

MATERNAL HEALTH BELIEFS AND PRACTICES IN INFANT HEALTH CARE

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ABSTRACT

Reducing the infant and maternal mortality and morbidity rates of the country through education is of primordial concern. Using the descriptive survey method, this study aimed to determine the health beliefs and practices of mothers on infant feeding, hygiene and care of sick infant; determine conformance to Essential Newborn Care protocols; and identify implications of health beliefs and practices on the health of infant. Data were gathered through questionnaire-checklist from sixty-eight (68) women with children 0-1 year old residing in Arandurugan Village Guinobatan, Albay. The beliefs and practices of mothers were varied. The mothers were found to strongly believe in breastfeeding while some believed in herbolarios, using of guava/santol leaves in bathing after an illness, breastfeeding while hungry as cause of ill health, applying chewed leaves/saliva on the baby's abdomen as treatment for colic, and wearing amulet or religious articles to ward off evil spirits. Additionally, the mothers always practiced breastfeeding and often practiced applying alcohol on the umbilical cord, bathing with warm water while covering the umbilical cord with dressing, and frequently practiced applying baby oil on scalp/body, cutting hair only when child reaches one year old, and keeping windows/ doors closed while bathing. In caring for sick infants, mothers consulted doctor or midwife, and sometimes gave medications not prescribed by doctors. The mothers' belief and practices particularly on infant feeding is in conformance with the Essential Newborn Care (ENC) protocol utilizing the BEmONC approach. However, there is a strong need to educate the mothers particularly on hygiene and care of sick infant.

Keywords: maternal health beliefs, health practices, infant health care

INTRODUCTION

Due to diversity of today's culture, both the traditional and modern day approaches have come together and now viewed as a new baseline of traditional practices, which consists of mixture between traditional Filipino customs and the influence of other culture and modern day practices. Philippine beliefs and superstitions have grown in number throughout the various regions and provinces in the country. These beliefs have the power to explain phenomena or to scare people, and have been playing significant role in the life of people. Beliefs are product of mental conviction which had been accepted in the society. However, some beliefs are so powerful that they convince many people particularly the rural folks.

Filipino people are very spiritualistic and religious. They fear to discard traditional practices because their ancestors might become angry with them, cause trouble to their life and community.

Another reason is that, the cultural beliefs and practices were already merged with their attitudes and behaviors as well as their cognitive aspect, thus they doubt these new ideas and finding because of their strong beliefs in what they already know and practice for a long period of time. Health beliefs and practices during child bearing stage which were rooted in tradition are still prevalent because even when people grasped intellectually that a particular practice has no scientific validity or even that it is dangerous to health, they may still adhere to them for various reasons. Some of the reasons include bad omen if these are not observed and respect to elders authority insisting the continuation of their ritualistic tradition. In a society bounded by superstitious beliefs, a health worker may find difficulty in delivering the health services. But efforts should be made to become familiar with the beliefs to provide adequate and quality care.

In response to the nation's continued need to understand and improve the health status of children, the researcher undertook this study. Hence, this study addressed not just one but a number of issues related to maternal and infant care and contribute to educating the public towards better health for the family and the community. This study aimed to contribute to the Millenium Development Goal (MDG) which is to reduce the infant and maternal mortality and morbidity rates of the country. Specifically, this aimed to determine the health beliefs and practices of mothers on infant feeding, hygiene, and care of sick infant; determine conformance to Essential Newborn Care (ENC) protocols; and identify implications of health beliefs and practices on the health of the infant.

THEORETICAL FRAMEWORK

The framework of this study is based on Leininger's Culture Care Theory. Leininger underlines the meaning and importance of culture in explaining an individual's health and caring behavior (McEwen & Wills 2007). Leininger discovered that patients from diverse cultures valued care more than the nurses did. Culture Care Theory attempts to provide culturally congruent nursing care through "cognitively based assistive, supportive, facilitative, or enabling acts or decisions that would fit with individual, groups, or institution's cultural values, beliefs, and lifeways."

Mothers health belief and practices on infant health care is significantly related to culture care theory. Belief affects people either positively or negatively depending on the kind of belief and consequence that usually result. Beliefs have the power to control one's behavior and affects one's decision. Despite our modernization, some mothers still believed in superstitions. With the advent of scientific and medical research on the nature of infant care, some questions are still to be addressed. Beliefs that have been instilled in the mother may affect health practices. The influence of culture on health is vast as it affects perceptions of health and illness.

MATERIALS AND METHODS

This study utilized the descriptive survey method. A questionnaire-checklist was prepared in English then translated in Bicol to facilitate better understanding of the respondents. Comments and suggestions by critics and experts in the field of maternal and child care were integrated. A dry-run of the said questionnaire was conducted to test its validity.

Sixty-eight mothers of reproductive age 15 to 45 years old, who have 0-1 year old children borne from them, can read and follow instructions and residing in the resettlement areas at Arandurugan Village, Guinobatan, Albay were the respondents of the study. Arandurugan Village, a resettlement site which served as shelter for displaced families of Mayon Volcano eruption. They were observed to have different ways of taking care of their children. Because they come from different barangays of the municipality of Guinobatan the researcher believed they are a good sample of the population.

Permission was then secured from the mayor, barangay officials and caretakers of the resettlement sites. Prior to the actual data gathering, consent were sought from all the respondents and a thorough explanation of the objectives of the study was undertaken then the questionnaire were distributed and retrieved immediately. Other responses taken from the open-ended questions raised by the researcher aided in the data gathering. All responses were organized, tallied and recorded. Frequency distribution, percentage, ranking and weighted mean were the statistical tools used for data analysis and interpretation.

RESULTS AND DISCUSSION

Health beliefs of mothers in Arandurugan Village Guinobatan Albay on infant feeding

The period of infancy is the most important period in a person's life from the point of view of nutrition because many changes occur which affect a person's well-being. Infancy is characterized by rapid physical growth and development and the most important thing to support this growth is adequate nutrition, thus adequate nutrition is the cornerstone of growth and development (Pilliteri, 2006).

Table 1. Health beliefs of mothers in Arandurugan Village Guinobatan, Albay on infant feeding

Health Beliefs	Weighted Mean	Interpretation
1. Exclusive breastfeeding is done during the first six months after birth.	3.90	B
2. Breast milk is best for babies up to two years.	4.75	STB
3. Breast milk is better than infant formula.	4.75	STB
4. Colostrum in breast milk has vitamins and other nutrients needed for the growth and development of the child.	4.84	STB
5. Breastfeeding promotes bonding between mother and baby.	4.62	STB
6. Mother should continue breastfeeding even if she has communicable disease.	2.10	SLB
7. Breastfeeding causes sagging of breasts.	3.19	MB
8. Breastfeeding prevents pregnancy.	3.97	B
9. Overfeeding causes colic in the infant.	3.35	MB
10. Give milk to baby only after digestion of food taken.	3.78	B
11. Offer both breasts every time baby is breastfed.	4.60	STB
12. Feeding the baby does not help increase milk production of mother.	3.40	MB
13. Breastfeeding frequently prevents jaundice in baby.	4.19	B
14. Infants breastfed by mother grow better than infants who are bottlefed.	4.16	B
15. Mother with wound or inflamed breast should not breastfed.	3.59	B
16. Mother should drink plenty of water to increase milk production.	4.40	B

1.00 – 1.49 - Do not Believe (DB), 1.50 – 2.49 - Slightly Believe (SLB), 2.50 – 3.49 - Moderately Believe (MB), 3.50 – 4.49 - Believe (B), 4.50 – 5.00 - Strongly Believe (STB)

As shown in Table 1, along the health beliefs of mother related to infant feeding, it was revealed that the respondents “strongly believed” that colostrum in breastmilk has vitamins and other nutrients needed for the growth and development of the child computed with a weighted mean of 4.84; that breast milk is best for babies up to two years and it is better than infant formula (4.75); and that breastfeeding promotes bonding between mother and baby (4.62). Continuing breastfeeding even if the mothers has a communicable disease with a weighted mean of 2.10 was rated the least and “slightly believed” by the respondents.

Breastfeeding offers many benefits to the baby and this is evident with the positive responses of the mothers that they strongly believe as essential to baby’s health which implies that the respondents are knowledgeable of the benefits of it. Breastmilk is regarded as the most complete natural food for the infant during the first six months of life. This was revealed in a study conducted by the Food and Nutrition Research Institute, Department of Science and Technology that breast milk provides all the nutrients, vitamins and minerals that an infant needs for growth.

The act of breastfeeding, holding, cuddling and physical closeness creates a special bond between mother and child and has a positive repercussion for life in terms of behaviour, speech, sense of well-being, and how child relates to other people. The World Health Organization and UNICEF recommended that breastfeeding should be initiated within the first hour after birth. Breastfeeding should be exclusive for the first six months and should be continued for two years or more (Mondragon).

However, certain attitudes and beliefs that have been instilled in the mother may also affect feeding practices. Breastfeeding is contraindicated in only a few circumstances such as mothers suffering from breast cancer, those receiving medication that are inappropriate for breastfeeding such as lithium or methotrexate (Mc Kinney, 2009).

Health beliefs of mothers in Arandurugan Village Guinobatan, Albay on hygiene

Hygiene is a set of practices performed for the preservation of health which plays a crucial component of a baby’s overall care. Practicing good hygiene is extremely important to keep the baby happy and healthy all the time.

As reflected on Table 2, bathing the baby when the sun is already up about 9:00 o’clock in the morning got the highest weighted mean of 4.57 and is “strongly believed” by the respondents. The respondents also “believed” that there is a need to prevent the umbilical cord from getting wet to avoid infection with a weighted mean of 4.43. Cutting or trimming the nails any day except during Tuesdays and Fridays to have good nail growth and bathing the baby any day except during Tuesdays and Fridays to prevent illnesses and diseases brought by evil spirits had a weighted mean of 3.32 and 3.10, respectively was “moderately believed”.

The respondents believed that the best time in bathing is when the sun already rises at about 9:00 o’clock in the morning due to warm temperature. Bathing the baby early in the morning can cause chilling which can lead to sickness. Although there is no fixed time observed in bathing the baby, the room temperature should be warm at about 24°C and the water temperature should be

37-38°C to prevent chilling. Many parents bath their babies in the morning but others prefer before bedtime to help induce sleep. Bath time should be fun for the infant and can serve many functions other than just cleanliness. Bath time also provides an infant and opportunity to exercise and an opportunity for the parents to touch and communicate with the child.

Table 2. Health beliefs of mothers in Arandurugan Village Guinobatan, Albay on hygiene

Health Beliefs	Weighted Mean	Interpretation
1. Bathe the infant when sun is already up about 9 am.	4.57	STB
2. Cut the nails any day except during Tuesdays and Fridays to have good nail growth.	3.32	MB
3. Bathe the baby any day except Tuesday and Friday to prevent illnesses and diseases brought by evil spirits.	3.10	MB
4. Apply baby oil on the head to remove “cradle cap” to prevent skin breakage and infection.	3.51	B
5. Prevent umbilical cord from getting wet to prevent infection.	4.43	B
6. Tie a cloth around the abdomen to prevent colic and bloated belly.	4.47	B
7. Use herbal leaves like “anonang” and “suha” in bathing the baby to prevent skin disease.	3.72	B

1.00 – 1.49 - Do not Believe (DB), 1.50 – 2.49 - Slightly Believe (SLB), 2.50 – 3.49 - Moderately Believe (MB), 3.50 – 4.49 - Believe (B), 4.50 – 5.00 - Strongly Believe (STB)

For the newborn babies preventing the umbilical cord from getting wet during bath time to prevent infection is also a great concern. The baby should have sponge bath until the cord falls off, the infant can be immersed in water only after the cord falls off and is completely dried to prevent infection (Blume, et al. 2016). Trimming the nails of infants during Tuesdays and Fridays may bring bad luck and will prevent the nails from good growth while bathing the baby may cause illness or disease for it is on those days that supernatural beings and evil spirits come out. Despite our modernization, some mothers still believed in superstitions. It is unclear as to what is in Tuesdays and Fridays that hinders a child’s growth and health or affects the health of people particularly infants? With the advent of scientific and medical research on the nature of infant care some questions are still to be addressed. However, some beliefs are so powerful that they convince a lot of people particularly the rural folks. In a society bounded by superstitious beliefs, a health worker may find difficulty in delivering the health services especially on educating people. Efforts should be exerted to become familiar with the beliefs to provide adequate and quality care. There is a need to intensify health education campaign to the community.

Health beliefs of mothers in Arandurugan Village Guinobatan, Albay on care of the sick infant

Like adults, babies get sick too. Babies do not have a strong immune system. As a result, they are easily infected with different kinds of diseases if not protected well. Bringing the infant to a hilot/albularyo for any illness or health problem with a weighted mean of 3.60 which was rated the highest was “believed” by the respondents. Bathing the baby with boiled leaves of guava and santol after an illness or sickness (3.43), and applying chewed leaves or saliva on the baby’s abdomen to treat colic or bloated belly with a weighted mean of 3.16 are “moderately believed”. Treating wounds with “mama” or chewed leaves with a weighted mean of 2.15 is “slightly believed”.

Table 3. Health beliefs of mothers in Arandurugan Village Guinobatan, Albay on care of the sick infant

Health Beliefs of Mothers	Weighted Mean	Interpretation
1. Bring the infant to a hilot/albularyo for any illness or health problems.	3.60	B
2. Always bathe the baby with boiled leaves of guava and santol after an illness or sickness.	3.43	MB
3. Treat wounds with “mama” or chewed leaves.	2.15	SLB
4. Wear red bracelet or amulet to ward off evil spirit.	3.12	MB
5. Breastfeeding the baby while the mother is hungry can cause ill health.	3.16	MB
6. Apply chewed leaves or saliva on the baby’s abdomen to treat colic or bloated belly.	3.26	MB

1.00 – 1.49 - Do not Believe (DB), 1.50 – 2.49 - Slightly Believe (SLB), 2.50 – 3.49 - Moderately Believe (MB), 3.50 – 4.49 - Believe (B), 4.50 – 5.00 - Strongly Believe (STB)

Residents of Arandurugan Village still have this belief in albularyo/hilot. Preference was for the traditional healers than doctors because they feel more comfortable and the services are free of charge or on voluntary donations. In rural areas, as a tradition and due to economic constraints, the albularyos are considered the health practitioners who are the primary dispensers of health care services (Dobbins, 2001). In an interview with the respondents, boiled leaves of guava or other herbs is used in bathing to prevent relapse. The respondents claimed that when their child has colic or bloated belly, they resorted to *pag-inibang* to relieve colic pain and bloated belly by applying or spitting chewed leaves of buyo or tobacco on the abdomen or umbilical area. The study of Dado, regarding traditional treatment modalities practices in Manito, Albay revealed that *santiguar*, *paghilot*, and *pag-inibang* are the most common traditional treatment modalities practiced (Dado, 2001). Guava leaves is claimed to have an antiseptic property but when mixed with a person’s saliva, can cause infection as some people claimed. These belief may or may not conform to the biomedical notion. Studies of health practices among Filipino-Americans found out that people from rural areas in the Philippines are knowledgeable regarding home remedy and traditional healing techniques whereas those living in urban areas rely on western medical intervention and over the counter drugs.

Health practices of mothers in Arandurugan Village Guinobatan, Albay on infant feeding

Good nutrition is essential for survival, physical growth, mental development, health and well-being thus it is the cornerstone of a baby’s growth and development (Kozier, 2004). The baby should receive adequate nutrition. Choosing how and what to feed the baby is a decision that deserves careful and thorough consideration of the facts.

As shown in Table 4, the respondents claimed that along infant feeding practices, giving of supplementary foods, introducing cerelac and other commercially prepared food from six months onwards were always practiced with a weighted mean of 4.73 and 4.54. Initiating breastfeeding right after delivery as part of the “Unang Yakap Advocacy” (4.60); breastfeeding the infant on regular schedule (4.47); and breastfeeding the infant 30 minutes after normal delivery (4.43) were “always practiced”. However, giving pacifiers or artificial teats to breastfeeding infants (2.00) was “sometimes practiced”.

Breastfeeding should be initiated within the first hour after birth and be exclusive for the first six months and should be continued for two years or more. However, results revealed that the respondents always practiced giving supplementary foods to their growing child. Solid foods are ideally given at around 4-6 months of the infant to meet their nutritional requirements. With this, infant should receive nutritionally adequate and safe complementary foods while breastfeeding continues to achieve their optimal growth and development. Babies cannot feed on breast milk alone as they require additional supplements needed for their growth (Sia, 2008).

Table 4. Health practices of mothers in Arandurugan Village Guinobatan, Albay on infant feeding

Health Practices	Weighted Mean	Interpretation
1. Breastfeeds the infant on regular schedule.	4.47	A
2. Gives supplementary foods from 6 months onwards.	4.73	A
3. Gives “mebendazole” or any antihelmintic drugs to babies with parasitic infection, pale and weak.	3.25	O
4. Breastfeeds the infant 30 minutes after normal delivery.	4.43	A
5. Initiates breastfeeding right after delivery as part of the “Unang Yakap” advocacy.	4.60	A
6. Breastfeeds the infant 4 hours after caesarian delivery.	2.78	O
7. Avoid giving solid or liquid foods to the newborn unless medically indicated.	4.16	F
8. Gives pacifiers or artificial teats to breastfeeding infants.	2.00	S
9. Gives pacifier to infants in between feedings.	1.91	S
10. Introduces Cerelac and other commercially prepared food after four to six months.	4.54	A
11. Gives juice, bottle of milk or any liquids before bedtime.	3.40	O
12. Gives juice or bottle of milk before nap time	3.49	F
13. Gives supplementary and formula feedings if the infant has not gained weight after two weeks of breastfeeding.	3.43	F
14. Gives formula milk after each breastfeeding if the mother feels she has insufficient milk.	3.74	F
15. Breastfeeds infant on the other breast if one breast is sore or infected.	4.09	F

1.00 – 1.49 - Do not Believe (DB), 1.50 – 2.49 - Slightly Believe (SLB), 2.50 – 3.49 - Moderately Believe (MB), 3.50 – 4.49 - Believe (B), 4.50 – 5.00 - Strongly Believe (STB)

Health professionals should not promote the use of breast milk substitutes, bottles and teats to the general public is a definite No, that even the health professionals should not promote any breast milk substitutes (RA 7600, 1992). Putting the newborn to the breast right away after delivery does not only promote bonding but also introduces the mother and the infant to the pleasurable task of breastfeeding. Initiating breastfeeding right after delivery as part of the “Unang Yakap” advocacy conforms and complies to ENC protocol utilizing BEmONC approach. Though on its initial implementation phase, the mothers were aware of its benefit. It can be noted that the practices of the respondents are congruent with their beliefs along breastfeeding, however, there is still a need to enhance their level of awareness and recommend corrective measures.

Health practices of mothers in Arandurugan Village Guinobatan, Albay on hygiene

Due to diversity of today’s culture, both the traditional and modern day approaches have come together in what the woman now view as a new baseline of traditional practices, which consist of mixture between traditional Filipino customs and the influence of other culture and modern day practices. Beliefs that have been instilled in the mother may affect health practices.

Table 5. Health practices of mothers in Arandurugan Village Guinobatan, Albay on hygiene

Health Practices	Weighted Mean	Interpretation
1. Prevents the umbilical cord from getting wet when bathing the baby.	4.03	F
2. Covers the umbilical cord with dressing when bathing the baby to prevent it from getting wet.	4.54	A
3. Bathes the infant with warm water.	4.66	A
4. Rubs the body with baby oil to remove lanugo.	4.10	F
5. Keeps the windows and doors closed when bathing the baby to prevent draft and cold.	3.76	F
6. Applies baby oil to the body before bathing to prevent coldness.	3.91	F
7. Cuts the hair only when the child reaches one year old.	3.96	F
8. Applies baby oil on the scalp to remove dried vernix caseosa.	4.12	F
9. Applies 70% alcohol on the umbilical cord three times a day to prevent infection.	4.78	A
10. Applies 70% alcohol on the umbilical cord three times a day to promote wound healing.	4.56	A
11. Cleans breasts with soap and water before breastfeeding.	4.50	A

1.00 – 1.49 - Do not Believe (DB), 1.50 – 2.49 - Slightly Believe (SLB), 2.50 – 3.49 - Moderately Believe (MB), 3.50 – 4.49 - Believe (B), 4.50 – 5.00 - Strongly Believe (STB)

As shown in Table 5, the respondents “always” practiced the following: applying 70 % alcohol on the umbilical cord three times a day to prevent infection and promote wound healing with a weighted mean of 4.78 and 4.56, respectively; bathes the infant with warm water (4.66), and covering the umbilical cord with dressing when bathing the baby to prevent it from getting wet (4.54). “Frequently” practiced are the following: applies baby oil to the body before bathing to prevent coldness (3.91); and keeps the windows and doors closed when bathing the baby to prevent draft and cold (3.76).

In immediate care of the newborn, one of the major concerns is cord dressing. Initial cord dressing must be done with strict asepsis in order to prevent tetanus neonatorum. Subsequent cord care must still include aseptic technique in order to prevent omphalitis or bacterial infection. The current practice of handling newborns like clamping and cutting the umbilical cord and washing the baby right after birth have been known to contribute to the high incidence of neonatal deaths and illness in the country. It was noted that the respondents are more concerned of the child’s well-being particularly on hygiene with emphasis on cord care. Likewise, the respondents claimed that it was a common practice to bathe the baby with warm water and with oil applied all over the body and cover the umbilical cord to prevent from getting wet and apply alcohol on the cord stump to prevent from infection and promote healing. However, as identified, there were practices in cord care which the mothers actually practiced that are no longer recommended in today’s time, like the use of alcohol which keeps the cord stump moist, and the use of cord bandage which prevents adequate aeration delaying the drying and healing process. The Department of Health and the World Health Organization recommends the following actions: handwashing before and after handling cord; provide the newborn an initial bath six hours after birth using an antibacterial soap; keep the cord stump clean and dry and nothing should be placed on the cord stump (DOH, 2009). Thus the need for a paradigm shift from the prevailing standard procedures to the new protocol. These findings imply that there is a need to educate the mothers on the latest trends in caring for the infant.

Health practices of mothers in Arandurugan Village Guinobatan, Albay on care of the sick infant

Health refers to a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Therefore, any alteration in an individual’s health is considered an illness or disease. In caring for a sick infant, the following items were “always” practiced by the respondents: consulting a doctor when infant is sick or ill with a weighted mean of 4.69: giving medications only after consultation with a doctor like paracetamol to lower down high temperature (4.68), bringing the child to a doctor immediately when having diarrhea (4.66), giving medications on fever, flu, and colds only when prescribed by the doctor (4.59).

Table 6. Health practices of mothers in Arandurugan Village Guinobatan, Albay on care of the sick infant

Health Practices	Weighted Mean	Interpretation
1. Brings the infant to a hilot/albularyo when not treated with medications.	3.96	F
2. Brings the infant to a midwife when sick or ill.	1.91	S
3. Consults a doctor when infant is sick or ill.	4.69	A
4. Gives herbal preparation when infant has fever, cough and colds.	3.71	F
5. Gives medications only after consultation with a doctor.	4.68	A
6. Gives antibiotic preparations when sick or ill.	2.53	S
7. Gives paracetamol to lower down high temperature or fever.	4.68	A
8. Gives goto, noodles and lugaw whenever the infant does not feel well.	3.72	F
9. Gives rice water or “am” when infant is suffering from diarrhea and stomach flu.	3.25	O
10. Bathes the baby only when not sick or not febrile.	4.49	A
11. Brings infant to a doctor immediately when having diarrhea and stomach flu.	4.66	A
12. Applies chewed atis leaves on the stomach when suffering from colic and bloated belly.	2.85	O
13. Gives medications on fever, flu and colds only when prescribed by the doctor.	4.59	A
14. Gives medications on fever, flu and colds even without the doctor’s prescription.	1.94	S

1.00 – 1.49 - Do not Believe (DB), 1.50 – 2.49 - Slightly Believe (SLB), 2.50 – 3.49 - Moderately Believe (MB), 3.50 – 4.49 - Believe (B), 4.50 – 5.00 - Strongly Believe (STB)

“Sometimes” practiced were: giving antibiotic preparations when child is sick or ill (2.53); giving medications to the infant even not prescribed by the doctor especially for fever, flu, and colds (1.94) and brings the infant to a midwife when sick or ill (1.91).

Infancy as the period from one month to one year of age is the most crucial that illness is prevalent. Seeking medical attention is an important concern and knowing when the child’s illness needs is necessary before administering medication. The respondents claimed that when their child is sick or ill, and in cases of an immediate demand, they seek professional help from doctors, however they still believe in hilot/albularyo. Even in the more populous towns and cities, some people visit a folk doctor for some ailment before going to a medical doctor, or vise versa not because it is less expensive but because of the gratifying results. Nuarin (2004) concluded that herbolarios utilized different treatment modalities and the quality of service provided was satisfactory and the level of acceptance by the community was high. Giving antibiotic preparation and other medications to the sick infant should be avoided. Seeking professional help is a must in caring for a sick infant, and medical professionals like doctors, nurses and midwives remain indispensable in terms of saving lives in certain circumstances. However, giving medications on fever, flu, and colds even without the doctor’s prescription is considered as self-medication.

Medicines for self-medication are often called ‘nonprescription’ or ‘over the counter’, and are available without a doctor’s prescription through pharmacies. Self-medication is widely practiced in both developed and developing countries. As a result medications may be approved as being safe for self-medication by the National Drug Regulatory Authority. Such medicines are normally used for the prevention or treatment of minor ailments or symptoms, which do not justify medical consultation. Studies revealed that there is an increase in the trends of self-medications particularly among the youth. This can be attributed to socio-economic factors, lifestyle, ready access to drugs, the increased potential to manage certain illnesses through self-care, and greater availability of medicinal products.

Conformance to Essential Newborn Care (ENC)

A list of common beliefs and practices of mothers on infant feeding, hygiene and care of sick infants was previously discussed. Existing beliefs and practices of mothers on infant care were matched with the proper health practices to determine conformance and compliance to Essential Newborn Care (ENC) protocol utilizing the BEmONC manual as a guide. With regards to infant care, initiating exclusive breastfeeding like putting the newborn to the breast right away after delivery does not only promote bonding but also introduces the mother and the infant to the pleasurable task of breastfeeding. Initiating breastfeeding right after delivery as part of the “Unang Yakap” advocacy conforms to ENC protocol utilizing BEmONC approach. Counseling and health promotion on exclusive breastfeeding, personal hygiene and care of newborn, and BCG immunization likewise conforms to the standards.

Implications of health beliefs and practices on the health of infant.

Proper child care and correct health care practices positively impact health status. Traditional beliefs and practices dominate the care of a child. Cultural health attributions affect beliefs and practices. Likewise, culture influences health practices. These interventions need to be at the household level using positive deviance approach and behavioral change communication strategies. It may be necessary to invest in community level change agents to facilitate the process especially in an already overburdened health system.

Various references identified the implications of health beliefs and practices on the child care. Indigenous childcare practices were similar across cultures in some region. Some of these like the use of unsterilized instruments to cut the umbilical cord and application ash to the cord stump, have negative effects on child health. It is concluded that some beliefs and customs valued for child care by indigenous communities are harmful to health while other practices, like exclusive breastfeeding for six months and skin-to-skin contact of mother and baby, are beneficial and should be encouraged because they ensure improved child care.

CONCLUSIONS AND RECOMMENDATIONS

The beliefs and practices of mothers along infant feeding, hygiene and care of sick infant varies. In addition, the current health practices particularly on infant care and breastfeeding conforms to Essential Newborn Care (ENC) protocol utilizing the BEmONC approach. With this, there is a great need to educate the mothers particularly on hygiene and care of sick infant since proper child care and correct practices could positively impact health status.

Mothers should therefore be provided with an access to the latest information and be aware of infant care to ensure correct health practices. The community should actively participate in activities that will enhance their knowledge and understanding of health literacy. The Local Government Units may collaborate with the Department of Health, non-government organizations and educational institutions to propose measures and implement activities to increase awareness through lectures, trainings, seminars and other related activities. Considering that some beliefs are so powerful that many people particularly the rural folks are convinced, synergized efforts should be exerted to ensure proper maternal and infant care practices.

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