SOCIAL SCIENCE AND PUBLIC HEALTH IN THE PHILIPPINE CONTEXT

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In reviewing the past, analyzing the present and scanning the future, Dr. Tiglao's paper emphasizes the role of social, cultural, political and economic factors on the status of public health in the Philippines. Further, the definition of public health cited at the beginning of her paper contextualizes her analysis. By pointing out that the nature of public health is ecological, multisectoral, collaborative and participative, the contribution of social science to public health strategies and policies is clearly indicated.

But in this short discussion, it must be pointed out that social science and medical science were not always on talking terms. Each ignored the other. If and when social science was acknowledged, it was relegated tot he status of second class citizen. In the Philippines, it was only in the 70's and 80's when social science began to be more systematically integrated into attempts to improve health status, prevent disease and facilitate treatment. The work at the College of Social Science and Philosophy (CSSP), College of Public Health (CPH), Research Institute of Tropical Medicine (RITM) and health NGOs paved the way for the collaborations. In some of these early efforts, there was a certain degree of mutual distrust borne out of a lack of knowledge and understandng of each other's theoretical perspectives. But with each successive interaction between these fields grew the realization that the role of medicine did not diminish but was enhanced and supplemented with an application of the social sciences. The result was a more comprehensive understanding of disease and better health care. The input of scientists, researchers and consultants in the various control programs as well as the Essential National Health Research (ENHR) are now fairly well established. For its part, social science has followed the trend of other scientific disciplines which become more applied as they mature. The social sciences have the appropriate perspectives and methods for the interdisciplinary work in public health. The basic models and theoretical perspectives and methodologies of psychology, anthropology and sociology found ready application in the health fields.

The rest of this commentary will focus on the social and cultural context of public health and like Dr. Tiglao, I am making the assumption that "health and

illness can be understood only in a social context. It is not only that culture determines our notions of well-being and illness but the conditions of social life influence our biology as well as our psychology".

What is this social context that affects the status of health and public health programs? The most pervasive and challenging is poverty. Dr. Tiglao points out for example that although progress has been made in slowing down infant mortality rate, we have the slowest decline in the Asian region. Castillo (1996) quotes a survey on low-income families done by Herrin and Racelis (1994) which provides further insight:..."Among the poor pre-natal and post-natal consultations are lower than the national population. Most of the deliveries are done at home attended to by traditional birth attendants."

In trying to explain social class differentials in morbidity and mortality rates, it is important not only to identify socio-environmental factors that affect susceptibility to illness and have disease consequences, but also to identify the effects of social and psychological environment. Migration and population density have been studied as contributory factors in disease transmission and prevalence. Infectious diseases do not become endemic until enough people live in one place to provide a reservoir for a virus to recyle itself. It is not surprising that disease outbreaks are more probable in poor communities. Vaccines are of course available for most of these infectious diseases and these can significantly reduce new cases. Yet measles still causes death among infants in the disadvantaged families because of malnutrition and lack of knowledge concerning the disease among mothers. Social science has well defined principles regarding effective communication and these have been adopted to some extent in health campaigns. But the tyranny of poverty can be illustrated by some field observations in family planning and malaria control.

For example, one poster which aimed at encouraging participation in the collection of blood smears for malarial diagnosis showed a finger being pricked and dripping with blood. A nonliterate farmer interpreted the drawing to mean that malaria was caused by dirt under the fingernails. In another field research on family planning, a woman decided to take contraceptive pill. All she knew was that the pill would prevent her from getting pregnant. She was so poor that she decided to extend the use of the pills by dividing these into two and taking them only before having contact with her husband. Social science can assist the public health professional not only in terms of identifying errors and problems but more constructively in terms of planning and designing effective preventive control and intervention strategies, persuasion and communication, compliance and adherence to medical regimens.

Another example is adolescent sexuality. Social change associated with urbanization and industrialization has had a biological effect on the earlier onset of puberty. Added to this is precocious adolescent sexual activity resulting in unwanted pregnancies. The higher morbidity and mortality for mothers and infants associated with adolescent pregnancy can be reduced by better medical care but the social developmental consequences for the mother and the infant that she is

poorly prepared to nurture are well known, It is easy to declare a policy to provide sex education in schools but delicate cultural and ethical issues need to be tackled first, and here, social scientist can make a significant contribution.

Looking ahead and sharing Dr. Tiglao's note of optimism that economic good news is around the corner, and that there are significant improvements in the delivery of health care, a longer life span may be expected for most Filipinos (except that in an urbanizing context, there will be those who will become victims of violence, accidents and diseases related to lifestyle or environmental pollution). In this regard there is an urgency for social planning to anticipate the consequences of better health measures. It must be noted that the Reodica administration listed diseases related to lifestyles as one of DOH's primary concern. The advances made in behavior modification, attribution theory, persuasion and communication are directly relevant to these. Additionally advances in the medical field and treatment technologies enhance the need to tackle ethical issues. The culture of violence in urban areas and the clashes between the military and dissidents or rebels also require attention and systematic intervention for the child and family victims. On a limited scale, NGOs have directed their energies for the physical and psychological rehabilitation of these victims.

The most effective control programs have put emphasis on the dynamics cf human interaction in the delivery of services and exposure to the disease. The detailed observational studies and training programs for barangay health workers done by an interdisciplinary team based at the RITM, on the work behavior patterns and sleeping arrangements of malari-prone community in Morong illustrate how social science work provide the basis for effective interventions in the delivery of services. Working at the control program level, it appears necessary to exercise "cultural wisdom" by exerting extra effort to study the personalities and politics within the organization, acculturating oneself so to speak, before initiating collaborative work with the control staff. This generally ensures that the disease control staff will better appreciate and eventually adopt one's findings.

The public health system directly services the needs of the disadvantaged sectors of our society. It is the public health professional who sees on a day-to-day basis the illness burden exacted by social inequity. Public health deserves the best social science can offer, for in the end,the abstractions of justice, equity, responsibility can be translated in creative collaboration with medical scientists.