

Use of traditional and alternative medicine in children on Guam

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Abstract

Beliefs and practices regarding traditional and alternative healing have not been widely studied on Guam. In particular, little attention, on Guam or elsewhere, has been focused on children's use of non-conventional medicine. In this 1995 study, the parents of pediatric patients at a private outpatient clinic were surveyed regarding their use of traditional and alternative healers for themselves and their children. The purpose of this study was to gather data regarding the extent to which local patients, particularly children, visit non-conventional healers, and to examine factors correlating with such use. The study showed a very high usage of traditional Chamorro and Filipino healers. Almost 44% of the children in the sample had been brought to a *suruhanos* (Chamorro traditional healer) or *hilots* (Filipino traditional healer) in the preceding year, usually at the recommendation of another family member. Fifty-nine percent of the parent-respondents themselves visit traditional healers, at least "rarely". Chamorro children were most likely to have respiratory symptoms which would be treated with oral or nasal herbs and massage by *suruhanos*; Filipino children were most likely to have fever or musculoskeletal complaints which would be treated by massage with coconut oil by *hilots*. Ethnicity and parental use of a traditional healer either as a child or an adult were the only factors examined which clearly correlated with the child's use of a traditional healer in the previous year. Parental sex, age, and village of residence did not appear to be related. Almost three-quarters of the children brought to a traditional healer also saw a medical doctor for the same illness, usually prior to

seeing the traditional healer. Very few children in this study (3%) had been brought to a Western-style alternative healer (e.g. chiropractor) in the preceding year, although there are several such practitioners on Guam. Possible reasons for the persistence of traditional healing on Guam are discussed as well as areas for future investigation.

Introduction

This survey was conducted to learn more about the health-related beliefs and practices of the people of Guam, specifically regarding the nature and extent of children's use of traditional and alternative medicine

Throughout this paper, the term "non-conventional" is used to denote care provided by healers who are not Western biomedical practitioners. The term "traditional healer" is used to refer to practitioners of indigenous, ethnicity-based healing approaches. "Alternative healer" is used to refer to practitioners of non-indigenous, non-biomedical approaches such as chiropractic, acupuncture, etc.

Guam is a tropical island located in Micronesia, home to some 140,000 people of diverse cultural background. Although a territory of the United States since 1898, the indigenous Chamorro culture is very much in evidence, as well as various imported cultures. The largest ethnic groups on Guam are the native Chamorros (approximately 38%), Filipinos (23%), and Caucasians from the U.S. (15%). The remaining inhabitants are mostly from Asia (mainly Japan, China, Korea) and Micronesia (mainly Pohnpei, Chuuk, Palau). Health-related beliefs and practices reflecting these cultural backgrounds, as well as the U.S. influence, are commonly encountered in clinical settings. Although ethnographic data on the practices of traditional Chamorro healers have been collected^{2,3}, relatively little data is available regarding the extent to which local patients visit traditional healers and factors, which might predict such use.

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sitates a trip to Hawaii or the Philippines. There are two hospitals, but one of these only serves military personnel. Despite having over 100 licensed medical doctors practicing on the island, Guam was declared a primary medical care health professional shortage area by the U.S. government in 1994 due to a relative shortage of primary care physicians combined with a high birth rate (121 births/1000 women aged 15-44). Several "alternative" medical practitioners are also available on Guam, including chiropractors, acupuncturists, and masseurs. *Suruhanos* and *hilots*, traditional medicine practitioners of the Chamorro and Filipino cultures respectively, are also available, though their precise numbers are unclear.

On the one hand, Guam is similar to the rest of the United States mainland in terms of the organization of its formal health care system, the education of its doctors, the influences of the popular media, and general socio-economic standards. On the other hand, Guam displays certain characteristics traditionally associated with less-developed regions, such as a high fertility rate, a traditional family-oriented culture (characterized by large extended families with respect towards one's elders) and a well-entrenched system of traditional healers. Thus when one tries to understand why a parent on Guam brings his or her child to a non-conventional healer, there are at least three areas of literature, somewhat overlapping, which may provide clues.

Background

A growing literature documents the widespread use of alternative medicine by Western patients. A 1993 paper by Eisenberg et al show that close to 30% of their adult patients had used some form of "unconventional therapy" in the previous year, based on a nationwide telephone survey.⁴ Relaxation techniques, chiropractic, and massage were among the most frequently cited methods⁴. Few studies have addressed these issues in children, but an exception is the survey by Spigelblatt et al. About the parents of almost 2000 pediatric patients at a general outpatient clinic in Quebec. Eleven percent had consulted an alternative practitioner for a child's illness; most had visited a chiropractor, homeopath, naturopath, or acupuncturist. The most common symptoms leading to such a consultation were respiratory, ENT, or musculoskeletal. The most important factors cited influencing the choice to turn to alternative medicine were word of mouth, fear of drug side effects, a chronic medical problem, and dissatisfaction with conventional medicine. Pediatric "users" of alternative medicine were statistically more likely than "non-users" to be older and have better-educated mothers who also tended to use alternative medicine⁵.

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There is also an extensive, largely anthropological literature on medical decision-making and treatment choice, why people select a particular type of health care or practitioner. Most of these papers examine either the choices made by minorities living in larger communities (e.g. African-Americans living in the U.S.) or the choices made by people in developing areas who are offered the option of Western biomedicine. Many factors have been implicated, and the importance of any particular one is undoubtedly context-dependent.

In many developing settings, practical considerations such as high cost and inaccessibility make seeking biomedical care a moot choice⁶. However other researchers have shown that even biomedical care which is freely available may not be utilized if it is viewed as "inconsistent with traditional health values, practices, and felt needs"⁷. In any case, cost and accessibility are unlikely to be critical determinants for the majority of middle-class residents of Guam; certainly they are not over-riding concerns for our HMO-based sample.

Other factors noted in the literature, which may be more relevant to our respondents, are beliefs regarding etiology⁸, degree of acculturation⁹, a poor "cultural fit" between the health beliefs and practices of patient and provider¹⁰, and the influence of social structure and kin networks. In any case, the interplay of these various influences and the progression of the illness tends to result in use of multiple resources, either simultaneously or sequentially, rather than exclusive use of a particular one. This pattern has been described by several researchers, both within the U.S. and elsewhere¹¹.

Little primary research has been done on Guam to examine utilization of traditional healers or treatment choices. Patrick McMakin's seminal 1978 paper, which provides a detailed ethnographic account of the beliefs and practices of Chamorro *suruhanos*, suggested use of *suruhanos* in modern-day Guam to be still quite common. He proposes several reasons for their continued popularity, including possible nutritional or medicinal effects of the herbal preparations, the therapeutic benefits of massage, and optimistic, personalized attention from the *suruhano* which may have positive psychotherapeutic effects. McMakin also points out that the Chamorro *suruhano* is able to thrive because he remains in the cultural and geographical setting to which he has adapted.² Although Guam has changed in many dramatic ways, the *suruhano* is still able to gather herbs and prepare remedies.

Ann Pobutsky Workman and her colleagues provide additional valuable ethnographic data based on a secondary analysis of survey data gathered during three health-related surveys between 1979 and 1985. They conclude that roughly a third of Guam residents seeks out traditional healing services, and almost all of these are Chamorro or Filipino. Several factors which may have helped traditional healing on Guam to survive are noted. Like McMakin, they point out that traditional healers provide services like massage and treatment for supernatural illnesses which physicians do not, that the herbs may have medicinal properties, and that the relaxed atmosphere and generally reassuring demeanor of the traditional healer may be themselves appealing and therapeutic. They also point out that the shared health belief system between ethnic Chamorros and their suruhanos helps ensure the continued viability of traditional healing on Guam¹².

Method

Data were collected during March, 1995, in a private clinic in the northern village of Dededo, where the author was employed as a general pediatrician. The clinic, an "open", nonprofit HMO, accepts all kinds of private insurance and self-pay patients, although Medicaid patients are not accepted. Each of the three full-time pediatricians is U.S. board-certified, and none of them nor the clinic staff practices any form of traditional or alternative medicine.

The pediatric nursing staff was briefed on the purpose and structure of a questionnaire and were asked to have every waiting parent fill it out, regardless of the purpose of the child's visit. However due to the hectic, sometimes chaotic nature of the pediatric outpatient setting, not every parent was offered the survey. Keeping track of what proportion of total visiting parents were asked to fill out the survey and how many parents refused also proved impossible. However, at the end of a three week period, 100 questionnaires had been completed and returned.

Parents were informed that filling out the questionnaire was completely voluntary and confidential, that it would have no bearing on the child's care at the clinic, and that the data being collected was to learn more about Guam's diverse healing practices, as well as for a graduate course in anthropology and publication. Only parents or legal guardians were asked to complete the questionnaire. Repeat visitors to the clinic administration and the Case Western Reserve University human subjects committee.

The questionnaire was designed to be self-administered. It was written in English, the island's common language, which most parents could speak and read adequately.

Clarification was available if necessary. There were 24 items which gathered general demographic data, as well as information on attitudes and practices of parents pertaining to alternative and traditional healers.

Four of the 100 questionnaires collected were excluded from analysis due to incompleteness or incomprehensibility. Data from the remaining 96 questionnaires were analysed using SPSS for Windows. Descriptive statistics and chi-squares were produced.

Results

Characteristics of respondents

Most of the 96 respondents were mothers (82%). Only two of the 96 were legal guardians, rather than biological parents. Eighty-seven percent of respondents were between age 20 and 39 years. Chamorros accounted for 45%, Filipinos 38%, and White U.S.-born 5%. Other ethnicities, including various Micronesian, Asian, and multiethnic respondents comprised the remaining 12%. (Table 1)

More than 95% of respondents had completed high school, and 27% had finished college as well. Parental occupation was quite varied; the highest proportion of respondents (20%) were employed in clerical or secretarial jobs.

Eleven percent reported staying at home with their children as their primary occupation, although several women left this question blank, so 11% is probably an underestimate. Two-thirds of respondents had GMHP insurance (HMO coverage which usually pays for everything, except a small co-payment in certain cases), 21% had Staywell (a private insurer which routinely requires subscribers to pay 20% of every cost), 5% paid all costs themselves, and the rest had various types of private insurance. Almost half (48%) of respondents were from the populous, northern villages of Dededo and Yigo, close to the clinic. The other half came from 17 other villages, all around the island. Forty-seven percent had lived on Guam for more than 20 years, while 20% were relative newcomers, having lived on the island for less than five years.

Health-related beliefs and practices

When asked whether certain illnesses are better treated by healers who are not "regular medical doctors", 34 of 84 respondents (41%) replied yes, 58% answered no, and 1% wrote in "I don't know". (Twelve people did not answer the question). Affirmative respondents were asked which illnesses might be more conducive to such non-conventional treatment. Musculoskeletal (33%) and respiratory illnesses (23%) were most frequently mentioned, although supernatural illnesses (11%) were also frequently noted.

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Table 1. Distribution of respondents by ethnicity (n=96)

Ethnicity	Number
Chamorro	43 (45%)
Filipino	36 (38%)
White (U.S. born)	5 (5%)
Other	12 (12%)

Survey respondents were asked whether they visit a traditional or alternative healer when ill themselves and whether they had as children. Forty two percent reported themselves visiting healers either often or sometimes as adults. As children, 68% had seen non-conventional healers either often (7%) or sometimes (61%), and 29% report never having gone.

Respondents were also queried about their top three sources of health information. Almost 70% named medical personnel as their first source of health information; and 44% cited medical personnel as being one of their top 3 sources overall. Relatives placed a distant second as the primary source of information, at 23.5%. Only 2% named traditional healers as their first source of health information, although 7% listed them as among their top three sources

The final question for all respondents asked whether they had taken their child to a non-conventional healer in the last year—43.8% replied yes (42/96). If non-Chamorro and non-Filipino parents are excluded (23% of the sample), the percentage of respondents who had brought their children to a non-conventional healer in the previous year increases to 48%.

Factors associated with use of traditional or alternative healers for children

Ethnicity and parental use of non-conventional healers were the factors most clearly correlated with bringing one's child to a traditional or alternative healer in the past year. Almost half of all Chamorro (49%) and Filipino (47%) respondents had visited a healer for their child, but one, 24% of the remainder had brought their child to a healer (Table 3). Use of a healer by the parent, whether as a child or an adult, also clearly correlated with the likelihood of bringing his or her own child to see a healer (Table 3). Parents who either currently saw healers or had visited healers as children were significantly more likely to bring their own children to healers than those parents who had rarely or never gone to healers.

Three other factors, type of insurance, parental education, and parental occupation, also appear possibly related, but the small numbers make this uncertain. Children covered by insurance which required a substantial co-

payment or whose parents who paid all medical expenses out-of-pocket seemed somewhat more likely to see a traditional healer than those children insured under plans which required minimal or no financial outlay from the parents. This difference did not reach statistical significance however. Increasing parental education and a professional parental occupation also tended to move toward a positive correlation, but numbers were too small to clarify significance.

Parental age and gender, village of residence, and number of years on Guam were not clearly related to whether a parent brought his/her child to a non-medical healer.

Information about the children brought to healers

Forty-two respondents (44%) reported bringing their child to an alternative or traditional healer in the previous year. Two-thirds of these children were boys, for reasons which are unclear. Age ranged from 6 months to 9 years, although the median and mode were 18 months and 70% were less than 2 years old. Almost 90% were referred to the healer by a family member (about half were specifically identified as either the parent's mother or mother-in-law).

A list of possible reasons why one would seek alternatives to conventional medical care was included in the questionnaire and respondents were asked to mark as many as applied. Most frequently cited were the advice of a family member (69%), no improvement with regular medical treatment (46%), and the desire to try something different (15%) or more natural (15%). Factors rated as relatively unimportant by most respondents (marked <10% of the time) included more personal attention, fear of drug side effects, prevention of sickness, cost, and convenience.

Seventy-two percent of these parents reported taking the child to a medical doctor for the same illness. Most children (79%) saw the doctor first; 17% reported seeing the doctor both before and after seeing the non-conventional healer. Half the parents who brought their children to see the doctor after the healer report telling the doctor about the child's visit to the non-conventional healer.

Information was also collected regarding the type of illness for which alternative treatment was sought (Table 4).

Table 2. Relationship of ethnicity to child's use of non-conventional Healer in past year

	Chamorro		Filipino		Other		Total	
Child saw Healer	21	(49%)	17	(47%)	4	(24%)	42	(44%)
Child did not see Healer	22	(51%)	19	(53%)	13	(76%)	54	(56%)
Total	43		36		17		96	

Over half of the children brought to healers (51%) had some sort of respiratory illness, 18.9% had fever, and 14% had some type of musculoskeletal complaint. Supernatural and ENT problems each represented 3% and the remaining 11% were miscellaneous other problems. Respondents were also asked about the duration and presumed cause of the illness, but relatively few answered. Illness duration ranged from less than a day to two months, with 75% of the illnesses lasting less than two weeks. Of the 9/42 respondents who alluded to a possible cause, three mentioned teething, two noted some sort of physical trauma such as a fall, and one each noted "germs", "sprain", "evil spirits", and the child being denied his wishes.

Most children (53%) were brought to *suruhanas* (female Chamorro traditional healers), although 10% were brought to male *suruhanos*, and 31% to *hilots* (Filipino traditional healers/masseurs- gender not specified). Two children (5%) visited a chiropractor and one child (3%) a reflexologist. No respondents reported bringing their child to an acupuncturist, another type of Micronesian traditional healer, or a religious faith healer.

Table 5 compares the frequency of the various treatments administered to the children who were brought to non-medical healers. Respondents could select as many as applied from a list of possible therapy as well as writing in others not on the list. Massage was the most frequently provided treatment (about 80%; 34/42), facilitated by use

of coconut oil about half the time. Herbal medicines were also frequently given; 55% of respondents reported their children ingesting herbs and 10% of children received herbal medicine intranasally. Holy water or objects, including the use of candles to drive away spirits were prescribed to about 12% of cases. Other treatments, as shown in the table, were prescribed much less frequently. There were clear differences in treatment prescribed depending on type of practitioner: no *hilots* used herbs and they were twice as likely as *suruhanos* to employ coconut oil with their massages. These differences may relate to the types of diseases which the respective practitioners are commonly expected to treat.

Differences between Chamorro and Filipino respondents

There were no significant differences between Chamorro and Filipino respondents regarding the extent to which they visited non-conventional healers for either their children or themselves. Nor did they differ much according to the reasons they offered for going to see such a healer. However, Chamorros and Filipinos appear to differ considerably in terms of what sorts of illness they expect their respective traditional healers to treat. Chamorro parents were much more likely than Filipino parents to bring a child with a respiratory illness to a healer (78% versus 20%). Conversely, the symptoms for which Filipino parents appear most likely to seek the attention of a *hilot* are either musculoskeletal (20%) or fever (19%), which is often related to a "muscle sprain" (*pilay*) in the Filipino understanding of illness¹³. In

Table 3. Relationship of parental use of non-conventional Healer to child's use in past year

Current parental use described as:	Often / Sometimes		Rarely / Never		Total
Child saw Healer	25	(63%)	17	(30%)	42
Child did not see Healer	15	(37%)	39	(70%)	54
Total	40		56		96

Parental use of Healer during childhood described as:	Often / Sometimes		Rarely / Never		Total
Child saw Healer	37	(57%)	5	(16%)	42
Child did not see Healer	28	(43%)	26	(84%)	54
Total	40		31		96

Table 4. Relationship of ethnicity to type of illness for which treatment sought

	Chamorro	Filipino	Other	Total
Musculoskeletal	1	3	1	5
Respiratory	14	3	2	19*
ENT	1	0	0	1
Supernatural	1	0	0	1
Other	1	9	1	11
Total	18	15	4	37

* Only 37/42 of the respondents who had taken their child to a healer indicated the type of illness for which they had sought treatment.

contrast only 6% of Chamorro children were brought to suruhanos for musculoskeletal complaints. Similarly, when asked which sorts of illnesses are best treated by traditional healers, 62% of Filipinos mentioned musculoskeletal illnesses; the most frequent answer given by Chamorro parents was respiratory illness (31%).

This apparent "specialization" appears to be reflected in the types of treatments which each provides. Hilots mainly provide massage, often accompanied by coconut oil, but were never reported administering herbs in this study (according to the literature, hilots do sometimes prescribe herbal remedies in the Philippines¹⁴). Suruhanos, on the other hand, may provide both massage and herbs, depending on the clinical situation. The herbs are thought to be crucial by many Chamorros for "bringing up the flema" which causes the child's "congestion".

All of the Chamorros in this study brought their children to suruhanos, without exception, but the Filipino parents appeared more eclectic. While the majority (71%) visited hilots, one parent each (6%) brought her child to a chiropractor and a reflexologist. Also, 18% (3/17) brought their children to suruhanos. It should be noted however, that 2 of these 3 children had Chamorro fathers.

Discussion

This study has several shortcomings, including its small sample size, possible recall bias, and the probable bias produced by conducting it at a pediatric clinic.

Comparing the results of this study with other studies which have examined the use of "alternative" healers in Western, middle-class samples, there seems to be relatively little use of practitioners like chiropractors and acupuncturists on Guam, at least among children in this sample. One might speculate that the wide availability of other "alternative healers" (i.e. suruhanos and hilots) make Chamorro and Filipino residents of Guam less likely to seek the services of yet another type of practitioner. However, due to the small

numbers and way in which the study was conducted, no firm conclusions may be drawn. It is quite likely that the factors which induce middle-class, mostly Caucasian Westerners to seek out health care beyond the conventional biomedical realm do not completely overlap with those which lead middle-class Chamorro and Filipino residents of Guam to seek the advice of a suruhano or hilot. For example, the "disenchantment with, and bad experiences of, conventional medicine practitioners," which Furnham proposed as a reason for people turning to alternative medicine did not seem widely evident in our sample¹⁵. Many respondents pointedly noted, either verbally or on the survey form, that they did not consider belief in and use of traditional medicine and biomedicine to be mutually exclusive.

A fundamental question underlying this study is why traditional healing thrives on Guam to such an extent, especially given the presence of competent and accessible Western medical facilities, at least for this sample. The results of this study, as well as the comments scrawled in the margins of several survey forms, suggest several possible reasons.

First of all, as Workman et al note, there continues to be a strongly felt need within the community for the services provided by traditional healers. In part, this need reflects ideas about etiology. Treatment for taotaomona sickness (supernatural illness caused by offending Chamorro ancestors), for example, is unlikely to be provided in any form by biomedical practitioners. The "need" persists however, even for more mundane ailments due to the wide disparities between the "explanatory models" of the patients and the medical practitioners. Each pays attention to different aspects of an illness and attach different meanings to particular symptoms. When a Chamorro mother brings in her young son for a wet, harsh cough, and confides her concern that the child's chest vibrates from the "flema" which he seems unable to cough or vomit out, I can only explain that the child's chest vibration is caused by transmission of the sounds of airway congestion and reassure her that the lack of fever, well appearance of the child, and clear breath

Table 5. Relationship of type of Healer to type of treatment given

	Suruhan/A	Hilot	Chiropract	Reflexology
Massage (total)	22	12	0	1
Massage with oil	6	11	0	0
Herbs by mouth	22	0	1	0
Herbs by nose	4	0	0	0
Use of holy water or objects	4	1	0	0
Spinal manipulation	0	0	2	0
Prayer	1	0	0	0
Return to place where illness began	1	0	0	0

Note. n=42, but respondents could select as many treatments as applied; many children received more than a single type of treatment.

sounds on auscultation indicate a minor cold. Similarly when a Filipino father reports that his daughter slipped and fell in the mall the day before becoming feverish, I can only offer sympathy for what appears to be an unfortunate coincidence.

Many Western health care practitioners do not even offer these minimal responses, because from a biomedical perspective, these concerns are clearly peripheral. We are specifically trained in medical school to hone in on "pertinent positives and negatives" in order to rapidly make an accurate diagnosis; parental remarks such as these are simply irrelevant to that goal. In a fast-paced clinic atmosphere, such concerns are even more likely to be ignored, as the primary concern of most rushed practitioners is to make an accurate diagnosis as quickly as possible, or at least to "rule out" serious illness with a comfortable degree of certainty. In any case, there are no rapid and efficacious medical treatments for upper respiratory infection, viral illnesses, nor mild musculoskeletal complaints; most Western medical doctors advise simple measures for symptomatic relief and try to reassure the patient the illness is benign and self-limited.

From the viewpoint of a concerned parent however, such advice may not suffice. Unlike most mainland U.S. parents, who have relatively few accepted alternatives to orthodox medicine, Chamorro and Filipino parents on Guam can easily seek an opinion from a respected traditional healer. Moreover, this survey suggests widespread encouragement to do so, particularly by older female relatives. Upon visiting the suruhano or hilot, parents invariably encounter an "explanatory model" quite similar to their own, as well as an "appropriate" treatment. The suruhano gives the "congested" child oral or nasal herbs which often cause vomiting, thereby assuring the elimination of the "flema" from the body. The hilot provides massage to treat the "pilay"

("muscle sprain") which is thought to cause fever. Within a short time, the symptoms resolve and the parents naturally attribute the "cure" to the intervention of the traditional healer, rather than the self-limited nature of the illness. The comments of one Chamorro mother written on the survey form are illustrative: "My daughter had a high fever and she was highly congested. I took her to her pediatric doctor and was given antibiotics. After three days and no result I took her to a suruhana and she was given a massage and fresh herbal medicine. After two days she recovered."

More education in the biomedical world view does not seem to assure that parents will into medical explanations. On the contrary, such education seems to "disenchant" the mysteries of modern medicine and makes its limitations even more apparent. Spigelblatt, in her study of alternative medicine use among children in Quebec, noted many "user" mothers were nurses or paramedical personnel.⁵ All five of the Filipino nurses in the clinic who have children freely admitted taking them to a hilot on occasion. Usually they did so when they suspected "pilay" or when an illness seemed atypical in some way (e.g. a fever which only affected a certain body part). One nurse wrote on the survey, corroborating comments made by several other parents, "Whenever a person goes to this traditional healer they have more faith in them than their doctors personally. I prefer bringing my kids to medical doctors first and follow whatever they instructed, it's just most of us were brought up with this traditional healer and for me I will lose nothing if I try it together with my faith in my doctor."

Everyone, even nurses, may be prone to the very human tendency to want to "believe" in an absolute, sure fire system of curing. Modern Western medicine rarely makes such claims these days, and the ongoing movement toward a more open and equitable partnership between patient and doctor makes unquestioning faith in either doctor or system

even harder to achieve. Traditional healers, however, rarely worry about raising inordinate expectations. On the contrary, Guam's suruhanos, like traditional healers around the world, insist that the patient's unwavering belief in their skills is essential to therapeutic success, as noted by both McMakin and Workman.^{2,12} Such insistence dovetails nicely with the patient's natural desire to believe and provides the traditional healer with an unassailable advantage over scientific medicine, which is compelled to disclose unpleasant details such as the limitations of its knowledge and undesirable side effects of its treatments. As McMakin writes about his key suruhano informant, Juan Q. Cepeda, "Juan has specific reasons why he feel Western medicine is inferior to his. Juan projects optimism in the presence of his patient, even if his inner feelings tell him differently. He feels that Western doctors tell the patient too much about their illness and this worries the patient. This worry "eats away" at their strength, compounding the ill effects of the disease and prolonging a cure".² This difference, I believe, is enough by itself to assure the continuing importance of traditional healers on Guam and in many other societies.

This also explains, to some extent, why theories of treatment choice based mainly on degree of "acculturation" are simplistic and problematic. While there may be some degree of correlation between measures of acculturation and use of biomedicine on Guam, his survey suggest the relationship is not simple. Although degree of acculturation was not formally measured in this study anecdotal observation as well as the extent to which well-educated and professional parents turned to traditional healers suggests this theory alone provides insufficient explanation. The idea of "acculturation" seems to assume gradual movement toward a discrete and recognizable acculturated end; in real life, the data are infinitely more complicated.

Cultural pride may be another factor contributing to the continued popularity of traditional healing on Guam, at least among the Chamorros. As in many parts of the world, outside influences have greatly eroded indigenous beliefs and practices. In recent years, many young Chamorros have tried to reclaim their heritage in various ways; usage of a suruhano, in addition to or in preference to an American-trained medical doctor, might be another manifestation of this effort.

The strong influence of family ties among Chamorros and Filipinos on Guam may be another reason that so many young parents in this sample brought their children to traditional healers. A few respondents actually stated that they were not themselves inclined to visit a traditional healer, but did so at the urging of their mother or other

relatives. Such family pressure is common in many more traditional, close-knit societies.

Finally, as McMakin and Workman have both pointed out, it is quite possible that traditional healing continues to flourish on Guam because it is more effective in treating certain conditions than Western medicine.^{2,12} Certainly psychosomatic illness is more effectively treated when the patient strongly believes in the curative powers of the healer. Also, massage and herbal treatments may have clearly therapeutic effects in a variety of circumstances, quite aside from the placebo effect, although the physiologic and psychologic mediators of such therapeutic efficacy have not been worked out.

Many other factors, which have been proposed by other authors to explain the persistence of traditional healing practices in various contexts, do not seem to fit the data from this study. For example, socioeconomic factors such as poverty, the lack of modern health facilities and transportation, while certainly important for a subset of Guam residents, were not apparently critical for the parents in our study. McMakin suggests that the more personal attention from suruhanos attracts patients. Only a single respondent

in this study indicated "more personalized attention" was one of the reasons for bringing their child to a traditional healer. However one might imagine this reason might be more important for elderly Chamorro patients, especially if they have chronic illnesses and speak Chamorro better than English.

A fundamental question underlying this study is why traditional healing thrives on Guam to such an extent, especially given the presence of competent and accessible Western medical facilities

In the end, considerations of pragmatism seem to dominate medical treatment choices for the respondents in the study. One Filipino mother informed the nurse that her visits to the hilot have declined since she got health insurance for her child. A Chamorro father told the triage nurse he only brought his son in because the suruhano was off-island. As one young Filipino mother wrote, "in short, I use both of them (hilot and doctor)... there's no harm of trying". Many other researchers have noted this pragmatic approach in other communities¹⁶. It suggests the various health care systems on Guam are employed in a generally complementary, rather than conflicting manner, although much more research would be necessary to substantiate this hypothesis.

Conclusions

This survey examines the prevalence and factors associated with use of alternative and traditional medicine among children seen at a private clinic on Guam, as well as the nature of the illness and treatment received for users of non-conventional medicine.

Several conclusions are suggested:

1. Traditional medicine, as practiced by suruhanos (Chamorro traditional healers) and hilots (Filipino traditional healers/masseurs), appears to be alive and thriving on Guam. Over 70% of our respondents had seen a traditional healer during childhood and 59% continue to go, at least occasionally, as an adult. Forty percent thought certain illnesses were better treated by traditional medicine than conventional Western medicine.
2. Significant numbers of children on Guam are brought to suruhanos and hilots. In this sample, over 40% of parents reported having brought their child to a traditional healer in the previous year. Children under age two, especially boys, were brought most frequently.
3. Ethnicity (being Chamorro or Filipino) and parental use of traditional healers (either as a child or an adult) are the factors most highly correlated with taking one's child to a traditional healer. Other factors which may be related are type of insurance, parental level of education, and parental occupation. Parental age, sex, village and number of years on Guam are apparently not related.
4. Chamorro parents most commonly seek help from a suruhano for respiratory illnesses; Filipino parents most commonly seek help from a hilot for musculoskeletal complaints and/or fever. Few parents in this sample sought help from a healer of a different ethnicity than themselves, those that did were all Filipino.
5. In this sample of sick children, suruhanos prescribed herbal remedies via oral and nasal routes and provided massage. No hilot in this sample employed herbal remedies, although they were more likely to utilize coconut oil during massage than suruhanos.
6. Among both Chamorros and Filipinos, almost 90% learned about the traditional healer from a family member (usually an older female relative). The reasons most commonly cited for using traditional medicine are the recommendation of a family member and/or lack of improvement with conventional biomedicine.
7. Western biomedicine and traditional medicine appear to be utilized in a pragmatic and complementary fashion by many respondents. Despite the high usage of traditional healers, almost 70% cited medical personnel as their preferred source for health informa-

tion. Of those who brought their child to a traditional healer, most (73%) also saw a medical doctor for the same illness, usually before the healer. Half of the patients who saw both told the doctor about seeing the other healer.

8. Medical therapies such as chiropractic, acupuncture, and homeopathy, which are widely considered as the main "alternatives" to Western biomedicine in North America, were rarely utilized by the respondents in this sample, despite their availability on Guam. Two parents (one White, from the U.S. and one Filipino) did report bringing their child to a chiropractor and one Filipino mother reported bringing her son to a reflexologist.

Several avenues for future research are suggested by the results of this survey. A similar survey, based in the community rather than at a clinic, would help eliminate some of the biases. The possible role of parental education and occupation, as well as type of insurance, might be clarified by a larger sample size. There were few inter-ethnic couples among the parents in this sample, but cross-ethnic usage of

traditional healers appeared more common among them; this phenomenon warrants to study in further detail. A qualitative investigation of the explanatory models which relate to the Chamorro concept of "flema" and the Filipino no-

tion of "pilay" (sprain) would be clinically useful for the medical doctors who practice on Guam and elsewhere where there are Chamorro and Filipino patients. Further research about the use of traditional and alternative healers in the growing Asian and Micronesian communities on Guam would be useful, as well as research directly addressing issues of efficacy and mechanism of traditional healing on Guam.

Despite Guam's somewhat distinctive mix of traditional and Western influences, the results of this study have implications for health care practitioners who practice elsewhere particularly in areas of cultural diversity. In particular, the study shows the need to remain alert to the patient's expectations and underlying assumptions, which may differ quite significantly from those of the clinician. Widespread use of non-conventional medicine does not necessarily reflect dissatisfaction with Western medicine, so much as the reality that health-related behavior is subject to a wide variety of influences, many of which may not be obvious. Failure to take these into account may lead to non-compliance or other unfortunate outcomes. Also, from a clinical standpoint, knowing what other treatment(s) a patient may be taking is always useful, as these may interact with the prescribed treatment.

... the various health care systems on Guam are employed in a generally complementary, rather than conflicting manner, although much more research would be necessary to substantiate this hypothesis.

Clinical "cultural competence" is undoubtedly easier when clinician and patient share a common cultural understanding, but often this is not the case. Health care providers can help to bridge the gap by maintaining an open, sympathetic attitude, following up on apparent non sequiturs which arise in discussion with patients, becoming educated about common health-related cultural beliefs and practices within the community, and explicitly asking patients about their use of non-conventional care.

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The important function of any health practice is that it serves society and promotes the common good. It must serve both the client and the provider without compromising their respective aspirations.

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