

Beliefs and Practices During Pregnancy, Labor and Delivery, Postpartum and Infant Care of Women in the Second District of Ilocos Sur, Philippines

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Abstract: The study determined the extent of beliefs and practices during pregnancy, labor and delivery, postpartum, and infant care of women who sought prenatal check –up, consultation, confined, and delivered at the Ilocos Sur District Hospital- Narvacan during the months of April, May and June for the Calendar Year 2016. Results of the study revealed that a marked percentage of the respondents are below 25 years old, college undergraduate, great majority are from the barangay, married, have no job, and majority have a monthly family income of 5,000 and below. The majority of the respondents are in their second pregnancy and have 2 living children.

The respondents have “High” extent of beliefs. They “Agree” on the beliefs that a pregnant will deliver a baby boy if her fetus have fast heartbeat, a woman in labor should prohibit guest/s to stand near or at the door, and at the stairs to prevent complications in labor, must not stay under the rain, and not to take in cold drinks after giving birth so that she will not get easily chill, and newborns must have a rosary beside them when they are left by the mother alone. They have “High” extent of practices. They do not hide their pregnancy to avoid abnormalities do not attend to funerals or look to dead to avoid fetus’ death, they walk during labor to facilitate descent of the fetus’ head, let their husband bury the placenta to end labor pains and bleeding and protect their infant from anything that might frighten him. The respondents’ educational attainment and occupation are significantly related to the beliefs and practices.

It is recommended therefore that: 1) The Department of Health should conduct health programs through the health practitioners giving emphasis on what beliefs and practices are beneficial to both the mother and the child. Implications of the non- scientific practices should be explained well to them. 2) Likewise, the academe should assist the health workers in educating the community people especially the pregnant mothers on the healthy practices. 3) Further research should be conducted to evaluate whether these beliefs and practices promote health and whether these brings risks to the mother and the fetus/infant.

Keywords: beliefs, delivery, infant care, labor, postpartum, practices, pregnancy

INTRODUCTION

In the Philippines, particularly in Ilocos province a part of the culture are myths or misconceptions regarding pregnancy, birth, postpartum and infant care. These myths are usually from old folks and passed on to family members and relatives that are then put into practice. These often mislead pregnant women making them hesitant to follow advice from professional health workers.

According to Siojo (2016), the Philippines is a country full of superstitions and beliefs regarding childbearing that is practiced mainly because Filipinos believe that there is nothing to lose if they abide with these beliefs that were derived from their traditions, customs and culture. They emphasized that when a woman is pregnant her one foot is confined to a hospital while the other foot is bound ‘six-feet below the ground.

Pregnancy is a period of joy and anticipation, and mothers-to-be are often brimming with questions and base their practices on myth and superstition (Rogers, 2016).

However, Paula Nicolson a professor of health and social science and a study author at the University of London as cited by Adamson (2015) claimed that women wanted to give priority on the scientific advice above that of their mothers and grandmothers. However, on an everyday basis, many opted for the advice of family, friends and relatives.

Linda Geddes as cited by Adamsom (2015) said that bombardment of pregnant women on conflicting advice could feel so alarming for them since they are uniquely vulnerable, for those never been pregnant before, they are desperate to do the best thing for their child.

That the environment within the womb has long-term implications not just for the pregnancy but for that baby's long-term health, and optimizing the nutrition for that baby is critically important.

Adamson (2015) further added that it is in the least developed communities that ignorance and old wives' tales still have an influence and bring real damage. In parts of Asia, Africa, and Latin America, food taboos can prevent women from eating a balanced diet and deprive them of essential nutrients. He concluded that one way of overcoming food taboos might be to provide pregnant women with personalized, scientifically sound dietary advice.

Luscombe (2011) claimed that forming a new human being is the most complicated thing a person can do.

According to StefanelloNakano II and Gomes III (2007) the beliefs on postpartum and infant care are actions done by women and are not explained scientifically, but they continue to perform

and believed to be favorable to maintain their well-being, since their mothers, mothers-in-law and neighbors have practiced it and have guaranteed their health.

It has been an observation that during counseling on pregnancy, female family members, pregnant friends, pregnant clients and patients and even experienced moms do not always know what is best for them during their pregnancy. Many expectant women are more willing to listen to friends, relatives, and parents because they feel comfortable talking with them despite of the fact that whose beliefs and practices are in contrary to medical advice. A successful pregnancy and childbearing depend on the way a pregnant woman nourishes self during pregnancy on food choices, hygienic practices, promotion of self-rest, adherence to medical advice, and equipping self with knowledge on pregnancy and child bearing. It is at this premise that the researchers wanted to conduct a study on pregnancy, labor, postpartum and infant care myths and practices among multigravida women who come for a prenatal check-up, medical consultation, delivered through normal and cesarean section at the Ilocos Sur District Hospital- Narvacan for the period April- June 2016.

Results of the study would help the mothers realize the importance of good practices during pregnancy. It would also serve as the baseline data for the Department of Health to formulate health programs for a pregnant mother. For the Ilocos Sur District Hospital-Narvacan. The findings of the study would serve as a springboard to formulate extension programs to reach all pregnant women to their catchment area. This study will serve as a basis by the health workers in providing information to discourage potentially harmful beliefs and practices.

Objectives of the Study

The researchers tried to determined the beliefs and practices of multigravida women who sought prenatal check -up and consultation, confined and delivered at the Ilocos Sur District Hospital- Narvacan during the months of April, May and June for the Calendar Year 2016. Specifically, it dealt into the profile of the respondents regarding socio-demographic factors like age, civil status, educational attainment, occupation, and monthly family income and obstetrical- related factors like gravidity and parity.

Methodology

The study made use of the descriptive correlational method of research. Total enumeration of multigravida women who came for pre-natal check-up, medical consultation, delivered, confined during the months of April, May, and June 2016 at the Ilocos Sur District Hospital- Narvacan, Ilocos . Data are elicited through the use of a questionnaire-checklist formulated by the researchers based on the beliefs of the elders who were interviewed prior to the formulation of questionnaire and on the existing practices of women. It is made up of two parts. Part I gathered determined the profile of the respondents. Part II consisted the data on beliefs and practices on pregnancy, labor and delivery, postpartum and infant care of the respondents. They were asked to rate the items on a 5-point scale to describe the ratings based on their beliefs and practices. The norm for interpretation was arbitrarily set to determine their extent of beliefs and practices during pregnancy, labor and delivery, postpartum and infant care. The researchers personally floated the questionnaire checklist to the respondents after permission was sought from the Chief of Hospital. It is coordinated with the hospital staff. Permission and informed consent of the respondents were secured before the questionnaires are floated. Data were treated and interpreted through the use of frequency and percentage, mean, and simple linear correlation analysis.

Results and Discussions:

On the Socio-demographic Profile of the Respondents

A marked percentage of the respondents (44 or 43.1%) are 25 years old and below and (42 or 41.2%) are college undergraduate, great majority (79 or 77.5%) are from barangay ,(52 or 51.0%) are married (86 or 84.3) have no job, and majority (53 or 52%) have a family monthly income of 5,000 and below.

On the Obstetrical History of the Respondents

Majority of the respondents (56 or 54.9 %) are in their second pregnancy, and (56 or 54.9%) have one living child.

Table 1 presents the mean ratings showing the extent of beliefs of the respondents during pregnancy.

Table 1
Mean Ratings Showing the Extent of Beliefs of the Respondents During Pregnancy

Beliefs During Pregnancy	Mean	DR
A pregnant woman		
1. needs to eat double because she is carrying a fetus.	3.39	U
2. will give birth to a baby boy if her belly is pointy and , and if it spreads out to the sides, her baby will be a girl.	3.30	U
3 should expect her baby to come out on her due date .	3.00	U
4. will give birth to a baby girl if her face looks rounder.	3.44	A
5. woman’s navel is connected to her fetus’ umbilical cord.	3.37	U
6, will give birth to a boy if her weight increases towards end of third trimester.	3.25	U
7. must not go out alone in the night because it is dangerous .	3.34	U
8. will bear a child with a cleft lip if she watches the lunar eclipse , to protect herself she should carry a key or safety pin.	3.36	U
9. should drink lots of milk during her pregnancy so that she will have the lighter complexion.	3.47	A
10. should sleep with a Bible under her bed to scare away the evil .	2.97	U
11. should not sit with cross legs on the floor because her fetus’ head will flatten.	3.43	A
12. should not pull her stomach in, because her fetus will be suffocated inside.	3.17	U
13. will bear a female if she feels difficulty on her left side if she usually listens to music and sings, and if she is fond of watching a dance.	3.65	A
14. should not hide her pregnancy because her child will become deaf or powerless.	3.54	A
15. should not look to dead people or attend funerals because her fetus will die before delivery.	3.53	A
16. can avoid giving birth to twins if she will not eat twin fruit like bananas.	3.63	A
17. should not mingle with deaf and tongue-tied person because she will give birth to a child with same characteristics.	3.42	A
18. should not kiss the cross of a rosary , or a statue, because her baby will become mute.	3.34	U
19. should eat round fruits and vegetables to give birth to a girl must eat long vegetables like carrots or cucumbers if she likes to deliver a boy.	3.46	A
20. will deliver a baby boy if her fetus in her womb have fast heartbeat and will give birth to a baby girl if have the slower heartbeat.	3.74	A
Overall Mean	3.39	Fair

As reflected in the table that as a whole, the respondents have “Fair” extent of beliefs during pregnancy with an overall mean rating of 3.39. They “ Agree” that a pregnant woman will deliver a boy if the baby inside the womb have fast heart rate and is carrying a girl if with a slower one ; will give birth to a girl if she will feel difficulty on her left side , usually listens to music and sings, and if they are fond of watching a dance; can avoid giving birth to twins if she will not eat twin fruit like bananas, with a mean rating of 3.74, 3.65 and 3.63 respectively. They are “Undecided” with the belief that a pregnant needs to double eat because she is carrying a baby , her baby’s umbilical cord is attached to her navel, and if a pregnant watches lunar eclipse during her pregnancy, her baby will have a cleft lip , to protect herself she should carry a key or safety pin., with a mean rating of 3.39, 3.37, and 3.36 respectively.

Table 2 depicts the mean ratings showing the extent of belief of the respondents during labor and delivery.

Table 2

Mean Ratings Showing the Extent of Beliefs During Labor and Delivery

Beliefs during labor and delivery	<i>Mean</i>	<i>DR</i>
A woman in labor and delivery should....		
1.be attended by female family members.	4.01	A
2. rub her abdomen into a wooden post to facilitate delivery of the fetus	4.01	A
3. eat fresh native egg as a source of energy	3.55	U
4. not be visited by a person born via breech because it will complicate labor.	3.55	U
5. prohibit her guest/s to stand too near or at the door and at the stairs to prevent complications in labor.	4.02	A
Overall Mean	3.83	High

It is seen from the table that the respondents have “High” extent of beliefs during labor and delivery as manifested by an overall mean rating of 3.83. They “Agree” that a woman in labor should prohibit her guest/s to stand too near or at the door and at the stairs because this could bring about complications during labor with a mean rating of 4.02, a woman labor should rub her abdomen into a wooden post to facilitate delivery, and should be attended by female family members with a mean rating of 4.01 each.

The findings agrees with the result of the study of M’suka, N., Mabuza, L., and Pretorius , Deidre 2015that five (1.7%) of the respondents believed that pregnant women should not stand in the doorway as this practice is believed to result in obstructed labor.

Table 3 presents the mean ratings showing the extent of beliefs of the respondents on postpartum care.

Table 3

Mean Ratings Showing the Extent of Beliefs of the Respondents on Postpartum Care

Beliefs on Postpartum Care	Mean	DR
A postpartum		
1. should recover after delivery and her responsibility in the house should be taken cared by her family and relatives .	3.68	A
2. must be protected from cold wind , rest completely and stay inside the house for 30 to 40 days after delivery. This will help her heal, facilitate and keeps “cold” or “wind” from getting inside her body.	4.00	A
3. must not stay under the rain , must not take in cold drinks after giving birth so that she will not get easily chill.	4.06	A
4. should be given hot soup and nutritious foods to eat so she can make the most nourishing milk.	4.02	A
5 . can be freed from labor pains and bleeding if the placenta will be buried immediately by the baby’s father just after expulsion .	3.95	A
Overall Mean	3.94	High

It is seen from the table that as a whole, the respondents have “High” extent of beliefs during the postpartum period with a mean rating of 3.94. The respondents “ Agree “ that a postpartum must not stay under the rain , must not take in cold drinks after giving birth so that she will not get easily chill (4.06) , should be given hot soup and nutritious foods so she can produce the most nourishing milk (4.02), and must be protected from cold wind , rest completely and stay inside the house for 30 to 40 days after delivery for this will help her heal, and keeps “cold” or “wind” from getting inside her body (4.00).

The findings of the study conducted by Nuzhat Choudhury , (2012) revealed that all women believed that they should not do heavy work for up to 40 days after delivery.

StefanelloNakanoII and Gomes III (2007) regarded puerperium when much vulnerability is expected such as hemorrhages, infections, mammary lactation outcomes and also puerperal depression since women are seen to be more physically and symbolically vulnerable, adopting an array of practices related to food, hygiene, breast-feeding maintenance and wound care that is essential within the family . They made mention that a postpartum woman cannot create efforts during this stage that is why she just rest, avoid doing anything that is heavy . The findings coincide with the belief of the postpartum women that theymust be kept very warm, rest completely and

stay inside the house for 30 to 40 days after delivery for this will help her heal, and keeps “cold” or “wind” from getting inside her body.

Table 4 presents the mean ratings showing the extent of beliefs on infant care of the respondents.

Table 4
Mean Ratings Showing the Extent of Beliefs of the Respondents on Infant Care

Beliefs on Infant Care	Mean	DR
Newborn babies.....		
1. are protected from cold wind and from anything that might startle or frighten them.	3.53	A
2. are applied with baby oil into the fontanelle and acete de manzanilla into the abdomen, back and sole early in the morning and in the late afternoon to protect them from chills.	3.68	A
3.should be breastfeed since breastmilk is the best source of nutrients for the baby.	3.53	A
4. has the same temperature with that of the mother , and this could serve as a guide of the mother in determining when to provide warmth to the baby.	3.53	A
5. must have a rosary beside them when they are left by the mother alone in the room.	4.06	A
Overall Mean Rating	3.66	High

It is gleaned from the table that as a whole, the respondents have “ High ” extent of beliefs on infant care with an overall mean rating of 3.66. They “ Agree that newborn babiesare applied with baby oil into the fontanelle and acete de manzanilla into the abdomen, back and sole early in the morning and in the late afternoon to protect them from chills ($x= 3.68$) and must have a rosary beside them when they are left alone by the mother in the room ($x= 4.06$). The findings could be attributed to the fact that they have a strong belief in the Almighty God.

Stefanello, NakanoII, and Gomes III (2007) referred the period after delivery as "Double", which implies that the mother gives her full attention to the child and a time for creating the bond between her and the newborn. They claimed that breast-feeding women should eat foods rich in vitamins and appropriate intake contributes to adequate milk production.

Table 5 reflects the summary table on Beliefs during pregnancy, labor and delivery, postpartum and infant care of the respondents.

Table 5
Summary Table on the Beliefs of the Respondents During Pregnancy, Labor and Delivery, Postpartum, and Infant Care

	Mean	Descriptive Rating
Pregnancy	3.39	Fair
Labor and Delivery	3.83	High
Postpartum Care	3.66	High
Infant Care	3.94	High
Overall	3.70	High

It is reflected from the table that the respondents have a “High” extent of beliefs on pregnancy, labor and delivery, postpartum, and infant care.

Table 6 depicts the mean ratings showing the extent of practices during pregnancy.

Table 6
Mean Ratings Showing the Extent of Practices During Pregnancy

	<i>Mean</i>	<i>DR</i>
When I am pregnant I		
1. double eat because I am carrying a fetus.	3.27	S
2. do not go alone in the night because it is dangerous.	3.16	S
3 watch out for my expected date of delivery.	2.80	S
4. protect my fetus by carrying safety pin/ key when I watch the lunar eclipse.	3.14	S
5. drink lots of milk to have a lighter complexion.	3.25	S
6. sleep with the bible under my bed to scare away the evil throws.	3.16	S
7. do not cross my legs when I sit on the floor because my fetus' head will be deformed.	3.24	S
8. do not pull my stomach in so that my fetus can breathe freely.	3.33	S
9. do not hide my pregnancy to avoid abnormalities on the part of my baby.	3.42	O
10. do not attend to funerals or look to dead people to avoid the death of my fetus.	3.42	O
11. do not eat twin fruit like bananas to prevent twin pregnancy.	2.79	S
12. do not mingle with deaf and tongue-tied people so that my baby will not become deaf and tongue –tied.	3.36	S
13. do not kiss the cross and statue so that my baby will not become deaf.	3.00	S
14. eat round fruits and vegetables because I want to give birth to a girl and eat long vegetables because I want to give birth to a boy.	3.33	S
15. walk during labor as long as the bag of water is not yet ruptured to facilitate delivery of my baby.	3.26	S
16. take a nap for about 15-30 minutes after taking lunch as a form of rest.	3.27	S
Overall Mean	3.19	Fair

It is seen in the table that as a whole, the respondents have a “Fair” extent of practices during pregnancy with an overall mean rating of 3.19. They “Often” do not hide pregnancy to avoid abnormalities on the part of the and do not attend to funerals or look to dead people to avoid the death of the baby. They “ Sometimes” do not mingle with deaf and tongue-tied people so that the baby will not become deaf and tongue –tied (\bar{x} =3.36) and eat round fruits and vegetables because they want to give birth to a girl and eat long vegetables because they want to give birth to a baby boy.

According to the study conducted by Liamputtong P., Yimyam, S., Parinsunyakul,S., Baosung, C. , and Sansiriphun N. (2004) pregnant women could not attend funerals as advised by older people since it is a sad event which can affect pregnancy.

Table 7 presents the mean ratings showing the extent of practices of the respondents during labor and delivery.

Table 7
Mean Ratings Showing the Extent of Practices of the Respondents during Labor and Delivery

Practices During Labor	Mean	DR
When I am in labor, I		
1. do not allow anybody to stand too near or at the door and at the stairs to prevent complications in labor.	3.39	S

2. rub my abdomen into a wooden post to facilitate delivery.	2.98	S
3. eat fresh native egg as a source of energy.	3.10	S
4. do not allow anybody born via breech to visit me to prevent complications in labor.	3.25	S
5. am accompanied by my mother/ sister/ female relative.	3.54	O
6. drink coconut oil to facilitate delivery of my baby.	3.38	S
7. walk during labor to facilitate descent of the head of my fetus.	3.95	O
8. only bear down when the midwife/ doctor instruct me to do so.	3.46	O
9. let those whom I quarreled to touch my abdomen during labor facilitate delivery.	3.62	O
10. pray to the Almighty God to always guide me .	4.10	O
Overall Mean	3.48	High

The table reflects that as a whole, the respondents have a “ High ” extent of practices during labor with an overall mean rating of 3.48. They “Often” pray to the Almighty God to always guide them ($x= 4.10$), walk during labor to facilitate descent of the fetus’ head ($x= 3.95$), let those whom they quarreled to touch their abdomen during labor facilitate delivery($x=3.62$), and accompanied by my mother/ sister/ female relative ($x = 3.54$).

In a study conducted by Logan , C. (1985), results revealed that some obstetrical practices include attendance by an elderly female relative.

According to Jesse DE, Schoneboom C, and Blanchard A. as cited by Aziato, L., Odai Philippa N.A. and Omenyo, Cephas N. (2016) women during pregnancy intensify their prayers to God for protection, safe delivery and blessings. They explore all spiritual and traditional options to ensure that they deliver spontaneously. They commune with their God either individually or in a group.

Furthermore, Liamputtong P, Yimyam S, Parisunyakul S, Baosoung C, Sansiriphun N. and Jesse DE, Schoneboom C, Blanchard A. as cited by Aziato, L., Odai Philippa N.A., and Omenyo, Cephas N. (2016), pregnant women offer prayer as a means to increase their faith and hope in God and this makes them believe that they can go through a safe delivery.

The findings could be attributed to the fact that Filipino women have strong faith in God especially during stressful events like labor. The findings also imply that women in labor abide by the advice of health workers since they are the only persons whom they can entrust their well-being in the most difficult time in their lives.

Table 8 presents the mean ratings showing the extent of practices of the respondents on postpartum care .

Table 8
Mean Ratings Showing the Extent of Practices of the Respondents on Postpartum Care

During the postpartum period, I	Mean	DR
1.I let my husband bury the placenta to end labor pains and bleeding.	4.09	O
2.I just stay inside the house and rest completely for 30-40 days after delivery for my faster recovery and to keep “cold” or “wind” from getting inside my body.	3.94	O
I do not stay under the rain, must not take in cold drinks after giving birth so that I will not get easily chill.	4.06	O
4. I eat nutritious foods to regain my strength.	3.76	O
5. I seek the help of family members in doing household chores so that I could easily recover.	3.46	O
6. I refrain from taking a bath for at least 3-5 days after delivery to avoid headache .	3.46	O
7. I take in hot soup to increase breastmilk production and so that I can produce the most nourishing milk.	3.73	O
8. I go to the hilot to massage my abdomen so that retained blood & blood products will be expelled.	3.46	O
9. I perform hot sitz bath to promote healing of my perineal lacerations	3.46	O
10. I limit reading, watching, and suturing to prevent eye strains.	3.94	O
Overall Mean	3.80	Fair

It is reflected from the table that the respondents have a “ **Fair** ” extent of practices on postpartum care. They “Often let their husband burry the placenta to end labor pains and bleeding (4.09), do not stay under the rain, must not take in cold drinks, so that they will not get easily chill (4.06), just stay inside the house and rest completely for 30-40 days after delivery for their faster recovery and to keep cold or wind from getting inside their body and limit reading, watching, and suturing to prevent eye strains.

The results of the study contradicts the findings of Nuzhat Choudhury , (2012) women initiate normal activity within 10 to 12 days after delivery although they believed that they should not do heavy work for up to 40 days after delivery.

StefanelloNakano II and Gomes III(2007) considered that puerperium with lots of prohibitions. For them, women often link it with recovery as though they are sick, and a time where they are guided, supported and instructed about care towards self and to the newborn.

Raven, Chen,Tolhurst , and Garner(2007)claim that all families believed that when the mother goes outside, wind will enter her body and cause illnesses not only arthritis and rheumatism later in life but also headache, poor appetite, and colds. They added that having adequate rest in the postpartum period helps the weak mother regain her strength and health in order to care for the new baby and to resume normal activities. They regarded doing housework as a predisposing factor to the exposure of the mother to either water or wind, cause arthritis and chronic aches. They also believedthat postpartum women are weak, had lost energy and blood during delivery. For this, they should eat a lot of “ warm ” food full of proteins as this will help her regain strength, promote recovery, improve breastfeeding, enrich the blood, enhances recovery of the mother, facilitate discharge of lochia, and stimulate production of breast milk.

According to one of the respondents in the study of StefanelloNakano II and Gomes III(2007) doing rest is a way of preventing the occurrence of headache , one way is taking in the chicken soup since it is nutritious and a hot food. For them, cold foods may produce inversion in the blood flow, causing mental insanity and headaches. They regarded postpartum period as dangerous and should be safe from probable dangers. They said that quitting doing some tasks and doing only light things is a preventive measure. For them, adequate intake of food is necessary to improve milk production. They stated that women should not be exposed to cold air like the practice of not washing the hair is a way of applying the principle of "cold" and "hot" and is done to avoid future problems like pains and craziness.

Raven, Chen, Tolhurst, and Garner(2007) claimed that careful hygiene of vulva and perineum is necessary to reduce the risk of infection through the use of boiled water to clean the perineum contributed to the absence of infection or poor healing.

Table 9 presents the mean ratings showing the extent of practices on infant care.

Table 9

Mean Ratings Showing the Extent of Practices on Infant Care

Practices on Infant Care	Mean	DR
I take care of my newborn by.....		
1. protecting from anything that might frighten him/ her.	4.15	O
2. applying baby oil into his/her fontanelle and acete de manzanilla into his/her abdomen, back, and sole early in the morning and late in the afternoon.	3.94	O
3. breastfeed my child .	4.03	O
4. providing warmth to my baby when I feel that the weather is cold.	4.06	O
5. placing a rosary beside my baby when I leave her alone in the room	4.06	O
6. cleansing my breast with water before I breastfeed.	4.12	O
7. regularly giving the bath to my child except when he/she is ill and if the weather is cold.	4.06	O
8. exposing my baby to the sunlight after giving him a bath.	3.58	O
9. refraining from bringing my baby outside the house in the late afternoon because it is dangerous.	3.96	O
10. placing a rosary, on my baby’s clothing to drive evil spirit away.	4.06	O
Overall Mean	3.63	High

It is mirrored in the table that the respondents have “High” extent of practices on infant care. They “ Often “ protect from anything that might frighten them ($x= 4.15$), cleanse breast with water before breastfeeding ($x= 4.12$), and provide warmth to the baby when the weather is cold , place a rosary beside the baby when they leave alone in the room , regularly give bath to the child except when he/she is ill and if the weather is cold ($x= 4.06$).

According to Raven, Chen,Tolhurst,and Garner (2007) families believed that breast milk is the best food for the baby since it has enough nutrition for up to four months, promotes immunity to the baby, promotes involution of the uterus and is easily absorbed. For them, breastfeeding is convenient and strengthens the relationship between the mother and baby.

In a study conducted by Turner, Claudia et l. (2017) , all of the mothers claimed that a baby should be fed straight immediately after delivery to consume the colostrum and should not be discarded.

Table 10 reflects the Summary Table on the Extent of Practices of the Respondents on Pregnancy, Labor and Delivery, Postpartum, and Infant Care

Table 10

Summary Table on the Extent of Practicesof the Respondents on Pregnancy, Labor and Delivery, Postpartum, and Infant Care

	Mean	Descriptive Rating
Pregnancy	3.19	Fair
Labor and Delivery	3.48	High
Infant Care	3.63	High
Postpartum care	3.80	High
Overall	3.52	High

It is reflected from the table that the respondents have “High” extent of practices on pregnancy, labor and delivery, postpartum and infant care.

Table 11 reflects the relationship between the extent of beliefs and practices of the respondents during pregnancy, labor and delivery, postpartum and infant care and the socio-demographic and obstetrical history of the respondents.

Table 11

Correlation Coefficient on the Profile and Level of Beliefs Practices of the Respondents

	Pregnancy	Labor	Postpartum Care	Infant Care	Pregnancy	Labor	Postpartum Care	Infant Care	Overall
Age	.067	.151	.056	.097	.182	-.058	.089	.149	.131
Place of Residence	.076	-.027	.033	.078	-.193	.048	-.163	-.076	-.066
Civil Status	-.135	-.319	-.105	-.100	-.236	-.021	-.249	-.225	-.252
Educational Attainment	.120*	.112	.020	.076	.094	.037	.162*	.064*	.140*
Occupation	.056*	-.165	-.018	-.067	.103	-.019	.077*	-.011	.016*
Family Monthly Income	*.025	-.047	-.047	.031	-.157	.047	-.144	-.066	-.086
Religion	-.045	-.134	.060	-.010	-.124	-.078	-.085	-.213	-.142
Gravidity	.067	.018	.030	.115	-.158	.029	-.115	-.170	-.065
Parity	.055	.047	.034	.097	-.135	.032	-.085	-.122	-.044

*Correlation is significant at the 0.05 level (2-tailed)

** Correlation is significant at the 0.01 level (2-tailed)

It can be gleaned from the table that as a whole, the respondents' educational attainment and occupation are significantly related to the extent of beliefs and practices of the respondents on pregnancy, labor, postpartum and infant care. This implies that respondents with higher educational attainment and those with occupation have better beliefs and practices compared to the respondents with lower educational attainment and with those who have no job. Respondents who have acquired higher learnings tend to know more the relevant beliefs and practices which are favorable to their well-being and to the health of their babies. Respondents who are working tend to gather more accurate information from their co-workers, to the seminars and training programs they attended, and because of more exposure to mass media.

CONCLUSION:

The respondents adhere to their beliefs on pregnancy, labor and delivery, postpartum and infant care as seen on the practices they perform. There are still mothers who practice superstitious beliefs which are handed to them by their foreparents. These are beliefs and practices which do not have scientific bases, however they still practice them. Many of the beliefs and practices during the postpartum and infant care are beneficial and advantageous while the beliefs and practices during pregnancy and labor seemed to have no essential benefits and advantages. The most important one is the practice of breastfeeding and on infant care and having adequate rest and intake of nutritious foods during the postpartum period.

The beliefs and practices are primarily because of the strong influence of their family and friends that became a part of their daily lives. These beliefs and practices are transmitted by their ancestors.

RECOMMENDATIONS:

It is recommended therefore that: 1) The Department of Health should conduct health programs through the health practitioners giving emphasis on what beliefs and practices are beneficial to both the mother and the child. Implications of the non-scientific practices should be explained well to them. 2) Likewise, the academe should assist the health workers in educating the community people especially the pregnant mothers on the healthy practices. 3) Further research should be conducted to evaluate whether these beliefs and practices promote health and whether these brings risks to the mother and the fetus/infant.

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