Article

KALUSUGAN (HEALTH), SAKIT (DISEASE), AT GAMOT (MEDICINE): AN ETHNOGRAPHY ON WELL-BEING AMONG CHILDREN LIVING WITH TUBERCULOSIS IN AN URBAN INFORMAL SETTLEMENT

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Abstract: This paper presents a focused ethnography of well-being among children living with tuberculosis (CLTB) in an urban informal settlement in the Philippines. It explores how children practice their agency in trying to achieve well-being in resource-limited environments. Specifically, it ams to a) identify the concepts that the children associate with tuberculosis, b) examine the contexts that made the selected children vulnerable to tuberculosis, c) explore the children's concept of wellbeing, and d) present the processes that the children take to achieve wellbeing. Employing a focused ethnography approach, 4 children living with tuberculosis were interviewed following a semi-structured format. Unstructured interviews were also conducted among their parents, neighbors, siblings, and among medical staffs from the local health centers. It utilized the Political Economy of Health and the literature Stigma, Contagion and Defect by Veena Das as its theoretical framework. Results show that contexts such as the government's underspending on health, stigmatization, and the limitations of childhood have systematically made the children vulnerable to Tuberculosis. As response to these, the children and their households employed a number of strategies to achieve well-being such as illness non-disclosure and alternative treatment usage.

Keywords: Wellbeing, CLTB (Children Living With Tuberculosis), Urban Informal Settlement

INTRODUCTION

Last 2015, the World Health Organization (2017) estimated that there were about 10.4 million people suffering from tuberculosis around the world, with majority of this coming from global south nations. From this figure, 373 die each day and about 1 million are children (WHO 2016). Tuberculosis is a disease characterized by symptoms such as chest pain, chronic cough that is sometimes accompanied by blood, high body temperature, and loss of urge to eat. It may be transmitted through the air when a person inhales the germs released by an individual with tuberculosis through sneezing, coughing, or spitting (Velayati 2016, WHO 2017, Zumla, et al. 2013). Although curable, the burden of tuberculosis remains to be a compelling issue because of a number of social contexts such as stigmatization and unhealthy lifestyles (Abebe, et al. 2010, Bam, et al. 2014, Cremers, et al. 2015, Paz-Soldán, et al. 2013, Velayati 2016, WHO 2016, Zürcher, et al. 2016).

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Being a disease that is carried through the air, tuberculosis could usually be contracted in crowded places with minimal ventilation such as the homes in informal settlements (Ballesteros 2010, WHO 2017, Zürcher, et al. 2016). Globally, the spread of slums or informal settlements in urban areas is continuous because of urbanization (Marx, Stoker and Suri 2013). According to Save the Children Federation (2015), one third of the developing world's population live in slums, including women and children.

In the Philippine context, 1 out of 10 children in the National Capital Region lives in an informal settlement (Reyes and Tabuga 2010) which is characterized by "poor sanitation, overpopulation and congestion, water insecurity, hazardous location and land tenure insecurity" (Ballesteros 2010). As a result, a large number of Filipino children residing in urban informal settlements may be perceived to be highly vulnerable to health problems such as tuberculosis (Elsey, et al. 2016, Ernst, Philips and Duncan 2013, Ezeh, et al. 2016, Kashyap, et al. 2016, Kassim, et al. 2015, Marx, Stoker and Suri 2013, Moore, et al. 2012, Reyes and Amores 2014, Unger, Riley and W. 2007, UNICEF 2015)

This paper argues that children's narratives of wellbeing and tuberculosis reveal a life of vulnerability and resilience, illustrating the interplay between children's agency and structures. It provides in-depth data about tuberculosis from the perspective of children in an urban informal settlement in the Philippines (Lee 2000, Salazar-Vergara 2003, Tupasi, et al. 2000). Consequently, it complements the results provided by previous research conducted in other countries which predominantly consisted of quantitative data reported by parents and health workers (Almeida 2011, Fedel and Soriano 2011, Salazar, et al. 2001, Sreeramareddy, Kumar and Arokiasamy 2013). Through the narratives of the selected children living with tuberculosis (CLTB), this work contributes to the discourse on children's practice of agency in resource-limited environments to achieve their concepts of wellbeing, which is defined in existing literature as a child's "happiness, access to public services, and overall health" (Fairbrother, Curis and Goyder 2016, McLanahan and Sawhill 2015, Olowokere and Okanlawon 2016, UNICEF 2016, Waldfogel, Craigie and Brooks-Gunn 2010, Zwi, et al. 2015).

Field site

This study is situated in Barangay Matatag which is located on the shore of Manila Bay. A combination of reclaimed land, shells, and garbage make up the area which sits on the delta formed from the deposits of the Pasig River. Because of being in Manila, the Philippines' capital city, the area was seen by people from rural areas seeking better employment prospects as a site for temporary homes. In 2002, it was proclaimed a socialized housing site and the land was awarded to its residents. Thus, in such a short period of time, its population continued to rise with an average annual growth rate of 10.77% and reached 59, 847 last August 2015. "The main sources of livelihood in this area include fishing, contractual working, and for other people who cannot access employment, collecting kalakal and other less legal forms of work" (Alejandria-Gonzalez n.d.)

Barangay Matatag was chosen as the study's setting because 1) it is one of the largest urban informal settlements in the Philippines, 2) it is located on a highly vulnerable area, and 3) previous data from it reveal that it is an area where Tuberculosis is a problem.

THEORETICAL FRAMEWORK

This paper used the literature Stigma, Contagion, and Defect by Veena Das and the Political Economy of Health as its theoretical framework. Political Economy of Health was used to tackle the CLTB's experiences of health inequity from a structural point of view while Veena Das' Stigma, Contagion and Defect was used to discuss the social dimension of the CLTB's suffering from the individual level.

A. Political Economy of Health

According to Anderson et al. (2015), Political Economy has no unitary definition. Political Economy of Health looks into the political, economic, and social context of the society — such as a country's national budget allocation for health, political leaders, policies for the health sector, healthcare quality, and health workforce — and its implications on the health of a specific group of people —in this study, children living with tuberculosis in an urban informal settlement (Anderson, Hipgrave and Sato 2015, Ginzberg 1968, Kreuter, et al. 2016). Analysis and reflection using this theory may help explain the structural factors responsible for the health vulnerability of individuals living in urban informal settlements and how said individuals may be considered as disadvantaged when compared to individuals belonging from a different group (Anderson, Hipgrave and Sato 2015, Ginzberg 1968, Lilford 2016, Solar and Irwin 2010).

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B. Stigma, Contagion, and Defect by Veena Das

According to Das (2001), "stigma is the experience of having a condition that separates an individual from others." It involves the disruption of an individual's social identity and how this is managed in different face-to-face interactions. On the other hand, contagion is the course by which an illness is contracted from one individual to another. Das argued that in the case of individuals with tuberculosis in some urban neighborhoods, the meanings of stigma and contagion "tend to slide into each other because of how its biological course comes to be related to its social course" (2001, 8). Stigma may be seen as contagious and contagion becomes stigmatized. It was also discussed in this literature that even some of the most influential institutions—such standard treatment centers and schools—contribute to the stigmatization of tuberculosis. For medical practitioners, the way they provide assistance to individuals with tuberculosis affect the way people conceptualize this illness.

This literature may help in the discussion of how an airborne disease affects sociality; how fear and shame can force individuals to hide their diseases and how this becomes contagious, and its possible effects towards social health.

CONCEPTUAL FRAMEWORK

This paper also utilized a symbolic framework which shows the structures and individual life trajectories responsible for the children's disrupted wellbeing.

Looking into the children's experiences of tuberculosis, the variables are arranged as to how they are located in the intersection of the CLTB's individual life biographies and the public structures around them. The size of the circles represents the variables' broadness and significance in the children's experiences of tuberculosis in Barangay Matatag; the variables in larger circles are broader and much stronger determinants than the ones in smaller circles.

On the conceptual framework below, the largest circle that encompasses all the variables represents the structural determinants of health inequity variable (Anderson, Hipgrave and Sato 2015, Solar and Irwin 2010). This variable is the broadest context that affects the children's wellbeing. It is here where the "social structures and institutions that create, enforce, and perpetuate poverty and privilege" may be located (Witeska-Młynarczyk 2015). Next, the smaller circle next to this represents the urban informal settlement variable. This variable reflects the local manifestations of the structural determinants of health inequity. The living conditions in an urban informal settlement may be located here, including their implications on the children's wellbeing. Next, the third smallest circle represents the childhood variable. It is here where the characteristics of being a child—such as its limitations and social tendencies (e.g. the need to play with peers) — interact with the environment of an urban informal settlement to dictate the children's illness behavior. The second smallest circle represents the children's experiences of stigma and fear of contagion. It is here where their illness behavior and wellbeing are analyzed based on their relationships with their families, neighbors, friends, doctors, and themselves. Finally, the smallest circle represents the sum of all the variables previously stated – the children's vulnerability to tuberculosis and their disrupted wellbeing (UNICEF 2016). Figure 1 below shows this study's conceptual framework.

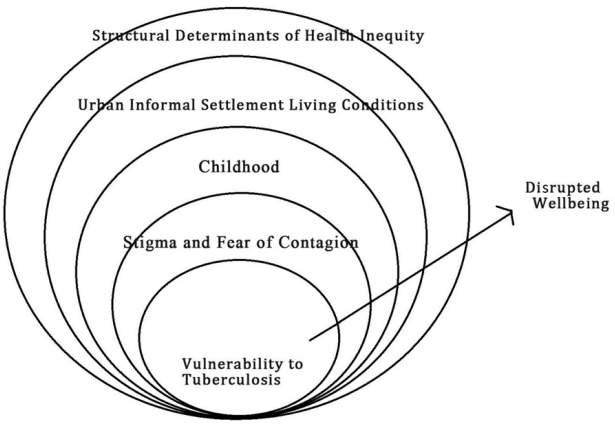

Figure 1. Children's Vulnerability to Tuberculosis

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METHODOLOGY

This study employed the qualitative approach of research (Neuman 2011). The sampling method used was purposive sampling in which the researcher selected children aged from 5-10 years old that have been diagnosed with tuberculosis in order to make sure that they will be able to remember their experiences with tuberculosis (Neuman 2011, UNICEF 2010). To ensure that the children will be active in the research process, rapport was built by the researcher by playing pogs (a thin round cardboard used for games) with them before data collection.

The researcher rented an apartment in the field site along with other researchers from June 15, 2017 to July 13, 2017 (Gallo 2017). Before the semi-structured interviews, the children were asked to draw their ideal home and their ideas about Kalusugan, Sakit, and Gamot. Then, they were instructed to explain their drawings in order to help them formulate ideas (Johnson, Pfister and Vindrola-Padros 2012, Literat 2013, O'Connell 2013). This method was used because research with children "should not depend solely on the children's language skills" (Nolan, Macfarlane and Cartmel 2013). Four (4) CLTB were interviewed. For triangulation (Neuman 2011), the CLTB's mothers, siblings, and neighbors and individuals working at the local health centers were also interviewed. Follow-up interviews were conducted from July to August to fill in the gaps of the data gathered during the one month stay in Barangay Matatag (Roulston 2010). The interviews were recorded using a mobile phone.

The interview guides were prepared by the researcher and his thesis adviser based on the focus of this study (Roulston 2010). Relevant revisions were made to these throughout data collection in order to address the perceived gaps in the data. Field notes were written daily based on the template given by the thesis adviser. The data were transcribed using Express Scribe and coded (open and closed) using MaxQda12 (VERBI-Software 2015).

By following the principle of voluntary consent, informed consent forms by the World Health Organization were read aloud to and distributed to the parents of the study participants. The informants were informed of the information that they will share about themselves, how they would be asked to disclose them, and the reason why they are being asked to share them. The informants were told that their participation in the research is voluntary, and this was reminded to them throughout the research process (Powell, et al. 2012).

RESULTS

Gian's Story

Although supported by a single parent, it was Gian's household that may be considered more financially secure than the other children interviewed. Gian's family lives in the area beside the homes of the locals who benefitted from one of the housing projects in Barangay Matatag. Gian's home is now made of cement, as their previous home was completely destroyed by the fire that broke out last May 2017 in their area. His mother works from Monday to Friday at 9am to 5pm as an office staff in Makati and receives regular salary at the minimum wage level, primarily due to the fact that she is a college graduate. Gian's aunt also pays their family a visit every week and shares food with them such as bigas (rice). Aside from Gian, his grandmother and elder sister also depend on Gian's mother for support.

Gian's experiences with Tuberculosis happened last 2014 when he was five (5) years old. As recounted by his mother, Gian had "on and off" cough for weeks. She also said that Gian reported difficulties in breathing, chest and stomach pain, along with the sudden loss of weight that she observed. As initial treatment, Gian's mother brought him to the espiritista (spiritual healer) that she knows in Barangay Matatag. Aside from the prayer/ritual, the spiritual healer also prescribed Lagundi leaves as herbal medicine for Gian's cough. Gian's mother also gave Gian the cough medications which were previously prescribed to her by doctors. She also nebulizes Gian at home using their own nebulizer. However, the symptoms that Gian showed kept on persisting, and it made her decide to bring Gian to the local health center. They were then prescribed to undergo an x-ray examination somewhere else for the local health center does not offer x-ray to its patients. Because of time constraints brought about by her work, Gian's mother brought him to a private clinic in Santa Cruz to undergo an x-ray exam, for private hospitals demand less time than public hospitals because of the shorter lines. It was then that Gian was diagnosed with Primary Complex, a form of tuberculosis among children.

When asked about the possible cause of Gian's infection, his mother related the case of Gian's grandmother, who underwent standard medical treatment after being diagnosed with tuberculosis. In the same way, Gian's uncle who lived with them before his death last December 2016 also got diagnosed with tuberculosis a few years after Gian's grandmother has recovered.

Consequently, Gian sought standard medical treatment in order to recover from tuberculosis. Unable to get free

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medicine from the local health center due to its unavailability and because of personal distrust towards the workers, Gian's mother obtained free medicine from her sister-in-law that works in one of Pasay's health centers. In order to make up for the inefficiencies of this source, Gian's mother also bought medicine using her own money. During the six (6) months of his treatment, Gian recounted that he had occasional feelings of shame because of his disease. Knowing that primary complex among children is not contagious, Gian's mother kept sending him to school and did not tell his teachers about Gian's disease. Contrarily, Gian narrated that his teachers discovered his disease and told him not to show up at school whenever he had cough for he might infect his classmates. Gian also said that he hid his condition from his classmates and friends for the reason that they might get scared of getting infected by him. This was confirmed by one of Gian's friends when she admitted in one interview that she feared getting infected by Gian when she learned about his disease, possibly from her parents because Gian's mother shared her son's condition to their neighbors. During the data collection phase of this study (June-August 2017), Gian is currently eight (8) years old. He has fully recovered from tuberculosis and continues to attend school at one of the local elementary schools.

Joebeth's Story

During the data collection period, it was only Joebeth who was still in the process of treatment and recovery from tuberculosis among the children interviewed. For the first thirty (30) days of his TB treatment, he was accompanied by his mother to Corazon Aquino Health Center, the local health center assigned to their area, to receive his daily intake of injectable Isoniazid. Among the informants, he was also the only one who received treatment through injection for his TB infection falls under category 2, the type of tuberculosis among those individuals who were previously treated, were able to recover, but are products of TB reoccurrence. Along with this, he drinks Ethambutol and Rifampicin, both of which may be obtained without payment at the local health center.

Like most of the children in Barangay Matatag, Joebeth relies on unstable financial support from his parents. His father, aged fifty (50) years old, sells watches around Quiapo and Divisoria from about 2pm in the afternoon until around 9pm in the evening. On the other hand, his mother, aged forty-seven (47) years old, skins a sack of garlic for seventy pesos (70php) every other day in order to augment the family's income. Aside from Joebeth, his two elder brothers (one aged 17 and the other aged 10) are the other ones who depend on his parents for support, as both are still studying at the high school level.

According to Joebeth's mother, the first time that someone in their household got infected with tuberculosis was when her husband contracted TB from his friend. She said that her husband vomited a pail's worth of blood along with other symptoms such as chronic cough and chest pain. After her husband's treatment and recovery from tuberculosis, Joebeth's 2 sisters were the next ones inflicted with tuberculosis respectively. Likewise, his brother (the one currently aged 17 years old) also got infected with Tuberculosis. Next, it was Joebeth's other brother and Joebeth himself who were diagnosed with tuberculosis last 2013, when Joebeth was just five (5) years old. Like their father and other siblings, they also adhered to socialized medical treatment and were able to recover.

It was not until last February 2017 did Joebeth's family got faced with the challenge of dealing with tuberculosis again. It started when boils appeared on Joebeth's thigh, which gradually became worse even after they went to a magtatawas (herbalist) for alternative medical treatment. Along with this, Joebeth also had cough and fever recurring from time to time. Thus, Joebeth's mother brought him to the local health center to have his boils checked by a doctor. They were advised to go to Gat Andres Bonifacio Memorial Medical Center for the local health center did not have the laboratory equipment needed to examine Joebeth's boils. At Gat Andres, Joebeth was advised to take several laboratory tests such as eye, skin, and ear exam, x-ray, and tuberculin skin test, the latter they obtained at Philippine General Hospital because of its unavailability. Since all of the laboratory tests (except for x-ray) had to be paid for, Joebeth's mother had to borrow money from her friend at World Vision International in Barangay Matatag. It was then that they discovered that Joebeth had an active case of Tuberculosis again.

Like Gian, Joebeth and his mother also experienced feelings of shame because of tuberculosis. Being a beneficiary of 4Ps (Pantawid Pamilyang Pilipino Program) which had a minimum attendance requirement, Joebeth was still encouraged by his mother to attend school despite of currently being in the process of treatment for tuberculosis. Joebeth's mother also did not inform his teachers about her son's disease for she feared that they might get disgusted of him. Joebeth also said that he feels ashamed, especially in the hospital because the doctors and nurses that attend to him wear surgical masks. Furthermore, a brief interview with Gian's seventeen (17) year old brother also reinforced the notion that the stigmatization that a person with tuberculosis experiences becomes contagious within that person's immediate family members; Joebeth's brother said that he hides the history of tuberculosis of their family from other people due to the fear of being disgusted of.

During this study's data collection phase, Joebeth is almost on his fifth month of Tuberculosis treatment. As afore-

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mentioned, he still goes outside to attend school and to play with his friends.

KC and Casandra's Story

KC (aged 8) and Casandra (aged 6) are the seventh and eighth child of their parents. Their father was previously employed as a security guard until he decided to stop working and look after his children possibly because his wife and five (5) sons were already economically independent and as related by their mother, also because of his addiction to drugs and gambling. He was the one who looked after KC and Casandra during the onset and treatment period of their illness because their mother was a vendor at Divisoria during that time.

According to their mother, she sought standard medical treatment for the girls at the local health center when Casandra vomited a disturbing amount of blood on their bed one night when she was not home. Before this happened, she said that KC and Casandra already had cough for a number of days. She paid little attention to this and just kept on giving them water as she thought it was a case of common cough.

At the local health center, it was only KC who was diagnosed with tuberculosis using the tuberculin skin test which was free of charge. Their mother was advised to obtain x-ray examinations for her children. Like the other parents, she also brought her children to other hospitals to access all the necessary laboratory tests required for the diagnosis of tuberculosis. Like the others, she also needed to allocate money for transportation and for the x-ray. Interestingly, the x-ray results showed that it was Casandra who was infected with tuberculosis while KC was not. Befuddled, she agreed with the doctor's advice to let both of her children adhere to tuberculosis treatment. However, she did not listen to the doctor's prescription to let all of the members of their household to undergo an x-ray exam because of financial considerations. When asked of the possible reason for the girls' TB infection, she and Casandra said that the girls' grandfather also had tuberculosis and that they might have caught the disease from him either directly or by heredity.

During the time of their treatment (January-June 2016), Casandra stopped going to school while KC did not. Although their three elder brothers were beneficiaries of the 4Ps program, KC and Casandra were not. Their mother said that it was only KC's own desire to go to school that made her keep sending KC to school. Like the other parents, she did not let her children's teachers know about her daughters' disease. Furthermore, their treatment period was described by their mother as a tiring and stressful time for her. She narrated having to skip some days of selling in order for her to get the free medications from the local health center. There were times that she had to buy the medicines because she either woke up too late to fall in line for the medicine or the local health center ran out of some medications. Fortunately, they also receive additional income from their karera (a gambling arcade machine) so she was able to consistently buy medicine whenever she needed to.

Similar to Gian's and Joebeth's cases, KC and Casandra also had feelings of shame because of their disease. KC related that she did not tell her peers about their disease because she feared not being played with. On the other hand, Casandra said that she pitied herself because of her condition. Nevertheless, both kept going outdoors to have fun because staying indoors was malungkot (sad).

Discussion

Children's Vulnerability

Barangay Matatag as an Urban Informal Settlement

As mentioned earlier, Barangay Matatag was chosen as the study setting for it is an urban informal settlement that comprises one of the largest number of individuals who migrated from rural areas in search of better job opportunities in Manila (Ballesteros 2010, Gehander and Mornhed 2006). In this study, all of the CLTB's parents narrated that their families came from distant provinces such as Bacolod, Ilo-ilo, and Davao and moved to Manila because of their experiences of kahirapan (poverty) in their places of origin.

Upon living in Barangay Matatag, they are forced to cope with poor living conditions that contribute to their family's susceptibility to TB infection, specifically the unsanitary environment that they share in their neighborhood and households (Bultó 2006). Majority of the CLTB and their parents said that the main reason that they developed Tuberculosis was because of the basura (garbage) and usok (smoke) that make the surroundings madumi (unclean) and mabaho (stinky). The putik (mud), bato (rocks), and baha (flood) also make the paths difficult to walk on, causing strain on the children when going school. Within the confines of their homes, Casandra narrated that the alikabok (dust) caused her TB infection while Joebeth said that it was because of his dog's balahibo (fur). Table 1 below shows the children's description of Barangay Matatag's surroundings that were also their and their

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parents' perceived environmental causes of the CLTB's infection.

	Children	**Parents**
KC	-*Madumi* (unclean) -*Putik* (mud) -*Basura* (garbage)	-*Madumi* (unclean)
Casandra	-*Alikabok* (dust) -*Bato-batohan* (rocks)	
Joebeth	-*Usok* (smoke) -*Balahibo* (fur) -*Mabaho* (stinky)	-*Mahirap ang daanan* (rough/ difficult path)
Gian	-*Putik* (mud) -*Usok* (smoke) -*Madumi* (unclean)	-*Mabaho* (stinky) -*Basura* (garbage)

Table 1: Perceived Environmental Causes of Infection

Defective Health Sector

As a primary part of the structural determinants of health, "the Philippines' total health expenditure as a proportion of gross domestic product per capita of 1% is far from the World Health Organization (WHO)-recommended figure of 5% and the least developed countries' average of 3%" (Anderson, Hipgrave and Sato 2015). This may be due to the fact that even the achieved target of the Department of Health is only 4.5% - a figure which also falls below the aforementioned standard set by the WHO (PSA 2016). In the same manner, the Philippine Health Insurance Corporation's (PhilHealth) spending as percentage of total health expenditures also fell short of the DOH's target (PSA 2016). Most importantly, the country's out of pocket expenditure on health— hospital payments not shouldered by the government— is also high. These statistics become problematic especially for the poor since it is now being acknowledged that it is agencies like Philhealth that are now being given the key roles to play in improving health outcomes for the general public (Anderson, Hipgrave and Sato 2015).

In the context of this study, all of the households in which the children living with tuberculosis belong to relied on socialized medical care. To avail uncharged treatment, all of the CLTB'S parents brought them to Manila's different public hospitals such as Ospital ng Maynila, Corazon Aquino Health Center, and Gat Andres Bonifacio Memorial Medical Center. While their consultations with the doctors were pro bono, the laboratory tests required were no longer accessible to them because they were not free (Lambert, et al. 2005). Joebeth's mother said that she still paid for laboratory tests although she was entitled to free diagnostic exams in Manila's public hospitals because of her orange card (Laokri, et al. 2013). All of the CLTB's parents reported that they brought their children to farther public hospitals for chest x-rays were not offered at the local health center. Consequently, they had to spend money for transportation (Kik, et al. 2009, Laokri, et al. 2013, Steffen, et al. 2010). The CLTB's parents incurred further expenses since x-rays were available at the other public hospitals but were no longer free. Some of the CLTB had to be brought by their parents on a different day because they were incapable of paying for the x-rays immediately. This again led to more transportation costs.

Furthermore, Gian's mother narrated that the local health center did not give away free medications for tuberculosis among children during the time of Gian's treatment. Fortunately, one of her relatives helped her by giving her some medications and vitamins (Laokri, et al. 2013). Similarly, KC and Casandra's mother also said that there were instances that she had to buy the medicines herself (Warkentin, et al. 2013). All of the CLTB's parents also said that unless they went to the health center very early, they would no longer be attended to because of the large number of patients (Son 2009).

Interviews with selected local health workers also supported the local manifestations of the government's underspending on health that were discussed above. Although free of charge, the health workers admitted that tuberculin skin testing is not consistently available because of the unstable supply of tuberculin purified protein derivative (PPD) (Jereb, et al. 2013). This was evident as KC and Casandra's mother were able to access free skin testing while Joebeth's mother was forced to bring him to Philippine General Hospital to obtain this diagnostic treatment. A nurse also said that they are understaffed; their health center only has two (2) doctors, five (5) nurses, five (5) barangay health workers, and one (1) medical technologist that cater to half of Barangay Matatag's total population, which is equivalent to more than 30,000 people. In addition, a health worker said that the absence of their magna carta for health (merits for health workers) contributes to their lack of motivation to work in the health center (Hangulu and Akintola 2017). Most importantly, it was mentioned that the Department of Health consciously allocates insufficient funds to the health center, thus creating inconsistencies for the DOTS (Directly Observed Treat-

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ment, Short-Course) program (Anderson, Hipgrave and Sato 2015).

Limitations of Childhood

From the classical perspective of childhood, children are already considered vulnerable just because of the fact that they are children (Corsario 2015). This may be due to the limitations that the individuals from this age group face, such as socioeconomic dependence on adults (King and Kerber 1968). In the context of this study, all of the CLTB reported that they are able to go to school on their own because they are already capable of doing so, but were ignorant and dependent on their parents in terms of seeking standard medical treatment for the diseases that they have. For all of the CLTB interviewed, all of the treatments that they adhered to were dictated by their parents. This limitation is significant especially for those children whose parents are not able to seek treatment for them because of barriers such as lack of healthcare knowledge and time constraints brought about by work (Lam, Dawson and Fowler 2015).

Stigma, Contact with Tuberculosis Patients, and Overcrowded Homes

The regular contact with individuals with active cases of tuberculosis was also believed by the CLTB's parents to have made the children vulnerable to Tuberculosis. For all of the CLTB interviewed in this study, none of them stayed indoors during the time of their tuberculosis treatment because of wanting either to play outside or to go to school. They shared that they want to play pogs (thin circular pieces of cardboard with pictures on both sides) with their peers for they get to sell the pogs (1Php per 5pcs) that they won from other children to buy snacks. Thus, contact with other children that have active cases of tuberculosis was a common occurrence in the area. This was supported by KC and Casandra's mother as she said:

> 131 I: … kayo po sa tingin niyo po ba ano po yung naging dahilan kung bakit sila nagkaron ng sakit po? … What do you think is the reason that they got sick?
> 132 G: Siguro sa dumi ganun… minsan sa mga kalaro sigurong bata di natin maiwasan din ba yung… magharap-harap sila… sa paglalaro nila, mga kapwa nila bata… Maybe it's because of the uncleanliness… and… sometimes, it's also unavoidable for them to be near their playmates when they stand facing each other… during their playtime, with their fellow children…
> 133 I: Dun po siguro nila nakuha? Maybe that's where they got it?
> 134 G: Mm-mm. Yes

Furthermore, the CLTB wanted to go to school since this was also where they had snacks and where they got to play with their classmates. They were also discouraged by their parents not to have absences because of the 4Ps program which augments their households' financial capital. To receive this program's subsidy, the student-beneficiary should have at least 85% class attendance (Fernandez and Olfindo 2011). The CLTB were able to attend school by not informing their teachers about their disease. In one interview with Joebeth:

> 109 I: … bakit pumapasok ka pa din kahit may sakit ka? … Why do you keep on going to school even when you are sick?
> 110 J: Kasi bawal umabsent. Because being absent is not allowed.
> 111 I: Ay bawal? Sino nagsabi? Not allowed? Said by whom?
> 112 J: Titser. Teacher
> 113 I: … eh bukod dun bakit pumapasok ka pa rin? … Besides that, why do you still go to school?
> 114 J: Sinabi kasi ni mama bawal umabsent. Because mama told me that I am not allowed to be absent.
> 115 I: Bakit daw? Why?
> 116 J: Papaluin niya ko. She will hit me.
> 117 I: … ano pa? Gusto mo rin ba pumasok? ... Any other reason? Do you also want to go to school?
> 118 J: Opo. Yes
> 119 I: …bakit gusto mo pumasok kahit may sakit ka? …Why do you want to go to school even when you're sick?120 J: Kasi masarap naman sa school eh. Because it feels good to be in school.
> 121 I: Masarap sa school? Bakit masarap sa school? It feels good to be in school? Why does it feel good to be in school?
> 122 J: …andun mga kaibigan ko. Because my friends are there.

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Most of the informants experienced overcrowding in their homes as well; they belonged to families that had at least 8 members living together in a home with limited space (U.S. Department of Housing and Urban Development 2007). Because of the limited space, the CLTB spend their daily lives at home in close proximity with their other family members, such as when they sleep beside each other at night. This made the CLTB vulnerable to tuberculosis due to the fact that all of them had at least one family member that had an active case of tuberculosis, especially Joebeth, whose 7 household members (out of 10) got diagnosed with Tuberculosis respectively. Contact with TB patients due to overcrowding was evident in one conversation with Joebeth's mother:

> 75 I: Sa ganun lang po nagkakahawahan? That's the way the disease is transferred?
> 76 E: Eh sila kasi magkasama yan tatlo matulog ng papa niya yung grade six, yan si Joebeth, tsaka siya... It's because those three sleep together—his father, the sixth grader, and Joebeth
> 77 I: Ahh— Ahh
> 78 E: Magkasama sila matulog— They sleep beside each other.
> 79 I: Ayun po kaya po siguro— Maybe that's why.
> 80 E: Kaya ganyan. That's why it's like that.

Finally, all of the CLTB and their households experienced the stigma attached to tuberculosis. According to Cremers et al. (2015), the stigmatization of tuberculosis may result to a number of problems such as low self-confidence and illness "non-disclosure." In the context of this study, the CLTB and their families also reported feeling ashamed about telling other people about the CLTB's condition because they feared being avoided. Surprisingly, one of the causes of which was their experience of stigmatization by their teachers and healthcare providers. Joebeth, citing an instance:

> 89 I: Nahihiya ka sa doktor mo? You feel ashamed towards your doctor?
> 90 J: Mm-mm. Yes
> 91 I: Bakit ano bang ginagawa— Why, what does she do—
> 92 J: Sinasabi nga ng doktora ko oh— tapos nagmamask sila. She does this—then they wear facemasks
> 93 I: Ah nagmamask sila? They wear masks?
> 94 J: Kasi baka makahawa daw. Because they might get infected, they say
> -Joebeth, 8 years old

Nataktak ang Baga (Shaken Lungs)

When asked about the possible cause of their infection from tuberculosis, KC said that it may have been her suntukan (fistfight) with Casandra. She said that Casandra punched her on the back and on the chest and being the elder sister, she retaliated. In the same manner, Joebeth's mother also said that Joebeth's habit of getting into fights with his peers and his elder brother caused his lungs to get shaken up. As mentioned by KC:

> 7 I: … ano yung dahilan kung bakit ka nagkaron ng sakit? …what is the reason why you got sick?
> 8 K: Kasi nagsuntukan kami ni andra sa likod, siya nangunguna. Because Sandra and I got into a fight and we hit each other's backs— she was the one who started it.

And by Joebeth's mother:

> 88 E: Hindi na talaga makakaiwas sa sakit sa baga niya …napakalikot niya kasi… kaya humihina yung baga niya… The lung disease is really unavoidable for someone like him because he is very active… that's why his lungs get weak.…
> …
> 94 E: Sobrang likot—kung anu-anong pinaggagawa diyan sa labas… nandiyan makipagsuntukan, ay nako… kaya parang … yung baga niya natataktak kasi nakikipag-away pa siya, siyempre sa pakikipag-away … minsan (na)susuntok yung likod niya ganyan… He is very active, he keeps on doing all kinds of things outside—he gets into fights so his lungs get shaken up because of course, his back gets hit when he gets into fights.
> 95 I: Hmm. Hmm.
> 96 E: Kaya kahit anong ingat mo sa kanya, yung sarili niya hindi niya iniingatan. So no matter how well you care for him, he himself does not take care of himself.

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Humiga sa Semento (laying on the cement floor)

Another reason that was mentioned by the informants out was lying down on the floor. It was mentioned during one of the interviews with KC when she said:

> 64 I: …sa tingin mo, bakit ka nagkaron ng sakit? … what do you think made you sick?
> 65 K: Humiga sa semento. Laid down on the cement [floor].
> …
> 72 I: Semento? Saang semento? Cement? Cement from where?
> 73 K: Sa bahay namin. At our house.

Children's (Un)wellbeing

Markers of Being Well

According to Gonzalez (2013), the concept of wellbeing is usually appreciated by understanding the meaning that we attach to "suffering." Similarly, in this study's context, the idea of being well was defined by the CLTB and their parents as the time when the concepts that they associate with tuberculosis were no longer present.

During the onset of their disease, the CLTB and their parents reported that the children had ubo (cough) that persisted day and night for weeks, oftentimes giving them difficulty in sleeping. According to the CLTB, this symptom was also accompanied by (green) phlegm. Their parents paid little attention to this symptom until it became worse, or as described by the mothers of the CLTB, it became matindi (severe), matigas (stiff) and continuous. This severe coughing worried the parents as based from their previous experiences with their family members that had tuberculosis, it is the kind which gradually makes a person to vomit blood.

In addition, the CLTB's parents said that the sudden weight loss that they observed from their children also made them decide to seek standard medical treatment (Amuyunzu-Nyamongo and Nyamongo 2006). Joebeth's severe boils on his thigh were also the markers of his disease, according to him and his mother.

Thus, when these symptoms were no longer observable, the CLTB and their parents believed that the children had already recovered from Tuberculosis. During the data collection phase of this study, Joebeth's case was considered by his mother as on the verge of full recovery because his boils were almost completely healed.

Furthermore, Gian's mother also recounted that she believed that her son had already recovered from tuberculosis when, according to the doctor, the laboratory results concluded no signs of tuberculosis anymore. For all of the CLTB and their parents, they primarily referred to the completion of the six months' worth of tuberculosis medication as their marker of being well from tuberculosis. For the CLTB, they related that being able to play outside and being happy were other markers of being well. As said by Joebeth in one of the interviews:

> 167 I: Pag nakakalabas na, ano ibig sabihin? What does it mean if you're already able to go outside?
> 168 J: Parang magaling na ko. It's like I'm well already.

Similarly, Gian also said:

> 145 I: … ano ba yung pagkakaiba dati tsaka ngayon? What is the difference between how you felt before and how you feel now?
> 146 G: Masaya. Happy
> 147 I: Ah ngayon masaya ka na? Ah, you're happy now?
> 148 G: Mm-mm… kasi nakapaglaro na eh. Because I can play (outside) already…

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Table 2 below shows the summary of the CLTB's and their parents' markers of being well.

Physiological	Psychosocial	Medical
-*Wala ng Pigsa* (healed boil) -*Kumakain na* (good appetite) -*Hindi Inuubo* (no cough)	-*Masaya* (Happy) -*Nakakalabas/ nakakapaglaro* (able to go outdoors and play)	-Doctor's Clearance -Accomplished six (6) months' worth of medication

Table 2: Markers of Being Well

Strategies Employed to Get Well

Standard Medical Treatment Strategies	Alternative Treatment Strategies	Behavioral Strategies
--Intake of Ethambutol, Isoniazid, Rifampicin -Consultation with Doctor -Laboratory Diagnostic Examinations	-*Tubig* (Water) -*Magsimba/magdasal* (Going to Church/Praying) -*Hilot/ Tawas* (Traditional Filipino Medicine/ Herbalist) -*Espiritista* (Spiritual healer) -Self-medication	-*Wag matuyuan ng likod* (avoid letting sweat on the child's back dry by itself) -*Wag maglaro ng madumi* (avoid playing with unclean things) -Healthy Diet -Staying indoors

Table 3: Strategies to Get Well

Guided by their notions of being well, the CLTB and their parents employed a number of strategies for the children's recovery. As initial treatment during the onset of the children's disease, the CLTB's parents utilized alternative treatments that they were knowledgeable of in order to minimize expenses (Amuyunzu-Nyamongo and Nyamongo 2006, Babayigit 2015). For KC and Casandra's mother, she kept on making her daughters drink water whenever they had cough. For Joebeth, his mother brought him to a local magtatawas (traditional Filipino healer) for his boils. In the same manner, Gian's mother brought him to a local espiritista (spiritual healer) while also letting him drink cough medicines that were previously prescribed to her by doctors (Amuyunzu-Nyamongo and Nyamongo 2006). When these were not enough to help the children recover, the parents sought standard medical treatment. They obtained these by relying mostly on socialized medical care. In Gian's case, seeking standard medical treatment was coupled with seeking recovery spiritually by going to church and praying. This was evident when Gian said:

> 133 I: … ano ginagawa mo nun para gumaling ka…? What did you do to get well…?
> 134 G: Ayun yun iniinom ko… tsaka pumupunta ko sa simbahan… para magdasal… I took my medicine… and I also went to the church to pray…

In addition, the CLTB's parents also mentioned that proper care should be given to children by not letting the sweat on their backs dry by themselves, for it is one of their perceived causes of severe coughing. The children also recounted that aside from the aforementioned strategies, they also did their best to change some of their behaviors that may have contributed to the reason why they have been infected with tuberculosis. These included staying indoors to rest, not playing with unclean things, and eating healthy foods.

Resilience

In this study's context, the concept of resilience encompassed all the data that related to the children's exercise of their agency within the social structures and groups around them. The children, like most stigmatized adults, chose to hide their condition from their peers in order to satisfy their need for social interactions outside (Aguilar 2009, Cremers, et al. 2015). Despite their conditions, the CLTB kept betting and winning *pogs* from other children outside in order to buy snacks. They also kept attending school as much as they could. In doing so, these children went against TB patients' socially constructed role of self-isolation to avoid contagion (Das 2001, Jurcev-Savicević 2011, Paz-Soldán, et al. 2013). This also demonstrates that stigmatization leads to illness non-disclosure even among children, which could have detrimental effects to social health in cases of communicable diseases (Abebe, et al. 2010, Bam, et al. 2014, Cremers, et al. 2015, Law and Howard 2012). In addition, the children also adhered to the medications prescribed by doctors despite the fact that they described these as pangit lasa (distasteful) and nakakasuka (makes you want to vomit). Joebeth's mother also reported that Joebeth did house chores that were not expected of him to reduce her stress brought about by her son's disease.

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CONCLUSION

The children living in Barangay Matatag are both vulnerable and resilient to tuberculosis. Economic issues such as jobless economic growth led the CLTB's families to dwell in an urban informal settlement. In Barangay Matatag, they are exposed to overcrowding within their homes and to the unsanitary environment of the area. The CLTB most commonly acquired tuberculosis from their household members. Their cases got activated because of other contexts such as malnutrition and inadequate healthcare access (Yeasmin and Islam 2016). During the onset of their disease, most of the children experienced chronic cough, shortness of breath, and loss of weight. Some also reported vomiting of blood and being feverish. As initial treatment, the CLTB's parents employed a number of alternative treatment strategies in order to avoid medical expenses. When these failed to help the children recover, their parents brought them to the local health centers and to other public hospitals to obtain standard medical treatment. In doing so, their households experienced financial constraints. As children, the CLTB had a number of limitations that also contributed to their vulnerability. Most of them were delayed to seek standard medical treatment due to their inability to go to hospitals and to buy medications alone; they needed their parents to accompany them. This made them susceptible since some of their parents decided not to seek standard medical treatment immediately due to financial and time constraints and negative attitudes towards socialized medical care.

During the time of their treatment, the CTLB still attended school because of the fun that they have at school with their friends and because they are beneficiaries of the Pantawid Pamilyang Pilipino Program. The CLTB and their parents chose not to disclose their diseases to their teachers and classmates because of the stigma attached with tuberculosis. Finally, political issues such as the DOH's insufficient budget allocation for socialized medical care also contributed to the CLTB's vulnerability as it resulted to adverse outcomes for the quality of healthcare that they received.

RECOMMENDATIONS

For future studies, the researcher recommends the use of more participant observations, ethnography, mixed methods approach, and focus group discussions to explore other contexts that make children and their households vulnerable to tuberculosis. To provide an example, food insecurity may be cited as one context that make the informants vulnerable to tuberculosis. The stakeholders that actively shape the healthcare policies of the Philippines should find means to provide sufficient laboratory equipment at barangay health centers in order to minimize the out of pocket expenditures incurred by most patients. They should also devise ways on how to minimize the stigma associated with child TB, such as by emphasizing its limited role in transmission and its treatableness. Most importantly, political and economic policies in the Philippines should focus more on an inclusive growth approach in order to minimize inequalities.

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