is regarded as a sign, not only of pneumonia, but of piang as well. The development of health education messages should use these information in communicating cough etiology using the ‘why’ approach. The role of folk healers in disease control programs like ARI should also be explored. (Phil J Microbiol Infect Dis 1999; 28(2):59-67)

Key words: ARI, folk etiology, qualitative study.

INTRODUCTION

“Her cough started that day, you know, a natural cough.” So I started giving here herbal drinks because I thought it was due to ‘panuhot’. The following day, the cough was still there; by the middle of the day, her forehead was warm and the soles of her feet were cold. Then I thought ‘natandong seguro ang iyang piang’ (her sprain or dislocation must have been moved). But I was not sure, so I brought here to the ‘manghihilot’ (Nina).

“… Then today I heard here cough again. It sounded like cough, but since she is only six weeks old, I was not sure. So I brought here to the ‘mananambal’ (shaman). He took the child’s pulse and said that the spirits caused here illness” (Maria).

“…On the third day, Sunday, his cough started. My mother said it was because the moon was waning. She said that cough usually comes to children a few days after the full moon or when it starts to disappear from the sky” (Corazon).

The above interview extracts illustrate the varying and differing understanding of the causes of cough among children. held by mothers of rural Bohol, the Philippines, which is the focus of this paper.

Serious acute respiratory infections (ARI), pneumonia, without appropriate treatment can result in death within 48 hours. Current control programs emphasize recognition of signs of pneumonia and prompt presentation to health service for antibiotic treatment, or if the child's condition has already deteriorated, to the hospital.

The strategy to reduce mortality from ARI is primarily curative with cotrimoxazole as the preferred antibiotic - but its success depends on the caretakers' ability to recognize signs of deterioration in the child's condition - fast breathing particularly - and to present the child to a
biomedical service as quickly as possible. But this may not easily happen for a variety of reasons.

Epidemiological studies in diarrhea, another major cause of childhood mortality, regard caregivers' beliefs, attitudes and behavior as independent variables predicting the risk of diarrhea morbidity and mortality.\(^1\)\(^-\)\(^4\) In fact, an earlier paper on ARI identified the folk diagnosis of cough as the basis for selection of first resort for care in the management of childhood ARI and caused delay in consulting health services.\(^5\) Nichter\(^6\) has identified several similarities between diarrhea and ARI, and maintains that the lessons learned from diarrheal disease research should be applied to ARI, if community control programs are to be initiated and effective. However, studies concerned with the cultural construction of ARI have been relatively uncommon, until the development of the Focused Ethnographic Survey (FES) by the World Health Organization.\(^7\)\(^-\)\(^14\)

This paper then describes in detail the folk categories that relate to the etiology of cough and examines its implications in terms of health seeking behavior and ARI control.

The Field Setting

The data used in this paper was collected as a part of a larger study which focused on the operational decision dimensions which influence the health seeking behavior of mothers in response to an ARI episode in children.\(^15\)

The study was done in Bohol, a rural province located in central Philippines, south of Cebu. It is the tenth largest island in the country, with a predominantly agricultural economy. The literacy rate of the population (92%) compares favorably with the national average. Household and per capita income is however low because of the absence of an industrial base.

In the island province of Bohol and nationwide in the Philippines, pneumonia is the leading cause of infant mortality; in 1989, the rate of deaths from pneumonia in the island was 11.9 per 1000 live births and accounted for over 25% of all deaths of infants and small children.\(^16\) The Bohol Acute Respiratory Infections (ARI) Project was one of eight mortality studies conducted in several countries which aimed to test the effectiveness and feasibility of reducing pneumonia mortality in children under five years old, using the standardized case management algorithm developed by the World Health Organization.\(^7\)\(^-\)\(^17\) The project generated extensive epidemiological, clinical and socioeconomic data from 1984 to 1991.

MATERIALS AND METHODS

Data for this report were gathered from the municipalities of Dauis, Lila, Jagna, Garcia Hernandez and Duero, where the Bohol ARI Project was earlier implemented. Data collection was done from January to September 1994, three years after the pilot activity was completed.

Some 111 caretakers with children under five years old participated in the study. Forty-eight were selected randomly from among those who had a child admitted for pneumonia at either the Jagna District or Bohol Regional Hospitals between December 1993 and August 1994 (hospital-based sample). The other 63 mothers were residents of five other barangays (villages) and were chosen randomly from the Barangay Health Workers\(^18\)\ list of mothers with children under five years old (community-based sample).

The caregivers in this study had a mean age of 31.7 years, nearly all were housewives and had on the average four children, two of whom were under five years old. Forty percent of the group had at least six years of schooling, while only seven percent had some college training. The household monthly incomes, where these mothers belonged, ranged from 1,000 to 3,000 pesos a month with a modal and median income of 2,400 pesos (US$96, at US $1 =25 pesos).

Case histories and illness narratives were elicited from the hospital-based sample mothers. Such information as perceived cause of the child's illness, course of illness as illustrated by physical and observed behavioral changes, and healthseeking behavior of mothers were obtained. The child's post-confinement condition was ascertained to draw a complete picture of
the illness episode.

Five focus group discussions (FGDS) were conducted among the community-based sample mothers to gather information about maternal concepts of health and illness, cough as an illness, and their beliefs of the causes of cough and its treatment. Vignettes were also administered to the community-based sample to elicit a catalogue of the hierarchy of therapeutic responses they would take in response to the child's given condition. The situation, which highlighted a local folk etiology, was narrated to caretakers, who were asked two questions: (1) How seriously sick is the child in the story? And (2) If you were the mother in the story, what is the first thing that you would do in response to the child's given condition? Each response to the second question, was followed up by asking 'What would you do next if the child does not get well?', which was repeated until a point was reached when the informant indicated that either cure would ensue or nothing else could be done.

Interviews and focus group sessions were tape-recorded, transcribed and encoded using ethnography. Transcripts were subsequently reviewed and analyzed.

RESULTS

Cough as an Illness

Ubo (cough) is regarded by all mothers as a common illness among children; although pathological, it is regarded as a normal part of growth and development. As reported by McNee et al., there are many kinds and descriptions of ubo, according to the sounds produced and the duration of the cough. Cough may be simple (simple), natural (natural), humok (soft), gahi (hard) or kagalkal (rattling) or hutoy (paroxysmal).

Simple or natural is used to describe a cough which has just started and is non-productive. Cough which has lasted for a week may still be regarded as natural or simple if no other signs of illness, as fever, is presented. However, after a week cough often becomes hard (gahi nga ubo) and child makes a rattling sound (kagalkal). Hutoy is used to describe paroxysmal cough often used interchangeably with hubak (asthma).

Mothers explained that when cough is not hard, giving the child herbal drinks can make the cough soft and productive. Hard cough occurs when the phlegm has 'stuck to the lungs' resulting in rattling chest sounds. Giving herbal drinks when the cough is hard is not usually effective. All mothers agree that hard or rattling cough is a serious condition. When left untreated, the mucus may spread throughout the lungs and the condition is labeled pulmonya (pneumonia). The removal of mucus is so important that some mothers induce vomiting by putting their finger in the baby's mouth.

Folk Models of the Etiology of Cough

Following Helman's classification of lay etiologies of illness, the Boholano etiology of cough was categorized under the following headings: attributes of the child, the natural, and supernatural world. Ubo is caused generally by elements in the child's natural environment or attributes of the child himself and is rarely attributed to elements in the supernatural world. Mothers stated that infants and young children are vulnerable to ubo because of his age, poor nutrition or simply because cough is a normal part of the child's growth and development.

Cough is also believed to be caused by 'cold' elements, such as the wind or water, or the moon. Personal vulnerability, physical ailments, hereditary disease, external invasion by germs, a state of bodily imbalance, contagion, poor nutrition, ordinary falls or slips, cause cough in children according to the mothers in the study. Piang is recognized by most as the major cause of cough in children.

Piang is a fracture or dislocation of either nerves or tissues, affecting any part of the body.
brought about by a fall or mishandling. To result in a cough, the fracture or dislocation should occur in the chest, the back, or underarm. This fracture or dislocation is believed to result in the rib cage pressing onto the lungs and thus the child coughs as a response to that pressure. Among young babies, piang is usually the result of mishandling by inexperienced persons, particularly elder siblings. Among older infants, piang happens when they strike their chest on the floor or furniture when they crawl or move around. Participation of older children in intense physical activities, resulting in falls or slips, could result to piang. A child may have as many episodes of piang as the number of falls or mishandling s/he experiences; piang can occur on an old spot or a new site. If piang develops on the locale of an old, healed sprain, then the condition is known as nabikil o natandog ng piang (healed dislocation or fractured has been moved or misaligned again). Cold wind which could also enter the piang site can also cause cough; the condition is termed gipanuhot ang piang.

Piang in children is an event difficult to avoid. Children are naturally active and restricting their movements is problematic. Since mothers are occupied with doing child care, household maintenance tasks, or even income generating activities, watching after each child closely is difficult. In the closely knit Boholano family, older siblings or kinswomen such as the child’s aunt, grandmothers are involved in child care. But while experienced caretakers like grandmothers might prevent a fall or slip, elder siblings are not so able. Mothers in focus group sessions sounded resigned to the fact that they could not prevent its occurrence, saying: 'If the child will have piang, then he will have piang, even if you will watch him closely'.

Mothers agreed that if the child fell or slipped during the day, the same night s/he would have cough, fever and cold clammy soles, indicative of piang. However, in the absence of a fall, ascribing the child’s condition to piang is difficult, particularly because piang can be confirmed only when the child is relieved of his or her cough after a hilot. Hilot or massage is believed to be the appropriate treatment for cough due to piang or panuhot sa piang. Mothers believed that the massage will restore displaced bones and tissues in their proper places and thus stops cough, or in the case of gipanuhot ang piang, releases accumulated air from the piang site. Only the manghihilot (masseur) can diagnose the presence of piang or panuhot sa piang, and is the only person capable of treating the condition; neither midwives nor physicians can diagnose nor treat piang. The persistence of cough after hospital confinement almost always results in manghihilot referral. Mothers assert that while physicians had treated the cough, they had failed to address its cause.

Next to piang, natakdan (contagion) was the most commonly cited cause of cough in children. Mothers explained contagion as occurring when a sick person coughs in front of a healthy person or when a nursing mother coughs while feeding her baby. It was difficult for the mothers, however, to describe of explain the dynamics of transmission. Only one informant among the hospital-based sample mentioned germs as cause of cough. For most caretakers, germs are found in unclean things, but were not regarded as minute particles expelled during coughs or sneezes.

Poor nutrition was regarded by a few mothers as cause of cough. Lack of proper nutrition makes the child thin and affords little or minimal resistance against illnesses, thus making him vulnerable to illness. Other reported causes include hapo (fatigue), allergies to specific items as cat’s hair, talcum powder, and food (including breast milk). Cough, like diarrhea, is also associated with teething.

Aspects of the natural environment such as the wind, moon, sun and stars, and injuries caused by animals and birds, are placed under this category. Boholano mothers in particular see the wind and air as important causes of cough.

Panuhot occurs when wind enters the body’s nerves and tissues, causing pain and swelling in areas where air has consolidated. Cough due to panuhot follows when a child’s wet shirt dries on his/her back, or when the child is exposed to the wind immediately after taking a shower by not dressing quickly enough, taking a ride in an open vehicle, or being exposed to an
electric fan. The ‘cold’ consolidates on the piang site and thus cause cough. When touched by the manghihilot, the site is swollen and thus the diagnosis of gipahinuhot ang piang.

Cough may also be the result of the inability of the body to cope with changing temperatures, usually from hot to cold. Cough due to subaw could result from a child’s getting wet in a sudden downpour on a hot day, playing with water or taking a shower after being in the sun for a long time or inhaling steam rising from the ground after a sudden shower. A mother who breastfeeds her child soon after she has been exposed to the sun could cause cough in the child. Subaw is very similar to panuhot in that both illustrate the ‘hot-cold’ categories.20 The difference lies in the fact that in subaw the origin is usually liquids, while with panuhot, the origin is wind.

Caregivers believe that anything bugnaw (cold) causes cough-exposing the child to something ‘colder’ than what he is used to. Cough may occur after a child has drunk old water, has a long bath, played with water for a long time, or slept on a cement floor or exposure to the morning dew or evening air. Tun-og, which may refer either to the morning dew or evening air, is cold. Children are not allowed to go out of the house once it is dark, nor set foot outside the house until the morning dew is dried up by the sun because they could get tun-og and then cough. If they have to go out, they must wear thick shirts and cover their heads.

Gihampak sa hangin (struck by the wind) can also cause cough. Caretakers stated that there are ‘good’ and ‘bad’ winds, with the latter generally believed to cause illnesses. Monsoons are believed to be ‘bad winds’ and thus the months of July to September, when south-westerly monsoons blow, are described by mothers as the ‘cough season’.

One informant reported that cough can also be attributed to certain phases of the moon. In a few barangays people reportedly close their windows in the evening during the waning of the moon to avoid being struck by the moonlight. Daugon is the term for the phenomenon:

> Usually cough appears a day before the moon wanes and persists until the moon wanes and persists until the moon is on its last quarter. You can tell that the cough is caused by the moon because the child is also restless and moody (Fe).

Ascribing illness to the supernatural environment suggests that ill health is brought about by spirits, gods and ancestral beings or moral transgressions. Cough, however, is rarely attributed to the supernatural. In this study only two mothers attributed cough to the supernatural environment. One caretaker revealed that her daughter’s cough was a punishment from the spirits for her father’s moral transgressions. In another case, a 6-week old girl’s cough was attributed to the failure of the mother to thank the spirits for her safe delivery, a diagnosis made after she consulted a shaman. The couple, in this latter case, proceeded to offer chicken to the spirits rationalizing that they would not lose anything by complying with the shaman’s recommendation. The disappearance of the child’s cough a week after the offering, strengthened the mothers belief in the spirits hand in the infant’s cough.

**Perceptions of Piang and Healer Choices**

As piang is verbalized as the major cause of the cough, its implications on mothers’ healer choices are highlighted here. Perception of piang as the cause of cough was the most important reason cited by mothers in both the community and hospital sample for soliciting the services of the manghihilot. An equally important reason was the mothers ‘faith in the manghihilot as the appropriate healer of piang, expressed in such terms as ‘only the manghihilot can diagnose and treat piang or, more emphatically, that ‘the midwives or hospital doctors are note capable of treating cough due to piang.’

An examination was done of the hospital-based sample’s hierarchy of resort, relating them to perceptions of cause of the child’s condition. Information on the perceived cause of the child’s condition was available in only 33/48 case histories. Nearly half (15/33) of the mothers believed piang was the cause of their child's illness. All but one of the 15 caretakers who said so,
went to the manghihilot first; three caretakers who ruled out *piang* as the cause, nevertheless, consulted the manghihilot first. Majority of the mothers in the hospital-based sample (25/33) went to a manghihilot at least once during the course of the child's illness to 'rule out' *piang* as a possible cause.

The significance of eliminating *piang* as a cause of the child's cough was further confirmed by seven mothers of this group who made two or more manghihilot consultations, before and after the child's hospital confinement, for the following reasons: 3 mothers modified their perceptions of causation, e.g. from spirits or *natun-ogan* to *piang*; 3 mothers were convinced the manghihilot did not do the massage in the exact place where the *piang* was; 1 caregiver said the hilot was not 'compatible' with the child; 1 caregiver believed the first hilot was not effective because it was done quickly and briefly; 1 caregiver was convinced the condition was caused by *piang* because cough persisted even after hospital confinement; 2 mothers referred to the manghihilot again upon the grandmothers' insistence.

Belief in the *piang* model was so strong that the failure of the hilot to effect cure was attributed to limitations of the therapy applied by the manghihilot. The data suggest further that the failure of the manghihilot to effect cure will not make mothers lose their confidence in their competence, but instead to blame themselves for their own inaccurate 'diagnosis' and hence, inappropriate choice of a healer. Furthermore, the mothers' evaluation of the effectiveness of the hilot was related to specific and particular episodes of cough, rather than to all cough episodes.

To validate further the influence of perceptions of *piang* as the cause of the child's cough on 'healer shopping' and ordering of resorts, a hypothetical situation was used and presented to the mother-respondents. A scenario was developed specifically to discover the sequence of action mothers will take when they suspect that *piang* may be the cause of the child's illness: Landa does not have much to do except care for her two children. Her husband Mario is out most of the day as a tricycle driver. When Landa woke up this morning she heard her 6-month old baby boy coughing. When she touched the forehead and palms of the baby, she concluded that they were warmer than usual. She remembered that the day before, the baby's chest struck the floor when he attempted to crawl. Landa has been taught by the midwife to use paracetamol for the child's fever. How seriously sick is the child in the story? What will you do first if you were the mother in the story? What will you do next if the child's cough and fever persisted?

Table 1. Sequence of proposed health seeking resort when caregivers suspect *piang* as a cause of the childhood cough.

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<tr>
<th>Proposed Sequence of Health Seeking Resort</th>
<th>n=25</th>
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<tr>
<td>Manghihilot referral and give paracetamol at the same time → hospital referral</td>
<td>8</td>
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<tr>
<td>Manghihilot referral and give paracetamol at the same time</td>
<td>5</td>
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<tr>
<td>Manghihilot referral → hospital referral</td>
<td>3</td>
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<tr>
<td>Give paracetamol → manghihilot referral</td>
<td>3</td>
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<tr>
<td>Use herbs → manghihilot referral</td>
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<tr>
<td>Manghihilot referral → MHO referral → hospital referral</td>
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<tr>
<td>Give paracetamol → manghihilot referral → hospital referral</td>
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<tr>
<td>Manghihilot referral → herbal treatment → midwife referral → private doctor referral</td>
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<td>Manghihilot referral → midwife referral → hospital referral → manghihilot referral</td>
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<td>Manghihilot referral → midwife referral → hospital referral → hospital referral</td>
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When presented, the 25 caregivers responded with ten possible patterns of resort (Table 1). Twenty said that their first action would be manghihilot referral either alone or simultaneous with paracetamol administration; four would commence treatment with paracetamol and proceed to seek manghihilot care if no improvement was evident. In the event that initial manghihilot consultation did not make the cough disappear, two caregivers would make further manghihilot referral.
DISCUSSION

How typical are these folk models of causation held by Boholano mothers? Piang as a significant cause of cough is prevalent not only in Bohol but in other areas of the Philippines as well. Leiban, in a study of children in an urban setting in the nearby island of Cebu, reported that piang was among the primary causes of their respiratory illness. Pilay hangin, the equivalent term of piang, in the Tagalog speaking provinces, was widespread among caretakers of Mindoro. Piang was also recognized by caregivers of northern Mindanao as a cause of cough among children. West Javanese mothers similarly believed that kecetit (spraining of the child's muscles) because of mishandling or a fall “causes displacement in the torso, poor blood circulation, fever and cough.” Gittelsohn also reported that mothers in the Gambia attributed cough to mishandling or falls.

While reports based on the FES do not indicate how coughs due to falls or mishandling were treated, studies conducted in other parts of the Philippines associated its treatment to folk and indigenous healers. In other countries, cough was associated more with elements in the natural environment, exposure to the cold or rainy season or changes in the weather from hot to cold.

Boholano mothers' causal reasoning for their patronage of the manghihilot was similar to those reported in earlier studies. It also confirms the general perception that traditional and indigenous healers are generally associated with folk explanations of illnesses. For instance, the curanderos are recognized as the appropriate healers for empacho or pujo de sol, people who can say prayers are believed to be the appropriate healers to treat maljo, or the mghanga who treats degedege (convulsive movements of infants and young children). In contrast, Nichter and Nichter regard mothers' choice for the folk healers in cases of pilay hangin as based more on the cost-benefit reasoning rather than perception of causation. But this did not appear to be the case in Bohol. The affordability of the manghihilot's services was cited by only 3/15 of the hospital-based sample mothers as a significant factor in their choice, and was not mentioned at all by the community mothers who participated in the focus group discussions. Hospital-based sample mothers who patronized the manghihilots revealed that the healers' fees are not truly inexpensive - it ranged from 2 to 50 pesos (US$ 10 cents - US $ 2), excluding transportation expenses. The costs is multiplied two to three times over when the mother complies with the 'full treatment' of three massages for three consecutive days. These rates are relatively higher than the donations one may or may not choose to make when referring to the barangay health centers. The higher range of 50 pesos could purchase for the family three kilos of rice or one 50 ml bottle of cotrimoxazole. What this information, however suggest is that caregivers were willing to allocate limited resources to confirm or refute their suspicions of the cause of the child's illness, which could otherwise have been used in the purchase of antibiotics.

The presence of manghihilot, believed to be the most appropriate healer for piang or panuhot sa piang, significantly affects mothers' decision to seek care from the biomedical sector. Continued use of the manghihilot implies that caregivers value their healing skills and that they found logic in the healers' explanation of the cause of their child's illness in a more meaningful manner, thus giving mothers the comfort and assurance that they were responding to the child's condition appropriately. Nevertheless, it is apparent that although folk healers are preferred for culturally defined conditions, caretakers do not persist to seek care from them when the child does not improve or in fact becomes worse. Instead caretakers will negotiate for care from midwives and hospitals without necessarily modifying beliefs of causation. Moreover, the failure of a hilot to effect the disappearance of cough, will not deter mothers from entertaining the possibility of piang causing the succeeding cough conditions.

The significance of this folk etiology lies in its contribution to delays in seeking treatment. In several focus group discussions, the presence of rapid breathing, acknowledged by mothers as a critical sign of pneumonia, was also suggested by some as indicative of piang. If
the child was breathing fast and a caregiver thought the child has piang, she may seek help from the manghihilot rather than from the midwife or doctor. This action places the child at added risk because there will be delays in seeking biomedical treatment. Mothers in the hospital-based sample who referred to the manghihilots first, brought their child to the hospital 4.3 days later compared with the mothers who went directly to a midwife, physician or the hospital (2.6 days).

This investigation was conducted in areas where ARI health education activities had been conducted within the Bohol ARI Project three years after its completion. Messages developed earlier, to improve mothers' knowledge about cough and its management, failed to integrate and incorporate ethnomedical explanations of the causes of cough. Although project managers were aware of piang, they opted to ignore it believing that not addressing the concept would lead to its eventual abandonment. This did not happen. The health teachings, which the midwives and BHWs continued to deliver, three years henceforth and when the ARI control program was already implemented as major disease control program, failed to address the issue of cause of cough and had left caretakers confused: “I could not understand what has happened to my boy. When I went to see the folk healer, he told me that my child was breathing rapidly because gipanuhot ang piang. When I brought him to the hospital the doctor told me he had pneumonia. I could not understand how and why he got pneumonia when I take very good care of him – for as long as he does not have fever. I give him a daily bath, give him nutritious food, prevent him from getting cold - why does he have pneumonia (Elena)?”

Definitely, these same information on cultural explanations of causation can be used to develop messages which will guide caregivers to seek prompt and appropriate health care when indicated and necessary. Kendall et al,3 suggest that the failure of the ORT program in Honduras was the unwillingness of health officials to use ethnomedical findings in health education activities. Kleinman et al27 likewise advised health planners not to discredit local illness idioms but rather, to use them to address biomedical concerns.

Adopting a dismissive attitude towards an illness category shared by caregivers and folk healers, without providing an alternative explanation from the biomedical sector, may cause, not only delays but rejection of treatment necessary for life threatening conditions, like pneumonia. Perhaps there is a need to confront local etiologies, rather than ignore them, and use such concepts as starting points from which a more 'accurate' and correct reasoning from the biomedical viewpoint could be introduced. This is difficult to do as health workers are confronted with beliefs and traditions developed and confirmed through time and are occasionally substantiated by experiences. Veering away from the biomedical focus of 'how' transmission occurs and exploring ways to communicate cough etiology using a 'why' approach, may be useful. Of equal importance in addressing the folk models of causation, is a recognition of the potential contribution folk healers can play in child survival programs like the Control of Diarrheal Diseases and Acute Respiratory Infections.

Manghihilots enjoy considerable credibility in the communities; they are accessible, acceptable and accountable to the social network of which they are a part. In some areas, where communities have limited or no access at all to basic health care offered by government health services, where mothers define cough in culturally meaningful ways that do not correspond with biomedical explanations, and where they hold clear distinctions between those illnesses which could be treated by folk healers and those by government health workers, manghihilots are better accepted than the BHWs trained by the Department of Health. As a result mothers may not respond consistently to cough episodes and will expose their children to increased risks. Since manghihilot see and treat children with cough, it would be an added advantage for an ARI control program to have an ally in the manghihilot who could then be trained to refer children brought to his attention with cough and rapid breathing.2

Research conducted by the Bohol Project on folk healers highlighted the willingness of folk healers to collaborate with government services and to undergo training if required. Their cooperation could result in the early identification and referral of the child with pneumonia and
thus their prompt and appropriate treatment.

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18. Barangay Health Workers or BHWs are community health volunteers who act as the links between the community and the Barangay Health Station, the lowest level health facility of the Department of Health. They are minimally educated barangay (village) residents, nearly all women with at least six years of education; nearly one-half of these volunteers have children under five years old. Although a few volunteered for the job, the majority were recruited by midwives and barangay leaders in 1980 in response to Department of Health directives. A BHW is responsible for the health needs and problems of the population within her area of responsibility composed of 20-25 households. Among the tasks of the BHW are vital events reporting (births and deaths), identification of pregnant women for prenatal care, weighing of children under 6 years old once a year and assist the midwives in the implementation of the DOH programs as Control of Diarrheal Diseases, Expanded Program of Immunization, National Tuberculosis Program and Acute Respiratory Infections.
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