

# MATERNAL AND CHILD CARE AMONG THE TAGALOGS IN BAY, LAGUNA, PHILIPPINES

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## INTRODUCTION

The purpose of this paper is to present an ethnographic picture of certain aspects of maternal and child care among the Tagalogs inhabiting the municipality of Bay, Laguna, Philippines.<sup>1</sup> It is hoped that persons working in programs of family planning, maternal and child health, and community medicine will find the data useful. No theoretical model is worked into the data. Our aim is to illustrate empirically that traditional practices associated with maternal and child care are not at all guesswork, as most health innovators often think them to be. Maternal and child care in the area is handled by individuals who are adept practitioners. Their training and skills differ from those of modern physicians and nurses, if only because the medical technology available in the community is less developed than that found in urban centers and universities. But this does not mean that folk medical practices are based entirely on unsound medical knowledge. This assertion becomes clear and undebatable if one assesses medical practices in Bay in the context of the local technology known and accessible to the people.

The merit of this assertion lies on the fact that for a peasant group to be able to develop standardized ways of handling medical problems, to cultivate wild vines and grasses as effective medicinal plants and abortifacients, to recognize disease and prescribe the best plant to cure it, to formulate a body of beliefs that serves as guideline for systematic medical action—this, to my mind, is enough argument to show that folk medicine has also developed out of a genuine scientific attitude, sustained by observation and experimentation. To deny this credit to the people is to be blind to the fact that many of them have indeed been cured of their ailments through folk medicine and that many mothers have delivered their babies without difficulty with the assistance of the *magpapaanak* or *hilot* (indigenous midwife).

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<sup>1</sup> Acknowledgement is due to two able field researchers, Miss Carolyn Israel and Miss Lerma de Lima, without whose assistance this study would not have been achieved. The author likewise wishes to acknowledge the financial support of the Rockefeller Foundation, through the Comprehensive Community Health Program, University of the Philippines.

*The setting*

The data for this study was gathered from farmers and fishermen living in the municipality of Bay, province of Laguna, by interviews and direct observations. Initial contact with the community started with brief visits in 1968. The interest was later developed into a full-scale research project in 1969, following an invitation from the Comprehensive Community Health Program (CCHP) of the University of the Philippines to join its work in the area. Intensive interviews with as many informants as were willing to cooperate were carried out in mid-1969, along with participation in almost all community affairs. Regular but brief visits took place thereafter, and communication with key informants continued into 1970.

Bay is one of the thirty municipalities of Laguna province. It is approximately sixty-eight kilometers south of Manila and is located close to the shore of Laguna Lake. It stretches in varied topography from the shores of Laguna Lake to the foothills of Mt. Makiling, covering an area of approximately 4,687 hectares. In 1960, Bay had a population of 11,416. The census conducted by the Comprehensive Community Health Program places the number at 15,026 people in 1970. Agriculture is the dominant source of livelihood in Bay. Fishing is limited to the barrios close to the lake.

Bay social organization is based upon kinship. Social cohesion between families in the barrios and inter-barrio movement of individuals and families within the community are often influenced and, to some extent, regulated by kinship ties. Structurally Bay kinship is bilateral. That is, relationship with the kinsmen of the father and the mother are reckoned with no marked structural distinction of either side, such as exists in unilineal societies. There are no clans, moieties, or lineage organization. The individual may indicate higher associational preference for or greater effective ties with kinsmen from one parental side. But this is the case mostly when residence is established among or close to a particular kin group. This is not an organization principle; neither is it a rule of social relations. It is a matter of individual choice. Ego (any male or female) and his siblings continue to maintain the *link* to two unrelated or distantly related groups in spite of personal preference.

The basic unit of social, political, economic and religious activities within the community of Bay is the nuclear family. As ideally constituted, it is composed of the father, the mother, and their unmarried child or children who are either adopted or biological offsprings and either living with them or not. In what might be described as its "elementary" form, the family in Bay excludes close kindred outside of conjugal, parental, and filial relationships, although such persons may share the same residence. Characteristically, the family is unstable until the birth of the child; the mere living together of husband and wife

does not constitute, insofar as the people are concerned, a family. The birth of the child or children is necessary to give it form and character. In other words, it is the birth of child or children, or the adoption of one, which formalizes the structuring of the family and gives it more stability by putting the welfare and future of the child above all other considerations in the relationship between the man and the woman.

In this study, I shall deal mainly with local practices associated with the coming of the child or children. If children provide structure and stability to Bay family, then the birth of children and the care of them must constitute one of the important events in the lives of the people. For this reason, I shall limit my discussion to the following questions: How are pregnant mothers attended to and in what way do they receive medical attention? What is the nature of the prenatal, delivery, and postnatal care? How are infants nurtured? In the process of growing up, what are some of the cultural mechanisms used in dealing with problems of health and sanitation?

#### *Cases of pregnancy*

People in Bay view life as a continuous process which begins at conception and ends at death. The different phases between these two poles of existence are characterized by different medical problems and different ways of dealing with them. Among these problems is pregnancy. The biological cause of pregnancy is known to the people. They talk about it freely among themselves. A woman becomes pregnant through a series of sexual coupling with a man. Of course, there are aberrant cases which people point to as pregnancies caused by spells or the magic of sorcerers and supernatural beings, not by sexual intercourse. Whether this is true or not is beside the question. What is important is that such cases require different approaches in prenatal, delivery, and postnatal medical care.

Sexual intercourse is conceived as a process through which the *semilya* or *amores* (semen or love fluid) of a male and a female are mixed in the latter's womb. It is this mixture of semen that causes pregnancy. While this is realized, it is at the same time believed that pregnancy occurs only when the man's *semilya* has the same consistency and temperature (*init*) as that of the woman. Characteristically, the woman's *semilya* is thin and watery (*malabnaw*) while the man's is thick and colloidal (*malapot*). But even when the *semilya* of both has the same consistency, informants said that conception is largely influenced by the manner in which the couple reach orgasm. If both reach it simultaneously (*sabay*), pregnancy is sure; otherwise the chances are nil. As one informant aptly puts it: "*Hindi sa dami ng lapit ang magasawa nagkaka-anak. Nasa pagtatagpo ng parehong sarap.*" (Free

translation: "It is not because of the number of couplings that a wife becomes pregnant, it is rather in reaching mutual bliss at the same time").

Aside from the incompatibility of the *semilya*, two other reasons for non-pregnancy in spite of coitus are: (a) the woman's womb (*bahay tao*) is out of position, and (b) the man's sex organ is short. Sterile persons are called *baog*. They cannot bear children no matter what they do or with whom they have relations. The social prestige of those known as *baog* is low. However no medication is known to cure it. "Only God can cure the *baog*," said one informant resignedly.

The most desired position in sexual intercourse which is believed to insure pregnancy and which will not cause ill health to the wife, is the dentro-ventral position. That is, the woman lies on her back and the man is over her. This can be varied as the couple desires. To prevent pregnancy, informants agree that sexual intercourse in a standing position is the best-known method. When the woman is standing the male's *semilya* will not flow into the woman's womb; hence she will not become pregnant.

There are certain rules to be followed in the normal relations between husbands and wives so as to insure the health of each of them. Sexual intercourse is prohibited during the menstrual period of the wife since it would stop the blood from flowing out. The couple should rest at least a few hours after sexual intercourse before going back to work. They should also take care not to wet any part of their bodies after the act of this would bring about pain in the joints, known as *pasma*. If the woman or man wishes to wash before the calculated rest period is over, the water to be used must be warm. And if the man cannot help but go out to the lake to fish or to the field to work immediately after coitus, he can prevent the *pasma* by rubbing coconut oil, kerosene, or alcohol on his legs before stepping out of the house.

The ideal time for coitus is between midnight and two o'clock in the morning. Normally, this is the time when the children are asleep and both husband and wife can have enough rest before going to their respective work in the morning. Of course this is not strictly followed, especially by young couples. Few informants admitted, however, to having sexual intercourse in daytime. It would seem that modesty is the main reason for avoiding daytime relations — i.e. the children are at home and chances of being seen are greater. Also, there is a possibility of interruptions — friends may drop by anytime, even after lunch, for a chat or to borrow something.

#### *Birth control*

Although children are highly desired, the people in Bay are familiar with methods of controlling birth. The most widely used folk method

of birth control is *coitus interruptus*, in spite of popular acknowledgement that it is detrimental to health. One informant explained the bad effects of the withdrawal method in this way: "In the process of intercourse, the female's lower body gets heated up, so that when the male's organ is abruptly withdrawn, air rushes inside and inflicts internal disturbance in the body which consequently weakens the woman's health. An imbalance between hot and cold results, and she will become sickly. *Namamayat ang babae dahil sa hangin na pumapasok sa puerta ng kanyang kayarian pag-ipinapaputok sa labas.* (A woman becomes thin because of the cold air that enters her sex organ after withdrawal)."

Since no other method is readily available within the people's economic means, many do practice *coitus interruptus*. One way of obviating the ill effect of this method on the health of a woman is for the man to wait until the wife has reached her orgasm. Then he continues manipulation until he is ready and has the ejaculation outside. Only a few of those I interviewed suggested this method or had developed the technique of prolonged coitus without ejaculation. What usually happens then is that orgasm is reached by both through post-coital masturbation.

The next best known method of controlling pregnancy is to displace the *matris* (womb) of the woman through massage. Should a woman desire to stop having babies, she requests the assistance of the *hilot* to massage her womb out of position. This is achieved after three daily sessions. Many informants attest to the effectivity of this method. Whether or not these methods actually do control birth is beside the issue. What is important here is that the people in Bay have a knowledge of birth control and the implications of the method employed for maintaining health, normal relations, and preventing further pregnancy.

The use of modern drugs such as aspirin and other tablets, is known. Soapsuds and vaginal creams are also known to some women, especially those in the poblacion and nearby barrios. Pills and IUDs are known, but many do not use them for reasons I have not investigated in detail. A number of female informants agree, that, before coitus, aspirin tablets (some say Cortal tablets are also effective) may be inserted into the vagina and these are allowed to melt before the act takes place. The time allotted for this melting is about five minutes. Some women complained about this method because they experience extreme heat or a burning sensation after the tablets melt and during sexual intercourse. Hence, they do not enjoy the act; instead, they develop a fear of impairing their health. Many prefer the use of soapsuds. Toilet soaps are used because "laundry soap irritates the female genitals." Before coitus the woman places deep into her vagina a quantity of thick

soapsuds and lets it stay there for a while. The men, however, complain about this method, saying that "it is too smooth; you hardly feel anything during the intercourse." The same complaint is leveled against the use of vaginal cream.

The last method of birth control known to the people in Bay is the use of herbs and barks of trees known to have *bisa* or power to prevent pregnancy. In many cases this method amounts to abortion, because many women informants said they take "an infusion derived from these plants as soon as menstruation fails to come on the expected date." The following plants are among the common abortifacients recommended by the hilot should abortion be extremely necessary:

*Makopa* (*Syzqium malaccense* (Linn. Mer. and Perry). The decoction from the bark of this tree is used for dysentery. The root bark however is found by some healer-informants to be effective for treating amenorrhoea; an overdose of the brew causes abortion.

*Talong-aso* (*Solanum verbascifolium* Linn.). This is a shrub one to four meters in height. It is quite common in the interior sections of Bay. The leaves are boiled and the brew is taken internally until abortion takes place. *Talong-aso* is also used as one of the ingredients in the medicine given to women suffering from excessive vaginal discharge.

*Walis-walisan* (*Sida rhombifolia* Linn.) The roots of this plant are gathered, washed, and pounded while fresh. The juice can cause abortion when taken in quantity, especially in the early stages of pregnancy. To make it more effective, some healers add a piece of ginger.

*Linga* (*Sesamum orientale* Linn.) The seeds of this popular edible plant are gathered and ground to a paste with water. When taken in large quantities, they are capable of causing abortion; otherwise, they are used as ingredients for treating dysentery and urinary diseases.

*Paminta* (*Piper glabrispicum* C. DC.) This plant is not grown in Bay. The seeds, commonly known as black pepper, are purchased from the store. A quantity of these seeds taken as pills with an infusion of ginger and honey is an effective abortifacient. An overdose, however, is fatal to both mother and child.

*Ampalaya* (*Momordica charantia* Linn.) This plant especially the wild variety, is often recommended by healers as one of the effective abortifacients. The ripe seeds are boiled with several fresh roots. The brew is taken in large quantities for several days. It not only causes abortion but is also a good cure for urethral discharges.

*Kamanchili* (*Pithecolobium dulce* [—Roxb] Benth.) The leaves of this tree are gathered, mixed with salt, and boiled. The infusion is taken internally and is found to be effective as an abortifacient, depending upon the dosage.

*Gumamela* (*Hibiscus rosasinensis* Linn.) A quantity of fresh red flowers of this plant are secured, crushed, and the juices gathered, mixed with papaya seeds, and boiled. Taken in large doses, the infusion can cause abortion. The juice of *gumamela* leaves is also a useful decoction for hastening the expulsion of the afterbirth.

*Tugli* or *tubli*, sometimes also known as *tugling pula*, (*Derris elliptica* [Roxb] Benth.) The roots of this plant are boiled and used for aborting in early pregnancy, although a large dose can be dangerous. It is poisonous.

*Kamaisa* or *tubang kamaisa* (*Croton tiglium* Linn.) Although well-known for poisoning fish when fishing in big ponds or river, *kamaisa* roots are also used as abortifacient. These are gathered and boiled while fresh. To make the infusion more effective, some healers recommend the addition of little rum.

*Guyong-guyong*, also known as *kansilai* (*Cratoxylon blancoi* Blume.) This plant is commonly used in the interior barrios of Bay. Fresh bark is gathered and boiled with some leaves, and the infusion is given to the patient to drink. Healers say it is an effective abortifacient.

*Adelfa* (*Nerium indicum* Mill). This beautiful ornamental plant is cultivated almost anywhere in the community. The leaves are boiled to a strong brew and taken internally. Aside from being an abortifacient, *adelfa* leaves are good for treating malaria and dysmenorrhoea. However, care has to be taken because an overdose of the brew can be fatal; it is poisonous.

*Kalachuche* (*Plumiera acuminata* Air). The root bark of this ornamental plant, when boiled to strong brew is found to be an effective abortifacient. The sap is also used, but an overdose can be fatal. A quantity is prescribed for the patient, three times a day until abortion takes place.

*Chichirica* or *Kantotan* (*Catharanthus roseus* [Linn.] Don). Three hilots in the lakeshore area suggested the use of *chichirica* or *kantotan* as an effective plant for aborting in early pregnancy. The roots are gathered and boiled strongly. The patient is required to take at least one-half to a glass of the infusion twice a day. The infusion is also good for dysmenorrhoea, for it helps hasten menstrual flow.

*Papaya* (*Carica papaya* Linn.) The infusion derived from boiled flowers of this plant is used to hasten menstrual flow. The seeds, according to one healer, when powdered and mixed with a little

*abutra* bark, are a powerful abortifacient, especially during the early stage of pregnancy, for about two months.

*Balimbing* (*Averrhoa carambola* Linn.) Some healers suggest that a quantity of strongly brewed *balimbing* seeds, either dried or fresh, is an effective abortifacient, especially when used during early pregnancy. The amount of infusion prescribed is a glass, taken twice a day for five days or until abortion takes place.

*Damong-maria* or *kamaria* (*Artemisia vulgaris* Linn.) A strong brew from leaves of this plant is recommended by some healers as an effective infusion for inducing abortion. Its effectiveness, however, is dependent upon the quantity taken and the stage of pregnancy.

*Bunga* (*Areca catechu* Linn.). The unripe fruits of this palm are boiled and taken internally. Sometimes the ripe fruits are dried, powdered, and boiled. Some healers prefer the green shoots, which they cut and boil; the infusion is taken internally. This medicine is effective during the second month of pregnancy.

*Abutra*, also known in some barrios as *buti* or *suma*, (*Arcangelisia flava* [Linn.] Merr.). The roots and stem of this plant are chopped and boiled. The infusion is taken internally for several days, or until abortion takes place. The prescribed amount taken is one glassful, twice a day.

*Atis* (*Anona squamosa* Linn.) The seeds of this plant are gathered and dried, then powdered, made into a paste, and applied to the *os uteri* of pregnant women. Part of the seed powder is mixed with water and taken internally.

*Pina* (*Ananas comusus* [Linn.] Merr.). The fruits, usually the half-developed ones, are secured and the juice is squeezed out. A quantity—about a glassful is taken every day for three days. It is said to be a powerful abortifacient.

### Conception

Conception<sup>2</sup> is locally known as *lihi*. It begins at the time the woman's menstruation stops and ends about two months later. The presence of the baby forming inside the womb is recognized by the people as having various effects on the physical condition of the mother. She suffers from nausea, dizziness, irritability, increase or decrease of appetite, general weakening of the body, desire to have more sleep or tendency to sleep less, and, above all, special cravings for certain foods. Aside from these, she also develops an intense liking for certain objects, such as dolls, animals, flowers, pictures, another person, and so on. Some mothers said they develop a strong dislike for their hus-

<sup>2</sup> The use of the term is arbitrary; it has reference to the local concept and not to modern medical usage.

bands during *paglilili* (the *lihi* period). One young housewife narrated: "I just could not stand my husband when I was having my youngest girl. Whenever I came near him I was nauseated; his body odor was strong and foul. I could not understand it; after my *lihi* he did not smell at all." Old folks say that when the woman hates her husband during her *lihi* period, the baby will be a girl and will look like the mother. The converse is equally true. If the husband is the one who suffers the *lihi* discomforts, as many did when I was in the field, the baby will be a boy and will look like the father. If the sex outcome is not what was predicted, people explain that somehow something happened which altered the design of nature. To convince me when I showed disbelief, my informants pointed to a number of young children in the community as evidence.

The following are some unusual physical traits of children which are explained in terms of *lihi* desires. An albino boy who lived close to the house where I stayed was white "because the mother conceived him while yearning after a doll. That is why his skin and eyelashes are white." Another child with a big birthmark on the left side of his face was said "to have been conceived while craving a bunch of *duhat*." A fat girl was "that way because her mother conceived her while wanting to eat squash." There is more similar testimony from informants which attests to the fact that *lihi* desires affect the growth of the fetus and influence the physical features of the child.

During the *lihi* period the mother is susceptible to supernatural attention. The non-humans usually play tricks on her. When they make a comment about her condition, for example, she is sure to become ill. Great care is taken by members of the family to protect her. She is not allowed to take a walk at noon or in the evening, nor is she allowed to sleep alone. Aside from these precautions, she is also looked after physically by the husband. *Paglilili* is recognized as a crucial period. The woman may have a miscarriage and when this happens, the husband or those who cause the death of the fetus will be punished with eternal damnation in hell! As much as possible the wife is shielded from emotional problems like anger or extreme sorrow or happiness, or from anything which might irritate her. Certain kinds of food are tabooed in order to prevent possible harm to the child. The conceiving woman is likewise advised not to prepare clothing for her infant at this point because "doing so will cause premature birth."

All of these precautions and fear of possible supernatural punishment following abortion seem to contradict our earlier statement that the people know the different methods of controlling birth and aborting unwanted children. I have posed this problem to informants, and many argue that abortion is done only when absolutely necessary, that is, if the birth of the child "will cause the mother's life, as

among those suffering from heart troubles, or will shame the family and the entire kin group before the eyes of the community, as in birth out of wedlock." Informants likewise agree that those who "do this act will surely suffer for their deeds." Other than for the reasons given above, abortion is frowned upon.

#### *Pregnancy and prenatal care*

*Paglilili* ends about the third month and the woman enters into the period known as *pagbubuntis*. At this point she can resume her normal activities, such as laundering, cooking, or selling fish in the market. Moderate physical exertion is advised, because it prevents the occurrence of *manas* or edema. It also makes delivery relatively easy. The *hilot* or *magpapaanak* is called to give the *buntis* (pregnant woman) prenatal care. This consists of massage and treatment of discomforts should she suffer from any. The massage is intended to "put the baby in the right position as early as possible." This is done once a month until the seventh month when the *hilot* starts to see her more often "in order to be sure that the child is in position; otherwise, she will have a difficult delivery." If the woman becomes sick or suffers from certain discomforts, the *hilot* gives her medicine to drink—usually a concoction derived from the bark of a tree called *balimbing* and the leaves of *sulasi* (a kind of seaweed). The brew is intended to force the mother to vomit *sumilim*, a gelatinous substance coming from her womb. If this is not removed, she will have a difficult delivery. Care is taken that the infusion is given to the patient in right amount and proportion for an overdose can cause abortion.

There are a number of rules which a pregnant woman has to observe: (1) In coming in and out of the house, she must not linger or deliberately stop at the threshold because if she does, she will have difficulty in delivering her baby. (2) If it is necessary that she takes a bath in the afternoon, she must do it underneath the eaves of the house (*sa palabisbisan*). (3) She must not sleep with windows open and must not lie flat on her back when sleeping or resting, but must lean to her side; she must not use a white blanket or white pillowcases because she will be attacked by the *engkanto* (supernatural beings) if she does so. (4) She must be careful not to step on or trip over a rope tied to any animal, because doing so will cause the umbilical cord to wind around the child and strangle him to death. (5) In cooking, she must not put one piece of firewood over another because then she will have a breech baby. She must not lie on the floor in a position perpendicular to the arrangement of the bamboo flooring or the baby will assume a crosswise position in the uterus. And (7) in going out in the afternoon, she must cover her head with a piece of cloth in order to prevent the cold air (*sareno*) from entering at

the crown of her head; if she is not careful about this she will have a blue baby.

There are foods which pregnant mothers must avoid: sweet foods like sugar, cakes, soft drinks, candies, and so forth. These foods will make the fetus big and therefore bring about difficulty during delivery. Eggplant has to be avoided because this will make the infant sickly. To insure the immediate ejection of the placenta, the mother has to refrain from eating *tutong* (i.e., the crisp, brown layer of cooked rice close to the bottom of the pot). She must not eat uncooked rice or banana inflorescence, known as *puso*, because the baby inside her womb will have skin ailments if she does so.

From seven to nine months, the mother is advised to do a lot of walking, but not so strenuous as to tire herself. She must take a bath every morning. In some barrios of Bay, the mother is treated with native incense in order to give her more strength during delivery. The *hilot* comes very regularly. The husband prepares the things needed when the scheduled date comes. Additional signs of the sex of the forthcoming baby are noted. If the weight and protrusion of the mother's belly is to the right, informants say "the baby is a boy; if to the left, it is a girl."

Most parents we interviewed stated that the coming of the child "is the most important part of marriage"; it cements the relationship between the man and the woman, as well as between the two kin groups—that of the wife and that of the husband. In fact, in some cases of marriages which did not have parental approval, the coming of the child resolves the problem. The angry parents tend to forgive their disobedient child as soon as a grandchild is born. The following are some typical statements: "A child is necessary so that someone can look after you when you become old." "A child gives joy to the parents; he helps them forget the toil and hardships of life." "A house without a child is lonely." Children become helpers in the economic work of the parents."

Aside from the social and economic overtones of the desire to have children, religious reasons were also given by informants. The child is conceived as the gift of God. The more children a couple has, the more merits or indulgences they will receive in heaven when they die. Whoever prevents the coming of a child will suffer from the wrath of heaven. This attitude seems contradictory to the fact that they also want to practice birth control, either through modern or traditional methods.

### *Childbirth*

When the scheduled date approaches, the *hilot* remains in the house of the patient if she lives far away; if she lives nearby she

prepares her delivery kit in case she is called. Sometimes the *hilot* gives the mother a sponge bath and also a *lavativa* (enema) for several days before delivery. She secures a long piece of cloth called *bigkis* and winds this around the waist "so that the movement of the baby will not affect the breathing of the mother or cause her to suffer dizziness and nausea."

The *hilot* fixes the baby's position by massaging the expectant mother's belly. If she feels uncomfortable, the midwife massages the buttocks in an upward direction (*binabatak*). Then she inserts her two fingers (index and middle) in the mother's vagina to find out whether or not the infant is in the right position—i.e., head first. If the child is in this position, the *hilot* continues to massage the upper region of the belly, moving downward; if he is not, she tries to roll the baby back into normal position. To approximate the date and time of delivery, the *hilot* takes the patient's pulse. Aside from using this method, she observes the rhythm of pulsation at the base of the throat of the pregnant mother. If the movements are rapid, the midwife is sure that the fetus is alive.

During delivery the mother is made to lie flat on her back. A *buri* (pandanus) mat is placed under her. She has no pillow except, at times, a folded *tapis* (barrel skirt). A quantity of old clothing is spread under the mat to absorb the blood flow. Raw eggs are given to the mother as labor starts. It is believed that the eggs will help the mother deliver her baby easily. This belief is based on the fact that egg white is slippery and therefore "it will provide 'grease' at the birth canal and the child will just slide through smoothly." The *hilot* kneels either at the side of the mother, or over her with her own two legs spread out so that the patient is literally under her, or in any manner convenient to putting pressure on the mother's belly during delivery. The *salag* or assistant squats or kneels beside the chest providing the mother with an arm to hold onto during the crisis.

If the labor is difficult, the *hilot* helps the baby out. She holds the head and turns it, slowly and gently, from side to side until the shoulders are out. Sometimes she inserts her thumb into the mouth of the baby in order to have a firmer grasp of the head. Meanwhile, the *salag* places his thumbs on the upper section of the epigastrium and slowly pushes them downward to the navel region, synchronizing his strokes with the *hilot's*. The mother is continuously encouraged to contract the muscles from her abdomen to the uterus, so that pressure is formed to push the baby out. If the baby does not come out and the labor becomes exceedingly difficult, the *hilot* orders a search of the house for covered objects. Pots, bamboo tubes, glasses, and so forth are uncovered and the lids removed from the house. This is done in the belief that their removal will influence the coming out of the baby.

As soon as the baby is out, <sup>and</sup> he is attended to by the *salag*. The *hilot* attends to the mother. She massages the womb back to its original position, unless the couple "wants it misplaced for birth-control purposes." Then she ties a long piece of cloth around the mother's belly to prevent internal hemorrhage. Supporting the lower portion of the belly with her hands, she at the same time applies gradual pressure to expel the placenta. As soon as the placenta is out, another strip of cloth is tied around the lower section of the mother's belly, to prevent the expansion of the uterus during puerperium.

With the mother out of danger, the *hilot* turns to the child. She takes the umbilical cord, ties a thread at the base, about an inch from the root, and another thread two inches from it. Then the cord is cut at the middle of the tied section with a razor, scissors, or bamboo knife. The cut umbilical cord is then pressed on the forehead and both cheeks of the baby, to make them look rosy. The remaining portion is inserted into a prepared cloth bag. Before this is done, it is treated with ashes taken from the "eyes of the hearth" (i.e., from the middle of the stove). Scrappings from coconut shells, known as *budbud*, are applied to the wound. In addition, the *hilot* takes a thick cloth, heats it with an iron, applies it to the wound as soon as the temperature is about right.

After everything has been taken care of, lukewarm water is secured and the baby is given a sponge bath. Oil is rubbed over his body before dressing. Some *hilot* apply powder purchased from the poblacion. A prepared bitter juice of *ampalaya* (*Momordica charantia* Linn.) mixed with honey is given to the child. This is to cause him to vomit "whatever he has sucked from the mother's blood while inside the womb." If "this blood is not drained before the child is given other kinds of food, he will become sickly."

#### *Postnatal care*

The mother and the infant are attended by the *hilot* almost daily for a number of days, the number depending upon the sex of the newly delivered baby. If male, the postnatal care period is longer. The reason given for this is that in delivering male infants the mother suffers more than in having a baby girl. Massage, sponge baths and "smoking" or "roasting" are the principal aspects of postnatal care. This period is known as *rimon* or *dimon*. The length of the *rimon* varies from ten days to a month, starting from the date of delivery. Some of the older women said: "It used to be forty days, during our time." Most younger mothers today, especially those assisted by CCHP-trained midwives, locally known as *komadrona*, no longer observe the *rimon*. However, in traditional postnatal care, massage continues for twenty days after the first ten days of rest. On the tenth day after delivery, the

mother as well as the baby is given a sponge bath with a warm decoction of *lagundi* (*Vitex* [Verbanaceae], spp.), *salag* (*Hemigyrosa canescens* Thw.), *lukban* (*Citrus*, spp.), *sambong* (*Blumea*, spp.), *galamay-amo* (*Heptapleurum venulosum* Seem), and *palad buli* (*Corypha umbra-culifera* Linn.).

Three times within the *rimon* or *dimon*, the mother undergoes the *saklab* or roasting ritual. She stands with nothing on, except a thick blanket wrapped around her body below the bosom, over live charcoal placed in a basin. Sweet-smelling *incenso* and leaves of medicinal plants are thrown into the fire in order to produce smoke. The main purpose of this practice is to hasten the healing of the uterus. The blanket is used to allow the smoke to heat the body of the mother. Care is taken not to heat the breast or else the milk will become rancid and the baby will have stomach trouble.

During the period of the *rimon*, the mother observes certain food taboos. She is instructed to avoid bananas, jackfruit, young coconuts, guavas, and papayas. Eating these fruits, which are cold, will cause a *binat* or relapse which is characterized by extreme pain in the buttocks, muscles, and joints, fever, and sometimes internal hemorrhage. *Gabi* roots are likewise prohibited because these will make the infant's navel itchy. The *bisa* of the *gabi* flows with the mother's blood, and if the baby is breastfed, the *bisa* transfers to the milk, and the baby becomes ill. The mother's drinking water consists of decoctions from roots of known medicinal plants such as *bukong aeta* (*Disopyros pilosanthera* Blanco), *mansanilla* (*Chrysanthemum indicum* Linn.), and *makahiya* (*Mimosa pudica* Linn.). The medicinal water must have the following temperature when taken and used for bathing.

- (1) From the date of delivery to about 10th day—drinking and bathing water must be boiled and used while warm;
- (2) From the 11th to the 20th day—drinking and bathing water must be boiled but allowed to cool before use;
- (3) From the 20th to the 30th day—drinking and bathing water must be boiled but allowed to cool completely before use; and
- (4) From the 30th to the 40th day—drinking and bathing water must be heated and used when still lukewarm.

#### *Child care*

On the fourth day after delivery, the infant is given a sponge bath with a warm decoction of *sampa-sampalokan* (*Dalea nigra* Mart. & Gal.) grass. The first full bath is given with the same warm decoction on the tenth day and again on the twentieth. This is repeated for two months at intervals of ten days. On the other hand, the abdominal *bigkis* (a strip of cloth used as a waistband) is changed daily and the healing navel is treated every day with coconut oil. Some modern

mothers treat the navel with alcohol, Mercurochrome, or Merthiolate purchased from drug stores in the poblacion or neighboring towns. In traditional practice, the remaining umbilical cord is slowly removed on the fourteenth day, wrapped in a piece of cloth and hung from the rafters to be used as a medicine for stomachache, gas pain, nausea, convulsions, and other similar ailments of the child as he grows up. When the child suffers from gas pain, for example, a tiny piece of the dried umbilical cord is cut and burnt. This is pulverized, dissolved in a glass of water, and given to the ailing child. According to informants, this is very effective in relieving pain. The same medicine is used when the child suffers from fever and convulsions.

In order to make the bones of the child grow strong and to prevent his belly from bulging, the mother massages the infant almost every day for fifteen to thirty days. During this period, too, the genitals (both male and female) are massaged with upward strokes from the groin to keep them firm, and to "prevent them from sagging" (among boys) or becoming flabby (among girls). The pelvic region is likewise massaged for the same reason.

When the child's milkteeth begin to appear, the process is hastened by rubbing the gums with water used for cleaning the rectum after defecating. This is to prevent the child from eating his feces during the toilet-training period. Also, to protect the infant from being attacked by supernatural beings, a cloth bag containing items believed to be charms against *ulhiya*, *usog*, and *balis* is pinned on his clothing or worn as a pendant. The bag usually contains the following items: a fruit of *pandakakeng itim* (*Tabernaemontana*, spp.), to guard against *balis*; two pieces of *puasong kahoy* (*Harpullia*, spp.), against *usog* and *ulhiya*; and two pieces of *mapulang kahoy* (unidentified), against stomachache and loose bowel movements. Another preventive measure is to require whoever greets the child to say, "*puera balis, ulhiya at usog*" (away *balis*, *ulhiya*, and *usog*), and to make a sign of the cross with the thumb before leaving.

As indicated earlier, the main concern of parents during this period is protection of the child from the environmental spirits. The child is very weak, in the first place, and he needs the protection not only of the mother but also of God and the angels. With this belief dominant, the first ritual performed to insure the health and well-being of the child is the *buhus ng tubig*, a pre-Church baptismal rite. The people view baptism less in terms of its religious meaning than in terms of its power to protect the child from supernatural harm. The date of the *buhus ng tubig* varies. Sometimes the rite takes place a week after birth; at other times, about forty days later. Specifically, the *buhus ng tubig* is performed for the following reasons:

- (a) to protect the child from illnesses and even death caused by malevolent environmental spirits like the *engkanto* and the *matanda sa punso*, until he is baptized in Church and thereby gains more strength;
- (b) to insure the spiritual salvation (i.e., acceptance by God) of the child in case he dies without the benefit of Church baptism, for unbaptized children become *tiyanak* or *tikbalang* (malevolent supernatural creatures) when they die;
- (c) to enable the family to wait awhile before Church baptism, thus giving the parents enough time to save enough money for the baptismal party which normally follows the rite.

Methods of child care in Bay vary from barrio to barrio. On the whole, however, it usually follows the different stages in child development and growth that are known to mothers. These stages represent different physical and emotional needs of the infant, and therefore they require different medical attention. During the first month, the child is known as *bagong pinanganak* (newly born). Carefully wrapped with thick layers of old but clean clothes, the infant is laid beside the mother. The *balot* (name given to the old clothes) is changed constantly as the infant wets. From time to time the mother moves his head from one side to the other in order to prevent cranial deformity. Feeding is done whenever he cries. At night, lights are not put out and at least one member of the family stays awake. Vigil has to be kept because it is believed that "by this time the child is susceptible to the tricks of the supernatural beings; and because of his weak constituency, he cannot be attended to effectively even by *arbularyo*."

Between two and four months, the infant is known as *sanggol*. By this time the child starts to smile and grasp objects he can reach. His hands are wrapped with cloth to prevent him from scratching himself. By the fourth month, the nails are trimmed close to the fingers. The cuttings are kept for medicinal purposes. The child sleeps continuously, except when he is hungry and wet. As in the previous months, feeding is done when the child cries. No one keeps feeding schedules in Bay, except for a few mothers in the poblacion. Feeding is by breast mostly, although by the fourth month, some mothers use supplementary foods such as *lugaw* (porridge) and fruits. In the poblacion, some mothers purchase such commercial foods as *Gerber's* baby foods. As soon as the umbilical cord is removed, the child is bathed almost every day with warm water. However, the binder around the navel area is still worn, to prevent gas pain. This is rewound around the waist after each bath. Should the child suffer from gas pain, spittle from *nganga* (chewed mixture of betel leaves, tobacco, slake lime, and areca nut) is applied on the stomach.

Between five and six months, the child is known as *nagdadapa*. The term is derived from the activity performed by the child. He can turn about and lie on his stomach. He can also raise his head and hold it up. The child is frequently left alone on the floor by this time, as the mother does her daily chores, and because he is exposed to mosquitoes, ticks and other vectors, he is likely to scratch himself. Most children during this period slowly develop skin infections which often become widespread over the body. This is aggravated by the fact that child care is slowly relegated to the siblings, if there are any.

Between seven and eight months, the baby is known as *nagtutuhod*. That is, he now attempts to crawl, using his knees or *tuhod*. He is allowed to move about the room. Hard objects which he might put into his mouth are removed from the floor. Because he is highly mobile and can be carried out of the house, protective charms are sewed or tied to his clothes. Some mothers make the baby wear an amulet around his neck. The infant is likely to be commented on by strangers, and if he has no protective charms he will suffer from an illness like *ulhiya*, *balis*, or *usog*.

From nine to ten months, the baby is known as *nagtitindig* or *nangunguyapit*. This means that the baby now attempts to stand alone and move his feet in order to walk. The constant bumps which accompany these attempts result in skin infections, especially at the scalp. The remedy is to scrape off the hair, a process known as *kalbo* (i.e., to render bald). The skin ailment is known as *taol*. Coconut oil mixed with *asupre* (sulphur) is applied by traditional mothers; modern ones use drugs purchased from the store in the poblacion.

From ten to twelve months, the baby starts to walk by holding onto chairs, tables, benches, and so on. Some fathers make bamboo perambulators known as *akayan*. During this period, the child is known as *naglalakad* or *nangungulabat*. Care is fully relegated to older siblings since the mother is already strong enough to resume her role as partner of the husband in earning a living.

Between thirteen and seventeen months, the baby is known as *bagsakin*. He can walk alone without holding onto any object but can not take longer strides. He constantly falls and in the process, often hurts himself. Cuts and bruises result from these activities. Owing to inadequate sanitation, these bruises develop into skin infections like *galis* and *sarnas*. Often older siblings bring the baby to the places where they play. He is placed on the ground where he moves about, playing in the sand or mud and sometimes putting dirty objects into his mouth. This results in infections of the anal area, genitals, eyes, and other parts of the body, causing restlessness, fretting, and crying at night. Colds, accompanied by coughing and a running nose, are

among the common general health problems of children at this period of growth.

By the eighteenth month, the child is fully able to walk by himself. He is referred to constantly as *naglalakad na*. His food changes in this period, and because of the shift from liquid and soft food combinations to meals of mixed solids, gastro-intestinal troubles often occur. Of course these are precipitated by the child's exposure to the unsanitary environment while playing in the yard or elsewhere.

#### *Feeding and bathing of children in later months*

Most babies are breast-fed, and feeding takes place wherever the mother is working. It is not uncommon to see mothers nurse their babies while they are doing the laundry, cooking the meals, mending clothes or fishnets, playing cards, attending to the store, and carrying out other activities. Also no feeding schedule is observed; whenever the child cries he is fed, crying being taken as an index of hunger. Feeding is also used as a means of keeping the child quiet. The mother's breast is given as frequently as four to seven times a day.

Breast-feeding becomes irregular as soon as the mother resumes her normal work. By the time the child is about five months old, substitute foods in the form of mashed rice, sweet potatoes, bananas, and bread are given to him. Breast-feeding becomes less frequent once the child starts to teethe. One reason for cutting down on breast-feeding is that the child bites the nipples. Except for a few educated parents, the mothers in Bay do not use pacifiers; instead, hard objects which are too big to swallow are given to the child. The child is suckled only when he frets and cries and when the breasts of the mother become painfully full.

In breast-feeding the child, the mother has to observe certain rules. She should not nurse the baby immediately after having done strenuous work or having been exposed to the sun for a long time. Body temperature is believed to affect the nature of the mother's milk. If she is tired or has been exposed to heat, as in cooking meals, the milk inside her bosom becomes rancid. Feeding such milk to the child is bad because he will suffer later from stomach troubles. The mother should rest before feeding the baby. If the baby is really hungry and she has no other resource, she should apply cool water to her nipples first, cooling them for some time before suckling the baby.

Because supplementary food is now given, there is a relative increase in bowel elimination. This occurs about the sixth month. Defecation causes more concern among adult members of the family. When the child defecates on the floor, the older family member present raises his voice and scolds the older child taking care of him; the mother usually remains tolerant. Toilet training starts in this month. The child

is often lifted and placed in a corner of the kitchen designated as the place where he must defecate henceforth, or in a spot at the edge of the yard, where tall grasses grow (*sa damuhan*). The anal area is oftentimes wiped with a piece of cloth or paper; other mothers wash it.

Bathing is regular among children in Bay. Most people—children and adults alike—take a bath almost every day, usually in the morning. The usual time for bathing children is between nine and ten o'clock in the morning. This takes place every day except Tuesday, Friday, and the thirteenth day of each month, since these are bad days. Taking a bath on these days predisposes the child to illness. These are the days when the environmental spirits come out of their dwellings—either under the earth or in the bowers of trees—to bask in the sunlight and roam around the village. It is therefore dangerous to expose children, especially infants. In spite of this belief, however, there are many young mothers, particularly those living in the poblacion, who do not observe the prohibition.

Older children usually take a bath in groups consisting of cousins, siblings, and neighbors. Boys and girls below seven and eight years old sometimes bathe together; many of them are naked. However, when about nine years old, children start to put an emphasis on groupings by sex, and none of them bathe without anything on, except when groups of boys only swim in the lake.

Not many children or their mothers clean the body before retiring. Most parents are not mindful of this. Clothes worn while at play in the streets, yards, or fields are not changed when it is time for sleep. The modern concept of sanitation is quite different from this view. There are variations in that in most families cleanliness is strictly observed.

### *Weaning*

The terms for weaning is *pagwawalay*, meaning separation of the child from the mother's breast. Some mothers say it takes place when the child is about nine months old; others say it occurs between one year and fifteen months. At any rate, early weaning is done when the mother becomes pregnant with the second child, when her health is not good, or if the child is sickly.

The behavior of children during weaning varies from "traumatic" manifestations of experience to mild forms of protest. In other words, it is quite difficult to generalize for the entire community. More information is needed. For even in San Antonio alone, the barrio where I stayed longest during the period of fieldwork, there are wide variations in methods of weaning, length of time it takes, and child behavior accompanying it.

Roughly, weaning in general (with due recognition of the existing variations) is carried out by applying bitter substances to the mother's nipples such as the juice of *ampalaya* leaves, pepper, or vinegar. Some mothers smear their breasts with Mercurochrome or a similar red substance and tell the child, "you cannot have mother's breasts because they are wounded, see? They are painful." Others dirty their bosoms with soot from cooking utensils and again tell the child to do away with suckling because "the dede (nipples) are dirty."

Being deprived of the nurture and comfort of their mother's breast, many children suffer insecurity and stress. It is not uncommon to see weanlings fret and cry at night or throw uncontrollable tantrums during the day. One way to stop this is to leave the child with the grandmother or aunt for about a week. The separation makes the child forget the nipples. If this does not work, the child is made to sleep with older children, thus avoiding the effect of abrupt separation from the mother and facilitating weaning. Other mothers say, "Just punish him for crying and he soon learns."

#### *Forms of social control*

There are basically two types of punishment employed by parents and other older members of the community to enforce normative behavior: corporal punishment and deprivation of reward. The former comes in various forms: whipping the buttocks with slippers, piece of stick, leather belt, or bare hands; slapping the face; pinching the thighs or any part of the body; pulling the hair; and twisting the ear. Deprivation consists of withholding meals, sending the child out of the house, not talking to him, and other forms of unconcern. One informant narrated that when he was a child his father used to whip him with a paddle of the *banca* (fishing boat) or sometimes with a piece of wood. This form of punishment was resorted to even for minor offenses like forgetting to feed the pigs or not keeping the fishnets dry. For a more serious offense, he said, his father would tie a piece of rope around him and hang him upside down from a rafter for several minutes until he promised to be a well-behaved child. Another man said that his father made him kneel over *mongo* seeds when he disobeyed him. These two examples are apparently extreme cases. Most adult informants I interviewed admitted, however, that physical punishment is a form of discipline accepted "as necessary in order to bend the young in the right direction."

Other forms of social control consist of threatening, frightening, and scolding. Threats include verbal warnings of intention to harm, as by beating, deprivation of meals, and withdrawal of affection. Threats of castration for boys and of pinching the vagina for girls are also common. Recently, naughty children are threatened with being taken to

the CCHP (Comprehensive Community Health Program) clinic to be injected by the doctors.

Folk stories of malevolent creatures like the *tiyanak* and the *tikbalang* are also told to reinforce the physical threats. Such forms of control are used only at night. The *tiyanak* and *tikbalang* are said to travel only at night and to "eat the innards of children." In the barrios along the lake, however (San Antonio, Cabaretan, and San Isidro) the *tiyanak* and *tikbalang* stories are not effective as a means of social control. Children roam around the streets until midnight. The fear of the dark is apparently not developed in the area owing mainly to the activities of fishermen which continue throughout the night.

#### *Onset of adolescence*

The passage from childhood to adolescence in Bay is not characterized by exotic rites of passage such as have been recorded in other societies. Beliefs and practices are not complex nor many. The medical needs of pubescents are not a great burden to them. In some barrios, certain rites associated with the onset of menstruation are still observed; these no longer exist in other barrios, particularly in places close to the poblacion. At the start of the first menstruation, for example, the girl is required to stand on the third step of the stairs, and then to jump to the ground. It is believed that doing this will influence the length of menstrual period so that it will be only three days. After having jumped to the ground, the girl returns to her former position where several pails of water are poured over her by the one performing the ritual. The belief associated with the water-pouring is that it will "strengthen the young girl so that she will be protected against any ailment brought about by exposure to water during menstruation periods." This is significant because in a farming and fishing community, the women are needed to help their husband, siblings, and parents in planting rice or removing fish from the nets. In either of these cases they have to stay in water. Menstrual rites, from this standpoint, are forms of preventive medicine.

Among the medically oriented taboos associated with menstrual care and hygiene are these: (1) Girls are not allowed to engage in strenuous physical work because "such work will stop the flow of blood and hence bring about abdominal pain. (2) Taking a bath during the first day of menstruation will bring "about the stopping of the menstrual flow"; bathing should be done on the last day of the cycle. (3) Sexual intercourse (among married women) has to be avoided because "this will make the menstrual blood clot inside the abdomen, and the woman will suffer from pains."

Commercial menstrual pads (i.e., those purchased from drugstores) are known only to a limited number of women, mostly those living in

the poblacion. Most women used old but clean cloths to catch and absorb the flow. During their menstruation days the women stay at home. Some show signs of irritability during this period, others a physical infirmity such as nausea and headache. The best cure for this is a decoction derived from the bark and roots of medicinal plants.

The boys, on the other hand, undergo circumcision upon reaching an age between eight and ten. Some informants said, however, that "we were circumcised when we were about fifteen or sixteen." The operation is voluntary. There are a number of specialists in circumcision in the area. *Tuli* is the generic term for the operation. Most operations are done on Holy Saturday of the Lenten Season, but they can also be done at anytime of the year. The preference is based on the belief that "bleeding is not profuse during this season." The place of operation is usually a tree-covered backyard or isolated field—far from possible interruptions by other people, particularly the females.

Several traditional methods of circumcision are known in the area. The four popular ones are: *tuli sa batakan*, *tuli sa gunting*, *tuli sa itak*, and *tuli sa bao*. In 1935 Generoso Maceda described the Tagalog methods of circumcision, and his description still fits the current practice in Bay.<sup>3</sup>

*Tuli sa batakan*.—The operator provides a polished piece of wood preferably a guava tree branch, carved and flattened at one end. The length is about 1½ ft. One end of it is driven into the ground at the same elevation as that of the penis when the one to be operated squats on his thighs. The foreskin or the prepuce of the penis is then drawn to the flat point of the erected apparatus called the *batakan*. The operator also in a squatting position, picks up the knife with one hand and places it lengthwise on the surface of the drawn foreskin. With a stick on the other hand he gives a sharp blow. If he does not succeed in the first blow he gives the second until he exposes the head of the penis. In some instances, the operated person faints, and in this case the operator slaps the face to bring back consciousness, then applies the medicine and dresses the wound and the boy is considered baptized (*binyagan*).

*Tuli sa itak*.—A well-sharpened bolo (*itak*) is provided for this operation. The point of the bolo is inserted lengthwise between the prepuce and the head of the penis while the handle drops to the ground. Both the operator and the one to be operated are in a squatting position. With the left hand of the operator drawing the prepuce on the edge of the bolo towards him, he strikes the prepuce with a piece of banana leaf petiole in his right hand until he succeeds in exposing the head of the penis. Medicine is applied, the wound dressed, and the operation is finished.

*Tuli sa gunting*.—A pair of sharp scissors (*gunting*) is necessary for this method. One point of the scissors is inserted through the opening of the prepuce. Then the prepuce is stretched lengthwise on the edge with one hand and with the other slitting is accomplished. The wound is treated, dressed, and the process is over.

<sup>3</sup> "Some Methods of Circumcision in the Philippines," *Philippine Journal of Science*, vol. 58 (September-December 1935), pp. 513-517 plus plates.

*Tuli sa bao.*—This method is an imitation of the Chinese way of circumcising their boys. It is commonly known as *tuling intsik*. Of all the mutilations described above this is the most sacrificial one because above all, the wound is circular in nature and besides the time needed in healing is quite long, for the cut borders of the prepuce could hardly be kept together as they are not sutured. The instruments needed are a polish coconut shell (*bao*) with a hole in the center and a razor. The prepuce is inserted through the hole and is stretched forward so that the head of the penis rests behind the hole of the shell. The victim holds the shell firmly with his two hands, while the circumciser with his hand holding the stretched prepuce amputates it crosswise. The wound is treated and dressed and the person is considered circumcised.

In Bay, several boys usually undergo circumcision at the same time. Very early in the morning of the agreed-upon date, they gather in the house of the specialist, bringing with them several young leaves of guava, several pieces of old cotton shirts, and a tiny cloth bag. These are used for bandages and to cover the wound. From the specialist's house, they proceed to the place where the operation is to be performed. In my field notes I made the following observation.

The specialist secured a stem of guava tree with an expanded V-shaped branch. One portion of the branch was planted in the ground, and the other was used as an anvil. The specialist said the method is known as *tuli sa batakan*. The boys took turns. The patient knelt on the ground, with his legs apart. The anvil was inserted into the prepuce of the penis and the skin was stretched over and around it. Guava leaves, prepared beforehand by either chewing or pounding, were rubbed over the stretched foreskin. These served as anesthesia. Then the operation proceeded until every boy was circumcised.

According to the boys, there were two kinds of operation known to them: one was the slitting of the top section of the prepuce, leaving the two skin-folds to dangle at the sides of the penis, and the other was to completely remove the foreskin. As soon as the prepuce was cut, juice of guava leaves was squeezed over the wound; if chewed, "the spittle is applied over the wound." Part of the pounded or chewed leaves were used as a poultice over the wound before this was bandaged and placed inside the prepared small bag, tied to a string belt fastened around the waist.

The boys were instructed not to take a bath for a week. They could wash the wound with lukewarm brew of guava leaves. Certain foods were likewise taboo for them: tomatoes, dried fish, pork, fish paste (*bagoong*) and other odorous preparations. These foods were known to cause swelling of the penis.

Informants agree that circumcision is done for both medical and social reason. Those who are not circumcised are teased. It is argued that "one enjoys sexual intercourse more when circumcised than when not." Medically, some informants said, to be circumcised is to be cleanly and "you are not easily susceptible to women's disease (*sakit sa babae*)." Of course, there are equally many who do not agree with this statement. At any rate, circumcision is part of the process of growing up in Bay—of becoming a man.

*Summary*

Maternal and child care is an important part of folk medicine in Bay. Measures to prevent miscarriage, to ease labor, and to insure the safety of the mother have been devised and practised. Special attention is given to the health of both mother and child. This medical concern often takes on a religious tone, if only because most of the practices are interwoven with beliefs in the active participation of supernatural beings in human affairs. At any rate, the system of delivery and child care include steps that are well recognized in scientific medicine.

What makes traditional methods different from modern medicine is the crudeness of the gadgets used (e.g., bamboo knives vs. sterilized scalpels in modern hospitals) and the prevailing concepts of sanitation associated with delivery, postnatal care and child-rearing. But awareness of the steps to be taken to insure the safety of the mother and child is present and, at closer view, consistent with scientific reasoning. The inaccessibility of technological resources and of modern knowledge in maternal and child care is what inhibits the peasants from taking a bold step away from what has been traditionally proven to be successful, even if inadequate by Western standards.

Sex education in terms of hygiene and care is not absent among the people in Bay. The young pubescent girl receives instructions from the mother on steps to take when menstruation comes. The rituals are performed because these are part of the medically approved ways of dealing with menstrual problems. In the same way, boys undergo circumcision because it is conceived to be the most hygienic way of defining one's maleness—hence, his virility as a man.