

THE BIRTHING BELIEFS, CULTURE PRACTICES AND THEIR RELEVANCE TO
HEALTH OF THE T'BOLE MOTHERS IN LAKE SEBU



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ABSTRACT

The study explored the birthing beliefs, cultural practices of T'boli mothers who live in Lake Sebu South Cotabato that belongs to a multicultural society. This study is a qualitative descriptive study. The T'boli Mothers of Lake Sebu have rich beliefs and culture practices in terms of maternal practices. The beliefs and cultural health practices of T'boli women showcase their cultural understanding of birthing generally in health practice. The aims of this study were to identify the traditional birthing practices of T'boli Mothers and what are the relevance of the said beliefs and cultural practices. The study provides questionnaires with fifteen (15) questions with a purposeful sample of twelve (12) T'boli mothers who came to the clinic at the time of interview for their monthly check-up. The analysis using thematic method identified their beliefs and cultural practices related to birthing, aside from their beliefs, there were three themes emerged in the study that belongs to their cultural practices and these are the following (1) Hygiene, T'boli mothers believed that taking a bath during pregnant may cause fatigue during delivery. (2) Bigkis or belly binder, up to these days there are still mothers who are using bigkis to cover up the navel which prevents the occurrence of colic(kabag). (3) Hilot, some of the T'boli mothers stated that they still believed that hilot can form the baby into its normal position inside the womb so that in the time of delivery the baby will be easily delivered and problems during the delivery will less likely to occur. And eleven (11) beliefs were stated upon the overall collection of data. The practices that they engaged today are inimical to health. Therefore, healthcare providers should interfere and health teachings must be rendered but health care providers must be aware of the need to preserve those beliefs and culture practices that are not detrimental to health.

Keywords: *Birthing Beliefs, Culture Practices, T'boli Mothers*

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CHAPTER I

Background of the Study

Historically health concerns of the indigenous people are concerns of the *babaylan* (*or maaram in Antique*) a person who knows the mystic arts of both the cause of the illness and cure. The T'boli tribe is one of the indigenous people living in South Cotabato specifically in Lake Sebu. Their tribe is rich in beliefs and culture practices especially in health practices in maternal health. They are known for their amazing skills in weaving which named Lake Sebu as "Land of Dreamweavers". Mothers in Lake Sebu are rich in culture that most of them are not aware of the few changes in maternal health. It has been decades since the Government is catering and implementing Mother and Child care. These programs were dedicated to women and children which include Indigenous Women. Most of the T'boli people are living in far-flung areas which are distant from the community where the health centers are located and health services are rendered. Indigenous groups have their own set of norms and tradition when it comes to Maternal and Child Care, but however there are still existing indigenous practices which remains unlikely to improve their health.

In some places in Africa, indigenous practices are still practiced. Particularly, in Ghana, childbirth is often seen as joyous occasion in Ghanaian society. Pregnant women are often given special privileges and are considered to be beautiful, fragile and vulnerable to evil spirits. Therefore, women may seek guidance from a religious spiritual diviner to protect their fetus or increase their chances of conceiving. The majority of women believed that antenatal care from a health professional is necessary to see if the fetus is well-positioned, to learn to learn about when they were expected to give birth, to receive tetanus immunizations, for the

diagnosis and treatment of illness during pregnancy. But there are still barriers in seeking antenatal care and these include: travel time and distance of health care facilities, financial crisis and inconvenient hours of operations of the clinic. Knowledge about nutrition in Ghana is obtained through formal education. Community health services, friends and families, cultural practices, traditions, and beliefs in the community.

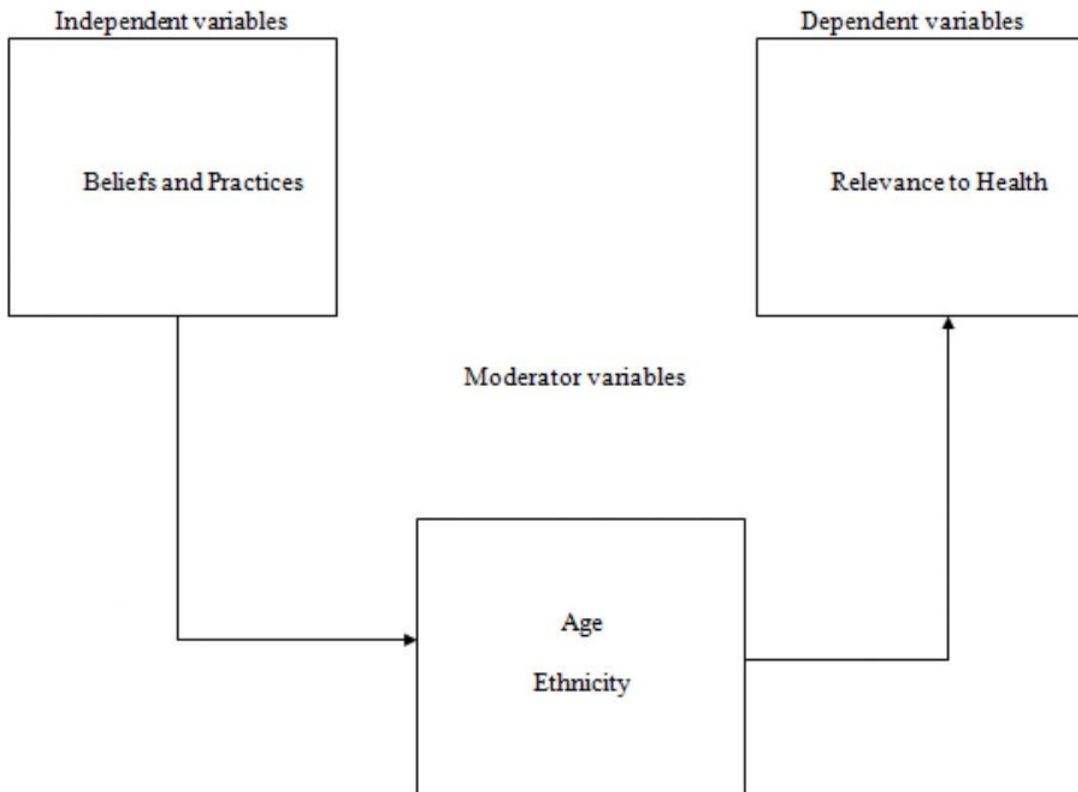
In the Philippines, some Indigenous people have already adopted the Department of Health's (DOH) management of their health, but some remain in their own traditional Practices. Lake Sebu is one of the communities with Indigenous people where it was observed that there is still a need to educate them especially in birthing practices of their children because the researchers observed that the children are malnourished due to physical assessment. This was the premise that the researchers wanted to study their health practices especially on birthing, breastfeeding and rearing of their children. The importance of the study would bring awareness on the part of the indigenous people on the better way of birthing practices rendered to their children.

Statement of the problem

The study determined the Maternal Practices specifically on birthing beliefs and among T'boli Mothers of Lake Sebu, South Cotabato. Furthermore, it sought answer to the following questions:

- 1.) What are the beliefs and practices in birthing of the T'boli Mothers living particularly in Lake Sebu South Cotabato?
- 2.) What is the health relevance of practicing those beliefs and practices in birthing?

Conceptual Framework



This figure illustrates that cultures, practices, beliefs and norms are embedded in social practice because people are born in different community wherein different aspects of culture was taught and transferred from generation to generation. But then, it cannot be denied that some of the cultures and practices especially on the aspect on maternal health specifically on birthing are extraneous because it was not scientifically proven and some of them will have an impact to health that may cause some complications which can lead to the increasing risk of morbidity.

Theoretical Framework

Transcultural Nursing Theory

Leininger defines Transcultural theory as “a substantive area of study and practice focused on comparative cultural care (caring) values, beliefs, and practices of individuals or groups of similar or different cultures with the goal of providing culture-specific and universal nursing care practices in promoting health or well-being or to help people to face unfavorable human conditions, illness, or death in culturally meaningful ways.”(Wayne, 2014).

In this theory, it emphasizes that the culture, beliefs and values can be also the reason of the health illness of their children because they have another practices that are not acceptable in the modern ways. The aim of the nurse is to provide care measures that are in harmony with an individual or group’s cultural beliefs, practices, and values. The primary goals are to give culturally congruent care to all.

Theory of Health Promotion

Pender defines Health promotion theory as a model describes the multidimensional nature of persons as they interact within their environment to pursue health. Her theory notes that each individual has unique personal characteristic that can affect following actions. Health promotion is the process of allowing people to increase control over, and to improve their health(Petiprin, 2016).

In this theory, it emphasized that health promotion is described as a multidimensional nature of the person. Wherein this study endowed with the beliefs that would affect their culture and practices especially in birthing. Furthermore, everyone has its own distinctive way to promote their health basing on their culture and practices. It also the method of

enabling people to increase control over, and to improve their health. It moves beyond the focus on individual behavior towards a wide range social and environmental intervention.

Definition of Terms

Birthing – the time when a baby comes out from the body of its mother.

Beliefs - it is an assumption or conviction that a person believes to be true.

Culture –is a set of practices and knowledge of a particular group of people which includes language, religion, cuisine, music arts and social habits.

Practices – It is the application of a certain idea.

Health–It is a condition of being well and free from any disease.

T'boli Mothers -.Is an indigenous group of mothers living in Lake Sebu South Cotabato.

Significance of the study

This study evidently defined the beliefs and practices of the T'boli mothers in giving birth and taking care of their children. This also revealed some information which are relevant in their practice that can contribute to the health of the mother and the baby. However, it could also provide answer to the question why they still practicing that one. One of the main goals in this study was to discover the relevance of their practices.

Scope of limitation:

The study gathered some information about the maternal practices especially in on birthing beliefs and practices among indigenous women particularly in Lake Sebu, South Cotabato. The participants are 12 Indigenous Women who are citizens from Lake Sebu, South Cotabato.

Review of Related Literature

Culture has a big impact on beliefs and practices in terms of childbirth. Cultural beliefs and traditions that are related to childbearing affects the multidimensional aspects of life in a given culture (Callister, 2012). Every individual in the society views and manages childbirth depends on their beliefs, practices, and values that are related to reproduction, health, and the role and status of women (Lauderdale, 2013).

The cultural childbirth practices, beliefs, and traditions should be clear and specific, thus it must be identified because it has important implications for future development of public health programs and policies. On the women's perception of risks, the severity of complications that they may experience are because of the cultural norms and practices, limited decision-making power, and overall status in society affect women's access to and utilization of health care. Understanding the cultural beliefs and traditions gives a mechanism to further explore how wider societal factors impact maternal mortality and morbidity. Understanding these factors can contribute to the development of culturally congruent interventions that the goal isto reduce the maternal mortality and morbidity (Freedman, 2013).

Several case studies have been published that are focused on childbearing women in the world. Emic perspectives from the native point of view contributes to our understanding of childbirth practices, beliefs and traditions (Adams, 2012).

The community needs to have a context specific understanding of practices, beliefs and traditions related to childbirth, it is very important especially among communities and countries with high mortality and morbidity rate for both Mother and child. Without this knowledge there is inadequate understanding and guidance about how to proceed (Costello, 2012).

Two ethnographies, focusing on pregnancy and childbirth in Guatemala, noted themes related to the sacred nature of childbirth and reliance on God during pregnancy, childbirth, and childrearing. Biomedical information³⁵ about the dangers of birth failed to fit into the traditional cultural understanding of birth by indigenous women in Guatemala (Berry, 2012).

A qualitative study using phenomenology with in-depth interviews of 30 women in Thailand found traditional childbirth practices have gradually diminished in Chiang Mai, Thailand as they have been replaced by the medicalization of childbirth. The social meaning of childbirth continues to be part of the larger social system involving the woman, her family, society and the supernatural world but women are blending the biomedical model with traditional practices (Liamputtong, 2012).

In the study conducted in Nigeria their goal is to identify and address the underlying cultural factors related to maternal mortality and morbidity found rural Nigerian women wherein holds a magico-religious perspective of childbirth and health care which result them to disregard the bio-medical system of care and that is guarded with risk assessment and modern scientific evidences. This is the reason why there is a delay in accessing services when a complication arises during pregnancy or birth (Okafor, 2012).

People in Anatolia believed the "falling forties" when the mother is sick or the baby fails to regain health within 40 days of giving birth. They believed that after forty-day period of birth number of living things and object will harm the mother and newborn baby and that is there common belief. Therefore they have their practices and measures to prevent the 'falling forties' are very common. In order to prevent the 'falling forties'; mother and baby are not allowed out for forty days, care is taken not to bring together women and newborn babies who have not passed through this forty-day period. The falling forties in a baby used to be related to poor development and weight loss. Various religious and magical practices

were considered to be a remedy to prevent the falling forties.' Nowadays, such practices are almost extinct. Washing the mother and child within 40 days of birth to prevent them falling ill within that period is known as "making the forties". The practice is commonly carried out on the 40th day after birth. Making the forties is still a common practice today as in the past among those customs and practices related to birth (Republic of Turkey Ministry of Culture and Tourism, 2013).

For Mandaya tribe, parents of the expectant mother prepare food to be taken immediately after giving birth. A mat covered with dagmay is laid on the floor or basag where the mother gives birth. Her husband assists the yagnamon or midwife by pushing the baby out when the baby starts to crown. A magpipisal, a master on herbal plants, gives the mother local medication to help her sit down or stand, and walk without causing a relapse (Vecin, 2012).

The Manobos interprets illnesses to be work of the evils following the mischief of man. Using of herbal medicines are still present up to this days. At childbirth, the midwife ties birth charm herbs, stones, and other items given to her by the spirit guardian, around the mother's waist (Biala, 2013).

AbouZahr (2013) concluded that simple transfer of medical care models from industrialized countries to developing ones will not work. An understanding of the social, economic, and political causes contributing to ill health in each specific country must be included. Improving maternal mortality in developing countries requires not only recognition of the problem but action toward realization of the right to a safe pregnancy and birth (Freedman, 2013).

CHAPTER II

Methods

This chapter presents the discussion of the research design, research locals, and research respondent.

Design of the Study

The type of research used is qualitative-descriptive. Researchers aim to gather depth understanding of the Maternal Practices such us birthing. This study investigated and describing what are their practices that can be the reason of other complications to the mother and the baby. Besides this, the researchers examined by observing and interviewing the mother to gather data to make this study evidently.

Research Locale

Lake Sebu is from the province of South Cotabato, Philippines. In 2015, according to National Statistics Office (NSO); it has a population of 87,442 people. The province of Lake Sebu is surrounded by a lake that has an area of 354 hectares (870 acres) with an elevation of approximately 1,000 metres (3,300 ft) it has hills and mountains that is covered by thick rain forests. Plenty of tribes are living in the shores of the lake such as T'boli's, Ubos, Manobos and Tirurays. The total land area of the municipality is 89,138 hectares. It is composed of 19 barangays with NED considered the biggest barangay with 46.3% of the town's area. Majority of the population are T'bolis, the original inhabitants of the municipality. There is an existing 10-bed primary hospital in the poblacion which caters to the health needs of the populace. There are barangay health stations in the barangays although health personnel only include 2 doctors, 2 nurses, 11 midwives and a dentist.

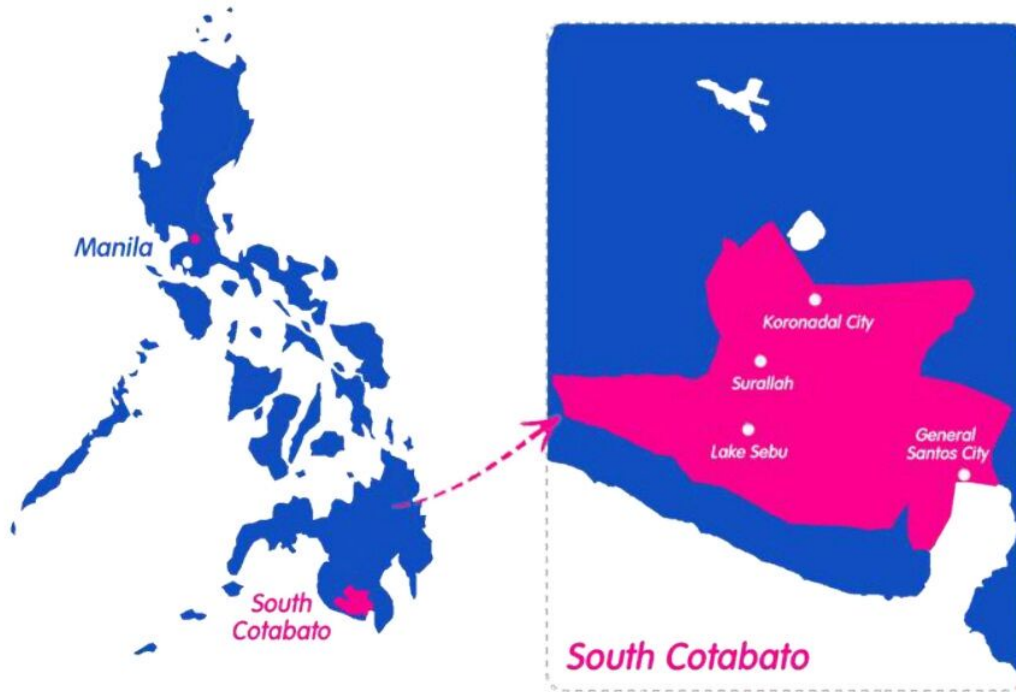


Figure I. Map of Lake Sebu South Cotabato. (Photo Courtesy of Google Image)

Research Respondents

The respondents involved in this study were the T'boli mothers who were randomly interviewed, wherein everyone of them has an equal opportunity to be part of the study and is qualified to be a respondent. 12 T'boli mothers were randomly choose and interviewed.

Data Gathering Procedures

In gathering pertinent data that was used in this study, the researchers undergone several steps in order to accomplish the study. These steps are as follows:

1. Construction and validation of interview questions

The interview questionnaires constructed includes only the facts relevant to the study. The first draft of the questionnaires was submitted to the researcher's adviser for comments and suggestions, after which two experts validated the instruments. The comments, suggestions and recommendation of the thesis adviser and the two experts were considered in refining and finalizing the research instrument.

2. Asking permission to conduct the study

The researchers obtained approval from the Dean of the College Health Sciences Education and to the Municipal Health Officer of Lake Sebu, South Cotabato in order to conduct the study. The researchers sought professional help from experts to validate the content of the survey questionnaire.

3. Administration of interview questionnaires

The respondents were asked to participate in the study and were informed about the nature of the study. In administration of the interview questionnaires, there was an assurance of confidentiality.

4. Collation, Analysis and Interpretation of Data

Data collected from the respondents were gathered, analyzed and interpreted immediately after the study was conducted. The respondents were given the chance to validate the information given to the researchers.

CHAPTER III

RESULTS AND DISCUSSIONS

This chapter presents data gathered through the interview conducted. Series of questions was given through administration of survey questionnaires to the respondents who are T'boli mothers who have beliefs and cultural practices on birthing.

Birthing Beliefs and Cultural Practices of T'boli Mothers in Lake Sebu

The participants in this study described birthing as community-based and informed by a set of beliefs and practices of T'boli Mothers. Multidimensional nature of individuals differs as they interact within the environment to pursue health. This study endows their beliefs that affect their culture and practices especially in birthing. Furthermore, everyone has its own distinctive way to promote their health basing on their culture and practices.

1.1 Beliefs

Understanding the beliefs of T'boli mothers in birthing is important because beliefs give meaning, clarity, and direction to the action. According to Deal and Kennedy, a strong culture is a system of informal rules that dictate how people are to behave most of the time, and as such they enable people to feel better about what they do. Moreover, it seems that the culture influences how people's perceptions, thoughts, and feelings are related to the length of time they live in this culture and to its age. Their beliefs have nothing to do with the health neither of the baby nor to the mother.

Resp. 4 "*Bawalmaglakangapisikaymasambudangpusod*"

What Respondent 4 here is that the Mother will have difficulty in delivery of the baby and will cause cord coil. *Cord Coil* is when the umbilical cord is coiled on the infant's neck that it can cause suffocation during expulsion of the baby which can be fatal. Thus, their beliefs are not related to health and cannot cause cord coil.

Resp. 6 "*Bawal mag uyat bola kay may epektosabatabasig mag dakoangulo*".

What Respondent 6 mean is that the baby will have *hydrocephalus*. This disease occurs when there is accumulation of cerebrospinal fluid in the brain that can cause pressure inside the skull. Thus, their belief that touching a ball does not cause hydrocephalus.

Resp. 11 "*Bawalmagkaonkapid sagingkaymagdikit*"

What respondent 11 means is the baby will be a *Siamese twin*. *Siamese twins* or *Conjoined twins* are twins that are physically joined at birth. Some share their organs and some are separable through surgery but depends on the degree of union. Thus, this belief is irrelevant and is does not affect health of the mother and baby.

Others

Resp. 10 "*Inde mag sigehulagkaybasimahulogangbata*"

"Bawal mag tan-aw kag maghikap sang kalain namgabutangkaybasi mag pareha hitsura"

"Bawal mag-agisalikod sang buntiskaybasi mag liwatanghitsura"

Resp. 10 "Bawal mag uposapintuanbasi ma budlayanpag mag bata"

*Resp. 1 "Bawalmagpatay sang bitinkaymabugnawangtiyanunyanuhuton ug
bawalmagpatay sang manokkay paggawassabatamagsamad-samadangliog"*

Resp. 5 "Bawalmagpatay sang man-og"

Resp. 2 "Bawalmangadto sang pataykayinigpanganakkatulugonka"

Resp. 3 "Bawal mag adto sang pataykaymaglisodugpanganak"

These beliefs are not related to maternal practices and does not affect health. Thus, this affects the psychological aspect of the Mother which can alter their ways of daily living.

Cultural beliefs, values and traditions can significantly affect individuals' attitudes towards modes of delivery, their definitions of different modes, and the decisions they make in this regard (Roudsarri, 2013).

Health beliefs about childbirth are as old as human history itself (Gelis, 2012). Globally, studies have indicated that there is often a conflict between the orthodox medicine and the traditional beliefs of women (Harris, 2012). Studies have revealed certain health beliefs that pose a danger to the health of the woman (Geloo, 2013).

The principal researcher frequently encountered health beliefs that were expressed by the attending women or their relatives. Harris *et al.* 2012 noted that health beliefs could ultimately affect health outcomes as they influence behaviour.

1.2 Practices

Hilot

Hilot or Manghihilot is a traditional healer that is usually present in rural communities who assists women during pregnancy, labor and after delivery. Some are trained and some are not. Hilot is usually practiced by T'boli Mothers due to the reason that it will help position the baby inside the womb for the mother to have a normal delivery.

Resp. 5 “*naga pa Hilot ko taga duha ka bulan para ma plastar ang bata sa sulod*”

Resp. 6 “*pa Hilot pag 4 to 5 months na ang tiyan.*”

Resp. 9 “*naga pa hilot ko para ma plastar sa sulod ang bata*”

Resp. 12 “*Gina pa plastar ko ang bata sa manghihilot.*”

Some of the *Manghihilot* are not practicing sterile technique that can cause further complications to the mother and the baby. According to DOH there are 13 infant mortality rates in 2015 due to infection from a *manghihilot*. Hilot can also damage the placenta that can cause rupture of the placenta.

According to the census of Local Government Unit (LGU) of Lake Sebu, South Cotabato, Out of 196 mothers, there are 96 who are practicing Hilot. These mothers are prone to complications due to untrained Hilots.

When researchers have asked women in the Philippines about hilot, they almost always get the answer that their respondents know someone who has had hilot and it worked for them. They assume that they must have found a manghihilot (hilot practitioner) who was strong enough to crush the baby and they just haven't found one who had that much strength.

But abdominal massage won't crush the baby because it is, in early pregnancy, part of the uterine lining, and the muscles around the uterus take the pressure instead of the embryo itself, or the fertilized egg was never implanted in the uterus and the pregnancy is going to end on its own (Rister, 2014).

The Iloilo Provincial Health Office (PHO) is discouraging pregnant mothers from engaging the services of "hilot" (an unlicensed person, usually an old woman, who delivers babies at her clients' home) which is an old, traditional practice in some far-flung villages of the province.

PHO assistant chief Dr. Ma. Socorro Quiñon said several Local Government Units (LGUs) in the province had already enforced the regulation of these "hilot", whose services are considered medical malpractice (Barriga, 2014).

Hygiene

Hygiene has a huge impact for both the mother and child. T'boli Mothers believe that taking a bath is a practice that should not be done during pregnancy because it may cause fatigue and difficulty in child bearing.

Resp. 6 “*dili ko naga ligo kay bawal.*”

Resp. 8 “*Kis-a langkomaligo.*”

According to Local Government Unit (LGU) of Lake Sebu, South Cotabato, out of 196 mothers there are 125 who were diagnosed with Urinary Tract Infection (UTI) due to lack of hygiene during pregnancy.

Poor hygiene leads to infections and illnesses that can be passed on to your baby. Good hygiene in pregnant women is essential to eradicate bacteria and prevent infection (Millan, 2012).

Maintain overall hygiene in pregnant women should be observed unless the doctor advises against it. Keeping the pregnant women's body clean will not only prevent infections but also make them more comfortable during period of pregnancy (Singh, 2013).

Bigkis

Bigkis or belly binder for the umbilical cord are still currently used by T'boli Mothers, it was said that using *bigkis* to cover up the navel can prevent colic and gastritis.

Resp. 8 "Gina bigkisan ang pusod sa bata."

According to the Local Government Unit (LGU) of Lake Sebu, South Cotabato, Out of 215 infants, there are 4 who were infected due to the use of *bigkis*. Pediatricians stated that the use of *bigkis* is now obsolete; several studies found out that using of *bigkis* it may lead to infection. Furthermore, it is prohibited and should not be used because it has no scientific explanation about the uses and purpose of using *bigkis*.

Pediatricians no longer encourage the use of *bigkis* because it has no advantage for the child and can cause further complications. These days, most doctors no longer prescribe the use of abdominal binders or *bigkis*, as studies show that these do not really help in preventing or treating colic (or kabag). In fact, binders may also contribute to newborn's regurgitation as it may disrupt the normal digestion of your baby. It was also found out that binders do not help in protecting the cord from infection (PhilCare, 2014). Covering the umbilical area keeps

in moisture, which is a perfect environment for bacterial growth. Also, keeping it covered may prevent you from noticing a starting infection (Atubo, 2014).

CHAPTER IV

SUMMARY

The T'boli Mothers in Lake Sebu have rich beliefs and culture practices in terms of maternal practices. The beliefs and cultural health practices of T'boli women showcased their cultural understanding of birthing generally in health practice. It was shown in the results and discussion that 8 beliefs were identified out of the 12 respondents. Half of those beliefs were somewhat related in the medical field but has no scientific proof that it is true, the remaining were not related in the medical field and is irrelevant concerning health. It was also shown that the T'boli Mothers had three (3) practices which they are still practicing in today's present which has a huge impact while conceiving their babies.

CONCLUSION

In this study, it was concluded that T'boli Mothers of Lake Sebu are rich in culture that most of those beliefs and practices are present up to this day. These cultural understanding of sickness and health has positive and negative effects to maternal health. Therefore, health care providers deliberated to seek and understand the cultural values and practices of the T'bolimothers. Most of the cultural practices were inimical; and were proven irrelevant to health and preserve the harmless ones.

RECOMMENDATION

The health beliefs that are of benefit to the patients should be encouraged with scientific explanations. In the same way, those health beliefs which could pose health risk factors should be discouraged respectfully, also with scientific explanations. Further studies

are required to establish deeper understanding of each health belief so as to enhance the appropriate response. Thus, proper health teaching about the importance of hygiene is necessary to decrease number of mother with Urinary Tract Infection (UTI) and discourage the use of Hilot and Bigkis to decrease number of infants with infection.

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Appendix A

Questionnaire for the Respondents

“Questionnaire on the Birthing Beliefs, Culture Practices and Their Relevance to Health of the T'boliii Mothers in Lake Sebu”

(Katanungan para sa mga Respondante)

Dear Respondents,
(Minamahal na Respondante),

We, the Fourth year Nursing Student of Res 2n Code2710 of the University of Mindanao are conducting a research entitled “**The Birthing Beliefs, Cultural Practices and Their Relevance to Health of The T'boli Mothers in Lake Sebu**”. This study aims to determine the relevance of the birthing beliefs and cultural practices of T'boli mothers in Lake Sebu, South Cotabato.

As the researcher of this study, do help us in answering the questions below which are designed to determine the birthing beliefs, culture practices and their significance to health. We are asking your full cooperation in accomplishing the attached survey questionnaire. Your answers will be a great help in fulfilling this study. We assure you that this study is for educational purposes only.

Instruction: Please answer the following questions below. Read carefully and fill in the blank spaces with your corresponding answer. NOTE: (This is confidential between the respondents and Researchers only)

Kami, sa ikaapat na antas ng kolehiyo ng Narsing sa Res 2n Code2710 sa Unibersidad ng Mindanao ay magsasagawa ng isang pananaliksik na may titulong “ **The Birthing Beliefs, Cultural Practices and Their Relevance to Health of the T'boli Mothers in Lake Sebu**”. Ang layunin ng pag-aaral ng nasabing pananaliksik ay malaman ang kaugnayan ng mga paniniwala at ang mga kultura na isinasagawa ukol sa panganganak.

Bilang mga mananaliksik, naway paunlakan niyo po at sagutan ang mga sumusunod na mga katanungan na may kaugnayan sa inyong paniniwala, kultura at ang kahalagahan nito sa kalusugan. Kami po ay humihingi ng taos pusong kooperasyon sa pagsagot ng mga nasabing katanungan. Ang inyong mga sagot ay malaking tulong upang ang pag-aaral na ito ay maging matagumpay. Amin pong tinitiyak na ang pag aaral na ito ay ukol lamang sa edukasyon.

Instruksyon: Paki sagutan ang sumusunod na katanungan. Basahing mabuti at punan ang mga blanko ng inyong sagot. TANDAAN: (Ito po ay kompidensyal at ito ay sa pagitan ng respondante at mananaliksik lamang).

- I. Personal Information
(Personal na Impormasyon)

Name (Pangalan) (Opsiyonal):Date(Petsa):_____

Age(Edad): _____ Occupation (Trabaho): _____
Civil Status (Katayuang Sibil): Married (kasado) Single (walang asawa)
 Widowed (byuda)

II. Questions

(Mga Tanong)

1. How many children do you have?
(Ilan ang iyong anak?)

2. Do you have plan to have more children in the near future? If YES, How many?
(May plano ka bang dagdagan ang iyong anak? Kung oo, ilan?)

3. Did you have any problems with infertility when you were trying to become pregnant? If YES, what did you do to overcome this problem?

(May problema ka ba ukol sa iyong pertilidad noong panahong gusto mo nang magka anak? Kung oo, ano ang iyong ginawa upang malampasan ito?)

4. Are you able to join programs for Mothers and Children by the Government? If NOT, What hindered you from joining?

(Sumasali ka ba sa mga programa ng gobyerno para sa mga ina at anak? Kung HINDI, ano ang mga bagay na tumulak sa iyo para hindi sumali?)

5. When a woman realizes that she is pregnant, what are the things does she do to take care of herself? What traditional/cultural practices are there relating to pregnancy?

(Bilang babae pag nalaman mo na ikaw ay buntis ano ang mga bagay na dapat gawin upang maalagaan ang iyong sarili? Ano ang mga tradisyunal o kultura na gawain na maiuugnay sa pagbubuntis?)

6. Tell me about your experiences of clinic antenatal visits. Tell me about your experiences with traditional midwives or healers when pregnant. (Optional)

(Magbigay ng mga karanasan ukol sa pagbisita sa klinika habang ikaw ay nagdadalang tao at mga karanasan sa pagbisita sa mga kumadrona at albularyo.) (Opsiyunal)

7. What are some serious problems that can happen to a pregnant women and why do they happen?

(Ano ang mga kadalasang komplikasyon na maaring maranasan ng isang buntis na babae? Ano ang dahilan bakit ito nangyayari?)

8. Where do you want to give birth? Why?
(Saan mo gusto manganak? Bakit?)

9. What traditional practices are there related to childbirth?
(ano ang mga tradisyonal na mga gawain na maiuugnay sa pagbubuntis?)

10. How should a woman behave when giving birth and why?
(Ano dapat ang ugali ng isang babae tuwing nanganganak?)

11. What is the relevance of practicing those beliefs and culture practices? Are they related to health?

(Ano ang koneksiyon sa pagsasagawa ng mga nasabing paniniwala at tradisyon? May kaugnayan ba ito sa kalusugan?)

12. Did you see a doctor/ nurse/ midwife/ traditional midwife/ healer? If healers, are they tained? Are their practices involves in sterile or hygienic technique?

(Kumonsulta ka ba sa doctor/nars/kumadrona/albularyo. Kung abularyo, sila bay sinanay? Ang kanila bang gawi ay naa-ayon sa malinis na taktika?)

13. How long did you wait before you sought care? For what reasons did you choose to go to them?

(Ilang araw ka bago kumonsulta? Anu-ano ang mga rason na nagtulak sa iyo upang kumonsulta?)

14. Who helped you to make decisions during pregnancy and giving birth?

(Sino ang tumulong sa iyo na mag desisyon sa panahon ng iyong pagdadalang tao at panganganak?)

15. What are your views about modern technology related to birthing, care of pregnancy (e.g Ultrasound)?

(Anu-ano ang iyong mga pananaw ukol sa modernong teknolohiya hinggil sa panganganak at pag aaruga na ibinibigay sa mga buntis (e.g Ultrasound)?)

Appendix B

Appendix C

Curriculum Vitae

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PERSONAL DATA

| | |
|-----------------|----------------------|
| Age: | 19 |
| Height: | 5'0 |
| Weight: | 43 |
| Sex: | Female |
| Date of Birth: | May 27, 1998 |
| Place of Birth: | Ihan, Davao Del Sur |
| Civil Status: | Single |
| Citizenship: | Filipino |
| Religion: | Iglesia ni Cristo |
| Father's Name: | Francisco C. Gilbero |
| Mother's Name: | Leonila S. Gilbero |

EDUCATIONAL BACKGROUND

| | |
|-----------|--|
| Primary | Ihan Elementary School Ihan Kiblawan, Davao Del Sur S.Y: 2010-2011 |
| Secondary | Daniel R. Aguinaldo National High School Matina, Davao City S.Y: 2014-2015 |
| College | University of Mindanao Bolton St., Davao City Bachelor of Science in Nursing |

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PERSONAL DATA

| | |
|----------------|--------------------------|
| Age: | 19 |
| Height: | 5'6 |
| Weight: | 57 |
| Sex: | Female |
| Date of Birth | July 2, 1998 |
| Place of Birth | Surallah, South Cotabato |
| Civil Status | Single |
| Citizenship | Filipino |
| Religion | Roman Catholic |
| Father's Name | Ranulfo O. Yap Jr. |
| Mother's Name | Mary Grace L. Yap |

EDUCATIONAL BACKGROUND

| | |
|-----------|--|
| Primary | Notre Dame of Surallah Surallah, South Cotabato S.Y: 2010-2011 |
| Secondary | Notre Dame of Surallah Surallah, South Cotabato S.Y: 2014-2015 |
| College | University of Mindanao Bolton St., Davao City Bachelor of Science in Nursing |