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Research Article

Reproductive Health Perspectives and Practices of the Indigenous Peoples

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Abstract

The concept of Reproductive Health (RH) is intertwined with health needs in respect to social and cultural context. It is an avenue for valuing the perspectives of indigenous people on reproductive health, more so, to guide effective RH policy development and implementation. This ethnographic study was conducted in Mountain Province. The data collection methods included the Field work approach utilizing focus group discussions and key informant interview. Findings showed that indigenous people of Mountain Province have different views on Reproductive Health. Their views are being influence by their practice. The concept of caring was still dominantly observe on marriage, maternal and child care. A complementary relationship of the indigenous reproductive health and medical reproductive health beliefs and practices are observe. The emergence of Indigenous RH advocacy led in the development and implementation of multi-level policies and programs that supports RH promotion and prevention practices. Nurses should consider the uniqueness and respect the perspectives and practices of every individual or community in rendering care in relation to RH taking into consideration the provision of Reproductive Health Act that would affect the care rendered to clients. Furthermore, to include indigenous perspectives in nursing education, one must understand and incorporate traditional and indigenous knowledge into the curriculum. This study proposes an alternative paradigm suited for IP learners; nurse academicians may use in teaching. This study provides a springboard for proactive transitional care by professional nurses.

Keywords: Reproductive health; Indigenous people; Perspective; Practices; Indigenous; Caring

Background of the Study

The concept of Reproductive Health (RH) is intertwined with health needs in respect to social and cultural contexts. Despite the uniqueness of reproductive health perspective and practices of Mountain Province (MP), it was not well recognized and understood in the delivery of RH programs and services more so it was not documented and published. In social and health services, indigenous peoples face great challenges particularly on reproductive health [1]. Indigenous Peoples (IP) represent a rich diversity of cultures, religions, traditions, languages and histories, yet they continue to be among the world's most marginalized population groups [2]. Worldwide however, IPs are one of the poorest and most vulnerable groups today, despite their resiliency. Many are victims of racial discrimination and social exclusion. Similarly, IPs are often deprived to the access on basic services like healthcare [3]. Despite the political and academic interest on the knowledge and practice of indigenous people on sexual and reproductive health, there is still lack of awareness and understanding of RH concepts among policy makers, executives, managers, and service providers of public health since these knowledge and practices of IPs are still largely undocumented [4]. Despite recent strides in the equality of Indigenous Peoples' through international and national programs, RH has largely been neglected [5]. While rural health units continue to advocate for RH, health workers and policy makers have executed a generic approach and have left traditional or indigenous tenets on RH unconsidered [1]. The Responsible Parenthood and Reproductive Health Act of 2012 [6], is considered as a landmark ruling which recognizes the basic human right of Filipinos to RH. Despite being ideal by design, there are documented and undocumented issues on the implementation of RA 10354. These seem to suggest the lack of positive impact of 10354.The Philippines is at a turning point where it is slated to reap the benefits of health research investment towards the country's economic, social, and scientific growth [7]. In 2017 for instance, during a consultation in the Cordillera Administrative Region (CAR), the Regional Unified Health Research Agenda (RUHRA), included Indigenous Peoples' Health and; Sexuality and Reproductive Health as among the priority. Achieving health for these indigenous groups require multi-sectoral linkages and efforts and active community participation [8]. This inquiry on perspective and practices on RH of the IP of MP is an avenue to guide effective RH policy development and implementation. Leaders and policy makers can use this study in developing and evaluating public resources to improve the reproductive wellbeing of IP. Healthcare stakeholders can likewise be more aware on possible ways to design and promote viable and meaningful programs that encompass appropriate mechanisms, vertical and horizontal linkages, and participatory approaches for IP.

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Method

Design

This study is a qualitative research design using an ethnographic method. The ethnographic design was used since it gives emphasis on the subjective nature of the human experience that allows the researcher to get an insider's understanding of reality. Ethnography facilitates the study of beliefs, social interactions, and behaviours of small societies, involving participation and observation over a period of time, and the interpretation of the data collected [9].

Participants and Setting

The participants of the study were the IPs of Mountain Province (MP). MP is located in the Central Cordillera, Northern Philippines. It

is bounded on the north by Kalinga and Abra, east by Isabela (Region 2) and Ifugao, south by Ifugao and Benguet, and west by Ilocos Sur. The participants of the study are from the following indigenous groups: Bontok, Applai, Kankan-ey, Baliwon and Balangao. They are either married or living-in as common law partners, group based on age (19-30, young reproductive age; 31-45, older reproductive age) and their roles in the community. This clustering system is based on the registered tribe at the National Commission on Indigenous People (NCIP) supported by the initial consultation conducted with different health and people's organization.

Data Gathering Tool

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

Data Gathering Procedure

Consent and approval from the community folks, elders, Indigenous People's Representatives, barangay officials, and municipal mayor was secured. An orientation was organized to discuss the scope of the study, objective and mechanics including the inclusion parameters in the selection of participants. The use of audio recorder and field notes during the interview was also made clear. Initial recruitment of participants by listing prospective participants that meet the inclusion criteria based on the recommendations of the Municipal and Barangay Indigenous People's Representative during the consultation meeting were done. Gatekeepers help on reaching the prospective participants. Communication letters and informed consent were distributed to identify subsequent potential participants. The researcher gave the participants an assurance on the observance of ethical standards hence, confidentiality and anonymity is being respected. However, it was also mentioned that confidentiality and anonymity may not be guaranteed during the data gathering process because of the possibility of the participants to divulge information and identity hence, it is their choice to become participants. The interview was done in 45 minutes to 1 hour in which information were elicited through a designed questionnaire/guide. FGD and KII were conducted in areas where the participants had not incurred extra transportation expenses hence, the researcher went to the identified community. There was a minimum of six (6) participants for each FGD hence, a total of more than 48 participants in the FGD representing the five (5) Indigenous groups of MP. The researcher facilitated the FGD while the researcher's assistant took notes. After the activity, the field notes were read as a sort of validation of the data from the participants. Field notes were written after leaving the field site such that important details were not forgotten. The researcher actively participated in the community activities in relation to their beliefs and practices on RH like in the conduct of rituals and utilizing some of the materials they used. Analysis of the researcher's observation on their practices and perspective on RH were also included. The findings of the study were presented to the participants for validation.

Ethical Considerations

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

Data Analysis

The researcher used the ethnographic analysis suggested by Sunstein & Chisri-Strater [10]. The first step was coding where the coding method of Saldana [11] was used. Multiple coding processes was done. Emerging patterns in each category which had built the main themes were identified. Reduction of the raw data into themes through coding and recoding process presenting data through figures, narratives and matrix were performed. Existing literature related to the study were reviewed. The last was a sort of a basket (memos) where the questions/ remarks provoked by the data. To establish the rigor and trustworthiness, the researcher sought an assistance from a qualitative health researcher to check for the consistency of coding and interpretation. Bracketing was used so as not to include the researcher's preconceptions and prejudices.

Findings and Discussion

This ethnographic study looked into the perspectives and practices of the IPs of MP on RH. There are three major themes that had emerge from the data: (1) Reproductive Health to the People of MP: a) birth control, b) family planning, c) investment, d) caring, d) reproductive health issues and problems and, e) wellness; (2) Beliefs and Practices on Maternal and Child Care: a) On Marriage b) before pregnancy, c) during pregnancy, d) during labour and delivery, e) after pregnancy, f) during infancy, g) school age and, h) adolescence and; (3) RH advocacy for the people of MP: a) RH Promotion and; b) RH Prevention Practices.

Reproductive Health to the People of MP

Birth Control: The participants during the interview equate reproductive health with birth control as most of the participants answered *"birth control"*. This was supported by another participant captured by the statement *"macontrolan nan ikaman nan umanak"*(birth control). This concept revealed the desire of the respondents to prevent pregnancy. The people's knowledge on the RH is not also aligned with the content of the RH law like *"two child policy, syadi nan amok ay kanan nan RH"* (two child policy that is what I know about RH). One mother disputes the use of condoms that it is painful and withdrawal methods causes back pain as verbalized that *"nan experience mi gamin et nalaka da ay masiket, sunga adi da unay kayat nan widthrawal ken nan condom."* (they experience back pains easily that is why they don't like withdrawal and condom) In view of this misconception they will not use this birth control method and would lead them to have many children which will result into occurrence of illnesses brought about by population growth. The Indigenous People recognizes that birth control would increase economic growth and there would be a high participation of women in the workforce hence, there will also be less scarcity of resources because of fewer dependent children.

Family planning: RH as viewed by the indigenous people is "family planning" which was supported by another participant as stated that *"Anachi family planning"* (family planning) leading to decrease in population *"gapo ti panagusar iti family planning"* (because of family planning).Another participant stated that *"family planning is one aspect of RH. It is important to have a plan to keep RH well"*. It is also to provide ample time for the mother to take care

of the child. It is a way for the mother to be able to work to help the husband earn. Participants believe that having many children put a dent on family finances; hence, lesser number of children would be better. This was evident in one of the statement of the participant that *"madi ti big family ta nu one child is sick, aminket maguyud. madrain ti finances you"* (having a big family is not good since if one is sick all your finances will be affected). Many of the participants expressed their assent to the use of family planning methods because of the difficulties of life aggravated by having more children. However, they also believe that children are God-given and there is no need to control the population but to plan the number of children. Further, family planning is utilizing reproductive health care decision and self-control. It is deciding the number and spacing of their children through the use of contraception.

Investment: They view RH as a sort of investment as one participant verbalized *"it is reproduction. Production of children because ti tao ket asset"* (it is reproduction, production of children because people are asset). Some participants expressed ideals on having more children."*Nan kayman laychen taku ket nan angangsan nan anak tapnu waday kay umila, waday kay adi umila*" (we want to have many children so that there are those who care and does not care for you*)*. Participants believe that having many children put a dent on family finances; hence, lesser number of children would be better. "*Duwa wennu tallo nga anak ta han mu nga ammu ti biyag*" (Two or three children would be enough because we don't know our life*)*.

Caring: Caring is another dominant viewpoint of the IPs of MP regarding reproductive health which was captured by the statement "*for me, Reproductive Health concerns about reproduction that involves care of the mother, baby, care of the man*". Furthermore, caring give emphasis on health as shown in another statement *"all children are healthy"*.Another participant verbalized that *"Kanayun metlang ti mental kasjay"* (it includes mental health) and "*attitude ti panang-aywan isnan awak*" (attitude on caring for self).Caring for the mother as stated that reproductive health is *"panag-aywan ken panagkondisyun di awak"* (caring and conditioning of the body). Practices on human sexuality are integrated in the expressed perspectives of the participants "*tapnu maaywanan nan kaan-anak ay babae, awnin ta mentuloy buwan sada py mensag-en ken asawa na*" (to care for women, sex should be done after 3 months).

Reproductive Health Issues and Problems: IPs of MP relates their views Reproductive health on the issues, and problems that they experience. "*Reproductive health masagid na jay diseases*" *(*reproductive health are diseases). *"Ada metlng ti baog wennu impotent ijy ili mi. Ada py dijay maymaysa ti butlog nan ngem nakaanak met"* (impotency is also present, we have one with one testicle but was able to bear a child*)* and *"UTI, ectopic pregnancies*". It was also revealed from the data that there are also undocumented sexually related diseases, "*ada ti HIV nga cases ngem awan ti HIV-AIDS ngem haan nga nairecord*" (we have HIV cases but we do not have HIV-AIDS but are not documented). Another issue is teenage pregnancy according to the participants "*wacha ladta an teenage pregnancy ngem atleast ad wani et naminimize achi kaman ad kasin ay prublima*" (we have cases on teenage pregnancy but is minimized unlike before that it was really a problem). It was also acknowledged by a participant that teenage pregnancy happens "*gapu siguru tan miwed di mangibaga ken daida ay awnin adi sakayu menasawa ta masiksiken kayu*" (because nobody is counselling them). The participants likewise made an emphasis on the impact of having sexually related diseases as they stated that "*nan sakit si sexual organ, dakel nan epekto na*"(there is high effect of having sexuality related diseases). Avoidance of any reproductive disorders or diseases will be the responsibility of the individual as the participant stated that "*umiwas da ti sexually transmitted diseases, they choose their partners."(*avoid sexually transmitted diseases, they choose their partners*).*

Wellness: In another aspect, the participants view reproductive health holistically, assessing the physical, mental social well-being of the person as the participant claims that *"lahat ng organs social, physical, mental and not merely the absence of a disease and maybe naincorporate jy spiritual" (*all the organs, social, physical, mental and not merely the absence of disease including spiritual). Moreover, participants relate their views on reproductive health and wellness on their practice stating that *"Anchi ammay ikan nay umanak ya nasalun-at chi iyanak mu as mother"* (safe delivery of a mother where both the baby and the mother are healthy). Wellness, aside from taking care of oneself, would include mental health where one would also look into human behavior, attitude and influence of spirituality and religion to RH behaviors. The general response from the participants during the interview laid out that there are varying view on Reproductive Health to the People of MP where caring is dominant. Similarly, Basatan, [12] in his study revealed that Ibaloys possess rich indigenous health practices and belief system regarding pregnancy and childcare. Nurses have to recognize that in some cultures it is considered a moral responsibility for a family member to be by a patient's side and to provide care [12]. They believe that family planning and having limited number of children would mean health resulting to quality of life. However, among the Ata Manobo tribe of Davao, men usually want to have big families. Negative consequences arise when the parents can hardly provide the basic necessities such as food, clothing and education [1]. One of the nation's major problem is the sharp increase of the population causing poverty and national economic instability. To solve this, the government included family planning as one of its main thrusts in the RA 10354 which is further reinforced by the 1987 Constitution, Art. 2 Sec 12. [13]. This legal provision implies that married couples have the right to plan the number of children. The same vein of idea is expressed by Petchesky and Judd [14] when they claim that, "Reproductive rights require that women express a sense of entitlement or self-determination in everyday decisions about childbearing, work marriage, fertility, control and sexual relations". The responsibility of providing for the family was emphasized which was supported by Section 2 of RA 10354. Furthermore, a major factor in the high incidence of unintended pregnancies in the Philippines is the unmet need for contraception among Filipino women. There is also a political context in family planning and the issue of unwanted pregnancies [15]. Despite recent strides in the equality of Indigenous Peoples through international and national programs, RH has largely been neglected [16]. The lack of access to education and information certainly limits indigenous people health and health care options [17]. The incomplete knowledge on RH is influenced by the reproductive health behavior of each person that is also influenced by social, cultural and economic factors. Very little information is available on age differentials in maternal mortality and its causes or in disability associated with pregnancy and childbearing [18]. Similarly, Tanrıverdi et al. [19] posits that transcultural nursing is to offer an effective nursing care service that is sensitive to the needs of individuals receiving healthcare promoting the use of nursing knowledge and practices through cultural conceptualization. However, in a study of Sidchogan-Batani [20] on the knowledge, beliefs and practices

of migrant women in Baguio City, documented that inappropriate combination of both medical and traditional remedies which can have many health implications.

Beliefs and Practices on Marriage, Maternal and Child Care

On Marriage: The IPs of MP's have beliefs and practices on reproductive health during marriage, "*Nan menasawa, mansinukat da si Lukmog…*" (they have to exchange food…). Couples also have different practices before doing sexual activities after the mother has given birth aside from securing their privacy "*nu mabalin et ay men sex kayu ket sipuyam nan matan nan baby nu men kidem et mabalin*" (before sexual activity resumes you have to blow the eyes of your child if it closes). To them, there is a specific number of months before sexual activity may resume for newly delivered mother. *"Nan sex et mahapor after 2-3 months hacha mensex"* (sexual activity will resume after 2-3 months).

Some of their beliefs and practices were influenced by previous experiences. "*Ad sanchey ket nan makanak ket makanak*" (before, people may have many children). There are culture-based remedies for couple's inadequacies; they try to do some activities, "*… inkansyun cha ta chumawat cha si adu ay anak." (….* they sing to ask for a child). Agreements on trial marriage and temporary separation of couples is also being done. *"nu han nga makaanak, agtungtung da nu mabalin nga makiasawa. Tuluyan nga agsina da, Ngem nu madi da, mabalin nga isuda ladta*" (if the couples cannot bear a child both parties will agree to separate and if they don't want *they can still be couples)*. Adoption of children is another remedy in saving marriage of couples who cannot bear children; however, "*masapul nga relative da ken dagijy natay ni ina da wenu adu da nga agkakabsat isu iadopt jy relative da nga han nga makaanak*" (if a couple will adopt, it should be a relative and whose mother died and/or from a family with many siblings). Moreover, women are blamed and accused for failure to give birth. A male child is preferable because he is potentially seen as an economic contributor, while a female child is viewed as a burden to the family. A childless woman has to bear the humiliation and accept social isolation. She cannot participate in any wedding activity. It is believed that her bareness might transfer to the bride. This type of worldview are shaped by local culture, social and familial and religious beliefs which creates a lot of psychological pressure on the women. Barangay health workers can correct this issue by providing proper knowledge about reproductive health.

Before pregnancy: An indigenous RH practice being practiced before pregnancy is the used of *"Kuba*" [Cloth made out of a bark of a tree and worn as a napkin by the woman who just gave birth. The herbs is placed on top of the napkin aid in sucking the profuse blood from the vagina.], *rough ngem nu matyempuam jy smooth nu umanak ka next year ket agbiruk kan tadta"* (these are rough but there are also smooth, if you deliver next year you have to prepare this year). Another practice before pregnancy is the conduct of pre- marriage counselling as stated by the participant that *"wada di pre-marriage counsel da"* (we have pre marriage counselling). Family planning counseling before marriage helps expectant parents to determine the number of children. One woman suggested that parents should teach their children fidelity in marriage; that is, to have sex only with his or her spouse. This value maintains the unity and harmonious relationships of married couples. During the FGD, majority of the women participants showed positive response to reproductive healthcare. According to them, a responsible parent should avail family planning and counseling provided by health workers. Health workers maximize the pre-marriage seminar and counseling/ educating them on reproductive health. Further, during pre-marriage counseling facility delivery is a part of the encouragement being done in different communities *"we are encouraging all expectant mothers to give birth at medical centers, indisdiscourage mi ti umanak ti balay"* (facility delivery is encouraged and home deliveries are discouraged). As for the interviewed participants, they expressed that they feel more comfortable to have home delivery than going to a hospital. They feel the invasion of their privacy if they deliver their baby in a hospital. They also added that it is cheaper to have home delivery than in a hospital. This situation adds stress to the mother and family since they have to pay hospital bills. There are reasons for people's integration of indigenous and medical practices even when discouraged by health personnel. However, there are still health facilities in the area that integrate indigenous and medical practices which would ease the work of expectant mothers *"ijy hospital ket iallow ken addan ti laku da nga kuba jay pharmacy"* (they allow the use of *kuba* in the hospital; it's even sold at the pharmacy).

During pregnancy: An indigenous practice during pregnancy that supports continuation is that a pregnant woman is expected to prepare all the things needed after giving birth. *"Isunga nu masikug ka, isagaanamun nga ag-asin ti karne ta usaren da nu umanak siya."* (Ones you are pregnant you prepare the salted meat for you to cook when you give birth.). The participants highlighted that a pregnant woman who just gave birth are not allowed to work or do any heavy works instead they do light works. "*Ti babababae nga masikog, han da unay agtrabahu ti nadagsen*" (pregnant women does do heavy work*)*. Another beliefs on pregnancy and child bearing is evident in the narrative: *"Nu masikug et adi malablabyan tapnu there is always life in her"*(pregnant mothers should not stay out until night so that the child will always have light in the life of the baby). Another practice during pregnancy that is an illustration of medical practice is the observation of pre-natal as stated by the participant that "*submissive da ay inpapa-prenatal*" (they are submissive for prenatal). Another participant conveyed that "*nan bababae ket dapat mapan da agpa-prenatal tapnu maisimpa jy pueston ti ubbing*" (women should go for pre-natal check-up to fix the position of the unborn). Majority of the young mothers are submissive for prenatal and postnatal check-ups but at the same time obey the elders in the performance of rituals at home. Older folks still believe in superstitious and traditional practice in relation to reproduction and instill these in their daughters. In general, young mothers listen more to the advice of their mothers and elders than to the barangay health worker. According to them, they feel more comfortable consulting their elders than the health worker. Sometimes pregnant women would rather go to a *mangilot* than to a health worker to check if the baby inside the womb is in the right position. However, this practice is fast eroding because there are no *mangilots* available in the community. Usually, pregnant mothers are encourage to eat papaya and Chayote without salt whenever they visit the clinic. During the period of pregnancy, a mother should avoid drinking alcoholic beverages or wine and smoking of tobacco or cigarettes. They should not also do things that would possibly harm themselves and the unborn as the participant verbalizes that *"minimize smoking, drinking of alcohol"*. Moreover, a pregnant woman is advised not to attend a wake, funeral, else, the baby in the womb will die and must avoid eating meat of an animal which died and then butchered for food because it is believed that what happened to the animal will also happen to the baby inside the womb.

During labor and delivery: During labor and delivery, a pregnant woman is usually irritable and easily gets annoyed for nothing. The husband's patience is tested and gives whatever the wife wants. When a mother is experiencing labor difficulties, old folks would put a belt made of snake's skin around her waist which they believe to help in the delivery of the baby as stated that *"nu marigatan ay inlabor na mother, wday ngay ipabarikescha. basta skin si snake"* (when there is difficulty of labor they place snake skin). Another way of easing a difficult labor is to call for close relatives to be present during a difficult labor. In areas where there are still traditional healers, the indigenous practices are being practiced but this is with precautions. As one participant said, "*wacha ladta nan menilot*" (we still have hilots). However, they cautioned that if a pregnant woman is diagnosed with high blood pressure, then it is best for her to deliver at the hospital where doctors can monitor her blood pressure. It was further mentioned that "*ada met jy experience idi nga ada jy nabignat nga insubi da ospital ket han nga maagasan. idi ngy inyaban da jy ala po. Ket kaasi na met ket naikat"* (we have an experience an incidence of relapse, the woman was brought back to the hospital but was not cured and so they called for an indigenous healer and was healed).

After pregnancy: The IPs of MP have practices after delivery that are expressed through rituals. A very common indigenous postnatal practice involves butchering a chicken after the woman gives birth called "t*engba*". During "*tengba"* the family and the community people bring gifts and dine. The warm soup from the cooked chicken will be given to the woman who just gave birth. The soup is believed to give strength and resistance to both the mother and the baby. After giving birth, "*automatic nan bakget. nakasasagana chi. egay pylang inmanak nan mother"* (the use of bakget [binder] is automatic prepared before the mother gives birth). This *bakget is believe* to preven*t* the stomach from becoming flabby and fat, and maintains the dexterity of the stomach' skin and waist. An interesting indigenous practice during childbirth is when sitting down, a woman who just gave birth must sit erect for the fast healing of the vaginal tear. To them way of sitting is very much particular as stated that *"Nu tumukdu nan kaananak et masapul sit erect tapnu ensubli nan binakas d unga*" (a woman who just gave birth should sit erect for easy healing of the lacerated vagina). For the first three (3) months a mother who just gave birth must not carry heavy loads and abstain from any sexual activity as expressed by another participant that *"inggana 3 months kasjay sakbay ay manubla di kaan-aanak"* (a woman who gave birth will only work after 3 months). Additionally, the native priestess places *pachipad or Padang*, a reed of grass beside the door to signify that a ritual has just been performed. This means the strict observance of silence that even chickens or dogs are not allowed within the premises. There are also food preferences being served to newly delivered mothers which is related to medical practice *"jy mother usually ket agsida ti adda ti bassit nga karni or papaya. tapnu umadu ti tubbug ti susu"* (mother will eat papaya and meat soup for increase breast milk production). Another is "kidlos"(*kidlos* is a slice finely ginger mixed with salted meat, prepared during the ceremony where they pray to the gods or anitos to bless mother of more breast milk.). It is also a common practice for women who just gave birth to drink a traditional sour soup, water fermented with cassava or bones called "*safeng"* which is believe to be a good source for calcium thus giving nourishment to the mother.

The IPs of MP utilize herbal plants that is believe would help maintain their reproductive wellbeing. Hence, a woman who just gave birth will bathe in water boiled with guava leaves and ginger to regain her strength. *"Nu nan kaananak yah nan iyames da ket manpaboil da sinan bulong di bayabas wennu laya,"* (A woman who just gave birth will take a bath with boiled guava leaves or ginger). The IPs of MP also utilized practices which are medical in nature. After delivery, mothers are encouraged "*Inhot sit bath sat everyday ay inkawkaw sat inagtak si pain reliver ken anti-biotic"* (hotsitz bath and vaginal wash was advised; antibiotic and pain reliever were given). The integration of indigenous practices with DOH advocacy to fit the comfort of the individual is evident *"ada family planning nga itited mi, mabalin ay meninsert ak si IUD, DEPO. Wada abes nan pills santu dagijy advises ti natural family planning kasla jy standard days method*" (we advise family planning, standard days method use of DEPO and pills and; insert IUD). They try to do away with some of the traditional practices, maintain the good practices as emphasized *"dagijy good practices ti ipreserve da"* (we preserve the good practices).

During infancy: As early as after birth till infancy, values formation are included in the beliefs and practices on child rearing for it has an impact on the child while she/he grows were also captured in the FGDs. At birth, the *poting* ritual is performed during the baby's umbilical cord off. During *poting*, the cord is placed inside a bamboo tube and buried within the premises of the home. It is believed that if the umbilical cord is not safely kept, the child will grow up to be good for nothing; the safe keeping of the dried umbilical cord means that when a child leaves home, he will always yearn for home. The placenta should likewise be deeply buried where it is added to the placenta of the other siblings. This ensures the unity of the family in the future. This is believed to prevent the baby's teeth from growing as early as three months. If the said ritual is not performed, the baby will bite his/her mother's breast and the baby will harbor bad feelings against his/her mother, disturbing the baby's normal growth. Further, an indigenous practice that coincides with BemONC is the newborn babies of the IPs of MP are not allowed to be bathe after delivery. They adhere to immunization program for prevention of illness, breastfeeding for child nutrition, and other health and care promotion practices as mandated by the DOH. "*Amin kame ket ipaimmunize mi annak mi"* (We all have our children be immunized*)* and *"nu adda agmadimadi t bakuna amin nga question da ket maanseran*" (if people does not like their child to be vaccinated we explain and answer all their questions). *"Nan menpasusu, masapul exclusive breast feeding for 6 months. Nu taynam nan anak mo ta waday umeyam setseten nan mother nan susu saet ikabil sinan container ay nalinis. sya nan ipasusu da*" (exclusive breastfeeding for 6 months is encouraged. If the mother leaves her child, she express her breast milk to be given to the baby). For babies, some say they *"taw-an hi alcohol hen puseg anchi unga*" (put alcohol on the umbilical cord of the child*)* to prevent possible occurrence of illnesses. Another biomedical child care practice is "*dyta agagsapa ipasey-ang nan unga*" (let the baby receive morning sunlight). It is also evident from the data that there was a shift from the old biomedical practice to the current biomedical practice mandated by DOH. *"Ad idi nu inpaanak ket diretso ay emsen, idwanin ya after 6 hours bagu digusen*" (Before, babies are bathed right after delivery but now they are bathed after 6 hours). People also observe circumcision as a biomedical practice: "*Ada iman umumay nga doctor nga agkugit*" (Doctors come and conduct circumcision). Other practices for sick children's care are sponge bathing and steaming "*Banyus ken so-ob ti araramiden t tatao nu agsakit ti ububning*" (TSB and nebulization are done to sick children*)*. Another practice being highlighted by the participants is that "*nu rugyan nan unga ay mangan, wada nan ikan da tapnu baken dugyut adi umisisisbo ay tumatakdeg wennu tumaki.*

nu umisbo wenu tumaki ibaga na. Adi nalaka ay mauwat san ubing" (when the child starts to eat, rituals are done so that the child will not urinate on his pants instead he will tell if he needs to urinate and not getting hungry easily).

School age: There are also disciplinary measures done by parents, however, there are legal implications of these measures as mandated by law as stated by one participant that *"normal ay faikem nan unganga nu y inangnen na. ngem idwanin, waday akes nan linteg ay bawal"* (you can whip your child if she has done something wrong but now we have a law that prohibits such practice). Some participants would prefer the traditional way for some reason as they verbalized that *"I would go for the traditional way of disciplining children"* (I prefer traditional way of disciplining children) while others would prefer other ways. Parents have responsibilities to their children. "*…Nu agiskwila, ited mu ti kasapulan na nga mapan agiskwila. kapilitan nga amin nga kasapulan ti ubing ket ited mu"* (*.. send them to school, provide all their needs in school and other needs*).

Adolescence: RH education is being practice as verbalized that *"we just tell them the importance of responsible sex"*. There are also people who are responsible for information dissemination on RH as claimed by the participant that *"we have tasked the barangay health workers on information dissemination"*. Teenage pregnant mothers are also given priority as evident by "*dagijy teenage pregnancy ket dagijy ti number one nga ikan mi ti atensyon"(*we give priority attention to teenage pregnant mothers. Men have their own sexual reproductive health concerns and needs which are not always met due to their ascribed gender role and lack of access to specialized health care and information. Young men especially in remote barangays remain at a disadvantage since they hardly access correct sex information which exposes them to unsafe sexual behaviors and practices. This is where traditional values and medical experiences of the elders become important in guiding the younger men about male responsibility on RH.

There is a complementary relationship of the indigenous reproductive health and medical reproductive health practices of the IPs in MPs. Similarly the study of Basatan [21] revealed that Ibaloys have a strong connection with their traditional beliefs and strong support from their family and community in the care of pregnant women and their children. Most of the traditional beliefs and practices of caring are still observed alongside modern healthcare principles and practices. Likewise, Fiar-ed posits that being pregnant does not free the woman from field work because of the needs and the belief that working is a good exercise. With the application of western biomedicine, their traditional knowledge is applied in households and sustained as home remedies for minor illnesses. It is also noted that among the Sagpat, Kibungan women that throughout the reproductive cycle of women, it is replete with taboos on food and diet as well as beliefs and practices related to conception up to the post-natal stage [22]. Further, the people of Badeo is integrally related to their cosmological belief system. Many of these beliefs, are of great value while some may be harmful. It is also difficult to distinguish the harmful beliefs based superstition from those that are useful and scientific [23]. The IPs of MP have indigenous practices that coincides with BemONC which is positioning the mother in a comfortable position when giving birth. The feeling of mothers when they deliver in a facility coincides in the research done by Koolahdooz, Launier [24], they revealed that pregnant women who left their homes to give birth in a hospital experienced emotional, physical and financial stress. Mothers felt disconnected and isolated from their family and community and culture; and often expressed concern about their children left. Among the indigenous women in Bangladesh, a woman who just gave birth goes into seclusion for forty days. The post-partum stage is linked with heavy menstruation and women feel polluted, impure and stinky. It is believed that the excessive and continuous bleeding is caused by malicious spirits and hence the woman should stay inside the house to avoid evil spirits [25]. In addition, the belief of pregnant women on going out during night time coincides with the belief of the folks in Kakon Haat, Bangladesh where it was observed that pregnant women and mothers of newly born children are strictly forbidden to go outside in the dark, in the afternoon, in the storm, and after cooking, for fear of attracting evil spirits. A malicious spirit can cause miscarriage to an unborn child and to a pregnant woman [26]. Human rights violations and discrimination leads indigenous children to become traumatized placing them at risk of ill health and mental illness [27]. Among the indigenous young people, teenage pregnancies bring shame and stigma to the family hence, they feel alienated from the family members leading to depression and suicide. A strong program on counseling in reproductive health by the church, health workers and community is therefore important. Among the Ilocanos, many expectant mothers are more willing to listen to friends, relatives, and parents because they can easily confide in them rather than to a health worker. Hence, they rely more on folk beliefs and superstition [28]. This shows that beliefs and reproductive health practices are not confined to IPs but likewise to non-indigenous peoples. Under the Philippine Reproductive Law, responsible parenthood is the capacity of a parent to provide the needs and aspirations of the family and children. It is a shared obligation of parents to plan the number of children and choose the family planning methods used. Moreover, they shall consider their health conditions, psychological, sociocultural and economic concerns consistently (R.A. 10354). Anderson et al. [29] argued that due to the lack of access to information, complications during pregnancy and childbirth, gender-based violence and AIDS have become among the leading causes of mortality for young people. Furthermore, Demographic and Health Survey data revealed broad categories of reasons why adolescents who are sexually active and want to avoid pregnancy do not use contraceptives, the information is insufficient to identify corrective interventions [30]. Adolescents have limited access to reproductive health rights [31]. In the Philippines, both unmarried and married adolescents face many sexual and reproductive health risks stemming from early, unprotected, and/or unwanted sexual activity [31]. Development becomes sustainable if it recognizes the customs and traditions hence, there is a need to understand the traditional knowledge that affect their daily living instead of just controlling their directions. Further, one who totally discard his culture will possibly fail in contributing to sustainable development. Achieving health for the indigenous groups requires multi-sectoral linkages and efforts and active community participation.

Indigenous RH advocacy: Promotion and Prevention Practices

Reproductive Health Promotion: The local government units and other non- government units supports RH advocacy through the implementation of RH. *"Each barangay or government agency ket waday iniprovide si birth control supplements"* (Each barangay or government agencies provides birth control supplement). They develop and implement ordinances that would help in the implementation of RH. Further, barangay and municipal ordinances

are available in support to the DOH programs. "*Ada gamin ti ordinansa mi nga masapul nga ijy ospital ti agannakan, Ada met ti birthing clinic mi*" (There is an ordinance that you should give birth at the hospital at our birthing clinic). There is a vital role of the community people, political leaders and local government in RH advocacy. "*Communities should be responsive with all the programs of the government*" (Communities people should be responsive with all the programs of the government). It is evident that political leaders participate in the implementation of policies and programs through information dissemination as revealed by the data *"Kunak tadtay ijy speech ko nga, apay nga ada timakin kayat nga mangipavaccine ti anak na, ada ti haan? Ket kunak kadaisuda, let's encourage them, if they don't understand, umay da ijy RHU ta iexplain da knyada jy vaccines santu ti benefits of having vaccines*" (I said in my speech a while ago why is it that there are people who want and does not want to have their children be vaccinated? We should encourage people to have their children be vaccinated. The RHU will explain to them the benefits of the vaccines if they don't understand). Nonetheless, the participants show evidences that they are being informed about RH by the members of the health team. "*Chinngek san high school ak*" (I heard it when I was in high school); and "*Nadngek kencha midwife, ken cha doktora ya ka news*" (I heard it from the midwife, the Doctor and on the news). Some participants revealed that they prefer indigenous practices because of their knowledge on their possible effect "I *prefer indigenous practicesta ada dagijy high blood ti contraceptives. Isunga yearly sa nga inmay da nagleclecture about ijy*" (I prefer indigenous practices because of the incidence of high blood pressure on the contraceptives. Medical personnel conduct annual lectures for them to understand*)*. This might be an important point in terms of RH education and advocacy. It is also noted that the shift of indigenous practices to fit the comfort of the individual is evident. "*Amin ket agusar da ti bakget idi ken kuba, ngem idwanin ket mamaid et mangararaamid. lupot wennu pampers ti usaren da….*" (Before, everyone used the *bakget and Kuba,* Now they use cloth or pampers but I advise them to use cloth rather than pampers…).

Reproductive Health Prevention: The local government created some strategies to check and find ways to maintain and sustain their advocacy on RH. They have their own monitoring schemes used in the implementation of these policies and programs where the community people play an important role. *"Ada tracking mi tapnu amin kuma nga uman-anak, atendran ti health worker*" (We have pregnancy tracking so that all those who will be giving birth will be attended by a health worker).

The participants noted that there is an inter-sectoral coordination and collaboration of activities relative to RH. There are other funding non- government agencies and individuals that support the implementation on RH. "*Nan birthing clinic mi NGO nan nangkaeb. Nu wday lang manglayad ay indonate si gamit sya nan ususaren mi"(*Our birthing clinic was constructed by an NGO. We use equipment which were donated*)*. The community also try to coordinate with other government agencies. "*We coordinate with the DOH*". On financial aspects, the national level of support is also evident, "*The National government, they fund all the LGUs for orientations regarding RH*". Churches assume an informational role on the reproductive health as verbalized that *"ti simbaan ket tumulong da iti implementasyon daytoy nga law*" (Churches help in the implementation of the law). However, there are contrasting views of the church that and has a great influence on the knowledge of Indigenous people of MP as verbalized that "*han nga kayat ti simbaan nga maiwaras ti contraceptives*" (the church is not in favor of the distribution of contraceptives). Considering these identified RH problems, preventive and curative efforts are done. *"Masapul ay aywanan taku ladta adi nan reproductive organs ty nu adi taku aywanan di et masasakit taku"* (We should take care of the reproductive organs so that we will not have RH related diseases). There are health seeking behaviors of the MPs on reproductive health problems that the indigenous people are experiencing "*… umey ta inpacehck up ta maamwan nan defect nu nan fafai wennu lalake.*" (… seek medical chesk-upto know if we have male or female reproductive diseases). The lack of access to education and information certainly limits indigenous people's health and health care options. The acceptability of RH services in the community is very important to be able to easily introduce and implement policies and programs related to reproductive health among the indigenous groups of MP. It was observed that there was an adherence of the indigenous peoples in MP to their cultural concepts on reproductive health practices. Fiar-od [7] posits that while the traditional ordinances /laws were unwritten, people abide with it because of its implication on the sustainability of values that affect their daily life. A strong program on counseling in reproductive health by the church, health workers and community are therefore important. Young people are more receptive to reproductive health care. Young people who had the opportunity to have a college education are more open to lectures and seminars provided by health care workers in the barangay. There are some factors that explain the seemingly syncretic behavior of indigenous communities. These are the inroads of mass media, religion, education, and community development. For some years, development in Mountain Province was rather slow especially on transport and infrastructure. One major reason is that MP is a landlocked area making many barangays inaccessible to health care services. Through those years, indigenous peoples relied on their indigenous cultural practices. At present time, there is an improvement on roads and transportation. There are five government hospitals and one private hospital in the province. Each municipality has a rural health unit and all barangays are provided with health workers such as a midwife. Likewise, Palaganas in their study found out that the indigenous knowledge and practices related to health among the Badeo continue to persist despite the inroads made by modern medicine.

There is a complementary relationship of the nursing education and Reproductive Health Act/RA 10354. The integration of RA 10354 to the nursing education would intensify the academic preparation and technical skills of student nurses on culturally based RA10354 as an integral component of Basic Nursing Education. Such integration of RA 10354 to Nursing Education would enhance the implementation and dissemination of the said Law. The integration realizes the possibility of culturally oriented nurse graduate. Similarly, Palaganas proposes conventional medicine and indigenous health knowledge and practices be recognized as components of a holistic health approach.

Conclusion and Recommendation

Indigenous people of Mountain Province have different views on Reproductive Health. Their views are being influence by their practices. The concept of caring was still dominantly observe on their beliefs and practices on marriage, maternal and child care. A complementary relationship of the indigenous RH and medical reproductive health beliefs and practices are observe. The emergence Indigenous RH advocacy led in the development and implementation of multi-level policies and programs that supports RH promotion and prevention practices. Nurses should consider

the uniqueness and respect the perspectives and practices of every individual or community in rendering care in relation to RH taking into consideration the provision of Reproductive Health Act/RA 10354 that would affect the care rendered to clients. Furthermore, to include indigenous perspectives in nursing education, one must understand and incorporate traditional and indigenous knowledge into the curriculum. This study proposes an alternative paradigm suited for IP learners as among its outputs; nurse academicians may use in teaching indigenous practices to student nurses. Professional nurses can likewise use the framework in the delivery of RH care to IP, specifically in the alignment and focus on nursing practice that instills trust. Keeping the need for major change in our values, this study provides a springboard for proactive transitional care by professional nurses.

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