

PRACTICES DURING PREGNANCY, LABOR, AND IMMEDIATE POSTPARTUM OF WOMEN RESIDENTS OF TALBEK, DUPAX DEL SUR, NUEVA VIZCAYA

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ABSTRACT

Maternal health remains a pressing issue, particularly in developing regions like Asia, where maternal mortality rates (MMR) are disproportionately high. In the Philippines, geographically isolated areas such as Barangay Talbek, Dupax del Sur, Nueva Vizcaya, face limited access to formal maternal healthcare, exacerbating existing disparities. Despite improvements in healthcare services and supply-side interventions like training healthcare professionals, demand-side factors—especially traditional practices—continue to shape maternal behaviors. This qualitative study investigated maternal health practices during pregnancy, labor, and the immediate postpartum period among women in Barangay Talbek. Guided by the Health Belief Model (HBM), it explored how perceptions of susceptibility, severity, and barriers influence healthcare decisions. Data were collected through in-depth interviews with women from diverse traditional backgrounds, ensuring a comprehensive understanding of prevailing practices. Thematic analysis revealed that while modern medical interventions are increasingly accepted, traditional beliefs remain deeply rooted. Some practices offer psychological comfort, but others may compromise safety by replacing essential medical care. To improve maternal outcomes, the study recommends integrating traditional practices with evidence-based medicine. Local government units must improve access to healthcare. At the same time, barangay health offices should provide education and counseling on safe maternal practices. Health practitioners should undergo competency training and collaborate with traditional birth attendants to bridge gaps between practices and modern medicine. Empowering women through education and awareness campaigns is vital for informed decision-making. Strengthening partnerships among government agencies, healthcare providers, and communities will foster a more inclusive and effective approach to maternal care, promoting the well-being of future generations.

Keywords: Healthcare accessibility, maternal health, maternal mortality rate (MMR), traditional practices

INTRODUCTION

Maternal health remains a major global concern, with persistent inequalities between high- and low-income countries. Despite international efforts and the Sustainable Development Goals (SDGs), particularly Goal 3 on good health and well-being, many regions still suffer from inadequate maternal health outcomes. Asia, in particular, accounts for a significant portion of global maternal deaths—over a third of the 302,000 maternal deaths in 2015, with high incidences recorded in Southern, Eastern, and Southeastern Asia.

In the Philippines, while there has been a slight decline in the maternal mortality ratio (from 124 to 121 deaths per 100,000 live births between 2021 and 2022), the country remains far from achieving the SDG target of fewer than 70 deaths per 100,000 live births. Among the most affected areas are Geographically Isolated and Disadvantaged Areas (GIDAs), such as Barangay Talbek in Dupax del Sur, Nueva Vizcaya. This barangay faces extreme physical and socioeconomic challenges, including a three-hour drive to the nearest hospital, making access to maternal healthcare significantly difficult. While infrastructure development and increased availability of professional birth attendants have helped, demand-side barriers—such as cultural beliefs and personal preferences—continue to influence maternal health behaviors. Studies have

highlighted that many women, especially in marginalized or rural areas, choose traditional practices over formal healthcare services. These decisions often stem from longstanding cultural norms and community teachings, resulting in varied and sometimes risky maternal health behaviors.

Numerous studies in Asia and the Pacific have emphasized that the least-served women in terms of maternal and newborn care are those who are already socially or economically marginalized—particularly ethnic minorities, rural dwellers, and women from poor households. Yet much of the existing research focuses on urban or accessible populations, leaving gaps in understanding how women in truly isolated areas perceive and utilize maternal healthcare. This study addresses that gap by focusing on the beliefs and practices surrounding pregnancy, labor, and the immediate postpartum period among women in Barangay Talbek. By using qualitative research methods, this study provides in-depth insight into women's personal experiences, enabling a more contextual understanding of maternal behavior in isolated communities.

In Filipino culture, various beliefs surround pregnancy. For example, giving in to food cravings is thought to prevent birthmarks or discoloration in the baby. Some women avoid dark-colored food items to ensure their child is not born with dark skin. Hygiene and appearance are also emphasized, under the belief that a clean, attractive mother will give birth to a beautiful child. These cultural beliefs extend beyond aesthetics to include safety and health practices. For instance, women are advised to avoid negative emotions, as it is believed they can affect the fetus. Traditional healthcare practices often include avoiding certain foods and using herbal remedies to strengthen and cleanse.

Western medicine tends to medicalize pregnancy, focusing on clinical risks and interventions. Still, many women in traditional communities view pregnancy as a natural, manageable process that doesn't always require institutional care. This disconnect can delay diagnosis and treatment of pregnancy-related complications and may deter women from seeking professional healthcare. A study by Withers et al. (2018) notes that traditional views about pregnancy shape not only behavior but also healthcare choices, often favoring informal or non-medical interventions. Meanwhile, Chand (2016) and WHO (2015) emphasize that while some cultural practices can promote well-being, others may be harmful, especially if they prevent timely access to medical care.

Furthermore, some practices—such as abdominal massages, food taboos, and the use of herbal remedies—are common in communities such as Talbek. These practices, though well-intentioned, may expose women and infants to risks, particularly in the absence of evidence-based healthcare guidance. Studies also reveal that beliefs about childbirth management influence birth setting preferences. Women who view birth as a natural event tend to favor home births. Meanwhile, others may see childbirth as risky, requiring medical intervention, but still delay seeking care due to distance or cultural norms. Beliefs about spiritual protection and ancestral blessings are also deeply embedded in maternal behaviors, influencing everything from diet to rituals during pregnancy.

Spiritual beliefs also play a role. In Ghana, for instance, Christian midwives associate labor pain with biblical curses and incorporate prayer and anointing into pain management (Aziato et al., 2016). Similarly, in other communities, religious rituals such as singing, church offerings, and spiritual blessings are used to facilitate safe delivery. Herbal remedies are also common to induce labor, and while some women have shifted to institutional deliveries, risky traditional behaviors remain. For example, the use of sharp objects or unsterile tools in home births persists, increasing the risk of infection. Despite modernization, secrecy and family pressure often influence labor decisions. Items such as anointing oil, blessed handkerchiefs, and religious tokens are used during labor, reflecting the community's deep spiritual ties. While

these practices provide emotional comfort, they may also delay necessary medical intervention.

According to WHO (2015), postpartum care should be continuous and holistic. Still, in many rural communities, traditions outweigh clinical recommendations. Herbal baths and dietary restrictions are often observed, and women stay indoors for a period of seclusion while receiving care from female relatives. Research by Joshi et al. (2020) and Aynalem et al. (2023) supports these observations. These studies found that postpartum rituals are closely tied to cultural beliefs and that nurses and healthcare providers must be sensitive to these traditions when providing care. While some of these practices may offer psychological and physical benefits, others may limit access to essential postpartum services. For instance, avoiding medical checkups due to seclusion customs can delay detection of postnatal complications.

The primary purpose of this study is to explore the traditional practices surrounding pregnancy, labor, and immediate postpartum care among women in Barangay Talbek. Specifically, it seeks to understand how these practices influence maternal and child health and to identify potential risks or benefits within a cultural context. The study also aims to bridge a knowledge gap in the literature, as prior studies have largely focused on more accessible populations and used quantitative methods. By employing a qualitative approach, this research captures the nuanced realities of maternal care practices in a geographically and socio-culturally distinct community. By examining traditional practices respectfully and systematically, the study can contribute to better healthcare planning, more effective maternal health education, and the development of culturally appropriate interventions for women in remote communities.

Research Objectives

This study aimed to explore the practices of women residents in Talbek, Dupax del Sur, Nueva Vizcaya, during pregnancy, labor, and the immediate postpartum period. Data collection took place on December 20, 2024, and the data analysis was completed on March 21, 2025.

Specifically, this study aimed to:

1. Explore the practices during pregnancy, labor, and immediate postpartum; and
2. Create a health education plan on traditional maternal practices that promote safe, evidence-based care.

METHODOLOGY

This study employed a qualitative-descriptive research design to explore traditional maternal health practices—specifically during pregnancy, labor, and the immediate postpartum period—among women in Barangay Talbek, Dupax del Sur, Nueva Vizcaya. The study was conducted in a geographically isolated and disadvantaged area (GIDA), chosen for its limited access to healthcare and the lack of prior research on the topic. A purposive sampling technique was employed to recruit ten participants, all of whom were women aged 25–40 years, living with their spouses, having at least two children, and residents of the barangay. Participant recruitment was facilitated by coordination with the barangay health office, which helped identify eligible women based on set inclusion and exclusion criteria. Ethical approval was obtained from the Saint Mary's University Research Ethics Board, and written informed consent was secured from all participants prior to data collection, ensuring protection of human subjects and adherence to ethical standards, including confidentiality and voluntary participation. Data collection involved in-depth, semi-structured interviews using a validated interview guide written in English and Filipino to accommodate participant preferences and promote clearer communication. The instrument consisted of open-ended questions organized into three main domains—pregnancy, labor, and immediate postpartum—to capture personal narratives, traditional practices, sources of knowledge, and beliefs related to maternal health. Interviews were conducted in participants' homes in December 2025 and were recorded with consent for

accuracy. Responses were later transcribed and verified through participant validation.

The study did not include a formal intervention but culminated in the development of a health teaching plan derived from findings; this plan was designed to respect traditional customs while encouraging safer maternal health behaviors and may be adapted for use in other culturally similar settings. For data analysis, C. Caulfield's six-step thematic analysis method was employed. This began with thorough familiarization with the data, followed by initial coding, theme development, review, and final theme definition. Codes were derived from recurring patterns, and themes were labeled in alignment with the research objectives. Transcripts were reviewed multiple times for accuracy, and supporting quotes were extracted to illustrate findings. All data were securely stored, anonymized, and reviewed by a data analyst to ensure credibility and rigor in interpretation.

RESULTS AND DISCUSSION

In this study, the researchers explored the practices of women residents of Barangay Talbek regarding pregnancy, labor, and the immediate postpartum period. The results are presented in four (4) sections: (1) practices surrounding pregnancy, labor, and immediate postpartum; (2) sources of practices during pregnancy, labor, and immediate postpartum; (3) advantages and disadvantages of practices during pregnancy, labor, and immediate postpartum; and (4) health teaching plan.

Section 1. Practices Surrounding Pregnancy, Labor, and Immediate Postpartum

This section outlines the traditional maternal health practices observed by women in Barangay Talbek during pregnancy, labor, and the immediate postpartum period. These practices reflect deeply rooted cultural beliefs passed down through generations and adapted to local conditions. They are categorized into four major themes: (i) precautions during physical activity, (ii) specific food prohibitions, (iii) traditional herbal remedies and practices, and (iv) bathing and temperature regulation.

Under the theme of precautions during physical activity, the majority of participants emphasized the importance of minimizing strenuous movement, especially during the early stages of pregnancy. Ten participants reported refraining from heavy lifting, household chores, and long walks. These actions were believed to prevent miscarriage or fetal harm. Elders often advised participants to rest and move cautiously. For example, one participant stated, "*awal magbuhat ng mabibigat lalo na sa first at second trimester*," expressing the cultural understanding that physical strain during early pregnancy could pose serious risks.

Food prohibitions were also widely practiced. Women avoided foods such as taro, jackfruit, cabbage, and oily or cold items based on the belief that these could cause skin problems in the baby, discomfort during pregnancy, or postpartum complications such as "ina," a local term for postpartum relapse. These restrictions continued even after childbirth. One participant shared that she was advised to avoid dishes with tomatoes, jackfruit, and cabbage to prevent relapse and maintain bodily strength. These practices were passed down primarily from mothers and elder women in the community.

Traditional herbal remedies and practices played a central role in maternal care. Six participants noted using local herbal preparations, such as boiled ginger for general wellness and talos leaves, consumed before labor, believed to facilitate a smoother delivery. One participant described drinking dried talos leaf tea to help the baby come out more easily. Postpartum practices included consuming young, unripe pineapple and bathing with boiled

guava leaves, which were believed to promote healing and prevent infection. These remedies reflected the community's reliance on nature and local resources, especially in areas with limited access to formal healthcare.

The theme also highlighted childbirth practices at home, particularly the cutting of the umbilical cord using non-medical tools. Participants shared memories of traditional birth attendants (*hilots*) using sharpened bamboo or blades and tying the cord with thread. This practice emphasized the community's adaptability and resourcefulness in ensuring safe deliveries with limited medical equipment. The continued use of such methods reflects a strong adherence to ancestral knowledge and a deep trust in traditional midwives.

Bathing and temperature regulation practices were also important. Participants were advised to avoid cold water during pregnancy and postpartum to prevent the entry of "lamig" (coldness), which was believed to cause illness. Warm baths were encouraged instead. One participant recalled being told not to stay in the water for too long to avoid exposure to cold. These beliefs reflect a holistic view of maternal health, where balance in body temperature is seen as essential for recovery and overall well-being.

The findings suggest that these practices are primarily driven by a desire to protect maternal and infant health, even in the absence of scientific validation. In rural contexts where access to modern healthcare is limited, these culturally transmitted methods serve as essential tools for maternal care. The use of herbal treatments, avoidance of strenuous activity, dietary restrictions, and improvised tools all point to a localized health system rooted in communal experience and ancestral wisdom.

Supporting literature reinforces these findings. Gonçalves et al. (2020) note that pregnant women in rural areas often avoid strenuous activities due to fears of miscarriage, which are passed down through family members and typically not addressed by medical professionals. Joshi et al. (2020) confirm that food prohibitions—such as avoiding seafood and oily dishes—are common and are passed down through generations to prevent complications such as postpartum relapse. Similarly, Mukunya et al. (2020) document the use of locally available instruments, such as bamboo, for umbilical cord cutting in areas lacking sterile medical equipment, consistent with the practices reported in Barangay Talbek. Team et al. (2009) further emphasize the cultural value of avoiding cold exposure in Filipino postpartum traditions, including the use of warm baths and delayed bathing.

These insights highlight the importance of culturally sensitive healthcare. Rather than dismissing traditional practices as outdated or unscientific, healthcare providers are encouraged to engage in respectful dialogue with patients. By recognizing and validating the psychosocial comfort these practices provide, professionals can introduce evidence-based care that honors cultural identity and enhances compliance. Integrating traditional and modern approaches may foster trust, improve maternal outcomes, and bridge the gap between cultural heritage and contemporary health standards.

In conclusion, the maternal health practices of women in Barangay Talbek are characterized by a complex interplay of tradition, resourcefulness, and cultural values. While some methods may lack scientific support, they fulfill important social and psychological functions and offer meaningful insight into how rural communities manage pregnancy, labor, and postpartum care. Understanding and respecting these practices is vital in creating effective, inclusive, and compassionate healthcare strategies for maternal well-being.

Section 2. Sources of Practices During Pregnancy, Labor, and Immediate Postpartum

This section examines the sources of maternal health practices among women in Barangay Talbek, identifying how traditions, family influence, and community norms shape behaviors during pregnancy, labor, and the immediate postpartum period. The data revealed two major sources: (i) maternal influence—particularly from grandmothers and mothers—and (ii) ancestral wisdom and the broader community.

Most participants cited their mothers and grandmothers as the primary sources of knowledge and guidance. These elder women, often viewed as custodians of traditional wisdom, transmit practical advice through personal experiences and cultural practices. For instance, Participant 2 mentioned receiving guidance from her grandmother, while Participant 1 noted her mother's role as a former midwife. This intergenerational transmission reinforces the value of familial instruction in shaping maternal behaviors. Such influence often persists even when women have access to modern healthcare, resulting in a blend of traditional and clinical practices. Research by Withers et al. (2018) and Aynalem et al. (2023) supports this, highlighting how cultural beliefs and family advice significantly influence maternal health decisions, including dietary practices, the use of herbal remedies, and limitations in physical activity.

In addition to direct maternal influence, ancestral wisdom and community norms also shape pregnancy-related behaviors. Four participants noted learning practices from broader societal interactions, including community elders and local customs. These beliefs are often rooted in longstanding traditions that reinforce ideas of health, safety, and maternal care. Community-based influences may include massage practices, food taboos, and the use of herbal medicine—some of which may benefit maternal and infant health, while others may pose risks.

Studies by Basatan (2020), CMS (2019), and Tesfaye et al. (2022) affirm that communities play a significant role in maintaining traditional practices. Encouraging beneficial customs while discouraging harmful ones through culturally informed health education can foster better maternal health outcomes. Ultimately, understanding these sources enables respectful integration of traditional knowledge with modern medical guidance.

Section 3. How Pregnancy, Labor, and Immediate Postpartum Practices Influence the Overall Experiences and Health Outcomes of the Participants

This section explores how traditional maternal practices during pregnancy, labor, and the immediate postpartum period influence the health and overall experiences of women in Barangay Talbek. These practices, grounded in cultural beliefs and community traditions, were perceived in both positive and negative lights. The participants' insights provide a deeper understanding of how these customs impact maternal behavior, inform healthcare decisions, and shape the balance between tradition and modern medicine. The data revealed three key themes: (i) perceived benefits for health and safety, (ii) perceived disadvantages, and (iii) mixed opinions on effectiveness.

Under perceived benefits for health and safety, a majority of participants expressed that traditional practices during pregnancy and childbirth were beneficial. These women felt that following the advice and practices passed down from elders helped ensure their health and the well-being of their newborns. For instance, Participant 2 shared that she gave birth quickly and without complications during her first pregnancy, attributing this smooth experience to traditional care. Participant 10 emphasized that her second pregnancy was better than the first because she was more informed and hands-on, attributing this awareness to increased knowledge rooted in past experiences and cultural advice.

Food-related beliefs also emerged as a common theme. Participant 2 highlighted the value of avoiding "tch"oods during pregnancy, explaining that abstaining from them helped prevent allergic reactions during her first childbirth. However, consuming taro during her second pregnancy led to significant itchiness, reinforcing her belief in the effectiveness of traditional dietary restrictions.

Others pointed out the benefits of herbal remedies and behavioral restrictions. Participant 4 mentioned the use of ginger and adherence to activity limitations to avoid postpartum complications like "ina", "a local concept related to relapse or weakness. These practices, especially in remote settings where medical services are hard to access, offered reassurance and a sense of control. Women found comfort in these customs, which were perceived as protective, particularly when modern healthcare support was unavailable or difficult to reach.

Overall, many women believed that traditional practices contributed positively to their experiences and outcomes, offering both emotional and practical support. Advice from mothers, grandmothers, and older women helped establish a framework of care rooted in generational wisdom.

Despite the perceived benefits, some participants recognized the limitations and potential dangers of relying too heavily on traditional practices, particularly in situations that required medical intervention. Participant 6 pointed out a major concern: the uncertainty of outcomes. She noted that although these practices are widely followed, their actual effects remain unpredictable and are not always supported by evidence.

The risk of complications during childbirth was also a concern, especially for those giving birth at home in remote areas. Participant 3 expressed apprehension about the potential dangers of home births, especially in emergencies where immediate medical assistance might not be available. While she acknowledged that being in a familiar home environment could be comforting, the lack of nearby healthcare facilities made her feel vulnerable.

Similarly, Participant 10 acknowledged the past value of home births. Still, it argued that they may no longer be suitable in today's context, given the higher risks and better access to professional healthcare services. She observed that what may have worked in the past might not necessarily be effective or safe in the present, emphasizing the importance of adapting practices to current realities.

These views suggest that while traditions may offer comfort, they can also pose serious risks if followed without consideration of modern medical needs. The perception of traditional practices being outdated or ineffective in the face of high-risk pregnancies reflects a growing awareness among women about the importance of professional medical care. Under mixed opinions on effectiveness, three participants shared mixed feelings about the effectiveness of traditional practices. Participant 10 admitted she didn't strictly follow traditional beliefs during her pregnancy and thus couldn't determine their advantages. Her actions were influenced more by her respect for cultural traditions than by an understanding of their actual benefits. Likewise, Participant 8 expressed difficulty in identifying disadvantages because she had fully adhered to her mother's advice. This blind adherence, while culturally significant, also reflects a lack of critical evaluation. These responses highlight the role of tradition and familial expectations in shaping behavior, regardless of perceived medical outcomes.

Such mixed opinions underscore the complexity of maternal health behaviors in communities like Barangay Talbek. Women often follow traditions out of cultural obligation rather than personal conviction or evidence-based understanding, leading to uncertainty about

the real value of these practices. While these customs are deeply embedded in local culture, they may not always be critically examined for their effectiveness or safety.

The insights from the Health Belief Model align with participants' experiences and views, explaining how individuals' health behaviors are influenced by their perceptions of risk, benefits, and personal efficacy. In this context, women's decisions about traditional practices are shaped by their perceived susceptibility to complications, their understanding of the severity of health risks, and their beliefs about the advantages and disadvantages.

Positive perceptions, such as the belief that traditional methods protect the health of both mother and child, encourage continued adherence. These customs, often passed down from elders, serve as preventive strategies and are embraced in situations where access to formal healthcare is limited. They provide a sense of agency, comfort, and cultural continuity, especially for women in geographically isolated areas. However, negative perceptions—particularly regarding the uncertain effects of traditional methods—generate doubt and highlight the limitations of relying solely on customs. This tension between tradition and science creates challenges in maternal decision-making, especially when mothers lack access to education or professional guidance.

Section 4. Health Teaching Plan

The crafted health teaching plan presented in Appendix D is designed to educate mothers in Talbek, Nueva Vizcaya, on safe practices during pregnancy, labor, and the immediate postpartum period. It focuses on enhancing maternal and newborn health by promoting safe behaviors, recognizing danger signs, and encouraging the use of skilled birth attendants and facility-based care. The plan sets clear learning objectives and organizes topics such as prenatal care, home birth risks, traditional practices, safe delivery, newborn care, and postpartum well-being. It uses interactive discussions, visual aids, and activities to help participants better understand and apply the information.

The teaching plan also includes a warm-up activity to build rapport, open discussions using community-friendly language, and tools to measure understanding, such as a checklist and a short post-test. The overall goal is to help mothers confidently identify which practices are beneficial and which may pose risks to their health and their babies' well-being.

CONCLUSION AND RECOMMENDATIONS

Conclusion

The findings of this study underscore the significant influence of traditional practices on maternal health among women in Barangay Talbek, Dupax del Sur, Nueva Vizcaya. These customs—rooted in cultural heritage and passed down through generations—continue to shape maternal behaviors during pregnancy, labor, and the immediate postpartum period. Despite growing awareness of modern medical care, many women still rely on the guidance of mothers, grandmothers, and community elders, reflecting the deep respect for ancestral knowledge and longstanding community norms.

Common practices include avoiding strenuous activities, adhering to specific dietary restrictions, consuming herbal remedies such as boiled ginger, and observing temperature-related precautions, such as avoiding cold baths. These behaviors are often believed to protect both mother and child from complications, including miscarriage and "ina" (postpartum relapse). While these traditions offer emotional reassurance and a sense of cultural identity, they may pose risks when relied upon exclusively, particularly in high-risk pregnancies

or emergencies that require professional medical attention.

The continued preference for home births, the use of traditional birth attendants such as hilots, and the employment of tools like bamboo or blades for cutting the umbilical cord further illustrate the community's dependence on accessible and familiar resources. Yet, some participants expressed skepticism about the safety and effectiveness of these practices in the context of modern health risks, revealing an ongoing transition where traditional and contemporary approaches are increasingly integrated.

Framed within the Health Belief Model, this study shows that perceived benefits, risks, and cultural expectations shape maternal health decisions. For many, traditional practices are seen as effective and protective, while others follow them out of respect rather than conviction. These insights emphasize the importance of culturally sensitive health programs that acknowledge traditional beliefs while encouraging evidence-based, safe maternal care.

Ultimately, improving maternal and child health outcomes in communities like Barangay Talbek requires a collaborative approach. Engaging traditional birth attendants, community elders, and healthcare professionals in dialogue and education efforts can foster mutual understanding and trust. By honoring cultural traditions while correcting misconceptions and ensuring access to appropriate medical services, a more balanced, respectful, and effective maternal care system can be achieved for future generations.

Recommendations

This study highlights the strong influence of traditional maternal health practices in Barangay Talbek. While these customs provide emotional support and cultural continuity, some may conflict with modern medical advice, posing health risks. Bridging this gap requires culturally sensitive approaches that respect traditions while promoting safe, evidence-based care. The following recommendations are for key stakeholders: local government units, barangay health offices, health professionals, and the women themselves.

Local Government Units (LGUs)

- Implement maternal health programs that are responsive to the cultural and practical needs of women in Barangay Talbek.
- Improve access to healthcare services by upgrading local facilities, increasing the number of trained maternal health workers, and investing in mobile clinics for remote areas.
- Promote culturally sensitive maternal health education campaigns that recognize traditional beliefs while emphasizing safety and medical guidance.

Barangay Health Offices

- Strengthen counseling services by training barangay health workers to provide accurate information on safe pregnancy practices, prenatal care, and the risks associated with some traditional customs.
- Conduct regular maternal health seminars, group classes, and home visits to ensure that pregnant women receive timely advice and interventions.
- Promote institutional deliveries and encourage women to be attended by skilled birth professionals, especially in high-risk or first-time pregnancies.

Health Practitioners (Midwives, Nurses, Doctors)

- Undergo training on culturally respectful communication and community-based maternal care to better understand and address traditional beliefs.

- Foster collaborative relationships with traditional birth attendants (e.g., hilots) to integrate helpful indigenous practices with medically sound interventions.
- Adopt a nonjudgmental, supportive approach that builds trust and encourages more women to seek professional maternal health services.

Mothers and Women of Barangay Talbek

- Be empowered through continuous health education and awareness campaigns that explain the benefits of prenatal checkups, proper nutrition, exercise, and facility-based delivery.
- While respecting tradition, embrace modern practices that ensure the safety of both mother and child, particularly in recognizing warning signs and seeking timely medical attention.
- Participate in community maternal health groups where women can share experiences, gain insights, and build supportive networks.

Women and Mothers in General

- Be encouraged to make informed decisions by balancing respect for tradition with scientifically backed healthcare practices.
- Engage in maternal support groups, advocate for improved health services, and seek access to competent health providers without fear or stigma.
- Cultivate awareness about the risks and benefits of traditional practices and learn to identify those that can be safely integrated with modern care.

Health Teaching Plan Implementation

- The development of a traditionally tailored maternal health teaching plan is strongly recommended. This plan should be finalized and submitted to the relevant health authorities or local health centers for official review.
- With clearly defined objectives, practical content, and participatory teaching methods, the plan has great potential to serve as an educational tool for barangay health workers, midwives, and volunteers.
- Once implemented, it can help address common misconceptions, promote safer maternal practices, and ultimately reduce maternal and newborn health risks in the community.

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