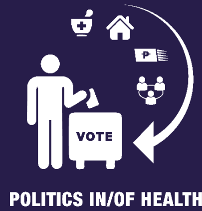
SOLACE (Stories of public health through local art-based community engagement) brings together community members, anthropologists, clinicians, artists and activists. They co-create knowledge, stories and artwork around public healthcare in the Philippines. The SOLACE academic team are researchers from medicine, social sciences, humanities and arts from Keele University (UK) and Ateneo de Manila University (Philippines). The SOLACE community partners are the Northern Samar Provincial Health Office (Philippines) and the New Vic Borderlines (UK).

SOLACE is underpinned by robust public and community engagement around public health in rural Philippines. The SOLACE ethnography team worked around four themes which were established during cultural animation workshops with residents of six *barangays* in the province of Northern Samar. The SOLACE team conducted long-term ethnographic fieldwork in those six *barangays* through participant observation, mental mapping, food diaries, creative community action workshops, semi-structured interviews and engagement with Filipino artists.

Project outputs are available on the SOLACE website. These include fieldwork vignettes, photo essays, blog posts, lectures, audio visual documentaries, global health learning toolkits, cultural animation workshops, academic articles and the SOLACE dance performance.



Politics in/of health

The SOLACE data highlight the different ways those who provide healthcare and those at the receiving end are entangled and enmeshed in the everyday play for power, taking into account that health is not solely a medical matter but also a socio-political issue. In particular, SOLACE provides new insights into how various factors such as political manoeuvring, conflict and corruption have, for the most part negatively, influenced the efficiency of healthcare provision and delivery in rural, remote areas of the Philippines.

Devolution of healthcare in the Philippines transferred power to local levels of administration. The provision and use of funds for the development of health infrastructure is therefore strongly subject to the personal interests and priorities of local government officials, regardless of the urgent health challenges in their area. The ethnographic dataset includes vignettes around corrupt local politics, bureaucrat capitalism and weak enforcement of labour laws. Many *barangay* residents—especially labourers such as farmers, fishermen and porters—live well below the poverty line, affecting their health and ability to afford proper healthcare. The SOLACE team has also collected data around successful local health campaigns, the dedicated *barangay* health workers, clinicians working in challenging circumstances who serve as local role models for the health workforce and initiatives to improve access to healthcare.

All information and outputs are on the SOLACE website: **www.solace-research.com**

Contact
Professor Lisa Dikomitis:
l.a.dikomitis@keele.ac.uk

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The road to access in healthcare

In rural areas of the Philippines access to healthcare remains an urgent challenge. Poverty, marginalization, disaster risk and precarious socio-economic conditions abound in rural, and often remote, Waray communities. The SOLACE team explored ethnographically the everyday life of the Waray in order to increase our understanding of their experiences at *barangay* level and how the health system works locally, identifying both barriers and facilitators to healthcare access.

'Access to healthcare' can be interpreted in a literal and a metaphorical sense. We have unearthed several challenges the Waray encounter to physically reach the nearest health unit but also to access the health services they need. Many *barangays* are underserved and many are unserved. The striking lack of human resources for health impact on the healthcare provision and delivery but also on the local doctor-patient relationships.

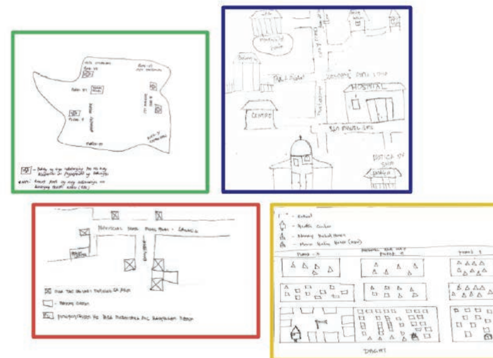
Issues influencing access to healthcare include:

- **Personal factors:** The decision to seek healthcare begins at home where personal and family circumstances often present barriers. For instance, poor support systems to care for the household while travelling to access care, feelings of fear or shame around health conditions and the inability to pay for healthcare.
- **Physical factors:** Land travel is limited by road which are often lacking. In many upland *barangays*, the only means of transport is a ride on a habal-habal, a makeshift motorcycle. Across rivers and seas, the water level, waves and strong currents determine ability to cross bodies of water. These are particularly challenging in the typhoon-prone province of Northern Samar.
- **Political factors:** Because of the country's devolved health system, local politics plays a central role in health governance and financing.
- **Financial factors:** This is the most critical factor, especially as this province is among the poorest in the Philippines and many services have to be paid out-of-pocket.

EXPERIENCES OF HEALTHCARE

Experiences of healthcare

The SOLACE ethnography includes new insights around medical pluralism in Northern Samar. In other words, how the Waray use both biomedical (often called formal) medicine as well as complementary and alternative medicine (also called, in the context of the Philippines, traditional medicine). Medical pluralism is part and parcel of everyday life in Waray communities.



We facilitated sketch mapping with 40 residents in the SOLACE *barangays.* These cartographies of rural health represent individual spatial narratives of formal and traditional healthcare providers. The Waray hold an undifferentiated view and patronage of the professional, popular and folk sectors of healthcare. These mental maps provide us with insights around medical pluralism in rural areas. *Barangay* residents have a very clear understanding of the different categories of traditional healing and the wide range of treatment modalities used by the traditional healers. Such healing is anchored in faith-based ethos that weaves animistic and Christian beliefs. Biomedically trained clinicians and traditional healers co-exist within Waray communities, but not without scepticism from both ends.

RURAL HEALTH UNIT

Exit Entrance

Shame and health seeking behaviour

The global discourse of 'healthy lifestyles' is well established in the Filipino popular and governmental imagination, effectively placing the onus of 'health' in the hands of the individual. Such discourse embeds the notion that 'good' behaviour will keep people healthy and 'bad' behaviour will make them sick.

The SOLACE findings highlight the limitations of conventional biomedical discourses which promote such healthy lifestyles. The notion of 'shame' is important to consider in the analysis of our ethnography of the impoverished and tightly knit Waray communities. This is especially apparent in the different ways Waray navigate local power relations, cultural expectations and social demands. The indigenous sense of shame permeates everyday social engagements with implications to larger, kindred, socio-political, sexual and just about any practical relations, including seeking healthcare. Shame manifests when poor and marginalised communities hold back from seeking medical care out of anxiety of leaving themselves and their families vulnerable to embarrassment, humiliation and indignity. By keeping their illnesses hidden, however, shame renders their health conditions invisible, consequently adding extraneous pressures to a healthcare system already reeling from perennial lack of resources.

The capacity and ability of living a 'healthy life' cannot simply be regarded as a given. Health is implicated by broader social forces shaped by specific relations of power.