

TRADITIONAL MATERNAL NURSING PRACTICES IN PREGNANCY, LABOR, AND POSTPARTUM AMONG ILOCANO MOTHERS OF CURIFANG, SOLANO, NUEVA VIZCAYA

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ABSTRACT

Traditional maternal practices remain important in modern child-rearing, reflecting their lasting cultural value and effectiveness. This qualitative study investigated traditional maternal practices during pregnancy, labor, and the postpartum period among women in Barangay Curifang, Solano, Nueva Vizcaya. Data were gathered through in-depth interviews with Ilocano women, who are residents of the area and who had experienced at least one childbirth. Thematic analysis revealed that traditional practices remain deeply rooted despite medical advancements. During pregnancy, prominent themes included protective rituals, dietary beliefs, health practices, and physical activity, as well as the use of traditional medicine. For labor, pre-labor rituals and physical preparations were commonly practiced. In the postpartum period, body-healing and protection practices, the use of food and herbal remedies, infant hygiene rituals, and spiritual safeguards for newborns were identified. The continuing influence of older women and traditional birth attendants was evident in shaping maternal care. Traditional maternal practices remain integral to the maternal experience in Barangay Curifang. Recognizing and respecting these cultural traditions while integrating them with evidence-based medical care is essential to promoting inclusive, respectful, and effective maternal health services. The study recommends culturally sensitive healthcare approaches, including community immersion programs for students and collaborative support from local governments and NGOs. These initiatives can bridge traditional and modern practices to improve maternal outcomes.

Keywords: contemporary maternal care, cultural significance, culture, health beliefs, traditional practices

INTRODUCTION

Cultural beliefs, practices, and taboos significantly influence the type of care mothers receive during pregnancy and childbirth, making them a key factor in maternal mortality (Gedamu et al., 2018). The World Health Organization (2023) reported that nearly 800 women died daily in 2020 from preventable pregnancy-related causes. Supporting this, Omer et al. (2021) found that in Pakistan, cultural norms, religious beliefs, and traditions have hindered young women from accessing maternal healthcare, leading to increased maternal deaths. These findings highlight the impact of traditional practices on maternal health during pregnancy, labor, and postpartum.

Culture is broadly understood as the collective traits, knowledge, and practices of a community, encompassing elements like language, customs, art, and cuisine (McKelvie & Pappas, 2022). It also includes shared behaviors, interactions, and cognitive frameworks developed through socialization, shaping a group's identity and worldview (Center for Advanced Research on Language Acquisition, 2019). According to Li & Karakowsky (2001), culture forms part of a person's value system and reflects their full humanity. Traditional customs and beliefs, as aspects of culture, represent generations of community knowledge shaped by environment and experience. These practices are culturally patterned and vary across families, communities, and nations (Rajasekaran, 1993).

The WHO aims to reduce global maternal mortality from 216 to fewer than 70 deaths per 100,000 live births by 2030. In 2015, Asia accounted for over a third of the 302,000 global maternal deaths, with Southern Asia contributing 66,000, Eastern Asia 4,800, and South-Eastern Asia 13,000. In 2020, 287,000 women died from pregnancy-related causes, with 95% occurring in low and lower-middle-income countries.

In the Philippines, 14% of pregnant women lack access to necessary prenatal care. Maternal deaths rose from 1,458 in 2019 to 2,478 in 2021, meaning 6–7 Filipino women die daily due to childbirth-related issues. These deaths are largely preventable with proper healthcare access, especially during emergencies.

Traditional maternal and childcare practices persist in rural Philippines, often passed down by female family members. Some of these are harmful and lack a scientific basis, contributing to maternal and neonatal health issues. For example, planned home births carry higher neonatal mortality risks than hospital births attended by certified midwives.

Additionally, 17.92% of Filipino women aged 15–49 give birth at home, with rural areas (23.53%) showing higher rates than urban areas (10.72%). Cultural beliefs, though sometimes benign or scientifically valid, often shape these choices.

Pregnancy brings significant physical, emotional, and psychological changes to a woman, often influenced by her upbringing, life circumstances, and cultural background. These factors shape her experience, behavior, and perceptions during pregnancy.

Cultural beliefs can impact a pregnant woman's diet and activities. In the Eastern Cape, South Africa, many pregnant women avoid nutrient-rich foods like meat, beans, and eggs due to traditional taboos, increasing the risk of nutritional deficiencies and malnutrition. Specific foods, such as unripe papaya and pineapple, are also cautiously approached due to their potential to trigger uterine contractions. However, moderate consumption of ripe versions is generally considered safe.

In Batangas, Philippines, cultural practices include isolation at home, avoiding heavy lifting, and covering the head when outside to protect against illness or premature labor. While meant to ensure safety, such traditions are not always scientifically supported.

Labor is the physiological process of delivering the fetus, umbilical cord, and placenta, divided into three stages: cervical dilation, fetal delivery, and placental delivery. This study focuses only on the first stage of labor, when traditional practices are still in use before hospital care begins.

Among the Aeta mothers, traditional labor practices include rubbing chili pepper leaves on the abdomen and back in a cross pattern to prevent premature labor and wearing a cloth wrap ("bigkis") to aid fetal descent. To ease labor pains, some women consume a raw native chicken egg or lemon grass when contractions intensify. Traditional tools like "buho" (bamboo bark) are still used to cut the umbilical cord, along with "bud bud" (coconut shell scrapings), which is applied to birth wounds, practices observed across many Philippine provinces.

The postpartum period, typically lasting six weeks, marks the body's return to its nonpregnant state. Cultural beliefs heavily influence postpartum practices in various countries. For example, some Guatemalan midwives delay breastfeeding due to beliefs about colostrum. In Pakistan, heavy bleeding is seen as cleansing. In the Philippines, traditional postpartum massages and food taboos are common.

In Barangay Curifang, Solano, Nueva Vizcaya, Ilocano mothers continue to follow

traditional maternal practices, such as avoiding baths, certain foods, and trimming babies' nails. These practices persist due to generational transmission, limited access to healthcare, and strong cultural values, despite posing health risks such as infection and malnutrition.

The study was conducted to understand these practices, how they are implemented, and why they continue. It aims to contribute to culturally sensitive healthcare approaches, aligning traditional practices with evidence-based maternal care. The goal is not to criticize, but to improve health outcomes through respectful integration of cultural beliefs and modern medical practices, while informing healthcare education and future research.

The Culture Care Theory emphasizes that health is defined and valued differently across cultures, linking care practices closely with cultural beliefs (Leininger, 1991). This theory guides nurses in developing culturally specific care plans that respect diverse values and behaviors, thereby improving health outcomes. In line with this theory, the study on Ilocano women in Barangay Curifang, Solano, Nueva Vizcaya aimed not to change their traditional maternal practices but to develop a culturally sensitive plan that helps them negotiate with healthcare providers, promoting better health outcomes while respecting their cultural traditions.

Objectives of the Study

In this study on the traditional maternal nursing practices of Ilocano mothers of Curifang for the A.Y. 2024-2025, the objectives were the following:

1. Determine the maternal nursing practices that the Ilocano mothers of Curifang apply during periods of:
 - 1.1 Pregnancy
 - 1.2 Labor
 - 1.3 Postpartum
2. Explore how the community is implementing the maternal nursing practices.
3. Identify the reasons for implementing the maternal nursing practices.
4. Plan health awareness activities for Ilocano mothers for the promotion of maternal and child health by conducting a health teaching

METHODOLOGY

The study used a qualitative descriptive research design to explore traditional maternal practices among Ilocano mothers during pregnancy, labor, and the postpartum period. This approach enabled the researchers to collect rich, detailed accounts of the mothers' experiences, providing a clear understanding of their cultural practices within their specific context.

The study took place in Barangay Curifang, Solano, Nueva Vizcaya, a predominantly Ilocano rural area with a high pregnancy rate and a strong adherence to traditional maternal practices. Despite accessible healthcare services and national health programs, maternal deaths have increased, highlighting a disconnect between modern interventions and cultural practices. This study aims to explore the interaction between traditional beliefs and modern healthcare in Curifang to inform more culturally sensitive and effective maternal health strategies.

The study's respondents are Ilocano mothers from Barangay Curifang, selected through typical case sampling based on shared cultural background and experiences, regardless of age, education, or income. Ten women, either pregnant or with children aged 0–2, were identified as prospective participants, all of whom follow Ilocano maternal practices. Inclusion criteria required experience with pregnancy, labor, and postpartum in the area. Women currently

pregnant without prior childbirth, those with high-risk pregnancies, medical conditions, or communication difficulties were excluded. As of February 2, 2024, there were 10 pregnant women in the barangay.

The study used an interview protocol adapted from Bulan et al. (2009), which included one question each for pregnancy, labor, and the postpartum period. This method allowed respondents to share their experiences with traditional maternal practices. Questions were delivered verbally and provided in English, Tagalog, and Ilocano to ensure clarity and accurate responses.

The researchers first obtained administrative approval from the barangay captain. They collaborated with barangay health workers to conduct community mapping, identifying potential respondents based on set criteria. Informed consent was secured after thoroughly explaining the study's purpose, risks, benefits, and participant rights. Interviews were conducted at respondents' homes, with participants allowed to ask questions, consult family, or request a significant other's presence. Recordings were made with consent, using pseudonyms; otherwise, responses were written down. Researchers conducted interviews respectfully, observing respondents' mannerisms. The Municipal Social Welfare and Development Office supported vulnerable participants. Data were organized and transcribed from recordings and notes, and later revalidated by revisiting respondents to confirm the accuracy of the information.

Thematic analysis was used to provide context for the study by carefully examining the data to identify recurring themes, subjects, concepts, and patterns of meaning that respondents provided during the interviews. The interview data underwent a three-step process: familiarizing and transcribing texts, coding and highlighting keywords/phrases/sentences, and generating themes from the codes. The derived themes included pregnancy, labor, and the postpartum period.

The study received ethical approval from the Saint Mary's University Research Ethics Board. Researchers declared no conflicts of interest and ensured voluntary participation, privacy, and data confidentiality using pseudonyms and secure storage. Informed consent was obtained, with additional consent for minors. Vulnerable participants, such as minors and postpartum mothers, received support from social workers when needed. Emotional risks were managed with a distress protocol, while benefits included increased awareness of maternal nursing practices. After data collection, results were shared with the barangay through a health teaching session, supported by printed materials and an open forum. Snacks were provided as a token of gratitude.

RESULTS AND DISCUSSION

Section 1: Practices during Pregnancy, Labor, and Postpartum

1.1Pregnancy

1.1.a. Protective Practices

Ilocano mothers follow a variety of protective practices during pregnancy, deeply rooted in cultural beliefs and passed down through generations. A prominent belief involves wearing loose clothing to prevent the abdomen from being compressed, which is thought to ensure the baby's comfort and safety. Elders often warn pregnant women against staying or standing in doorways, believing that it may cause the baby to get "stuck" during labor, thus leading to a difficult delivery. These symbolic boundaries are

considered spiritual thresholds to be avoided. In addition, mothers reported practices such as avoiding baths or going outdoors in the afternoon, as such exposure is believed to attract "lamig," or cold air, which could harm the baby or the mother's health. Protective items such as garlic and salt are also carried when venturing out, especially at night, to ward off evil spirits or malevolent forces. These practices show a fusion of spiritual, environmental, and physical concerns, grounded in a worldview in which pregnancy is a fragile and sacred condition that must be shielded from both seen and unseen dangers.

1.1.b Dietary Beliefs

Food consumption during pregnancy is closely monitored within Ilocano culture, as specific foods are believed to influence fetal development and delivery outcomes. Many mothers avoid "twin" fruits, such as bananas with double lobes, because they believe they may cause twin births or deformities. There is also a strong aversion to cold foods and drinks, which are associated with "lamig," that could lead to complications or hinder proper fetal growth. Pineapples, considered "mainit" (hot), are avoided due to the belief that they can induce uterine contractions and cause miscarriage or early labor. Other forbidden foods include eggplants, said to cause rashes or skin discoloration in babies, and overly sweet foods, thought to cause macrosomia (large baby), which could lead to birthing complications. These dietary beliefs reflect a culturally constructed food classification system rooted in the hot-cold theory common in many Asian traditions. Although lacking in scientific evidence, they serve as symbolic guidelines for maintaining maternal-fetal harmony and avoiding perceived risks.

1.1.c. Health Practices and Activity

During pregnancy, physical activities are cautiously selected and monitored. Heavy lifting is strictly avoided as it is believed to increase the risk of miscarriage or preterm labor. Running, jumping, or sudden movements are discouraged for the same reasons. However, light physical activities such as walking and mild household chores are encouraged, as they are believed to help prepare the body for labor and promote circulation. Mothers are also advised against excessive rest or daytime sleeping, which is believed to cause swelling or prolong labor. These beliefs shape the daily routines of expectant mothers, who strive to maintain physical balance between activity and rest. While some restrictions may contradict medical advice promoting moderate exercise, the intent behind these traditional practices is to prevent harm and promote maternal comfort. They demonstrate the community's intuitive approach to self-regulation during a vulnerable period.

1.1.d. Traditional Medicinal Beliefs

The use of herbal remedies is another notable aspect of traditional maternal care during pregnancy. Mothers commonly turn to locally available plants and ingredients, such as calamansi juice mixed with honey and oregano leaves, to treat minor ailments like coughs or sore throats. These natural remedies are not only seen as effective but also safer than commercial medications, which are often avoided during pregnancy. These practices are handed down by elder women in the family and are deeply embedded in the community's healing traditions. The trust in herbal medicine reflects both the limited access to formal healthcare and the belief in nature's power to nurture and protect. While some of these remedies may offer benefits, others may pose risks, especially if taken without proper dosage or awareness of contraindications. Therefore, while traditional medicinal practices fulfill emotional and therapeutic needs, integration with medical guidance is essential to ensure safety.

1.2. Labor

1.2.a Pre-labor Practices and Preparations

As childbirth approaches, Ilocano mothers engage in specific preparations influenced by traditional wisdom and practical experience. Walking is widely practiced in the final days or hours before labor to stimulate contractions and help the baby descend into the birth canal. Squatting is another common practice, believed to widen the pelvis and support an easier delivery. Mothers often choose to wait until contractions become intense and frequent before going to a clinic or health center, as early signs of labor are thought to be unreliable. This delay stems from a desire to conserve energy and avoid unnecessary hospital interventions. Preparations also include packing clothing and baby supplies ahead of time, and boiling water, a practice inherited from home-birthing traditions when sterile conditions had to be created manually. These pre-labor actions reflect a blend of cultural norms and resource-based strategies. They also illustrate the balance that mothers strive to maintain between preparing for institutional healthcare and staying connected to ancestral practices.

1.3 Postpartum

1.3.a. Body Healing and Protection Practices

After childbirth, Ilocano mothers follow an extensive set of practices aimed at protecting their bodies from "lamig" and ensuring a smooth recovery. One of the key customs is delayed bathing, sometimes for up to a week, followed by warm herbal baths intended to restore heat and remove "cold" from the body. The use of abdominal binding or "bigkis" is also widespread, believed to help the uterus contract and flatten the belly. Mothers wear warm clothes, including socks and sweaters, even in tropical climates, to prevent "pasma," a condition thought to result from cold air entering the body. Perineal and nipple hygiene are carefully maintained, often using herbal washes or warm water. Mothers avoid lifting heavy objects or doing hard labor to prevent "binat," a relapse or worsening of their condition. These protective rituals are believed to prevent long-term health problems. They are passed down with authority and care by elder women. Though some align with hygienic medical standards, others need guidance for safe application in the postpartum period.

1.3.b. Food and Herbal Medicine Practices

In the postpartum period, dietary rules continue to shape the healing process. Mothers avoid certain "malansa" or fishy foods, which are believed to hinder wound healing or cause infections. Hairy or itchy foods like eggplant are avoided for fear of causing allergic reactions or skin conditions in the baby. Cold foods and drinks are shunned, and the mother's diet often consists of hot, soft foods such as soups to restore warmth and strength. Some mothers also administer herbal remedies to newborns, such as coconut oil massages or warm herbal teas for colic. These food practices serve as a form of internal protection, complementing external protective rituals such as bathing and clothing. They reflect the belief that the mother's physical state is fragile and susceptible to imbalance. That nutrition must be carefully managed to promote healing and milk production.

1.3.c. Infant Symbolic Hygiene Practices

Traditional care for newborns includes symbolic hygiene practices rooted in spiritual protection and community wisdom. One common practice is delaying the

baby's nails for the first month, believed to prevent sickness or bad luck. Mothers also apply coconut oil or herbal solutions to the baby's skin to prevent rashes and promote smoothness. These practices often involve a blend of physical care and symbolic rituals meant to strengthen the child and shield them from harm. They are not merely hygienic in function but also imbued with protective intentions passed down by generations of caregivers.

1.4.d. Spiritual Safeguards for Infants

Ilocano mothers strongly believe in protecting newborns from supernatural forces, particularly "usog", a condition believed to be caused by a strong gaze or negative energy from others. To counter this, saliva is sometimes applied to the baby's forehead or belly, or garlic is hung near the baby's sleeping area. Some mothers also consult elderly relatives or hilots (traditional birth attendants) to perform blessings or rituals. These practices reflect a spiritual understanding of infant vulnerability, in which the physical and metaphysical realms interact. They serve both as protective mechanisms and as expressions of cultural identity and intergenerational care.

Section 2: Reasons for These Practices

The continued application of traditional maternal nursing practices is primarily attributed to maternal influence, particularly from grandmothers and elder female relatives. These women are seen as repositories of ancestral knowledge, and their authority commands respect. Their lived experiences, often viewed as more reliable than institutional guidance, strongly influence younger women's decisions during pregnancy and motherhood. Additionally, ancestral wisdom and community norms play a vital role. The practices are not just individual preferences but are reinforced by communal belief systems. They provide a shared language of care and caution, uniting families and communities in preserving health and tradition. These reasons explain the enduring nature of these practices even in the presence of accessible modern healthcare.

Section 3: Health Teaching Plan

To support maternal and child health while respecting cultural values, the researchers developed a health teaching plan tailored to the community's needs. The plan aimed to raise awareness of both safe traditional practices and evidence-based maternal care. Key objectives included educating mothers on pregnancy nutrition, hygiene, safe labor preparation, and postpartum care. The teaching plan was implemented through a barangay-based program featuring visual presentations, open forums, and printed pamphlets in the local dialect. Community participation was encouraged, and elders were engaged to help bridge generational understanding. Snacks were provided as tokens of appreciation. This culturally sensitive approach enabled the respectful integration of traditional beliefs with modern health recommendations, empowering mothers with both knowledge and autonomy.

CONCLUSION AND RECOMMENDATIONS

Conclusion

This study explored the traditional maternal nursing practices of Ilocano women in Barangay Curifang, Solano, Nueva Vizcaya, revealing a rich system of culturally rooted behaviors during pregnancy, labor, and the postpartum period. These practices, such as food restrictions, physical preparation, spiritual protection, and symbolic infant rituals, reflect a holistic approach to maternal and infant care that encompasses physical, emotional, and spiritual well-being.

The research emphasizes the role of older women and traditional birth attendants in preserving and transmitting these customs, which continue to be practiced alongside modern healthcare. The study highlights the value of cultural knowledge in shaping maternal behaviors and calls for its respectful integration into public health efforts. It advocates for culturally grounded research and health practices that honor both traditional wisdom and modern medical standards to improve care outcomes in diverse communities.

Recommendations

In light of the study's findings, several recommendations are made to support the integration and preservation of traditional maternal knowledge while ensuring its safe practice. Health professionals and local health units are encouraged to adopt culturally sensitive care by understanding and appropriately incorporating traditional practices into their services. This includes regular training in cultural competence and collaboration with traditional birth attendants and elder women. Educators in fields such as nursing, community development, and the social sciences should enrich curricula with traditional knowledge systems and provide students with opportunities for community engagement and participatory research. For researchers, the study highlights the need to further explore maternal customs across different ethnolinguistic groups, particularly by examining the health outcomes of specific practices and how traditional knowledge adapts over time. Local government units and NGOs are advised to support traditional practices through workshops, public health campaigns, and the formation of maternal support groups led by health professionals and community elders. Overall, combining cultural heritage with modern health standards can lead to more inclusive, respectful, and effective maternal care systems.

REFERENCES

- Bulan, R. C., Habon, J. D. C., Ordinario, A. M. N., Paggao, R. G., Kapisara, K. K. A., & Zapalero, K. J. A. (2009). *An assessment of the traditional birthing beliefs and practices and level of adherence to standard maternal newborn care of the Kankanaey in relation to their social demographic profile* [Unpublished undergraduate thesis]. Saint Mary's University.
- Center for Advanced Research on Language Acquisition. (2019). *What is culture?* <https://carla.umn.edu/culture/definitions.html>
- Gedamu, H., Tsegaw, A., & Debebe, E. (2018). The prevalence of traditional malpractice during pregnancy, childbirth, and postnatal period among women of childbearing age in Meshenti Town, 2016. *International Journal of Reproductive Medicine*, 2018, 1–7. <https://doi.org/10.1155/2018/5945060>
- Li, J., & Karakowsky, L. (2001). Do we see eye-to-eye? Implications of cultural differences for cross-cultural management research and practice. *The Journal of Psychology*, 135(5), 501–517. <https://doi.org/10.1080/00223980109603715>
- McKelvie, C., & Pappas, S. (2022). *What is culture? Live Science*. <https://www.livescience.com/21478-what-is-culture-definition-of-culture.html>
- Omer, S., Zakar, R., Zakar, M. Z., & Fischer, F. (2021). The influence of social and cultural practices on maternal mortality: A qualitative study from South Punjab, Pakistan. *Reproductive Health*, 18(1). <https://doi.org/10.1186/s12978-021-01151-6>
- Rajasekaran, B. (1993). *A framework for incorporating indigenous knowledge systems into agricultural research and extension organizations for sustainable agricultural development in India* (Doctoral dissertation, Iowa State University). <https://dr.lib.iastate.edu/entities/publication/8895f289-8af0-42af-880d-5280e00ea2a3>
- World Health Organization. (2023). *Trends in maternal mortality 2000 to 2020: Estimates by*

WHO, UNICEF, UNFPA, World Bank Group, and UNDESA/Population Division.
<https://www.who.int/publications-detail-redirect>