

Pagdikta (The Dictation): The Meanings In Filipino Mothers' Experience Of Using Herbal Plants In The Management Of Their Children's Fever

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ABSTRACT

One of the main indicators of an illness is fever and it is managed in different ways by mothers based on their existing culture. After a health diagnosis, dominant fever management of a certain community with inaccessible health center was the use of herbal plants despite easy access to relatively expensive over-the-counter medicine. Hence, we explored the meanings of using herbal plants in the management of children's fever by Filipino using qualitative-phenomenological research philosophy (Colaizzi,). Seven mothers were interviewed with the aid of recorders, journals, field notes and memos with the mothers' consents. The narrative data were analyzed using the Morse and Field process. Themes were discovered highlighting the process of how the mothers managed their children's fever through the utilization of herbal plants. Thematic variations in the use of herbal plants and their preparation, utilization and application were ascertained. From these thematic analysis emerged a cultural *relationality* which provided an integrated process of PAGDIKTA (Eng. dictation), the major theme of the experience. This summarized the selection, adoption and transfer of the herbal plants for management of fever with cultural involvement. PAGDIKTA [acronym which means PAG-pitas, DIK-dik, TA-pal] is the concept learned to present the views of cultural selection, adoption and transfer of fever management practice of mother-informants. *PAGDIKTA* can be further analyzed with the following subconcepts: *Pagpitas* (Eng. picking) is the process of choosing a culturally accepted herbal plant for their fever. *Dikdik* (Eng. pounding) is the progression of cultural adoption and imbue of practice by mother-informants. *Tapal* (Eng. application) is the application and transmission of the fever practice based on the perceived and observed efficacy of practices directed to their children's fever. Cultural awareness, assessment and competence are needed to completely understand specific populations with special needs such as the mothers in a community in the Philippines.

INTRODUCTION

Fever is one of the most important vital signs especially for a child who has a limited way of expressing his discomfort. It is an immediate and obvious sign of an unlikely event or disturbances in the body. This is a symptom signifies a departure from normal function, sensation or appearance and might include physical aberrations⁽¹⁾. As a sign of inflammation and a vital sign requirement, temperature or heat may mean homeostatic imbalance in the body that should be arrested for prevention of further aggravation of one's condition. Fever as one of the most reliable indicators of illness or sickness, should be managed effectively in order to deter further bodily alterations.

Fever as an early sign of infection or imbalance can be managed by different techniques and procedures which can be traditional or scientific. Mothers in the Philippines render different fever management practices on their own unique ways. Being the first-line guardians who oversee the latter's general well-being, mothers can instinctively feel any variations from their children's normal temperature. Their general response to this situation is expected to reflect their cultural background and tradition⁽²⁾. Philippine culture strongly emphasizes caring values, behaviors and processes which tend to have more females than males doing caring roles⁽³⁾, at this instance, the Filipino mothers. In effect, there is a need for nurses to fully understand and respect their cultural context of beliefs, management and rituals off or the effective intervention to be rendered.

Concomitant with the acceptance that perceptions about health and illness vary widely across cultures, there is a growing public clamor for cultural understanding^(4, 5, 6). The search for cultural meaning in understanding symptoms involves a translation process that includes both the nurse's and the client's worldviews. There has been a rise in multicultural identities, with people expecting their cultural beliefs, values, and lifeways to be understood and respected by health

care providers⁽⁵⁾. Filipina mothers are able to provide diverse methods of controlling this vital sign to prevent aggravation of their child's condition. The various activities of the mother towards the said symptom can be considered both scientific and irrational. Nevertheless, setting aside culture, a mother's desire for her children to be healthy is universal⁽⁷⁾ so is the desire to prevent diseases and complications. Knowledge of the cultural expression and its traditional management of symptoms, just like fever, influence the decisions of the nurse who will facilitate the provision of culturally congruent competent nursing care. Because of the earnest aim of the profession to individualize nursing care, the research has been conceptualized with the end in view of providing a deeper understanding of the fever management practices of mothers.

In fine, this research further explored all possible fever management modalities of selected mothers in a particular community in the Philippines. However because of the broad context of the experience and limitations of the research⁽⁸⁾, we focused on the single most commonly used approach – the use of herbal plants. Herbal management is used by the mothers to routinely treat the fever of their children. Consequently, we wanted to understand the nuances of this choice, reasoning that a clearer picture of cultural involvement might emerge from the rich description of the experience of these mothers.

METHODOLOGY

In the search for the meanings of the lived experiences of the mother-informants who used herbal plants in the management of their child's fever, we found it deemed essential to utilize phenomenology as the research design. In dual perspective phenomenology anchored the study in two wars: as a philosophy and as a method. Phenomenology is a philosophy, is bracketed under empirical intuitions that refrains people from making judgments. It is an epoche, pertaining to suspension of inquiry and put emphasis on the essentials of discovering the true nature of reality. It is the study of consciousness that enable consciousness to refer to objects outside it. It is a philosophy of reflection on what is on mind to the exclusion of everything else. As a method, phenomenology is a poetizing activity, a study of essences. Phenomenology uncover the meanings of everyday existence and fulfilment of the human nature that is, to become fully aware of they really are. Through descriptive language, the subjects or participants perceived themselves in the given situation and understands their experiences and gain insights from them through a culture-specific assumptions and indigenous wisdom⁽⁹⁾.

With those, we believed that in the utilization of phenomenology we were able to

search for the meanings of the experiences of the mother-informants who used herbal plants in the management of their child's fever. Using phenomenology the meanings and interpretation of these practices can be viewed within the context of language, culture and social practices as handed down through generations of Filipino mothers^(8; 10). The discovery of meaning through this experience is the main aim of the study. This qualitative paradigm provided new ways of knowing and different ways to realize epistemic and ontological dimensions of human care transculturally⁽¹¹⁾.

Ethnography should have been blended with phenomenology as the research design but immersion, research instruments and contact to the mother-informants were not intensified and strengthened to make the study as such. We were only allowed by the local government unit to stay in the community for 6 months with 3 days per week contact. Nevertheless, we are aiming to verify the themes of the study using ethnography as a future research.

Phenomenological Sampling

This qualitative research deliberately selected the samples of the mother-informants of the study to fit between their experience and our research question and the presence of characteristics as a "good mother-informants". The mothers purposively chosen in the study were 30-50 years of age, married, with occupation not related in any field of medicine, who were born and permanently lived their entire life in the selected community, was not able to reach tertiary school and who rendered immediate care for a family member, particularly children with fever. The mothers were not related to any medical or allied health professional until the second degree of blood relations. No health centers were seen in the said community.

Locating the Informants

The research utilized intra-project sampling for research scope. This identified the boundaries of the phenomenon. It enabled us to determine what it is and what is not an example of phenomenon, what and why it is included and/or excluded⁽¹²⁾. Scoping is used to define a phenomenon very tightly and narrowly to saturate the data more rapidly. This is used because of the small sample size of the research – seven mother-informants. The said intraproject sampling strategy guided us to use methods of unstructured interviews, asked a "grand tour question" and then provided mother-informants with space to tell their story with minimal interruption, at their own pace, starting whenever they wish to start. The evident fever management that we observed in the community focuses more on the use of herbal medicine, though some of the mothers used other practices. Hence, we the researchers fore shadowed the questions and

responses, as the group maintained an emphatic neutrality stance where which insights emerged.

After scoping, we decided to use sample by variations among the mother-informants. This is because the mothers were able to share their experiences and showed evident variations as the research progressed. During the process of interview, the mothers spoke for themselves and for others that either share or do not share their practices. The mothers did this by defining the instances when they used herbal plants for the fever of their children and even older adults and determine the frequency of utilization of herbs. Further, they sorted it from the most common to the most exceptional plant and reported the best and worst cases of fever managed through the herbal plants. Initially, there were only five mother-informants. However, they were able to relate to the generalized other – the group of mothers who behaved in similar ways or who have characteristics that were not shared by the mother-informants (but used herbal medicine for the management of fever). The generalized other-identified by the initial mother-informants were added to the sample to enrich the data set by increasing the informants to seven. We also utilized incidental sampling as part of the sampling procedure. This involved the selection of mother-informants based on who were present and who were able to give reliable and valid information regarding the experience. This was done when some of the mothers referred an immediate mother of the community who shared the same experience while having a feverish child.

After the sampling variation, we underwent to the process of sampling for saturation. As new mother-informants were added to the study and their narratives were added to the data set, nothing new was learned. Ongoing synthesis revealed that no new information appeared and that no new category emerged, thus the sampling ceased. It is important to note that no two informants reported the same exact practice but we decontextualized the major processes from such context-bound practice. This was achieved when we generalized the stories and synthesized all the interviews.

Sampling for verification was being done after the generalized synthesis of the statements of the mother-informants. Themes were conceptualized and related to one another. With the said links, verification was done when the concepts emerged. The statements were clear enough but new concrete and more specific concepts were identified when the implications of their experiences to the nursing profession were realized. This sampling were done by returning to two (2) of the most verbose and informative mothers in the research. We presented the conceptualized

schemata and asked the informants for their verification.

Research Instruments

The research primarily used in-depth interviews with an aid of tape recorders. The narratives were transcribed and translated - literally and dynamically - to facilitate interpretation of the mother's experiences⁽⁸⁾. This instrument required our attentiveness, intuitiveness, constant reflection in decentering, active listening, clarifying, synthesizing and writings to reflect the mother's awareness and our consciousness of the experience⁽¹³⁾.

Aside from interviews, observational notes were made to explore and to gain in-sights on how the mothers chose, made and applied the herbal plants for the fever of their child. During the process, interviews were simultaneously conducted⁽¹⁴⁾. Extensive field notes were kept and written immediately following the contact with the mothers. In most cases, casual and serendipitous conversations, which contained narratives and stories of mothers' experiences, were written following the interview.

Procedural and analytic memos were utilized in the study. Microsoft Excel and Word were used to facilitate the use of memos⁽¹⁰⁾. Constant-comparison process allowed and guided us to analyze subsequent data collection by amending or adding interview questions or changing observational methods. Self-reflections were made using personal journals⁽¹⁵⁾.

Ethical Considerations

Process consent was being signed by the mother-informants at the start and during the course of the research which offered both the researchers and the informants' opportunities to actualize a negotiated view and change arrangements. Process consent encourages mutual participation and affirmation for the participants and the researchers⁽¹⁶⁾. The process consent offered the informants to provide input, ideas and suggestions and was reviewed at specific times as necessary. The consent included the objectives of the study, the method of the research, instruments and tools used⁽¹⁷⁾, their rights as informants, ethical considerations highlighting confidentiality and anonymity⁽¹⁸⁾, possible risks, frequency of contact with the informants, inclusion and exclusion criteria of the informants, how the data will be analyzed, used and disseminated, and dates when the data was reviewed and the changes were made^(16; 5; 17). Confidentiality and anonymity were observed all though out the process and even in the manuscript by providing code names for each informant⁽¹⁷⁾. Photographic documentations were also done with their consents and their faces were also concealed while performing their management for fever using herbal plants.

School of Phenomenology Used

We used Colaizzi's school of phenomenology to explore the meanings of experiences of mothers who used herbal plants in their management of fever^(19; 13). Using this phenomenological approach, we obtained a full description of the experience using various instruments and methods⁽²⁰⁾. Bracketing is evident all throughout the data gathering procedure^(21; 22). From the verbatim transcripts of the experience, we considered each statement of the mothers with respect to significance for description of the experience and validated with the informants if the entire experience were captured by the research instruments used. After validation, we related and clustered the invariant meaning units of the experience into themes. This led to the synthesis of the meaningful units and themes into a description of the textures of the experience including verbatim examples. Further validation was considered as part of the member checking⁽²³⁾. Afterwards we reflected on our own textural description of the experience. Through imaginative variation, we constructed a description of the structures of the mother's experience. We constructed a textural-structural description of the meanings and essences of the mother-informants' experiences. In doing this, the team was divided into groups to increase the dependability of findings. With this stepwise replication, the teams dealt with the data sources separately and conducted essential independent queries through which data were compared. From the individual textural-structural descriptions of all informant's experiences, we constructed a composite textural-structural description of the meanings and essences, integrating all individual textural-structural descriptions into a universal description of the experience representing the group as a whole^(24; 25). Peer debriefing and consultation to experts were done to review and to explore various aspects of our inquiry⁽²³⁾. Soundings were done with the two most informative mother-informants from the community for the verification of our own interpretations. Final validation was done with other informants of the research after the said activity. Colaizzi recommends participant verification as a final stage of the synthesis^(19; 25). New data emerging from informants' feedback were incorporated into the final product.

Explication of the Data

To synthesize the data, we utilized the Morse and Field⁽²⁶⁾ which revolved around the four process - comprehending, synthesizing, theorizing and recontextualizing^(see Figure 1). Comprehending phase of the research included the "making sense of data" and to learn "what is going on" with the transcription of the responses during the data gathering procedure. Initial impression was done

and included in the transcribed documents. Initial coding was done in each line of the document using MS Word. The comprehension phase will end until saturation is being attained. Within the first process of synthesis, first level of reflection was done which included a rich description of the practices of the mothers in using herbal plants for fever.

Synthesizing process involved the sifting of data into categories. At the end, we were able to make an outline of the meaningful units being presented in the transcribed documents and coded them into classified schema. The end result was a group of different codes to form a unified theme. Second level of reflection was done to search for meanings from the transcribed documents and observations to make the experience comprehensible to the mother's understanding.

Themes emerged from the data being collected and observed in the transcriptions. We developed within categories of data which cancel across them. The search for the themes in this research involved not only discovering commonalities across mother-informants but also seeking natural variation. The identification of key themes and categories were done with reiteration. That is, we were able to derive from the narrative materials and even from observations; went back to the materials with the themes in mind to see if the materials really did fit and then we refined the themes as necessary. Some apparent insights early in the process were abandoned as to our prerogative because of widening irrelevance. In the theorizing phase, we made use of the data synthesized during the second process. Third level of reflection created deeper theoretical meanings for the mothers' experiences based on nursing context. Lastly, recontextualizing involved the creation of themes using the nursing language and provision of future directions or recommendations that will be based on the findings of the study.

RESULTS AND DISCUSSIONS

Initial Encounter and Basis of the Study

A selected community in the Philippines was chosen to become the research locale because we have observed, aside from the fact that it is a rural community, health centers are but an hour away from them. The mothers here were not using medications available in the market or as publicized in the media. The rural village that we were into was one of the host communities of our institution for the team's exposure as a community health nurse. The community diagnosis initially done reported that the people, specifically the mothers, were practicing different methods of managing their ailments or diseases – some were scientific yet most were traditional. The diagnosis suggested that mothers still provided traditional ways of managing fever to their children in spite of the massive campaign of the government and

media advocating the use of modern medicine. Most of the mothers, despite the widespread availability of over-the-counter-medicines, opted to use herbal plants for the fever of their children. These observations pushed us to conduct an investigation focused on the meanings among Filipina mothers' experience of using herbal medicine in the management of their children's fever. The exposure of the team to the said community was from March to September of 2010.

During the stay of team in the community as community health nurses and researchers, we had met different people who gave us a clear description of their experiences. Various methods of fever management were being observed but to delimit the study, we contextualized the experience by determining the most evident management of fever in the community – the use of herbal plants. The mothers were purposively chosen based on the specified criteria. Five (5) mothers in the community satisfied our inclusion criteria set. We interviewed and observed them while doing their herbal medicine practices during incidental events. However, during our interview, most of the mothers were referring to other possible informants who have the same manner of dealing with fever. So we searched for those mothers and added two (2) more mother-informants in the study.

The Individual Experiences of Mother-informants

As earlier mentioned, the mother-informants were chosen based on the inclusion criteria. The researchers utilized the Filipino word *Nanay* (Eng. Mother) and a number to denote the informants, as indicated in the informed consent. The following experiences and observations were the first level of reflection we did in the study.

Personal Characteristics of the Mother-Informants

Nanay 1 is a 36 year old mother, married for 18 years, has two children and is unemployed. She was a highschool undergraduate. *Nanay 2* is a 40 year old mother and married for about 15 years. She has two children and also unemployed andan elementary undergraduate. *Nanay 3*, a 23 years old newly-wed mother, is a mother of a child who was incidentally chosen because she was observed giving management to her two-year old son using herbal medicine for his fever. She satisfied the criteria prior to inclusion. *Nanay 4* is a 50 year old mother and married for almost thirty years. She has four children and admitted that she used herbal plants with her children for the past thirty (30) years. She did not receive any formal schooling. *Nanay 5* is 30 years old and married. She has four children and unemployed. She was an elementary graduate. *Nanay 6*, is a twenty-year old mother, who got pregnant and gave birth when she

was only 19. She was also included in the study because she was incidentally caught attending to her child with fever using herbal plants when referred by one of the mother-informants. *Nanay 7* is a 50 year old mother, married and has only one child. She was an elementary undergraduate. She was being referred as one of the oldest mothers in the community who shared the herbal medicine practice in dealing with fever to other mothers.

The mother-informants shared to us that they are not using any thermometer to determine whether their children have fever. The mothers described their experiences on how they were able to determine the presence of fever – that is when their children were warm to touch, pale in color, has red and sunken eyeballs. Themother-informants greatly relied on the corporeal appearance of the children and how warm their skins were. After knowing such, they picked or took available herbal plants in the community. The informants used the following plants in reducing their children's fever – *katakataka* or lifeplant (*Kalanchoepinnata*), *sambong* or *pepromia* (*Blumeabalsamifera*), yellow ginger or tumeric (*Curcuma longa*), *malunggay* or horseradish tree (*Moringaoelifera*), *madre cacao* (*Gliricidiasepium*), *calamansi* leaves or Philippine lemon (*Moringaoelifera*), *lukban* leaves or pomelo (*Citrus grandis*), and *sampaloc* leaves or tamarind (*Tamarindusindica*). They believed that herbal plants and leaves were able to lessen the body temperature. When cross-referenced, the mothers admitted that in one way or another they have used all the above mentioned herbal plants but preferred some over the other.

Perceived Effectiveness

The mothers were asked why they used herbal plants and their views on its effectiveness. *Nanay 1* who preferred *katakataka* said that it relieved her child's fever because the leaves were cold and full of water inside. *Nanay 2* said that mixture of *sambong* and *calamansi* made her child cold and it evaporated the heat. *Nanay 3* said that she used *malunggay* because she remembered it was being used also by her mother when was a child. She doesn't know the action of *malunggay* leaves with salt in reducing the body temperature. *Nanay 4* said that she placed the *madre cacao* on the head of the child having fever and amazingly reduced the fever. But she did not completely understand the rationale why she used it. *Nanay 5* said that boiled water with *calamansi*, *lukban*, *sampaloc* is used for all sickness. *Nanay 6* stated that extracts of yellow ginger were really used to treat fever for unknown reason. *Nanay 7* said that all the plants mentioned were really used for fever and have different effects to the body and questions were never asked to refute the plants' effectiveness. Despite of unclear understanding by the mothers of the exact

mechanism of actions of the herbal plants they used, they proclaimed that these herbal plants were effective in reducing the fever of their children. Most of the herbal plants were used individually or in combination.

Procedure

The mother-informants confirmed that they prepared most of the herbal plants by pounding it with mortar and pestle and took its extract and put it on the skin as a patch, decoction for bathing and as a drink. Most of the mother-informants prepared the herbal plants by cutting and pounding the leaves to get its extract and by combining and boiling it with water or other solution like gasoline. Nanay 1 cut and smashed katakataka leaves to take its extract to be placed on the forehead. Nanay 2 combined sambong leaves, calamansi extract and gas to be used in massaging the body. Nanay 3 took malunggay leaves with salt and placed it on the abdomen. Nanay 4 said that the madre cacao should be boiled and used as a bathwater or exposed over a fire with oil and placed on the forehead of the child. Nanay 4 used kalamansi, lukban and sampaloc leaves boiled in water for bathing. Nanay 5 boiled one to three stems of lubigan, two to three pieces of ginger and 3 bodies of salay with 3 glasses of water for drinking and sponging.

Value-laden Bases

Nanay 1 learned the practices from her mother when she had her first child. She recalled that she used herbal plants for the fever since they were far from the City and cannot buy medicine. Nanay 2 learned the said practice from a faith healer or a herbolario. The herbolario gave prescriptions to use these plants, specifically sambong, and massaged it to the child. She adopted the practices of her mother-in-law in using such. Nanay 3 didn't know really how this practice started but she said that the elders in the community shared the said practice to them. Nanay 4 just learned it from her mother. Nanay 5 acquired it from her parents. Nanay 6 said that she practiced it because her mother said it so. Similarly, Nanay 7 said that it has been a tradition for the mothers in the community to do such practice. The applicability of using herbal plants in reducing the body temperature in children was the same with their adult patients. The said practice was also being shared to their immediate family members, relatives and to the entire community.

(Tepid-sponge bathing) TSB as an adjunct

It is also discovered that together with the herbal plants, tepid sponge bath was also used to decrease their children's temperature. They practiced tepid sponge bathing in different ways. This may be a lukewarm water with herbs or pure water. Nanay 1 started the sponging on the forehead to the back

and armpit. She repeats it 'till I reach the palm. She said that the temperature of the water used is somehow equal to the temperature of the water. This is done through estimation. Nanay 2 does sponge bath using cold water and alcohol. Nanay 3 used towel and warm water. Nanay 4 took water coming from the faucet with ice, and she wiped using face towel. Nanay 5 just wet the towel a little, then placed it the armpit, then she wiped it in the face and all the parts of the body. Nanay 6, thru observation, placed a towel at the forehead of her child after soaking it in cold water. Nanay 7 said that tepid sponge bathing was not effective without the herbal plants regimen.

Thematic Groupings of Findings in Mothers' Experiences

The thematic groupings from the descriptions, narratives and stories of mothers were narrated in an integrated text written below to articulate the mothers' experiences in using herbal medicine in dealing with their children's fever.^(Table 1). There is something that nature provides that human has to discover. Beliefs, on the other hand created greater sense of effect. Culture and ways sashay along the acts across generations, hence, impact human understanding.

I. Pagpitas (Selective Incorporation)

- a. Selection of herbal plants without question is the conduct of practice based on existing culture.
- b. Trial and error in the use of herbal plants indicates rich assortment of cultural practice
- c. Picking of herbal plants experienced as the most effective leads to preference of an effective management practice

II. Dikdik (Practice Assimilation)

- a. Sharing the use of herbal plants to immediate family members is sharing a practice to significant others.
- b. Continuous use of herbal plants indicates unremitting application of practice
- c. Unclear reasons on the use of herbal plant lead to ambiguous understanding of a practice

III. Tapal (Practical Imbibement)

- a. Clearer understanding of the use of herbal plants is a lucid comprehension of practice.
- b. Perceived practicality of use of herbal plants indicates expediency of practice
- c. Transfer of herbal plant use to other generation lead to transmission of practice

Discussion And Integration Of Findings

PAGDIKTA (Eng. Dictation) reflected the evocative themes of the investigation^(see Table 2).

PAGDIKTA represented the cultural involvement found in the health practice of mothers, specifically their management of fever for their children using herbal plants. PAGDIKTA is a Filipino word which means to dictate. It is a word which means to utter a certain task or command that everyone is expected to follow. Mother-informants said that were the ones who dictated what the best was for their children with fever. In a deeper standpoint, PAGDIKTA is the concept being created to present the world views of cultural selection, adaptation and transfer of practices – which in specific terms the cultural use of herbal plants as an alternative medicine in reducing the fever of a family member.

Relationality was the all-encompassing theme, fundamental in the narrative data. Individual statements from both interviews and serendipitous dialogue were quite similar to other mother-informants. The experience of using herbal plants in the management of fever was an experience in *relationality* of which one finds himself reflecting or continuing the practices of others. Their descriptions indicated that the experience of one is a reflection of others. There is wholeness into it even with a story with many different expressions of meaning⁽¹⁶⁾. There are numerous interpretations that one can digest from the experience but their experiences were being validated by themselves as we related how we understood the use of herbal plants in relation to culture and health management.

The title of the research PAGDIKTA represented the worldview of *cultural care*. Culture care is the broadest holistic means to discern, explicate, construe, and predict nursing care phenomena to a given population to guide nursing practices⁽³⁾⁽²⁷⁾. Therefore, it is imperious to understand cultural foundations aside from the superficiality of a practice to deliver a more effective nursing care to community clientele. The mothers in the community decided and dictated the health practices for their children. Fever management practices using herbal plants were advocated by the said mothers and reflected how mothers dominated the decision process in terms of their family's health. In a society, where women was given high reverence especially in health decisions for families, dictation of the practices towards health is a role played by Filipina mothers. The use of herbal plants in the alleviation of fever symptom by mothers is considered a generic (folk or lay) care system which represents a culturally learned and transmitted, indigenous (or traditional), folk (home-based) knowledge and skills used to provide assistive, supportive, enabling or facilitative acts towards or for their children, family members or other members of the community⁽²⁾. The said generic care system established the concept of cultural care among the mothers living in the said community. One may note that cultural

care may be scientifically plausible or traditionally inclined. A critical perspective on health and illness entails social and cultural values and these values must be considered and made explicit if illness and health care problems are to be addressed satisfactorily⁽²⁸⁾. Similarly, the concept of *cultural dictation* (PAGDIKTA) embodies how culture gives due order and directive on how mothers reacted, managed and evaluated their children's fever with herbal plants.

PAGDIKTA is a Filipino acronym which means **PAG**pitais (pick), **DIK**dik (pound) and **TA**pal (Apply). **PAG**pitais (Eng. Pick). *Pitas* is the process by which a mother picks leaves from the plant and used it for the children's fever^(Figure 2). Picking off a certain herbal plants for fever varies from different culture and the practices being taught by their ancestors. Similarly, *Pitas* is the process of choosing culturally accepted fever management practices. It is the process by how the mother-informants chose a certain herbal plant for medicinal purposes. *Pagpitas* is a matter of choice depending on the availability of the herbal plants. Traditional herbal medicine has been popular in Philippines for a very long time period. Medicinal plants and herbs have been used by our Filipino forefathers for many centuries now. This knowledge was passed on from generation to generation. In the past few years, a renewed interest on this natural method of treatment arose not only in the Philippines but worldwide. Herbal medicine had been used as an effective tool for treating ailments before the introduction of modern medicines. Even today, herbs and herbal medicines are used to promote the overall health as well as for treatment of various diseases including fever. Although most are not yet proven, the use of herbal plants is evident in the culture of Filipina mothers.

The process of dictating practice or even culture to a community and to a larger scale, to the society, started on the selection of a culturally accepted management - ***selective incorporation***. Mother-informants "*select herbal plants without question*" because it is their existence which dictated the said practice. One of the mother-informants said that "I used this because it was the practice that I experienced from my mother. It is a part of our own culture and I have to live with that... that is what my mother told me when I was a kid." The use of herbal plants by the mothers was perceived as connatural. But the selection of best plant entails constant utilization of the herbs. It is the experience of "*trial and error*." One mother described this experience by saying, "I have used all the herbs given to us by our elders here (in our community) and it is quite a guessing game for us. Some were effective and most were not..." The mothers shared common sentiments with the said mother-informants and they said that they *picked the best herbal plant that they experienced as*

effective. One of the mother-informants seconded this experience when she said, “I constantly use this herb because I have proven it as the most effective amongst the plants that I used.” The said practice of the mothers, as narratively stated, based their practice on their cultural awareness. They were exposed to the assorted practice that even perceived as different, were similar in context. This will lead to the preferred practice that was trusted and tested by temporality and culture. This process is the incorporation of practice to one’s life, though selective in nature. Nurses have the greatest responsibility in the community to preserve a well-defined cultural care but with an evidence-based rationale. As an advocate of health and champion of the people, the nurse must be able to facilitate or enable her actions and decisions to help these people of a particular herbal plant culture to retain and or preserve relevant care values so that they can maintain their well-being^(2; 11; 6). The nurse must be able to respect the mothers’ culture because this greatly influences their health practices. Introduction of new interventions will be easier if nurses are able to align evidence-based practices to a culturally-sensitive delivery of care. This necessitates cognitive process, caring, facilitative, or empowering acts or decisions that are made to fit with the mothers’ cultural values, beliefs, and lifeways to offer or carry meaningful, beneficial, and satisfying healthcare or well- being services.

DIKDIK (Eng. Pound). Dikdik is the process of pounding leaves or other parts of herbal plants using mortar and pestle to get its extract^(Figure 3). It is one the several ways of preparing herbal medicine plants. Similarly, *dikdik* is the process how mother-informants prepared most of the herbs they picked. Mothers pick off certain leaves, which were perceived effective in lowering the fever of their children and pounded it to get its extract.

However, *dikdik*, in a deeper perspective, it is the process of cultural adoption. It is the process by how the mother-informants were able to adopt the use of herbal plants in the management of fever. Long before the introduction of modern medicines and Western curative methods, herbal medicines had been widely used in different countries⁽⁴⁾ just like the Philippines. The curative effects of the herbs were tested by traditional healers on their patient on trial-and-error basis, as stated a while ago. The adoption of the culture care is being observed when the mothers *shared the use herbal plant to other immediate family members*. Clients in need of caring services tend to seek their caring persons first (local or folk healer) such as family members or friends who only seek professional caregivers if the folk remedies were not effective, if the conditions worsens or if death was forthcoming⁽²⁾. This practice was continually

used even when there are unclear reasons why did they use such plant for their condition. One of the mother-informants said, “I shared the use of the plant to my sister and to our relatives. They said that it was very effective. We continually do the practice and we haven’t experienced anything untoward...” But when asked how such relief was observed, one of the mothers exclaimed, “We really don’t know why these happened... [You] may laugh at me but I think it is effective. There are so many plants that we used to consider in managing our children’s fever but some of them were not [that] effective. Thus, we decided to abandon the use of ineffective plants.” With the said statements, one must examine potential nursing interventions based on transcultural perspectives. Leininger’s cultural care preservation/maintenance, culture care accommodation/negotiation, and cultural care repatterning/restructuring will be useful in the provision of culture congruent care⁽⁷⁾. Through selective process from herbal plants, *sharing of practice to significant others* and its *unremitting application*, use of herbs that were known to be effective were continued even amidst the *presence of ambiguous understanding*. The ineffective ones were soon forgotten. In spite of the intercultural differences in care beliefs and practices among the mother-informants, it will still reflect identifiable differences and even some commonalities for nursing care practices⁽¹¹⁾. This is a process of *practice assimilation*. Health practices were based from an existing culture but given due credit and chosen as own if found effective even without rationalistic reason. Thus, the key to successful nursing care is conducting a comprehensive cultural assessment during which appropriate and relevant cultural information is gathered.

Tapal (Eng. Apply). *Tapal* is the process by which mother-informants used herbs as a patch especially in reducing the body temperature of their child with fever^(Figure 4). Herbal plants were being placed in certain part of the body to reduce the heat. It is very common in Filipino culture to use herbal leaves as a patch. It is termed as “*tapal-tapal*”. Long ago, when chemically-prepared medicines were not yet invented and available, an old family member would most likely to find herbal plants available in their area. They made use of it as a patch or they applied (*tapal*) the herbal plant on a body part of the feverish child. Today, the sight of mothers patching on different leaves on the forehead or other body part of their children with fever is both amusing and interesting. On the other hand, *tapal* in a profound point of view is the process of *transfer of fever management practices to other generation* based on the perceived and observed efficacy of practices directed to fever management. As mothers evaluated the effectiveness of using

herbal plants in reducing the fever, the initiative of passing the said culture to their children is imminent. It also entails cognitive processes by which the mother-informants search for the meanings and explanations why relief is observed in the use of herbal plants. Various reasons were narrated but most of them were unscientific and warranted to be discovered. They believed that they possessed a *clearer understanding on the use of herbal plants*. Because of repeated use, characteristics of the plants and its perceived effectiveness, sharing of the practice will be justified and adequately backed by comprehensible and perceived believable-rationality. Though some may not believe it, the transfer of the said practice can be observed when they felt the *practicality* of using such. They said herbal plants are efficient because of mothers would just pick off certain plants in their yard or garden which were proven useful in lowering their child's fever. One of the mothers commented about practicality and added, "This is a practice that we want to live and share with our children and relatives. We want to further this practice especially in cases of emergency where we cannot go immediately to health centers or hospital...because of problems with accessibility...and more, when we cannot afford to seek medical attention from a private physician." The existence of effectiveness and marked evidence of nurturing caring behaviors in a culture manifested by mothers, it is expected that there will be less need for professional services and curers⁽²⁾. Hence, cultural beliefs and values related to health and illness influence health-seeking behaviors of mothers and determine the caring and curing expected⁽²⁹⁾. For mothers who were not oriented to prevention of illness or maintenance of health, focusing energies on health teaching might not be very productive; it might be more useful to spend time designing family follow-up care or establishing a deeper interpersonal relationship that invites the parent to follow therapeutic

interventions without demeaning their culture and other aspects of health. The world view of cultural transfer can be translated with the *practical imbibement* of the herbal plant in the mother-informants' life. This entails *alucid comprehension of a practice* and its *perceived expediency*. This process will further, as the people of a cultural society *transfer its' use to the next generation* and then the culture lives on.

The process of PAGDIKTA (Cultural Dictation) or PAGpitas (Pick), DIKdik (Pound) or TApal (apply) among the mothers who were using herbal plants to manage their children's fever should be appreciated by the nurse. It is not just all about the process of relieving the fever through the use of herbs but it entails a richer and deeper understanding of the mother's culture because understanding and close relationship between caregiver's beliefs and the care receiver's beliefs and practices will lead to client care outcomes that are health promoting and satisfying. From the study of difference cultures, we can deliver nursing care interventions that provide culture-specific caring practices to clients to have positive signs of client satisfaction and well-being. Cultural blindness, shock, imposition and ethnocentrism by nurses will greatly reduce the quality of care to clients of different cultures. If we fail to let our clientele, the mothers, to be specific, experience reasonable congruence of nursing care with their lifeways this will lead to signs of cultural conflicts, noncompliance, stresses and ethical or moral concerns. Nurses must work towards explicating care use and meanings so culture care, values, beliefs and lifeways which can provide accurate and reliable bases for planning and implementing effectively culture-specific care and to identify any universal or common features about care. Thus, *cultural competence*⁽⁷⁾⁽²⁹⁾ is needed to provide a highly-individualized care to these special type of population.

Table 1 The World Views and PAGDIKTA – the Unifying Theme; vis-à-vis the Perspectives of the Mothers and Researchers

World Views	Mothers' Perspectives	Researcher's Perspectives	Unifying Theme PAGDIKTA (The Dictation)
Selection of Culturally Accepted Care	selection of herbal plants without question trial and error in the use of herbal plants picking of best herbal plant experiences as effective sharing of herbal medicines to immediate family members	conduct of practices based on existing culture assortment of cultural practice preference of effective management practice sharing of practice to significant others	PAGpitas (Eng. Pick) Selective Incorporation
Culture Care Adoption	continuous use of herbal plants unclear reasons why use herbal	unremitting application of practice ambiguous understanding of	DIKdik (Eng. Pound) Practice Assimilation

Cultural Transfer	plant	practice	TApal (Eng. Apply) Practical Imbibement
	clearer understanding of the use of herbal plants	lucid comprehension of practice	
	perceived practicality of use of herbal plants	expediency of practice	
	transfer of herbal plants use to other generation	transmission of practice to other/next generation	

Table 2 Quasi-statistics showing the recurring themes of PAGDIKTA

Unifying Theme PAGDIKTA (The Dictation)	Mothers' Perspectives	Researcher's Perspectives	f	(%)
PAGpitas (Eng. Pick) Selective Incorporation	selection of herbal plants without question	conduct of practices based on existing culture	76	6.09
	trial and error in the use of herbal plants	assortment of cultural practice	115	9.21
	picking of best herbal plant experiences as effective	preference of effective management practice	207	16.59
DIKdik (Eng. Pound) Practice Assimilation	sharing of herbal medicines to immediate family members	sharing of practice to significant others	94	7.53
	continuous use of herbal plants	unremitting application of practice	101	8.09
	unclear reasons why use herbal plant	ambiguous understanding of practice	257	20.59
TApal (Eng. Apply) Practical Imbibement	clearer understanding of the use of herbal plants	lucid comprehension of practice	98	7.85
	perceived practicality of use of herbal plants	expediency of practice	183	14.66
	transfer of herbal plants use to other generation	transmission of practice to other/next generation	75	6.01
		Other Concepts Generated	42	3.37
	Total		1248	100

CONCLUSIONS

The mother-informants shared their experiences on the use of herbal plants and how they valued this management as part of their usual practice in dealing with their children's fever. Variations were manifested with the type of the plant that they used, how it was prepared and applied. Cultural envelopment is evident in the said practice. The concept of PAGDIKTA (Cultural dictation) was being conceptualized as the central theme of the study. The said concept encompasses more than the *pagpitas* (picking), *dikdik* (pounding) and *tapal* (application) of herbal plants to manage the fever of children by the mother-informants. In a profound viewpoint, it will also involve the selective incorporation, assimilation and imbibement of practice based on the pervading cultural exposure of the mothers. Cultural awareness, assessment and competence are needed to completely understand specific populations with special needs such as the *Nanays* in a community in the Philippines.

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