

## A STUDY OF HEALTH PRACTICES IN THE SLUM OF BARRIO BONIFACIO \*

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### Introduction

The City of Manila has often been termed "The Show Window of the Philippines." This description creates the impression that Manila is an ideal city, hygienically, socially, economically and topographically. The term, however, is misleading, for like most other cities of the world Manila is plagued with sore spots—slums, squatter areas, dive-gambling dens, houses of ill-repute and other such social and economic ills.

This survey of the health practices of the slum of Barrio Bonifacio was conducted to describe the actual health practices of the people in this slum area, to determine and analyze the factors associated with these conditions and to suggest practical plans for action.

Life in the slums is characterized by extreme want and misery; and before these may be removed, it is necessary to discover the reason for their persistence as well as the influence of slum life on the attitude, thought and behavior of the inhabitants.

This particular slum of Barrio Bonifacio was selected because its conditions seem typical of slum life in Manila. The major aspects of slum life—health practices, health facilities, other living conditions, education, recreation, religious superstition, folk medical practices, income and other economic aspects—are described and analyzed.

A total of 50 families representing 1/24 of the 1,200 families in Barrio Bonifacio were interviewed at random. Observation of all behavior patterns related to the study, like method used in human excreta and garbage disposal, manner of eating, marketing sanitation, form of recreation, first aid remedies, nursing, preparation of food were observed at first hand.

### Findings

Barrio Andres Bonifacio, located in the district of Tondo, is one of the few barrios within the limits of the City of Manila. It covers an area of about 10 hectares or 100,000 square meters. Today there are about 1,200 families comprising about 8,000 inhabitants who have come to this area under various circumstances.

A considerable number of families who failed to be accommodated in Barrio Fugoso after the war sought refuge in this area. Later groups, such as occupants of other slum areas, as well as refugees from Huk-infested provinces and evicted squatters from different areas in the city, were attracted. The destruction wrought by typhoon "Jean" in 1946

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brought more families to this reclaimed area. In a short period of time the area had a considerable population.

It was found that illiteracy exists in this slum. Out of the 50 heads of families interviewed, only one father finished college. Seven fathers and four mothers finished the secondary grade. Nine fathers and six mothers finished the intermediate grade, and thirteen fathers and nine mothers, the primary level. These 50 families have a total of 177 living children. Of these 177 children, 80 or about 45.2% are of school age. Only 37 of these 80 children, or 46.25%, go to school regularly. The remaining 43 children, or 53.75%, were found to have attended school, but had to stop before the end of the school year.

The majority of the families interviewed have a very low level of living and often, have to live from hand to mouth. This situation is clearly evident to even a casual visitor to the area, for the type of house construction and the mode of living in this community make most details of daily life plainly apparent.

With regard to the health and medical aspects, the majority of these slum dwellers in Barrio Bonifacio solicit the services of the *herbolario*, (herbalists), and *hilot*, (traditional, unscientific midwife or massager), because they cannot afford to pay medical fees. The quacks charge very little medical fees, if at all. Besides, their "prescriptions" are generally much cheaper than those of the doctors.

It was noted that the *herbolario* and *hilot* are looked upon with respect, affection and confidence by most of the residents of Barrio Bonifacio. Aside from the fact that these dwellers are often treated by them without charge, some of the activities of the *herbolario* and *hilot* bear favorable results, according to the families interviewed.

Two typical cases supposedly cured by an *herbolario* are as follows:

Case No. 1: Dysentery cured by the use of an herb.

A relates:

One of my daughters got sick with dysentery. I called our family *herbolario*. He brought with him betel leaves and oil. He heated the betel leaves and spread oil on them. He murmured some sort of prayers and spread the leaves on the painful part. This was repeated for three days. After the third day, the sickness disappeared.

Case No. 2: Sickness caused by spirits and cured by 9 days' prayer.

B relates:

My third son had a severe stomach ache for five successive days. An *herbolario* advised me to have a novena for our dead. For the dead, according to him, would touch the stomach of my son. I did what he said, and on the ninth day of our prayers my child got well.

While many ancient customs and ideas are often branded as mere superstitions; it is, however, interesting to note that closer examination of a few of them reveals that they have a vital basis. Most of the herbs used by the people of Barrio Bonifacio have been found by the *Colegio Farmaceutica de Filipinos* to have medicinal value. It is not surprising,

therefore, that the residents continuously depend on the use of these herbs.

In the neighboring district of Barrio Bonifacio charity puericulture centers are found. In spite of these facilities available to the slum dwellers of Barrio Bonifacio, the majority of them do not make use of them. Significantly enough, they have developed an attitude of indifference to health centers for varied reasons.

Some of the families interviewed reported that some doctors and nurses expressed no sympathy for their plight. According to them, the *hilot* and *herbolario* give more sympathetic care and understanding. Apparently this adverse news about center doctors and nurses spread and, in due time, influenced the judgment of others—slum mothers especially—which resulted in their having developed psychological phobia of health centers.

Some mothers consider going to health centers a loss of time. They are too busy caring for small children and other household activities. Another reason for the apathy toward health centers is the fact that the residents go there expecting to be given purely medical treatment. But since the goal of all health centers is clinical, as well as providing preventive medicines, clients are given pointers on how to preserve their health and ward off disease. Not being satisfied, patients develop antagonism towards the center doctors, nurses and the centers themselves.

Sometimes the barrio residents resign themselves to the idea that disease is God's will. When this happens, prayer is resorted to as the only remedy.

Prayers, novenas, offerings, burning of candles in honor of the saints, recourse to the *herbolario* and *hilot* with their prescribed medicines such as roots, barks, leaves, seeds and other herbs, conjuration of spirits, and the application of home remedies—these means of curing the sick are practised today by the residents of Barrio Bonifacio. Side by side with their traditional practices is a very slight tendency to embrace modern medical treatment. They have on the whole deviated little from their heritage of ancient ways of life, in spite of the availability of modern medical services in the Philippines.

These residents of Barrio Bonifacio cling tenaciously to folk medicine. They live in an unhealthy abode not from choice, but because there is little alternative for them. Like all people desirous of self-preservation, they are ready to welcome a chance for improvements, but only if the program for change is consistent with their existing pattern of culture.

While the majority of their superstitions and practices are irrational; they are, however, associated with varied factors which are not completely within the control of the slum dwellers. In this connection it is significant to note that during the incumbency of City Mayor A. Lacson, efforts were made to clear Manila of slum dwellers forcibly. Their houses were demolished and they were transplanted to some supposedly ideal site. Yet after a time their plight in their new environment was as bad as in their former place, if not worse. Unhealthy surroundings characterized the new areas—dilapidated houses, lack of baths and toilet facilities, and inadequacy of water and light facilities. The church, school, health centers, places of work and recreational areas, which were once within walking distance from their homes, are now considerably

farther. In view of this, many of the ejected slum dwellers return to their old places, or join some other slum areas, or settle in a new place which results in the establishment of another slum district. Consequently, despite efforts to cop with the problem, it remains unsolved.

### Interpretation

The material gathered in this study lends further weight to the importance that sociologists assign to culture. The health practices noted in Barrio Bonifacio do not operate *in vacuo* but are merely one segment of the prevailing culture pattern. Therefore, any effort to alter these health practices is destined to extreme difficulty if not complete failure unless the role of culture is recognized and given due allowance.

The evidence for this view is quite plain. First of all there is the highly significant fact that although free modern medical care is available, the people reject it. Therefore, it is not poverty which prevents them from utilizing these medical facilities. Coupled to this is the fact that the *herbolario* and the *hilot* actually charge for their services and so, on economic grounds could be viewed as less desirable than a free government clinic. Yet the people still prefer these traditional practitioners.

The third finding in regard to these residents of Barrio Bonifacio which is most striking is their attitude towards the government clinic and its personnel. They did not complain about the inefficacy of the treatments but about the form of social relationships which prevail in the clinic situation. Now let us examine these three points from the perspective of sociological theory.

It is known from other studies that most of the slum dwellers in Manila are recent migrants from rural areas. Therefore, they have come from a *Gemeinschaft*, folk background. They also are still familistic and desirous of carrying on social contacts in a primary, personal atmosphere. This is particularly important to these people when a family crisis occurs such as birth, death, or illness. These are, of course, emotional attitudes which are not subjected to rational self-criticism.

The *herbolario* and *hilot* both operate on a personal, *Gemeinschaft* basis. Moreover, the role of these persons in the folk culture of these people is well-defined and deeply rooted. The clinic situation, on the contrary, is not only a totally unfamiliar situation and so has not been given a "social definition" for the people, but also operates on a *Gesellschaft* basis. Hence the residents of Barrio Bonifacio would rather pay money to an inefficient but familiar healer who has a well-defined role and operates in the traditional familistic *Gemeinschaft* manner.

This all means that such proposals for improvement which are of a *Gesellschaft* nature will have little or no success in Barrio Bonifacio. Therefore the ideas of more clinics, an intensive health education, improved sanitary facilities, and a higher level of income will not produce the desired results. The only way to a real lasting change in the health practices of the people in Barrio Bonifacio is to work within the familistic-*Gemeinschaft* cultural framework, inventing new techniques and discarding the ineffective methods that were developed for a different pattern of culture.