

PERCEPTION OF MOTHERS TOWARDS *HILOT* FOR CHILDREN AGES TWO TO FIVE YEARS IN BARANGAY STA. CRUZ, BAGABAG, NUEVA VIZCAYA: BASIS FOR HEALTH TEACHING ON MASSAGE THERAPY

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ABSTRACT

Traditional healing practices continue to play a significant role in Filipino communities, particularly in rural areas where access to modern healthcare may be limited. *Hilot*, a form of traditional massage therapy, is widely used as an alternative treatment for various childhood ailments. This study explored the perceptions of ten mothers in Barangay Sta. Cruz, Bagabag, Nueva Vizcaya, regarding the effectiveness of *hilot* for children aged two to five years. Using an exploratory mixed-method approach, both qualitative and quantitative data were collected through interviews and survey questionnaires. The study sought to determine the factors influencing mothers' decisions to utilize *hilot*, their level of satisfaction, and the perceived effectiveness of the practice in treating common pediatric conditions such as fever, colds, stomach pain, and musculoskeletal discomfort. Findings revealed that cultural beliefs and social influence play a major role in mothers' preference for *hilot*. The overall level of satisfaction with *hilot* as an alternative healthcare was very high (mean = 4.35, SD = 1.17). The highest-rated aspect was the cost-effectiveness of *hilot* (mean = 4.9, SD = 0.83), followed by the perceived effectiveness of *hilot* for symptom relief (mean = 4.7, SD = 1.1). However, when *hilot* did not fully resolve the child's illness, satisfaction decreased (mean = 3.6, SD = 1.28), showing that some mothers still sought medical intervention for persistent symptoms. Based on the findings, a health teaching program on massage therapy was designed to bridge the gap between traditional and modern medicine. This initiative aims to equip mothers with knowledge on safe massage techniques, proper healthcare practices, and when to seek medical care. The study concludes that while *hilot* remains a valued cultural practice, integrating it with professional healthcare can enhance children's well-being, especially in rural communities. Future research is recommended to explore further the physiological effects of *hilot* and its potential integration into primary healthcare services.

Keywords: Manghihilot, pediatric massage, traditional healing practice

INTRODUCTION

Philippine culture deeply influences health practices, with traditional healing methods such as *hilot* remaining prevalent, especially in rural areas. Historically rooted in the roles of *babaylan* during the Spanish colonization, Filipinos continue to practice folk medicine passed down through generations. These include *hilot*, *orasyon*, *pagtatawas*, and *tapal*, among others. *Hilot*, in particular, is commonly used by elders to treat physical ailments like muscle pain, injuries, and digestive issues. It involves massaging the body to restore internal balance, using knowledge of bodily structures such as *urat*, *pennet*, and *tulang*. Unique regional terms like *naan-annongan* and *nataklinan* describe specific ailments treated through *hilot*.

Globally, pediatric massage is recognized as a complementary and alternative medicine (CAM), with significant use in countries such as Korea, Australia, and parts of Europe. Parents often choose CAM therapies like massage over conventional medicine due to cultural beliefs, concerns about pharmaceutical side effects, and preferences for personalized care. In the Philippines, limited access to medical services, financial constraints, and strong cultural and religious influences often lead families to seek *hilot* first before professional healthcare. Despite opposition from medical practitioners, *hilot* remains a trusted option for treating common

childhood issues such as stomachaches, constipation, and minor injuries. Most of the present studies about *hilot* are focused on maternal perspective (Real et al., 2022; Landicho, 2022), which is why the purpose of this study was to investigate mothers' perceptions regarding massage therapy, especially *hilot*, as an alternative healthcare option for children aged two to five years old, to add to current information on the issue by learning about mothers' attitudes, views, and experiences to educate healthcare professionals, policymakers, and practitioners about the possible advantages and obstacles of using massage therapy in this age range. This knowledge gap limits healthcare professionals' ability to provide evidence-based guidance to families who rely on *hilot*.

This study is significant to nursing practice and healthcare policy as it sought to bridge traditional and modern healthcare approaches. Understanding how mothers perceive and utilize *hilot* in their children's healthcare requires a culturally competent nursing approach, which is why Leininger's transcultural nursing theory guided this study. Factors such as affordability, accessibility, and deep-seated cultural traditions shape these choices, highlighting the need for culturally responsive nursing care that integrates traditional and evidence-based medical practices.

The study revolved around two main variables: (a) mothers' perceptions of the effectiveness of *hilot* and (b) mothers' level of satisfaction with *hilot*. The researchers aimed to understand what influences mothers' decisions to choose a *hilot* rather than a nearby clinic. To further determine these factors and perceptions, the researchers conducted face-to-face interviews. They administered questionnaires to the mothers participating in this study. The factors that shape maternal decision-making are (a) cultural beliefs, (b) social influence, (c) financial constraints, and (d) healthcare accessibility. The perceived effectiveness of *hilot*—how well mothers believe it alleviates symptoms—and satisfaction with *hilot*—the extent to which mothers feel *hilot* meets their expectations regarding affordability, accessibility, and health benefits—were also determined.

Key concepts in this study include perceived effectiveness, satisfaction, and cultural influence. Perceived effectiveness refers to the extent to which mothers believe *hilot* alleviates symptoms and improves their child's overall well-being, whether through direct physical relief or psychological reassurance. Satisfaction refers to the degree of contentment mothers experience with *hilot*, including affordability, accessibility, and perceived health benefits. Cultural influence encompasses the roles of traditional beliefs, familial customs, and community practices in shaping maternal healthcare choices, particularly the preference for *hilot* over, or alongside, modern medical treatments. By integrating Leininger's transcultural nursing theory, this study not only examined the cultural dimensions of *hilot* but also highlighted its implications for healthcare providers. The findings aimed to provide culturally sensitive health education, ensuring that families receive well-rounded guidance on when traditional healing methods can be safely used alongside modern medical interventions.

The researchers delved into the barriers and drivers influencing a mother's decision, including cultural, socioeconomic, demographic, and topographic factors. Since the Philippines is known to be one of the countries that lack healthcare facilities, Filipinos have a hard time visiting a hospital to receive the essential care they need and deserve, as they lack access to primary healthcare. As a result, they want to choose a different approach, like massage therapy. Other than that, it has become a cultural tradition that their predecessors continued. Lastly, the researchers aimed to discover the scope of mothers' perception of massage therapy for children aged two to five years. By merging these, the researchers quantified certain aspects of the research while capturing the rich, qualitative insights from the mothers, offering a more comprehensive understanding of their perceptions towards massage therapy for young children in Barangay Sta. Cruz, Bagabag, Nueva Vizcaya.

Statement of Objectives

The study intended to understand mothers' perceptions toward *hilot*, as an alternative healthcare option for children aged two to five years. Data collection was conducted from October to December 2024.

Specifically, this study sought to realize the following objectives:

1. Identify the reasons of the mothers in availing *hilot* as an alternative health care option;
2. Describe the *hilot* experience as perceived by mothers.
3. Determine the level of satisfaction of mothers with *hilot*; and
4. Design and implement a health education program on massage therapy for mothers.

METHODOLOGY

This research utilized an exploratory mixed-methods design, specifically a parallel qualitative-quantitative approach, consisting of phenomenological and descriptive methods focused on two variables: mothers' perceptions of the effectiveness of *hilot* and massage therapy for sick or injured children. The researchers used a mixed-methods approach in the study to examine the mother's perception of the effectiveness of *hilot* as an alternative healthcare option. With both methods, the study provides a comprehensive understanding of how mothers perceive *hilot*, including its benefits, limitations, and overall effectiveness in managing their child's health conditions. The integration of these methods enables a deeper exploration of the cultural, social, and experiential factors influencing their healthcare decisions, while also providing measurable insights into the perceived effectiveness of *hilot* as an alternative healthcare practice.

The study was conducted in Barangay Sta. Cruz, Bagabag, Nueva Vizcaya, Philippines. Santa Cruz is a barangay in the municipality of Bagabag, in the province of Nueva Vizcaya. Its population, as determined by the 2020 Census, was 1,072. This accounted for 2.82% of Bagabag's total population (PhilAtlas, n.d.). The researchers chose the area for their research, considering that the barangay has a known manghihilot, as well as another in the neighboring barangay of Careb. Many of their clients are from faraway barangays and towns. The researchers chose the implementation site because it would provide the information they needed about mothers who prefer to avail themselves of *hilot* services for their sick children. The study was conducted in the first semester of the 2024-2025 academic year. The study's respondents were ten mothers with ages ranging from 25 to 45 years from Barangay Santa Cruz, Bagabag, who have children aged two to five years and utilize *hilot* as an alternative health care option, according to data given by a barangay health worker of Barangay Sta. Cruz, Bagabag, there were 42 mothers with children aged 2 to 5 years as of October 2024.

In this study, interview guide questions were used to gather qualitative data. In contrast, a questionnaire on *hilot* satisfaction was used for the quantitative part. The first tool is an interview guide consisting of 22 open-ended questions, which helped establish rapport with respondents and yield rich, detailed data on participants' perceptions. The next tool that was used is the researcher-made questionnaire "Level of Satisfaction on *Hilot*", in a Likert scale that was constructed by the researchers (see Appendix D). This tool was used to measure respondents' perceptions using a six-point Likert scale with 1 = 'extremely dissatisfied' and 6 = 'extremely satisfied' (Losby & Wetmore, 2014).

To establish the validity of the researchers' questionnaires, the instruments were first reviewed and approved by the research adviser. The panelists then evaluated the questionnaires. A Filipino language expert was also consulted to translate the interview guide

questions and questionnaires. Finally, approval from the University Research Ethics Board (UREB) was obtained before proceeding with data gathering. To assess the reliability of the researchers' questionnaires, pilot testing was conducted. The pilot testing involved mothers from the faculty of the School of Health and Natural Sciences, with characteristics similar to those of the research respondents. A total of 13 respondents participated in the pilot testing. The responses from the participants demonstrated consistency, as evidenced by a high Cronbach's alpha value of .97, which reflects excellent internal consistency. The results provided evidence of the questionnaire's reliability, thereby supporting the decision to proceed with the data gathering.

Before the data gathering was conducted, the researchers prepared the tools that were used. For the qualitative data, interview guide questions were prepared by the researchers as a guide to know and gather information on mothers' perceptions of *hilot* for their children. Next was the questionnaire prepared to determine if the mothers were satisfied with the effectiveness of *hilot*. The researchers ensured that the questions were clear, unbiased, and directly related to the research objectives. Afterward, the tools were pilot-tested and a language expert was consulted for their translation into the Filipino language. An informed consent form was then prepared explaining the study's purpose, procedures, and its future benefits to the respondents.

The researchers prepared a letter to the barangay for coordination. They were able to acquire authorization to access a list of mothers who have children ages two to five years, residents in the barangay, and who are willing to use *hilot* as an alternative healthcare option. The researchers then visited the respondents' houses to administer the informed consent forms. The researchers thoroughly explained the content of the form, the purpose of the study, the possible risks they could experience during their participation, the benefits they could gain from participating in the study, and, lastly, the option to withdraw from the study without any consequences. Next, after obtaining the mothers' informed consent, the researchers scheduled appointments and the interview based on the respondents' convenient time and preferred location. After the interview, participants were given a copy of the questionnaire to determine their level of satisfaction with *hilot*. Participant anonymity was also ensured, so they worried less about their privacy and about providing such information. Lastly, after all the data had been gathered, the researchers established a secure data management system to store and organize the collected data.

In analyzing the data on mothers' perception towards *hilot* for children aged two to five years, the researchers utilized a mixed-method approach combining quantitative and qualitative data analysis techniques. Common descriptive statistics, including frequency distributions, means, and standard deviations, were used to determine the level of satisfaction of the respondents with their experiences with *hilot*. Graphs and tables were created to present the key findings, such as the distribution of responses or the demographic characteristics of the mothers.

Table 1
Rating on the Satisfaction of Hilot

Likert Scale	Interval	Description
1	1.00-1.82	Extremely dissatisfied
2	1.83-2.65	Very dissatisfied
3	2.66-3.48	Somewhat dissatisfied
4	3.49-4.31	Somewhat satisfied
5	4.32-5.14	Very satisfied
6	5.15-6.00	Extremely satisfied

Source: Pimentel (2019). *Some Biases in Likert Scaling Usage and Their Correction*.

In qualitative data analysis, the six-step data analysis process of Clarke and Braun (2013) was used. It includes (1) familiarization of data, (2) generation of codes, (3) combining codes into themes, (4) reviewing themes, (5) determining the significance of themes, and (6) reporting findings. Thematic analysis was used to identify recurring themes and patterns in the qualitative data and to examine commonalities and differences in mothers' perceptions. The results were used to compare the qualitative findings with those of the quantitative approach, integrating the quantitative and qualitative data coherently. Tables and narratives were used to present the integrated results. The researchers interpreted the results, concluding mothers' perceptions of *hilot* therapy for children aged two to five years. Lastly, the practical implications of the findings for healthcare providers and future researchers about *hilot* were discussed.

All data that were collected in this study, including participant responses and personal information, were kept strictly confidential. Participants were given unique identification numbers, and any identifying information was removed during data analysis and reporting. Access to the data was restricted to the research team members and the research adviser only. After the study and its results were established, all data used were destroyed to protect respondents' privacy. This study identified potential risks such as psychological distress when discussing children's health, discomfort from lengthy interviews, and possible emotional impact from negative past experiences with *hilot*. To address these, researchers ensured informed consent, clarified participants' rights, and created a supportive, non-judgmental environment for open discussion. Despite these risks, the study offered notable benefits. It aimed to enhance mothers' knowledge of *hilot* and its therapeutic potential, introduce alternative care options for their children, and potentially improve their quality of life. The findings could inform both parents and healthcare providers about *hilot* as a holistic, non-invasive, and culturally relevant approach to pediatric care.

RESULTS AND DISCUSSION

Section 1. Reasons of the Mothers for Availing *Hilot*

The findings suggest that mothers tend to choose *hilot* as an alternative healthcare practice due to a combination of cultural and social factors, particularly traditional beliefs passed down through generations and the influence of close social networks. As Mother P2 B stated, "*Ayon kasi 'yong traditional na paniniwala ng mga matatanda kaya sila 'yong nag-susuggest* (That's the traditional belief of the elders, which is why they are the ones suggesting it)," highlighting the strong influence of elders in shaping healthcare decisions. Similarly, Mother P4 B explained, "*Gamin kwa. Syempre parang traditional gamin ajayen. Kasjay. Tapos ni lolak, isu na ti kumadrona ittoy Santa Cruz ngay. Nga agpapaanak. Ngem idi gamin kut open pay ti pagpapaanak iti balay lang. Tatta haanen ta syempre adu ti hospitalen. Kwa nu. Ammom met ti babbaketen, nu agsakit ti tiyan ti ubing hilot nga dagos* (That's what we use. Of course, it's traditional. That's how it is. Back then, my grandmother was actually a traditional birth attendant at Santa Cruz, assisting with childbirth. But before, home births were still common. Now, it's different because there are many hospitals. You know how the elders are—if a child has a stomachache, they immediately turn to *hilot*. These statements highlight how both cultural beliefs and familial influences play crucial roles in the decision to use *hilot*, especially for treating minor ailments such as stomachaches. The social and cultural influence extends beyond the family, as Mother P1 A shared, "*Oo pinapahilot din ako nung bata ako ng mama ko, gaya nung buntis ganun syempre kailangan pa rin na yung tradisyon ng matatanda na na ipahilot yung tyan pero okay din naman* (Yes, my mother had me undergo *hilot* ever since when I was a child. Just like when I was pregnant, it was important to follow the tradition of the elders to go to *manghihilot*, but it was also okay). This underscores the continued role of familial and cultural traditions in healthcare decisions. Additionally, Mother P1 B said, "*Si mother ko talaga ang*

nangimpluwensya sa kinabibilaganan ng mga kapitbahay din kasi nagpapahilot din sila at sinasabi na effective." (My mother really influenced me, and also the neighbors, because they also seek *hilot* and say it's effective). This highlights how community practices further influence the decision to use *hilot* for health and wellness.

Similar to this research's findings, Landicho (2022) found that cultural beliefs and practices significantly influence mothers' decisions to use *hilot* for their children. The study highlights that *hilot* is deeply rooted in the community's traditions, providing not only physical healing but also emotional and spiritual support, which aligns with the community's holistic view of health and well-being. However, in contrast to this research, Landicho's study suggested that *hilot* is often used alongside professional medical care, rather than as a replacement for it. This variation is crucial, as it implies that the decision to use *hilot* is not necessarily indicative of medical mistrust but rather a preference for culturally familiar interventions.

The findings of the present study are also aligned with those of Field's (2019) study on pediatric massage therapy, which found that mothers are influenced by social networks, including family, friends, and community practices, when deciding to engage in massage therapy for their children. For comparison, mothers in this study also cited social reinforcement as a key factor in their use of *hilot*. However, a critical distinction is that while pediatric massage is often integrated into formal healthcare settings in some Western contexts, *hilot* remains largely informal and unregulated in the Philippines. This raises questions about the standardization, efficacy, and safety of traditional *hilot* as a complementary practice, particularly when it may delay necessary medical treatment.

The findings highlight the importance of cultural sensitivity in nursing, emphasizing that nurses must understand and respect traditional practices like *hilot*, which greatly influence the health-seeking behaviors of mothers in certain communities. Guided by Madeline Leininger's transcultural nursing theory, nurses are encouraged to integrate patients' cultural beliefs into care. However, the study also raises concerns about the risks of relying solely on *hilot*, underscoring the need for patient education that respects cultural traditions while promoting awareness of when professional medical care is necessary. Culturally adapted health promotion strategies, such as community-based education, are essential to bridge traditional and biomedical approaches.

Section 2. *Hilot* Experience as Perceived by Mothers

The symptoms reported by the mothers, such as *subi-subi* (convulsive attack), crying, diarrhea, fever, cold, loss of appetite, *nataklinan*, *pilay*, irritability, and vomiting, are relieved after a session of *hilot*. The findings imply that the mothers experience more positive outcomes of *hilot* as an alternative healthcare. As stated by Mother P1 A, "*May lagnat siya, nagsusuka, and then before na pumunta akong doctor triny ko muna ang hilot. After hours na mapahilot kakain naman na siya, may appetite na ganoon.*" (My child has a fever and is vomiting. Before we went to the doctor, I tried going to a *manghihilot* first. After a few hours of the *hilot* session, my child's appetite came back). Mother P2 B also commented that *hilot* is effective, saying, "*Last time, wala siyang ganang kumain kaya pinahilot namin. After niyang mahilot, nung pauwi na kami, pinadede namin eh naubos naman niya yung dede niya. Hindi na ulit siya nagsuka* (Last time, my child didn't have an appetite; that is why we went to a *manghihilot*. After the *hilot*, on our way home, we tried to give him milk, and he was able to finish it. He did not vomit again). These opinions and experiences suggest that *hilot* is often a preferred first-line intervention before seeking professional medical care.

Similarly, the study by Gao et al. (2018) investigated the effectiveness of pediatric massage therapy for acute diarrhea in children, revealing that massage therapy significantly

improves clinical outcomes and reduces cure time compared to pharmacotherapy. The signs and symptoms associated with acute diarrhea include increased stool frequency and changes in stool characteristics, such as loose or watery stools. Pediatric massage stimulates the autonomic nervous system, increasing peripheral blood flow and improving gastrointestinal function, which may explain why mothers perceive *hilot* as effective in treating symptoms stated above. Many mothers rely on *hilot* as a first line of treatment and continuously use it due to improved symptoms of their child. Nurses should recognize and respect the cultural value of *hilot* while also ensuring patient safety. Unlike nursing care, which follows standardized clinical guidelines to assess and treat symptoms such as vomiting, diarrhea, and fever, *hilot* is unregulated and varies among practitioners, with its effectiveness largely based on anecdotal evidence. Therefore, nurses should encourage early medical intervention, conduct proper health assessments, and provide clear advice that traditional practices like *hilot* may complement but should not replace evidence-based medical treatment.

Two out of the ten mothers who were interviewed stated that even after a session of *hilot*, they still seek medical intervention due to their children's unresolved symptoms. Mother P2 A shared, "*Ayun, temporary mare-relieve tiyan niya kasi mawawala ibang gas. Pero hindi pa din naman nawawala lagnat niya. Kaya pinapadoctor ko pa din*" (His stomach gets temporary relief because some of the gas is released. But his fever hasn't disappeared, so I will still take him to the doctor). Similarly, Mother P5 D stated, "*Kapag nagpapahilot ang anak ko, natatanggal yung iniinda niyang sakit minsan. Pero kapag kinaumagahan may masakit pa din, ayun pinapa doktor ko na* (When my child gets a *hilot*, the pain he's feeling sometimes goes away. But if he still feels pain the next morning, I take him to the doctor).

Comparing these findings with previous research, Gao et al. (2020) found that massage therapy could enhance clinical effectiveness compared to medication. However, their study did not establish clear guidelines on when medical evaluations should follow massage therapy in children. This aligns with findings that while *hilot* may provide relief, it does not always address the root cause of an illness. Nurses are responsible for promoting evidence-based interventions, guiding parents on when symptoms require medical attention, and discouraging overreliance on traditional healing. Health promotion strategies include anticipatory guidance, in which parents are educated about warning signs that indicate the need for medical evaluation, such as persistent fever, difficulty breathing, or worsening pain. However, community health nurses play a role in integrating traditional beliefs with modern healthcare, fostering culturally sensitive discussions that acknowledge *hilot* while reinforcing the importance of timely medical intervention.

Section 3. The Level of Satisfaction of Mothers on *hilot*

Table 2

Level of Satisfaction of Mothers with Hilot

Statement	Mean	SD	Level of Satisfaction
Overall experience of <i>hilot</i> as an alternative health care	4.5	1.02	Very Satisfied
Benefits of <i>hilot</i> to your child's health as a healthcare alternative medicine	4.2	1.08	Somewhat Satisfied
Accessibility of <i>hilot</i> available in your area	4.6	0.66	Very Satisfied
Effectiveness of <i>hilot</i> in treating your child's stomach pains, back and neck pain, strains, injuries, headaches, and nerve problems	4.7	1.1	Very Satisfied
The cost-effectiveness of <i>hilot</i> and its outcome	4.9	0.83	Very Satisfied
The influence of your family/ neighbor regarding the effectiveness of <i>hilot</i> that made you adapt the belief too	4.8	0.75	Very Satisfied
Satisfaction level or relief of your child after a session of <i>hilot</i>	4.7	1.19	Very Satisfied

Statement	Mean	SD	Level of Satisfaction
Does the effectiveness of complementary alternative medicine <i>hilot</i> somehow match the effectiveness of professional health care?	4	1.26	Somewhat satisfied
Effectiveness of what <i>hilot</i> poses to your child's well-being	4.6	1.02	Very satisfied
Satisfaction level with the outcome of <i>hilot</i> , even if your child's illness recurs	4.1	1.22	Somewhat satisfied
As a mother, how satisfied are you if a <i>hilot</i> doesn't fully treat your child's illness?	3.6	1.28	Somewhat satisfied
Level of satisfaction with the cost-efficiency of <i>hilot</i> , if you would still end up seeking professional medical care, especially when your child's illness wasn't alleviated	3.7	1.49	Somewhat satisfied
Availability of <i>manghihilot</i> satisfies your urgent need for medical health care	4.2	0.98	Somewhat satisfied
OVERALL	4.35	1.17	Very satisfied

Legend:

1.00-1.82: Extremely dissatisfied, 1.83-2.65: Very dissatisfied, 2.66-3.48: Somewhat dissatisfied, 3.49-4.31: Somewhat satisfied, 4.32-5.14: Very satisfied, 5.15-6.00: Extremely satisfied

Table 2 shows that the mothers expressed high satisfaction with the cost-effectiveness of *hilot* and its outcomes. As indicated, it received the highest mean score of 4.9 (SD=0.83), suggesting that this aspect is what the mothers are most satisfied with. In contrast, when *hilot* did not fully treat their child's illness, the mothers reported only some satisfaction, with a mean score of 3.6 (SD=1.28). Comparing this with the qualitative findings, mothers who reported strong cultural attachment to *hilot*—primarily influenced by familial traditions and social reinforcement—also expressed high satisfaction with its affordability and availability. As Mother P4 stated, "*Kahit kasi magkano lang ibibigay mo sa manghihilot, parang kusang bigay* (You can give any amount to the manghihilot, and it feels like a voluntary offering)." Mother P1 A mentioned that "*Nalaklaka iti agpahilot ken kusang loob lang gamin iti ited ti manghihilot* (It is easy to seek *hilot* services, and what you give is out of goodwill)" aligning with the qualitative data and reinforcing the idea that *hilot* remains a preferred healthcare option due to its cost-effectiveness and outcome.

According to Landicho's (2022) study, mothers preferred *hilot* during childbirth due to its affordability and convenience, findings that align with this study's high satisfaction with *hilot's* cost-effectiveness. However, unlike pediatric massage therapy studies such as Gao et al. (2020), which view massage as a complementary treatment within formal healthcare, this study highlights *hilot* as a standalone option, highlighting differing roles for traditional practices in healthcare. The findings regarding the mothers' satisfaction with the cost-effectiveness and outcomes of *hilot* suggest important considerations for nursing practice. Nurses need to be aware that cost and accessibility play significant roles in healthcare decisions, especially in communities where traditional practices are still in use. Understanding this, nurses should be flexible in their approach, acknowledging that some families may turn to *hilot* for its affordability and perceived effectiveness.

Section 4. Health Teaching

Based on the study's findings, mothers expressed high satisfaction with *hilot*; however, concerns remain when symptoms persist or worsen, highlighting the need for health education. Certain conditions require immediate medical attention, and relying solely on *hilot* may pose risks. For instance, abdominal pain might indicate appendicitis or other severe illnesses where manual manipulation could worsen the condition. Symptoms like *subi-subu* (convulsions), diarrhea, fever, vomiting, *nataklinan*, *pilay*, and loss of appetite should be promptly assessed by healthcare professionals. To address this, the researchers conducted health teaching sessions in the mothers' homes using their local dialect to ensure clarity and accessibility. These sessions

emphasized the appropriate use of *hilot*, its benefits, and limitations. They educated mothers on warning signs of serious illness. According to the CDC, severe vomiting (more than 6 episodes in 24 hours), frequent watery stools, high fever ($\geq 38.5^{\circ}\text{C}$), lethargy, irritability, sunken eyes, dry mouth, and poor appetite are indicators of immediate medical care. Mothers were advised to seek professional help if such symptoms persist, to avoid complications like dehydration or ruptured appendicitis.

CONCLUSION AND RECOMMENDATIONS

The study revealed that mothers in Barangay Sta. Cruz, Bagabag, Nueva Vizcaya, continue to avail *hilot* due to cultural traditions, cost-effectiveness, and social influence. The data also showed a generally high level of satisfaction with *hilot*, particularly regarding cost-effectiveness and perceived efficacy in alleviating their children's symptoms. However, some mothers expressed concerns about the limitations of *hilot* when illnesses persist or require professional medical intervention.

Conclusion

The researchers concluded that mothers' decision to use *hilot* is primarily influenced by deeply rooted cultural beliefs and social influences from family and community members, making it a preferred alternative to modern medical consultations, especially for minor health concerns due to its affordability. Mothers reported improvements in ailments such as fever, colds, stomach pain, and irritability in their children after *hilot* sessions, reinforcing their trust in its effectiveness. However, some acknowledged that its effects were sometimes temporary, leading to delayed medical intervention. Despite the availability of modern healthcare, traditional influences continue to shape maternal perceptions and healthcare choices. Overall, the mothers expressed high satisfaction with the cost-effectiveness and perceived outcomes of *hilot*. However, satisfaction decreased when the *hilot* did not fully resolve the illness, prompting them to seek professional care. To address this, the researchers implemented a health teaching program using pamphlets and explanations in the local dialect, aiming to educate mothers on the proper use, benefits, and limitations of *hilot*. The study underscores the cultural significance of *hilot* while emphasizing the need for it to serve as a complementary practice rather than a substitute for modern medical treatment.

Recommendations

To provide culturally sensitive and effective healthcare, it is essential to implement strategic measures that bridge traditional practices with modern medical approaches. The researchers recommend that municipal or barangay health units develop and implement health education programs for mothers, emphasizing the appropriate integration of *hilot* with modern medicine. Nurses and barangay health workers are encouraged to conduct regular home visits to educate families on safe *hilot* practices and the importance of seeking professional medical care when necessary. Collaboration between barangay health workers and local healthcare professionals through seminars can promote awareness of early warning signs of serious illnesses, facilitating timely medical consultation. Future researchers are encouraged to conduct comparative studies across regions to assess variations in *hilot* practices and perceptions, thereby helping shape culturally sensitive healthcare guidelines. To improve data reliability, future studies should include direct observation of *manghihilot* techniques, interviews with healthcare providers, and review of medical records, while also involving medical professionals and traditional healers to examine the feasibility of integrating *hilot* into pediatric care. Further research should explore the physiological mechanisms behind *hilot* and compare it with modern physical therapy techniques to enhance understanding of its role in holistic healthcare.

Additionally, limitations such as the narrow age range of respondents and sample size should be addressed in future studies. Policymakers and agencies such as the DOH and PITAHC should implement guidelines for incorporating hilot into barangay health services, including practitioner training, safety protocols, and structured referral systems, to ensure that traditional practices complement rather than replace modern care. These recommendations aim to ensure the safe and effective use of *hilot*, ultimately improving child health outcomes in rural communities.

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