ORIGINAL ARTICLE

Alaga sa Hilot: Unraveling Local Knowledge, Practices, and Experiences on Pregnancy and Childbirth in a Community in Batangas, Philippines

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ABSTRACT

Objective. This research aims to unravel the local knowledge, practices, and experiences of care during pregnancy and childbirth in one community in Batangas.

Methods. Qualitative interviews with two hilots and a mother, two focus group discussions with mothers from different generations, and indigenous research methods – *pakikipagkwentuhan* (story-telling or informal discussions with the locals) and *pagmamasid* (observations of the local practices in the community) were used in this ethnographic study. The data gathered through these methods were analyzed using an interpretive approach.

Results. Data showed that knowledge and practices related to pregnancy and childbirth which were viewed as rituals remain to be significant in the community because they are sources of psychological support in a highly intimate situation. These practices also help in creating a feeling of security and safety during this very uncertain period. The data also showed the different ways of making sense of risks associated with pregnancy and childbirth and this affects the decisions made by mothers, midwives and hilots during birthing. Lastly, we saw the effects of the implementation of the no home birthing policy on the hilots and the life and well-being of the pregnant women in the community.

Conclusions. Local practices of care during pregnancy and childbirth remain significant today because these cater to the overall well-being of women giving birth. For these women, the implementation of the no home birthing policy that changed the status of the hilots (TBAs) in the community does not address the real issues on maternal healthcare. For them, the government should have focused on continuing to address the structural and institutional problems that they have encountered in their experiences of birthing. This can be done by providing more facilities that would readily cater to the needs of birthing women and by creating a more holistic healthcare system.

Keywords: pregnancy, childbirth, midwives, traditional birth attendants

INTRODUCTION

Being a midwife's daughter, pregnancy and childbirth are two things that I had many encounters with even as a child. My mother would always bring me with her whenever she is called upon to attend to a woman giving birth in our community. I remember that it usually happens very early in the morning. The barking dogs would announce the arrival of a rushing man. A panicked voice would then call out my mother's name. We would know then that it could only mean one thing – that somewhere in our own or a nearby barangay, a woman is about to give birth. Rushing to get her bag before going out of our house my mother would then ask, "*Si Nanay Asyang natawag nyo na*?" She is referring here to her partner, a much older woman who is the community hilot – the traditional birth attendant (TBA),[1] who must also be present in such a situation.

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This memory is still very clear to me today, decades after my initial encounter with the actual practice of home birthing in our community. My mother was the only practicing midwife in our barangay then. After returning home from Iran where she practiced her profession for 10 years, she became very busy in our own community, helping in the delivery of almost every child in our barangay. I also remember Nanay Asyang well, being the ever reliable and arguably the best hilot in the community then. She acts as my mother's partner in providing care to both the mother and child starting from the seventh month of pregnancy up until the day that the mother who gave birth is well enough to take care of herself and her newborn.

The scene narrated above is rarely seen in the community today unless there is a woman giving birth who is in an "emergency" situation. This means that her child is about to come out and there is not enough time to bring her to a medical facility. The decline in the practice of home-birthing is due to a policy passed in the country in 2008[2] dubbed as the "no home birthing policy" and implemented in the community in 2016 according to one of the midwives interviewed. This policy has then changed the social and economic status of the TBAs in the community and hindered the transfer of their skills and knowledge to the younger generation. It has also removed the option which was generally preferred by the mothers – giving birth in a space where they feel more comfortable and better taken care of.

This paper aims to explore the meanings behind the local knowledge, practices, and experiences of care during pregnancy and childbirth in one community in Batangas. The concepts of ritual and risk will be used as lens to interpret the data from interviews, focus groups, *kuwentuhan* and *pagmamasid*. In the end it is hoped that this paper has unraveled why and how local knowledge, practices and experiences remain significant in the study and practice of healthcare in the country.

METHODS

This paper takes inspiration from what Geertz' refers to as "thick description."[3] Different methods were employed to be able to gather data that will provide the material to unravel the meanings behind the practices of the locals and their way of making sense of their experiences.

Qualitative interviews[4] were employed with two hilots, one is 85, and the other is 66 years old; two midwives, one retired at 65 and a 49-year-old currently working at a public hospital; and lastly with a 25-year-old mother of three who recently gave birth at home. The hilots that are mentioned in this article refer only to TBAs. Focus will be given on the kind of hilot (healing massage) that is given as part of care during pregnancy and during and after birthing. Both the hilots that were interviewed for this paper also do healing massage for other purposes but this topic was not covered in this research.

Two focus group discussions[5] (FGDs) were held. The first one was with three participants with ages 59, 63 and 86, all of whom are related to each other. All of them have experienced giving birth at home. The oldest among them only had a hilot and her mother attending to her during birthing. The other two women had their mothers, a hilot and a midwife with them during birthing. The second focus group discussion is composed of women who know each other personally since they come from the same area in the barangay, with ages between 35-72. There were three of them who gave birth at home, one experienced giving birth both at home and in a hospital, and five who only experienced giving birth at a hospital. All of the women regardless of giving birth at home or in the hospital have experienced being taken care of by the hilot, either as part of the prenatal care, during the actual birthing or as part of the postnatal care.

As a member of the community I also took the opportunity to gather additional data through the use of indigenous research methods[6] such as *pakikipagkwentuhan* (story-telling or informal discussions with the locals)[7] and *pagmamasid* (observations of the local practices in the community).[8]

Ethical considerations

Before starting with the data gathering, I made sure that the objectives of the research were clear to all the informants. I explained to them that I am writing a paper about the local knowledge, practices and experiences on pregnancy and birthing and the information that they will be sharing with me will be included in the paper. I asked each one of them if they agree to be part of the interview or focus group discussion and if it would be okay to record our discussions. The informants were assured that they could opt not to answer questions that they don't feel comfortable answering and they can tell me at any point during the interview or focus group discussion if they wish to have any part of it excluded in the recording. I assured them that the recordings will be kept secured and their identity will be kept confidential. All of them gave their consent to be recorded and quoted. As an additional measure to keep their anonymity, I decided to use codenames whenever I refer to them in this paper.

Setting

The study was conducted in the town of San Nicolas in the province of Batangas. It is a 5th class municipality that is 14.37 square kilometers in area and has a population of about 24,000. One household has an average of 5.14 members,[9] a number that is larger than the national average of 4.2.[10]

The town is surrounded by the Taal Lake and is situated near the Taal Volcano. This nearness to the lake provides the locals with freshwater catch such as tilapia, tawilis, bangus, aruyo and shells like piras and susô. The non-residential land is typically planted with cassava, sugarcane or corn. Although the lake and the land are rich with resources, there is a constant danger brought by the very active volcano since the whole town is included in the list of areas that are prone to the volcano's base surge.[11] The recent eruption of Taal in 2020 forced those living in the volcano island to permanently

be relocated to another town. However, there are former residents of the island who still return to their old homes asserting that if there is really danger in the island, they would definitely take notice and will leave there at once (see Dalisay and Landicho's discussion on local knowledge and practices related to disaster risk management in the area).[12]

There is no (functioning) hospital in the town. The nearest one, a private hospital, is in the adjacent municipality of Taal. The nearest public hospital is in another adjacent municipality of Lemery. The latter municipality is also the place where the closest wet and dry market is located where the locals go to buy their food and other important supplies.

Ever since the roads surrounding the lake were built, small food hubs started to proliferate in the community. The community is still very traditional and closely knitted in the sense that almost every member of the community knows each other. Reciprocity in terms of providing physical, emotional, or social support can be observed especially during important occasions such as weddings or death anniversaries. Communal activities and practices are still observable, such as *pabasa* (reading of the Passion) during the Holy Week, *undrasan* or remembering of the dead during November and celebration of the feast day of the patron saint in September.

RESULTS AND DISCUSSION

Pregnancy and childbirth as stages of liminality

There are stages in our lives which are considered transitional or liminal stages. This undefinable state is considered dangerous because it is neither one state nor the next. The person passing through this stage is considered to be in danger and might also bring danger to others.[13] The practices undertaken while moving through the liminal stages are called rites of passage.[14,15] These rites of passages signal "a move from one social category to another".[15] These practices may be considered as rituals, defined by Hendry as "behavior prescribed by society in which individuals have little choice about their actions."[15]

Pregnancy and childbirth may be considered as stages of liminality in a woman's life. She is moving through two social categories, especially during her first pregnancy and childbirth: from being childless to being a mother. The same can be said for mothers undergoing their succeeding pregnancies, for every child they give birth to alters their social status.

Hendry documented the practice by Japanese women of donning a corset and announcing the pregnancy on the day of the dog in the Chinese calendar in the hopes that, just like how the dog gives birth, the pregnant woman will also give birth easily.[15] Most of the practices and local knowledge associated with pregnancy and childbirth in San Nicolas follows the same reasoning – that these practices must be followed to ensure an easy, fast, and safe delivery of the child.

One of the practices is called *pagbubungkal* and it is done at the seventh month of pregnancy. During this period, the mother of the pregnant woman would usually call for the hilot to check on the child's position in the womb. If the child's head is in its proper position which is at the bottom of the womb pointing towards the birth canal, then the hilot will just put a *bigkis* (cloth that serves as a binder) which according to the mothers and hilots will make the child remain in that position until the time of birthing. Although one of the two midwives told me that such practice is not advised by the doctors nor is it backed up by (Western) medical science, all the mothers and hilots agree that the said practice works. One of the mothers, Mel, 38 years old, said that she would remove the bigkis every time she goes to the doctor for her monthly check-up during all of her three pregnancies. After she has returned home, she would wear the bigkis again. We can see from Mel's experience how she is trying to negotiate the two opposing views on the use of the bigkis.

The mothers also shared that they were advised to stay at home and refrain from carrying or lifting heavy objects. These practices are observed to avoid premature birthing. In cases when the pregnant woman must really go outside of the house, she is advised to always cover her head with a hat or a towel to avoid catching a cold. This practice of "isolating" the pregnant woman is a way to keep her away from harm.[15] All of the mothers who were in the discussion followed this practice. Some of them said that they just follow this advice because they don't want to be blamed in case something unwanted happened to them or their child.

Other practices seem to follow the belief that "like produces like or that an effect resembles its cause."[16,17] Pregnant women are either prohibited from or are encouraged to eat different kinds of food depending on the characteristics of the food. Slippery food like okra is prohibited during pregnancy.[17] However, during birthing, a fresh egg is given to the birthing woman, and she has to swallow the raw egg to simulate the way the hen easily lays eggs. On the other hand, she is advised not to eat dark colored food like a violet eggplant to avoid having a child with an eggplant-colored skin (see Jocano who documented similar practices in Bay Laguna).[18]

Leaving all the doors, windows, cabinets, and drawers open during the time of birthing is also believed to help with the easy delivery of the child. Since the child is thought to go through a tunnel, then all the other "tunnels" inside the house, especially in the room where the birthing is taking place must be opened and unobstructed. The same reasoning applies to prohibiting anyone in the house from blocking or standing on the doorway, or why husbands of pregnant women should not be the ones to cover the seeds being planted with soil when they farm.

Pregnant women and their husbands are also advised not to wear necklaces or hang anything around the shoulder or neck area (such as towels) especially during the time of birthing of the woman to prevent the neck of the child from getting trapped in the umbilical cord. According to the hilots and the mothers, the case of the nuchal cord, which happens

when the umbilical cord is wrapped around the neck of the child,[19] causes danger to both the mother and the child because it delays the birthing process.

All these practices and beliefs are as mentioned earlier, geared towards having an easy, fast and safe birthing. These are still observed and followed today, especially during home birthing which is deemed riskier by medical professionals because of the absence of "proper facilities" at home. Although most of these practices are not backed up by scientific evidence according to the midwives I've interviewed, following these practices is seen as important for the mothers going through the birthing. Hendry said that these rituals may be considered as forms of psychological support for the mother in a highly intimate situation.[15] This is supported by the stories of some of the mothers in the group discussions. In their experiences of home births, they said it was crucial that their mothers were beside them blowing air into their heads which they believe aided them in pushing their child out. This gesture, along with other calming practices, are some of the reasons why the mothers consider home birthing more ideal than birthing in a hospital.

May Nadama: experiences of home vs hospital birthing

During the FGDs, the mothers shared their experiences of home and/or hospital birthing. In each of the focus groups, the participants are mothers who are from two different generations. This was done on purpose so that the mothers will be able to compare their own experiences with those of the others during the discussion.

The data showed that one big difference between home and hospital birthing is that at home, the birthing is assisted by the midwife, the hilot and in most cases, a woman relative – usually the mother of the woman giving birth. In hospitals, the obstetrician, with the help of the nurses, are the ones who handle the delivering of the child. The experience of the mothers also differs depending on whether the hospital where they were brought is a private or a public one. The mothers said that there is an expectation that they will be better taken care of in a private hospital. On the other hand, they don't expect much from a public hospital where there are usually too many patients waiting to be assisted. In a scenario like this, the birthing woman will only be attended to by the medical personnel when the child is about to come out already, *"kapag naka-ung-ong na ang ulo ng bata sa puerta."*

Although there is consensus among the mothers that there is an assurance that they will be taken care of and will feel safe in hospitals, most of them believes it is still more ideal to give birth at home because "*may nadama sa nangangak."* This literally translates to, there is someone who feels (for) the birthing woman. What the mothers refer to as *"pagdama sa nanganganak"* are the practices of care given to the birthing woman by the hilot. They told me, *"May nahimil-himil, may nabulong. Pinapalakas ang loob mo at sinasabing kaya mo 'yan."* They said that the hilot's touch and words of assurance provides comfort to the woman giving birth. Those who have experienced it said that it really makes a big difference when you have someone like a hilot beside you. Having the knowledge also that their own mothers were able to give birth safely in the hands of the hilots add to the feeling of security, pagiging *palagay ng loob* (see Sialubanje et al. for a similar discussion on the preference for TBAs by Zambia mothers).[20]

The mothers who gave birth assisted by the hilots also mentioned the state of having a *"maalwang pakiramdam"* translated as light and easy feeling in Paz's article on *ginhawa* (well-being).[21] This feeling is also related to being *"maalwan ang katawan,"* which is being light bodied and free from problems or pressures. These metaphors were used by the mothers to describe their feeling days after the birthing. They all agree that the experience is very different in hospitals, where you cannot really expect to have other people around you to assist you and make sure you are feeling well. For the mothers, the whole process of giving birth is not only be about the act. What is equally important is that they feel safe and comfortable while undergoing this challenging, and in some cases life-threatening event in their lives. In this regard, we can see that the hilots are the ones who ensure the well-being of the new mother, as her service extends to weeks after the birthing, compared to the midwives, the doctors and the nurses.

These ideas about the importance of having an easy feeling, and a light and stress-free body during a medical procedure are important as these influence the planning and delivering of health care in different societies.[22]

It's also about the money: Economic aspect of childbirth

Another factor that also influences the choice and feeling about birthing at home or in a hospital is the economic aspect of childbirth. The oldest mother who was part of the one of the discussions said that during their time, they do not pay the hilots with money for the services that they provide. What they give instead are gifts like fruits in season, a few kilos of good quality rice, fish or meat (usually chicken). Eventually, when the midwives started to accompany the hilots, the locals started paying them with money to cover for both of their services.

But even today, the hilots and midwives have experiences of giving free services. This happens when the family of the person giving birth has no capacity to pay them. Nanay Ebe told me, "I just take whatever they can give. It's also fine if they can't really give me anything. I couldn't say no if someone will call for me (even when I know they could not pay my services) because it is a life that is at stake here."

According to the mothers, the rate nowadays of giving birth at a private hospital is around Php 15000 – 30000 for a normal delivery and double that amount if a Caesarian delivery is to be performed. In public hospitals, one only needs to pay for all the materials that will be used in the process of birthing such as needles, gloves, and cotton, among others,

plus all the medicines that will be prescribed by the doctor. The range of payment starts at around Php 1500 which is much cheaper compared to the rates of a private hospital. This amount is also relatively cheaper compared to the combined amount of fees being collected nowadays by the midwives and hilots which can range from Php 5,000-8,000.

However, although birthing in a public hospital is the least expensive, the mothers and hilots have a lot of misgivings about it. They said that if you go to such a facility, you have to be prepared to wait for quite some time before being attended to since the public hospitals are always too busy with a lot of people in line having different medical emergencies. This problem of having no means to pay for a comfortable child delivery (which actually means giving birth in a private hospital) is the reason why many pregnant women would still prefer and attempt to give birth at home. Farmer in his article points to this structural inequality, where the poor women, especially in developing countries, are the ones most at risk of maternal mortality.[23] Stone also points out that to support better health outcomes across the spectrum of life for women around the world, global health initiatives must focus on issues of disparity such as poverty.[24]

Different perceptions of risks by the mothers, the hilots and the midwives

To be able to have a sound interpretation of human behaviour, Geertz[3] said that it is important to look closely at the webs (ways of doing things) that contain the meanings behind people's actions and conversations. Here, we turn our focus on the concept of risk, and how the three groups of women – mothers, hilots and midwives perceive it. We have mentioned earlier that crossing boundaries or transition states such as the state of being pregnant and the process of birthing are considered risky and "may require special action to ensure protection."[25]

One significance of trying to unpack the concept of risk is that they are reflections of the relationship between individuals and their communities.[26] Aside from this, thinking about risks may serve as guide for crafting policies and interventions.[27] Looking closely at the different perceptions of risks will help us in understanding the reasons behind choices and decisions that are made by mothers, hilots, and midwives with regard to pregnancy and birthing and how these perceptions were affected by a national policy. Here, we borrow Panter-Brick's definition of risk which is, "a situation involving elevated odds of undesirable outcomes."[27]

Ate Gen, a midwife working in a public hospital, told me that hilots who are not well-trained do not usually have the proper instruments and materials to assist with home birth on their own. She said she had also experienced working with a hilot who made a wrong assessment of the body part of the child that she was able to reach when she tried checking on the mother. In her opinion, this case, which is similar to another experience, shows that some of the hilots really need additional training to be able to give a more accurate evaluation of the state of the mother. A wrong evaluation such as this one could put the lives of the mother and the child at risk, she added.

Another midwife Nanay Mina, who is older than Ate Gen by 15 years, said times are different now. She believes that the *manganganak* [women about to give birth] today are not as healthy as the ones before. She said she was sure that the latter ones will be able to handle the grueling task of home birthing. This observation was similar to the that of some of the mothers in their late 30s. They said that the *manganganak* today are *mayang-i*, which refers to being whiny when one feels and experiences pain. The older ones in the focus groups, like Auntie Sela who is already 72, said that most of women's work today does not require the same level of physical effort (compared to the work that they did before) so the bodies of pregnant women today are not built to undergo hard labor.

Most of the mothers in the FGDs who are in their 30s and 40s said that when they were in their last trimester, they had an understanding with their obstetrician-gynecologist that they will give birth at the hospital. The plan is that they will be brought to the hospital at once when they feel that they are about to give birth. However, there are times when the water would already break, and the child's head is almost out of the mother that it would be riskier to still go to the hospital. At times like these, a family member would seek the assistance of a hilot and a midwife. Most of the times, by the time the midwife arrives, the hilot had already successfully assisted in the child delivery.

There are also cases when the preparations for home birthing are already done but the hilot would still decide to bring the mother to the hospital. One of the reasons given by the hilots for deciding that birthing at home is too risky is when the mother has a *maliit na sipit-sipitan* (which according to one of midwives refers to the narrow cervix) which would make it hard for the child to slide down and out even if the mother is pushing with all her might. A breech birth is also considered risky so when such is the case, typically the mother would be brought at once to the hospital. Although the hilots shared that there are a lot of cases before that they encountered a breech birth at home and they had successfully assisted the mothers in their delivery. Another risk that birthing at home poses is the possible loss of blood of the mother during birthing. One of the hilots shared her strategy on how to stop the mother's bleeding. She said that one would need to apply pressure on the upper thigh part of the mother and soon enough the bleeding will stop. If the midwife is present, she may inject Syntocinon[28] to help stop the bleeding.

Another important and risky part of birthing according to both the hilots and midwives is being able to successfully push the placenta out after the child is already delivered. The hilots shared their experiences of cases when the mother had a hard time pushing the placenta out. One hilot said that what she does is she holds one end of the placenta and

gently massages the lower abdomen of the mother until the placenta comes out. When this is already done and still nothing happens, they would implore other methods which based on their experience are effective ways to push placenta out. One thing that they do is to provide materials which are supposed to help push the placenta out. Some of the materials used are the ladle (positioned at the back side of the woman), *kimil na asin* (fistful of salt in both hands) and a single hair strand tied in one of the toes of the mother, which in my interpretation are materials that seem to provide symbolic sources of added physical strength. The midwives said that their role is important in times like this because they can inject Syntocinon (synthetic oxytocin) to the mother to cause a contraction that will push the placenta out. If that does not work still, they can do a manual procedure to take the placenta out.

Amidst risky situations, it is important that the hilot and midwife feel confident that they will be able to handle the situation. According to them, this confidence in each other is what makes every birthing procedure that they handle a success. The midwives and hilots also agree on what they consider high risk, and this is when the mother has a medical condition such as hypertension or heart disease. In cases like this, they would not even consider or agree to home birthing and would advise the family that the mother must be brought at once to the hospital.

We see in the discussion above that the actions and decisions made by mothers, hilots and midwives regarding birthing is motivated by their different perceptions of risks associated with it. But according to the hilots, one major factor that is always given consideration is the implementation of the no home birthing policy. Both the hilots said that ever since its implementation, they have never assisted a birth at home just on their own. They would always ask the family of the birthing woman to call for the midwife lest they risk being summoned by the authorities for disobeying the policy.

No home birthing policy aftermath: A world without hilots

The hilots recalled the instance that they learned about the new policy that prohibits them from performing their roles in their community. One remembers that she was summoned to the municipal hall, along with the other hilots in the town, to be told that delivering a child at home will not be allowed anymore and that they will be penalized if they ignore the policy. The other hilot I interviewed only heard about the policy from her relatives. Both said that since then, they were very careful with their practice and would only agree to assist in the birthing process if there is a midwife present or if there is really no more time to bring the birthing woman to the nearest hospital.

The said policy is called Administrative Order 2008-0029 "Implementing Health Reforms for Rapid Reduction of Maternal and Neonatal Mortality". Its main objective is to rapidly lower maternal and neonatal deaths through the package they created that includes maternal, newborn, child health and nutrition (MNCHN) services.[2] Landicho and Vicerra's preliminary research back in 2013,[29] which may be considered as a prequel to this current study showed that there are many factors that are responsible for the high frequency of maternal deaths in the country and that the no home birthing policy is not the best solution to it. Their study showed how the midwives and the hilots worked collaboratively in the same community in Batangas to provide maternal healthcare. They argued that this collaborative work can be a good model and a possible alternative to the no home birthing policy. This local adaptive response to the maternal healthcare needs of the locals, which had been working on for decades is an example of integrating the local and western knowledge and practice.

The hilots play a big part in the postnatal care of both mothers and their children. After childbirth, it is already a practice for mothers to ask for the services of the community hilot. All the mothers who were part of the group discussions agreed that the hilot (massage) from the hilot (TBA) is necessary after giving birth. According to Fajardo, hilot is both art and science and "is grounded as a holistic approach, that treats man in his totality, not just his illness.[30] The concept behind the process is "to trigger change and bring back man to his natural order."[30] The hilot takes care of the new mother, and their child for two to three weeks by massaging them. The mothers have varied experiences regarding the post-birthing care that they received. But some of the mothers have the same experience of being visited by the hilot to be massaged twice a day for 10 days. Note that this practice is only applicable if the mother had undergone a normal delivery. The newborns are also given a massage but unlike their mothers who receive full body massages, they get gentle massages on their legs and knees to ensure that their bones will be strong once they started walking.

The hilots and the mothers believe that the hilot helps the mother to regain her strength and soothe her sore muscles after the tedious birthing process that she experienced. One of the most important aspects of this process is the application of coconut oil in different parts of the body wherein winds may get in. Applying oil on specific body parts such as the hands, feet and armpits blocks the wind which could potentially get inside the mother's head and be the reason for her to lose her mind. I asked my informants if they were able to witness such an occurrence. One of the midwives shared a story about one of the mothers who seem to lose her mind and her ability to talk after she got exposed to winds after taking a bath. This idea about illness-causing winds is not specific to this community in Batangas. Winds as a source of illness is an idea that is common in many parts of the country and is not limited in the context of pregnancy and birthing. This illness-causing wind is believed to be caused by human or supernatural beings (see Tan for a more detailed discussion on illness-causing winds)[16] and must be avoided at all cost.

Birthing in the time of the pandemic

One of the most memorable stories told by one of the hilots was her experience of assisting in the delivery of a baby in the time of the pandemic, especially since pregnant women were at a heightened risk during this time.[31] Nanay Ebe shared she was called one afternoon to assist a woman giving birth. When she arrived at the woman's house, she was surprised to know that the woman is still on her way back to the house from the hospital. The woman is about to give birth, but they haven't satisfied the first requirement of the hospital before they could be accommodated – providing a Covid test result, whether positive or negative. Thinking about the cost of one test, which is around Php 4,000 and how much time it would take before they would be attended to in the hospital, they decided to just go home and seek the help of the hilot and the community midwife. The family said that even the doctor in the public hospital suggested that they just go home and find a midwife, realizing that time is of the essence but that hospital regulations must be followed. The birthing was successful, thanks to the assistance of the hilot and the midwife.

We can see here that it is during times like this when we can see how important community healthcare providers are. During a pandemic, when the safest place that one can be in is inside their own house, and the way to avoid catching the virus is by not socializing with people outside of your immediate family, community health care providers like the hilot and the midwife could very well be the most ideal people to assist the birthing mothers.

However, it seems a world without hilots is imaginable. The implementation of the no home birthing policy in the community in 2016 changed the everyday lives of the people in the community, especially that of the hilots. As mentioned earlier, in the community these days, hilots would rarely agree to assist in the birthing of mothers unless it is really necessary because they are afraid of getting penalized. Nanay Edin, the older hilot, also told me that it seems like the younger generation is not interested anymore in becoming a hilot. She added that maybe it is because the practice is prohibited so the younger ones think there is no use to learning it anymore. The same thing was observed by Lintag-Tababa who did a study in Sitio Malasa in Pampanga. She said that according to her informants, the younger ones are not interested to take on the role of the TBAs.[32] In San Nicolas where this study was conducted, there are only three known hilots who are still practicing at the time of the study. I learned from Nanay Edin that ever since she got sick, she has not been practicing. Right now, the hilots have no one yet to train and share their knowledge with, and the mothers who were part of the FGDs expressed their worry that in the future, other mothers wouldn't know the kind of care that the hilots can provide.

CONCLUSIONS AND RECOMMENDATIONS

It was stated in the introduction that the aim of the paper is to unravel local knowledge, practices and experiences related to pregnancy and childbirth that are still being followed today in a community in Batangas. To be able to do this, we employed methods that gave us valuable insights into how the locals practice and think about matters related to pregnancy and childbirth.

Data showed that knowledge and practices which may be considered as rituals remain to be significant during the time of pregnancy and childbirth because they are sources of psychological support in a highly intimate situation and help in creating a feeling of security and safety during this very uncertain period. The differences in the experience of home vs hospital birthing showed the importance given by mothers to other aspects of birthing which includes the importance of the feeling of lightness and ginhawa, the overall well-being. They believed this state is attained more when one gives birth in their own homes. The economic aspect, which pertains to the actual cost of birthing also impacts on the choice and experience of home or hospital birth.

Different perceptions of risks associated with pregnancy and childbirth are also explored to get a deeper understanding of the choices and decisions made by mothers, hilots and midwives. We saw here that even though the hilots have their own ways of mitigating and calculating risks, they acknowledge the importance of having the presence of the midwife during birthing. We also see that the hilots and midwives agree when a situation is considered high-risk which makes home birthing not an option.

Lastly, the data showed that the implementation of the no home birthing policy had really affected the hilots, who's local knowledge and practice has been part of the community life for several generations. The policy hindered the continuation of transfer of this knowledge which is part of the oral tradition in the community. The medical institutions and the government should recognize that the hilot is an important figure in the attainment of the well-being of the mothers by providing a specific kind of care. Paz said "A way of attaining well-being is by maintaining active interaction in the community. Activities related to such interaction enhances a position of admiration and respect for those involved."[21] The no home birthing policy, by disallowing the practice of hilots, has been instrumental in their change of status, both social and economic, in different communities in the country.

From the point of view of the mothers who were part of this study, the said policy which seemed to target the TBAs did not really help in achieving the goal to lower and eventually prevent any maternal and neonatal deaths. Based on the experiences of the mothers, what will be more helpful is for the government to continue to address the structural and institutional problems they have encountered in trying to access maternal healthcare from medical institutions. The following are two suggestions which may be helpful

in addressing maternal and child care issues: the first one is to provide more facilities, such as public hospitals or government sponsored lying-in centers that would cater at once to the needs of birthing women. Some of the women interviewed had to endure long waiting periods before they were attended to because the public hospitals were too busy with long lines of patients waiting for their turn. The second one, is to create a system that has a more holistic approach to providing healthcare. This more holistic approach must give value to both local and western medical knowledge, encourage collaborative learning between healthcare providers with different backgrounds and must be more attuned to the realities of the different communities. This then will be the basis for crafting, amending, and implementing policies on maternal healthcare in the future.

Statement of Authorship

The author conceptualized the work, acquisition and analysis of data, drafting and revising and approved the final version submitted.

Author Disclosure

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