

Traditional and Modern Practices Enhance Health Knowledge of the Bagobo Tribe

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Abstract - Using interviews and community discussions, this paper sought to determine the health practices of the Bagobo in the Malagos watershed, particularly the confluence between the modern and indigenous. This paper discusses why despite the high-level of acceptance of modern health practices introduced by health workers, the Bagobo have not ended traditional ways of making themselves healthy. Instead, they have combined the traditional and modern practices to enrich their health knowledge. The decision to fuse the two is a consequence of what facilities and materials are available to them in the area. The Bagobo have fully embraced modern ways in some aspects of their life-cycle such as maternal and child care, however their indigenous ways particularly circumcision, child-delivery, and the use of medicinal plants still prevail.

Keywords - Bagobo, health practices, indigenous knowledge, Malagos watershed

INTRODUCTION

In the Philippines, medical beliefs and practices among indigenous communities persist because they answer instrumental and moral imperatives of the society and are found empirically effective. This is not to say that such beliefs and practices are effective from the standpoint of western medicine, or that they always bring about the desired results. This paper documents the traditional and modern health practices of an indigenous people, the Bagobo, of Malagos watershed. Special attention is given to the confluence between these two knowledge systems on health. Analysis rests upon the enduring indigenous health practices in the context of modernity.

The Malagos Watershed is located within the foot slopes of Mount Apo Natural Park particularly in Calinan. It is a 235-hectare aquifer declared a protected water resource area (Davao City Water Code 2001) anchored on Presidential Code 1067 or the Philippine Water Code of 1976. Calinan to Dacudao, Calinan to Malagos, and Sirawan in Toril District are declared protected water resources under the Implementing Rules and Regulations of the Davao City Water Code of 2001 (Braga, 2008).

Predominantly, the place is populated by the Bagobo who accounts for 81 percent of the ethnolinguistic groups in Region XI's 493,643 ethnic population (NCIP 2005). In the Davao region, latest statistics from NCIP's official website reveals a total population of 292,153 Bagobo mostly living in the hinterlands of Mount Apo.

Trip to the Philippines' highest peak

The Bagobo are proud people with proto-Malayan features. A strong social structure has enabled the group to blend well with the main body politic while retaining their indigenous customs, beliefs, and values. While many are in economically depressed circumstances, a great number have attained a considerable degree of self-sufficiency. Most of the Bagobo have suffered dislocation from the loss of their ancestral lands and the effects of modern day insurgency (NCIP 2008). Also according to the National Commission of Indigenous (NCIP), the Bagobo is further classified into subgroups, the Tagabawa found in the provinces of Davao del Sur and North Cotabato, the Guiangan/Clata of Davao City, and the Ubo of Davao del Sur and Davao City. Ubo is a Manobo sub-group found between the more isolated mountains

of Southwest Cotabato in the area called Datal Tabayong and farther down Davao del Sur.

The Bagobo are swidden farmers. They plant upland rice, root crops, and vegetables for subsistence. Sometimes they forage the nearby forests for wild game. Drilling of free flowing wells in water resource areas is prohibited, including massive land activities that could affect the utilization and protection of water resources. Sanitary landfill, cemetery and underground oil storage tanks are also not allowed in identified water resource areas. No person is also allowed to engage in the business of drilling or operating wells, whether test wells or production wells, without first registering as well driller or operator with the Council.

Participant-observation was used in this study, specifically Participatory Rural Appraisal (PRA) method together with interviews both using structured questionnaire and key informants. Data were triangulated using focus-group discussion. This form of investigation enabled the Bagobo to share and analyze their indigenous health practices, vis-à-vis modern concepts. Primary data and information gathered were analyzed qualitatively and quantitatively. Secondary data were taken from the local government unit concerned.

Maintaining wellness, combining modern and indigenous knowledge

In maintaining a healthy living, the Bagobo people have to deal with common illnesses which include fever, cough, colds, diarrhea, chickenpox, amoeba, pneumonia, measles and skin-boil (matagtiki). (see figure 1 below) Discussions reveal that fever, cough and flu are prevalent all year-round but peak during the rainy season, June to August. Allergies and other skin diseases are very common during the same period when most of the forest trees and plants bear flowers; diarrhea in August and September—when fruits have gone ripe; and diarrhea in December when there are lots of food prepared for the yuletide season.

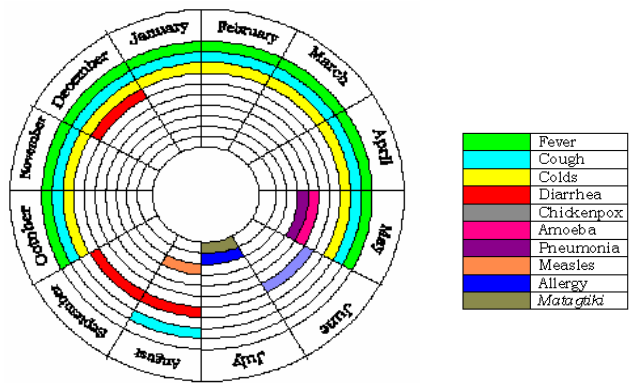


Figure 1. Year-round Seasonal Calendar of Common Illnesses of the Bagobos in Malagos Watershed Area

Other than these common ailments, the Bagobo have to deal with other health concerns specifically those surrounding the life-cycle. In this regard, interviews point out the influence of external sources of health knowledge, primarily brought about by the creation of the health center in the community.

The Health Center has succeeded in enticing the Bagobo to use artificial family planning methods. Interview reveals that more respondents use artificial family planning methods than natural methods. (see table 1) Discussions also reveal that the Bagobo privilege medicines provided by the health center before they use herbal medicines sourced out from nearby forests. Separate discussions also confirmed the use of indigenous knowledge in controlling childbirth by utilizing herbal plants. Elderly Bagobo are the sources of this knowledge. Presently, it is unusual for them to utilize these plants because most of them avail of the artificial contraceptive materials given free by the community health center.

Table 1. Distribution of respondents by family planning method

Planning Method	Frequency	Percentage	Frequency	Percentage
Natural	31	39		
Rhythm			24	77.78
Calendar			2	7.41

Continuation of Table 1

Withdrawal			5	14.81
Total			31	100
Artificial	49	61		
Pills			30	60.98
IUD			5	9.76
Depo			6	12.20
Condom			0	0.00
Ligation			7	14.63
“Herbal”			1	2.44
Total			49	100
Total	80	100		

The situation in child delivery is different with more *bagobo* women giving birth at home assisted by comadrona or paramedics. (see Table 2) Discussions point out that these women prefer the paramedics based on these reasons: hospital is quite far from their community; hospital fees are beyond their reach; and the advice of elders on child delivery at home with an attending comadrona is still preferred. This jibes with the research finding of the World Health Organization’s Reproductive Health and Research which says that there are only 59.8 percent of skilled birth attendants in the Philippines. The great gap in the number is filled by traditional birth attendants.

Table 2. Distribution of respondents by child delivery practices

Child Delivery Practices	Frequency	Percentage
Hospital with an attending doctor	19	23.19
Lying-in clinic with an attending midwife	12	14.49
House with an attending comadrona	50	62.32
Total	80	100

Infant feeding practices are dominated by breastfeeding mainly because most of them cannot afford the commercially sold infant milk. (see table 3) Discussions reveal that this information is an aggregate of past child feeding practices of families who now have grown up children and of those families who are currently practicing any of these child feeding practices with their

children. The Bagobo mothers prefer breastfeeding not for its health benefits but simply because it is the most economic way of feeding their infants.

Table 3. Distribution of respondents according to infant feeding method

Infant Feeding Method	Frequency	Percentage
Breastfeeding	54	68.12
Mixed	21	26.09
Commercial	5	5.80
Total	80	100

A combination of indigenous and modern practices is very evident in the Bagobo's maternal and child care. (see table 4) While they seek professional medical attention during their pregnancy, the Bagobo mothers still practice some traditional ways which include: seeing a comadrona to check the health of their unborn; allowing the comadronas to "position" their babies in a "proper place" by massaging their tumescent womb. They do this particularly when the baby is detected to come out *suhi* (breech birth); and they also believe that the comadronas are excellent in identifying the gender of their babies in the womb which the latter does by simply sizing up the mother's womb, looking in her eyes and skin complexion.

Discussions point out that the Bagobo husbands prepare protection materials against *aswang* (blood sucker) during the last trimester of pregnancy of their wives. They hang several pomelo or calamansi branches around the house especially at the room where the expectant mother sleeps or stays. They believe that with these protection materials, the evil can be kept away.

Table 4. Status of health practices of the Bagobo in Malagos watershed area in terms of maternal and child care

No.	Indicators	Mean	Description
1	Doing regular prenatal check up with the health professional	4.32	Highly Practiced
2	Ensuring clinically safe labor and delivery	4.00	Highly Practiced
3	Proper caring of new born baby	4.25	Highly Practiced
4	Management of common diseases of infants	3.42	Practiced

Continuation of Table 4

5	Proper feeding and weaning of infants	4.41	Highly Practiced
Overall Mean		4.08	Highly Practiced

Legend:4.50 – 5.00 Very Highly Practiced; 3.50 – 4.49 Highly Practiced; 2.50 – 3.49 Practiced; 1.50 – 2.49 Fairly Practiced; 1.00 – 1.49 Not Practiced

The Bagobo of Malagos believe that they practice good nutrition. (see table 5) Discussions point out that they eat rice or corn and vegetables regularly, and their typical meal includes only one viand. Fruits are usually not included in their regular meals, because they only eat these when they are in season. Also, members of the family, regardless of age (except infants), drink coffee every morning before they start their daily activities. They believe that as long as they are able to eat and relieve themselves from hunger, they have enough nutrition.

Table 5: Status of health practices of the Bagobo in Malagos watershed area in terms of nutrition

No.	Indicators	Mean	Description
1	Keeping a balance diet.	3.32	Practiced
2	Taking vitamins and other food supplements.	2.33	Fairly Practiced
3	Eating three (3) meals a day	4.46	Highly Practiced
4	Doing regular exercise at least twice a week for at least 30 minutes.	2.97	Practiced
5	Getting right amount of time to sleep or rest.	4.57	Very Highly Practiced
Overall Mean		3.53	Highly Practiced

Legend:4.50 – 5.00 Very Highly Practiced; 3.50 – 4.49 Highly Practiced; 2.50 – 3.49 Practiced; 1.50 – 2.49 Fairly Practiced; 1.00 – 1.49 Not Practiced

Although they still cling to some traditional practices, the Bagobo highly practice personal hygiene. (see table 6). The researcher observed that the Bagobo in the area are well-groomed; they look and smell good. During the FGD, it was confirmed that majority of the elders practiced taking a bath

every day. Children too are bathed regularly to keep them away from disease-causing germs and viruses.

Table 6. Status of health practices of the Bagobo in Malagos watershed area in terms of personal hygiene

No.	Indicators	Mean	Description
1	Maintenance of toothbrush of every member of the family	4.03	Highly Practiced
2	Taking a bath everyday to keep one's body clean	4.44	Highly Practiced
3	Hand washing before and after every meal and every after use of toilet	4.33	Highly Practiced
4	Tooth brushing at least twice a day	3.09	Practiced
5	Ear cleaning and nail cutting regularly or as often as necessary	3.32	Practiced
	Overall Mean	3.53	Highly Practiced

Legend: 4.50 – 5.00 Very Highly Practiced; 3.50 – 4.49 Highly Practiced; 2.50 – 3.49 Practiced; 1.50 – 2.49 Fairly Practiced; 1.00 – 1.49 Not Practiced

While some of the Bagobo women embrace modern ways of making themselves healthy, these ways are, however, fairly practiced. (see table 7) Discussions show that during early times the Bagobo women used cloth lining (*pasador*) during menstruation but are now using sanitary napkins during heavy menstrual flow. Also, the participants confirm that some of them take a bath even when they have menstruation. They believe that is highly hygienic and can keep them clean and fresh.

Table 7. Status of health practices of the Bagobo in Malagos watershed area in terms of promotion of women's health

No.	Indicators	Mean	Description
1	Maintaining proper hygiene during menstruation	3.77	Highly Practiced
2	Annual pap smear	2.00	Fairly Practiced
3	Using vaginal wash	2.04	Fairly Practiced

Continuation of Table 7

4	Undergoing mammogram examination	1.65	Fairly Practiced
5	Choosing an appropriate and effective family method	2.23	Fairly Practiced
Overall Mean		2.34	Fairly Practiced

Legend:4.50 – 5.00 Very Highly Practiced; 3.50 – 4.49 Highly Practiced; 2.50 – 3.49 Practiced; 1.50 – 2.49 Fairly Practiced; 1.00 – 1.49 Not Practiced

The Bagobo also use modern ways of disease management by undergoing basic medical checkup, following the prescribed vaccination/immunization doses, proper management of chronic and infectious diseases, taking of medicines prescribed by doctors, and giving palliative care to ailing family member. (see table 8). Discussions confirm that they are not ignorant about primary health care and/or home remedies. When a member of the family shows signs and symptoms of an illness, they are always able to generate the cure through medicinal herbal plants and oils used. They also acknowledged the use of modern medicine or over-the-counter drugs available in the market especially when they are not satisfied with the use of herbals.

Disease management among the Bagobo follows three main fields of medical behavior: the popular sector; the folk sector; and, the professional sector. When symptoms of illness is still at the early stage, the patient or other family members consult the advice of other members of the community especially the opinions of the elders regarding the disease. The elders are expected to be knowledgeable in finding the cure for certain illnesses because of their long experiences in managing diseases. When curing procedures at the popular sector do not meet the needs of the patients, the patient or his/her extended family may opt to seek the intervention of folk healers for cure. The Bagobo in Malagos watershed area believe in the effectiveness of modern health care system but they opt to seek doctors only when their medical concerns are extremely serious. They said that the main deterrence for seeking proper medical checkup is still the high cost of professional medical service.

The Bagobo who participated in the FGDs generally agreed that most of them succumb to traditional folk healers or *babaylan* in the community even if the signs and symptoms of a disease get worst. They also confirmed that the services and free medicines handed by medical missions and free clinics in the village center are still not enough to serve their needs for proper medical

and health service. Presently, the Malagos Watershed area has only 1 Village Health Worker.

Table 8. Status of health practices of the Bagobo in Malagos watershed area in terms of disease management

No.	Indicators	Mean	Description
1	Undergoing basic medical check up regularly	2.94	Practiced
2	Following the prescribed vaccination/immunization doses	4.01	Highly Practiced
3	Proper management of chronic and infectious diseases	3.54	Highly Practiced
4	Proper handling and taking of medicines prescribed by the doctors	3.93	Highly Practiced
5	Giving palliative care to ailing family member	3.96	Highly Practiced
Overall Mean		3.68	Highly Practiced

Legend: 4.50 – 5.00 Very Highly Practiced; 3.50 – 4.49 Highly Practiced; 2.50 – 3.49 Practiced; 1.50 – 2.49 Fairly Practiced; 1.00 – 1.49 Not Practiced

The Bagobo still cling to the traditional way of circumcising their children. In this case, the *pakang* method is widely used. (see table 9) This rite of passage is done usually by letting the boy sit astride a banana log into which a wooden plug is inserted as an “anvil.” The traditional rite is only a super-incision or dorsal slit, removing no tissue (but with variations).

Discussions reveal that only 2 experienced grown-up men in the area perform this traditional circumcision practice. These elder men chew up guava leaves and spew out the juice into the wounded area of the penis. Mothers take care of their boys at home. They use the concoction made from heavily boiled guava and *gabon* leaves as antiseptic wash. The FGD participants also confirmed the strong held belief of this community practice that prohibits girls to peek at a wounded penis or it can cause the organ to look like a *kamatis* (severe swelling resembling a tomato), an infection. They also believe that the newly circumcised boys should not walk over *iti sa manok* (chicken manure) as this can prolong the healing process.

Table 9. Distribution of respondents according to
circumcision practices

Circumcision Practices	Frequency	Percentage
Hospital with an attending doctor	15	25.00
Lying-in clinic with an attending midwife/nurse	8	13.33
Traditional <i>pakang</i>	37	61.67
Total	60	100

Despite the presence of a health center in their area, different medicinal plants are used by the Bagobo to counter minor pains, itchiness, burns and other common bodily ailments and the ways to prepare and apply them. (see table 10) Discussions confirm the reliability and effectiveness of these common herbal plants in curing minor diseases. These herbal plants are made known to them not exclusively within the bounds of their community but even through knowledge sharing with the mainstream Christian communities nearby. These plants grow abundantly either in the forest or right in their backyard gardens.

The information regarding the efficacy of a particular herbal plant usually emanates from testimonies of elders who have tried and proven the herbal plant’s “therapeutic” wonders. They are very influential in the extent of use of these herbal plants. In should be noted though that the curative effects of these herbs were tested on a trial-and-error basis. The knowledge and skills on the curative application of any given herbal medicine has been handed down from generation to generation. (DOH, 2008)

The comadrona-participants in the FGD confirmed that most of these herbal plants especially *gabon*, *guava*, *hilbas*, *ispada-ispada*, and *domokkot* are planted in their backyards to ensure enough supply for use in attending child delivery and administering traditional post-partum care.

Table 10. Medicinal herbal plants used by the Bagobo
in Malagos watershed area

Herbal Plant	Target Disease	Preparation/Method of Use
Mayana (<i>Coleus Scutellarioides</i>)	Cough	Extract the juice of the leaves then drink a spoonful at least 2x a day
Lagundi (<i>Vitex Negundo</i> L.)	Cough	Drink a decoction of leaves liberally
Tawa-tawa (<i>Euphorbia Hirta</i> Linn)	Cough, Fever & Dengue	Drink a decoction of the plant liberally
Kila-kila	Stomach ache	Drink a decoction of leaves liberally
Anonang (<i>Anana Reticulata</i> Linn)	"bughat" & cough	Drink a decoction of barks liberally
Kugon	Fever	Drink a decoction of bulb liberally
Ispada-ispada	Wounds	Pill the outer layer of leaves and apply to the wounded part
Pagana flower	Appetizer	Drink a decoction of flower liberally
Panyawan (<i>Tinospora Rumphii</i> Boerl)	Itches	Steam or set directly on fire the panyawan leaves and crushed outer layer of the vine then apply to the affected area
Gotocola (<i>Centalla Asiatica</i>)	High blood	Drink a decoction of leaves liberally
Guava leaves (<i>Psidium Guajava</i>)	Wounds	Wash the wounded area with the heavily boiled concoction of leaves
Avocado leaves (<i>Persea Americana</i> Mill)	Diarrhea	Drink a decoction of the leaves liberally
Domokkot	Wounds	Obtain the leaves extract and apply to the wounded part
Banaba (<i>Lagerstroenii Speciosa</i>)	Kidney trouble	Drink a decoction of leaves liberally
Hilbas (<i>Meutha Arvensis</i> Linn)	Fever	Drink a decoction of leaves liberally
Aswetes (<i>Bixa Orella</i> Linn)	Muscle strain	Cover the affected area with leaves
Tuba-tuba (<i>Introphia Cureas</i>)	Stomachache & arthritis	Cover the affected area with leaves
Bagon	Skin allergies	Wash the affected area with boiled leaves and roots
Dulaw (<i>Curcuma Xanthorrhiza</i> Naves)	Snake bite	Obtain the extract of dulaw and apply to the bitten part

Continuation of Table 10

Gabon (Synsepalum Dulcificum)	Wounds	Wash the wounded area with the heavily boiled concoction of the leaves
	Fever & other body pains	Drink or bath a decoction of the leaves liberally
	Colds and other respiratory ailments	Use the leaves as inhaler by placing them on top of a hot water

Aside from using herbal plants to counter minor health problems, the Bagobo people also use medicinal herbal oils and other oil-based mixtures to cure certain minor ailments. (see table 11)

Discussions conform to the Bagobo’s heavy use of these coconut oil-based medicinal herbal mixtures. According to them, these mixtures are generally applied topically to the affected areas. Commonly, the *babaylan* (medicine man) prepares these mixtures during Holy Week or during high noon of Good Friday. This practice adheres to the traditional Filipino superstitious belief in *anting-anting* (talisman). The FGD interactions also reveal that the elders are highly regarded as experts in this field due to their vast experience in home remedies.

Table 11. Herbal oils and other oil-based mixtures used
by the Bagobo in the Malagos watershed area

Herbal Oils	Target Disease	Method of Use
Pure Coconut Oil	Body pains and muscle strains	Massage to the affected area
Buyo (Piper Betle L.) leaves with pure coconut oil	Body pains and muscle strains	Massage to the affected area
Kinagis nga Madre Cacao (Gliricidia Sepium) plus pure coconut oil	Skin allergies	Apply to the affected area
Dulaw (Curcuma Xanthorrhiza Naves) with pure coconut oil	Body pains and muscle strains	Massage to the body
Pangilog with pure coconut oil	Body pains and muscle strains	Massage to the body
Herbabuena (Mentha Cordifolia Opiz) with coconut oil	Body pains and muscle strains	Massage to the body
Pure coconut oil with “36 roots from the forest”	Body pains and muscle strains	Massage to the body

Continuation of Table 11

Tubli (Derris Elliptica Benth) plus coconut oil	Stomach ache	Boil the plant and mix with the coconut oil then massage to the abdomen area
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The Bagobo also cling to alternative treatment aside from the ones they get from health centers and hospitals. (see table 12) Based on the results of random interviews as well as from the FGDs, the Bagobo in the area have realized the importance of preserving their natural or folk healing practices. They are threatened by the gradual extinction of these worthwhile and time-treasured heirlooms of their forebears. They have also realized that these traditional healing practices are loosely adhered to by most of the younger generations nowadays due to their fast adaptation to modern medical breakthroughs and discoveries.

Table 12. Status of health practices of the Bagobo in Malagos watershed area in terms of use of natural or alternative treatment

No.	Indicators	Mean	Description
1	Use of herbal medicines to counter minor pains, itches, burns and bruises	3.94	Highly Practiced
2	Use of locally processed medicinal mixtures made from coconut oil, alum, roots, and barks	3.52	Highly Practiced
3	Seeking the help of hilot or albularyo in times of pain or and discomfort as symptoms of an illness	4.10	Highly Practiced
4	Chewing beetle nut (mama) to fight tooth decay and gingivitis	3.42	Practiced
5	Meditating in the middle of the forest to free oneself from suffering or illness	3.30	Practiced
Overall Mean		3.66	Highly Practiced

Legend: 4.50 – 5.00 Very Highly Practiced; 3.50 – 4.49 Highly Practiced; 2.50 – 3.49 Practiced; 1.50 – 2.49 Fairly Practiced; 1.00 – 1.49 Not Practiced

The Bagobo people are also concerned with promoting the mental health of their people. (see table 13) This is evident in their effort to maintain the

peace and order of their area. Discussions reveal that there is no reported case of severe psychological disorder in their area. They purport that they do not expect anybody in their community to be psychologically ill because everybody looks after the total welfare of anyone. They know each other very well and they treat each other with respect and dignity.

Discussions further point out that despite their poverty they are a happy people During Sundays all of them close their houses and go to church usually from 8:00 AM to 12:00 noon. On Sunday afternoons, most of them return to their houses to rest. But most of the men gather themselves around the *purok* (community center) to play basketball or share freshly gathered tuba (coconut wine) and/or *impeng* (a local name for a popular brand name of a brandy). Also, no single case of heinous crime ever happened in Malagos Watershed. There may be instances of petty quarrels and stealing of fighting cocks, but these conflicts were amicably settled in the tribal council of elders.

Table 13. Status of health practices of the Bagobo
in Malagos watershed area in terms of promotion of mental health

No.	Indicators	Mean	Description
1	Bringing out and talking freely about any sleeping or eating disorder experienced by a family member	3.99	Highly Practiced
2	Minding closely family members to keep away from prohibited drugs	4.33	Highly Practiced
3	Keeping their house away from abuse or violence	4.32	Highly Practiced
4	Counseling any family member who is depressed and anxious	4.19	Highly Practiced
5	Promoting mental health through maintaining a positive disposition and living a happy life	4.45	Highly Practiced
Overall Mean		4.26	Highly Practiced

Legend:4.50 – 5.00 Very Highly Practiced; 3.50 – 4.49 Highly Practiced; 2.50 – 3.49 Practiced; 1.50 – 2.49 Fairly Practiced; 1.00 – 1.49 Not Practiced

CONCLUSIONS

Modern health practices introduced by health workers in the Bagobo community have not ended their traditional ways of making themselves healthy. Instead, they have combined the traditional and modern practices to enrich their health knowledge. The decision to fuse the two is a consequence of what facilities and materials are available to them in the area. The creation of a health center and its success in promoting modern health practices is evident in the use by the Bagobo of various artificial family planning methods to keep their family size small. Although their women give birth at home attended by a comadrona, they still undergo the recommended maternal care provided by the health center. They seek the service of a comadrona because she is more affordable, easy access compared to the nearest hospital, and they feel more secure having known her personally.

The community also practices good nutrition, personal hygiene, proper maternal and child care, proper disease management, promotion of mental health, and practice promotion of women's health. On the other hand, their being traditional is evident in having their boys circumcised through the traditional *pakang* method (using knife). The training of local *manunuli* (folk performing circumcision) continues until now. They also use indigenous medicinal plants to cure common ailments often mixed with coconut oil. The abundance of medicinal plants found in the nearby forests has facilitated the continuing use of traditional medicine.

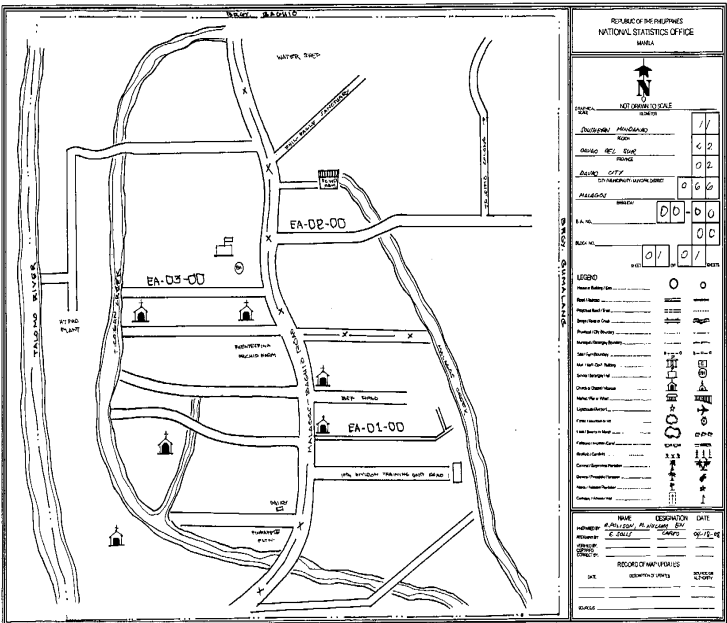
The Bagobo are now aware that germs could make them sick. It does not diminish their beliefs, however, on supernatural spirits which could also make them sick more than giving them droughts, floods and other forms of miseries and joy, as well. The continuing influence of folk healers in the Bagobo community attests to this.

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LEGEND

Watershed Boundary
Perimeter Road

Fig. 2. Map of Village Malagos