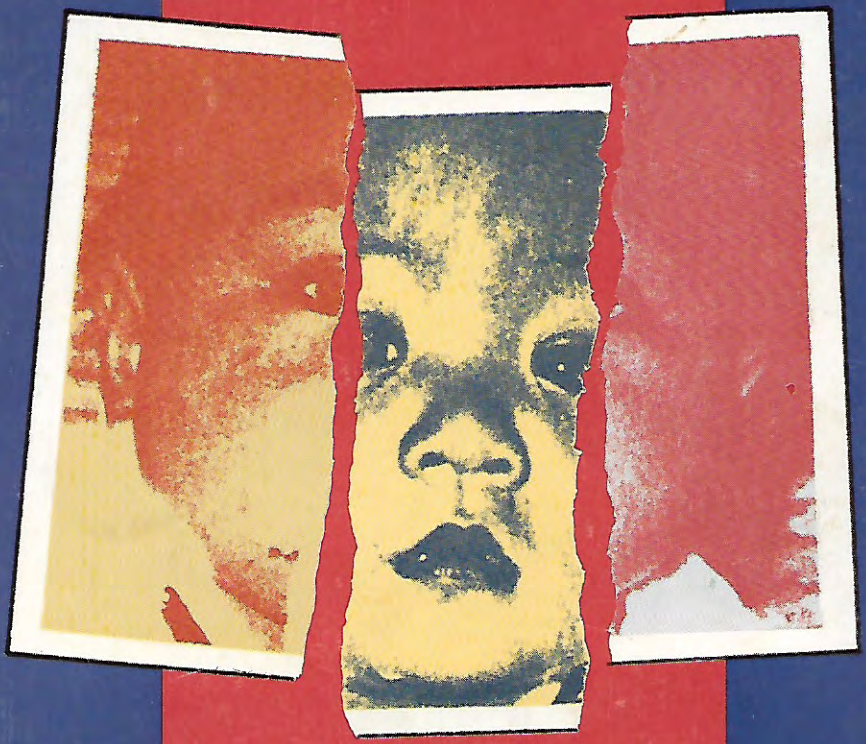
Three Infant Lives

Mayling Simpson-Hebert
Lorna P. Makil



Health Action Information Network
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DR MAYLING Simpson-Hebert, a medical anthropologist, was an Assistant Professor of Population Dynamics, The Johns Hopkins University at the time of the study. She is now a Technical Officer in the Environmental Health Division of the World Health Organization, Geneva, Switzerland. Ms Lorna Makil, a sociologist, was a Research Associate at the Institute of Philippine Culture during the study and is now a Program Coordinator at the Philippine Social Science Council, Inc, University of the Philippines, Quezon City.

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Foreword

THE OFFICIAL infant mortality rate in the Philippines is about 50 per 1000 live births. Translated into lay language, that means that for every 100 babies born each year in the Philippines, five will die before the age of one. Another two will die before the age of five.

This book features three of those brief infant lives, lives that could have easily passed into obscurity like the thousands of other infants who die each year. The case studies show how each life, however brief, impacts the lives of parents, relatives and members of the community. Callous and cynical arguments that this is part of "natural selection" should come under greater scrutiny.

What is striking is that so little has changed since the studies were made in the early 1980s. In May 1991, newspapers reported 13 infant and child deaths in an urban poor community in Metro Manila. The children died from measles. The Health Department blamed the mothers' "stubbornness" for not bringing their infants for immunization. Some community leaders claimed that immunization services were not available in the first place. Mothers talked of their fear of "side effects" from vaccines, and of children who had

been immunized but still came down with measles. Still other mothers complained that they could not afford the immunization service. The vaccine is free, but they have to pay P1.75 for the syringe and P1.85 for a record card. For want of P3.60 (12 cents US), infant lives are put on the firing line.

In all fairness, we should acknowledge that some of the reforms in the health care system may increase the chances of infant survival. The Fabella Memorial Hospital, where most urban poor infants are born, has since become a model of a "baby friendly" hospital that promotes rooming-in (keeping the mother with the baby from birth) and breastfeeding. Yet, the more formidable problems are structural and are to be found in the communities.

Local community-based health programs have been using a "*Kuwento ni Rosario*" (The Story of Rosario) for several years, a simple account of the conditions surrounding the death of a child in an urban poor community. After telling the story, a facilitator initiates group discussions to get workshop participants to answer the question, "Why did Rosario die?" It is the same question we pose here. And rather than being prescriptive, we leave it to readers to give the answers, and perhaps even ask new questions. If for that alone, we would hope that the lives of Debbie, Nestlé Lara and Junjun would have some meaning for all of us.

Michael Lim Tan

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INTRODUCTION

HEALTH planners at the international, national, and local levels are constantly seeking new and better ways to lower high rates of infant mortality among rural and urban poor. Usually the ways sought are for greater coverage for full immunization, better nutrition, better prenatal and postnatal care, prevention and control of diarrheal disease, management of acute respiratory infections, and better access to family planning and other medical services through training more medical personnel and building more hospitals and health clinics.

Complementary to achieving success in these areas is a better understanding of the social, cultural and economic factors that underlie much infant mortality. Much statistical research is done to identify and quantify these factors. Another way of identifying those factors so that planners may target program strategies is through ethnography – anthropological research into the lives of the families experiencing infant deaths.

The following articles describe three infant deaths that occurred during ethnographic research undertaken by the authors in Metro Manila from 1982 to 1984. The purpose of the research was not to study infant mortality but to understand why very low income women living in slum and squatter areas of Metro Manila choose to bottlefeed instead of breastfeed. In the course of following 152 infants twice monthly over

18 months through personal home visits by trained field interviewers, seven infants died. Because the study had followed the infants so closely, from their delivery in the Dr. Jose Fabella Hospital in 1982 until their deaths, we were able to identify probably nearly all of the factors underlying these infants' deaths.

The three cases described here represent infants who died at different times during the first year of life (1 month, 6 months and 10 months), of different causes (diarrhea, bronchopneumonia and measles). The cases explain the economic, political and cultural factors in their deaths as well as the various ways parents perceived and acted upon their infants' illnesses. These three cases are very like the other four not described here, and the social, cultural and economic details of their lives are typical of the entire group of 152 families followed in the larger study.

What was most striking to us conducting the study is that although these infants suffered from diseases, they died primarily as a result of poverty. Had their parents had even a little more money, these infants and the other four that died probably would have survived.

These families represent a class of poor who lack financial resources to feed their infants properly and, whose poverty puts them at a handicap in terms of access to free public medical services. "Free" services involve costs: taxi fares, medicines, oxygen, steam inhalation and other therapies which parents must pay for. When one is living on the edge, when life is a hand-to-mouth existence, any additional expense can be impossible to pay.

Another factor these cases show is a failure both on the part of parents and on the part of health professionals (physicians and nurses), at times, to recognize the seriousness of the illnesses early enough. This problem is easy to understand since infants cannot describe how they feel and also because some diseases progress so rapidly in infants, changing enormously in a matter of a few hours.

Related to this lack of recognition of the seriousness of the illness or the urgency for treatment is a reluctance on the part of some private hospitals to admit patients who appear to be too poor to pay or who cannot immediately come up with the required deposit for admission. While there are laws that prohibit hospitals from requiring a deposit for emergency cases, the definition of "emergency" is vague, making it difficult to enforce the law. We also noted a hesitation on the part of medical personnel in some public hospitals to convince parents that they really must hospitalize dying infants. There seems to be a reluctance among them to tell parents directly and clearly that their infants would probably die without immediate hospitalization. When parents made the wrong decision to take seriously ill infants home and then needed to bring them back a second time, there was a tendency for medical personnel to scold and shame, causing further reason for parents not to return.

There are many other possible reasons for the inadequacies of health professionals. Many are overworked and underpaid. Most have not been exposed in their medical and nursing schools to the realities of

poverty and the economic and cultural constraints that accompany that poverty.

The cases of the infant deaths also point to the need for a National Drug Policy that includes information on rational use of medicines. Parents in our infant feeding study rarely bought or completed a ten-day course of antibiotic. First, they were not told that it is imperative to do so. Second, they were allowed to purchase an amount that would last only one or two days. This practice resulted in chronically ill infants. Both of these problems need to be corrected, as parents in our study believed they could give small amounts of antibiotic for a short time only and conserve what was left in the bottle for a future illness. This misconception needs to be dispelled.

Other policy implications of the study have already been acted upon in the Philippines. One factor that encouraged bottlefeeding in our study group, a factor that can lead to greater infant morbidity and mortality among the poor who live in unhygienic environments no matter how clean they try to be at home, was bottlefeeding in public hospital nurseries from delivery to discharge. Although infant formula marketing to mothers was not allowed in the hospital that sponsored this study, the practice of telling mothers what formula their infant was fed was tantamount to marketing the product. The mothers believed their infants were already suited (*hiyang*) to the milk and they were inclined to continue it. The very fact that hospitals would choose to bottlefeed infants was for these mothers a stamp of approval for its use.

Telling mothers to breastfeed at discharge was like saying "do as I say, not as I do." In 1986, President Corazon Aquino signed Executive Order 51 or the "National Code of Marketing of Breastmilk Substitutes, Breastmilk Supplement and Other Related Products." The order makes it illegal to promote infant formula in hospitals and maternity clinics but violations of this Code have been documented by non-governmental organizations. No one has yet been prosecuted for violating this Code. Despite poor enforcement, the "Milk Code" has at least reduced indiscriminate promotions of infant formula to new mothers.

The Department of Health now requires all public hospitals to practice rooming-in of infants to encourage breastfeeding. When this is extended to private hospitals (as is being proposed in a pending Senate bill), to Caesarian mothers, low birth weight infants and other special cases, the movement in the right direction will be complete.

These cases show that low income families love their infants and desperately try to keep them alive. They try various strategies – traditional home remedies based on the counsel of older women in the home, traditional healers who are always available and supportive anytime day or night and medical professionals. They must try lower-cost remedies first because of their poverty, but they would never consciously do it at the expense of the survival of their infants. When they feel the infant's life is threatened, they bear any expense. The cases also show that grandmothers are extremely influential in making treatment decisions. A policy strategy that might cause parents and other caregivers

to bring their infants earlier for treatment of disease would be longer clinic hours, free medicines with information for the poorest of the poor, more time in counselling and more gentle counselling that involves as much listening to parents as talking, explicit instructions about medicines and return visits, and more explanation about the type and seriousness of the illnesses. Small, simply-worded pamphlets that explain symptoms and treatment (including non-drug measures) of diarrheal disease, acute respiratory disease, measles, the importance of immunizations and the like would be extremely helpful to parents. Malnourished infants who are brought in for whatever reason should be given food and special attention as a matter of policy and underweight pregnant women should be assisted as well.

The case studies also reveal the belief system within which parents are operating – especially beliefs about when and when not to breastfeed and the causes of illness and death. Health planners need to be aware of the importance of these beliefs in their patients' lives, respect these beliefs, and use them in program formulation. It may be necessary at times to try and dispel beliefs that are harmful through gentle persuasion, but those that are or could be helpful need to be utilized in some way.

It has been suggested that mothers themselves are a factor in high rates of infant mortality among the urban poor. Extreme poverty, so the theory goes, forces mothers to choose among their children, deciding which shall live because they seem healthier and more likely to survive, and neglecting those that appear

weaker and more likely to die. The emotional attachment of such mothers to their infants is not strong, according to the theory, so that they do not attempt to save them when they fall ill to serious illnesses. Evidence to support the theory comes from maternal behaviours observed in urban shanty towns in Brazil where, it is said, when infants die, mothers do not weep, mothers do not attend their infant's funerals and the babies are buried in very simple boxes (Scheper-Hughes 1984, 1985).

Our ethnographic findings do not support this theory at all for urban Filipino mothers. We found mothers to be totally distraught at the death of their infants. They talked about their lost babies months after their deaths, tears still spilling from their eyes, trying to understand the causes and how to do better next time. The only way these urban Filipino infants could have funerals at all was through the efforts of barangay captains who collected money in their communities to pay for it. Otherwise, these families would have had very simple burials in cardboard boxes owing to lack of money, as was the case among Brazilian poor. In this regard our findings and interpretation are more like those of Nations and Rebhun (1988). However, it does not take the interpretation of an anthropologist to feel the emotions expressed in these stories that follow.

The bottom line of our findings on the causes of infant deaths was poverty. It causes malnutrition, unsanitary environments and lack of access to good medical care. Our findings imply that as long as large numbers of urban dwellers live in the conditions of poverty that we observed, very few gains will be made in lower-

ing infant mortality in this population. Programs in better housing, better sanitation and better food, subsidizing the poorest of the poor, could make a difference. More curative disease-focused medical programs, as such, probably will not. Small gains could be made in creating easier access to free medical care and greater emphasis on health education for parents and other preventive measures.

It is a fact that extremely poor people exist everywhere in the world and the constraints that the poor must deal with in raising their children are similar. (See, for example, Nations and Rebhun 1988.) It is unlikely that countries in the next few decades will reallocate resources to bring about important changes in the lives of the very poor. Given this reality, we do what we can in the most targeted way possible. It is hoped that these cases of infant deaths described here will be recognized as representing the reality of the poor living in Metro Manila, that they will raise awareness about specific actions that can be taken to improve chances of infant survival, and that these actions will be implemented.

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DEBBIE

Born: June 11, 1982
Died: July 17,1982 (1 month and 6 days) probably of salmonella poisoning with meningitis
Mode of feeding: First week bottlefed in hospital nursery, then mixedfed with infant formula

GRACE, our field interviewer, walked through a muddy narrow alley in a crowded slum of Metro Manila to reach Cely's parents' second floor apartment. Radios from neighboring houses blared as she climbed a narrow flight of stairs, just wide enough for one person, between two ricketly buildings, and knocked at the door.

Just a few days before, Grace had met Cely at the charity maternity hospital where our infant feeding study began, and she had given Grace another address. When Grace had gone there to see Cely for a first home interview, Grace was told by the landlord that Cely could be found at her parents' home. Cely now greeted her at the door. She looked the same as she did in the hospital, quite thin and pale. Her shoulder-length hair was uncombed and messy and she wore an old duster. The unstable floor, made of thin wood covered with linoleum, shook as Grace walked across the room to see Cely's new baby, Debbie.

Cely explained that she could not take Debbie home to their own apartment after she was born because their landlord did not want an unbaptized baby in his place, claiming that this would bring him bad luck. She had come to her parent's home instead.

Her parents' apartment had four tiny bedrooms, and Cely and her baby occupied one of them. The "bedrooms" were created by hanging curtains. Cely slept on the floor with her older daughter age two-and-a-half and the new baby, there being no bed in the room they occupied. In the other bedrooms were Cely's parents and her two sisters, ages 25 and 21. Three other families related to Cely's family lived in other apartments in the same house and all of them shared the one toilet and one bathroom. Cely's husband Jun stayed in their own apartment in another part of the city, visiting them often.

Cely complained that the ventilation in the apartment was poor, and the galvanized iron roof heated up the house, for there was no ceiling, making it extremely warm during the dry season.

A public faucet in front of the house was their water source. Neighbors had attached a hose to the standpipe to make a laundry area. Water ran from the pipe continuously, even when no one was washing, creating muddy pools. This unpleasant environmental condition was further aggravated by the stench from pigs being kept by a neighbor.

Grace observed that Cely's room was dirty and unkept. Soiled clothes, pillows and bedsheets were scat-

tered around the room, and an open chamber pot containing urine permeated the room. Cely kept her baby's clothes in an old milk box beside a small wooden table. On the table was a can of Bonna infant formula and some feeding bottles filled with boiled water.

Both Cely and Jun had finished nine years of school, just one year short of the high school diploma. Jun earned 750 pesos (US$100) per month as a worker in a carpet factory, and his parents assisted the couple by giving them US$40 every month and a few groceries such as coffee, milk and sugar. Prior to Debbie's birth, Cely was earning a small income from making shell handicraft at home, but after Debbie was born, Jun did not want her to work anymore so she could devote all her attention to their two daughters.

Both Cely and Jun had grown up in Manila. Jun was an American citizen, as his father, a U.S. sailor, had met his mother on tour in the Philippines. His father had returned to the Philippines sometime later to marry Jun's mother and they had six children. Although Jun had never gone to the United States, in their community he was known as the "*Amerikano*" and Cely as the "wife of the *Amerikano*."

Debbie was born June 11, 1982 when Cely was 23 and Jun was 27. She was delivered by Caesarean section due to breech presentation, was postmature at delivery (43 weeks) and normal weight, 3 kgs (6 lbs., 1 oz.).

When Grace interviewed Cely in the hospital right after delivery, she said she planned to breastfeed her

new baby because it would make her baby resist illness and make her *mabait* (kind and well-mannered). She claimed she was quite experienced at breastfeeding, as she had breastfed her older daughter for one year, while supplementing the breastfeeding with bottlefeeding. She claimed that she would nurse Debbie as long as the baby wanted breast milk "because if a baby is weaned too soon from the breast, he becomes fussy, a cry baby."

Although Cely had intended to breastfeed her baby completely when she was discharged from the hospital, she found that she could not because she did not seem to have much milk. She noticed that after nursing Debbie, the baby still fussed and cried as though she was not satisfied. Cely also felt that her breasts quickly softened whenever Debbie nursed, making her believe that her breasts were "dry." She concluded that she had insufficient milk which, she decided, was brought about by the medication she had received for surgery. Cely began giving a bottle once in the morning and once at night. She noticed that Debbie seemed to sleep longer after taking a bottle, so this new schedule suited Cely quite well.

Cely had planned to do some bottlefeeding eventually, anyway, when she returned to doing her household chores. Like many Filipino mothers, she believed that it was not good to breastfeed when one is working because the baby might suck her "tiredness," and also the milk at this time becomes weak and lacks nutrients (*walang sustansiya*). Since she would have to withhold her milk at these times, she did not want Debbie to go hungry.

Debbie's diet during the first month consisted of breast milk, infant formula, boiled water, and Tiki-tiki vitamins.[1] Cely cleaned the nursing bottles and nipples with salt and water and boiled them for two minutes. Although she claimed that the baby was breastfed "every time she cried," Debbie was actually nursed sparingly, usually twice in daytime and four times at night, which was revealed on the self-reporting forms being kept by Cely as a part of the study. Debbie was a quiet baby and seemed to sleep most of the time.

Because their home was small and dark, Debbie's grandmother and aunts took her out often to expose her to the sun in the narrow alleys. At this time neighbors would gather around them and exclaim over her. She received many praises which both pleased and worried Debbie's grandmother.

Debbie's baptism, held on the day she turned one month old, was a grand affair for the family. Cely felt stronger and was looking forward to taking Debbie to their own home a week after the baptismal rites. However, three days after the baptism, Debbie came down with fever and showed extreme irritability and discomfort. Cely took her to a private doctor nearby who prescribed an antibiotic and an antipyretic for fever.

The fever did not subside and Debbie grew more irritable the following day. She consumed less milk, and Cely decided to take her to the public charity hospital where she was born. Debbie was diagnosed as having a respiratory tract infection and was given four kinds of medicine for fever, cold and congestion and

oral eruptions. Cely asked if the baby could be confined, but she was told that there was no vacant bed in the hospital.

As soon as they arrived home, Debbie's fever seemed to rise even higher, and she would not stop crying. The next day Cely took her to a private hospital. In the emergency room, she developed upward rolling of the eyeballs, and the doctor decided to admit her and gave her oxygen and dextrose. In addition, the hospital performed stool and urine examinations and a serum calcium determination. These tests were not conclusive but the doctors treating her decided that she was probably suffering from Salmonella septicemia with concurrent meningitis. She was placed in the Intensive Care Unit.

The following day Debbie refused to take any milk at all and toward the end of that day died from cardiorespiratory arrest despite resuscitative measures, only one month and six days after she was born. Cely and her husband would not allow an autopsy, thus the actual cause of death was not determined.

Debbie was not buried right away but lay in state for almost a week, during which time Cely suffered from engorged breasts. They grieved over the loss of Debbie and could not understand the unexpectedness of the tragedy. They thought the baby had been well during her baptism, though she was very quiet and slept through it. She did not even cry when holy water was poured over her head, making friends and relatives wonder why she was so quiet. The money, *pakimkim*,

that she had received from her godparents for her baptism was enough to pay for her funeral expenses.

While Debbie lay in state in their home, her family members speculated as to the cause of her death. Debbie's maternal grandmother attributed her death to *usog*, illness caused by the praises and greetings she had received from other people during her baptism, but Cely and her husband believed the doctor's explanation that death was caused by meningitis.

To gather enough facts for Debbie's story, Grace went to the hospital where Debbie had died to interview her attending physician. He would not agree to the interview, so Grace requested to see Debbie's records, a process that took three weeks because it needed special clearance from the hospital administrator. It turned out that the hospital had never released Debbie's death certificate to her parents because they could not pay their hospital bill. Although a death certificate is required by law for burial, Debbie's parents were able to get around the ordinance, perhaps by procuring a fake certificate, and were able to bury her.

Notes

[1]Tiki-tiki is the brand name of a local vitamin preparation from rice bran, originally developed to prevent beri-beri, a disease of Vitamin B deficiency once prevalent in the Philippines. Infants as young as two months of age used to die from beri-beri when they nursed from mothers afflicted from the disease. It has been recommended for infants since about 1910, soon after the cause of beri-beri in infants and adults was discovered.

NESTLÉ LARA

Born: May 31, 1982
Died: December 26, 1982 (6 months and 26 days) of bronchopneumonia
Mode of feeding: Breastfed and occasionally mixedfed with infant formula

NESTLÉ LARA, who was named after Nestlé milk, was delivered normally and weighed 6 lbs. 2 ozs. (2.8 kgs) at birth. She and her mother Juana were assigned to the new rooming-in ward of the large charity maternity hospital where she was born, and Lara was first breastfed four hours after birth.

When Grace interviewed Juana in the hospital, she said she liked the rooming-in ward. "I can be with my newborn right away and can nurse her here, unlike women in the regular ward who are separated from their babies for three or more days until they are discharged from the hospital." Juana was enthusiastic about breastfeeding and said she planned to breastfeed for one year because "I read in a book that nursing mothers do not get pregnant right away. My sister has not yet had a return of menstruation after nursing her son for three years, so it must be true". Juana said she also wanted to breastfeed because it would allow her to economize on milk, it would keep her baby from getting sick, her baby would become fat, and her husband Mario had encouraged her to breastfeed.

Mario was just as enthusiastic about breastfeeding as was Juana. He had told her that it was better to breastfeed because the baby would suck the same nutrients that she ate. He also said it was more convenient and her sleep would not be disturbed at night by having to prepare a bottle.

During a prenatal check-up Juana was told to take plenty of soup to help produce breast milk. She said the only other information she had received on infant feeding was seeing a television commercial on Tiki-Tiki infant vitamins.

Thus, Juana's decision to breastfeed was strong before Lara was born. This was reinforced by a nurse at the hospital who told her when she was discharged to continue breastfeeding the baby at home.

Juana, 23, had finished nine years of school and was working as a waitress in a working-class restaurant before she began living with Mario. Mario, 39, was a government employee and a high school graduate. Both had had previous relationships. Mario was separated from his legal wife, while Juana, who had never married, had a seven-year-old son who now lived with them.

Juana's job as a waitress had thrown her into the company of men who gather after work to drink beer. Although Juana was not a prostitute, some women who worked there may have been. Waitresses in such restaurants are told to look attractive and to be nice to the customers. The beer drinking in these restaurants sometimes leads to drunkenness and brawls. Such

working conditions are not considered nice for women, and such waitresses have a low status in the eyes of the public. Some waitresses have favorite customers who become their boyfriends, and such was the case with Juana and Mario.

Juana had grown up in Manila, while Mario had grown up in the province and had lived in Manila for 10 years. Mario's estranged wife and child were residing in another Manila neighborhood.

When Juana and Lara were discharged from the hospital, they went home to one small room in a two-room house located in a crowded slum of shanties. At night, Lara sleep with her parents on a narrow wooden bed set to one side of the room, and at daytime in her own woven bamboo cradle. Juana cooked on a two-burner gas stove and paid a boy 2 pesos a day to fetch water from a public tap some 10 meters from their house. Their daily water consumption was contained in one large plastic container, three small covered buckets for drinking, and five small pails for laundry and kitchen use. The room was crowded, although their only furniture consisted of a wooden bed, two small tables and four chairs. They also had a television set and an electric fan. The toilet and bathroom were outside the house and were shared with Juana's sister's family of nine, including Juana's mother, all of whom lived in the adjacent room.

Their neighborhood was muddy when it rained, and garbage was dumped in a nearby vacant lot. Juana paid another boy 50 centavos every other day to bring their garbage to the main road where city garbage

trucks collected them. From this main road, Lara's home was reached through a narrow alley lined with wooden planks to protect users from the dirty standing water. There was standing water also under the houses, which made the place damp and favorable to the growth of mosquitoes and flies. Just a few blocks away from this neighborhood were a general hospital and a public health center. Vendors sold cooked food along the main road, but Juana preferred to go to market a few blocks away and cook their meals herself.

Mario had two jobs. He worked during the day as a clerk in a government office and part of the night as a security guard for another firm. For both jobs, his monthly income was 1,200 pesos (US$160). Part of this went to his estranged wife and his son, who was in school.

When Lara was only 14 days old, she came down with her first bout of cold and fever. When her breathing became obstructed and her eyes rolled upward, Juana took her to the government health clinic nearby. The doctor prescribed an antibiotic, decongestants and pediatric vitamins. Juana bought only one small bottle of the antibiotic, which lasted 2 days, and the decongestants. She said she did not have enough money for the full course of antibiotic treatment or the vitamins.

During her first month of life, Lara was purely breastfed, four times in the day and three times at night, according to the self-reporting forms Juana filled in for the study. Juana tried to get Nestlé Lara used to infant formula so she could wash clothes and not worry

about the baby going hungry. Like many other Filipino mothers, Juana believed she should not breastfeed when doing laundry because the baby will suck the "coldness" in her milk (from the cold laundry water) and will get sick. But Lara did not like the bottle. To counteract the coldness of her milk, Juana drank a glass of hot coffee before putting Lara to her breasts. Juana's mother also helped her with laundry during this first month.

When Lara was just over a month old, Juana was successful in giving her an occasional bottle. She really wanted to be able to give Lara a bottle while doing laundry because she had noticed that whenever the baby cried hard, she turned blue. Because she had to delay her nursing until after drinking coffee, this caused Lara to cry even harder and turn even bluer. With the bottle there would be no delay in feeding her. Juana's sister reinforced bottlefeeding by telling her that she should not give "cold milk" or "tired milk" to her baby, which could cause diarrhea and vomiting. Juana also added vitamins and calamansi juice (a local citrus) to the baby's diet to help combat the colds that were always bothering her. Lara became a fussy baby at this age, wanting to be carried all the time. Her fussiness might have been related to her frequent colds and the mosquito bites that covered her arms and legs.

When Lara turned two months old, she refused to take a bottle whenever Juana did her laundry. Juana went back to her "fix" of drinking a glass of hot coffee before breastfeeding. Lara nursed four to five times at daytime and three times at night, which Juana thought was not enough. Juana substituted Tiki-Tiki vitamins

for the multivitamins to remove what her family saw as yellowness in her face.[1] Lara continued to have mild colds off and on.

When Lara was two months and 23 days, she had a severe cough and cold. Juana took her to the Health Center where cough syrup and vitamin C were prescribed. Then at three months she had another serious cold. At first Juana gave her the usual medicines, but when the baby's condition worsened, she took her again to the Health Center. The doctor prescribed an injection which Juana refused because she did not want her daughter to suffer the needle prick. (This may have been an attempt at beginning immunizations.) So the doctor advised continuation of the same medication. Juana was extremely anxious about Lara at this time. At one household visit, the research assistant was asked to protect the baby from getting *usug*[2] (unintentional evil breath causing illness) by wiping her saliva on the baby's abdomen and feet before leaving.

At this time also, Juana complained of not being able to cope well with the demands of breastfeeding and doing household chores. The baby's frequent crying and demands to be carried during waking hours interfered with her attempts to do housework. One day, when Lara turned three months old, Juana left her alone sleeping on their wooden bed while she went to the market as she did not want the baby to get *usug* in the market. The baby fell from the bed and sustained a large bump on her forehead. This incident angered Mario, and he decided that they would eat prepared food from the vending stands so that Juana would not

leave their baby alone anymore. However, Juana was full of anxieties at this time. Sometimes when Lara fussed or cried, Juana spanked her.

One reason for Juana's anxiety was fear of another pregnancy. Her menses had returned, and she was doing her best to prevent another pregnancy. She wanted a tubal ligation but Mario did not approve, fearing its side effects on her health. When she saw a doctor about contraceptive pills, he told her that because of her varicose veins, she could not take pills safely. He taught her rhythm instead, but Juana did not follow it. Instead, Juana followed a folk contraceptive method that Mario said would make her period come every month by inducing abortion, if necessary; she took two Baralgin® tablets, normally used for antispasmodic treatment, together with a 7-Up soft drink two days before her expected period. If her period did not come, she took more tablets each day until it did. Since she took the tablets on an empty stomach, Juana suffered from severe headaches and dizziness which made it harder to cope with the demands of motherhood. She also complained of headaches and tiredness owing to staying up late to watch TV. Juana continued to spank Lara when she was fussy. She said she knew it was wrong of her, yet she could not help herself.

During her fourth month, Lara was put back on the bottle when Juana was busy in the morning. She drank four bottles of formula per week. She also took Tiki-Tiki, vitamin C and another multivitamin. An aunt advised Juana to start giving rice and broth, but Juana decided that Lara was too young for this.

Lara continued to be sick during her fifth month, with three bouts of cough and cold and a brief spell of fever. Juana did not take her to the doctor but continued to treat her with previous non-prescription medicines to control congestion and coughing. She seemed to be constantly crying and she once again refused the bottle and nursed from her mother eight to ten times a day. Juana continued to have headaches and dizziness and claimed to feel weak from so much breastfeeding. Her sister told Grace that Juana was tired from so much late television viewing and the Baralgin tablets. Her sister cautioned her about the possible effects of the tablets on her breast milk, that they might make the baby vomit or have gas pains or diarrhea. During one visit, the research assistant observed that Lara had a green, watery stool. Juana attributed it to the two Baralgin tablets she had taken early that morning.

At five months Juana started giving Lara biscuits, eggs and rice with broth, which her sister advised. Her sister also encouraged her to try to mixfeed again so Juana would not have the same weaning difficulties she was having trying to wean her three-year old son. However, Juana decided not to mixfeed anymore.

One day when Lara was five-and-a-half months, she ran a high fever which Juana tried to bring down with a warm sponge bath and an antipyretic drug. Her temperature would not go down, so Juana phoned Mario at work and waited one hour for him to come home with money so they could take Lara for emergency treatment in a private hospital near their place. Juana did not have any cash at home, and she thought

Lara might not be admitted. (Some private hospitals demand a deposit of 300 to 400 pesos [US$40 to US$50], before a patient is admitted.)

The doctor who saw Lara told them they were correct in bringing Lara because her fever was so high. He gave Lara three injections which lowered her temperature and he also prescribed medicines, including an antibiotic. Lara was sponged and the doctor told Juana to do the same if the fever recurred, using cold, not warm, water. Juana bought only one small bottle of antibiotic, lasting two days. She later told Grace that it is difficult to have something like this happen when one is poor. Juana said she was sure Lara would not have been attended to if Mario had not brought money with him, especially if she had needed to be admitted. Mario paid 58 pesos (US$7.73) for the consultation and medicines.

Two days after this emergency treatment, Lara's temperature rose again, and high fever lasted for three days. Juana treated Lara as the doctor had instructed her to do, except that she did not buy anymore antibiotic after the first bottle was gone. When her fever subsided, skin rashes appeared. A neighbor told Juana that Lara had measles and advised her to feed Lara egg to bring out the measles spots. Juana also gave her a sponge bath with tap water and detergent soap. The rashes disappeared after a day, causing Juana to worry that the measles spots did not come out but stayed inside the baby's body. According to traditional Filipino beliefs, such a condition is harmful. However, after three days, Lara appeared to have recovered.

When Lara was six-and-a-half months, her parents prepared for her baptism. This important event was scheduled for Christmas day. Two days before Christmas, Lara had another bout of fever and a cold and Juana took her back to the same private hospital. She received an injection for fever and medicines were prescribed. The doctor told Juana to bring Lara back should there be no improvement in her condition. They spent 80 pesos for this consultation, an amount they could have used for the approaching baptism. So even though her fever still came and went, they did not take her back to the doctor, thinking that the medicines she was taking were enough to keep her from getting worse. Lara, however, grew more fussy and irritable.

On Christmas day the baptismal rites were held. Lara, still very sick, showed irritation with all the noise and fuss of the grand affair. She had a fever during the ceremony. After the guests had been fed and had departed, Juana took Lara to a *hilot* (traditional healer) for a massage, thinking that she was suffering from *pilay*.[3] Juana said Lara's fever went down after the massage, but very early the next morning, at 3 AM, her fever was high again. They rushed Lara back to the same private hospital where her temperature registered 42 degrees. The staff sponged her with ice water and recommended that she be taken to a government hospital because they said they did not have enough facilities to deal with an emergency case like hers. They claimed they did not have the drugs and equipment for her because they were a small hospital, but it might also have been that they knew Lara would have to be taken on as a charity patient. Juana and Mario took her to the largest government hospital in

the city where she was admitted and given an injection and intravenous feeding. When Juana told the staff that Lara had not had a bowel movement in three days, the doctor ordered an enema for her, which produced bloody stools. Her continuous cries in the hospital were interpreted by Juana to mean she wanted to be breastfed, but Juana could not feed her because the doctors were busy trying to save her life. Lara died four hours later. The hospital records only noted that Nestlé Lara was cyanotic, gasping for breath, feverish, had a lower gut obstruction of unknown etiology and was well-nourished at 8.2 kilos. The hospital bill was 485 pesos (US$85).

A two-day wake was held for Lara. Her funeral expenses amounted to 1,700 pesos (US$227) which was more than what her parents had spent for her baptism and party.

The cause of Lara's death became a subject of speculation by her family and the immediate neighborhood. They blamed the "measles spots that did not come out," and a female neighbor ventured to say that the spots lodged in the baby's liver. Juana blamed herself bitterly for taking Lara to the *hilot* instead of a doctor, and also blamed the house they lived in and the bad luck associated with it, because it was not blessed after construction. Two other sad incidents had occurred there: a sister had lost her mind and a serious family quarrel had taken place. Juana was now convinced that the house was not fit for human occupation.

Notes

[1]When beri-beri was a common illness in the Philippines, Tiki-Tiki vitamins was an effective cure. Beri-beri is characterized by yellowing of the skin.

[2]*Usog* is a belief similar to the evil eye. People can *usog* babies by admiring them, speaking to them, or holding them when coming in from the hot sun. No evil is intended, however.

[3]*Pilay* – an illness peculiar to the Filipino belief system, believed to be caused by a muscular or bone sprain, manifested by cough and fever, and cured by a *hilot's* massage.

JUNJUN

Born: May 28, 1982
Died: April 13, 1983 (10 months and 15 days) from measles and bronchopneumonia
Mode of feeding: Bottlefed in hospital for one week, then breastfed until death

JUNJUN was the first child of Sylvia, 17 and Tito, 18. Sylvia and Tito, neighborhood sweethearts, were married three days before Junjun was born, as Sylvia's parents did not want her to be an unwed mother. Junjun was born early, at 34 weeks gestation, and weighed only 2.2 kilos. He was kept in the hospital nursery for one week, although not in an incubator. Sylvia stayed in the regular ward during this week and was unable to see Junjun since there was no viewing window at the nursery.

Sylvia was born and raised in Manila, but Tito had migrated from the province with his parents at age 15. Sylvia had completed ten years of school (a high school graduate), while Tito had completed six years. Sylvia would have continued on to college if she had not become pregnant. She had had aspirations of taking up criminology and becoming a policewoman, and Sylvia's parents had wanted their children to have a better life and not end up as vendors like themselves, so they sent their children to school. Sylvia's early marriage disappointed them. Also Tito did not have a job when they

married, which concerned them. This meant that the couple would live with her parents and there would, therefore, be two more people to support.

In the hospital, right after Junjun was born, Sylvia said she wanted to breastfeed so her baby "will grow strong and energetic." She planned to breastfeed as long as she had milk because her mother had breastfed all her children; "like mother, like daughter," Sylvia said.

During her prenatal check-ups at the large maternity hospital where she also delivered, Sylvia said she had not received any infant feeding advice. However, her mother, who was still breastfeeding Sylvia's youngest brother, a two-year old, had advised her to breastfeed.

The two went home from the hospital to a crowded block of houses near a big market in Manila, within walking distance of the hospital. They lived in a neighborhood of vendors located right behind stores and small vending stands. Two blocks from their home was a smaller private hospital. Also in their neighborhood were a drugstore, a college and an elementary school. A vacant space in the neighborhood, similar to a central courtyard, allowed children to play and adults to engage in gambling or lottery games near their homes. It was an unsanitary place, like the rest of the community. The congestion of the homes and marketing activities nearby, with its piles of refuse from discarded meats, fruits and vegetables and swarms of flies, made the place dirty and foul-smelling. Rotting fruits and vegetables were carelessly thrown into the streets. Pigs

for sale were tied to vending stands, wallowing in their excreta and the moisture collecting around them. Worst of all, the whole place became muddy, with standing pools of water, when it rained.

Junjun's household of twelve members lived in one small windowless room on the first story of a house located on a dark and tiny alley. They cooked, ate and slept in that room. At night Junjun slept with his parents on the wooden bed that was suspended from one wall. Beneath this bed, on a mat spread on the floor, slept his young maternal grandparents (40 years old) and his two-year-old uncle. The rest of the household, Sylvia's four other siblings, a 25-year old male cousin and a 62-year old aunt, as well as the family dog, slept on mats on the remaining floor space, "packed like sardines in a can," Sylvia told Belle, the field interviewer. During the daytime, the mats were rolled up, exposing a floor that was quite dirty from so many people coming in and going out. A television set, a stereo set, two electric fans and a large cabinet containing their personal effects took up the rest of the space. It was so cramped that Sylvia entertained the field interviewer there only once, pleading embarrassment. The rest of the visits were either in the market or just outside the room.

All of the adults in Junjun's household sold vegetables in the market and jointly earned an average of 560 pesos (US$75) per month. All were fond of Junjun, but because he was not the only baby in the house, they did not dote on him. His grandmother was the only person, besides his parents, who paid the baby much personal attention.

Because there was no toilet in their house, the family used public facilities in the market. A fee of 15 centavos (US$0.02) was charged per use, and a cleaning woman kept the toilets clean. Bathing was done in a private bathroom jointly built with close kin of the family. It was a small structure of cheap plywood and tin scraps; its floor was made of broken cement blocks and wood. A large drum held the water. Each household entitled to its use had a key because the bathroom was locked when not in use. Laundry was done near the public faucet in the market where water was also collected for household use. The faucet was set so low to the ground that a hose was attached to make access to the water easier.

Drinking water was fetched from the public faucet and carried in uncovered pails. Once home, family members dipped pitchers, which were not always clean, into the pail of water.

Garbage from neighborhood homes was dumped into large steel garbage containers near the market or into canals and along the sides of streets. Waste water was thrown into canals that ran from the homes to the market, and then into the sewers below.

Junjun's diet during his first month consisted of breast milk and Tiki-Tiki vitamin. When Belle made her first home visit to Junjun, before he turned one month old, his grandmother held him up and showed him proudly to her, telling her that the reason Junjun was healthy was because she gave him Tiki-tiki vitamin and exposed him to the sun every morning.

Belle observed that Junjun's mother and grandmother had scabies, although they said that it was "prickly heat." When Sylvia breastfed her baby, scabies were seen to be covering her breasts.

After Junjun turned one month old, Sylvia resumed vending in the market. He was left at home with a family member, and when he cried, someone went to tell Sylvia and she came home to nurse him. Contrary to the Filipino belief prohibiting breastfeeding when one has worked, Sylvia believed that it was safe for her to breastfeed because vending did not require physical exertion. "I just sit in my stall and hand vegetables to the customers," Sylvia reasoned.

Junjun continued to receive breast milk and Tiki-tiki during his second month of life. Sylvia said she thought her baby was small but not thin. She said that Junjun suffered from frequent *kabag* (wind or gas pains) which made him cry a lot and want to suckle continuously at night, depriving her of needed sleep. To remedy the gas pains, certain home remedies were administered, such as rubbing *aceite de manzanilla* on Junjun's abdomen and nose, and putting cigarette ash in his navel to induce burping and to pass the intestinal gas. He was also made to wear long cotton pajamas during the day to lessen the chances of air entering his body through the natural openings and pores of the skin. Bundled up this way in their windowless room, Junjun looked uncomfortable and hot most of the time.

It seemed that some members of Junjun's household were always observed to be slightly ill, such

as his grandmother who suffered from hypogastric pain during one visit. She came in from vending in the market and crawled under the wooden bed to lie down. Sylvia's two-year old brother, though still breastfeeding, was not very healthy, for he refused to take other food. He was pale and suffering from sore eyes. Sylvia was also pale from working all day and not sleeping well at night.

When Junjun was almost three months, Sylvia started staying longer in the market but still went home to nurse her baby when he was hungry. Sylvia was concerned about Junjun's lack of weight gain and decided to change his vitamin preparation to a multivitamin. Junjun's small size did not go unnoticed by the neighbors. Once when Junjun's grandfather was holding him outside their home, a young man carrying an infant from his family approached. The young man compared the two infants and, turning to the field interviewer, said, "You see how small Junjun is and he is breastfed. My baby is bottlefed and you see how much bigger he is. You really should stop visiting Junjun and visit my baby instead because my baby is bigger and healthier." Junjun's grandfather felt insulted and a heated argument ensued and stopped only when Sylvia arrived.

Just as Junjun was turning three months old, he had a bout of fever for two days which Sylvia explained was caused by *pilay* in his arm due to improper carrying by those who took care of him when she was in the market. This was treated with Tempra® and taken to a *hilot* for a massage. Sylvia had much faith in the traditional treatment of illnesses. Her own mother and an

elderly aunt who lived with them knew a lot of home remedies for minor ailments which they used on Junjun frequently. Sylvia was so confident about her mother's knowledge and experience that she saw no need to take Junjun for check-ups and immunizations.

Sylvia started taking Junjun to the market with her, occasionally. She usually vended the whole afternoon, after lunch, when other family members were taking their siesta at home. When Junjun wanted to sleep, she would put him down on the counter of an empty stall beside their vending stand.

After Junjun turned three months, more variety was added to his diet. He started receiving calamansi (a citrus) juice (a tablespoon in water two or three times a week) when it was made for the adults. He was also given bits of biscuits dipped in water and tastes of *taho* (sweetened soy bean dessert) about two or three times a week. These were given to test the baby's appetite for semi-solid foods. Junjun seemed finally to be putting on some weight. His family proudly claimed that he was *matakaw* (greedy, had a healthy appetite) and that the earlier comparison made between him and the bottlefed baby in the neighborhood no longer held true. Sylvia, herself, was pleasantly surprised about the change, for she had expected Junjun always to be small.

Her mother encouraged her to continue breastfeeding because she said it was good for Junjun and more economical. Sylvia believed that Junjun was thriving because she offered him her right breast more than her left. She explained that, "right breast contains

rice while the left breast contains only water." She took pride in Junjun's development. He was sleeping better at night, no longer crying continuously as before, and she was able to get more sleep.

When Junjun was three-and-a-half months old, Sylvia decided to stop taking him to the market and to shorten her vending hours and stay home with him. She no longer wanted to leave him, sometimes alone, in the house because she was afraid his soul might be stolen by an evil spirit. She explained, "I am afraid Junjun might be taken by a *maligno* (ghost or spirit). You know, when a *maligno* takes a liking to a person, that person's soul is taken away and he dies. The spirit changes the trunk of a banana tree into a corpse that looks like the dead person and exchanges it for the real corpse. The person whose soul was taken, although dead in the physical world, is alive in the spirit world and retains his real body. But the body we see left behind is nothing more than the trunk of a banana tree. I don't want this to happen to Junjun."

During his fourth and fifth months, Junjun seemed to be doing well, but his parents were not getting along. Their youth and immaturity caused them to quarrel often over trivial matters. Sylvia said she didn't particularly like what she described as her husband's "bossy ways", ordering her to do certain things for him. His anger was aroused when she did not obey him, but because they were staying with her parents, he could not hit her, "even if he wanted to," she said. Tito was still unemployed and would hang around with his *barkada* (a tightly knit group of

friends) all day instead of taking care of Junjun or helping Sylvia vend in the market.

At almost six months, Sylvias' parents complained that they were finding it hard to feed themselves and Sylvia's family. They often ate vegetables, since this is what they sold, but they could not buy other foods. Sylvia and Tito were ashamed that they could not buy their own food. Junjun's diet remained the same, and although he was older, he seemed to be eating less. Breast milk and water were all he took regularly. *Am*, (rice-water), *lugaw* (rice-porridge), mashed potato and *taho* (sweetened soy bean curd) were seldom given. Once they gave him two sections of a *dalanghita* fruit (a small native orange) "to make his bones strong," but this was not repeated, for they did not buy oranges again. Sylvia felt bad about this and once told the field interviewer, "If only I had enough money, I would buy my baby food, maybe even Cerelac® and other delicious baby foods."

No serious illness befell Junjun before he turned six months, though he had a slight cold. The cold went untreated for Sylvia thought of it as an ordinary ailment. Junjun also suffered from mosquito bites at this time. Whereas the market was regularly sprayed for mosquitoes, the neighborhood where the vendors lived was not included.

Sylvia and Tito continued their childish quarrels, and because they were ashamed of the burden they were causing Sylvia's parents, the risk of another pregnancy was avoided. Sylvia slept with Junjun while Tito slept on their vending stand in the market.

At six months Junjun had a serious bout of fever, diarrhea and cough which lasted a week. Sylvia brought him to a doctor who prescribed medicines for the diarrhea. His diet still consisted mainly of breast milk, but a small amount of calamansi juice was given to him every morning "to make his bones strong," upon the advice of his grandmother. She was still the most influential person in Junjun's feeding. She urged Sylvia to continue breastfeeding "because," she said, "bottlefeeding causes babies to have bad breath." Out of shame for their dependency on her parents, Sylvia again increased her hours in the market and usually brought Junjun with her.

When Junjun turned seven months old, his young parents' relationship had deteriorated to the point of a temporary separation initiated by Sylvia's mother, who said that "their quarrels had grown too frequent." Tito went to live with his parents, started working in a factory, but did not give any money to Sylvia. Sylvia claimed that Junjun started waking up and crying "for no reason." "This happens when Tito is thinking of him," she explained. Junjun became thin during his eighth month due to more illness and insufficient supplementary feeding. He had a cold for five days and was taken to a private doctor who prescribed medicines. Two weeks later he had diarrhea and fever again. Sylvia took him to the nearby public charity hospital where he was born and they confined him there for three days, during which time he received only dextrose. The hospital bill was 180 pesos (US$24). The diarrhea must have been caused by careless feeding in the market when Sylvia took him there. The field interviewer had observed that when Junjun would cry, Sylvia and her friends would pacify him with bits of unwashed market food from the vending stands. They offered it to him with dirty hands, and if it fell, it was picked up and given back, even if it had fallen to the ground.

Junjun's diet stayed the same during his eighth month, but Sylvia tried to reduce her daytime breastfeeding because Junjun bit her nipples, since he was teething, and she fed him only when he cried hard and could not otherwise be pacified. She was trying to get him on other foods, such as a little rice now and then, some egg yolk, some banana and biscuit. Sylvia's mother said egg yolk would make Junjun grow fat and kill his desire to bite her nipples during teething, but Sylvia said she was too lazy to boil eggs very often. It is more probable that the family could not afford to buy eggs.

One week after Junjun turned eight months old, he had his second bout of diarrhea, only two weeks after his previous attack. His mother treated it with Polymagma® tablets and mashed banana, the latter traditionally believed to harden stool. This ailment lasted for a day only, but the following day, Junjun had cough, colds and fever which lasted for three days. Sylvia gave him Kemicetine® suspension, a prescription for cough and cold left over from Junjun's previous illness. One day after the onset of the cough and cold, rashes appeared, and Sylvia thought Junjun had measles. She treated him with a traditional medication for measles. She boiled *kolantro* seeds then used the water in which the seeds were boiled to sponge his body. She gave him some hot *kolantro* water to drink

and followed it with breastfeeding. Despite the heat of the day, Sylvia also dressed him warmly in a long-sleeved cotton shirt and pajamas and wrapped him with a blanket to induce sweating "so the measles would come out." This ailment turned out not to be measles, which Junjun had later, but one of a variety of viral illnesses common to the Philippines involving fever and rashes, locally called *tigdas hangin*, or "wind measles."

At the same time that Junjun had these ailments, Sylvia herself was suffering from influenza. Both her mother and her youngest brother were also unwell. All of these sick people were in the same room with Junjun, sweating and feeling uncomfortable because the electric fans were not switched on, in keeping with the belief that moving air is bad for illness.

These ailments caused Junjun to lose weight which he never regained, because he was still fed the same small amounts of food. Sylvia added coffee, with milk and sugar, to Junjun's diet, which came from his grandmother's glass, for Sylvia believed that it helped to quench his thirst and improve his appetite. She wanted desperately for Junjun to grow fat, and Sylvia's mother advised her to feed Junjun a variety of foods so he would not be "choosy" when he grew up, but Sylvia felt she could not afford to buy a variety.

At ten months, Junjun suffered from another bout of diarrhea accompanied by vomiting. Three days after its onset, Sylvia took him to the same public charity hospital where he was born and had been confined only two-and-a-half months earlier for diarrhea. The doctor

advised confinement again, but Sylvia's mother convinced her not to confine him, saying that the baby's illness was not that serious and was only due to teething. Sylvia was also concerned about the expenses she would incur if she confined him, as she would have to pay for certain medicines and treatments. Also, when a baby is confined, a family member must stay at the hospital with the child, and Sylvia felt she had no time to do that. Since Sylvia was taking him home, the hospital advised giving the child Oresol®, a rehydration fluid. Sylvia also withheld breastfeeding for 12 hours upon the advice of her mother who said it would make the Oresol® more effective if it did not have to "compete" with another substance. When the Oresol® ran out, Sylvia gave Junjun Pedialyte® from a drugstore. Junjun was sick with diarrhea for nine days. He became pale and thin and had the look of a malnourished child. The field interviewer expressed her concern about his appearance and Sylvia promised to take good care of Junjun so he would improve.

Three days after Junjun recovered from diarrhea, he fell ill again with a cough and continuous high fever which Sylvia treated with some leftover Kemicetine® in the house. Sylvia never completed a course of prescription antibiotics medicine, but rather gave only small amounts and saved some from the bottles in case Junjun should become ill again, so she could reduce her expenses. By the third day Junjun was no better and his eyes had turned reddish. Finally Sylvia took him to the Health Center. The doctor told her that Junjun was coming down with measles. He prescribed some medicines to make Junjun more comfortable and told Sylvia to take him home and keep him quiet. That after-

noon, Junjun had a convulsion, foam appeared in his nose and mouth and spots erupted on his abdomen. Sylvia and her mother, frightened, decided to rush him to another government charity hospital. They did not want to return him to the government charity hospital where they had taken him twelve days earlier because the staff there had warned them that if he were not confined, he might get worse. Sylvia and her mother now felt ashamed that they had not hospitalized him at that time and did not want to lose face by returning him there. They were afraid they would be blamed and scolded for Junjun's worsened condition, not fully realizing that this was another disease.

When they arrived by taxi at this second hospital, they were turned away on the claim that there was no room for the baby. With the unconscious baby in her arms, Sylvia and her mother cried in desperation for they could not think where else to take him. The taxi driver, who had waited for them, suggested taking Junjun to a large private university hospital in the vicinity. When they got there they were again turned away on the claim that the hospital does not accept highly communicable diseases. The hospital suggested two other government hospitals, but Sylvia and her mother said they did not know where those hospitals were. They pleaded with the staff that Junjun be admitted and he was. They placed Junjun in the emergency room where dextrose and oxygen were administered. Other drugs were prescribed as well. In order to pay for all of these, the payment of which was required immediately, Sylvia's family borrowed money from their neighbors, money that they required to buy their goods for the

market. But all was in vain, as Junjun died the next morning of measles and bronchopneumonia.

Junjun's bill for medications alone amounted to 1,200 pesos (US$160). Knowing that the family was poor, the hospital waived the other charges. The family held a twelve-day wake for the baby, and the funeral expenses, which amounted to 1,600 pesos (US$213) was contributed by their sympathetic vendor neighbors and friends. Six months later Sylvia and her husband were together again, perhaps drawn closer by the tragedy of Junjun's death and Sylvia was again pregnant.