

# Infant Health Beliefs and Practices of Mothers in Taysan Resettlement Site in Legazpi City, Albay, Philippines

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## Abstract

This study is in response to the nation's continued commitment to improve the health outcomes of Filipino children. It is an attempt to contribute to the sustainable development goal on good health and well-being (SDG 3) aimed at reducing the neonatal mortality rate in the country. This study determined the profile of mothers in the resettlement site of barangay Taysan in Legazpi City as well as their infant health beliefs and practices. It utilized the descriptive survey method and questionnaire-checklist as data-gathering instruments administered to 84 respondents who are mothers with children between the ages zero and one year old residing at Taysan resettlement site. Majority of the respondents were young housewives with meager income, with three children, and having had their first pregnancy when they were 22 years old. Based on ranking, their most common infant health beliefs on infant feeding, hygiene, and care of the sick include the following concepts: breastfeeding promotes mother-baby bonding and breast milk is better than infant formula in contents, bathing the infant any day except Tuesdays and Fridays to prevent illnesses caused by evil spirits, and applying chewed leaves or betel juice (*mama*) on the baby's abdomen that can treat bloated belly and wounds. Their popular practices include breastfeeding regularly and breastfeeding infant on the well breast, applying 70% alcohol on the umbilical cord three times a day to prevent infection and promote wound healing, and giving doctor-prescribed medications only after consultation. Cultural beliefs and traditional practices still exist, which are associated with health risks and adverse health outcomes. Hence, there is a need to enhance the implementation of the essential newborn care (ENC) protocol while recognizing and appreciating indigenous health beliefs and practices.

**Keywords:** *Colostrum, Infant, Feeding, Hygiene, Healing*

## Introduction

Filipinos are a spiritual and religious group. They fear discarding traditional practices because their ancestors might become angry and cause trouble in their lives and communities. Further, the cultural beliefs and practices are already merged with their attitudes and behaviors as well as their cognitive aspect. Thus, they are generally doubtful of new ideas because of what they have already known and practiced over a period of time. According to Siojo (2016), the Philippines is a country full of beliefs, which are practiced mainly because Filipinos believe that there is nothing to lose if they abide by them.

There is a considerable intracultural diversity among Filipinos as regards health beliefs and health practices. Centuries of colonialism has obviously

imbued the science of Western medicine and contributed to the training of many Filipino health care professionals. However, just as the modern Filipino culture is a composite of foreign and local elements, health beliefs, and healing practices also may integrate traditional Filipino folk medicine (Ordenez, 2004).

Filipinos from rural areas are more knowledgeable about home remedies, traditional healing techniques, and supernatural illnesses while those from urban areas rely more on Western medical interventions and non-prescription drugs. However, in both these areas, various local folk practices and contemporary health care systems are simultaneously utilized (Montepio, 1986).

Because Filipinos have a rich multicultural heritage, health providers should have knowledge of cultural beliefs, attitudes, and traditions of mothers related to infant feeding, hygiene, and care of the sick in order to communicate effectively as well as plan and provide appropriate and individualized interventions. After information about cultural beliefs, attitudes, and traditions were obtained, health providers used it as basis for planning culturally appropriate strategies for maternal and child care (Jones, 2017).

The Child Survival Strategy published by the Department of Health (2008) has emphasized the need to strengthen health services of children throughout the stages. The neonatal period has been identified as one of the most crucial phase in the survival, growth, and development of the child. One of the many international and local initiatives that help save lives of pregnant women and children is Essential Newborn Care (ENC). ENC is a simple cost-effective newborn care intervention that can improve neonatal as well as maternal care. It is an evidence-based intervention that emphasizes a core sequence of actions, performed methodically (step-by-step), and organized so that essential time-bound interventions are not interrupted and fills the gap for a package of bundled interventions in a guideline format (DOH, 2010).

Taysan is the largest barangay in the city of Legazpi with a total land area of 1,594.2 hectares. It is four kilometers away from the Albay District in Legazpi City, which can be reached by all means of land transportation. It is composed of 10 *puroks*. Purok 8 is where the resettlement site is located. The barangay has a total population of 12,304 and total household of 2,547 as of 2014 (LGU-Taysan). Sixty percent of the families belong to the middle class. Dwelling structures in this barangay are mostly concrete and semi-concrete. The residents' main source of income is farming.

This study attempted to determine the infant health beliefs and practices of mothers in the resettlement site of barangay Taysan in Legazpi City, province of Albay. Specifically, it determined the demographic profile of mother-respondents, including the infant health beliefs of mothers along infant feeding, hygiene, and care of the sick infant as well as the infant health practices of mothers along the same areas.

The expected output of the study will not only supplement the government's efforts, but also widen the perspective and expand knowledge on the existing cultural beliefs and traditional practices on infant

feeding, hygiene, and care of sick infant. Likewise, the results of the study will help the mothers realize the importance and benefits of health practices on infant feeding, hygiene and care of the sick infant while respecting their individual beliefs, cultural background, and values. Moreover, it will also serve as the baseline data for the Department of Health (DOH) to enhance the existing health programs on maternal and child healthcare.

## **Materials and Methods**

### ***Research Design and Sampling Design***

This study utilized the descriptive survey method. Participants answered questions administered through interviews or questionnaires. The target population of the study was women of reproductive age with zero to one year old children residing in the resettlement site of Taysan, Legazpi City. They were residents of Padang, Legazpi City, who got displaced because of lahar flow during the Mayon Volcano eruption in 2009. Total enumeration was used to get the number of respondents. Eighty-four mothers were qualified as study respondents based on the inclusion criteria set by the researcher.

### ***Questionnaire and Instruments***

A questionnaire-checklist translated in Bikol was the main data-gathering instrument, which was personally administered to each mother-respondent. The indicators used in formulating the questionnaire were based on the output of the interviews of women of reproductive age who were residents of Taysan, Legazpi City. The questionnaire-checklist was pilot-tested to 10 mothers from Bungkaras Resettlement site in Camalig, Albay. The results of the dry run were incorporated into the final draft of the instrument.

The research tool consists of three parts such as the mother-respondents' profile, infant health beliefs on infant feeding, hygiene, and care of the sick infant as well as their infant health practices on the areas stated.

### ***Analysis of Data***

Frequency distribution, percentage, ranking and weighted mean were used for data analysis and interpretation. Likert scale was used to quantify the infant health beliefs and practices of mother-respondents along infant feeding, hygiene, and care of sick infant.

- 1.00 – 1.79 = Don't Believe (DB)
- 1.80 – 2.59 = Slightly Believe (SLB)
- 2.60 – 3.39 = Moderately Believe (MB)
- 3.40 – 4.19 = Believe (B)
- 4.20 – 5.00 = Strongly Believe (STB)

The weighted mean results of infant health beliefs and practices of mother-respondents were ranked from the highest to the lowest and interpreted as the most common to the least. The grand mean of the infant health beliefs and practices was computed for generalization of research output.

## Results and Discussion

### *Demographic Profile of the Respondents*

Most of the mother-respondents belonged to the 31–35 (36.90%) and 26–30 (20.24%) age groups (Table 1). These are considered as young adults (Petry, 2002). Biologically and psychologically, young adulthood is fundamentally a period of maturation and change. Individuals begin the steady weight gain that will characterize adulthood (Zagorsky & Smith, 2011). Young adults take longer to consider difficult problems before deciding on a course of action, are more sensitive to the potential costs associated with behavior, and have better developed impulse control (Zagorsky & Smith, 2011). According to social and behavioral scientists, there are five major role transitions of young adulthood. These are leaving home, completing school, entering the workforce, forming a romantic partnership, and transitioning into or moving toward parenthood (Schulenberg, 2012). Considering the mother-respondents' profile, they may not have undergone all these role transitions due to some factors.

At least 17% of mother respondents belonged to the 36–40 age group. One of the most common risk factors for a high-risk pregnancy is the age of the mother-to-be. Women who will be under age 17 or over age 35 when their baby is due are at greater risk of complications than those between their late teens and early 30s (National Institute of Health, 2018). It is interesting to note that age is not a risk factor since most of the respondents' age is higher than 17 and below the age of 35.

Majority of the mother-respondents were housewives (77.38%), which is similar to the results of other studies conducted by Sanapo (2010) where 56.9% of the respondents were fulltime housewives, including

that of Ocampo (1994) whose respondents were housewives as well (60.9%). Traditional roles still prevail in rural areas, where women care for the house and children. In fact, mothers reportedly take on traditional roles in the home such as the tasks of childrearing, discipline, and “managing the home” (Alampay, 2012).

According to Pew Research Center (2015), in households where the father works fulltime and the mother works part time or not at all, the distribution of labor when it comes to childcare and housekeeping is less balanced. These mothers take on more of the responsibility for parenting tasks and household chores than those who work full time.

Majority or 60% of the mother-respondents earn from a range of Php 1,000.00 to a little less than Php 5,000.00 per month. It is evident that most of the mother-respondents' income falls below NEDA's figure of Php 42,000.00 to live above the poverty level. It is even lower than the Philippine Statistics Authority (PSA) current poverty threshold at Php 9,063.75 a month for a family of five or Php 60.43 per day per person. Based on these, the mother-respondents and their family are poor. Thus, most likely that majority of the respondents will engage in breastfeeding because it is economical apart from the fact that they could not afford to buy commercially prepared milk formula.

Most mother-respondents (58%) had one to three children. This figure is consistent with the 2017 National Demographic and Health Survey (NDHS) key findings that fertility decreased from 4.1 children per woman in the 1993 NDHS to 2.7 children per woman in the 2017 NDHS—a drop of more than one child per woman. The same survey also revealed that fertility varies by residence, which indicates that women in urban areas have 2.4 children on average compared with 2.9 children per woman in rural areas, which is true to the mother-respondents at the Taysan resettlement site. It is also noteworthy that fertility increases as household wealth decreases. This means that women in the poorest households have more than twice as many children as women in the wealthiest households. Most mother-respondents (41%) got pregnant at the age of 22–24 years old or three years older than the 15–19 age bracket. This gives them a lower risk for pregnancy complications because they have fully developed reproductive system (CDC, 2013).

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

**Table 1.** Profile of the Respondents of the Study (n=84)

Profile	Frequency	Percentage (%)	Rank
<b>Age</b>			
46-50	3	3.57	6
41-45	7	8.33	5
36-40	14	16.67	3
31-35	31	36.90	1
26-30	17	20.24	2
21-25	10	11.90	4
15-20	2	2.38	7
<b>Occupation</b>			
Housewife	65	77.38	1
Sales Clerk	4	4.76	3
Dressmaker	3	3.57	4.5
Vendor	5	5.95	2
Self Employed	1	1.19	7.5
Storekeeper	3	3.57	4.5
Manicurist	2	2.38	6
Housemaid	1	1.19	7.5
<b>Monthly Income</b>			
10,000 and above	1	1	3
5,000-9,900	32	39	2
1,000-4,999	50	60	1
<b>Number of Children</b>			
10 or more	1	1	4
7-9	7	8	3
4-6	27	33	2
1-3	48	58	1
<b>Age at First Pregnancy</b>			
25 and above	14	17	3
22-24	34	41	1
19-21	27	32	2
15-18	8	10	4

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 (Bogin, 2013).

A number of infant health beliefs and practices on infant feeding, hygiene, and care of the sick infant still exist. Some say they are just myths, while others say there is actually a basis to these beliefs and practices. The myths and beliefs about breast milk have been associated with centuries-old customs and stories. Infants are deprived of their basic right to natural milk and are being fed on artificial formula or diluted animal source milk. These practices lead to spread of viral illnesses causing diarrhea, respiratory tract illnesses, allergies, eczema, anemia, malnutrition, and various vitamin and mineral deficiencies in the

developing world (Satti, 2020). These often mislead mothers making them hesitant to follow advice from professional health workers.

***Infant Health Beliefs of Mothers in Taysan Resettlement Site along Infant Feeding***

Infant and young child feeding is a key area to improve child survival and promote healthy growth and development. The first two years of a child's life are particularly important as optimal nutrition during this period lowers morbidity and mortality, reduces the risk of chronic disease, and fosters better overall development (WHO, 2018).

The two most common infant health beliefs (Table 2) on infant feeding among mother-respondents include *breast milk is better than infant formula* (4.96) and *breastfeeding promotes bonding between mother & infant* (4.96), which are both interpreted as "strongly believe"; while the second most common beliefs were *breast milk is best for infants up to two years* (4.95); and *colostrum in breast milk has vitamins and other nutrients needed for the growth and development of the child* (4.95) with a verbal interpretation of "strongly believe."

It implies that the mother-respondents are aware of the breastfeeding promotion program of the Department of Health (DOH), which provides health teaching and information on breastfeeding to women throughout perinatal (pre-, intra-, and post-natal) care, including counselling from health care providers or trained volunteers, and support groups for nursing mothers. There is strong evidence that breastfeeding promotion programs increase initiation, duration, and exclusivity of breastfeeding (CBC-Breastfeeding, 2013).

A program designed to promote and encourage breast feeding among mothers must take indigenous infant health belief systems into consideration. Their belief systems, beginning with weight gain during gestation and the need for rituals after delivery, may hinder early breast feeding. Subsequently, they may stop breast feeding if the infant or mother has acquired certain folk-defined illnesses. Women hold these beliefs and at the same time accept many of the beliefs and practices of modern medicine. The pressures from persons significant to them may prompt them to shorten or halt lactation when local beliefs are invoked even though these beliefs are contrary to widely accepted medical practice. The health care providers do not have satisfactory education and persuasion programs to deal with cultural beliefs and traditional

**Table 2.** Infant Health Beliefs of Mothers in Taysan Resettlement Site along Infant Feeding

Health Beliefs	Wt. Mean	Interpretation	Rank
Exclusive breastfeeding is done during the first six (6) months after birth.	4.76	STB	5
Breast milk is best for infants up to two (2) years.	4.95	STB	3.5
Breast milk is better than infant formula.	4.96	STB	1.5
“Colostrum” in breast milk has vitamins & other nutrients needed for the growth & development of the child.	4.95	STB	3.5
Breastfeeding promotes bonding between mother & infant	4.96	STB	1.5
Mother should continue breastfeeding even if she has communicable disease.	1.62	DB	15
Breastfeeding causes sagging of breasts.	3.20	MB	9
Breastfeeding prevents pregnancy.	4.38	STB	6
Over feeding causes colic in the infant.	2.56	SLB	13
Give milk to infant only after digestion of food taken.	1.45	DB	16
Offer both breasts every time infant is breastfed.	3.75	B	7
Feeding the infant does not help increase milk production of mother.	2.92	MB	11
Breastfeeding frequently prevents jaundice in infant.	3.14	MB	10
Infants breastfed by mother grow better than infants who are bottle-fed.	2.62	MB	12
Mother with wound or inflamed breast should not breastfeed.	2.55	SLB	14
Mother should drink plenty of water to increase milk production.	3.26	MB	8
Grand Mean	3.50	B	

practices, which are believed to be harmful (Fernandez and Guthrie, 1984).

Infant feeding practices have been the major concern in all countries. Myths and fallacies have been around since time immemorial. Misconceptions about breast feeding, weaning, and other health-related concerns commonly exist in the cultures of developing countries. The pattern of feeding during the first two years of life is increasingly recognized as important determinants of malnutrition. Breastfed children have six times greater chance of survival during infancy than non-breastfed children. The benefits of breastfeeding depend upon the initiation of breast-feeding, its duration, and the age at which the child is weaned. There are various myths regarding breastfeeding: namely, colostrum should not be given to children, mother should not breastfeed if suffering from an infection, and infants need water also apart from breast milk (Eram, 2017).

Colostrum, the mother’s first milk, is considered dirty in Filipino culture, so relatives feed the infant sugar water or formula for a few days until the mother’s regular milk comes in. Some women also believe that their emotions can be transmitted through breast milk and may avoid feeding their infants when they are upset or angry. These beliefs, combined with communal infant care practices and formula marketing in the Philippines, can sometimes lead to problems with breastfeeding (Wilde, 2011).

World Health Organization (WHO) and UNICEF stated that breastfeeding forms a unique biological and emotional basis for the health of both mother and the child. The act of breastfeeding creates a strong bond between mother and child and has a positive impact in terms of behavior, speech, sense of well-being and how child relates to other people. Breast milk provides all the nutrients, vitamins, and minerals that infants need for growth. It offers an infant unsurpassed

protection against infection, including antiviral agents, antibacterial agents, and infection inhibitors.

On the other hand, beliefs not acceptable among mother-respondents include the following: mother must continue breastfeeding even if she has communicable disease, with a mean of 1.62; and mother must give milk to infant only after digestion of food taken, with a mean 1.45. If the mother develops certain medical conditions like infectious and communicable diseases, whether or not to continue breastfeeding may need to be reassessed. However, breastfeeding is not advisable to infants with galactosemia (an inherited disease in which the transformation of galactose to glucose is blocked, allowing galactose to increase to toxic levels in the body) and mothers with herpes lesions on the nipples or diagnosed with breast cancer. Nursing mothers should be aware that most drugs pass into human milk through the bloodstream. Almost all medication appears in very small amounts (less than 1% of the maternal dose) and very few drugs are contraindicated for nursing mothers (Smith, 2015).

Fernandez (1984) paid special attention to beliefs and practices that influenced the continuation of lactation. During pregnancy women severely restricted their gain in weight, thereby limiting fat reserves for later milk production. Rituals were observed after delivery to assure adequate milk of good quality. Once established, lactation might be interrupted if the mother felt that her temperature was different from that of the infant's. These differences in temperature might come from warm or cold food or drinks including being caught in the rain or working in the sun. Breast feeding was often terminated if the infant developed diarrhea or if either the mother or child became ill.

### **Infant Health Beliefs of Mothers in Taysan Resettlement Site along Hygiene**

Hygiene is a set of practices performed for the preservation of health, and it plays a crucial component of an infant's overall care. Practicing good hygiene is extremely important to keep your infant happy and healthy all the time.

The most popular infant health beliefs on hygiene among mother-respondents (Table 3) include *bathing the infant any day except Tuesdays and Fridays to prevent illnesses and diseases caused by evil spirits* with a mean of 2.83 and *tying a cloth around the abdomen to prevent colic and bloated belly* with a mean of 2.65 (Table 3). On the contrary, the least recognized infant health beliefs on hygiene include *bathing the infant when the sun is already up at about 9 in the morning* (1.24), *cutting the nails any day except during Tuesdays and Fridays to have good nail growth* (1.32), *using herbal leaves like "anonang" and "suha" in bathing the infant to prevent skin disease* (1.54), *applying baby oil on the head to remove "cradle cap" to prevent skin breakage and infection* (1.65), and *avoiding umbilical cord from getting wet to prevent infection* (1.74).

Some mothers still adhere to old cultural beliefs that bathing the baby on Tuesdays and Friday will cause illness and disease. Another belief has something to do with tying a cloth around the abdomen or "bigkis" that will prevent bloated belly and colic. Literature clearly states that there is no fixed time observed in bathing but the room temperature should be warm (about 24°C) and the water temperature should be 37–38°C to prevent chilling (Nationwide Children's Org., 2010). Many parents bath their infants in the morning but others prefer before bedtime to help induce sleep.

**Table 3.** Infant Health Beliefs of Mothers in Taysan Resettlement Sites along Hygiene (n=84)

Health Beliefs	Wt. Mean	Interpretation	Rank
Bathe the infant when the sun is already up at about 9 am	1.24	DB	7
Cut the nails any day except during Tuesdays and Fridays to have good nail growth.	1.32	DB	6
Bathe the infant any day except Tuesday and Friday to prevent illnesses and diseases brought by evil spirits	2.83	MB	1
Apply baby oil on the head to remove "cradle cap" to prevent skin breakage and infection	1.65	DB	4
Prevent umbilical cord from getting wet to prevent infection	1.74	DB	3
Tie a cloth around the abdomen to prevent colic and bloated belly	2.65	MB	2
Use herbal leaves like "anonang" and "suha" in bathing the infant to prevent skin disease	1.54	DB	5
Grand Mean	1.85	SLB	

Daily bathing is not necessary except in very hot weather. Bath time should be fun for the infant and can serve many functions other than just cleanliness. Bath time also provides an infant the exercise and opportunity for the parent to touch and communicate with the child.

For those newly born infants, preventing the umbilical cord from getting wet during bath time to prevent infection is also a great concern. The infant should undergo sponge bathing 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. These findings imply that there is a need to further give health education and correct information through seminars, lectures, and fora to update the mothers on the latest trends on proper hygiene.

**Infant Health Beliefs of Mothers in Taysan Resettlement Site along Care of the Sick Infant**

The most accepted infant health beliefs on the care of sick infant (Table 4) include *applying chewed leaves or saliva on the infant’s abdomen to treat colic or bloated belly* (4.88), which is interpreted as “strongly believe” and *treating wounds with “mama” or chewed leaves* (2.02). On the other hand, the least acceptable beliefs include *always bathing the infant with boiled leaves of guava and santol after an illness or sickness* (1.04), *wearing red bracelet or amulet to ward off evil spirit* (1.46), *bringing the infant to a hilot/albularyo for any illness or health problems* (1.49), and *breastfeeding the infant while the mother is hungry can cause ill health* (1.74).

The family also ensures that all children have the chance to achieve their full potential to lead healthy and productive lives, free from disease or disability. The DOH must improve infant health and care through

campaigns to deliver information to health providers and families, and helping to keep in place research that advances action.

Newborn infants are also kept very warm and are protected from anything that might startle or frighten them. Generally, however, the extended family is extremely conscientious about seeing that all the needs of new mothers and their infants are met completely.

“Usog” is believed to be a discomfort brought about by a stranger or visitor thought to have an evil eye (*masamang mata*) or who brings an evil wind (*masamang hangin*) or a hex. A simple greeting or praise like “wow!” is said to be enough to cause the hex. To counter the *usog*, the stranger should lick their thumb and apply saliva while tracing a cross on the infant’s forehead or abdomen. The afflicted are usually infants and toddlers who may experience a bloated tummy, followed by incessant crying and later, farting—very much similar to the symptoms of colic. Others would recommend going to an *albularyo* or a *hilot* (faith healer) who would typically use a concoction of different leaves from guavas (*Psidium guajava*) and sambong (*Blumea balsamifera*), among others. This assortment of leaves is chewed by the *hilot* and are spewed out then spread onto the infant’s abdomen while an *orasyon* or *bulong* (chant) is said.

On the medical front, research findings about the components of saliva reveal that it actually contains a substance called opiorphin, related to morphine and other opioids, which are generally used in modern medicine as a pain killer. Research done in the Pasteur Institute in Paris has proven the effect of opiorphin as an analgesic but, so far, only to rats. More research must be made if this has any actual benefit to humans (Atutubo, 2011).

**Table 4.** Infant Health Beliefs of Mothers in Taysan Resettlement Site along Care of Sick Infant (n=84)

Health Beliefs of Mothers	Wt. Mean	Interpretation	Rank
Bring the infant to a hilot/albularyo for any illness or health problems.	1.49	DB	4
Always bathe the infant with boiled leaves of guava and santol after an illness or sickness.	1.04	DB	6
Treat wounds with “mama” or chewed leaves.	2.02	SLB	2
Wear red bracelet or amulet to ward off evil spirit.	1.46	DB	5
Breastfeeding the infant while the mother is hungry can cause ill health.	1.74	DB	3
Apply chewed leaves or saliva on the infant’s abdomen to treat colic or bloated belly.	4.88	STB	1
Grand Mean	2.10	SLB	

**Table 5.** Infant Health Practices of Mothers in Taysan Resettlement Site along Infant Feeding (n=84)

Health Practices	Wt. Mean	Interpretation	Rank
Breastfeeds the infant on regular schedule	4.37	STB	1
Gives supplementary foods from 6 months onwards	1.86	SLB	11
Gives “mebendazole” or any antihelmintic drugs to infants with parasitic infection, pale and weak.	4.07	B	5
Breastfeeds the infant 30 minutes after normal delivery	4.17	B	3
Initiates breastfeeding right after delivery as part of the “Unang Yakap” advocacy.	1.11	DB	15
Breastfeeds the infant 4 hours after caesarian delivery	4.12	B	4
Avoid giving solid or liquid foods to the newborn unless medically indicated	1.13	DB	14
Gives pacifiers or artificial teats to breastfeeding infants	1.19	DB	13
Gives pacifier to infants in between feedings	3.32	MB	6
Introduces cerelac and other commercially prepared food after 4-6 months	2.67	MB	9.5
Gives juice, bottle of milk or any liquids before bedtime.	2.70	MB	8
Gives juice or bottle of milk before nap time	2.83	MB	7
Gives supplementary and formula feedings if the infant has not gained weight after 2 weeks of breastfeeding.	1.25	DB	12
Gives formula milk after each breastfeeding if the mother feels she has insufficient milk.	2.67	MB	9.5
Breastfeeds infant on the other breast if one breast is sore or infected.	4.21	STB	2
Grand Mean	2.77	MB	

Guava (*Psidium guajava*) leaves are said to have antiseptic properties, but when mixed with a person’s saliva can actually cause infection. These beliefs may or may not conform to the biomedical notion. Though without scientific basis, 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.

Traditional culture in the Philippines puts a very high value on the family and motherhood in particular. The birth of an infant is not just a private affair for one couple or family. It is a culturally significant event to be celebrated by the whole community. In the Philippines, pregnancy, birth, and the time or period after is surrounded by a wide variety of beliefs, traditional practices, and rituals that involve both mother and infant.

***Infant Health Practices of Mothers in Taysan Resettlement Site along Infant Feeding***

Nutrition is a fundamental pillar of human life, health, and development throughout the entire life. Good nutrition is essential for survival, physical growth, mental development, health, and well-being. Good nutrition is the cornerstone of an infant’s growth and development. The infant should receive adequate nutrition in whatever method of feeding is used.

The practices along infant feeding that mothers commonly performed (Table 5) are breastfeeding the infant on regular schedule (4.37), breastfeeding the infant on the other breast if one breast is sore or infected (4.21), and breastfeeding the infant 30 minutes after normal delivery (4.17). Because breast milk is so easy to digest, most breastfed infants eat more often than those on formula. This is usually between eight and 12 times a day or every one-and-a-half to two hours, usually around the clock for the first few weeks (Bouchez, 2005).



If mothers have sore nipples, a breast infection, a nipple blister, or a skin issue such as eczema or dermatitis on one side, it may be too painful to nurse. It is better to breastfeed only on the healthy breast so that the painful one can have time to heal. Moreover, breastfeeding is contraindicated in only a few circumstances, such as in mothers suffering from breast cancer, those receiving medication that are inappropriate for breastfeeding such as lithium or methotrexate, and mothers with herpes lesion on breast.

From the moment infants are born, they are hungry. Hence, mothers may breastfeed her young 30 minutes after a normal spontaneous vaginal delivery. Another infant feeding practices among the mother-respondents was *giving mebendazole or any antihelminthic drugs to infants with parasitic infection*. It is noteworthy that worms can cause nutritional deficiencies (vitamin and mineral deficiencies) for children. Worm infestation can also cause anemia, malnourishment, and impaired mental and physical development. Hence, most doctors recommend a periodic deworming for the little ones and the whole family. Albendazole is the most common medicine used to deworm, which usually has no side effects and will help in eradicating the worms (Santosh, 2016). The study of Righard (1998) on breastfeeding problems dealt with incorrect breastfeeding technique and the use of pacifiers. It revealed that in most cases the problems were related to incorrect sucking technique. Thus, he suggested that breastfeeding problems might be prevented by avoiding extensive use of pacifiers.

Engle (1999) studied care practices, namely care for women, breast-feeding, food preparation, hygiene, and home health practices. She found out that feeding practices that affect a child's nutritional status include adaptation of feeding to the child's abilities (offering finger foods, for example), responsiveness of the caregiver to the child (perhaps offering additional or different foods), and selection of an appropriate feeding context.

### ***Infant Health Practices of Mothers in Taysan Resettlement Site along Infant Hygiene***

The most common health practices on infant hygiene among mother-respondents are indicated in Table 6. The Department of Health (DOH) and the World Health Organization (WHO) recommend the following actions: hand washing before and after handling the cord, giving the newborn an initial bath six hours after birth using an antibacterial soap, and

keeping the cord stump clean and dry and nothing should be placed on the cord stump. It was noted that the respondents were more concerned of the child's well-being particularly on hygiene with emphasis on cord care.

The respondents claimed that it was a common practice to bathe the infant with warm water and cover the umbilical cord to prevent it from getting wet and, then, applying alcohol on the cord stump to prevent infection and promote healing. However, as identified there were cord care practices performed by the respondents that are no longer recommended in today's time such as the use of alcohol in keeping the cord stump moist and the use of cord bandage, which only delays the drying and healing process. The cord stump is the only "open" area of the infant's body where infection can develop. Many prescriptions for newborn cord care have achieved ritual status in response to fears of infections, cross contamination, and parent anxiety. However, many practices have been based on good intention rather than on the results of intensive scientific trials. In fact, Medves and O'Brien studied cord care using common agents (water and isopropyl alcohol) and found that the mean time to cord separation when using sterile water for cord care was about 10.5 days or approximately 2.5 days shorter than when using isopropyl alcohol (Medves & O'Brien, 1997).

Applying baby oil on the scalp of an infant will soften the crusts. It also prevents seborrhea, a scaly scalp condition other call cradle cap, yellow-crusty patches with erythematous skin beneath. The patches can be softened by oiling the scalp with mineral oil or petroleum jelly and leaving it overnight. The crusts can then be removed by shampooing the hair the next morning; a fine-toothed comb can be used to remove the crusts (Pediatrics Child Health, 2007).

The respondents still believe that trimming the nails of infants during Tuesdays and Fridays will bring bad luck and prevent the nails from growing including the idea that bathing the infant will cause illness or disease because it is on those days that the supernatural beings and evil spirits would come out according to folk beliefs. Despite the modernization, a number of mothers continue to believe in superstitions.

It is evident that the respondents perform health practices on infant hygiene, which are factual and may have scientific basis. However, it is obvious that

**Table 6.** Infant Health Practices of Mothers in Taysan Resettlement Site along Hygiene (n=84)

Health Practices	Wt. Mean	Interpretation	Rank
Prevents the umbilical cord from getting wet when bathing the infant.	2.14	SLB	11
Covers the umbilical cord with dressing when bathing the infant to prevent it from getting wet.	3.25	MB	4
Bathes the infant with warm water.	3.80	B	3
Rubs the body with baby oil to remove lanugo.	3.23	MB	5
Keeps the windows and doors closed when bathing the infant to prevent draft and cold.	2.95	MB	9.5
Applies baby oil to the body before bathing to prevent coldness.	3.21	MB	6
Cuts the hair only when the child reaches 1 year old.	2.95	MB	9.5
Applies baby oil on the scalp to remove dried vernix caseosa.	3.19	MB	7
Applies 70% alcohol on the umbilical cord 3X a day to prevent infection.	4.17	B	1
Applies 70% alcohol on the umbilical cord 3X a day to promote wound healing.	4.13	B	2
Cleans breasts with soap and water before breastfeeding.	3.17	MB	8
Grand Mean	3.29	MB	

culture and traditions continue to influence some of their practices on infant feeding and hygiene. In a society bound by superstitious beliefs, a health worker may find difficulty in delivering health care. But efforts should be made to become familiar with the beliefs to provide adequate and quality care.

***Infant Health Practices of Mothers in Taysan along Care of the Sick Infant***

The most popular health practices of mothers on care of the sick infant are shown in Table 7. Giving medications only after consultation with a doctor means that the respondents are aware of the dangers of giving their child medications not prescribed by the physician. They are confident that the pediatrician can manage the health of their child, including physical, behavioral, and mental health issues. The doctor will prescribe the right medications and teach the exact dosage and frequency of giving the drug to avoid its potential risks. The mother-respondents are also aware of the benefits in consulting with the doctor. These include the diagnosis and treatment of child’s minor or serious illnesses, monitoring of the child’s health including his growth and development as well as giving information about how to prevent injuries, how to keep the child safe, and providing referrals including working with specialists in case of illnesses requiring special expertise.

Leininger’s Culture Care Theory (1997) underlines the meaning and importance of culture in explaining an individual’s health and caring behavior and her Culture Care Theory is the only theory that focuses on culture (Rosenbaum, 1990). The roots of the theory are in clinical nursing practice. Leininger discovered that patients from diverse cultures valued care more than the nurses did. Gradually, Leininger became convinced about the need for a theoretical framework to discover, explain, and predict dimensions of care, and developed the Culture Care Theory as the outcome of studies performed in numerous Western and non-Western cultures (Leininger, 1997).

Because within every cultural group there is a wide range of beliefs, traditions, and even healing practices, it is important to “bridge” generic and professional nursing care in order to provide “culturally congruent” care. Along these lines, it is important for nurses to evaluate their own values, beliefs, and traditions and become aware that their clients may share different values, beliefs, and traditions. Leininger’s model provides action modes nurses can use to help bridge care and provide care to someone with respect to their individual beliefs, cultural background, and values (Leininger, 1997).

Traditional healing practices are utilized simultaneously with modern medicine. In fact, the *hilot* or *albulario* (healer) does not advise against consulting

**Table 7.** Infant Health Practices of Mothers in Taysan Resettlement Site along Care of Sick Infant (n=84)

Health Practices	Wt. Mean	Interpretation	Rank
Brings the infant to a hilot/albularyo when not treated with medications.	1.71	DB	11
Brings the infant to a midwife when sick or ill	1.02	DB	15
Consults a doctor when infant is sick or ill	4.39	STB	3
Gives herbal preparation when infant has fever, cough and colds	2.89	MB	9
Gives prescribed medications only after consultation with a doctor	4.67	STB	1
Gives medications to the infant even those not prescribed by the doctor.	1.11	DB	14
Gives antibiotic preparations when sick or ill	2.82	MB	10
Gives paracetamol to lower down high temperature or fever	3.92	B	6
Gives goto, noodles and lugaw whenever the infant does not feel well	3.07	MB	7
Gives rice water or “am” when infant is suffering from diarrhea and stomach flu.	2.90	MB	8
Bathes the infant only when not sick or not febrile.	4.13	B	5
Brings infant to a doctor immediately when having diarrhea and stomach flu	4.21	STB	4
Applies chewed atis leaves on the stomach when suffering from colic and bloated belly	1.37	DB	12
Gives medications on fever, flu and colds only when prescribed by the doctor	4.56	STB	2
Gives medications on fever, flu and colds even without the doctor’s prescription.	1.36	DB	13
Grand Mean	2.94	MB	

doctors or going to the hospitals for check-up. In several cases, spiritual healing is performed only after the doctors have diagnosed a disease as incurable. Even after a patient feels that he has been healed by traditional healers, he still goes back to his doctor to establish that he is actually cured (Cultural Survival, 1988). Indeed, folk healers may serve as local partners whose work can complement present-day health practitioners and who can provide the psychological, emotional, and spiritual support necessary to the healing process.

**Conclusion**

Most mothers in the Taysan Resettlement Site in Legazpi City, Albay, Philippines, continue to observe a wide range of cultural beliefs and traditional practices on infant feeding, hygiene, and care for the sick which are associated with health risks and adverse health outcomes because of some misconceptions about the disease process. Hence, they need more information on the benefits of essential newborn care (ENC), which should be geared towards not only mothers but also their husbands and parents.

**Recommendation**

Health care providers must identify, recognize, and appreciate indigenous infant health beliefs and practices that exist in the community. They are in a better position to provide responsive and culturally competent care. Instead of limiting the choices available to mothers during child rearing, they should understand, respect, and integrate cultural interpretations of child care and the needs of women and their families.

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