Obstetrics in Colonial Philippines

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Abstract

A historical background on the practice of obstetrics in the Philippines dating back to as early as the 18th century when the Philippines was a colony of Spain, towards the American regime in the early 20th century was provided. Online search of the Analytics in the Department of Science and Technology (DOST) Online Public Access Catalog, particularly the earlier issues of the Philippine Journal of Science, first published in 1906, was done, retrieving the works of the father of Philippine obstetrics, Fernando Calderon. A manual searching of the library collection of the Science and Technology Information Institute was also done, retrieving the rare two volumes of Scientists in the Philippines that featured a full length biography of the first lady physician in the country, Honoria Acosta-Sison.

The results of the study showed the dominant influence of the Spanish friars on all aspects of life including socio-medical. Midwives received direct instructions from priests. The friars wrote manuals on how to assist women at birthing, which although ludicrous, were obeyed to the letter. This study of early medical literature in the Philippines educates the world in the feminist tradition of pain.

Background of the Study

As early as the Medieval Period until the 17th Century, labor and birth pains were viewed as punishment for the sin of Eve and correspondingly a punishment inherited by all women. This belief have been adopted by the early Philippine society due to being a dominately Christian country. In effect of this, pain and suffering during birth giving was viewed as a norm. Obstetric practices in the Philippines have not significantly improved until the turn of the 20th century- the time of American colonialization. During the ancient times, Filipinas endured the pains and fought for their lives just to survive parturition. At the event of birth complications, women were made to drink concoctions made from fecal matter, animal insides and various types of herbals. They were also asked to perform various rituals as adopted from the influences of the Spaniards and the Chinese. In effect of this, the process of giving birth during the 19th century have made Filipinas endure tremendous pain and deal with an experience that caused their lives.

This research elaborated on secondary data derived from scarce literatures describing obstetric practices in the early Philippines. The documented experiences and observations of the father of Philippine Obstetrics Dr. Fernando Calderon, were
significantly related to socio-cultural and theological frameworks of pain and child birth, Jewish, Spanish and Chinese obstetric traditions. A manual searching of the library collection of the Science and Technology Information Institute was also done, retrieving the rare two volumes of Scientists in the Philippines that featured a full length biography of the first lady physician in the country, Honoria Acosta-Sison. The current status of obstetric practices in the country was correlated to the aforementioned accounts and were interpreted based on the study's theoretical framework.

**Socio-Cultural Background**

Pain is a sensation that is closely connected to mental and cultural dimensions. It must be distinguished from suffering as it is a type of feeling that is not associated with tissue damages. Suffering is an emotional and evaluative reaction to a particular cause and is normally painless in nature. Throughout time, pain has become a norm that is pursued and glorified throughout history most especially by clinical masochists (Glucklich, 2001, p.11).

Discourses on pain all over the world and throughout history have been pervasive and oblique as ancient medicine particularly in ancient societies and communities are leaning towards the elaboration of the cause of pain. Religious scriptures, sermons, teachings, biographies and writings of mystics, saints, monastic guides, theologians together with their myths and rituals have discussed pain in a paradoxical and counterintuitive fashion (Rafferty, 1997). Modern society's interpretation of pain might have been primarily leaning towards the problem of evil, as evident on both Christian and Jewish traditions of the West that is highly inculcated in the Philippine culture.

Cultural theorists such as Michel Foucault, Julia Kristeva, Luce Irigaray, Gilles Deleuze, and Felix Guattari explained the notion of pain by interpreting the individual as a member of a community, and consequently discussion of pain always involve social relations of power and ideologies. In effect, such situates pain in a particular time and place. For instance, transcultural models explain the very essence of pain to be rooted primarily in discourse or the union of both culture and individual experience (Gluklich, 2001).

Cultural theorists interpreted pain as more of a subjective disposition that came about as a result of power relations. It normally follows a one-directional flow wherein pain narratives record the development of such in relation to a moral agency such as the act wherein a person uncovers her guilty conscience as a result of society's aggression.

**Theological Background**

The Philippines being a predominantly Catholic country have been treating the notion of pain as religious in nature; God's punishment of Eve through the pain of childbearing (etzev) that came about as a form of punishment from enticing Adam to eat the forbidden fruit (Klein, 1998). The Hebrew word etzev refers to suffering of Eve as she labor to give birth. The metaphors of distressed hoisted from the Books of the Prophets revealed the notion highly accepted by ancient Philippine society in childbirth. The Talmud explained that a pregnant woman is like a house with lock doors which prevented the embryo from leaving. The process of unlocking these doors can only happen if women kneel during the process of giving birth.
The cries of women in childbirth is believed during the fifth century to be much painful (i.e. heard from one end of the world to the other) when the aforementioned bears a girl than a boy. The Talmudic rabbis also rationalized that it is only the righteous who can escape the repercussions of their sins during giving birth. In effect of this, the Talmud maintained that those women who died during the process only mean that they have to pay for their own faults since they fail to observe their religious duties. A sage of early Talmudic period explained that as a result of Eve's punishment, she must undergo ten dimensions of pain: affliction during menstruation, pain of giving birth, the need to take care of their offspring for two years and the affliction to menopause. Other sufferings that women must undergo are coined to her subservience to her husband until her death (Klein, 1998).

Medieval Jewish mystics in Spain used biblical verses and interpreted it in a manner that would explain the laborious and painful process of birth. Thus the Zohar viewed the female dimension of the godhead (Shekhinah) as a pregnant hind which only opens when the supernatural snake that is accountable for all evil bites her to allow her to give birth. In consequence, the snake bite causes the woman pain and the pain is necessary in order to deliver her child (Rafferty, 1997).

**Paganism and the Role of Midwives**

The midwives or as they go in the country's vernacular language- "Hilot" or "Salag" are the ones who assisted women in the process of childbirth. It is often the case that these people are self-taught therefore lacking the education and at most experience and only executed the process of giving birth through observation. The lack of experience of the Filipino midwives during these times was further worsened by superstitious beliefs that are normally associated to childbirth. For instance the position of the moon, appearance of comets, the flow of tides, the direction of the wind, the influence of heat and cold all contribute to the Hilots' guide in terms of providing Filipinas appropriate measures during their pregnancy (Calderon, 1908). These complications that arise during pregnancy could be traced back to Greek medicine, Egypt and Mesopotamia wherein cause of diseases are attributed to magic and various supernatural agencies (Loudon, 1997). In Egypt, diseases were thought to be caused by malignant demons while Greeks attribute it to the supernatural.

The Roman encyclopedic Cornelius Celsus claimed that diseases were ascribed to the wrath of gods. Such premise could also be traced at the opening book of the Iliad, wherein the plague that decimates the Greek army besieging Troy represents the wrath of the god Apollo in punishment for Agamemnon's arrogant treatment of the priest Chryses (Loudon, 1997). Since Filipino midwives are very superstitious in nature, when mothers encounter complications such as dystocia, Hilots rely on nature in order to save the aforementioned. The presupposed failure of nature to save the mother was thereby attributed to malignant spirits or "Aswang", which is believed to enter the woman's uterus to eat the fetus. In cases of abortion, the Hilot attributes such to another spirit called "Patianac" or an animal that enters the genitals of women to devour the fetus during the process of conception (Calderon, 1908).

The role of midwives in early Philippine obstetrics and the value placed upon them by the Philippine society could be traced way back in the Jewish tradition wherein during the Talmudic times; midwives' skills are highly valued. Midwives during Jewish
antiquity assisted the laboring woman by allowing her to lean on them as she squat through the process of giving birth. Also, midwives are expected to be righteous as they also help in alleviating the woman's fears and consequently assure her that God would answer her prayers through encouragement, a prayer or incantation (Klein, 1998,). For instance, during the 14th century the Pharaoh trusted the midwife “Shiphrah” to deliver his children (Klein, 1998). As such, for the Jews and the Egyptians, a midwife is a wise woman and righteous woman who play a very important role in the society.

However as the demand for midwives increased in ancient Jewish communities and childbirths already outnumbered skilled Jewish midwives, the society opted to hire Gentile midwives which undergo the entire process of childbirth through the supervision of the women in the household as compliance to the Talmud which states that non-Jewish woman must never be left alone with a woman who is about to give birth since she will harm the baby (Klein, 1998). From this period until the advent of modern science, stories of women who cast spells to open or close the womb are prevalent. These stories came about due to midwives primarily using incantations, amulets and special recipes for their practice. As such when the process of childbirth ends in tragedy, the attending midwife is accused of evil powers and incompetence (Rafferty, 1997)

**Philippine Obstetrics during the Spanish Era**

In 1565 when the Philippines was conquered by the Spaniards, childbirth practices of missionaries and friars primarily replaced the traditional methods adopted by Hilots. Since missionaries and friars were assigned at various villages where they erected their respective parishes, they have become the source of answers to both spiritual and physical problems of the Filipinos. According to the documentation of Calderon (1908) based on the work of Father Pablo Clain S.J. called "Easy Remedies for Various Diseases" published during 1710, a woman who was about to give birth must first sneeze through her nostrils through the aid of *verbo apoplegia* or a powder made from mustard seed and pepper. From there, the mother must be given a spoonful of mass wine in water while the midwife must anoint her abdomen with warm coconut oil mixed with *escobilla* juice, which modern researches claimed to be poisonous in nature (Driemeier, et. al., 2000).

Various herbs were also rubbed at the mothers' abdomen in the process of massage. Hilots often used *excobill, mallows, castiogan root* leaves and *costmary* and even used galls of black hen to anoint the navel. Friars also made women drink animal excrements such as those of mouse that was dissolved in warm wine or water. In order to widen the opening of the uterus, friars advised to place *duferro* stone to the lower part of the thighs which can only be removed once the placenta had already expelled.

Ways to take care of new born babies, most especially if they are weak were also discussed by Clain (1710 as cited from Calderon, 1908). He said that warm Castile Wine must be drunk by mothers and their abdomen must be placed a piece of toasted bread sprinkled with hot mass wine, powdered cloves, cinnamon and nutmeg. It appears to be that Clain (1710 as cited from Calderon, 1908) believed that even after the new born had already been delivered, the biological connection of the mother and the baby were not yet cut as such instead of treating the baby directly, cure was being done at the mother instead (Calderon, 1908).
In instances of Breeched Birth or the type of birth in which the hands or feet of the baby comes first, friars suggested that the midwife must push back the baby inside. During this process, the mother were told to lie on their back having her legs raised, after which the midwife must gently press the abdomen near the epigastric region or the breast and make the baby turn its face towards the back of his mother (Calderon, 1908).

Other remedies that were used for Breeched Birth consisted primarily of oral-induced remedies such as having the mother drink the milk of a nursing woman, drinking costmary juice in strong wine. Mothers are also made to drink a decoction of ruiz oriental, palasan and panara that is dissolved in water. Bezoar taken from a deer or wild hog that is burned on a potsherd and dissolved in a small amount of wine or water is also given. Throughout history, bezoars were believed to posses extraordinary properties as it served as a universal antidote against any poison. Other unhygienic oral fixatives were also given to mothers in order to have the child turn to its preferred delivery position. Dog urine, horse or cow excrements that were dried, crushed and mixed with water were also provided. Animal wastes were believed to be useful in cleaning the uterus to expel a dead infant. Early Philippine obstetric tradition also believed on the role of gems, as mothers were also made to hold jasper stones in instances of difficult birthing process (Calderon, 1908).

The Spaniards introduced Catholicism in the country as soon as it was colonized in 1564. Prayer and atonement are two duties that the Spaniards have made Filipinos to follow, consequently have stressed for women who was about to give birth. Prayers were recited before and during labor, and made women beg for their sins to be atoned.

In the Jewish tradition, psalms were recited during delivery, most specifically Psalm 20, which is being recited to the laboring woman to make her focus her thoughts on God. The Psalm's nine verses were related to the nine months of pregnancy, and consequently, the seventy words that made the aforementioned were used to symbolize the seventy pangs of labor (Klein, 1998). Prayers that specifically linked the connection of the suffering of childbirth and the sin of Eve were also used during child bearing. This made the woman more aware of her mandatory endurement of pain and suffering and made her view the need for piety and charity as vital for easing her disposition. The Noli Me Tangere of Jose Rizal (1887) described the importance of prayer and atonement for wealthy Filipino families. Madamme Pia, the mother of Maria Clara in Noli Me Tangere have spent almost everyday praying the rosary at the Virgin Mary asking for the atonement of her sins and a successful delivery of her child.

**Philippine Obstetrics as Influenced by the Chinese**

Even before the Spaniards have conquered the Philippines, the Chinese have been trading with the country, until the Chinese pirate Limahong have attempted to dominate the country in 1574 that led to the massive massacre of Chinese by the Spanish army (Schirmer and Shalom, 1987). The position of China's Celestian Empire relative to the Philippines have paved way for Chinese medical practitioners to settle in some islands within the country which eventually influenced obstetrics practices owing from various superstitions. As a result, Filipino physicians adopted methods that were introduced by the Chinese immigrants (Calderon 1908).

Due to the wide influence of Chinese medical practitioners among early Filipinos, some opted to use Chinese drugs that are made available to quack doctors in public
markets as during these times Chinese medical practitioners have gained so much fame and fortune, hence creating its own sort of unique and effective form of promotion among Filipinos (Calderon 1908).

There were various influences brought about by the Chinese as to the development of Philippine obstetrics. For instance handkerchiefs were used to cover the lines which indicate difficult birth. The Chinese believed that upon doing such, mothers can finally gain a sense of control over the birth process and be able to deliver easily. Heated bricks on the other hand were used to expel wind and cold from the womb. Everytime the mother experienced difficult birth which resulted from a pain in the stomach or abdomen, bricks that were warmed through fire were placed over their bellies (Calderon, 1908).

The Filipinos also adopted Chinese beliefs regarding the foods to be avoided while in the process of giving birth. According to the aforementioned, chicken broth should not be given to mothers as it has wings, implying capacity for flight. The element of wind is normally avoided owing from the Chinese belief that wind entering the female body when pregnant is detrimental. Women who are menstruating were also not allowed to enter the lying-in room due to the notion that her effluvia might be transmitted to the patient, hence creating complications (Calderon, 1908).

Husbands also have a role to play to ease mothers’ child birth process; they were required to step over their wives three times in order to ease her delivery. In some cases, a piece of clothing worn by the father was tied to the woman's hair in order to have the man's smell elicit the fetus to emerge at once (Calderon, 1908).

The hair of the mother was also tied in a tight know in order to prevent hemorrhage. She was also not allowed to sit down as such was feared to cause her spirit to escape from her body (Calderon 1908).

Chinese methods also required that the umbilical cord must not be cut until the placenta had been expelled as this was feared to embrace the heart and eventually kill the patient. In effect of this, the new born child was often left between the mother's thighs still wrapped in sebaceous matter, meconium, amniotic fluid, blood and feces. Once the placenta was expelled, it was then cremated and administered to the patient. The umbilical cord was eventually burned where its ashes were used to remedy stomach ache among children.

When parturient had become very difficult, it is a Chinese custom to have a chicken killed, cut open and eventually placed to the mother's breast to keep her alive. Other Chinese superstitions have also influenced how parents view the destiny of their child. In China, it is believed that when the fetus has coils of the cord around the neck, the boy is believed to become a great man. This state of affairs have so much weight that it could be traced back from history that Chinese Mandarins and other high positioned people have bands covered with various symbolic ornamental dragons wrapped around their bodies (Calderon, 1908).

**Philippine Obstetrics at Present**

In the Western Pacific region, the Philippines is one of the countries which has the highest ratio of maternal mortality, having 172 maternal deaths for every 100,000 live births (Department of Health, 2008). More than a hundred years since accounts of early obstetrics practices of the Philippines had been accounted by Calderon (1908), it should
be the case that change and development in maternal disposition of Filipinas should be in place. Albeit, despite the advocacies of the United Nations, the government, non-government units (NGOs) and other sectors of the society, maternal mortality in the country remains to be in an unacceptably high level. According to the Maternal and Neonatal Program Effort Index (2002) around 4,100 to 4,900 women and girls die every year due to complications that arise due to their pregnancy. In addition, 82,000 to 147,000 Filipinas experience the negative consequences of the complications that they have experienced during pregnancy and childbirth.

Common causes of maternal mortality experienced a century ago still exist. Complications such as obstetric fistula, injuries, infections and disabilities could be prevented by providing appropriate health interventions. In addition, part of the advocacy to promote maternal health must include societal and cultural factors affecting Filipinas’ access to health services. The relatively low disposition of women in most rural and depressed areas, their access and control over their family's financial resources together with limited educational opportunities, poor nutrition and lack of power to decide from themselves, further aggravate pregnancy outcomes (MNPI, 2002).

Service capacity of emergency obstetric care units only rested on 37 out of 100. The figure below shows the capacity of health centers and district hospitals in the country.

**Figure 1: Service Capacity of Health Centers and District Hospitals in the Philippines**

Both health centers and district hospitals have low service capacity rates. The figure above shows that partograph or the tool used to determine the progress of labor during childbirth is the lowest, while the transportation and function rooms have the highest level of capacity (Maternal and Neonatal Program Effort Index, 2002). Due to the scarce amount of medicines and the lack of appropriate facilities, machines and equipments, a lot of mothers in the Philippines, most especially in the remote areas are still facing the same difficulties and morbidity a hundred years ago.
The study of Rogan and Olvena (2004) showed that ninety-four percent of women in the Philippines have not generally sought-for professional medical assistance during pregnancy. Only sixty percent of women who delivered during the last five years have received support from a health professional. The lowest percentage of maternal care was seen in the Autonomous Region of Muslim Mindanao (ARMM) wherein only eight-five percent of prenatal care and only twenty-one percent of professional delivery assistance were documented. In relation to this, only forty-eight percent received postnatal care. Incidents of high pregnancy medical assistances were seen in the cities such as the National Capital Region (NCR) wherein ninety-seven percent of maternal health utilization together with ninety-seven percent for both prenatal and delivery care and seventy-six percent for postnatal services were documented. In the rural areas, ninety-three percent only received prenatal care while fifty-six percent received assistance in delivery.

In terms of age group, women aged between 30-34 years old were the ones who have been availing the above mentioned services, while those who were grouped at the 15-19 age bracket availed less. It is with this respect that it could be noted that age together with the preconceived notion of knowledge in terms of available maternity care was only seen among relatively older women (Rogan and Olvena, 2004). The figure below showed the rate of maternal mortality from 1993-2006.

**Figure 2: Maternal Mortality Rates from 1993-2006**

![Maternal Mortality Rates from 1993-2006](image)

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FPS = Family Planning Survey; NDHS = National Demographic and Health Survey;
NDS = National Demographic Survey.
Source: National Statistics Office.
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It could be implied from the figure above that despite various attempts of the government to improve maternal health such as the Internal Revenue Allotment fund and the National Health Insurance Act of 1995, maternal mortality rate have not significantly decreased. Based on the 2006 Family Planning Survey of 2006, mortality rate lied at 209 to 162 for every 100,000 live births in which data showed that such improvement is insufficient to meet the Millenium Development Goals of the United Nations of 53 for every 100,000 births by 2015.
Asian Development Bank et.al (2008) argued that the incidents of high deaths among mothers were caused by an interplay of various variables: high fertility rate, low average age at first delivery, too narrow pregnancy spacing, poor nutritional status of mothers, and the poor overall access of women to reproductive and basic health services (Asian Development Bank et.al, 2008). It could be noted though that despite the Philippines' total fertility rate have been declining from six in 1973 to 3.2 in 2006, such is still relatively high compared to its neighboring countries such as Brunei, Indonesia, Singapore, Thailand and Vietnam, where average total fertility rate is only 2.5. Fertility rates of Filipinas have been viewed by (Asian Development Bank et.al, 2008) as affected by their education and status in the society (Asian Development Bank et.al, 2008). For instance women in NCR only have a fertility rate of 2.8 which is relatively low compared to remote provinces such as Occidental Mindoro, Oriental Mindoro, Marinduque, Romblon and Palawan (MIMAROPA) of 5.0.

**Summary and Conclusion**

Early obstetrics in the Philippines had its theological, historical and cultural roots. The influence of the Spaniards have paved way for both the pseudo-medical practices performed by midwives during parturition together with the practices performed by mothers prior and during giving birth. The theological roots of the way pain during delivery was dealt-at by ancient Filipinas could be traced back on the Jewish traditions that were adopted by the Christian framework. The Chinese people and the ancient Filipino's relationship with them as a trading and business partner have influenced early obstetrics in the country as well. The role of the midwife together with her influence have greatly shaped early Philippine obstetrics as they have become the source of knowledge, cure, and were instruments to bring-forth new lives to the world.

Enduring pain and suffering during ancient obstetrics in the country was viewed not only as a norm but as a virtue. In effect of this, Filipinas have endured the suffering brought about by absurd, unsafe and mystical practices that were done by early Filipino midwives. Despite a couple hundred of years have passed since debunking of early Philippine obstetric practices, few Filipinas still experience the safety and comfort of parturition that is experienced in developed countries. In remote areas in the country, the role of the Hilot is still greatly sought-for hence increasing of morbidity rates in the country.

**Recommendations**

To significantly improve the disposition of obstetrics in the Philippines, a conscious attempt on the implementation of existing policies in terms of inculcating gender sensitivity in early childhood and basic education curriculum. There must also be a constant review of policies within the educational system together with various practices that should eliminate discrimination among women. Government dedication in terms of financial assistance to increase free health professional consultation, maternity clinics, pre natal and post natal care, facilities and equipment must be actualized.
References


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i Sida carpinifolia- Belongs to a group of plant-induced phenotype which resembles lysosomal storage diseases.

ii Hibiscus abelmoschus- is an annual tropical herbaceous plant that has medical properties for its capability to heal snake bites. It is also anti-spasmodic in nature and can be used externally. This herb can also be used as an insecticide and be an aphrodisiac.

iii Impatiens balsamina- is a species of Impatiens that are used to treat disease and skin afflictions; the leaves, seeds, and stems are also edible if cooked. Juice from balsam leaves treats warts and also snakebite, while the flower can be applied to burns to cool the skin.

iv Tanacctum balsamita is a plant which can be an astringent and serve antiseptic purposes. They can also be used for treating disorders of the stomach and head.