

# **Reproductive Tract Problems Among Higaonon Women in Agusan del Norte: their Experiences, Perceived Etiology and Health-Seeking Behavior\***

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**A** woman's health does not only benefit herself, but also her family and the community. This presupposes that, by world Health organization's standards, she is in a state of physical mental and social well-being and not simply without disease or infirmity. With good health, a woman has a chance to fulfill all of her potentials. She may bear healthier babies, take better care of her family, and contribute more to her community.

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Neglected aspects of women's sexual and reproductive health, however, accounted for the different diseases women suffer around the world (International Women's Health Coalition, 1994; Population Reference Bureau, 1998). The reproductive health and reproductive rights' definition agreed upon by participating countries during the International Conference on Population and Development (ICPD, 1994) in Cairo addressed these neglected aspects that affect women's health. These concerns were given attention again during the Fourth World Conference on Women held in Beijing in 1995. In the Philippines, the Department of Health has adopted ten elements considered significant to the reproductive health of Filipinos, one of which is reproductive tract infection (RTI).

Concern for the integration of RTI services in women's health is a recent phenomenon. Reproductive tract infection is relatively new concept that came about only in 1987 (IWHC, 1994), referring to common diseases that have long-term, even deadly, results in the reproductive health of both men and women. The consequences, though, are far more devastating among women, afflicting millions and killing thousands of them, especially in the developing regions (Wasserheit, 1991; Germain et al, 1994; Tsui et al, 1997).

The lack of comprehensive data on RTI in the country and RTI being an emerging reproductive health concern tinged with stigma (Palabrica-Costello et al, 1997) and misconceptions (Tan et al, 1997), require more empirical studies as bases for appropriate action.

Indigenous peoples (IPs), in general, constitute the most vulnerable segment of society; today's *lumads* (IPs on Mindanao), specifically, are the 'poorest of the poor' (De La Cerna in Media Mindanao News Service Investigative Team, 1993). Being poor and women, indigenous women are more disadvantaged; they therefore, need more attention from service providers, especially on health matters. Among indigenous peoples reproductive tract infection (RTI) may not be recognized except as reproductive tract problems (RTPs) in general.

This study aimed to explore and describe reproductive tract problems as a reproductive health concern in the context of the Higaonon indigenous women experience. It also intended to generate hypotheses and an explanatory model of the same.

Specifically, it sought to answer the following questions: (1) what is their experience and perceived etiology of reproductive tract problems? (2) what is their health-seeking behavior regarding their experienced symptoms of reproductive tract problems? and (3) what sociodemographic factors bear upon their personal experience, their understanding of the etiology and their health-seeking behavior in relation to reproductive tract problems?

## **Methodology**

Exploratory and descriptive designs were used to gain insights from Higaonon women's cultural descriptions of problems related to their reproductive tracts. Qualitative techniques, focus group discussion (FGD) and in-depth interviews were also done to generate depth of response from the indigenous women on a relatively sensitive topic, RTI and consequently, provide depth of information to the objectives of the study.

Sociodemographic factors that may affect the Higaonon women's cultural concepts, perceived etiology, and health-seeking behavior of the reported manifest symptoms of RTPs were inductively extrapolated from the results of the study. This study also sought to generate hypotheses and an explanatory model of RTPs in the context of Higaonon women experience.

The sample consisted of 47 Higaonon women in Barangay Simbalan, Buenavista, Agusan del Norte. Of the 47 women, 14 were participants of the two FGDs and 33 were respondents of the in-depth interviews.

## Higaonon Women's Explanatory Model of Experienced Reproductive Tract Problems

**Terms and symptoms.** Data from the FGDs and individual in-depth interviews with the Higaonon women regarding their experiences with reproductive tract problems concurred with earlier studies on RTIs by Akong et al. (in HAIN, 1997), Ramos-Jimenez et al. (1997), Tan et al. (In HAIN, 1997) and Batani (1998). There is just a difference in the terms used to refer to a particular pain. For instance, *tagiti* or painful urination is called *alutiptip* or *uti* among the Bontocs in Baguio (Akong et al., in HAIN, 1997) and *masakit mag-ih* among the Maguindanaos in Cotabato (Tan et al., In HAIN, 1997).

The reported experiences of pains in the reproductive tracts among Higaonon women could fall into the descriptions of lower and upper tract infections by Wasserheit (1989) and Elias (1998). *Tagiti* (painful urination) being a lower tract infection and the *sakit sa onay* (pain in the uterus), *sakit sa pus-on* (pain in the lower abdominal area) and *sakit sa bat-ang* (pelvic pain) as upper tract infections.

A burning feeling with urination is one of the possible results of lower tract infections, which may also be asymptomatic in women. Infections can ascent from the lower to the upper tract spontaneously to cause pelvic inflammatory disease (PID) (Wasserheit, 1989; Elias, 1998). *Sakit sa onay* (pain in the uterus), *sakit sa pus-on* (pain in the lower abdominal area) and *sakit sa bat-ang* (pelvic pain) manifest pains felt within the general pelvic area.

Such problems may very well fit the medical descriptions of RTI by medical practitioners. A direct connection, however, cannot be made, as there were no medical/laboratory tests conducted to verify the reported symptoms they experienced. Hence, 'problems' instead of 'infections' was used to refer to the pains felt by Higaonon women in their reproductive tracts.

The possibility of finding out such pains as infections, however, cannot be completely ruled out as RTI among women can be acquired,

too, from the use unclean menstrual cloths, unsafe childbirth or abortion techniques (Muller and Wasserheit, 1991). It has been found that aside from miscarriages, some Higaonon women took risks by giving birth alone, not even with the assistance of a *mangunguyamo* (local midwife).

### MATRIX FOR THE HIGAONON WOMEN'S EXPLANATORY MODEL OF EXPERIENCED REPRODUCTIVE TRACT PROBLEMS

TERMS	SIGNS/ SYMPTOMS	PERCEIVED CAUSES	HSB
<i>sakit sa puson</i> (pain in the lower abdomen)	-feel recurrent excruciating pain in the hypogastric area or lower abdominal area  -ngot-ngot/ngol-ngol, morag mahagbong ang atua	-hago sa trabaho (7) -lukdo/pas-an og bug-at (5) -Panuhot (5) -sige manganak (4) -gidugo (1) -nasagonsonan (1)	Banyos (16) Ilimnon (13) Hilot
<i>Tagiti</i> (painful urination)	-feel pain whenever they urinate  -burning-like feeling in their vagina	buwad sa init (11) kidney (3) hago sa trabaho (1) panuhot (1)	sayo og ligo (13) Banyos (9) Ilimnon (5) Drink buko juice (4) consult MCHS (3) drink water (3) take medicines (2)
<i>Sakit sa onay</i> (pain in the uterus)	ngot-ngot/ngol-ngol as if something is pinching her insides.  by pain that feels like	hago sa trabaho (6) lukdo og bug-at (4) panuhot (3) basin kanser (1)	Ilimnon (9) Banyos (6) Pangapog (4)
<i>Sakit sa bat-ang</i> (pelvic pain)	pins and needles were being struck on the pelvic area	hago sa trabaho (6) lukdo ug bug-at (3) panuhot (1) sige manganak (1)	Ilimnon (11) Higdaay (5) Banyos (3) Consult MCHS (1) take medicines (1)

**Perceived etiology.** The women's perceptions of the causes of their reproductive tract problems are very indigenous, in the context of their shared life situation. Whenever a Higaonon woman recounted her experiences or expressed her opinion, she always did it with reference to her whole community by using *kami* (we) and *namo* (us).

Higaonon women generally attributed their experienced reproductive tract problems to work-related causes like work exhaustion, carrying of heavy load and exposure to the sun whenever they work in the farm. It may be because the women's daily preoccupation is focused on either 'to do the tasks at home' or do the tasks in the farm.' Hence, there is awareness among women that their daily tasks at home and in the farm were wearing them out physically.

It could be in this context that such causes, for instance, did not surface in an urban study on RTI by Ramos-Jimenez and others (1997), or in a Population study on RTI by Palabrica-Costello and others (1997). Mentioned causes by most respondents from these studies pertain correctly (or at least nearly correctly) to the real causes of the different types of RTI identified in biomedical publications.

**Health-seeking behavior.** In consonance with their perceptions, Higaonon women sought treatment for the problems in their reproductive tracts from what was available in their community/environment.

Being situated in the recesses of the country's mountainous areas, Higaonon women made use of existing trees and herbs to treat pains felt in the reproductive tracts. A decoction of roots, leaves and barks of trees was taken as a beverage by those who suffered from pain in the uterus and pelvic pain.

Higaonon women used a combination of different treatments. However, there was no mention of health-seeking behavior that could be classified either as 'preventive' or 'promotive' ways of improving health condition among them as they only responded to the existing pains they already felt in their reproductive tracts; hence, treatments were mainly curative.

Majority of the women treated themselves. They believed that women's health needs were simpler and easier to treat than that of their children, which required either a medical doctor or a midwife. On this matter, some of the women displayed special regard for children. If the treatment taken/used do not end the pain, the women would usually ask assistance from their local healer.

## **Research Hypotheses**

Based on the findings of the study, the following hypotheses were generated for future studies:

1. Early marriage (10-19 years), early delivery of the first child (14-19 years old) and numerous pregnancies (5-9 pregnancies) contribute to the problems the women had in their reproductive tracts, specially pain the lower abdominal area and pelvic pain.
2. Older women (26 and above), those who had more years of elementary education and those who lived near the center of the barangay could at least correctly perceive 'always giving birth' as one of the causes of women's reproductive tract problems.
3. Women who had more years of elementary education and women who lived near the center of the barangay could have health-seeking behavior different from their traditional ways; they 'take rest and medicine,' 'drink of *buko* juice' and 'consult a doctor'.

## **Recommendations**

Based on the foregoing findings and conclusion, the following are strongly recommended:

## Programs and Extension Services

**Education.** The study showed that Higaonon women marry very early, as arranged by their parents. All of them gave birth at home with some being assisted by a *mangunguyamo*, while the rest gave birth alone. They also had misconceptions of the female reproductive system. There is a need, therefore, to educate early adolescents (ages 10 to 19) who are in marriagiable age in the Higaonon community.

Education should be imparted synergistically by the health and the educational systems to the Higaonon women in language women can understand and without jeopardizing their own set of indigenous ways.

**Training** of *mangunguyamos* (local midwives). The *mangunguyamos* (local midwives) should be trained by the local health care center with the safe and proper ways of assisting Higaonon women during pregnancies and delivery.

**Literacy class.** Findings of the study showed that Higaonon women were generally illiterate. There is a need to conduct literacy class for young adolescents and adults as well in order for them to be able to read simple and understandable information on reproductive health matters.

**Information.** There is a need to have simple, understandable publication, containing information on reproductive health matters for the indigenous peoples in the country, to be coursed through the health care system. This will inform indigenous peoples about reproductive health matters that concern men, women and children in the community.

## Research

**Sample.** There is a need to include single women and men in the Higaonon community to find out if they also have (similar) reproductive tract problems.

There is also a need to include lowland men and women living in the same barangay to compare experiences, perceived etiology and health-seeking behavior in reproductive tract problems with the Higaonon.

**Medical tests.** Further research is needed that will integrate medical examination in the reproductive tracts among Higaonon women to check if the reported problems in the reproductive tracts among them were real infections.

**Validate/test hypotheses.** Future researches in the area can be done using the generated hypotheses to either prove or disprove said hypotheses.

**Replication.** The study can be replicated in other indigenous groups with a bigger sample size to validate findings presented in this study and to further explore other indigenous women's experiences with reproductive tract problems.

## REFERENCES

- Akong, G. C., Dicdican, B. M. and Domingo, P. A. 1997. *Reproductive health problems in Bontoc*. Quezon City: Health Action Information Network.
- Media Mindanao News Service Investigative Team. 1993. *Ethnocide: is it real?* Mindanao Interfaith Peoples Conference and Philippinegroep-Netherlands. Philippines: Davao City.
- Palabrica-Costello, M. Chaves, C. M., Echavez, C., Conaco, C., and Santiago, M. 1997. *Beliefs and practices about reproductive tract infections: Findings from a series of Philippine FGDS*. Manila: Population Council and Department of Health.

Population Reference Bureau (PRB). 1998. *Women of our world*. Wall chart. Washington DC: National Academy Press.

International Women's Health Coalition. 1994. *Challenging the culture of silence: Building alliances to end RTI*. USA: Women and Development Unit, University of the West Indies.

Tan, M. L. June 1996. Overview of RTIs: Definition, current development and issues. In Ramos-Jimenez, P. and Aluning, J. (eds.) *Proceedings of the seminar on reproductive tract infections: Developments and issues, policies and prospects*. Task Force on Social Science and Reproductive Health, Social Development Research Center, De La Salle University.

Tan, M. and Barrios, R. T. (eds.) 1998. *Proceedings of the 2nd regional consultation on RTI in Asia and the Pacific*. Quezon City: HAIN.

Tsui, A. O., Wasserheit, J. and Ilaaga, J. G. (eds.) 1997. *Reproductive health in developing countries: Expanding dimensions, building solutions*. USA: National Academy Press.

UNFPA and United Nation Population Fund. 1998. *The state of the world population 1998: The new generations*. USA: Prographics, Inc.

Wasserheit, J .N. 1998. *The significance and scope of reproductive tract infections among third world women*. International Journal of Gynecology an Obstetrics. 3:145-168.