

KNOWLEDGE AND PRACTICES OF SAGPAT WOMEN ON INDIGENOUS HEALING AND REPRODUCTIVE HEALTH

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ABSTRACT

The study looked into the knowledge and practices on indigenous healing throughout the life cycle of women respondents in barangay Sagpat, municipality of Kibungan, Benguet, Philippines. Using key informant interviews and group interviews, 23 purposively selected women were asked on their worldviews on indigenous healing, their knowledge and use of medicinal plants as well as their practices related to diagnosing, curing, and preventing illnesses. The perceived effects of indigenous Knowledge on their health and well-being were ascertained too.

Results showed that women of Sagpat have a wealth of knowledge when it comes to indigenous healing systems – both homegrown and traditional. The engagement of the services of traditional healers and the use and propagation of medicinal herbs are being observed among women respondents. and knowledge of these are also openly being shared through their informal networks. The belief on traditional healers as litigators for offended spirits to affect a cure is strong. This is rooted on their views on the causes of ill health and the prevention and cure of such. Indigenous knowledge on healing is believed to have come from “Kabunian” as a ‘gift’ and one way of transmitting such ‘gift’ is through dreams.

Interesting data also pointed out that throughout the reproductive cycle of women; it is replete with taboos on food and diet as well as beliefs and practices related to conception up to the post natal stage. Specifically during birthing stage, men’s role figure as birthing attendants. Documented too, were several birthing positions women take and believed to be much more convenient for the woman than the conventional hospital birthing positions.

The study pointed out that the indigenous and homegrown healing systems are still the most workable and viable health alternative, in a resource poor setting..

KEYWORDS: Indigenous knowledge; indigenous healing practices, indigenous reproductive health practices

INTRODUCTION

Much progress has been made in the rediscovery of traditional medicine and its potentials for strengthening Primary Health Care (PHC) programs. There is, however room for further improving these efforts, particularly in terms of integrating traditional or indigenous practices in health programs, without necessarily totally giving up modern health care principles. In fact, as AKAP research (Tan, Querubin, & Rillorta, 1988) would reiterate that there is a need to obtain a more comprehensive understanding of traditional preventive and therapeutic medical practices.

Traditional knowledge on healing is being eroded at a very alarming rate as a result of the entry of market forces into local communities as well as extractive development projects which is almost always intervening into indigenous peoples’ lands. In a recent millennium ecosystems assessment, it was reiterated that everyone depends on nature and economic systems services to provide the conditions for a decent, healthy and secured life. Yet many unprecedented changes to the ecosystems, while it has improved the lives of many, has also weakened nature’s ability to deliver other key services such as air, water, and the provision of medicine (CBD series No. 6, 2008). Certainly, the poor, rural indigenous and local communities suffer much.

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The widely recognized status of traditional or IK on healing as currently being lost at an alarming rate (UNCTAD, 2004) and the process of losing traditional knowledge (TK) starts with the destruction of the environment. The integration into the market economy is widely acknowledged as one influential factor in the loss of TK. As Bodley (1975) cited by Lewis (1991) would say, 'tribal cultures are made to surrender their autonomy and self reliance...' hence feasts, communal ties and rituals wither away once a society is incorporated into the world economy. Among indigenous communities, however, the practice and continuity of indigenous healing could present itself differently.

It is important to look into the historical continuity of the tradition on indigenous healing as well as 'adjustments' made to cope with the pressures in the environment as well as other socio-economic forces, with community women as the central focus. Findings of the study would shed light on the role of IK in community development as well as its interface with mainstream medicine. An understanding of these systems is important especially if health policy makers are to seriously mainstream indigenous healing practices in the context of medicinal pluralism.

It is against this backdrop that this study was conducted – to have a fresh look at the dynamics of traditional knowledge on healing, with women of Sagpat as respondents. Barangay Sagpat in the municipality of Kibungan as the study site is undoubtedly part of the larger section of Benguet vegetable farming communities that ushered in the entry of market forces. The resilience of indigenous healing would certainly contribute to the understanding of a culture in the context of specific indigenous knowledge systems. This is true even with the fact that Sagpat is continuously tied to larger economic circuits, the fact that it's commercial scale plantation of sayote/chayote and cabbages for the market is ever expanding. At another level, indigenous knowledge on traditional medicine/healing should also be looked at as living, evolving body of knowledge.

Objectives

1. To determine the knowledge of Sagpat women on indigenous medicine in terms of:
 - Cause of local diseases;
 - Herbal plants utilized, its geography and specific uses;
 - The production and transmission of indigenous healing, knowledge and technologies

2. To ascertain the underlying worldview (spiritual, philosophical) of Sagpat women on health and health care;

3. To determine practices of Sagpat indigenous women healers in terms of diagnosis, prognosis, and prevention of ill-health.

4. To identify reproductive health practices employed by these women.

Research Framework

Traditional Medicine, is generally defined as a society's healing system consisting of practices, methods, techniques or substances embedded in tradition, values, beliefs and patterns of ecological adaptation that provide means for maintaining health' (Landy, 1977). As such, healing and well being take on a wholistic approach in that the interaction of human beings, the body, spirituality and environment are closely intertwined. Wellness, for one is not only measured in terms of the "absence of disease" as the WHO would define it, but whether or not one is able to practice interacting with his/her fellow being, with the environment and even continue practicing his/her spirituality. Spirituality or prayer is found to be one element defining well-being (Valencia-Go, 1989 as cited by McBride, 2002). Spirituality itself is manifested and understood in many ways. In this research, spirituality is integral to the continuing practice of traditional healing using knowledge of roots, leaves, barks, food and even the concept of 'hotness' and 'coldness' with it's causes and treatment coming from the surrounding environment including the unseen. This close interaction with nature is expressed in the everyday lives of the respondents implicated in the everyday words and 'idioms' especially in relation to health, expressed by the respondents. Hence, the remedy for ill-health is to restore relationship via rituals and ceremonies. This also points to the importance of land, as the material source of food, vitamins, and minerals, as well as healing paraphernalia found in herbs, ornamentals, and even vegetables. Many so-called indigenous vegetables documented in Benguet, Baguio and Mt. Province, for instance are said to be efficient and cost effective supplementary sources of calories and proteins (Lirio, Paing & Ayokkad, 2006; Community Health Services & Training in the Cordillera Region or CHESTCORE, 1993) and a closer look at these plants classified as vegetables would reveal that it is also used as medicinal plant/herb.

Traditional medicine/indigenous healing tries to treat illness of the whole individual that includes recovery from bodily symptoms as well as cultural



and social reintegration – going beyond the disease itself.

Among the indigenous communities, healing largely depends on the personal, for instance conviction that one can be healed; how one repairs relationship with the spirit world; and still on how one invokes *Kabunian* through prayers or through mediums. This is on the assumption that the cause of the illness is attributed to nature, the spirits dwelling on it. At another level, it can be said that how one deal with his/her environment and cultural world, defines his/her state of wellness and even process of healing. When one offends streams where specific spirits/an *anito* dwell, it is manifested through ill health and can be healed via prayers and offerings in rituals and ceremonies. It follows that the paraphernalia used in treating or even in repairing the illness make use plants, roots, and other elements coming from the forests, mountains, and even yard pots or gardens. The knowledge of such is usually on the hands of a set of 'healers or spiritualists' in the community. Women as holders of indigenous knowledge and technology is increasingly recognized (AIWN, AMAN & R&D, 2007). More importantly, even without the status of a healer, women locate, cultivate, and share openly herbs and healing plants among themselves – an interesting manner of traditionally sharing and ensuring the sustainability of this practice as well as the healing materials.

With the entrance of cash crop economy in Sagpat, it can be said that the continuity of the tradition is not in its pure form – pluralism in remedying health situation is evident. Certainly, some community members also want to free themselves from traditional social obligations especially if they have been into the city – to 'cut short' the time, a resource that is becoming scarce among educated and formally employed villagers. Over the counter medicine, for instance are much more accessible than locating for a traditional healer.

Scope and Limitations of the Study

As this study is an exploratory study, it focused only on five sitios of Sagpat, Kibungan, Benguet and only with the narratives of 23 selected women respondents. Focus group discussions were conducted, to validate data as well as fill in data gaps. This however was conducted after a year. A look at indigenous knowledge and reproductive health practices will draw a broader picture of the subject. Resource limitations also hindered an immediate visit to the community for data validation. With the acknowledgement that IK is one of the many centers

of knowledge; the study looked into the knowledge and practices on indigenous healing in selected stages in the life cycle of women respondents and their worldview of health and well-being.

METHODS AND MATERIALS

Design

This is an exploratory qualitative research employing key informant interviews and informal group discussions. A follow-up group discussions was undertaken after almost a year to validate data gaps as well as verify initial conclusions. To be able to capture the dynamics of knowledge and practices on healing, probing for each question was employed.

Data Gathering

An interview guide was used in gathering data and pertinent information. The instrument provided the questions to facilitate the interview.

Purposive sampling was utilized, where respondents were taken on the basis of the following criteria:

- Knowledgeable of traditional medicine
- Practitioner/exposure to traditional medicine
- Residency in Sagpat, Kibungan
- Willingness to be interviewed

A follow up group interviews was conducted in the early part of 2009 where the team again has drawn up more focused questions. This final data gathering was found to be more productive. The discussions were more open - biases, perceptions as well as health seeking behavior and practices of the respondents were shared and refuted at the same time.

RESULTS AND DISCUSSION

PROFILE

Land and People

Barangay Sagpat, a village of Kibungan which was established as a township unit in November 1900 by virtue of Public Act Number 38, is pointed out as the original settlement area of earliest people in Kibungan. The so-called "*teeng*" or indigenous settlers / native settlers started with several clans whose settlements were around the area (Sagpat, Five-year BDP, 2003-08). Accounts also show that most of these early settlers came from Buguias, a



nearby municipality, who speak the *Kankanaey* dialect.

The word 'Sagpat' comes from the verb "*naisagpat*" meaning 'hanging on to' or "on top of." According to a community legend, a hunter who happens to pass through the area saw a big snake hanging on a branch of a tree (*naisagpat*) which was unusual. Since then, the place was named "Sagpat."

Sagpat is bounded on the north by Barangay Poblacion Kiburigan, on the south by Barangay Lubo, Kibungan and Beieng-Belis in Kapangan; on the east by Madaymen and Lubo and on the west by barangay Badeo. Barangay Sagpat has seven sitios: Bokes, Sagpat Junction, Sablang, Sapdaan, Sagpat proper, Saddle and Toy-od. Sagpat is 55 kilometers away from the city of Baguio, about three to four hours ride.

Sagpat has a population of 2,166 as of the year 2000 with the sitio of Bokes having the highest total population growth rate put at 18.40% while sitio Toy-od recorded a decrease in growth rate with a negative 2% (Sagpat, Five-year BDP). A survey in 2004 showed that about 67% of the population belongs to the 15-45 year old category, considered as the reproductive age. The average family size is six (CN-SLU, 2004). Almost everyone is engaged in farming with chayote and cabbage as their major crops. These are marketed to the La Trinidad Trading post as well as to the city of Baguio.

As to health services, a survey conducted by the local government in 2003 documented the existence of one barangay health clinic and one sub-clinic located at sitio Sablang. A midwife is assigned, assisted by 13 Barangay Health Workers consisting of 1 male, 12 females with three of them as *hilots*. The leading data on morbidity records cough and colds, parasitism, pneumonia and head/body ache. Fever, skin diseases and LBM; while a leading cause of mortality is hypertension. Like many villages in the country, when it comes to health, Sagpat people utilize health services only when they are not "well." When available health services are utilized, majority go to the barangay health centers first, to hospitals, and to herbalists and indigenous healers (CN-SLU, 2004).

As to church affiliation, majority identify themselves as Roman Catholics, coming next are Pagans with the others belonging to other Christian religion such as Christian Truth Charitable, Assemblies of God, New Tribes Mission, JW, UCCP, KKM among others (CN-SLU, 2004).

Knowledge on indigenous healing

Data show that women of Sagpat have a wealth of knowledge when it comes to indigenous healing systems. In terms of causes of ill health, health remedies which are usually traditional as well as homegrown remedies are utilized, contingent to the situation they are in. A majority of women respondents, in accordance with their beliefs, still practice indigenous healing remedies in their everyday lives. *Mansip-uk*, *manbunong*, *dawdawak*, and other local healers figure in the respondent's narratives, which could readily project an in-depth knowledge on indigenous healing and practices. This is understood in the context of indigenous knowledge being defined as a 'situated repository of shared information, tools, beliefs, and practical skills (Adams, Potkanski & Sutton, 1994 cited in Orticio, 2006). These indigenous knowledge then enables them to address complex issues as well as aid them in decision making, in this case in relation to health concerns.

Table 1 presents the knowledges and perceptions as well as practices throughout specific stages in the life cycle of Sagpat respondents.

Diseases or unhealthy conditions felt throughout the life of Sagpat respondents are the common respiratory diseases, hence either are self healing or are remedied at the household level. The use of local herbs, leaves, and fruit trees are common. Herbs that are considered medicinal plants include oregano, *parya* (bitter guourd) lemon, *takip kuhol*, *yakun*, guava leaves, and *bagiw* (moss). Interestingly, *bagiw* a kind of mossy plant locally available has been used for cuts and bruises.

Spices are also widely used: ginger, garlic, *dael*, and *am*. Fruits and fruit tree parts are also utilized: guava shoots and leaves, sugar cane, avocado leaves, mangoes, unripe bananas and banana shoots. Other plants such as tobacco and *dengaw* (plant root) and *petpetted* (found near bodies of water) are likewise used. *Yakun*, a root crop with its tubers, said to be imported from Japan, are also quite common in Sagpat and is known for its medicinal uses.

Tea herbs or leaves of trees, used as beverage, is so popular with respondents. Drank as tea, it either comes as sun dried or freshly picked. Tea, a widely consumed beverage, may play a significant role as a naturally occurring anti-oxidant substitute and therefore contributes to human health. To the respondents, guava leaves, avocado leaves, mint grass comes very handy as a general herb that can be taken in.



Table 1. Health knowledge, practices, and techniques employed by Sagpat women

STAGE IN LIFE	DISEASE	HERBI/ PLANT/FOLK MEDICINE	PROCEDURE
Childhood to adulthood	Cough & colds (<i>uk-uk ya panateng</i>)	Oregano (<i>Origanum vulgare</i>)	Pounded, heated & wrapped in cloth and applied to the chest or back with a 'warming' effect.
		<i>Parya</i> (Bitter gourd) (<i>Momordica charantia</i>) Paracetamol Bayabas (guava) (<i>Pisidium guavaja L.</i>)	Pounded with juice then is extracted; drank Cooked and drank as tea
	Fever	Water therapy & Paracetamol	
	Anaemic	<i>Yakun</i> (<i>Smallanthus sonchifolius</i>)	Eaten raw; or shredded & dried, made and drank as tea
	Cough (<i>uk-uk</i>)	Lemon (<i>anig</i>) <i>Alloysia Triphyllal</i>	Lemon is roasted with honey;
		Sugar cane (<i>unas</i>) <i>Sipha flara</i> Honey (<i>Takip kuhol</i>);	Sugarcane is also eaten raw or roasted Drank as tea
	Toothache	Banana shoots (<i>balat</i>) (<i>Musa sapientum</i>) Ginger (<i>laya</i>) (<i>Zingiber officinale</i>) Garlic (<i>bawang</i>) (<i>Allium vineale</i>)	Banana shoots are cut and squeezed then taken in Pounded and placed on the tooth opening
	Low back pain		Keep oneself busy to keep one's mind off the pain (<i>isal-saliw-a</i>)
	Heart disease	<i>Tadlang</i> leaf	Boiled and drank
	High blood	<i>Tabtabako/petpeted</i> or <i>puputod</i> ; <i>Bawang</i> or garlic;	Young <i>petpeted</i> is selected and then taken in as tea;
		" <i>yakun</i> " (<i>Smallanthus sonchifolius</i>)	<i>Yakun</i> taken in raw form
		<i>Dael</i> leaf (<i>Acorus gramineus</i>)	<i>Dael</i> leaf taken as tea
	Dysmenorrheal	<i>Petpetted/puputod</i>	Heated and applied as warm; Compress on the abdomen
	Rheumatism	<i>Petpetted</i> or <i>pulputod</i>	Heated and applied as warm compress on the aching part
	General body malaise	Ginger (<i>Zingiber officinale</i>)	Pounded or sliced thinly and cooked; taken as tea
	<i>Kamala</i> or Sore eyes	<i>Dara-dara</i>	Cooked with boiled juiced for washing affected area
	Stomach ache (<i>dengaw</i>)	Guava shoots (<i>Pisidium guavaja L.</i>)	Brewed and taken as tea
	Colds	<i>Dangka/dang-nga</i>	Boiled and drank as tea
	Ulcer, diarrhea	Am; bayabas (<i>Pisidium guavaja L.</i>)	
	Gas pain	<i>Dengaw</i>	Eaten raw
	Kamuras	Sugar cane (<i>unas</i>) (<i>Sipha flara</i>) Avocado leaves (<i>Persea americana</i>)	
	Measles	Mango (<i>Mangifera indica</i>) Guava (<i>Pisidium guavaja L.</i>)	Boiled in water; To be used in bathing;
		Ginger	oiled and drank as tea
	Wounds	<i>Bagiw</i> [moss-like]	Pounded and applied on the wound; believed to suck up "dirty blood"
Baby in the womb	Abnormal position	<i>Man-ilot</i> needs to position the baby	<i>Yakyak</i> ritual is performed to 'position' the baby
New Born	Asthmatic	Oregano (<i>Origanum vulgare</i>)	Heated and applied on the chest
	Flu	<i>Takip kuhol</i> ; (<i>Centella asiatica</i> (L.) Urban)	Boiled and drank as tea; sponge bath
	For protection of baby from evil spirits	" <i>dengaw</i> "	<i>Dengaw</i> is chewed & placed onto the stomach of the baby; Aside from protection, also aids in teething; Bible is placed at the baby's side while sleeping
	Gastritis	Banana	Unripe bananas eaten raw
	LBM (loose bowel movement)	Young banana stalk	Resin of the banana stalk is drank as tea;
		Guava shoots; guava tree bark	Guava leaves eaten raw; Guava bark is boiled and drank like tea
		Medicinal chicken (<i>manok</i>) or native chicken	Medicinal chicken butchered in cases where LBM is continuous; is ritualized and then served as viand
		<i>Sabeng</i> (sweet potato (<i>Ipomoea batatas</i>) concoction)	<i>Sabeng</i> concoction is drank; preparation involves boiling the sweet potato and then the juice would be mixed with yeast and kept until it becomes wine-like
	Cough with phlegm (<i>rarek</i>)	<i>Gipas</i>	<i>Gipas</i> is boiled and taken as Tea
		Chili (<i>Capsicum frutescens</i>)	Chili is eaten raw or mixed with soup
		Ampalaya (<i>Momordica charantia</i>) & lagundi (<i>Vitex leucoxylon Blanco</i>)	Ampalaya juiced; lagundi is processed for used as tea



Practices that are medically accepted are also observed: warm compress for dysmenorrhea and rheumatism, tea drinking, and lemon-honey concoctions. The elder women emphasized that dysmenorrhea is a new illness. When they were young dysmenorrhea is unknown, as women, including themselves, have never experienced it. Accordingly, this could be because their diet consisted of organic food. (*Ed bayag, maga di dysmenorrhea tan organic di makan*). In relation to common headache, some respondents believe, 'its all-in-the-mind' so that it can be self healing.

Perceived Causes: Cultural Domain

From the data, it is shown that the perceived cause of diseases has something to do with the following:

Hot and Cold Syndrome

This research reveals that the relationship between the community and the environment or even between the individual and the environment is shaped by spiritual beings emanating from the environment itself. For example, after one has worked hard in the farm or garden, or after any strenuous activity, the body is understood to be 'hot' and hence there is a need to 'balance' the state of the body. As mentioned by most of the respondents, weather conditions, specifically 'windy' or cold temperature can be the 'cause.' A respondent, for instance would say that 'windy' climate can cause one's body to weaken and hence makes it vulnerable to *uk-uk*, *trankaso* or headache. Illnesses such as these are experienced during the cold months of December to February as body heat can not mitigate cold environmental condition and hence it is enough to cause imbalances. Still, particular foods taken in or even emotional state can be possible causes.

A *man-ilot* respondent mentioned that cold wind (*nalami-is/mantetek ay angin*) entering the body causes the body to feel cold. This would lead to the blood and some nerves getting "cold". "Cold" blood could not flow well and "cold" nerves would be unable to work in function with other nerves in the body. These would then cause pains and illnesses. The *man-ilot* said she would use her palm to feel which nerves are not "in harmony" with the others (*adi makiurnos si kakadwa na ay ur-urat*). After which, with the use of (coconut) oil (*lana*), she would carry out the *ilot* to help the nerves "work in harmony". Likewise, *ilot* is needed to bring back the blood's warmth enabling it to flow normally. (*umandar si kosto*).

On the other hand, an individual whose bodily state or well-being can not be understood even with the intervention of western medicine, can also be *mapaladan* as falling into 'hot-cold' syndrome. The 'hotness' or 'coldness' of the body is usually determined by a *manbunong*- with the use of his/her *palad* or palm. The use of "*palad*", which may be translated as "diagnosing one's state of health by the use of the palm or *palad*, is another illustration of the hot - cold syndrome. Like in the lowland Philippines and the rest of South East Asia, the belief in 'wind' causing the person to be '*teg-in*' or in 'cold' state, is suffering from imbalance in body temperature. This can in turn, weaken the body- making it susceptible to sickness. A reinforcing factor for this condition can also be traced to 'disturbed' spirits or ancestors

This could be related to what perhaps a scientific and rational explanation found in what Apostol (March 2008) would say of the hold-cold syndrome as happening at the metaphysical level – the belief in spiritual energetic channels called *urat* and *pennet*. This becomes more relevant in the context and practice of therapeutic massage in the country.

Relationship with spirits/ancestors

Another component of indigenous healing is the consideration of the unseen. Relationship with the environment as well as the 'unseen' which could be ancestors or spirits living in the environment is given prime importance. According to the respondents, the individual's well-being can sometimes be dependent on this relationship and as such can also be the source of ill-health. Many times too, the individual might not be aware of her/his actions or behavior in dealing with the unseen, yet it is enough to alter health condition. The interest is therefore to appease the spirits and come to terms with the 'unseen.'

On the other hand, religious ideology is left to personal belief. In the modern day, Sagpat people generally share the view that deities and spirits are both feared and loved; that their relationship with people is contingent to the situation.

Taken as a behavior indicator of health promotion and disease prevention, this could also be looked at in relation to an equilibrium model which stresses the importance of balance and moderation as key concepts to maintain health and prevent disequilibrium. In Sagpat, emphasis on maintaining proper behavior, proper diet even social conducts in specific situations can help in keeping one's health and well-being wholesome.



Herbal Plants: Access, Utilization and Management

Depending on the herb/plant being used, these are either sourced from the mountains or grown by women themselves in their own backyards or in the community herbarium. The local *botika* popularized the planting of medicinal plants.

Forests, medicinal plants and Sagpat women

Sagpat is known as a sayote producer wherein mountains are cleared to give way to sayote plantations. Sayote planting is a very important source of cash for the community members, however, it does not mean that the women stopped sourcing medicinal plants from the mountains and forests since 'forest source' to them is very accessible. This is because of the fact that their houses are very proximate to these forests and mountains even if sayote is being planted on a commercial scale. From the respondents, there seem not to be a problem on accessing and controlling these species. The various medicinal plants used by the women could readily be found in the mountains and forests since even if it grows wild, it is still being 'preserved' by the users. This agrees well with the findings of case studies involving indigenous women with biodiversity. The Convention on Biological Diversity (CBD) itself recognizes the fact that biological diversity is crucial to the culture, health, and well-being of rural populations because of the intense interaction of indigenous women with natural resources where women are said to be "collecting raw materials and producing food, fuel and medicines (Portrait of Indigenous Women of Asia, 2007).

The researchers however have the impression that while these medicinal plants are readily available and accessible, younger generations seem to be discouraged in utilizing such. Some reasons could be because of the time needed for its preparation and the fact that some of the medicinal plants are found in the forests, the youngsters would rather access drugs at a local store or drug store.

Community herbal gardens:

Even when 'forest source' of medicinal plants are accessible to the women of Sagpat, some still looked for alternative sources, which led them to cultivate or plant the herbal plants in their backyards and they also created a Community herbarium. As ocular observations show, a number of respondents

maintain several plots planted with herbs and other plants for healing. These have been sourced from neighbors who have knowledge on the healing contents of these plants and circulated among them. Other plants used to be "wild" and now are domesticated for them to be more accessible to the families most especially in emergency cases where they do not have time to go to the forest. Still other plants come from neighboring villages planted first in the BHW backyard and later shared among interested women villagers. This informal social network therefore has been important in the propagation and sharing of knowledge. A couple of respondents also claimed that their knowledge of some herbal plants and on the process of planting them in their backyard came from Girl Scouts who conducted extension services to the community by having an information-dissemination on herbal plants.

As an NGO in the Cordillera stated, the best means of data banking as far as IK is concerned is via warm bodies (usually women as guardians) which is also the fastest mechanism of knowledge transmission (CDPC, 2007).

Aside from the backyard gardens, they had also developed a community herbarium which is located within and is maintained by the elementary school.

Barangay Health Centers (BHCs) assisted herbarium

Interview data with a volunteer health worker at the barangay based health centers reveal that it has also been one of the pioneers who formally put up herbal gardens right in the backyard of the health center.

This goes well with the concept of Primary Health Care (PHC) which is *characterized by partnership and empowerment of the people shall permeate as the core strategy in the effective provision of essential health services that are community based, accessible, acceptable, and sustainable, at a cost, which the community and the government can afford.*

From Ocular observation in sitios Sapdaan and Sagpat proper shows the presence of herbarium. Specifically, Sapdaan herbarium has been set up with help of the SLU-CN, barangay officials with community members.



Production and Transmission of Indigenous Healing Techniques

Types of Healers/Persons Associated with Healing

Man-ilot. This person is consulted to help ease physical illness and is also the main figure in cases of child delivery. During pregnancy, the mother goes to the *man-ilot* to make sure that the baby in the womb assumes a normal position. The *man-ilot* determines how the baby is placed in the womb by feeling through the mother's abdomen. If the position of the baby is wrong (i.e. there is strong possibility that the baby will not be born head first or in breech position), then the *man-ilot* needs to reposition the baby in order for the mother to have a normal or easy childbirth later.

When delivery becomes difficult for the mother, the *man-ilot* uses the practice of observing "heat" and "cold" to diagnose the situation. It is said that when the *man-ilot* feels "hot," somebody or something is hindering the child from coming out normally. If he/she feels "cold," it is said that the cause of difficulty is physiologically caused (i.e. wrong position of the baby in the womb, *nasuni* or the baby's feet or buttocks comes out first).

Some women also resort to *panag-ilot* to ensure reproductive fertility, to release dirt from the reproductive system, or to have a lowered uterus fixed.

Aside from the *man-ilot's* role in the birthing process, he/she also helps ease body pain caused by muscular or bone injuries. People who go to the *man-ilot* are those with muscle pains, stroke, and sayote workers who encounter accidents (e.g. falling) while harvesting or carrying their produce up the hill. *Ilot* is done by applying pressure on the part of the body where pain is felt using coconut oil and herbs.

The *man-ilot* is also referred to as *mantulong* (a person who helps) by members of the community.

Mansip-ok (also called the *manbuyon* or *manpuntos*). This person functions in the diagnosis of an illness. He/she determines whether the condition is caused by offended spirits (e.g. *tinmungao*, *adi kaila* translated as the unseen), an ancestor informing the family of a need (e.g. prayers, dance/*itayawan*, change of blanket, food or any activity that involves opening of the ancestors tomb), or witchcraft. Depending on the cause, the *mansip-ok* advises the family of the sick person to perform the

needed rituals that will drive off the illness. In small rituals, where short prayers are said and only one or few chicken need to be offered, the *mansip-ok* may perform the ritual with the family. In larger rituals, where a series of ceremonies have to be performed and pigs have to be butchered, another person, the *manbunong*, is called to officiate.

The *mansip-ok* may also be consulted when one loses a possession and wants to know how it is lost and how to find it. A tool used by the *mansip-ok* when he performs the *buyon* is a pendulum made of a string and a special object or stone. In many cases, he/she may see a vision that shows the cause of an illness or a lost object.

Manbunong. The *manbunong* is a person consulted in the community for his knowledge of the various rituals to be performed as required by different circumstances (i.e. illness, accidents, death, etc.). He/she officiates the said rituals, say the prayers and directs the procedure of the ceremony. The *manbunong*, then, is said to mediate the natural world and the spiritual realm.

The above three persons (*man-ilot*, *mansip-ok* and *manbunong*) may have distinct functions. However, one individual may be a combination of the three. A *mansip-ok* may also be knowledgeable about the process of *ilot*, and a *manbunong* may also be able to determine cause of illness.

The Making of a Healer

A Gift. This is one common perception in the area on how a healer comes to possess this ability. It is said that a person becomes a healer because he/she is appointed by God or by the spirits of the ancestors (*ap-apo*), who also give him/her this capacity to relieve illness. This assignment is usually revealed through dreams. One respondent, a *man-ilot*, related that when she was about 25 years old, she dreamt of an *ap-apo* handing her a cup filled with what looked like ricewine (*tapuy*). In that dream, she refused to take the cup. However, she started experiencing some difficulties with unknown reasons like having many dislikes and getting extremely jealous when her husband would sit by some other women. She kept having the same dream until she finally accepted the cup. Then people started coming to her with complaints of illness and she was able to make them well. One instance was when a woman visited the respondent complaining of a paralyzed hand. Without knowing that she can heal, the respondent held the woman's hand and performed the *ilot*. She also told the woman, "*Si nanang mo man sa*" (Your



mother (who is dead) is causing your illness). When the patient's family performed the required ritual for the deceased mother, she later reported her hand getting well. From this one incident, news spread to the community that the respondent is a *man-ilot* and was eventually known with that status. Only then was she able to interpret her dream as the *ap-apo* giving her the capacity to help other people by healing.

Another respondent, also a *man-ilot* in the community, said she got sick for three months before learning that she is capable of doing *ilot*. The first experience she had was to assist a mother with childbirth. Since then, she was being called to help deliver a baby or to fix position of a baby during pregnancy. Eventually, members of the community would come to her to avail of *ilot*. As a Christian, she believes that it is God who gave her the skill of *panag-ilot*. Hence, when she encounter difficulties in her work (e.g. abnormal position of the baby during delivery, placenta couldn't get out of the mother's womb after the baby was delivered), she would pray to God for help. Like other *man-ilot* in the community, she would not require payment or collect fee from her patients. According to her, she received an instruction in her dream not to accept any money since this will destroy her work.

For these persons who acquired their healing skills through supernatural means (i.e. a spiritual gift, not learned), taking on the status of a *man-ilot* becomes an obligation. They say they don't have a choice but to practice the skill endowed to them and help other people. The first respondent reported that when she does not help a patient well, she will be "*mataulian*" whereby she gets sick or becomes afflicted with a disease with an unknown cause.

Observation and Apprenticeship. Most of the respondents said 'it is not for them to decide to whom the gift of healing' will be transmitted. They believe that their ability to heal is a gift from God; therefore, it is God who shall choose their successor.

Some respondents, however, did relate that they learned and developed their ability through constant observation in actual healing situations, usually participating as 'aids' throughout the entire process. A relationship akin to that of a trainer and an apprentice is thus created between the healer and her/his aid. It must be emphasized though that this is merely an indirect form of apprenticeship as there is no apparent intention to teach the healing practice.

Referrals and Popular Acceptance.

A person's ability to heal is made known to the community by word of mouth. Sick persons who were successfully healed would often refer other persons with similar illness to individuals whom they believed made them well. In due time, such person's ability to 'heal' spreads throughout the community and they become known as 'healers.'

Informal Networks – where IK is stored, shared and propagated. As the world's health experts problematizes knowledge creation to solve the unfinished health agenda of the millennium (Commission on Human Security, 2003), examples of guarding and knowledge repositories are very much seen in the study on women who still practice and share these knowledges among themselves. This is not to discount the fact that healers are still recognized in the community - This is ironic as at the international level, intellectual property rights has been debated on for many years since the creation of the WTO – in the meantime, indigenous knowledge seem to be 'openly shared' and held by these informal women networks.

This scheme of informally sharing these resources has been found to be true in studies conducted in Asia. In Thailand, the Thai government has put up health security insurance system for the protection of its workers under its 30 Baht Health Care scheme which was found effective, except that this was found to be inadequate especially for informal and agricultural sector (Sirrawaksa & Sukkumnoed, 2003). It was later found out that there is numerous small community schemes throughout Thailand which are resorted to – these are community self-help initiatives that rely on social ties within each community and even outside social networks.

It can therefore be said that for the propagation and continuities of the use and production of indigenous knowledge, a strong support from social networks is needed – including the government as well as the community's own informal ties and networks. The government for one can endorse and should recognize the merit of such self help initiatives and informal schemes.

If one is to conclude, perhaps this is one area where the extent of sharing, reciprocity, and cooperation even in cash-earning society is still strong.

The Women's Worldview

Spiritual Landscape. Like other Cordillera groups, Sagpat women generally share the complex



hierarchies and genealogies of heavenly, earthbound deities and spirits. The women of Sagpat, have a very strong spiritual sense and a belief in a powerful force stronger than theirs that governs their daily life. *Kabunian* as the supreme God, assisted by lesser deities. But as concluded by Scott 1969, *Kabunian's* nature and his connections with the more active heavenly beings, is fluid or is not rigid and can be negotiated. At another level, while certain spiritual beliefs and meanings are shared, this is still open to discussion and adjustments – specifically at the individual and household level. This can be seen in the flexibility of ritual practices where 'practical' adjustments in ritual requirements as well as the process of celebrating certain health related ceremonies are done.

The women of Sagpat see human life as part of the cosmological reality as a whole. Human life's beginning and destiny is inextricably influenced by an outside force. Appeasing the spirits is part of the negotiations they take – which shows that the respondents seem to believe that even fate can be negotiated. This is more expressed in the health care system, which as can be seen later, would put rituals and ceremonies as central or at least coupled with modern biomedical remedies. In establishing the cause of illness for instance, is attributed to the failure to appease the powerful spirit and its minions as this may bring bad luck to them. This could range from sickness to death, from misfortune to hard life. But again, traditional practices are employed to prevent ill health. The observance of 'hot-cold' syndrome, said to be practiced throughout the country as well as other Southeast Asian countries (Apostol, undated) with the aim of maintaining balance and equilibrium, are key concepts to maintain health and prevent disequilibrium. Emphasis on social conduct in various situations and avoidance of some metaphysical causes of sickness usually linked with the environment. These are evident in the various practices of Sagpat women (as discussed above) such as the adherence to beliefs in giving birth (i.e. prescribed and proscribed food) and also their belief in giving due respect to the spirits living within the environment so as not to displease them or cause them to *tagibien* (catch or 'hold on') a person's soul or *kadkadwa*.

Worldview in relation to reproductive health. Aside from the animistic attribution for the causes of illness that was already discussed above, there are also prescribed and proscribed behaviors during pregnancy and after childbirth that are related to the community's traditional religious beliefs.

When the woman is pregnant and a relative or member of the community dies, she can attend the

dead person's wake but should not look at the body. This is because some traits or birthmarks (usually, the undesirable ones) of the dead person may be acquired by the baby in her womb (*maisiding sin anak*). Viewing of the dead body by the mother may also cause breech delivery during child birth.

A few days before the woman is expected to give birth, the family must perform the *dakdawak*, otherwise known as the *anawang*. With the *manbunong* officiating the ritual, the family butchers and cooks chicken which the mother eats. This is believed to ensure a safe and normal delivery. A problem that can be experienced during childbirth is when the *aliweng* (lump of blood) does not come out after the placenta (*balaya*). The *dawdawak* may help prevent this and other childbearing difficulties from happening.

About two days after childbirth, the mother should perform the *abusang* in which she places pork fat and ginger on the tip of two sharpened young *runo/bellang* (stick). The pork fat should be taken from a butchered pig that was offered in a previous ritual (*naibunong*), which is preserved by smoking (*naikiing*). She then brings and secures these in the shape of an arc in an area just above the community water source/spring (*sakdoan*), where she then takes a bath. This is supposed to be her first bath after giving birth. The purpose of this ritual is to protect the newborn from evil /malevolent spirits (*tinmungao*). Nonperformance of the *abusang* may cause the occurrence of infection in the newborn's navel and other infant illnesses.

An infant or newborn is believed to be prone to *amayaw*, a situation where an animistic spirit (*kakading*) or an ancestral spirit takes notice of the baby and consequently causing illness to the child. To prevent this, the mother should call the name of the infant whenever she brings the baby out from the house or before heading home from another place. A piece of *dengaw* fastened to the infant's clothes may also push back malevolent spirits from touching the child.

Spiritual Healing: Practices in Diagnosis, Prognosis and Prevention from Harm

At this point, it is imperative to define 'spiritual healing' within the context of how the respondents (women of Sagpat) would understand it.

Since the respondents identified spirits (*anito*—nature spirits, *minatay/kakading*—soul/spirit of a dead relative) caused illnesses, spiritual healing



could then be viewed as the process by which a healer (*mansip-ok*, *mambunong/manbunong*) conducts some rituals to appease the spirits believed to have caused a person's illness. When the sick person recovers from his illness, then the rituals that were performed are believed to have pleased the spirits.

I-Benguets, Baucas (2003) noted, believe that the spirits of the dead and other spirits of the underworld caused sickness when they (the spirits) have been offended/hurt or need something from the living. Sickness seems to be the primary "punishment" that spirits would give the living every time they needed to be appeased.

Diagnosis and Prognosis

Diagnosing the cause of a disease or illness from the perspective of modern medicine, is done through the use of scientific instruments and methods. But for spiritual healers, like the women healers of Sagpat, it is their supernatural ability/power coupled with corresponding "unconventional" rituals that helps them determine the causes of affliction.

Among the Kankanaeys of Benguet, they consult a *mansip-ok* (a person with supernatural ability to interpret or determine the cause of illnesses). Employing a method deemed appropriate (this could vary), the *mansip-ok* could not only discern the cause of an illness but she could also rightfully prescribe the correct ritual to be performed (Baucas, 2003; Sacla, 1987).

One of the respondents narrated how the *mansip-ok* who was also a *mambunong* (one who diagnoses an illness and who also performs the healing ritual) and a *hilot* (probably a midwife) diagnosed the cause of birthing difficulty among pregnant women. She said: "*Bunungan (din mambunong) din manrigat ay man-anak*. (The healer determines the reason why the pregnant woman is having difficulty in giving birth). This is what they call *anawang* (others say it is *maksil*). When diagnosing, the healer relies on his "sense of feeling" to determine the reason behind the affliction of the woman giving birth. It is said that when she (healer) feels that the woman's belly is "hot" it means that somebody or something is hindering the baby from coming out of the womb normally (or with ease). If the healer feels that the woman's belly is cold, it is said that the cause of difficulty in giving birth is physiological (i.e., wrong position of the baby inside the womb) (See Baucas' Traditional Beliefs and Cultural Practices in Benguet for the varied ways of diagnosing sickness).

Another respondent also recounted that the reason why a family member got sick was that while the respondent's husband was rolling some boulders, a child of a *tumungao* was allegedly hit and hurt.

One respondent said that others get sick because they have been "*natongo*," that is, the person got sick because his/her body has been possessed by a spirit (possibly an *anito*). The victims of this (*tongo*) would usually become a bachelor or spinster since it is believed that the *anito* have already married the sick person.

As earlier mentioned, the perceived usual cause of illnesses (besides those caused by natural elements or caused by accident) are the spirits of dead relatives or bad *anitos* who would let themselves be felt (*manparikna*) by causing the living to get sick. Spirits do this when they need something from the living (like blankets, food, shelter, etc.) This act of the spirits is termed *kedaw*. Those afflicted with illness as caused by the spirit of the dead are termed *natagibi*. Based on the interviews the concept of *natagibi* originates from the belief that spirits (i.e. *pinten* – river spirits, *tumungao* – rock/wood spirits) catch or 'get hold' (*tagibi* or adopt) of the person's spirit (locally known as *ab-abi-ik / kadkadwa*). Thus, when a person's *ab-abi-ik* was caught by a spirit, he gets sick because the spirits live in another realm. To avoid being *matagibi*, one has to ask permission when crossing a river or stream by talking to the spirits or throwing a stone in the river. Likewise, while in the mountains or woods, one has to make his presence felt and ask permission. All of these are done with the belief that the spirits should be accorded due respect too, just as mortals are.

Healing and Prevention

The Kankanaeys of Benguet perform rituals and ceremonies primarily to prevent misfortunes and to appease the spirits which caused the illness of persons who might have offended them; hence, this resulted to the development of healing rituals called *dilus* and ceremonies of thanksgiving termed *sida* (Moss, 1920 as cited by Sacla, 1987 Cordillera Schools Group, 2003).

These healing and preventive rituals are performed depending on the nature of the affliction experienced by the sick person and his/her immediate family.

In the case of a woman who is giving birth, the *dawdawak*, *annawang*, and *maksil* are performed to either heal the woman's suffering (difficulty) of giving



birth or to prevent the possibility of giving birth with difficulty. *Annawang* is performed as a way of giving thanks to the spirits or to God (*Kabunyan*) for the normal delivery of a baby. An *ubuan* (a hen that has chick/s already) is butchered and a prayer for well-being of the newborn is offered to the gods/spirits (Guintodan and Sabaoan, 2008: Informal interview). *Maksil*, on the other hand, is performed when the woman experiences difficulty in giving birth. If the cause of difficulty of giving birth is *kedaw*, that is, the spirit of a dead relative is asking for some favor or offering, *dawak/dawdawak* is immediately performed so that the mother's reproductive organ would become more elastic; thus, resulting to giving birth with ease and normal. *Dawak* involves the butchering of two or more pigs, jars of rice wine, among others.

To prevent a child, usually an infant, from being harmed by malevolent spirits, parents pin a *dengao* on the child's clothes, usually at breast or shoulder level. The *dengao* is believed by the respondents as capable of dispelling bad spirits.

In the case of *natagibi*, the members of the family are required to clean the tomb of the dead and perform the rituals prescribed by the *mankotom* (wise old men who oversee the strict observance of rituals and traditions); they may perform the roles of *mansip-ok* and *mambunong* (Cordillera Schools Group, 2003).

Petad and *Daw-es* are rituals associated with journeys or trips. *Petad* is usually sponsored by a traveler who, just upon arrival from a trip, got sick. With the *mambunong* as performer of the ritual, a dog is sacrificed to the spirits who could have caused the person to be sick. *Daw-es* is resorted to by a group of individuals who had just brought home a dead person (killed in an accident, killed in war, or died in a hospital). The ritual is usually done a mountain away from the house of the dead person. The animal used in the *daw-es* is usually the dog because it is believed that the dog's blood is hot/warm. Besides, dogs are considered protectors of men. It is done away from the house to prevent bad luck, or bad spirits from interfering in the lives of those who stay in the house.

Reproductive Health Knowledge and Practices

One particular interesting datum that came out during the data gathering phase was along reproductive health – particularly seen on the conception, birthing, and post birth stages in a woman's life cycle. This section presents the range of diet, rituals, taboos, and other health-related beliefs along this life cycle.

As shown in the Table 2, out of twenty (20) respondents, 18 gave birth to their child/children at home. Even the two hospital births also show that one or two of their children were hospital deliveries while the others were home births. A single respondent prefers hospital birth and biomedical remedies rather than home deliveries. When probed further why, she reiterated that she is uncertain of the effects of herbal medicines. She also cited the fact that she gets confused with herbal medicines, which she used to think are very local and accessible yet when get packaged commercially, are much more expensive than over-the-counter drugs.

It is seen in the community that most of the mothers give birth at home since the nearest hospital is at least two hours ride away, and this also is a reason why most of the mothers do not undergo prenatal check ups. The latter is an observation made by the barangay health worker.

Conception stage

Taboos concerning food-intake and other daily activities are observed during the conception stage. There are some types of food that are proscribed because it could lead to a difficult delivery or could even lead to certain abnormalities to the unborn child. The pregnant mothers are at times prohibited to join certain community activities since it could affect the pregnancy. In contrast, there are food and activities that are required for the expectant mother to help the mother and child be healthy and to have a safe and easy delivery.

If during the time of conception and the mother feels uncomfortable with her upcoming delivery, the *mambunong* or *man-ilot* figures out the diagnostic stage. The *mambunong* makes use of the "heat-cold" mechanism. Through the process called "*palad*" (may be translated as "feeling with the use of his/her palm), the *manbunong* can declare that the individual is either in "hot" or in "cold" state. For "hot" conditions, it is said that someone or something is hindering the baby from coming out normally or in the baby's position. Correspondingly, a ritual or a prayer is performed. If the diagnosis is "cold," then it is said that the cause of the difficulty is physiological, for instance abnormal position of the baby in the mother's womb. A *man-ilot* is now referred to. A *yakyak* is performed. This is a process in which the *man-ilot* positions the baby in its "appropriate position." Respondents also pointed out that there are cases where the *hilot* is unable to position the baby; hence, she/he can refer them to the health center or hospitals. *Man-ilot* or *Hilots* are said to be open enough to admit their limitations in more complicated situations.



Table 2. Selected Birthing Profile of Sagpat Women Respondents

RESPONDENT #	BIRTHING PRACTICE AND POSITION	PRACTICES AND BELIEFS
1	Home delivery-- assisted by the 'man-ilot' & her mother; went for a prenatal at 7th month	<i>Man-ilot</i> helped position the baby Used <i>bakget</i> (belt especially made to support the abdomen and back of pregnant and new mothers); refrain from using cold water (related to the concept of 'hot cold') and no heavy work load. "Traditionally," – if a family member gets sick, especially if pregnant, a chicken is butchered & a prayer is offered by an old man and parents
2	Home birth for 6 children (1 hosp) – assisted by her mother and husband	First weeks, lessen food intake
3	Home birth with midwife	Refrain from using cold water
4	Home birth; self delivered; sitting position	Prepare hot water for bathing and bamboo slit for cutting cord
5	Home birth with her mother and husband	Boiled guava leaves to wash wound' drank boiled <i>lukban</i> (pomelo) for easy recovery
6	Home delivery; <i>Man-ilot</i> by profession	When pregnant, avoid heavy workload as much as possible; even when pregnant, consulted the 'man-ilot' to fix the position of the baby
7	Home delivery Birthing position: <i>tumukdo ya pan-kapat adi bumaktad</i> ; (sitting down with a pole to hold onto) as it is easier to "push"; <i>balaya (bahaybata)</i> can be disposed immediately -observed that <i>puseg</i> (navel) difficult to heal-should eat <i>lukto</i> -lost 2 babies (<i>sunì</i>)	When the abdomen first contracts, boil water for use in the birthing; Usually after one week of giving birth, can already 'wash' diapers
8	Home birth Birthing position- " <i>tukdo</i> " (sitting position with husband at the back), her mother assisting -put oil in the body	Limit food intake after birth; after two weeks can already ' <i>gabyon</i> ' or engage in farm work ; and because baby needs to nurse, baby is also taken to the work place (<i>itakin si anak</i>) <i>Bahay bata</i> or placenta is buried (<i>ikaut</i>) Food taken in primarily is <i>sabeng</i> and <i>lukto</i>
9 [healer]	Perform as ' <i>man-ilot</i> ' as it is God's gift,' Birthing position: sitting (' <i>tinmukdo</i> ') or lying down position " <i>binaktad</i> "; lying down with feet pushing on to a wall or pole (' <i>sinnaltek</i> ' ; <i>sinnikad</i> ; " <i>bay-os</i> ")	- A sharpened bamboo or <i>kawayan</i> is used to cut umbilical cord or <i>puseg (pa-o)</i> ; -Experienced " <i>sunì</i> " (breech position); can be a sign of complication and <i>man-ilot</i> can help -Also <i>balaya</i> or placenta does not come out; if more than three hours, the placenta does not come out, then can be a sign of complications; one case was referred to hospital care -When it is felt that uterus has enlarged, coconut oil is applied on the abdomen; oil also is used to massage uterus to its proper position; pointed out that coconut oil should not be mixed with water, 'vicks' or any other menthol containing elements as it might aggravate in the long run
10 healer	Home delivery; self delivery	Observed that 'sitting' position is harder/more difficult than lying down; difficulty in removing the " <i>balaya</i> " [(placenta) or " <i>puseg</i> " -paraphernalia used: sharpened bamboo to cut umbilical cord

Integration of biomedical practices are also practiced.

To ensure a woman's well-being during pregnancy, pregnant women have their regular prenatal check-up at the rural health unit where they

can also receive immunizations, such as the anti-tetanus vaccine. Despite the lack of amenities, the availability of a health clinic in the locality helps in giving regular health services to pregnant women. The younger women also pointed out that taking vitamin supplements could help a pregnant woman be healthy.



A barangay health worker added that they inculcate proper hygiene as part of prenatal care.

The respondents also mentioned some proscribed behaviors during pregnancy. These include drinking tea (*gipas*) and eating ginger, as these may cause miscarriage. According to one health worker present in the discussion, pregnant women are also discouraged from doing heavy manual labor as this may result to a "cord or looped baby." As said by this participant, physical exertion may cause the baby in the womb to move around every so often that the umbilical cord ends up tied around its neck. This eventually causes difficult childbirth. However, some of the women implied that doing a lot of manual work may not necessarily affect a pregnant woman's health. Some elder respondents even related that they did not do anything different or special when they were pregnant as long as they did not feel anything wrong with their bodies.

While most of the women go to the rural health unit for prenatal check-up, many of them still mentioned the significance of the *man-ilot* in prenatal care. According to them, the expectant mother should consult the *man-ilot* around the seventh to eighth month of pregnancy. The latter checks the position of the baby in the womb. If the baby is not in place for childbirth, such that it may come out breech (*nasuni*) during delivery, the *man-ilot* would fix the baby's position.

One of the respondents emphasized that before consulting the *man-ilot* to examine the baby's position, the mother should be certain about how many months she is into her pregnancy. This particular respondent related that one of her children was delivered breech because she committed an error in counting the months of her pregnancy when she checked by the *man-ilot*. She told the *man-ilot* that she was eight months pregnant when she was well into her ninth month. Hence, the *man-ilot* reversed the baby's position when it was already well in-place for normal delivery, considering that the baby has one more month to rotate itself into its proper place. As a result, the baby was delivered breech.

When asked how sure they are that the *man-ilot* can fix a baby's position in the womb, the respondents confirmed that the *man-ilot* can as long as he/she is an expert (*partira*).

In some cases, immediately before birthing, a *dawdawak* is performed. *Dawdawak* is an offering to the ancestors so that the mother's reproductive organ would become more elastic with the hope of

having a normal and easy delivery. This can be seen as a psychological and social support of the family to pregnant women.

Birthing process

Data gathered reveals rich knowledge and experiences on birthing practices. It is discerned from the information gathered that the practices the women of Sagpat utilize could be understood in relation to gender issues and to modern medical procedures. It is not just the women who are left to attend to birthing mothers but the men also have roles to play. Moreover, the modern medical field could be compared and/or contrasted with that of the traditional practices.

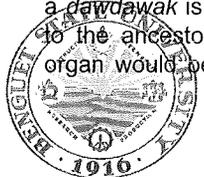
Husbands as traditional birth attendants

Particularly interesting here is the role that husbands play – who either acts as assistants or are the ones who serve as midwives. Surprisingly, majority of respondents claim that it is their husband who assisted them in the birthing process either directly or indirectly. Where health services are limited, the women take care of the birthing process itself and the husbands figure in the actual delivery and cutting of the umbilical cord. During the contraction period or the time of 'labor', the husband assists the woman especially in preparing for the appropriate birthing position. The goal here is to calculate for the most convenient birthing position for the woman which the husband has to be very sharp at.

It is interesting to note that men or husbands have performed helpful reproductive roles with their women counterpart. One can therefore say that the gender ideology in modern and capitalist societies which placed women solely in charge of her reproductive functions – finds discontinuities in Sagpat. It seems that male socialization in this part of the world puts emphasis on the expected roles of husbands during the whole birthing process.

Preferred birthing practice: traditional / modern

A considerable number of respondents expressed the preference for the traditional system of giving birth as they themselves practiced it. The respondents pointed out that the mother may give birth with or without other people to assist her. This depends on the mother's preference. The older respondents said that they prefer to give birth by themselves while the younger respondents would rather give birth with the midwife or *man-ilot* assisting them. A woman who gives birth alone would have to do all the tasks of delivering the baby, cutting the umbilical cord and



bathing the infant. Those who tried giving birth by themselves said that childbirth is a private matter, which is to be experienced by the woman herself or with the husband only. One added that because she gave birth at night, she did not call for assistance from the midwife or barangay health worker as she would disturb their family's sleep. Another said that her family was ashamed of inviting visitors, including the midwife, into their "small house."

The presence of the husband to help out was also mentioned. If the woman wants to give birth alone, the husband may help prepare the materials needed by the wife and in cleaning up after the baby is born. If the wife prefers to have the husband during delivery, he aids in putting the wife into her most convenient position.

Apparently, the respondents are aware of the utensils to be used by a woman who is giving birth. This include warm water to bath the newborn, cloth (*lampin*), knife or sharpened bamboo or *pa-o* (local reed) to cut the umbilical cord, and clean thread to tie the umbilical cord. In the absence of rubbing alcohol, the respondents mentioned that breastmilk can be used to clean the baby's navel.

Aside from the fact that they have limited access to modern medical facilities, some respondents articulated the observation that present day birthing system in the hospitals always leaves the woman at the mercy of the medical practitioners hence most cases are cesarian. This practice, aside from being expensive, causes more burdens to the mother since it entails longer recovery. Unlike in the traditional system, this is inexpensive, accessible and proven.

Birthing positions

The study of Palaganas et al. (2001) on 'Mainstreaming Indigenous Health Knowledge and Practices' were already revealing of several birthing positions in particular areas in Benguet which served as the study sites. In this study, several birthing positions were also documented which parallels that of Palaganas' study. The birthing positions described by the respondents: *bumaktad*, *tumukdo ya mankapet-sin asawa uno sin kaiv*, are based on convenience and also on the availability of assistance from certain people.

Bumaktad refers to the lying position which is more or less the same with the birthing position in modern hospitals. The mother would be lying on her back, either on the floor or on a bed, while a traditional midwife or the husband assists her in delivering the

child.

Another commonly practiced birthing position is the sitting position (*tumukdo ya mankapet*). The husband is needed in this birthing position as his arm and strength will serve as the improvised "chair" for the woman. The man also helps by pushing slowly downward at the mother's belly to facilitate birth. The midwife, on the other hand, is positioned in front of the woman to help the baby move out of the uterus and she would be the one to cut the baby's umbilical cord.

In case the husband is not around to be the "chair", another male close relative is tasked to do so or it could also be another woman. Otherwise, an alternative birthing position is considered. It is still a sitting position but instead of leaning unto a person for assistance, a wooden plank or bamboo is used. The woman hangs on to the wooden plank for support and added strength to push the baby out of the uterus. A variation of this would be the *agdukmog* or kneeling position. Still another variation is the *mantuwang* or brace position - holding on to a table or any structure strong enough to endure the woman's activity. This position is said to facilitate the fundal push. If available, a person, in front of the woman, then assists the baby in coming out of the uterus and cuts the baby's umbilical cord before bathing.

Another is a birthing position called *menlaykodang*. With the use of rope tied to a pole, the woman can use this in a jungle-like position. The support from the rope and pole facilitates the 'pushing' of the baby.

It is noted here that with the above positions, the woman gets to decide on whichever position is most comfortable and convenient for her. This can be contrasted to hospital births where in most cases, only one position is allowed: the lying position. This does not necessarily make the woman comfortable and often is not the 'best position' for her. The lying position however, might be good for the birthing attendant or the assisting medical practitioner.

Aside from the positions and the assistance of certain people, it is also important to take note of the 'gadgets' or equipments they use during childbirth. Apart from the wooden plank that is used to support the mother, other traditional items are prepared such as *pao* (*runo*), *lana di niyog* (coconut oil) and water boiled with guava leaves. The coconut oil is used even before childbirth by the *hilot* to position the child and is used in the same way at childbirth. The sharpened *pao* is used to cut the umbilical cord; this is in contrast



to the modern scissors used in hospitals. And when the baby is born, the mother's vagina is washed with water boiled with guava leaves that accordingly helps the wound to heal faster.

With regards to the new born baby, his/her *balaya* (placenta) is placed in a container (bottle or plastic container) and is buried in the backyard. According to a respondent, the *balaya* is connected with the child, and it should be buried near the house so that accordingly, when the child's soul loses its way it would always know where to go home to.

Postpartum health concerns

Most respondents cite *binmaba uno naipit nga matris* (displaced uterus or probably uterine prolapse) as a common problem after giving birth. Several mothers speak of unavoidable conduct of heavy work as the one causing this reproductive health problem.

Al-liweng or *aliwa* or postpartum pain is a common discomfort encountered by the respondents. This is described as more painful than the actual birthing – as it acts on its own- taking various shapes and moving by itself. This is also looked at by the respondents as something weird, as one woman who gave birth to three babies would say:

"...while I was anticipating the pain, I find it harder to fathom as it is moving around, even up and down and you can really feel the excruciating pain it is causing...weird isn't it?..."

It is also said that the shape of the *al-liweng* is '*bugat di nuwang*' or like a 'cow's pooh.' Remedies include taking in pain relievers and asking the help of a *man-ilot* or traditional birth attendant.

Accounts also point to *almoranas* or *bulala* (hemorrhoids) as another accompanying health problem after birth. This is caused by the 'hard pushes' during the birthing process. One respondent tells of her experience in remedying the situation:

"...boil water then add one spoon of salt and a spoon of vinegar ... one can already sit on it with the steam coming from the solution as the cure..."

Post Natal Care

As strict as in the conception stage, the women in Sagpat also observe several taboos during the post natal stage. Food taboos are observed during this stage. The mother has lesser food intake and is

prohibited to drink cold water, commercial beverages such as cola products and even 'cold food' like ice cream. Anything that is *nalangsi* like fish and fish by products like *bagoong* is also discouraged. Food that could cause 'itchiness' like pising or taro leaves are also prohibited. Some food like unripe mango and glutinous rice (*diket*) may cause physical discomfort and jackfruit is said to cause fever and flu.

If there are proscribed food, there are also food and drinks that are prescribed, which helps in the faster recovery of the mother. Sweet potato or *camote* and it's by product *sabeng* are a 'must' for women who just gave birth. It is believed that *camote* is the 'secret' behind fast regaining of strength for the woman. It is likewise believed that the effect is much stronger when *sabeng* is also drunk. This tradition would have scientific and rational explanation – for as found out in a study conducted by the Chemistry Department of the College of Arts and Sciences at Benguet State University, sweet potatoes are food items that contains strong anti-oxidants (Castillo, et al., 2005).

Besides, *sabeng* is also believed to be the factor behind "longer life". People of the old for example, would always be cited as having long life – and it is because they thrive on *camote* and *sabeng*. As one respondent would quip: "...to stay healthy, you should eat camote, rice, chilli and drink sabeng..." Until the present study, narratives of respondents would always point to *camote* and *sabeng* as either a 'survival crop' or the 'secret of long life.' This is because *camote* played a very important historical role during the Japanese interregnum where ancestors have subsisted on *camote* or even during times of crisis when rice supply is inadequate. Historical records also show that the Cordillera ancestors, for a long time, lived on rootcrops and not rice – as rice is associated with the *baknang/kadangyan* or the rich. Throughout the interview, the discussions were colored with statements like. "...when we eat, we eat camote... and lived on camotes..." ("...tugie anggay...")

In addition, the mother also drinks boiled *lukban* (pomelo) for fast recovery. And in relation to breastfeeding, the mother is supposed to drink more soup to be able to produce more milk. Some respondents said that they usually cook *agayap* added with ginger, and they let the mother drink its soup.

The mother is required to make use of the *bakget* just after giving birth to help in her recovery. Wearing a cloth belt (*bakget*) around her waist for at least a year. The *bakget* has a dual purpose. First, it serves to protect the woman from low back pain and prevents the uterus from moving downward



(*baken mag-as din matres*) when she works and carries heavy loads in the garden. Second, it prevents the accumulation of abdominal fat (*buy-ong*), thus maintaining the woman's flat tummy.

Around nine days after giving birth, the mother must see the *man-ilot* who will fix her reproductive system back into shape. The *man-ilot* is supposed to put back the uterus into place and into its previous size (*iamag/itauli na din matres*). Moreover, should there be lumps of blood left in the womb after delivery, called *alliweng*, *ilot* is said to help flush it out during menstruation.

Tang-gad for the mainstream society means a rest period for at least two months – where the mother is expected to have a break from her normal tasks and concentrate on regaining back her health as well as nursing her baby. In the study site, however, it is said that for one week, the woman is not allowed to wash clothes, as the husband or the mother performs this task. Passing up physically strenuous chores for about a month, avoiding or bathing in cold water. After a week, however, the woman is already seen performing her 'normal' tasks inside and outside the home. Taken in its context, the harsh environment and labor-exacting livelihood of Sagpat population would explain why such is the condition. In addition, Sagpat community, despite the presence of a rough road network, only have one health center with the nearest secondary hospital about four hours away and the nearest tertiary hospital about five hours away.

If the mother experiences difficulty expressing milk from her breast right after delivery, warm compress should be placed on the breast to stimulate letdown. Moreover, the mother's diet should include boiled lintels with *kiniing* (smoked meat) and ginger. This ensures the continuous and ample production of milk in the breasts (*manpatubbog si suso*). The soup is also said to aid in the healing of internal injuries the mother may have acquired during pregnancy and childbirth. Papaya was also mentioned to help ease bowel movement after childbirth.

If the mother desires not to get pregnant for a long time after giving birth, the *man-ilot* may "reverse" her uterus (*baliktaden na din matres*). This is believed to prevent conception. Should the mother wants to get pregnant again, she may go to the *man-ilot* to have her uterus but pack into place.

Challenges to Traditional Healing Knowledge and Practices

The respondents related that there is a change

in the use of traditional healing knowledge from the past to the present, particularly seen in the decreased frequency of performance of traditional healing rituals. One factor for this that emerged in the discussions is modern education. One respondent shared that she knew a case of a sick person whose relatives were advised by the *mansip-ok* to transfer the bones of a dead relative but they did not obey. Instead, they brought the sick person to the hospital and the latter was later diagnosed to be suffering from gallbladder malfunction.

The contribution of Christianity to the abandonment of traditional beliefs and practices, to the point that some women become uneasy discussing these, cannot be underestimated. This is based on the declaration of some respondents that only the "pagans" still go to and obey the *mansip-ok*. Another said that her family did consult the *mansip-ok* prior to becoming a Christian. But since becoming a Christian they would now seek advice from medical doctors and take medicines when sick. Some respondents also added that they would pray to God for healing whenever they feel unwell.

One can also deduce from interview data that advertisements, migration, Christianization, among others somehow contribute to the deteriorating practice of using herbs and medicinal plants among households. One respondent also articulated the feeling of uncertainty on the effects of 'concoctions.' Still another respondent said 'that there are already many advocates of the use of herbal medicine, specifically the one's being marketed by certain groups and institutions – yet is very expensive...' Herbal medicine seems to be equated with commercialized and 'expensive' type of medicine. As another respondent quipped, *nu mamingsan ket makapa-confuse, ti amok nga herbal ketdiay lang maala dita arubayan isunga na ekonomya ngem apay nga nu denggen ti estorya da ket nagngina met ti panag presyo da ti herbal kanu...* (may be translated to "it is confusing...the herbal plants they talk about in their salestalks are very expensive... what I know is that herbal medicine is supposed to be accessible and economical..."). Furthermore, with some herbal medicines sold at high prices in the market, there are some who produce/cultivate the plants for commercial uses and at times the efficacy is lost because it is already mass produced. This therefore has a 'marginalizing effect' on localized knowledge and beliefs on traditional herbs.

It was also mentioned that Christianity has some effects on the practice of traditional knowledge. Based on data gathered, some respondents claim that there are diseases that are caused by evil spirits



and so they have devised ways to counteract or cure and even prevent the diseases. One way by which they prevented such kinds of diseases is by using the *dengaw*, a root that is pinned to the clothing of a child that accordingly, drives away evil spirits that could cause certain diseases. However, with the introduction of Christianity, such beliefs on disease-causing spirits are lessened and so are the practices.

However, the apparent propensity of the respondents for the scientific and Christian approaches to health and healing is not totally purged from their superstitious and traditional beliefs as evidenced by the do's and don'ts when one is sick, pregnant or has just given birth. The preference for medical doctors and pharmaceutical treatment does not mean that the respondents have totally abandoned their traditional practices as there are still several among them who still patronize traditional ways of healing. It is also interesting to note that when the midwife in the group discussions excused herself from the group, the tone in the discussions suddenly changed – there was an open discussions and recollections of respondents to the wisdom and practical use of indigenous healing.

Several respondents did say that more than Christianity is the cause, they claim that the main factor for the weakening of traditional practices is the declining transmission of traditional knowledge. Many of the old people who were knowledgeable on the prayers and methods of traditional rituals and diagnosis of illness have already died and only a few of them are still alive. Unfortunately, they have not passed on this knowledge to the present generation.

Due to migration and the onslaught of mass media, in the form of advertisements, the younger generations are also encouraged to believe more and utilize modern medical practices rather than the traditional. Since most people opt to live in the city, they leave not just their places of origin but also part of their culture including their traditional practices (i.e. the use of herbal medicines). City dwellers also face the problem on the availability of herbal plants since most medicinal plants used in concoctions are found in the mountains and forests or even right at the yards of houses. And it is the commercial and synthetic drugs which are readily available in the city, thus it seems to take the place of traditional medicinal plants. Furthermore, city dwellers' decisions on the use of drugs are affected by the bombardment of advertisements about the efficacy and inexpensiveness of modern drugs.

Negotiating Hard Pressed Economic Situation: Adjustments in Rituals

It is often said that rituals and ceremonies in Benguet are expensive and are economically impractical. The *cañao* phenomenon, if culturally frame is best understood by factoring in changes in the present day situation of farming communities.

Studies show that in the commercial farming areas in Benguet, specifically Buguias, is revealing of the continuity of *cañao*, this time being hosted by commercial vegetable farmers who gained much profit from their commercial farms. As commercial farming is perceived as a game of 'chance' (ie the chance of getting a 'jackpot price' for their crops), appeasing the ancestors through *cañaos* seem to be a rewarding experience. This contradicts well with what Lewis have to say on the entry of market forces on village life: "that such feasts and communal ties in general, wither away once a society is incorporated into the world economy..." (Bodley, 1975:167 cited in Lewis, 1991).

In Sagpat, community members negotiate with the growing economic expensiveness of performing rituals through various means.

It is at the diagnosis level that one can determine which remedy one can resort to. If the *mansip-ok* or *mambunong's* diagnosis requires one to perform a ritual that requires cowheads and pigs, one does not have to religiously follow everything. Two respondents say for instance that when a family was seeking well-being—they were required to prepare cowheads, 20 thousand pesos --- it was said that the money was borrowed symbolic of the amount (usually taken from relatives) and was returned after. Pigs and cows butchered were also reduced.

Apparently, even *pagan* priests/priestesses recognize economic limitations hence they are observed to have also adjusted their prescriptions. The idea is one is still able to appease the spirits and the ancestors. There is a strong belief that one can still negotiate one's health through feasts and rituals..

It has also been common, according to respondents, that if a *mansip-ok* is nowhere to be found or is inaccessible, the mother or the father or any older person in the household can perform the prayer or ritual. While it will not be as strong as a genuine *mansip-ok*, it is said that the conviction and belief on such is could somehow offset the vacuum. In economic terms, this could save a lot of resources on the part of the family. This gives a sense of 'how practical'



choices can be played out in Sagpat community as well as how efforts are poured on continuing with the basic elements of indigenous healing.

CONCLUSION

1) Results showed that women of Sagpat have a wealth of knowledge when it comes to indigenous healing systems – both homegrown and traditional. The engagement of the services of traditional healers and the use and propagation of medicinal herbs are being observed among women respondents and knowledge of these are also openly being shared through their informal networks.

2) Once again, the study has proven that biomedical and IK on health and health care, being isolated from each other can not satisfy the needs of the individual; health conditions and well-being is defined not only in terms of physical but also spiritual and social. This is evident in the beliefs Sagpat women associate with the cause, prevention and cure of illnesses;

3) Part of negotiating for the continuity of healing rituals and ceremonies are the adjustments in the economic requirements of rituals (ie number of sacrificial animals prescribed etc), recognition of the diversity of health remedies (medical pluralism) among others;

4) Knowledge of reproductive health, especially on birthing is practical and useful with the role of men figuring as birthing attendants;

5) There is however a threat to the continued practice and transmission of indigenous healing, specially of herbs or herbal remedies...due to commercial bombardment – even the commercial viability of herbal medicine - in the market context is bringing about confusion as to the efficacy of local herbs

6) Traditional medicine remains the primary source of health care among respondents and once again, the study has proven that indigenous knowledge on health and health care are viable alternatives to medical treatments. This is evident in the way women diagnose symptoms as well as perform healing activities and prescribe and use herbal remedies.

RECOMMENDATIONS

1) Potentials of traditional medicine have increasingly been proven especially in the context of strengthening primary health care needs of communities; traditional knowledge should therefore be integrated and mainstreamed in the health care systems;

2) In the process of making primary health care the alternative approach to biomedical health mechanisms, men and women should equally be given trainings and education mainstreaming health knowledge and skills in the context of primary health care;

3) The loss of traditional knowledge on indigenous herbal medicine and healing should be recognized and hence efforts along the protection, use and recognition of this knowledge should be given attention to by the local as well as national government;

4) Establishing referral networks between local healers and healthcare institutions is imperative;

5) Education-information along indigenous healing as well as on herbal medicine being used and practiced in local communities would prove relevant and useful; therefore, there is a need to obtain a more comprehensive understanding of traditional preventive and therapeutic medical knowledge.

ACKNOWLEDGEMENTS

The researchers would like to acknowledge and express their gratitude to the following respondents and co-authors:

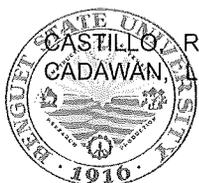
- Women and men of Polis, Saddle, Sapdaan, Sagpat proper, Sagpat, Kibungan Benguet who served as our respondents
- Local officials of Sagpat proper led by Punong Barangay Henry Dayao, for allowing the team to use their facilities during the research duration;
- Ms. Josephine Canuto, the Barangay health worker, for being generous in lending health data
- To the volunteer health workers of Sagpat
- To the church leaders of Sagpat



- To the municipal officials for additional data and informal sharing
- To Lani, Charlie, Jeff, Stan, Rachelle, Noel, Faith and other individuals who extended various forms of assistance during the paper presentations;
- And finally, to Dr. Marie Klondy T. Dagupen for facilitating the financial assistance as well as Ms. Beverly Gumihid for the technical support.

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