

# Women's Health Challenges in a Low-income Philippine Urban Neighborhood

By Fiscalina Amadora-Nolasco<sup>1</sup>

## Abstract

This study privileges women's views of health to determine the categories and beliefs through which they create meanings in their lives, particularly in assessing the influence of health problems on their well-being, and whether they have implicit ideas of how it might be possible for them to live a healthy life. To determine what constitutes the domain of women's health problems and how they view these given the limitations of socioeconomic, political and environmental conditions of the community in which they live, interviews were conducted with 40 mothers in Paradise Island, Barangay Looc, Mandaue City, Philippines, between 2002-2004 as part of a larger study on women's health. Various ethnographic field methods and interviewing techniques used in cultural domain analysis were employed to ensure that the domain was defined by women, in their language and within their social and cultural context. The study shows that responses are interrelated enough to establish the existence of a single cultural domain. Health challenges are connected to and cross-cut every domain of concerns the women faced. They experience well-being only if they are not confronted with problems that affect their children, family and environment. They all have, at least implicitly and albeit simple life plans and these grow out of the current situations and problems that confront them. Because this work is problem-based and driven by policy implications, some form of intervention will be necessary to address women's most felt health needs, particularly in communities where resources and access to appropriate health care are limited.

*Keywords:* women's health, Philippines, challenges

## Introduction

Health is defined in the constitution of the World Health Organization as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.' What constitutes well-being in one society, however, may be different in another. Brown, Barrett and Padilla (1998:11) state that 'any conceptualization of health must therefore depend on an understanding of how so-called normal states of well-being are constructed within particular social, cultural and historical contexts.' Anthropologists believe that behaviors are understandable within their own social and cultural contexts, particularly since what is considered poor health in one group may be the norm in some other groups. The challenge therefore is to be able to understand the other's point of

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view, what people think, and how their behaviors are constrained by their particular conditions.

In the Philippines, much of the research in health among women is based on pre-identified health-related issues (breastfeeding, childbirth, breast cancer, menopause) or prevalent health problems (tuberculosis, diarrhea, acute respiratory infection, cholera, asthma) in the selected area. The research described here fills a need for studies that avoid focus on a pre-selected issue and privilege women's views of health (the emic perspective). This standpoint is critical in medical anthropology as it may determine the categories and beliefs through which people create meanings in their lives. Emic or insiders' perspectives give us the particular knowledge of human experience that is necessary to use as a test of theories or etic perspectives. Because what people think affects what they do, it is essential to know about what they think of their situations (Crowder, 1998).

Mandaue City is within the core of Metro Cebu which includes three other rapidly urbanizing cities and six municipalities. About 64% of its total population is within the economically productive age bracket (15-64 years), 34% are young dependents (0-14 years) and more than 2% are 65 years old and above (National Statistics Office, 2000). Females outnumber males in the 20-24 age group. Women of childbearing age (15-49 years) account for three out of five women or 58% of the total female population in Mandaue City. While 35% of the total population has had an elementary education, 32 and 25% have had some form of high school and college education, respectively (National Statistics Office, 2003).

Looc, one of the 27 barangays in Mandaue and a jump-off point of ferries from Mandaue City to Mactan Island, is 7 kilometers from the City of Cebu. It is better known as the site of the historical structure *Bantayan sa Hari*.<sup>2</sup> It has a total population of 12,113, a land area of 135.26 hectares, and a population density of 9,997 persons/square kilometer (Flieger, 1994). Here to be found are fishponds, swamp vegetation and salt beds. Looc is known for its swine and poultry raising, paper-bag making, coconut midrib basketry, fishing, copra, salt-making and furniture-making industries.

What is now known as Paradise Island<sup>3</sup> is a low-income<sup>4</sup> and an informal settlement in Looc, approximately 1.5 kilometers from the heart of Mandaue City. The location of this community is at the edge of the sea, a portion of which is under the first Mandaue-Mactan bridge. Paradise Island consists of a crowd of houses that stand on stilts at the water's edge. The houses are constructed of rough boards, nipa, sacking and galvanized iron sheets, and jostle closely together within the high tide zone where they stretch in a continuous line east and west down the strand. Foot bridges made of pieces of

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<sup>2</sup> It is a stone edifice, cylindrical in shape, which towers above the barangay's shoreline. The structure was used to spot the approach of Muslim raiders during the pre-Spanish era.

<sup>3</sup> It was called 'lovers' lane' in the early 1960s. The place was clean and beautiful then, and many Mandauehanons would come in the late afternoons to watch and appreciate the seaside view.

<sup>4</sup> A low-income community refers to a relatively demarcated urban neighborhood of families in the Philippines with incomes below the poverty threshold. In Region VII (Central Visayas), the poverty threshold for a family of six is PhP11,061.00 (NSO, 2000), that is, Php921.75 per household per month. Households with yearly income below Php11,061.00 are considered poor.

wood and coconut lumber about 20 meters long are used as passages. Similarly, houses are small with floor areas of approximately 20 square meters, regardless of the number of members living in them, and house possessions, furnishings and facilities are minimal and simple (Amadora-Nolasco, 1994).

The general health conditions of Paradise Island have always been far from sanitary. Mud, swamp vegetation, animal wastes and garbage make the place very unhealthy to live in. Pneumonia and bronchitis are the most common illnesses of children in the locality, followed by measles and dengue. In some cases, adults and children suffer from skin diseases. Asthma, hypertension and anemia are experienced by adults in the locality (data from the barangay health center, 2003).

The barangay health center of Looc is located approximately a hundred meters from Paradise Island. It is managed by a medical officer, one public health nurse and a rural health midwife, with the assistance of four barangay health nutrition workers, all under the supervision of the city health office. The medical officer however is available for consultation only during Wednesdays. While the nurse and midwife report to the center on a daily basis, the nutrition workers come only three times a week. The center provides free weekly immunization services (Bacillus Calmette-Guerin, Diphtheria +Pertussis+Tetanus, polio and measles, hepatitis B) to community residents, and a weekly family planning and monthly dental services. Family planning services are however limited to pre- and post-natal consultations and contraceptive, particularly pill, delivery only, and approximately 20 to 30 mothers come to the center in a week to avail of these. Given the limited personnel, services and medicine available at the local health facility, Paradise Island residents frequent a foreign-funded clinic that caters to low-income groups, and where medicine is given free in cases when clients do not have the capacity to pay.

## **Methods**

This research is part of a larger study on women's health in this community, and data collection methods were determined by the research design for the larger study. A combination of various ethnographic field methods (Bernard, 2002; Brown, 1998; De Munck and Sobo, 1998; Okamura, 1985; Spradley and McCurdy, 1975) were employed concurrently to determine similarities and differences in responses, elicit the most detailed points of view of women and assess the quality and validity of data obtained. The strategy of hanging out and the method of participant observation provided the opportunity to establish rapport with community residents and identify the women who fell within the inclusion criteria.

For this component, 40 mothers, from a total of 65 women aged 15-45, comprised the sample. While interviews were carried out with 20 mothers to examine the domain of women's problems and provide depth of understanding on the relative importance women attribute to health concerns, another 20 mothers were requested to participate in free listing, pile sorting, and ranking exercises. The criteria for selection were: ever been married or single, had at least one child or currently pregnant, and had lived in the community for not less than five years. The third criterion was considered important because it was assumed that women who have lived in Paradise Island for quite some time possess more knowledge of what is going on in the community. Data were collected from 2002 to 2004 although familiarity with the research site began in the 1990s.

To ensure they had the same understanding of the questions to be asked, local terms for concepts such as women's problems were first explored, after which guide questions were crafted. The questions were first written in English, translated into Cebuano, back-translated into English, and pre-tested. The women were interviewed individually and privately, and care was taken to select women who did not live close to each other so that the responses of one might not influence the others. They were informed that the objectives of the study were to determine what constitutes the domain of women's health problems, how they view health, and how their behaviors are constrained given the limitations of socioeconomic, political and environmental conditions of the community in which they live, and find out whether they have 'life plans' or implicit ideas of how it might be possible for them to live a healthy life. Although USC did not have a formal IRB at the time of the study, this research conformed to the IRB standards of most US institutions. The women were required to give their oral consent before the interview began, informed that they could terminate the interview at any time, and assured anonymity and confidentiality of information.

Interviewing techniques used in cultural domain analysis such as free-listing, pile sorting and ranking (Bernard, 2002; Weller and Romney, 1988; Romney and D'Andrade, 1964) were employed to ensure that the domain was defined by women, in their language and within their social and cultural context, and find out whether women would give the same responses without consulting each other. Using free-listing, the women were asked to list the health issues that most women in Paradise Island were worried about. They were told they could list as many health challenges as they could think of and as many reasons for identifying certain items as they wanted. For each item mentioned, probing questions such as 'what do you mean by x, and why did you say that x is a health challenge of most women in Paradise Island?' were asked. The exercise ended when new responses and reasons for identifying certain items were no longer obtained.

Using the free-list results as a basis, pictures that closely represent the separate responses of women were gathered and pasted on index cards (one index card for each problem mentioned). A short description of the health challenge is written on one side of the index card and a number code on the other. The purpose of the number code is to facilitate rapid recording of responses. As soon as the visual materials had been ready, the same women were engaged separately in the pile-sorting activity. Prior to asking a woman, the index cards were arranged in the order she had free-listed the health concerns. The cards were shown to her one-by-one to make sure that the illustrations denote the health challenges she had mentioned during the free-list exercise.

When she was ready for the activity, we requested her to group her responses according to similarity, using her own criteria and definition of similarity. We told her that we needed to understand more about women's health problems in the community and we would like her to tell us about which problems go with each other. Because we wanted each woman to feel at ease, we explained to her that there was no right or wrong way to do the task and that she could sort the cards into piles in whatever way she thought best, and in as many piles as necessary.

When they had sorted the items, that is, when in their minds items in the same pile were more similar to each other than they were to items in the other piles, the number codes found at the back of each card were noted, then the women were asked to explain in what way the items were similar, or why specific items were put together in a pile. For

example, 'Can you please tell us why you place (e.g., cards 1, 5 and 6) together in pile A?' The same procedure was done for pile B, pile C, etc. These explanations were carefully noted. Following the pile-sorting exercise, the women were asked to rank the piles according to most serious, serious and less serious. The purpose of this was to obtain information concerning the individual's perceptions of the relative seriousness of the health challenges that were grouped in one pile.

At the end of each day, descriptive notes obtained from watching and listening to people in the community were encoded into a computer. Field notes were regularly compared with those made by the research assistant to confirm observations and determine if there was anything missed. Unstructured textual/ethnographic data were entered into a computer using a word processing program. These were categorized according to data collection technique, topic and type of informants, because different groups of women were interviewed using different strategies. The data were then printed and responses that were similar in their general meaning were identified for important themes, statements, or words in the printouts. Subsequently, these were analyzed on the basis of how informants interpreted and gave meaning to their experiences. Generalizations were avoided in the analysis and only similarities and differences of opinions were delved into.

### **Domain of Women's Problems**

During the first phase of the study, items that make up the domain of women's problems (*suliran*) in Paradise Island were explored to determine whether health issues form part of this domain, along with other socio-economic and political issues and challenges. The data indicate that health concerns are a significant part of women's problems in this community and these are connected to and cross-cut every domain of concerns the women faced. Elicited domain members of women's problems include the lack of involvement in income-generating activity, having many children and closely-spaced births, unsanitary surroundings, fear of demolition, wife battering and gambling.

The lack of involvement in gainful opportunities which is reportedly a result of their lack of education is what most women in Paradise Island were worried about. This item was usually the first thing that came to mind when the question was asked of them. The need to stay at home to care for the young is another constraining factor. The women said that most husbands consider child-care to be the primary responsibility of women who should make the home their priority. Common sentiments expressed were that life would be relatively better if husbands were well-enough educated to be able to get high-paying jobs, and, if fish and seashells were more abundant in the sea, women would not have to worry about budgeting for food. But because marine life cannot thrive in the coastal waters due to heavy pollution in the locality and food expenses cannot be reduced, the women expressed the need to contribute to their husbands' insufficient incomes. Given the limiting factors of education, child-rearing responsibilities and a general disapproval by husbands of wives' seeking employment outside, the option left for the women is to make do with income derived from home-based activities such as merchandising, laundering, or stringing seashells, albeit on a temporary basis.

Having many children and closely-spaced births is another concern of women in Paradise Island, and which was attributed primarily to husbands' opposition to family planning or failure to use contraceptive methods for fear of side effects. Women reported

that their husbands thought that the pill increases women's craving for sex and that it causes chest discomfort. Tubal ligation was also said to intensify women's sex drive, and the intrauterine device or IUD was believed to cause abdominal pains. When asked who in the family is most likely affected by having many children as a result of non-adoption of family planning methods, the women were one in saying that the children will suffer the consequences, and just like their parents, they too will not be given the opportunity to obtain college education. In effect, 'the children will find it difficult to live better lives.'

Unsanitary surroundings due to indiscriminate disposal of garbage in the sea are another concern of women. There is no proper disposal of garbage in the community, and waste materials are directly thrown into the sea. In some areas, garbage has piled up and accumulated beneath the dwelling units so that during high tide, the sea is hardly visible in certain areas. When the tide recedes, one can see all sorts of garbage scattered all over the place, emitting a foul odor. The women believe that this contributes to the high incidence of illnesses among children in the area, such as fever, cough, common cold, dengue, and even conjunctivitis.

Another domain member mentioned is the fear of demolition perceived to be due to the indiscriminate disposal of garbage in the community. The women contended that mothers are troubled by this problem because aside from the fact that their families have no other place to go to, they fear that they may encounter difficulty in looking for another school for their children, should they be forced out. Wife battering is another elicited domain. It was told that many wives in the community are being battered by their husbands, most especially when the husbands get drunk. They commented that this concern must be given serious attention considering the damage it causes to families, children, and the community. Lack of money usually triggers fighting between husband and wife, which often results in physical violence. Afraid of being accused of interfering with other people's lives, and to avoid any potential conflict with neighbors, community residents pretended that they are unmindful of it whenever an incident occurs. Conversely, wives do not report these matters to the authorities for fear of losing the breadwinner of the family.

Interestingly, and despite the claim of many residents that they are financially hard-up, gambling is ubiquitous in Paradise Island. The women alleged that some men and women in Paradise Island are addicted to playing *tong-its* (a card game) or mahjong and wondered how these people can afford to gamble and waste their money in the face of economic difficulties.

All of these challenges (lack of economic opportunities due to a lack of formal education and pre-occupation with the rearing of children, having many children and closely-spaced births, unsanitary surroundings, fear of slum clearance or demolition, wife-battering and gambling) impinge on health. These are linked to almost every other concern mentioned by women because of the anxiety which they create. Women recognize that mothers are almost wholly responsible for the rearing and early socialization of children, although they also pointed to the importance of allocating time for gainful activities. The frequent mention of child-rearing obligations point to women's acceptance of society's commonly-held view that early socialization and child-care is the primary responsibility of women. Even in this low-income neighborhood, the men are recognized as decision makers. This is evidenced by the fact that some mothers are willing to set aside their right to make decisions relating to their health, particularly on

the issue of whether or not to adopt a contraceptive method, although the women understand the relevance of appropriate spacing and fewer pregnancies not only for their own health but also for the welfare of their children and their husbands. This may encompass a number of causes of women's health problems: Paradise Island women are made to suffer a good deal of anxiety from the burdens put upon them by their subculture which may affect their own health. The women in Paradise Island do not dissociate social issues from health problems.

### **Women's Health Challenges**

The next step examined the whole panoply of health challenges that women in Paradise Island deal with in their daily lives to better understand their views and situations in the context of the health problems they have experienced. Using free-listing as an elicitation technique in defining the domain of women's health problems, another group of women came up with a list of 18 health concerns that use different words but are identical in content. Free-listings from individual women ranged from as many as 15 items provided by one mother to a low of three. No item was eliminated from the list in the recognition that these are all relevant. The mothers explained how each item had serious implications for health, and why each was considered a health concern for most women in the community. Care was taken to focus on the Cebuano terms the women used, the meanings of their reasons, and their comments on those reasons. On average, each woman spent approximately 40 minutes on this activity. Away from the field, results of the free-listing exercise were tabulated and the number of women who mentioned an item was counted. These were arranged in order in Table 1 based on the frequency of responses from the most frequently to the least frequently mentioned.

We now turn to look at the reasons for identifying these as women's health challenges. According to the women, substance abuse or smoking marijuana, sniffing rugby (a glue) and injecting Nubain (nalbuphine hydrochloride, an injectable drug) among young adults in Paradise Island have serious health implications not only for the child who is involved in what is perceived as a vice, but also for the mother who constantly suffers from emotional distress that it causes. Aside from the money wasted to purchase the substance, the mothers worry that the child will get into trouble, may not be able to finish schooling, may be forced to steal, or will become ill as a consequence. Regardless of whether or not any of these anticipated consequences occurs, the mothers always experience anxiety and distress. They also lament the presence of garbage that is scattered willy-nilly in different parts of the community. Living in such a filthy environment was seen as a serious health risk that may come to entail medical expenses which the family can ill-afford. The issue of husbands' drinking habits was viewed as upsetting to the women and causing anxiety at the thought that the money spent for alcoholic beverages could have been used for a family's basic needs. Other reasons cited for this health concern included the possibility of the husband contracting an illness as an outcome of drinking which again would entail medical expenses. Also, drinking was seen as a cause of domestic violence which is psychologically and physically hurtful to children if a husband becomes violent when drunk. Gambling, another health concern of women in the community, has made many wives emotionally unstable. Husbands compromise the budget for food and other necessities because of their being hooked on *tong-its* or mahjong. On the other hand, wives who frequently gamble are said to have

children who regularly get sick or meet with accidents because they are frequently left unattended. These women develop irregular eating habits and many of them become ill with stomach ulcers.

Having many children and closely-spaced births also makes women apprehensive and frightened, considering that their husbands' incomes are generally not sufficient to make both ends meet. The situation also does not allow women to look after their own health requirements and it hinders them from engaging in gainful opportunities. A concern closely associated with the above is the lack of economic activities in Paradise Island and environs. Most women in this community want to have an independent source of income that would allow them to live better lives. Laundering and tending little house-based stores where the earnings are negligible are said to be not enough to augment the barely sufficient family earnings. This is identified as a health concern of women because the absence of prospects for economic gain significantly contributes to their emotional distress. Women who are victims of domestic violence by husbands who find pleasure spending most of their time drinking with friends are many in Paradise Island. This was pointed out by nine mothers who said that wife-beating usually occurs in families where the husband does not want to be told by his wife that too much involvement in alcoholic beverages is not good for his health, does not look good in the eyes of children, and is a waste of money. These opinions usually trigger fighting between couples which later on results in physical violence. Wives become physically and emotionally ill as a result.

Data obtained from pile sorting and ranking activities indicate that responses of women are interrelated enough to establish the existence of a single cultural domain. Although the health challenges mentioned are lexically different, women's explanations for identifying these point to a number of interactions among challenges that were apparent to them, and which they are capable of analyzing. One can say that the health concerns of women in Paradise Island are very similar, even identical in content. While some women are concerned with the health and the effects of a dirty milieu on children, others lament how husbands' involvement in drinking and gambling, and their infidelity might have an effect on marital relationships, on the meager resources of the family, and how this could be a source of violence in the homes and lead to children's involvement in substance abuse as an escape or to get back at their parents.

Some mothers are self-deprecatory of their lack of formal education and their inability to augment family earnings. They complain of the burden of having many children and the insufficient income of the husband. One mother even points to a woman's infidelity as a means to find money. Interestingly, even the issue of rumor-mongering, which may be stimulated by instances of husband or wife infidelity, is pointed out by mothers as affecting women's health. Only one card (cysts in the breast) was not matched or put together in a pile with another problem. This was recognized by two mothers as a woman's illness not caused by any other factor but heredity and diet. Cards 7 (children getting ill of dengue) and 8 (filthy environment) were in six instances grouped together in one pile. This points to women's understanding of the effects of a dirty surrounding on the health of children. There were six mothers, however, who considered a filthy environment as a separate issue saying that it not only affects women and children but everyone else in the community. The problem is generally attributed to residents' lack of concern for a clean environment and for neighbors' health. The women in Paradise Island also think that if the husband frequently drinks (Card 9) and gambles,

or if the wife engages in gambling herself (Card 12) there exists the possibility of ensuing domestic violence (Card 10). The unpleasant relationship that may arise between the couple as a result of these habitual behavior problems is seen as predisposing a factor that may lead children to resort to substance abuse (Card 14).

In a situation where the husband is not in favor of the wife using a contraceptive method (Card 4), chances are the mother will give birth to many children (Card 3), probably closely-spaced. As a result, she experiences uterine problems (Card 15) and relapse (Card 18). The mothers also understand that having an inadequate or no source of income (Card 1) results from women's lack of formal education (Card 2) and because of their pre-occupation with the rearing of young children (Card 3). Where these problems occur, the mother becomes sickly (Card 5) because she is unable to prioritize her own health needs and because she suffers constantly from emotional distress.

Health challenges which directly affect women's health, such as cysts in the breast (Card 17) and problems in the uterus (Card 15), are rated as less serious, an indication that the women give higher priority to problems that affect their children, family and environment. This does not mean, however, that mothers in Paradise Island do not attach importance to their own health needs. Rather, one can say that mothers in the community recognize that women experience well-being only if they are not confronted with problems that affect their children, family and environment, that is, if children are not involved in activities that are detrimental to their own health and welfare, husbands understand the importance of using family planning methods, the environment is clean and free from serious disease vectors, husbands have sufficient income to support the needs of families, and if husbands are not engaged in vice and do not resort to domestic violence.

Comparing the results of the free-listing, pile sorting and ranking exercises with data obtained from other interviews, only the issue on slum clearance or demolition did not come out as one of women's health challenges. The findings show a combination of social problems (e.g., unsanitary surroundings) and health issues (e.g., dengue), an indication that women in Paradise Island are able to connect or do not dissociate social issues from health-related concerns, and that both are viewed as inextricably linked. Where any one or two of the problems presented above occur, a mother is believed to become sickly because she is unable to prioritize her own health needs and suffers constantly from emotional distress.

### **Life Plans of Women**

The women in Paradise Island have life plans. They have a concept of wellness and they know what they want and need to maintain good health, but being in an economically deprived situation allows them only to wish and look forward to a healthy life. Responses which obtained the highest frequency of mentions included 'not having too many children and closely-spaced births,' 'having children who are healthy and not engaged in drugs so that mothers will not suffer from emotional distress,' and 'having a clean environment.' These responses are the same as the elicited domain members of women's health issues, and are very similar to the responses obtained from a different group of women in a separate interview. One can therefore say that, to the women and mothers in Paradise Island, well-being simply means having a healthy family and a clean environment. Clearly, the responses point to their belief that wellness is not just a

biological experience but social; they do not consider these aspects as separate or disconnected. They all have, at least implicitly and albeit simple life plans and these grow out of the current situations and problems that confront them. When asked whether they think they are healthy, the women responded in the negative. They explained that the filthy environment in Paradise Island, the economic condition of the community, the drug-, liquor- and gambling-related problems, and the fact that most mothers have many young children to attend to, are contributory factors. Inasmuch as they all hope to experience wellness, living in such a state does not allow them to carry out their life plans.

### **Conclusion**

Clearly, this study has shown that it is crucially informative to privilege women's views, particularly in assessing the influence of health problems on their welfare and well-being. The use of multiple methods provided the means to triangulate hence it is believed that this study was able to identify the most important health concerns for women and mothers in Paradise Island, based on their own ideas. The women are concerned with their own health needs, but they give priority to the health of their children and family as a whole. They experience good health and well-being when they are not confronted with priority problems that affect their children, family and environment. Women do not perceive their problems in general as separate from their health concerns, and most of their overall problems are seen to impinge on health chances. A combination of these (e.g. no income, low education, many children and dirty environment) leads women to suffer from tension, anxiety and disorder.

While Hahn's (1995) environmental/evolutionary (the environment has primary impact on health) and the political/economic or critical medical anthropology (role of power in the shaping of people's medical behavior) theories are substantiated in some ways in this study, the cultural theory (systems of beliefs have a primary impact on health) has been highlighted by women's explanations of sickness and health care.

Clearly, abject poverty, the lack of power in the real world, and uncertainties about the future add to the health problems faced by women, and these have a great influence on their decisions about health. The quality of the environment, specifically pollution and poor sanitation, seems to be viewed by women as a metaphor for well-being, and that environment and health have become virtually interchangeable concepts. They have a concept of wellness and they know what they need to maintain good health, but the limitations brought about by the environmental condition of the community prevent them from controlling their lives. It was not possible for women to talk about health without referring to the environment because they attribute the causes of their health problems to the poor environmental condition in Paradise Island.

Recognizing that all of the above factors (i.e. environment, culture, and political/economic system) are at work in Paradise Island, one can therefore say that the interactionist theory, one of the alternative positions found in versions of the above major theories, best explains the patterns observed in this low-income urban neighborhood. It argues that health is impacted by environmental, cultural and political/economic factors, in varying degrees and depending on the context, culture and population of a given society.

Despite living in what most people would regard as unhealthy and even dangerous environmental conditions, most of the women interviewed for this study produced healthy children and were able to maintain themselves in a state of acceptable health and optimistic outlook. They have life plans, they look forward to the future, and they have dreams about moving away. This illustrates the resilience of these women in the face of abject poverty and their ability to move beyond their immediate lives and environments. A metaphor for this resilience is the use of the phrase ‘Paradise Island’ to refer to their home community. From an outsider’s point of view, this name is quite ironic because it represents the opposite of what this community seems to offer. But residents want to remember the place for what it once was. That is, when it was clean and beautiful, and courting couples would come in the late afternoons to watch and appreciate the seaside view. By continuing to refer to their home community as ‘Paradise Island,’ they are expressing their hopes for better lives in the future.

**Table 1. Health Concerns of Women in Paradise Island (n = 20).**

<b>Health Issues and Concerns Identified by Women</b>	<b>Number of Mentions</b>
Children’s involvement in substance abuse	15
Filthy environment	14
Husbands who are habitual drinkers	14
Involvement of husband or wife in gambling	14
Many children and closely-spaced births	12
No source of income	12
Husbands beating their wives	9
Children getting ill of dengue	8
Sickly mothers due to insufficient budget for healthy/nutritious food	6
Problems in the uterus	5
Infidelity of the husband or wife	4
Rumor-mongering/ gossip	4
Lack of formal education	3
Husbands’ opposition to family planning	3
Cysts in the breast	3
Relapse	3
No money to consult a doctor or to buy medicine when family members get sick	2
Asthma	2

**Table 2. Number Codes and Index Card Labels of Free-listed Health Concerns.**

<b>Number Codes and Index Card Labels of Free-listed Health Concerns of Women</b>			
1.	no source of income	10.	wife-beating
2.	lack of formal education	11.	infidelity of the husband or wife
3.	many children and closely-spaced births	12.	gambling (husband or wife)
4.	husband's opposition to family planning	13.	gossip/rumor mongering
5.	sickly mothers	14.	children's involvement in substance abuse
6.	no money to consult a doctor/buy medicine	15.	problems in the uterus
7.	children getting ill of dengue	16.	Asthma
8.	filthy environment	17.	cysts in the breast
9.	husband's drinking habits	18.	relapse due to stress

**Table 3. Pile Sorting Results and Seriousness Ratings Given by Women to Their Health Concerns (n =20).**

<b>Woman 1</b>							
Pile A	12	10	9	14	very serious (gambling, wife-beating, husband's drinking habits, children's involvement in substance abuse)		
Pile B	17	less serious (cysts in the breast)					
<b>Woman 2</b>							
Pile A	1	3	12	very serious (no source of income, many children and closely-spaced births, gambling)			
Pile B	7	8	very serious (children getting ill of dengue, filthy environment)				
Pile C	17	less serious (cysts in the breast)					
<b>Woman 3</b>							
Pile A	12	1	3	4	very serious (gambling, no source of income, many children and closely-spaced births, husband's opposition to family planning)		
Pile B	15	16	7	18	less serious (problems in the uterus, asthma, children getting ill of dengue, relapse due to stress)		
<b>Woman 4</b>							
Pile A	1	2	9	10	5	12	very serious (no source of income, lack of formal education, husband's drinking habits, wife-beating, sickly mothers, gambling)
Pile B	17	15	less serious (cysts in the breast, problems in the uterus)				
<b>Woman 5</b>							
Pile A	6	3	1	18	very serious (no money to consult a doctor/buy medicine, many children and closely-spaced births, no source of income, relapse due to stress)		

Pile B	9	12	5	14	very serious (husband's drinking habits, gambling, sickly mothers, children's involvement in substance abuse)
Pile C	8	very serious (filthy environment)			
<b>Woman 6</b>					
Pile A	5	16	3	15	1 14 very serious (sickly mothers, asthma, many children and closely-spaced births, problems in the uterus, no source of income, children's involvement in substance abuse)
<b>Woman 7</b>					
Pile A	9	10	12	14	11 very serious (husband's drinking habits, wife-beating, gambling, children's involvement in substance abuse, infidelity)
Pile B	8	7	very serious (filthy environment, children getting ill of dengue)		
Pile C	15	less serious (problems in the uterus)			
<b>Woman 8</b>					
Pile A	1	3	9	10	14 12 serious (no source of income, many children and closely-spaced births, husband's drinking habits, wife-beating, children's involvement in substance abuse, gambling)
Pile B	8	very serious (filthy environment)			
<b>Woman 9</b>					
Pile A	12	9	3	5	1 very serious (gambling, husband's drinking habits, many children and closely-spaced births, sickly mothers, no source of income)
<b>Woman 10</b>					
Pile A	14	9	3	15	serious (children's involvement in substance abuse, husband's drinking habits, many children and closely-spaced births, problems in the uterus)
Pile B	8	very serious (filthy environment)			
<b>Woman 11</b>					
Pile A	12	14	9	serious (gambling, children's involvement in substance abuse, husband's drinking habits)	
Pile B	8	very serious (filthy environment)			
<b>Woman 12</b>					
Pile A	10	11	less serious (wife-beating, infidelity)		
Pile B	5	14	very serious (sickly mothers, children's involvement in substance abuse)		
Pile C	13	very serious (gossip/rumor mongering)			
<b>Woman 13</b>					
Pile A	12	13	8	serious (gambling, gossip/rumor mongering, filthy environment)	
Pile B	7	5	less serious (children getting ill of dengue, sickly mothers)		
Pile C	14	2	less serious (children's involvement in substance abuse, lack of formal education)		
<b>Woman 14</b>					

Pile A	9	10	1	less serious (husband's drinking habits, wife-beating, no source of income)
Pile B	12	14		very serious (gambling, children's involvement in substance abuse)
Pile C	8			very serious (filthy environment)
<b>Woman 15</b>				
Pile A	14	12	9	very serious (children's involvement in substance abuse, gambling, husband's drinking habits)
Pile B	13	11	1	less serious (gossip/rumor mongering, infidelity, no source of income)
Pile C	8	7		very serious (filthy environment, children getting ill of dengue)
<b>Woman 16</b>				
Pile A	9	10	3	less serious (husband's drinking habits, wife-beating, many children and closely-spaced births)
Pile B	1	14		very serious (no source of income, children's involvement in substance abuse)
Pile C	8			very serious (filthy environment)
<b>Woman 17</b>				
Pile A	1	3	2	very serious (no source of income, many children and closely-spaced births, lack of formal education)
Pile B	8	7	6	very serious (filthy environment, children getting ill of dengue, no money to consult a doctor/buy medicine)
Pile C	10	9	12	14 serious (wife-beating, husband's drinking habits, gambling, children's involvement in substance abuse)
<b>Woman 18</b>				
Pile A	1	3	14	very serious (no source of income, many children and closely-spaced births, children's involvement in substance abuse)
Pile B	13	8		very serious (gossip/rumor mongering, filthy environment)
<b>Woman 19</b>				
Pile A	9	3	4	serious (husband's drinking habits, many children and closely-spaced births, husband's opposition to family planning)
Pile B	12	14		very serious (gambling, children's involvement in substance abuse)
Pile C	7	8		very serious (children getting ill of dengue, filthy environment)
<b>Woman 20</b>				
Pile A	8	7		very serious (filthy environment, children getting ill of dengue)
Pile B	14	9	12	very serious (children's involvement in substance abuse, husband's drinking habits, gambling)
Pile C	4	3	18	10 11 1 serious (husband's opposition to family planning, many children and closely-spaced births, relapse due to stress, wife-beating, infidelity, no source of income)

## Works Cited

- Amadora-Nolasco, F.A. (1994). Children's views of play and work in a low-income urban Cebuano community. *University of San Carlos Journal*, Vol X, No. 2, 1-15.
- Bernard, H.R. (2002). *Research methods in anthropology. Qualitative and quantitative approaches*. Walnut Creek, California: Alta Mira Press.
- Brown, P.J., Barrett R.L., and Padilla M.B. (1998). Medical anthropology: An introduction to the fields. In P.J. Brown (Ed.), *Understanding and applying medical anthropology* (pp.10-19). California: Mayfield Publishing Company.
- Crowder, J.W.P. (1998). *We just live here: Health decision-making and the myth of community in El Alto, Bolivia*. Doctoral dissertation, University of Pittsburgh. Ann Arbor: UMI.
- De Munck, V.C. and Sobo, E.J. (1998). *Using methods in the field: A practical introduction and casebook*. Walnut Creek, CA: Alta Mira Press.
- Flieger, W. (1994). *Cebu: A demographic and socioeconomic profile based on the 1990 census*. Manila: National Statistics Office.
- Hahn, R.A. (1995). *Sickness and healing: an anthropological perspective*. New Haven: Yale University Press.
- Monares, M.D. (1996). Violence against women: The Philippine context. In Pineda-Ofreneo, R., Del Rosario, R., Monares, M., Apuan, V. and Cruz, M. (Eds.), *A woman's work is never done. A review of literature on women, 1986-1996* (pp.144-145). Quezon City, Philippines: Human Development Network Philippines.
- National Statistics Office (2000/2003). *Census of Population and Housing*. Philippines: National Statistics Office.
- Okamura, J.Y. (1985). *Ethnographic research: Methods and issues in the study of social relations*. Manila, Philippines: DeLa Salle University.
- Romney, A.K. and D'Andrade, R.G. (1964). Cognitive aspects of English kin terms. *American Anthropologist*, 66 (3), 146-170.
- Spradley, J.P. and McCurdy, D.W. (1975). *Anthropology: The cultural experience*. New York: John Wiley and Sons.
- Weller, S.C. and Romney, A.K. (1988). *Systematic data collection. Qualitative research methods series 10*. Newbury Park, California: Sage Publications.