

## RESEARCH ARTICLE

# Ibaloy Traditional Pregnancy and Child Care Practices in Bokod, Benguet

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## Abstract

The Cordillera is home to indigenous pregnancy and childcare practices. This study describes the Ibaloy traditional health practices of which little are known. It seeks to contribute to the literature about indigenous pregnancy and childcare practices. This two-year ethnographic study was conducted in Mangagew, Poblacion, Bokod, Benguet. Data was gathered through field observations and interviews with mothers, elders, and traditional birth attendants. The findings showed that Ibaloy are strongly connected to their traditional beliefs and possess strong family and community support for pregnant women and their children. Most of the traditional beliefs and practices of caring are still observed, alongside modern healthcare principles and practices. There are myriad of factors that influence Ibaloy health care decisions apart from their traditional beliefs and practices. Achieving health for these vulnerable groups requires multi-sectoral linkages and active community participation. The result of this research serves as a basis for culturally appropriate evidence-based care for both the Ibaloy and similar groups, and as reference for the Ibaloy's slowly fading traditional beliefs and practices.

**Keywords:** *Ibaloy, childcare, healthcare, indigenous health practices, pregnancy, traditional practices*

## Introduction

Although Cordillera Administrative Region (CAR) is home to indigenous pregnancy and childcare practices, little is known about these ethnic groups in the region. The Ibaloy of Bokod, Benguet, for instance, have a set of traditional beliefs and practices about pregnancy and childcare, but have never been written nor published.

These traditional healthcare practices can strongly influence how people plan for childbearing and childrearing, nutrition, and safety, as well as how they responded to health and illness (Abuidhail, 2014; Krans & Chang, 2011; Lewallen, 2011; Ramos, 2012). These beliefs and practices can offer both opportunities and barriers to health service providers (Beşer et al., 2010; Sharma, van Teijlingen, Hundley, Angell, & Simkhada, 2016). Hence, healthcare providers need to be aware of these local values, beliefs and traditions to anticipate and meet patients' healthcare needs (Chen, Wei, Yeh, & Chen, 2013; Corbett, Callister, Gettys, & Hickman, 2017; Sharma et al., 2016; Withers, Kharazmi, & Lim, 2018).

Understanding cultural perspectives on childbearing and recognizing that cultural differences exist both within and between societies are essential in guiding nursing practice (Altuntuğ, Anık,

& Ege, 2018; Corbett et al., 2017; Fadzil, Shamsuddin, & Puteh, 2016). Moreover, increasing knowledge about the socio-cultural context of pregnancy and childbirth is essential to promote culturally sensitive care (Corbett et al., 2017; Diamond-Smith, Thet, Khaing, & Sudhinaraset, 2016; Fadzil et al., 2016; Elter, Kennedy, Chesla, & Yimyam, 2014; Withers et al., 2018). In the local context of Cordillera, there have been studies on this aspect (Palaganas, 1999; Keith & Keith, 1983; Perez, 1979; Sacla, 1987; Sumeang, 2003); however, they are quite general in terms of geography or ethnolinguistic distribution and discussion. Thus, further research about traditional pregnancy and childcare practices in the region is needed to investigate their varieties and safety.

This study sought to explore and understand the traditional beliefs and practices of Ibaloy of Mangagew in pregnancy and childcare. The findings of this research would help understand and improve useful indigenous practices and serve as a guide for health educators and healthcare providers in providing culturally appropriate evidence-based care. The research output served as record of the Ibaloy's slowly fading traditional practices in pregnancy and childcare for future reference.

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## Methods

### Design

The study utilized an ethnographic method of qualitative research. The ethnographic design was chosen since it focuses on the subjective nature of the human experience that allows the researcher to get an insider's view of reality. Ethnography facilitates the study of beliefs, social interactions, and behaviors of small societies, involving participation and observation over a period of time, and the interpretation of the data collected (Denzin & Lincoln, 2011).

### Setting and Participants

The study was conducted in Mangagew, Poblacion, Bokod, Benguet, a 2½-3 hours' drive from Baguio City. Vehicles can reach the area during the dry season, but not during the rainy season because the road is muddy and slippery. The community folks need to hike 1½ hour to reach the main road (Baguio-Nueva Viscaya Road). The natives of Sitio Mangagew are Ibaloy. Their native language is Ibaloy, also known as Inivadoy or Nabaloi. They have their own set of traditions and cosmology manifested through rites and rituals. The key informants of the study include nine mothers (Manang), three elders (Lola), and a traditional birth attendant (TBA) of Mangagew. At least ten mothers participated in the focus group discussion (FGD). Participants were identified with the following criteria: (1) that they have used conventional Ibaloy practices during their course of pregnancy and newborn care; (2) bonafide residents of Mangagew; and (3) have a minimum of 10 years residency in the community.

### Data Gathering Tool

The researcher made use of semi-structured interview guide questions for KII's and FGD that was translated into Ibaloy language by two independent translators and crosschecked to account for any minor differences in the local dialect. Observations of the traditional practices during the community immersion were recorded. Audio recorder and video camera were used to capture the conversation when permitted by the participants.

### Data Gathering Procedure

The standard operating procedure of research was followed. The consent and approval from the community folks, elders, barangay officials, and municipal mayor were first secured. The researcher organized a community assembly and explained the procedure, which includes the time and frequency of meetings, documenting the interviews and the process of handling of the data gathered. The researcher gave assurance to the

participants on the ethical considerations, which include respect, confidentiality, anonymity (participants' names are pseudonyms), and their rights. The identified participants were visited in their house for an interview that lasted from 45 minutes to 1½ hours. A focus group discussion with the mothers was conducted to corroborate the initial data acquired. Most of the interviews and community interactions were done early morning and evening since the participants were on their farm work in the daytime. The participants were also encouraged to speak in their language. To further capture the Ibaloy culture, the researcher actively participated in community set activities, such as wedding, school programs, church activities, barangay assembly, and traditional rituals. Acquired data were transcribed for in-depth analysis. The findings of the study were presented to the participants for validation.

### Ethical Consideration

This study has been subjected to the ethical review of the University of the Cordilleras-Ethics Review Committee and acquired preconditioned certification from the National Commission on Indigenous People (NCIP) Cordillera Administrative Region (CAR). A memorandum of agreement (MOA) specifying the responsibility and benefits of each party was crafted between the researcher, community, and NCIP representatives. The study underwent community validation.

### Analysis of Data

The researcher used the ethnographic analysis suggested by Roper and Shapira (2000, cited in Sangasubana, 2009). The first step was coding for descriptive labels. Since the materials collected are in the form of written words through interviews and observation, the researcher first grouped them into meaningful categories or descriptive labels, then organized them to compare, contrast, and identify patterns. The second step was sorting patterns. The researcher grouped the descriptive labels into smaller sets, which helped develop themes and subthemes. The third step was identifying the outliers of the cases, situations, events, or settings that do not fit with the rest of the findings. The fourth step was generalizing constructs and theories. The patterns or connected findings are corroborated with approaches to make sense of the rich and complex data collected. Existing literature related to the study were reviewed. The last step was memoing with reflective remarks. The researcher wrote the memos to know if anything needed further clarification or testing. It also helped the researcher keep track of assumptions, biases, and opinions throughout the whole research process.

## Findings and Discussion

This ethnographic study was carried out to explore Ibaloy traditional beliefs and practices in pregnancy and child care.

Through data analysis, the researcher was able to formulate six themes: 1) pregnancy and care to the people of Mangagew; 2) beliefs and practices on pregnancy and child care: a) "*pagel shi manngenanaw*" (the forbidden), b) "*eh'daga*" (the rituals), c) "*dah'ki ono be'e?*" (is it male or female?), and d) "*nganowan ja mangajuwan*" (gears to care); 3) antenatal care: a) physical care, b) emotional care and spiritual care; 4) intrapartum care a) homebirth, b) "*pasikal*" (labor), c) birthing positions, and d) "*shamon ajuwan ni kuyat*" (immediate newborn care); 5) "*tangkhad*" (postpartum care); 6) child care: a) "*ajuwan ni puseg*" (umbilical care) b) "*panpasoso*" (breastfeeding), c) "*pemsoh*" (weaning), and d) "*toging*" (initial feeding).

### Pregnancy and Care to the People of Mangagew

The Ibaloyos of Mangagew, Poblacion, Bokod, Benguet provided a variety of terms for care. Terms include "*ajowan*" or "*kajowan*" (care) and "*semek*" (love). Ibaloyos also have a variety of terms for pregnancy that include "*dohon*," "*malokon*," "*kalkaan*," and "*mabel-at*." Conception, a period when a woman undergoes the physiological changes of the body due to pregnancy, is termed as "*nginaw*."

One of the presumptive signs that they consider if a woman is pregnant is when her menstruation – which the Ibaloyos call "*badiyang*," "*bisita*," "*binudan*" – stops. Other signs commonly observed include "*panpikot*" (weight loss), "*panteh-ba*" (weight gain), "*man-uta-uta*" (vomiting), and "*man-o-owek*" (nausea). Collective observation shows that the "*man-nginaw*" (the conceiving person) craves food, especially sour fruits like green mangoes, pomelo, and other native fruits. Some mothers also crave native vegetables "*osjek/otdo*" (shoots), such as camote tops, sayote tops, and "*polet/angwad*" (wild green leafy vegetable) during the early stage of pregnancy.

The Ibaloyos view "*pandokon*" (pregnancy) as "*bendisyon*" (blessing) and "*pandagsha ni relasyon ni san asava*" (a strong bond of marriage). Manang Dorenta stated: "*Mapteng no gwaray anak, ta say gwaray mengibengon ni ngaran ni pamilja*" (It is precious to have a child because someone will continue the lineage of the family). The man usually takes pride in having a child. Ibaloyos are guided by the principle, "*Ajowan e anak ja osto, say no meh'deh'kay ono meh'bakol kita ket gwara ngoy mengajowan so-nin si kata*" (Take good care of your children well, so that if you grow old, your children will also take care of you).

Ibaloy mothers usually perform household chores and provide the primary care for the family. Providing the basic needs of the family is commonly observed as an expression of care among Ibaloy fathers. The presence of the husband in the whole course of pregnancy is essential for physical and emotional support. Mother-in-laws, called "*enepo*," are expected to guide and help in the care of pregnant, especially in her "*beh'sag*" (first pregnancy). In-laws also help the expectant mother in the preparation of the

things needed for the upcoming delivery. To further guide pregnant mothers, elders also share their experiences and knowledge of the traditional beliefs in pregnancy as an act of caring.

Ibaloyos have strong support from their family and community in the care of pregnant women and children (Culhane-Pera et al., 2015; Gamlin & Holmes, 2018; Grey, 2016; Munguambe et al., 2016; Sharma et al., 2013; Sychareun et al., 2016). They value and consider children as agents to continue the genealogical lineage of the parents (Grey, 2016; Palaganas, 1999; Naidu & Nqila, 2013; Sacla, 1987; Sumeg-ang, 2003). These findings affirm that pregnancy and childbirth are part of the extensive social system, which involves the woman, their family, the community, society and the supernatural world (Altuntuğ et al., 2018; Diamond-Smith et al., 2016; Liamputtong, Yimyam, Parisunyakul, Baosung, & Sansiriphun, 2005; Munguambe et al., 2016; Sychareun et al., 2016). Understanding this concept of pregnancy and care among Ibaloyos may help in providing culturally sensitive care.

### Beliefs and Practices on Pregnancy and Child Care

#### A. *Pagel shi Man-nginaw (The Forbidden)*

The forbidden refers to the "*pammati*" (traditional beliefs) and "*kaugadiyan*" (cultural practices) that are used as precautionary measures during the whole course of pregnancy. These beliefs and practices influence the direct care for the Ibaloy pregnant mothers.

One notable belief is the "*siring*," or the transfer of a negative trait or deformity to a baby. Manang Dorenta shared that the pregnant woman was instructed to refrain from eating deformed fruits, not to look at the deformed animals, avoid "*manvay-vay*" (criticizing) on things, and never to laugh at a defective person or animal. Manang Bangkoro also shared that if a pregnant woman sits on the entrance or doorsteps of the house, the baby is believed to "*man-in-ino-di*" (come in and out), causing a mother's difficult childbirth. It is advised that a pregnant woman should not sit on the doorsteps of the house to avoid difficult childbirth.

For Ibaloyos, chicken "*pinikpikan*" spiced with ginger is usually served to postpartum mother to restore her strength, but the timing of preparation is crucial. By rule, the roasting of the chicken should never be done while the mother is giving birth to avoid "*sangep*" (stunted growth of the baby). Manang Bangkoro stated: "I believe it because I am a witness to it, but if such happens, correction can be done to this case, the mother assumes the delivery position and act as if she was giving birth again."

Another is the "*mah-seng*" (dying or withering) of plants touched by the pregnant woman. Lola Kavingkot detailed that "Ibaloy women who are conceiving are forbidden to harvest fruits as

these fruits may die or wither, but if such circumstance is inevitable, the pregnant woman should pee near the plant before sunset to avoid withering.”

The “hand-me-down system” is the handing down of pre-owned clothes to younger children or babies. This simple act of sharing is one way for the Ibaloyos to show their support and care to the expectant mother. Manang Kotnon pointed out that under normal circumstances, handing down of pre-owned items is good; however, if the owners of these items died, got sick, or were unfortunate in any way, handing down the items is discouraged as this may “*entaron*” (cause the same misfortune) to the child who will use the said item. She added that it is a bad omen for the expectant or pregnant mother to prepare the “*dampin*” (cloth diaper), “*oles*” (blankets), and baby clothes before birth. It may mean death for the baby before or after birth. This belief restricts the pregnant from preparing her needs and her soon-to-be child's needs. However, for Manang Kotnon: “It is not wise if you are not prepared with the things needed, so I secretly prepared the things for my baby even if doing so was forbidden.”

Moreover, Ibaloyos are very cautious about the garments of the baby. “*Eg-may-pagsay*” (baby's belongings) should not be placed anywhere as this may cause sickness to the baby. Lola Tobilja explained that “We have the belief that baby's clothing should not be left outside in the evening or at night to gather dew because this may cause colds and restlessness to the child.” Lola Tobilja also mentioned that the pregnant are forbidden to walk during night time because they might “*maaspol*” (meet evil spirits) causing abortion and sickness.

Lola Sayod stated: “Ibaloyos believed that the “*badayan*” (placenta) should not just be discarded anywhere. Ibaloyos believe that putting the placenta on live trees will make the baby live long, excellent in climbing trees, and diligent. Nowadays, some Ibaloyos simply bury the placenta since it is unhygienic to hang the placenta on trees.”

Informants claimed that these traditional practices and beliefs are observed as precautionary measures during the whole course of their pregnancy alongside with the modern practices. Ibaloyos are still guided by the words “*enayan*” (unwanted results might happen) and “*pi-jew*” (a danger in not observing it), but they are open to other alternatives as well.

### B. *Eh'daga* (The Rituals)

Because pregnancy is essential among Mangagew Ibaloyos, they have rituals to cure and enhance fertility that are performed by the “*Manbonong*” (Shaman). The “*pasang*” is performed to address the infertility of both husband and wife. This ritual involves butchering a rooster and a hen in the daytime. In some

instances, they butcher a pig and perform the dance called “*tayaw*.” The “*pokday*” is also performed to address male reproductive problems. It requires butchering of “*kip-kip*” (chick) and then burying it. The “*pokday*” is performed to help solve anger issues of individuals. Lola Sayod attested: “We, Ibaloyos, believe that if a married couple remains childless for four years, the couple may perform *pasang*, a ritual that involves butchering of a chicken or a pig, so that the couple may soon have children. If it is the man who has reproductive problems, *pokday* is performed.” Manang Katuray added that if a couple does not have a child for several years, they were advised to borrow a baby to sleep with them to “*enkaykay*” (attract pregnancy). These practices usually work as claimed by the participants.

### C. *Dah'ki ono be'e?* (Is it male or female?)

The Mangagew Ibaloyos adhered to their common observations and beliefs in identifying the sex of their incoming baby. Determining the baby's sex is vital among Ibaloyos since it has cultural significance. The Ibaloyos usually tag male as “*para sakbat ono para obda*” (head of the family/worker) and tag female as “*para-baley*” (helper/home maker). Also, the grandparents preferred “*dahki*” (male) as a first “*apoko*” (grandson), believing that their “*poweg*” (knees) would be stronger. While having a granddaughter is believed to attract more blessings. Both husband and wife most welcome pregnancy if their baby's gender matches their expectations.

Lola Kavingkot gave insights on how the Ibaloyos attain the preferred sex of their baby using unconventional techniques and beliefs. These include the wearing of “*atip*” (scabbard) by the husband if they prefer a boy and the carrying of “*kayabang*” (woven basket) by the wife if they prefer a girl during sexual contact. Another technique employed after sexual contact is the “*basilan*” (positioning). The husband positions himself at the right side of his wife if they wish for a baby boy and on the left side if they wish for a baby girl. Although the Ibaloyos believed this technique, they acknowledge that they use the technique only when their first few children are of the same sex. It may be safe to understand that the technique is used out of desperation. The Ibaloyos still believe that the gender of their children is not their choices but of God's. These were handed to them from generation to generation and have been proven effective in many cases.

Manang Katuray shared how Ibaloyos predict the baby's sex by assessing the physical and emotional changes in the mother during pregnancy. In her statement, if a pregnant woman's tummy appears pointed, the child is a boy; likewise, if the tummy appears flat, the child is a girl. Similarly, if a pregnant woman's skin darkens, the baby is a boy; likewise, if a woman's skin lightens, the baby is a girl. Additionally, if the mother looks ugly, it's a boy, and if the mother looks pretty, it's a girl.

#### D. Nganowan ja Mangajuwan (Gears to Care)

The gears to care refer to the objects or items used by Ibaloy in caring for the mother and babies. Some of these objects used include “*beng'ngao*”, “*ebban*”, “*dampin*”, “*ayod*” and “*bakget*”. Ibaloy mothers tie the “*beng'ngao*” (ginger-like plant believed to have the power of warding off malevolent spirits) as a bracelet or pin it in the upper clothes to stop evil spirits from getting into the baby's spirit. The “*eb'ban*,” a thin blanket (3 feet wide and 6 feet long), is tied across the chest to carry the baby. The “*eb'ban*” easily provides the baby access during breastfeeding while allowing the mothers to move freely. Instead of using commercial diapers, Ibaloy makes use of “*dampin*” (cloth diaper) made out of “*kostal*” (flour bags). The “*kostal*” is usually made of cotton; thus, it is absorbent, and it is cleaned through hand washing. The Ibaloy also use “*ayod*” (a woven basket) that is tied on both ends and suspended in the air allowing it to swing. The baby placed in it while the mother does household chores and if the baby cries, the mother simply swings the “*ayod*” to hush the baby. They usually put “*ap-ap*” (linens), blanket, and pillow inside the “*ayod*” to support the baby. The mother uses the “*bakget*” (abdominal binder) after the delivery. The “*bakget*” is a piece of cloth used as a binder believed to support the abdomen and prevent uterine prolapse. The “*bakget*” is similar to a table runner, measuring 5 to 6 inches wide and 6 to 8 feet long. In the absence of the regular “*bakget*,” they make use of a folded “*dampin*” as an alternative.

Ibaloy have a strong connection to their traditional beliefs and practices concerning pregnancy and childcare. They were guided by the ethos of “*enayan*” and “*pi-jew*.” Similar to other Asian countries, Ibaloy adhered to traditional pregnancy restrictions to protect the unborn child from danger and to avoid the problems associated with pregnancy and birth, such as miscarriage, stillbirth, imperfections in the newborn, and death of the mother (Corbett et al., 2017; Diamond-Smith et al., 2016; Elter et al., 2014; Grey, 2016; Lau, 2012; Liamputtong et al., 2005; Raven, Chen, Tolhurst, & Garner, 2007; Sharma et al., 2016; Withers et al., 2018). The existence of such rituals like “*pasang*” and “*pokday*” are evidences that Ibaloy accept pregnancy and having children as essential (Grey, 2016; Keith & Keith, 1983; Palaganas, 1999; Perez, 1979; Sacla, 1987; Shaukat et al., 2018; Shewamene, Dune, & Smith, 2017).

Gender has a cultural significance on Ibaloy's roles and responsibilities to their family and community. They also attach meanings to objects used for caring and make some sense of those relationships and how they work. Healthcare providers should recognize and appreciate these common local beliefs for them to deliver a better health service and culturally competent care (Altuntuğ et al., 2018; Elter et al., 2014; Fadzil et al., 2016; Lau, 2012; Liamputtong et al., 2005; Sharma et al., 2016; Withers et al., 2018).

Most of these traditional beliefs and practices are observed alongside modern healthcare principles and practices. However, expectant mothers and their families are struggling to balance these two different sets of beliefs and practices (Coffey & Brown, 2017; Corbett et al., 2017; Diamond-Smith et al., 2016; Grey, 2016; Munguambe et al., 2016; Sivalogan et al., 2018; Sychareun et al., 2016). This circumstances may lead to poor healthcare decision making on the part of the expectant mothers and their families. Hence, educational campaigns and programs should address both modern and traditional beliefs and practices to help women have better access to safe care and improve their self and their children's health (Diamond-Smith et al., 2016; Downe, Finlayson, Oladapo, Bonet, & Gulmezoglu, 2018; Lau, 2012; Roudsari & Zakerihamidi, 2015; Sychareun et al., 2016). Health goals can be achieved with the use of both systems and that healthcare provider needs to consider ways to interface with the two systems for the benefit of the people served (Downe et al., 2018; Lau, 2012; Leininger, 1993; Withers et al., 2018).

#### Antenatal Care

##### A. Ajuwan ni Bakdang (Physical Care)

**1. Prenatal Visit.** Ibaloy mothers recognize the importance of the prenatal visit and usually go for a prenatal checkup, especially if they perceived irregularities or risks in their pregnancy. Manang Kotnon verbalized: “In the early days, with the unavailability of healthcare facility and healthcare personnel, we seldom had a checkup. But now, we visit the clinic for our prenatal checkup, especially with multiple risks in pregnancy.” However, Manang Dorenta shared the factors hindering them from going for a prenatal visit or to the extent that they opted for home delivery. She said: “We go for a prenatal checkup late because we lack money, and our place is far from the healthcare facility.” Also, Manang Katuray shared: “Others don't go to a healthcare facility because of bad experience. Commonly heard sentiments include the attitude problem of healthcare providers, procedural aspects like “*meh'kali*” (episiotomy), and restraint in performing their beliefs and practices related to delivery in the healthcare facility. Also, some expectant mothers and their families simply don't want to go for a prenatal check-up for an unknown reason.”

**2. Physical Activities.** Ibaloy mothers are very concerned with the physical activities that they can do. They are known to be hard working. Manang Katuray mentioned that pregnant mothers still work; they go to their “*oma*” (kaingin) and “*garden*” (farm) as long as there are no perceived complications. Some claimed that they carry heavy loads of “*kayabang*,” a woven basket containing “*dokto*” (sweet potato) and “*pagey*” (rice) even if they are pregnant. Ibaloy believe that working serves as an exercise that facilitates childbirth. Though on the last

trimester, an expectant mother is advised to limit physical activities and make preparation for the upcoming delivery. But most importantly, mothers need to work even when pregnant to be able to help their husbands provide food for the family.

**3. Nutrition.** The Ibalays believe that healthy diet during conception is the best way to ensure adequate nutrients are available for the developing fetus. Manang Dorenta revealed that Ibalay mothers usually consume only those that are readily available in their backyard gardens such as carrots, sayote, pechay, cabbage, potato, sweet potato, beans, other native vegetables, and fruits. They are also mindful of the things to avoid during the whole course of pregnancy. Manang Sayod shared: "Drinking liquor and smoking cigarettes are hazardous to a pregnant woman's and the baby's health. Also, a pregnant woman should not take in medicines because this may adversely affect the baby." This health information comes from media, radio as the primary source of information and from the barangay health workers and student nurses.

#### ***B. Ajuwan ni Nemnem (Psychological Care) and Ajuwan ni Naispirituan (Spiritual Care)***

Psychological care among Ibalays refers to moral support given to pregnant women. Ibalays believe that "*nginaw*" (conception) causes changes in their behavior to the extent that a pregnant woman may dislike her husband. The husband is expected to understand the physical and emotional changes experienced by his pregnant wife for him to adapt and communicate appropriately. To support the wife, the husband takes some of the roles of the wife during pregnancy.

"*Naispirituan*" (spirituality) is also given importance by Ibalays in caring for pregnant women. There were situations, according to them, beyond human control, and only divine intervention can take care of. Ibalays commonly express spirituality through "*kararag*" or "*madmad*" (prayer). Manang Dorenta explained that "*madmad*" is a prayer directed to their ancestors while "*kararag*" is a prayer addressed to "*Apo Shiyos*" (God). The prayer usually goes this way: "*Sikayo ja kaapuan panbantayi jo et noman eya aanak jo tan apo jo ta say enbonabonat tan enpalapalad era*" (Dear ancestors, protect your children and grandchildren so that they will increase/prosper) and "*Etalek tayo son Apo Shiyos, Sikatoy maka-amata*" (We entrust it to God for He is in control).

Ibalays spiritual and psychological care starts during the wedding. The whole community were involved in the "*bilin*" (advice or counseling) given to the new couples. The new couple was asked to sit in front of their guest for a presentation. Primary sponsors, elders, and experienced people give their pieces of advices to the new couple to guide them in their marital lives. "*Bilin*" was regarded as the community's expression of their care for the new couples. Aside from valuable pieces of advices to the

new couple, the newlyweds were offered gifts of cash, home utensils, and appliances. These gifts helped the new couple to start a new family.

Ibalays recognize the importance of antenatal care since this is the time for physical, psychological, and spiritual preparation for birth and parenthood (Corbett et al., 2017; Downe et al., 2018; Krans & Chang, 2011; Metha & Sokol, 2013). They understand that prenatal visit, physical activities, nutrition, healthy lifestyle, psychological and spiritual care are key factors that influence the outcome of pregnancy (Elter et al., 2014; Guggino et al., 2016; Grey, 2016; Kingstons et al., 2012; Lee, Newton, Radcliffe, & Belski, 2018; Power, Wilson, & Hogan, 2013; Russell, Denne, & Schwartz, 2011; Szymanski & Satin, 2012). However, there are misconceptions and unfamiliar maternal adaptations among expectant mother and their families that need clarification. Helping the pregnant woman understand these adaptations will help her prepare, make decisions, and participate in her care (Downe et al., 2018; Guggino et al., 2016; Withers et al., 2018). The health care provider are responsible to support these physiologic and psychological adaptations through education, advocacy, and implementation of evidence-based maternity practices (Gardner, Bartelink, Martinez, Leventhal, & Cambra, 2018; Guggino et al., 2016).

Ibalays seek maternal and child care services in rural health clinics and healthcare professionals in the locality. However, findings revealed that myriad factors are influencing Ibalays health-seeking behavior. Similar to those common barriers to seeking care as perceived by the mothers in low and middle-income countries, these were lack of money, traditional views, religious fallacy, poor road conditions, a far distance from the healthcare facility, lack of knowledge and awareness about service delivery points, and mistreatment from a healthcare provider (Grey, 2016; Munguambe et al., 2016; Roudsari & Zakerihamidi, 2015; Savage, Anthony, Lee, Kappesser, & Rose, 2007; Sarker et al., 2016; Shewamene et al., 2017; Sivalogan et al., 2018; Sychareun et al., 2016).

These identified barriers were the targets of the Millennium Development Goals (MDGs) set in 2000 and concluded in 2015. Despite all the exerted efforts of the concerned agencies to address these problems, it seems that these problems remain the same. These findings may provide evidence in the current condition of maternal and child healthcare services in the country. Addressing these issues requires essential, but achievable, changes in healthcare service provision, attitudes and practices of the healthcare provider, and resource allocation in addition to long term program, and culturally-appropriate strategies (Choguya, 2015; Gamlin & Holmes, 2018; Mallick, Yourkavitch, & Allen, 2019; Ramos, 2012; Shewamene et al., 2017; Sychareun et al., 2016).

## Intrapartum Care

### A. Homebirth

A conversation with Manang Mondid, a “*Meh'ngidot/Meh'nudong*” (TBA), revealed that Ibaloy observe steps in caring for pregnant mother during home delivery. These are a) positioning of the expectant mother to the preferred delivery position, b) coaching the pregnant mother while noting the signs that the baby is about to be delivered, c) catching the baby, and d) delivering the placenta. Ibaloy believed that mothers should not sleep right after delivery because they might die. Manang Mondid also pointed out that if there are untoward signs and symptoms observed, they should immediately be referred or brought to the hospital for further management. The midwife or nurse in the barangay often conducts home visits for case follows up. Furthermore, Ibaloy are aware that home delivery is now discouraged, and facility-based delivery is encouraged to prevent risks. However, many mothers still opt to deliver at home due to various reasons, such as poor road conditions, lack of transportation to reach the nearest health facility, attitude problem of the healthcare provider, medical procedures like “*meh'kali*” (episiotomy), and the restraint in performing their beliefs and practices related to pregnancy and childbirth. Ibaloy continuously patronize TBA. Manang Dorenta added: “Most mothers who opted for home deliveries are those who had previous and safe home delivery. They expect safe delivery as their previous delivery was.” In the case of Manang Kolja: “I thought I was going to deliver the following month as mentioned by the health practitioner, but unexpectedly I gave birth earlier, so I just gave birth at home.” In 2014, the municipality of Bokod had 23 out of 178 mothers who opted for home delivery (RHU Statistics).

### B. Pasikal (Labor)

*Manpasikal* is the term used by the Ibaloy to refer to labor. Manang Mondid (TBA) classifies labor into two; the “*inikol*” (pain starts at the back/long labor) and the “*dimbog*” (easy delivery/short labor). The “*inikol*” is observed to be more prolonged labor requiring more attention to the mother giving birth. Although the “*dimbog*” type of labor may require less attention since it is shorter, the birth attendant still renders the best possible care. Manang Mondid also shared that the frequent uterine contraction, rupture of the bag of water, and profuse sweating are signs that the baby is about to come out. The birth attendant, husband, relatives, and neighbors are expected to provide physical, psychological, and spiritual care during the labor to comfort the expectant mother.

### C. Birthing Positions

Pregnant mothers assume different birthing positions that help facilitate the actual delivery of the baby. Mangagew mothers

claim that the common positions they assume during delivery include “*tinongaw*” (sitting), “*shinokol*” (lying down), “*tahomog*” (kneeling), and “*pinket'ono binajos*” (holding on to a suspended pole or string). Manang Sayod stated, “I tried all the birthing position in all my ten home deliveries.” Manang Katuray also shared her experience giving birth alone at home using the sitting position. Mangagew mothers stated that birthing positions depend on the mother's comfort. However, “*tinongaw*” is more preferred since it promotes easy delivery and allows the husband to sit behind to support them while “*pinket'ono binajos*” gives them the strength to bear down.

### D. Shamon Ajuwan ni Kuyat (Immediate Newborn Care)

Immediate newborn care is attended by the traditional birth attendant (TBA) assisted by the mother's husband, relatives, and neighbors. Things needed for immediate newborn care include “*baro*” (baby's clothing), “*oles*” (blanket), “*dampin*” (cloth diaper), “*kah-pes*” (cotton tie), “*danib*” (bamboo blade), and warm water for bathing. Manang Mondid shared a sequential step in caring for newly born babies based on her experience as TBA. In her narrative: “If the baby comes out, the baby will be immediately wiped with clean cloth; the cord is cut with “*danib*” (bamboo knife) and tied with “*kah-pes*” (cotton); then the baby is bathed with warm water; clothed and wrapped with a blanket; the baby is finally placed beside the mother for immediate breastfeeding. If the newborn's airway is clogged, we suck the nasal secretions to clear the airway and spit it out, and if the breathing pattern stabilizes, we immediately breastfeed the baby.”

Findings reveal that Ibaloy have established a practice for homebirth and immediate newborn care that constitutes a series of time-bound, chronologically-ordered, standard procedures that a mother and baby should receive at birth. Like many Asian cultures, several Ibaloy still prefer homebirth since it allows the involvement of expectant mothers' husband, family, TBA, and supported by the community following their traditional beliefs and practices (Choguya, 2015; Corbett et al., 2017; Diaz et al., 2018; Sarker et al., 2016; Turinawe et al., 2016). They have the perception that homebirth allows them greater control over their birthing experience (Corbett et al., 2017; Diaz et al., 2018; Gamlin & Holmes, 2018; Sarker et al., 2016). Ibaloy women have fear or anxiety regarding the medicalization of birth at hospitals and clinics that were viewed as being prohibitive (Corbett et al., 2017; Diaz et al., 2018; Withers et al., 2018). For instance, expectant mothers don't have the autonomy to choose the preferred birthing position such as sitting, kneeling, or squatting since lying on one's back is routinely practiced in formal healthcare settings (Withers et al., 2018). Ibaloy are aware of the advantages and disadvantages of homebirth, and that facility-based-delivery is now mandated to reduce maternal and neonatal mortality (NEDA-CAR, 2014). However, imposing facility-based-delivery remains a challenge in the locality because of the

forementioned issues. Addressing these problems requires multi-sectoral linkages and efforts from the concerned agencies and active community participation.

## Postpartum Care

Ibalays called postpartum care as *"tangkhad"*, which means getting proper rest, nutrition, and vaginal care. Manang Katuray said, "After giving birth, we recuperate for a month. We do not lift heavy things, although we can move around and do light chores. We have a neighbor who had uterine prolapse because she carried heavy load a week after delivery. It's essential to have rest after delivery. The effects of not resting properly after giving birth will manifest sooner when the woman turns older." Using *"bakget"* (abdominal binder) is highly encouraged, believed to prevent uterine prolapse. The husband, after his wife gives birth, is expected to do the handwashing of blood-stained garment and do the chores his wife does until the wife fully recovers. Ibalays believe that bathing should be done after three days to allow faster recovery. For more rapid healing of the vaginal lacerations, boiled guava leaves are used for vaginal douching. Ibalays are very particular with the food that can help the postpartum mother regain strength, particularly the *"man-dangsi"* – fish, seafood and other foods with odors similar to that of the fish should be avoided as these may cause body pains and itchiness. Manang Dorenta said: "Vegetables and roasted chicken (pinipikan) are the best to be served to those who have just given birth. Papaya and *"agat"* (ginger) soup is also favorable as it is believed to help produce breast milk. On the other hand, *"pising"* (gabi) should not be eaten as it causes itchiness. Similarly, *"dangka"* (jackfruit) should not be eaten because it is believed to cause weakness."

Ibalays postpartum rituals and practices are strictly observed to ensure the mother's health and faster recovery. Ibalays' *"tangkhad"* is similar with that of China's *"zuo yuezi"* (Raven et al., 2007) and Turkey's *"kırkınıcıkarma"* (Altutuğ et al., 2018), which is commonly practiced to help the mother regain her strength and protect her future health. These beliefs and practices primarily focus on proper nutrition, physical activities, and adaptation of mothers to role changes. These also entail the roles and responsibilities of the husband and family members in providing postpartum women physical, spiritual, and psychological care (Altutuğ et al., 2018; Culhane-Pera et al., 2015; Demirel, Egri, Yesildag, & Doganer, 2018; Diamond-Smith et al., 2016; Fadzil et al., 2016; Gamlin & Holmes, 2018; Grey, 2016; Raven et al., 2007; Sharma et al., 2013).

## Child Care

### A. Ajuwan ni Poh'seg (Umbilical Cord Care)

Cord care is vital among the Ibalays. *"Pugos"* is the Ibaloy term for the act of cutting the *"poh'seg"* (umbilical cord). It involves

careful observation of traditional beliefs and practices from the "cutting" to "falling off" of the umbilical cord. The umbilical cord is cut 1 to 1 ½ inch from the navel and is secured with *"kapes"* (cotton tie). Some still practice *"madmad"* (prayer) before cutting the umbilical cord. Manang Sayod attested: "We cut the umbilical cord of the baby with a bamboo blade boiled in water or sterilized with alcohol. After which, we tie the end of the cord with cotton thread." The bamboo blade is preferred because, just like the bamboo, the baby would prosper when he grows. The Ibalays usually observed cord separation within 7-8 days. The mothers of Mangagew commonly use alcohol to clean the umbilical cord. Aside from using alcohol, Manang Bangkoro claims that putting *"tedted ni soso"* (breast milk drops) on the cord stump promotes faster cord separation and healing. She added that there were no circumstances of neonatal sepsis or infection that happened due to the breast milk drops on the umbilical cord. Mothers stated that breast milk dries the umbilical cord faster, avoiding possible infection. Moreover, Ibaloy mothers often expose their babies to morning sunlight or *"siyang,"* which allows the umbilical cord to dry more quickly. Ibalays also believe that exposure to the early morning sunlight help in the treatment of jaundice babies.

### B. Panpasoso (Breastfeeding)

Ibalays recognized the importance of breastfeeding as a source of nutrients for the baby in the first few months of life. Ibaloy mothers are not ashamed to breastfeed their babies, even in public. The mothers breastfeed their babies even in public because it is supported by the community, as it is considered *"sikatoy nay to-o an"* (as the way of life). Manang Kotnon shared, "We breastfeed our baby up to one to two years old, but in some cases, even until four. In cases that a breastfeeding mother gets pregnant again, she stops breastfeeding." Ibalays encourage breastfeeding because it is convenient, economical, and always readily available.

### C. Pemsöh (Weaning)

*"Pemsöh"* (weaning) is the stage when a mother decides to stop breastfeeding her baby. Ibalays usually start weaning their children if they can chew and swallow solid foods. Manang Katuray mentioned that they commonly put chili, ampalaya, ginger, or *"apko"* (bile juice) on the nipple to wean their babies. In her case, she weaned her son when he turned one-year-old by applying chicken bile on her nipple. The bitter taste of ampalaya and *"apko"* (bile juice) and the burning taste of *"agat"* (ginger) and *"sili"* (chili pepper) make sucking distasteful until the babies themselves refuse to do so. Manang Katuray added that one way of weaning a baby is to separate them from the mother. The child is left with the grandmother until such time that the child no longer craves for breastfeeding." She added that weaning is implemented to make the baby crave food and as a part of training the baby to be less dependent on their mothers. Some mothers wean their baby because of the nature of their work.



### D. Tosing (Initial Feeding)

The Ibaloyos called the baby's initial feeding as "tosing." Manang Dorenta revealed that as early as the fourth month, Ibaloyos start feeding their baby with *am* (rice broth), rice porridge, mashed sweet potato, and vegetable soup. A prayer is recited during the "tosing." The prayer commonly recited is "maya-mayat pangan mo say enbade-badeg ka" (that you should eat well so that you will grow). Leftovers are placed in any corner of the house in the belief that in doing so, food would abound. Ibaloyos are particular with the first food that they introduce since it will affect the eating habit of the child soon. For example, kalamansi or any sour fruit is believed to cause children to be "man-im-imit" (picky eaters). Meanwhile, the chicken may cause "matae" (frequent defecation) or "mapangan" (frequent eating) in the same way that the chicken does. Pork is also used for "tosing" since the pig usually waits for its schedule for eating. Accordingly, the baby will also behave in the same way. Similarly, "denowan" (honey) is believed to make the "nga'nga" (child) healthy.

Their traditional beliefs and practices greatly influence how they plan for childbearing, child-rearing, umbilical care, nutrition, and safety (Abuidhail, 2014; Asiedu, Apatu, Tetteh, & Hodgson, 2019; Biltekin, Boran, Denkli, & Yalçinkaya, 2004; Chan, Labar, Wallb, & Atun, 2015; Coffey & Brown, 2017; Grey, 2016; Krans & Chang, 2011; Lewallen, 2011; Mallick et al., 2019; Palaganas, 1999; Pati, Chauhan, Panda, Swain & Hussain, 2014; Ramos, 2012; Savage et al., 2007; Sharma et al., 2016; Sumeg-ang, 2003; Sychareun et al., 2016; Withers et al., 2018). It is believed that the desire to promote healing and hasten cord separation is the underlying reason of the beliefs and practices related to the application of substances or indigenous ingredient to the umbilical cord (Afolaranmi et al., 2018; Asiedu et al., 2019; Coffey & Brown, 2017; Grey, 2016; Mallick et al., 2019; Pati, 2014). Ibaloyos recognize the importance of breastfeeding as a source of nutrients, and at the same time, established a sound mother-child relationship (Crenshaw, 2014; Gardner et al., 2018; Lutter & Morrow, 2013). Ibaloyos employed unconventional methods in weaning their babies and particular with the first food that they introduce to their babies (Chan et al., 2015; Gardner et al., 2018). They understand that proper nutrition in infancy fosters optimal growth and development (Lutter & Morrow, 2013). While health education campaign is necessary to address the existing misconceptions about maternal and child care, these good maternal and child health practices among indigenous group should be encouraged (Afolaranmi et al., 2018; Asiedu et al., 2019; Coffey & Brown, 2017; Diamond-Smith et al., 2016; Downe et al., 2018; Guggino et al., 2016; Mallick et al., 2019; Roudsari & Zakerihamidi, 2015; Sychareun et al., 2016). Every culture has a health and caring process, techniques, and practices viewed as important to the people (Diaz et al., 2018; Downe et al., 2018; Grey, 2016; Leininger, 1993; Liamputtong et al., 2005). Hence, healthcare providers should acknowledge, appreciate, respect, and honor these

common beliefs and practices for them to provide competent and culturally sensitive care (Altuntuğ et al., 2018; Crenshaw, 2014; Elter et al., 2014; Gardner et al., 2018; Leininger & McFarland, 2002; Sharma et al., 2016; Withers et al., 2018).

### Conclusions and Recommendations

Ibaloyos possess rich indigenous health practices and belief system regarding pregnancy and childcare. They have a strong connection with their traditional beliefs and strong support from their family and community in the care of pregnant women and their children. Most of the traditional beliefs and practices of caring are still observed alongside modern healthcare principles and practices. Achieving health for these indigenous groups requires multi-sectoral linkages and efforts and active community participation. Healthcare providers should have a clear understanding of the traditional beliefs and practices in the proper context of specific indigenous people groups for them to provide culturally competent care. Community healthcare providers collaborate with service users' family members, indigenous healers, elders, and TBA to design culturally acceptable interventions. The result of this research serves as a basis for culturally appropriate evidence-based care for both the Ibaloyos and similar other groups and a future reference for the Ibaloy's slowly fading traditional beliefs and practices.

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