Assessing Maternal Health Practices, Challenges, and Needs of the Aeta Community in Barangay Putingkahoy, Rosario, Batangas

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DOI: https://doi.org/10.51244/IJRSI.2026.1315PH00111

Received: 16 January 2026; Accepted: 22 January 2026; Published: 18 June 2026

ABSTRACT

Maternal health among indigenous communities continues to face systemic barriers, including limited access to culturally appropriate care and marginalized service delivery. However, existing literature lacks focused, localized studies that explore the nuanced maternal health experiences of Ayta mothers, creating a critical research gap in culturally grounded healthcare understanding. This phenomenological study investigates the maternal health practices, challenges, and needs of Ayta mothers in Barangay Putingkahoy, Rosario, Batangas, an indigenous community of which is a recipient of marginalized health services. The research is aligned with Sustainable Development Goals (SDGs) 3 and 10 to inform culturally appropriate maternal health programmes, reduce inequalities in health equity, and support the development of culturally sensitive and tailored interventions that address the untapped aspects of maternal health. The focus is to assess the Ayta mothers' health care practices, challenges during prenatal, childbirth and postpartum; opinions on accessibility, availability and acceptability to maternal health. By employing a qualitative study, semi-structured interviews were conducted among ten (10) selected key informants using a snowball sampling method. The data gathered through these methods were recorded, transcribed, and analyzed through a thematic approach. Furthermore, the findings revealed that there was a heavy reliance on traditional practices including hilot, herbal medicine and spiritual rituals based on their cultural and spiritual beliefs. Limited access to skilled health care providers, the absence of culturally sensitive services, and economic constraints have been identified as key challenges. Despite official attempts, the two conditions remain attested with large health disparities. The study calls for merging of indigenous knowledge systems with contemporary health care approaches. These insights aimed to reduce health disparities and support the development of inclusive health policies aligned with sustainable development goals.

Keywords: Ayta, Maternal Health, Maternal Health Practices, Maternal Health Challenges, Maternal Health Needs

INTRODUCTION

The Ayta Community is recognized as part of the Indigenous People (IP) in Asia, particularly in the Philippines, residing in Zambales, Pampanga, Bataan, and Batangas regions. They are known for their distinct physical features, such as short stature, dark skin, and tightly curled hair, as well as for their cultural traditions and deep connection to nature (Supan & Mendoza, 2023). This community also demonstrated their resourcefulness and resilience in adapting to advancements. However, according to the study of Ferrer (2022), despite the considerable efforts of the Aytas in integrating modern advancements into their lives, it significantly contradicts their natural beliefs. As a result of their rich cultural heritage, this community often

faces social exclusion and discrimination, contributing to their marginalization in society and further limiting their access to essential services such as healthcare and education (Rosales-Viray & Viray, 2024).

Recent work quantified the poor maternal health situation among indigenous peoples in the Philippines, including the Ayta. Cagayan et al. (2022) suggested that lack of utilization of prenatal services and cultural factors created higher maternal risks. This study also found that despite the government initiatives to the need remained enormous, especially for the Ayta. In an ethnographic study conducted by Landicho (2022), they noted that sufficient maternal care and practices included *hilots* or midwives and aired rituals. Nonetheless, the government's current home-birthing policy contributed to the country's challenges, without addressing the underlying problems. The study aimed to develop a program that addressed the needs and challenges faced by the community, particularly improving facilities and structures for women. The maternal mortality rate in the Philippines stood at 78% as of 2020 (World Bank Group, 2024), but with the population of Ayta, there was insufficient data. The increasing maternal mortality rate not only highlighted a critical gap in healthcare access but also underscored the urgent need for targeted interventions to prevent unnecessary deaths and improve the overall well-being of mothers, particularly in underserved communities like Ayta.

This research was necessary because currently, there is no published literature on maternal health practices and necessities among the Ayta women of Barangay Puting Kahoy. Other research existed on the health problems of Indigenous populations. However, there is a shortage of knowledge on Ayta women especially in Batangas. This research aimed to explore current state maternal health practices, barriers, and demands that would have informed the development of a culturally appropriate program implemented at the local government level. Studying this community might have been complex because of its geographical location, and there might have been few studies analyzing the factors from cultural and socio-economic aspects affecting maternal health. This study aimed to fill this gap to enhance maternal health in the region.

This study helped support the Philippine government in pursuing SDGs 3 and 10 to understand better the issues related to Ayta women's access to health care services. Therefore, the general objective of this study was to evaluate the maternal health practices, requirements, and difficulties experienced by the mothers of the Ayta community residing at Barangay Putingkahoy, Rosario, Batangas.

OBJECTIVES OF THE STUDY

This study aimed to understand the maternal health practices, challenges and needs of the Ayta mothers residing in Barangay Putingkahoy, Rosario, Batangas. With these in mind, this study sought to provide a basis for the development of the current health care programs in their area that are tailored for

their complex needs, thereby contributing to the achievement of SDGs 3 and 10.

Specifically, the researchers aimed to answer the following questions

1. What are the maternal health practices of the Ayta mothers in Barangay Putingkahoy, Rosario, Batangas along the areas of:
   1.1 Prenatal Care
   1.2 Childbirth
   1.3 Postpartum Care
2. What are the maternal health challenges encountered by the Ayta mothers in Barangay Putingkahoy, Rosario, Batangas along the areas of:
   2.1 Prenatal Care
   2.2 Childbirth
   2.3 Postpartum Care
3. How does the Ayta mothers in Barangay Putingkahoy, Rosario, Batangas view their maternal health needs in terms of:
   3.1 Availability
   3.2 Accessibility
   3.3 Acceptability

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI | Volume XIII Issue XV June 2026 | Special Issue on Public Health

4. What recommendations do the Ayta mothers in Barangay Putingkahoy, Rosario, Batangas suggest for improving their maternal health?

METHODOLOGY

This chapter contains the system of methods and processes that were used to understand the research topic. It includes details of the research design, research instrument, sampling techniques, key informants, and the locale by which the study was conducted. This chapter also includes other factors relevant to the methods.

Research Design

The study used a phenomenological qualitative research approach that assessed the maternal health practices, challenges, and needs of the Ayta mothers in Barangay Putingkahoy, Rosario, Batangas, thereby contributing to the development of health programs aimed at achieving Sustainable Development Goals 3 and 10, which prioritized the promotion of health and well-being and the reduction of inequality. The basis of utilizing phenomenological qualitative research lay beyond the understanding of human life experiences that were essential to fully understand the circumstances by which the phenomenon occurred. This approach proved suitable for answering the study's main objective by providing relevant data necessary to address the research question.

Sampling Technique

The key informants of this study were 10 women of reproductive age (15 to 49 years old) among the Ayta community in Barangay PutingKahoy, Rosario, Batangas. The non-probability sampling method that was used was snowball sampling, or nominated sampling, by which the researchers asked the early key informants to make referrals in order to reach other individuals to participate in the study. Considering that Ayta had a sensitive and diverse culture that made it difficult for other populations to access, the researchers aimed to utilize snowball sampling to reach individuals who met the eligibility criteria of being women of reproductive age, mothers to children regardless of how many times they conceived, and who were willing to share their experiences regarding maternal health in order to obtain data for the research study.

Participants of the Study

The key informants of the study were ten Ayta women of reproductive age (15 to 49 years old) residing in Barangay Putingkahoy, Rosario, Batangas. All were mothers, regardless of the number of pregnancies they had experienced. These informants were carefully selected with the assistance and approval of the tribe elders, who identified women considered knowledgeable and capable of sharing meaningful insights on maternal health. Their selection was based on their experiences and cultural awareness of pregnancy, childbirth, and the postnatal period. These ten Ayta mothers served as the primary sources of data, offering valuable perspectives on traditional practices, health challenges, and maternal care needs within their community.

Research Locale

Barangay Putingkahoy is situated at approximately 13.8349, 121.3227, in the island of Luzon. Elevation at these coordinates is estimated at 58.9 meters or 193.2 feet above mean sea level. The researchers chose to conduct the study in Barangay Putingkahoy, Rosario, Batangas where Ayta community reside. Many Ayta communities face challenges related to access to education, healthcare, land rights and cultural preservation. By choosing this locale, the research could aim to highlight the maternal related issues and suggest interventions or policies to support the maternal health in the community, as well as to add value to the research by providing a specific context that enhances the understanding of the Ayta commmunity's culture, challenges and contribution to the society.

Research Instrument

The researchers of this study utilized self-made interview guide questions for the face-to-face interview. The semi-structured interview guide questions were composed of open-ended questions that proved beneficial for

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI | Volume XIII Issue XV June 2026 | Special Issue on Public Health

the researchers to conduct a comprehensive interview with the selected key informants of the study. This allowed them to freely reflect on and share their maternal health practices, challenges, and needs in order to provide an improved health program tailored specifically to their cultural preferences, which consequently drove Sustainable Development Goals 3 and 10. Moreover, the self-made interview questions were validated by five professionals that hold both licenses as registered nurses and registered midwives, and have a master's degree in Nursing, in order to affirm the credibility of the research study. Informed consent was also obtained from the informants before conducting the interview to ensure that they were well informed about the key elements of the study and that they voluntarily took part in the said research.

The process of collecting data involved observation, semi-structured interviews, and voice recordings to further analyze and observe the individuals who cooperated in the study. However, the audio recording was only utilized with key informants' approval and was kept by one of the researchers as backup data. This served as the basis for the researchers to repeat, further evaluate, and analyze each data to ensure that all information gathered was credible to answer the research questions.

Validation of Instrument

In this study, the researchers ensured that the instrument used met the quality standards intended to attain the purpose of the study. After much consideration, the self-made semi-structured interview questions were written carefully to ensure that they aligned with the main objectives of the research and the statement of the research problems, with no errors or inconsistencies. Moreover, the researchers aimed to keep the questions culturally appropriate and sensitive to Ayta's culture. To achieve this, continuous consultations with the research adviser and translator were made until it was approved. The researchers sought validation from five professional nurses who are also licensed midwives and hold master's degrees in nursing to affirm the credibility of the research interview questionnaires. This measure was necessary to ensure that the data collected remained consistent, dependable, and reliable enough for the researchers to achieve better research results.

Data Gathering Procedure

The data gathering procedure involved the construction of self-made interview questions that assessed the maternal health practices, challenges, and needs of the Ayta mothers in Barangay Putingkahoy, Rosario, Batangas. However, the research questionnaire underwent the process of proper consultation and validation from the adviser, translator and professional nurses who are also licensed midwives and hold master's degrees in nursing.

After the questionnaire's validation, a communication letter was made to request permission to conduct the research study and was sent to the National Commission on Indigenous Peoples and Barangay Putingkahoy, Rosario, Batangas. A separate letter was also made and directed to the chieftain of the Ayta tribe to further explain the purpose of the research and gain their community's approval. Once both parties received and acknowledged the letters, the selection of 10 key informants was carried out using snowball sampling.

The selected individuals who participated in the study received an informed consent letter and underwent a group and one-on-one discussion about the study's purpose, a brief overview of the questions, and data privacy considerations during the information collection process. The researchers encouraged key informants to respond based on their own knowledge and personal experiences regarding maternal health. Moreover, the questions were asked sequentially without a time limit, allowing each individual sufficient time and rest periods to process their thoughts on the topic. Lastly, the researchers assured the key informants that all data gathered during the interview process was collected and documented solely for research purposes, with access limited to the students, professor, and institution. They were also informed that their names and personal details would remain confidential and would not be disclosed.

Data Analysis

All data gathered for this research was recorded and transcribed with the key informants' consent. The collected data was analyzed based on the research problems and coded using descriptive labels. This process ensured that

the information was systematically categorized into meaningful groups essential for addressing the study's main objective.

Following this, the researchers conducted a thematic analysis to identify connections within the data gathered from the study's key informants. To strengthen the findings, descriptive explanations were provided, incorporating existing literature to contextualize and interpret the results. Through these rigorous steps, the researchers arrived at findings that effectively addressed the study's main objective, contributing to the body of knowledge and enhancing maternal health access within the Ayta community.

Ethical Considerations

Given the unique culture of the Ayta community, the researchers prioritized various ethical considerations to ensure the well-being, autonomy, anonymity, and privacy of each informant. Throughout the research process, the fundamental ethical practice was the acquisition of informed consent that was given to the National Commission on Indigenous Peoples, the local barangay unit of Putingkahoy, Rosario Batangas, and the chieftain of the tribe to obtain their approval to conduct the study. In addition, a separate consent form was given to the ten (10) selected informants of the study that signified their approval to participate in the study. This ensured that all persons involved in this study were equipped with knowledge regarding the research objective, processes used in the collection of data such as the voice recording of the whole interview, its potential risks, and its benefits to their community. Moreover, the researcher recognized the autonomy of each participating individual by allowing them to exercise their rights through answering the question with utmost honesty, granting them the option to skip questions they found sensitive or uncomfortable to answer and even withhold their participation without facing any repercussions. Any data that was gathered was treated with utmost confidentiality in accordance with the Data Privacy Act of 2012, and was used for academic purposes only. This was maintained by ensuring that all personal information and recorded interviews were anonymized and were kept in a password-protected laptop or flash drive where only authorized personnel had access to it. Lastly, the researcher entailed a characteristic and behavior in line with the Ayta community and exercised utmost respect towards the Ayta's cultural practices and way of life as they conducted this study.

RESULTS & DISCUSSION

Results

The primary objective of this research is to gain an in-depth understanding regarding the maternal health practices, challenges encountered and the needs of Ayta mothers in Barangay Putingkahoy, Rosario, Batangas. With this, a phenomenological approach that assessed Ayta's maternal health was employed in this study. The data gathered from the interview was transcribed word per word, evaluated through a thematic analysis that was arranged based on the research questions and analyzed qualitatively as the result for each statement of the problem with the support of related literature.

In line with the Data Privacy Act of 2012 and the ethical considerations imposed in this study, the key informants' names were not mentioned, instead a designation of I1, I2, I3, until I10 was utilized which stands for Informant 1, Informant 2, Informant 3 until Informant 10 accordingly.

The following themes were developed from the gathered data obtained from the key informants. These themes were also in line with the provided guide questionnaires and the previously mentioned statement of the problem from other chapters of this study.

A. Maternal Health Practices

A.1. Prenatal Period

Nurturing a Risk-Free Pregnancy

I1: *"Yung sa ano po kasi meron pong pamahiin yung mga ano… ang ano po nila bawal ka po noong*

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI | Volume XIII Issue XV June 2026 | Special Issue on Public Health

mga towel, ilalagay mo ng ganon sa ano mo (leeg), kasi baka daw po yung pusod ng bata umikot daw po sa leeg."

I4: *"Bawal po yung maglagay ng panyo sa leeg. Baka daw magpilipilipit ang pusod. Isa pa rin po yan. Sinusunod ko po yun."*

I6: *"Bawal daw mag alampay ng tuwalya, mag alampay ng damit, kasi baka raw bumuhol yung pusod ng bata sa leeg."*

I8: *"Dahil ang ganon daw ay ang pusod ay nagsasabit. Tsaka lalo na ang pagkukwintas. Hindi kami nagkukwintas kapag kami ay nagbubuntis, isa pa rin yon."*

I9: *"Bawal wala lang suotin kapag nagbubuntis ka. Gaya laang ng kwintas, yung mga porselas. Yung bawal kami magpulupot sa katawan ng ipupulupot niya yung halimbawa yung mga panyo. Nalabas ang bata, baga ay, nakapulupot yung pusod sa leeg."*

I1: *"Naniwala po ako sa hilot kasi noong nagbubuntis po ako ang sabi po sakin ng OB ay mababa daw po ang pinaglalagyan ng anak ko. Maari daw po, nangyari naman po talaga na merong onting pagdurugo kasi po medyo mababa nga daw po. Tapos ang nangyari po noon ay pinahilot po ako para daw po tumaas at umayos yung tayo ng bata, hindi daw po maging suhi."*

I6: *"Nagpapahilot din, nagpapataas ng matres. Katulad nung sa panganay ko, bago ko pa siya ipagbuntis, dalawang buwan parang ako'y manganganak na. Yun pala ay lagi ako nagbubuhat ng mabibigat. Nagpataas pa ako ng matres, nagpapahilot pa ako."*

I5: *"Ang ginagawa nang aming matatanda ay yung binubungkal yung tiyan, inaayos. Parang hinihilot, binubungkal, inaayos yung baby, yung posisyon niya, inaayos."*

I7: *"Dalawang beses po akong nagpa-bungkal, para daw po kasi sure na talagang ang bata daw po ay babaliktad."*

I8: *"Nagpapabungkal kami para umikot ang bata. kasi ako'y nagpaultrasound doon sa aking pangatlong babae. Suhi siya. Ang ginawa ko, bago mag seven, nagpabungkal na ako. May awa naman ang Diyos….umikot na sya. Tama na ang kaniyang tayo."*

I9: *"Yaan, ay nagpapabungkal lamang 'yun. Nagpapaigi ng bata sa tiyan, yung puwesto."*

I10: *"Bago ako manganak ay lagi akong nagpapa-ayos baga ng posisyon ng bata. Bungkal ang tawag."*

The Ayta Way of Guarding Against Unseen Forces

I1: *"Lagi kang may pulang tela sa tiyan mo para di daw po maitaasan yung mga elemento na 'di mo daw po nakikita."*

I7: *"Gumagamit po ako ng kulay pula na tela na lalagyan sa loob ng bawang, asin po para ho sigurado daw pong di daw po maamoy. Yun po bang tintawag pong aswang."*

I5: *"Ang amin ay bawal pumunta sa mga ilog, o sa gabi na nagiisa. Kasi merong diba kasabihan ng mga matatanda nung una na mga hindi natin nakikita na nilalang. Kaya minsan mayroong mga nakukunan o umaanak na hindi siya buhay, parang naeengkanto gay'on."*

I2: *"Yun pong bawal magpasarena, magpahamog. Ang Pasarena po yung sa gabi po, bawal pong lumabas pagka ano, pagka malamig na po. Yung pong hamog na naka-ano sa damo."*

I6: *"Bawal kang lumabas ng gabi, mahamog na. Halimbawa, mga 6 to 7, ganyan, bawal na. Pwede*

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI | Volume XIII Issue XV June 2026 | Special Issue on Public Health

rin naman lumabas basta maglalagay ng damit sa ulo, magpapandong. Dahil sa aming mga tradisyon, bawal lumabas pag lumipas yung mapapangamuyan, yung masusundan ng mga naitaasan, ganon. Masusundan ng hindi natin nakikita, yun ang bawal."

I8: *"May gamit kami. Ang gamit naman ay kung tawagin yung herbal ay yung sinukuan. Pinapangotra namin yon. Kahit saan kami magpunta, dala namin. Tsaka konting asin, kapirasong luya. Kami naman ay tinatahi namin at kami naman ay sinasabit sa sinukuan, lagi naming dala. Kahit kami ay pumunta ng ilog, kahit kami ay pumunta diyan kung saan, di kami nagagalaw. Di kami nasusundan."*

I5: *"Bawal lumabas baka daw po matapatan ng nasa itaas. Kasi lalo na po kung kabuwanan na masama daw po yun. Ang pangkotra namin ay… Yung tugus ho, tsaka yung tanghas. Tugus, mabango po yun. Para din po yun sa lamig, pag nagbubuntis. Buto po siya ng bunga ng kahoy. Tapos yung tanghas naman po ay, pag daw ho naamoy yun ng aswang, mabaho daw yun. Kahoy lang din po siya na kung tawagin nga po ay tanghas."*

I10: *"Kagaya ng Tanghas ganon, para siyang kahoy. Pantaboy sa mga hindi natin nakikita. Tsaka sa mga aswang."*

I1: *"Ayun tapos maglalagay po nga haruma sa bubong o kaya po asin na may luya. Tapos lagi pong magdidikit ng apoy sa tabi ng bahay."*

I5: *"Tapos nilalagyan namin yung bubong ng haruma, yung matinik na halaman na pag nilagay sa bubong, sobrang tinik na walang dadapo sa bubong."*

I6: *"Ang ginagawa niya, nanghihingi siya ng buntot ng pagi, nilalagay nila sa tapat ng bubong. Kaya kahit hindi na ako nag ganyan."*

I5: *"Ang ginagawa namin ay nagdidikit kami ng apoy sa tabi ng bahay na may mga sinusunog kaming mga halamang gamot. Yung sinusunog namin na halimbawa sa bahay may digit na apoy na may mga halamang gamot at kahit umusok siya e hindi malalapit dun. Halimbawa pangtaboy sa masasamang espiritu na may apoy at delikado sila."*

I6: *"Yung dahon ng kamangyan, yun ay ginagamit sa pagsusuob para halimbawa, kung ikaw ay magsusuob, naaalis yung masasamang elemento. Halimbawa, nasunod sunod sa mga buntis, parang pangpaagwat yun. Sabi nila pampaagwat din sa mga lamang lupa, na nasubaybay sa iyo."*

Pregnancy Dietary Restrictions

I1: *"Bawal daw po kumain ng pakwan kasi matubig daw po yun at kulay ng dugo. Naniwala naman po ako syempre kahit paborito ko ang pakwan di ko na po kinain, natakot na din po ako. Tapos yung upo kasi matubig nga daw po yung gulay na upo."*

I6: *"Sa pagkain, bawal sa amin yung talong. Kasi diba pag kumakain ka non, yung parang tawag nila, yung nagiging taol daw yung bata. Yung taol yung ibig sabihin, ay nangingitim, yung hindi normal ang labas."*

I7: *"Bawal daw ho kumain ng talong, puso. Kaya nung ako ay nagbubuntis, di po ako kumakain ng talong, puso.. pero di nila sinasabi kung bakit. Basta bawal."*

I4: *"Tapos eh, huwag kang nakain daw po ng mga kambal-kambal. Baka maging kambal po ang mga bata, gay'on."*

I2: *"Tapos yun pong bawal po uminom ng alak, bawal po malamig gano'n. Sigarilyo gano'n. At sa pagkain po, pagka po kasi buntis di mo mapigilan makain yung mga bawal mong kainin, pagkagutom po nakakain din po yung mga bawal."*

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI | Volume XIII Issue XV June 2026 | Special Issue on Public Health

I7: *"Bawal ka uminom ng mga malalamig, bawal ang mga soft drinks. Kasi yung kuwan…kinakapitan ng dagtang kalumpang. Iyon ang kaisang napakahirap bago ka manganak."*

I4: *"Ang sinunod ko po yung bawal ka pong kumain, na baka daw po makuha ng bata…Sabi nila nung matatanda, huwag kang tuwan-tuwa, baka makuha ng anak mo gay'on."*

I6: *"Meron na po kasing dapat na kainin na hindi ko nakain noon. Sabi nila, pag hindi mo raw nakain, sa bata daw ang ano (epekto) nun e."*

I9: *"Pag nagbubuntis ka, yang pagka yung gusto mo ay hindi mo nakain, parang naaano sa bata. Kagaya ng mga halimbawa yung akin sa pangalawa ay cherry. Buti na lang ay sa hita.., nag– nag-balat ba yun?"*

I7: *"Sa paglilihi, kahit po bawal, kinakain po namin. Kasi masama rin po yung hindi nakakain ng naibigan."*

I10: *"Yun na yung naibigan. Yung kagaya ko naibigan ko ang dinakdakan. Wala namang makita. Paglabas ng anak ko, yun, nakapiklat yun kung saan parte ng katawan."*

Easing the Journey of Motherhood

I4: *"Sa bigkis naman po, talagang epektibo po talaga. Pag po ako may bigkis, hindi po nasakit. Para daw po hindi ka mahirapan huminga at sumakit ang sikmura mo, magbibigkis daw po."*

I6: *"Sinunod ko lang e yung nagtatali ng bigkis, mga payo ng mga matatanda sa amin."*

I7: *"Noong siyam na buwan po ay nagbigkis ako dahil parang nakakaramdam po ako ng parang sinisipa na po ganon. Mataas ho, para daw po bumaba ng konti dito."*

I9: *"Yan neng yung ay kalimitan sa amin ay nagbibigkis."*

I10: *"Nagbi-bikis rin kapag kabuwanan na."*

I5: *"Kasi magkaiba rin naman yung sinasabi ng doktor at yung gusto namin. Kumbaga ayaw nila ng mga may bigkis, tinatalian yun. Pag ka manganganak na at lalo na sa hospital, pinapaalis yon na "huwag niyo na po talian na ganyan". Kumbaga e inaalis nila yung aming tradisyon na gay'on."*

I4: *"Yung daig, bato, iniinit po sa baga. Tapos lalagay po sa tela na puti at iniaano po sa sikmura."*

Nature's Healing Remedies

I4: *"Kung ano na yung, halimbawa po e, yung nasakit ang tiyan mo, may pinapahid lang po, mga herbal po. Yung mga ugat-ugat po ng kahoy sa bundok, galing sa Dolores. Para sa mga lamig, gay'on."*

I10: *"Yung ano, efficascent oil na lalagyan ng mga putol-putol na kahoy, hahaluan ng ganon. Na tradisyon na naming tribo. Pampaano yun ng mga halimbawa, lamig, tsaka yung may mga UTI."*

I7: *"Dagtang kalumpang. Pinapainom po sa'min para daw po… sa bata para hindi ano… para di madilaw ang bata."*

I10: *"Gaya ng halimbawa kapag may sakit, may mga nilalaga kami. Milagrosa. Para siyang dahon. Kung titignan mo siya tuyo, pag inilaga mo siya, buhay."*

Discussion on Prenatal Period Maternal Health Practices

The cultural practices observed by Ayta mothers during pregnancy in Barangay Putingkahoy demonstrate a strong connection between traditional beliefs and prenatal care. Based on the information gathered from interviews, the "cord coil superstition" is widely followed, with mothers avoiding accessories like towels or necklaces to prevent the umbilical cord from wrapping around the baby's neck. This superstition appears to be a preventive measure, rooted in the belief that anything worn by the mother can directly affect the baby's condition in the womb (Sicam, 2024). Furthermore, one of the key traditional practices is *pagbubungkal*, which is typically performed during the seventh month of pregnancy. During this period, the mother of the pregnant woman often calls upon a *hilot* (traditional healer) to check the baby's position in the womb. The data suggests that this practice is believed to be effective, with mothers reporting that it helps in repositioning the baby and providing relief from discomfort, ensuring a safer delivery (Landicho, 2022). In addition to physical practices, Ayta mothers also adopt various spiritual protection methods to shield both themselves and their unborn children from supernatural forces. Indigenous healing traditions embody a holistic approach to well-being, blending spiritual, cultural, and superstitious beliefs to offer a sense of understanding and potential remedies for health concerns (Villanueva, 2021; Santisteban, 2025).

Common practices include the use of amulets, red cloths filled with garlic or salt, and protective objects like worn-out broomsticks placed behind the home. The interviews reveal that these spiritual safeguards are strongly believed to protect against harm from *aswang* and other unseen forces. Similar to Madeleine Leininger's theory of culturally congruent care, Ayta mothers practice a transcultural approach to health care by the use of amulets as a protection from harmful spirits and unseen forces as well as the use of *Sinukuan*, a pouch containing protective herbs (Gonzalo, 2024). Moreover, cultural taboos, such as refraining from walking outside at night and avoiding exposure to night dew *(hamog)*, emphasize the importance of maintaining a safe environment during pregnancy. Dietary restrictions, including avoiding foods like *pakwan* (watermelon) and *talong* (eggplant), are also strictly observed, as they are believed to be essential for a healthy baby.

According to Musie et al. (2022), Indigenous communities' food beliefs take the form of taboos, which are objectively followed because it is believed that food consumed before conception and maternal nutrition is equally essential for the baby's healthy development, as well as increasing mothers' strength and ensuring a smooth pregnancy. Furthermore, this cultural perspective on a diet is since Ayta, as a community, believes that culture is tied to their understanding of health and their own culture, so certainly the food is always a form of sustenance but, more importantly, is a contributing factor to the development of the baby (Magtalas et al., 2023). According to Guzman (2024), examining reproductive health within the context of social and cultural traditions to which people belong must be given adequate attention, particularly in marginalized communities such as the Ayta. Additionally, superstitions often coexist with herbal remedies in indigenous healing practices, as these beliefs provide individuals with a sense of understanding, especially when there is insufficient information to form accurate explanations (Cruz et al., 2025). Overall, the findings suggest that, while rooted in superstition and tradition, these cultural practices are seen as vital for ensuring the health and well-being of both mother and child.

A.2. Childbirth

Process of Childbirth

I8: *"Ako ay pinainom ng hilaw na itlog. Buo, walang luto luto. Talagang deretso na. Sabi naman ng aming Datu, para sa pampadulas ng bata mismo talaga na para madaling lumabas."*

I10: *"Papainumin ka ng itlog para di ka mahirapan. Kahit sa padalawa, patatlo, ganoon ang ginawa ko."*

I1: *"Yung ginawa po sakin yung itlog na hilaw po kaya lang hindi po siya tumalab kasi sabi nila una daw pong pagbubuntis kaya hindi po ano."*

I1: *"Dinabang na kung tawagin po ng matatanda ay Bayag Kambing. Yun po yung binabangin nila*

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI | Volume XIII Issue XV June 2026 | Special Issue on Public Health

tapos pag daw po yun ay pumutok na doon mo daw po malalaman paanak ka na. Yun po ay ipapahid daw po sa tiyan."

I2: *"Pinainom din ko nung bayag-kambing. Bunga siya ng kahoy. Kung tawagin ng igay. Nilaga, pinainom, bago ko dalhin sa ospital. Para daw yung dagtang kalumpang ay mailabas."*

I1: *"Kailangan daw po magsuot ka ng gamit ng isang buntis na madaling manganak para daw po madali kang manganak. Kagaya daw po noong bigkis ng lola ko, nanay po ni nanay, kailangan daw po suot yun para mabilis lumabas yung bata."*

I2: *"Pero naka-bigis pa rin po ako. Kaya lang po, tinanggal yung bigkis ko nung ako'y manganganak na sa padalwa. Kaya medyo dun rin ako nahihirapan."*

I6: *"Sinunod ko lang e yung nagtatali ng bigkis, mga payo ng mga matatanda sa amin."*

I8: *"May bigkis, 'di nawawalan. Doon sa lying in naman, pinatatanggal yung bigkis ko."*

I8: *"Bawal nga lang iangat ang ulo mo. Kasi kapag iaangat mo ang ulo mo, babalik ulit ang bata. Kaya steady lang talaga ulo mo."*

I6: *"Nagpahilot lang kami. Tapos e, habang nasakit tiyan…Para maka relax ng tiyan. Mga langis lang ng niyog ang gamit."*

I8: *"Bago manganak, naliligo kami. Bali iyon ang turo sa amin ng aming Datu. Pag ka iyong manganganak, maliligo kayo ng gabi."*

Herbal Medicines During Childbirth

I4: *"Mayroon po silang kinuhang dahon. Hindi ko na lang po kasi tanda kasi ako ay nagle-labor noon. Dalawang araw na po ako nagle-labor noon. May nilagay po sila sa akin, dito sa pusod na parang dahon na nginata. Tapos na, napaanak na po ako."*

I5: *"May mga herbal kami na inilaga na kumbaga inuupuan namin, na para yung mga sinasabing daktang sumilim, mga kalumpang ay iyon ay lumabas ng lumabas para hindi mahirap."*

I8: *"Yun ngang balimbing, kasama ay sampalok. Pinapakuluan namin at iniinom araw araw. Isang baso sa isang araw. Para mas madaling ilabas ang dagtang kalumpang."*

I9: *"Yung balat ng balimbing at sampalok. Yung balimbing, yung ating kinakain. Tapos ay sampalok…ay balat lang. Tapos inilalaga sa isang basong tubig o dalawang baso ng tubig. Iinumin namin 'yon pangtanggal ng dagtang kalumpang."*

I5: *"Tapos siyang nilalaga namin iniinom balat ng balimbing, tapos kalamyas siyang iniinom para madaling lumabas ang baby. Tapos ang ginagamit namin ay yung sulasin. Nakalagay sa planggana na mainit na upuan na kailangan yun lang talaga ang pasingawan mismong pinakaharap. Mayroon kaming kamantige na halaman. Ang ginagawa namin dun nilalagay sa langis tapos iniihilot sa puson hanggang sa ganireng sasapnan. Tsaka ang isa pa ay yoong sinasabing kalumbibit. Yoon ay ikinukrus namin sa puson tapos sa noo at pag nilagay namin sa apoy at yun ay sumabog na ibig sabihin ay lalabas na ang panubigin at aanak na."*

Spiritual Guidance in Childbirth

I1: *"Dasal nalang po talaga kasi medyo hirap na din po kasi akong huminga noon tapos pinupulikat pa ako, parang hinang-hina na po ako kasi simula ala-una ng madaling araw naglalabor ka."*

I8: *"Ang ginawa namin kami ay…nagsimba muna. Pagkasimba kong yon, naglabor na agad ako nung paguwi namin."*

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Discussion on Childbirth Maternal Health Practices

The Ayta mothers in Barangay Putingkahoy demonstrate a blend of traditional practices and natural remedies during childbirth to ensure a smooth delivery and ease labor pains. Practices such as consuming raw egg (*itlog na hilaw*) and herbal medicines like *Dagtang Kalumpang, balimbing,* and *sampalok* are commonly used in this community. These practices, believed to ease the birthing process and prevent complications, are rooted in the cultural belief that certain foods and herbs can promote easier and faster labor (Ramulondi et al., 2021). Despite widespread use of raw egg for smooth delivery, some informants reported mixed results, suggesting that these traditional methods might not work universally. However, the consumption of herbal concoctions like *Dagtang Kalumpang* is widely regarded as effective, with mothers indicating relief from labor pains and smoother deliveries. According to Abdurahman et al. (2022), herbal medicine or medicinal plants are well-known therapies that involve plant extracts for therapeutic purposes. Similar to the general population, herbal medicines are commonly used by pregnant women worldwide, with prevalence estimates ranging from 10% to 80% depending on the region. One of the common reasons for using herbal medicine during pregnancy is to manage prolonged labor or to induce or augment labor for various reasons, underscoring its role in facilitating smoother and less painful childbirth. This highlights the importance of herbal and dietary practices in the Ayta community, as these remedies are seen as critical tools in managing childbirth.

In line with this, according to Musie et al. (2022), using indigenous herbals during prenatal is believed to connect the mothers to their cultural roots. These practices are deeply rooted in their cultural beliefs and health-seeking behaviors, especially during pregnancy and childbirth. This culturally embedded approach reflects the Ayta community's connection with nature and highlights their resilience and self-reliance in maintaining maternal health amidst limited access to modern medical facilities.

Spiritual guidance also plays a significant role during childbirth. The act of praying (*Dasal*) and attending church mass is a common practice among Ayta mothers, providing them with the strength and emotional support needed during labor. Informants shared that spiritual practices not only offer reassurance but also serve as a source of comfort during difficult labor experiences. Alongside spiritual practices, physical methods such as the *bigkis* (cloth wrapping) are used to maintain the baby's position and ease discomfort. This claim was further supported by Leabres et al. (2020), as they state that "The informants also wrap a piece of cloth or *'bigkis'* above the waist just below the ribs so that the baby may continue its descent." This practice of using *bigkis* aligns with the belief that it helps maintain the baby's position during labor and aids in easing the delivery process. Despite mixed opinions on its effectiveness, *bigkis* is a central part of prenatal and childbirth care, with some mothers describing it as beneficial, while others report discomfort. This reflects a combination of cultural beliefs, practical wisdom, and personal experiences, demonstrating how Ayta mothers navigate both traditional and medical approaches to childbirth. The reliance on these practices suggests their deep integration into the community's cultural identity and the belief in their significance for a safe delivery.

A.3. Postpartum Care

Breastfeeding Practices

I5: *"Pagka yung walang gatas, malunggay ang aming kinakain tapos yung masasabaw na pang ulam para daw maging magatas ang isang ina kailangan masabaw."*

I6: *"Nung nanganak ako, ang kinain ko lang, mga prutas, tapos ay mga malunggay na mga gulay, bulaklak ng kalabasa kasi para rin pampadagdag din ng gatas."*

I7: *"Ang sabi po sa akin ay kumain ng marami lalo na yung sa malunggay, dahil pampagatas nga raw po."*

I8: *"Malunggay bago ang mga gulay gulay na laging may sabaw para laging may gatas. Kasi pag iga, hindi magkaroon ng gatas."*

I7: *"Pinagbawal din po yung mga pagkain na kagaya po ng bilo-bilo po ba yun? May kamote, may*

sago, bawal daw po sa ganon. Konti lang po kasi may padedehin. Bawal daw po ng malamig kasi may padedehen."

I5: *"Pagka halimbawa na wala pa, wala pang gatas, meron kaming isang bato. Mainit yon, babalutan namin ng tela na damit at siya naming ihilot sa dede at paiinitan. Ang tawag namin doon ay daig."*

I1: *"Lilinisin ng maligamgam na tubig yung pinaka-dede kumbaga baka namumuo lang daw po yung gatas at hindi makalabas."*

Managing Postpartum Bleeding

I1: *"Samin po kasi galing po sa reseta ng doktor tapos yung feminine wash po na betadine, yun po yung ginagamit ko po. Bawal po siya punasan ng wipes."*

I2: *"Pagka yung nagdurugo naman, Yung malakas pa po ay diaper."*

I6*: "Pagkatapos ko manganak, pinalitan nila ako ng damit kasi hindi ko pa naman kaya ang tumayo tapos nilagyan nalang nila ako ng pampers ng pang matanda."*

I2: *"Noong una po kasi pasador na yung ano po siya tela. Pagka po ay halimbawa ay wala po akong budget at emergency din po wala pong diaper, yun po ginagamit ng bagong panganak."*

I5: *"Pag katapos manganak, diba magdudugo. Hindi kami gumagamit ng mga diaper, damit kasi kumbaga para makalabas o masipsip yung dugo na hindi agad mapinding…..Yung bagang pasador o bahag."*

I6: *"Naggamit kami ng… yung sinasabing katsya. Pinakapal yun tapos yun, ang unang pinasador tapos nilagay ng pampers. Para kung lumakas man ang dugo, hindi tatagos."*

I7: *"Nung una po kasi tapis lang po. Damit nalang po talaga sya kasi may komportable po kasi kapag sa diaper, mga napkin, makati po ng sobra, nakakairita ho."*

I1: *"Tapos bato na nilagay sa damit tapos ikukuskos po sa dine sa puson para lumabas yung malaking dugo na nabuo."*

I6: *"Ang ginawa nila, yung naglagay ng tubig na maligamgam doon sa bote tapos dinadampi dampi o kaya yung batong buhay, inilalagay sa apoy tapos ay dinadampi sa tiyan."*

I5: *"Meron kaming isang bato. Mainit yon, babalutan namin ng tela na damit at siya naming ihilot sa dede at paiinitan. Ang tawag namin doon ay daig. Minsan inaano din namin sa puson at isa rin ginagamit sa para di maglakas ang pag dugo."*

I9: *"Nagamit din kami ng "daig", batong buhay kung tawagin. Halimbawa, pampaano nga ng tiyan namin. Pampalakas o pamparelax ng tiyan, yung mga ganung gamit."*

I10: *"Naglalagay rin ako noong daig sa aking puson kapag baga ay sumasakit."*

I4: *"Sa pagdurugo, may iniinom na herbal. Hindi ko na tanda po. Ang dami eh."*

I5: *"Hinahaplasan o hinihilot lang ng herbal yung mga pang gamot namin na herbal na nakababad sa langis na para hindi lumakas. Binibigyan din kami ng mga midwife o sa center."*

Postpartum Dietary Restrictions

I5: *"Kami naman halimbawa panganay, o nanganganay ka, sinasapulan agad ng pagkain na malalansa o kaya madugo. Para kung halimbawa aanak ka ulit, kasi nagkakaroon ng sinasabi na*

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nabibinat kasi di mo kasi nakain nung sa panganay na pag anak mo, at nakain mo siya na hindi mo nasapol noon."

I1: *"Bawal daw po yung madurugo na pagkain agad kagaya po ng isda na madudugo para daw po hindi magdugo ng matagal yung pinanggalingan ng bata."*

I6: *"Sa mga pagkain naman, kailangan samin may mga sabaw. Bawal yung madudugo katulad ng tulingan, tambakol. Bawal yun kasi duduguin kami pag kami ay kumain ng ganun pagka bagong panganak."*

I8: *"Bawal yung mga sitaw, mga nakalawit kasi nalabas ang buwa ng babae pagkaanak mo."*

I2: *"Parang wala naman po kasi yun po yung sabi ng doktor samin na pwede naman daw pong kumain kahit ano wag lang yung nakakasama sa bata."*

Medicinal Remedies for Postpartum Care

I2: *"Ang iniinom ko lang po yung gamot na galing sa kamoy ko na pula tawag po namin don ay "sapang"...yun po yung iinumin pagtapos manganak para di mamutla at di magkulang sa dugo."*

I8: *"Ang ininom ko ay sapang. Para yung pagod, at puyat, naibabalik. Kumbaga'y parang malakas na ulit ang resistensya."*

I5: *"Pero yung mga sampalok na yoon ay para maalis yung mga masasakit sa katawan mo. Yung sa sambong naman pang gamot sa hanging gala sa katawan. Halimbawa yung mga lamig sa sikmura o paa at kamay."*

I10: *"Para hindi ka maano ng binat — may pasukan ng binat, mga hangin at lamig. Naglalaga rin kami ng dahoon ng kalamias at lukban."*

Bathing Practices During Postpartum

I5: *"Langis ng niyog sa buong katawan bago maligo. Talagang pagka anak ay lagi kami nagpapahid nun. Para maging malakas ang katawan. Tapos meron na herbal na sampalok at sambong. Inilalahok namin sa tubig na kailangan maligamgam. Tatlong araw hanggang sa matapos pero araw araw parin kaming naliligo."*

I6: *"Sambong, pampaligo. Kapag naka ilang araw ka na nakapanganak, pwede ka nang maligo, yun lang ililigo mo."*

I7: *"Dito po sa amin, dapat po ay maligamgam. Ang pinagliligo kasi ay may bata daw po akong pinadedede. Bawal daw po sa malamig na tubig. Kasi baka daw po ako ay mapasukan ng lamig at ako ay mabinat pa lalo."*

I8: *"Ang pagligo namin, naglagay kami ng unang pagligo ng…uway tsaa Romero."*

I7: *"Bali isang Linggo po akong di pwedeng maligo noon. Makalipas ang isang Linggo ay nakaligo na po ako."*

I8: *"Hinihintay lang namin ang isang Linggo. Kumbaga'y parang alam nila ang tradisyon namin. Isang Linggo bago maligo… bago mag-isang Linggo, ganon."*

I10: *"Tatlong araw bago ako naligo, ang baby ko naman ay pang-limang araw ata."*

I6: *"Kung ilang days kang hindi pwede maligo…siguro isa hanggang dalawang linggo. Pagkalipas ng dalawang linggo pwede ka nang maligo…maligamgam, yung dahon ng kalamyas. Sa baby din, kasabay din."*

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI | Volume XIII Issue XV June 2026 | Special Issue on Public Health

Discussion on Postpartum Maternal Health Practices

The postpartum practices of Ayta mothers in Barangay Putingkahoy are shaped by a combination of traditional beliefs and practical measures to ensure a safe and healthy recovery for both the mother and the infant. Prenatal care among Ayta mothers is not just meant to guarantee physical wellness. Still, it is also part of a cultural and spiritual practice oriented towards having the mother and child safe and sound. In previous studies, it has been emphasized that Indigenous communities depend more on a combination of traditional and modern practices during pregnancy and childbirth (Cagayan et al., 2022). This notion is evident and supported by Calva & Batoto (2024), who emphasized the Ayta mothers' firm reliance on traditional and indigenous knowledge systems, particularly the use of herbal remedies passed down through generations. Furthermore, the use of specific foods such as malunggay and squash is believed to enhance breast milk production, a common practice noted among many informants. This is supported by literature, which highlights the role of malunggay, or moringa, as a galactagogue, a substance that increases milk production (Fungtammasan & Phupong, 2022). The mothers' diet, which includes soups and vegetables, is not only aimed at boosting lactation but also supports the mother's overall health and recovery after childbirth. However, certain foods like *bilo-bilo* (a dessert made with sweet potato and *sago*) are avoided, as they are believed to negatively impact milk supply, reflecting cultural practices rooted in the belief that cold or heavy foods may interfere with breastfeeding.

In managing postpartum bleeding, Ayta mothers follow various traditional practices to promote healing and prevent complications. Some mothers reported using adult diapers for absorption, while others rely on *pasador* (cloth pads) as a more cost-effective and reusable alternative. This reflects a broader trend in rural areas where traditional and practical solutions are often preferred for postpartum care (Ramsay et al., 2023). Additionally, the practice of applying warm compresses, such as heated stones or bottles, to breasts and nipples is a well-established method for alleviating discomfort and stimulating breast milk production, as supported by studies on traditional healing methods (Alshakhs et al., 2024). Furthermore, the use of herbal remedies like *sampang* and *sambong* for body aches and *kalamsyas* for abdominal coldness highlights the Ayta's reliance on natural medicine for postpartum recovery, reinforcing the importance of these cultural practices in maternal health. These practices, when viewed in the context of modern healthcare, offer a complementary approach that combines traditional healing with medical advice for holistic postpartum care.

B. Maternal Health Challenges

B.1. Challenges during Prenatal Period

Geographic Isolation and Limited Transportation Access

I5: *"Netong kung bago na hindi mahirap, kasi kami ay pinupuntahan ng mga health worker. Kaya lang doon nga sa transportasyon na sasakyan. Doon kami nahihirapan dahil minsan wala makuhaan agad pagka may aanak na biglaan. Kumbaga yung mga maalam yun ang tumutulong sa pagpapaanak."*

I8: *"Ako naman, din nakakaligta. Hirap ka lang bumiyahe kasi wala kang sariling sasakyan. Minsan nawawalan ka ng pamasahe. Adhika mo pa din na maghanap kahit wala kang pangkain, wala kang pang merienda, balikan lang pamasahe, tiyaga ko. Magpapa test ng dugo at ihi kasi libre kaysa bumayad pa."*

I7: *"Medyo nahirapan lang po dahil ang hirap po papunta sa center ng Alupay. Mahirap po kasi doon kapag po nilakad. Eh doon po kami nakatira sa baba. Ang layo pa po ng labas."*

Financial Constraints

I1: *"Naranasan ko noon wala pang trabaho yung asawa ko noon. Nakadepende sa magulang ko tsaka sa magulang niya. Ang masaklap pa po noon, doon pa po parang kailangan makain lahat ng gusto mo. Ang masaklap wala kang pambili. Ang nangyari po non, nagka-utang utang yung asawa ko para lang mabigay yung gusto ko."*

I9: *"Hirap lamang sa pinansiyal, lalo na kapag kailangan ng mg check up ganoon o di kaya pagkain."*

Pregnancy-Related Complications and Health Risks

I3: *"Tapos ako'y ano.. dahil pag ako'y nabubuntis, naglalaglagan ako ng bata. Syempre biyahe ako nang biyahe. Dalawang beses ako nalaglagan ng bata. Yung daw, parang mababa ang matres ko. Kung di tinataas ng byenan ko ang matres ko, laging malalaglag ang bata."*

I6: *"Sa akin ang, ang isang nahihirapan ako yung sa panganay ko yung bago pa lang ko nagbubuntis. Dahil nga, syempre bumaba nga yung matres ko. Parang ako e, may lalabas na sa akin. Ang ginawa naman ng nanay ko, pinataas yung matres ko."*

I6: *"Tapos bawal na kong magbuhat. Minsan, dati kasi lagi akong nagbubuhat ng mga timba na may lamang tubig, naglalaba pa sa ilog, kasi bababa tataas, bababa tataas ka. Mag aanlaw, maglalaba. Kaya nababa na rin yung matres. Kasi yung bata, dapat ay nasa taas, pagka ano.. ay narito na. Kaya pag nagpapacheck up ako. Minsan sinasabi ko sa doktor, "para po akong nahihirapan pag nakahiga ako, parang may lalabas na wala sa akin". Sinasabi po ng doktor sa akin ay "mababa na ang matres kasi nga, nagbubuhat ka ng mabigat."*

I9: *"Mahirap bilang ano…hindi lamang ikaw yung naghihirap pating yung bata sa tiyan mo. Lalo na kapag kinapitan ka ng nerbyos, hindi lang ikaw ang mahihirapan kundi pati ang bata."*

Positive and Well-Supported Experience

I4: *"Nung ako'y nagbubuntis, wala naman po dahil malapit ang center po. Okay naman po."*

I10: *"Parang wala naman. Wala naman naging problema doon sa tatlo ko."*

Discussion on Challenges During Prenatal Period

Ayta mothers face multiple interconnected challenges during prenatal care that significantly affect maternal and fetal health outcomes. Financial constraints are a major barrier since limited household income often forces reliance on family support or borrowing money to cover prenatal visits, medication, and nutrition, all essential for a healthy pregnancy (United Nations Children's Fund, 2021; Supan & Mendoza, 2023). As supported by Rodriguez (2022), this economic marginalization, common among indigenous communities, leads to inconsistent access to quality maternal healthcare. On top of these financial struggles, pregnancy-related health risks worsen due to physically demanding daily tasks such as carrying heavy loads, which as per Tan (2021), increases the chances of complications such as a low-lying uterus and miscarriages. Moreover, emotional distress during pregnancy including anxiety and stress further undermine the mother's well-being and fetal development as recent studies highlight the impact of mental health on pregnancy outcomes (Garcia et al., 2020).

Geographical isolation and poor transportation also create serious obstacles. Many Ayta mothers live in remote areas far from healthcare centers, requiring long and difficult journeys often on foot that result in missed or delayed prenatal care (Supan & Mendoza, 2023; Lim & Cruz, 2024). The lack of affordable and reliable transportation combined with financial hardship forces tough choices like prioritizing medical visits over food and other necessities, worsening nutrition and overall health (Dela Cruz et al., 2023). Moreover, as per Rodriguez (2022), these systemic barriers emphasize the need for culturally sensitive community health programs that address economic, physical, and psychosocial challenges to improve maternal health in indigenous populations.

Despite these challenges, some Ayta mothers report positive prenatal experiences marked by strong support and better access to healthcare which help ensure regular prenatal visits and fewer complications (Supan & Mendoza, 2023). These cases show how improved healthcare access and culturally tailored support can

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI | Volume XIII Issue XV June 2026 | Special Issue on Public Health

empower Ayta mothers and lead to better maternal and newborn health even in marginalized settings (Rodriguez et al., 2022).

B.2. Challenges during Childbirth

Limited Availability of Transportation Support

I4: *"Doon po sa aking bunso, medyo po talagang malayo. Sa supreme pa ang sinasakyan ko… Santa Catalina po kasi ako nanganak, sa lying in. edi bus pa po sasakyan namin, papunta doon. Dinadala ko po."*

I2: *"Meron siguro yung manganganak po ako walang malapitan na sasakyan. E tag-ulan po noon pinagpasapasahan kung saan sasakay. Noong nagpunta pa po kami sa Batangaas, sa Regional, dito lang po pala kami sa Rosario nagpatigil."*

Pregnancy-Related Complications and Health Risks

I8: *"Bigla akong nalula. Kaya sabi non sa kapatid ko, "tara na sa lying in. Alam naman nila yan eh… kung mano normal ka o. hindi. Kasi baka nataas ang dugo mo eh. Bakit ka nalulula kung kailan naglalabor ka." Yun lang naman. Pero pagdating ng… awa naman ng Diyos, pagdating naman na talagang aanak na ako, nawala naman. Parang naging normal ako."*

I8: *"Kahit anong pilit ko, talagang hindi menor de edad talaga sa panganay ko kaya talagang ospital. Pero talagang bago ka… malakas ang loob ko. Bago ka magpadala talagang, pinilit ko sa bahay. Kaya hindi ako na-CS, normal pa rin. Kaso nga lang talagang maliit ang sipit sipitan kumbaga, bago malaki ang bata. Kasi ang timbang ng anak ko nun ay three point four."*

I10: *"Yung sa pangalawa ko, muntik na akong ma-ospital. Kasi medyo parang hirap, matagal. Parang dalawang oras nang hindi nalabas ang bata."*

Mental and Physical Distress

I5: *"Dito lang ako nahirapan sa aking bunso. Kumbaga yung komadronang kasama isa niya, hindi niya hinayaan na ako ay ipush ko talaga ang pag ire. Kumbaga ay pinupwersa niya ako, itutuuon ang braso sa taas is tiyan. Kumbaga don lang ako nahirapan. Sadyang aanak na ko, kumbaga hinaharass harass niya ako na iire ko na agad."*

I5: *"Kaya sabi ko, dalhin na ako sa doktor. Nung mabitawan niya, kumbaga may ginawa sa paghilot sa aking puson, lumabas ang bata. Dahil sa amin kumbaga hindi pupwedeng harassin. Yung hayaan mo siya na maging relax siya na maire yon o maging normal ang ire. Minsan may mga health worker na hinaharass. Sa awa naman ng Diyos, nailabas ko siya ng ayos."*

I5: *"Maaaring mamatay ang isang aanak kumbaga sikmura mo yun at may kailangang ilabas doon na kailangan ng pwersa mong pag ire doon tapos tutuunan ka diba? Kumbaga talagang may posibilidad na mamatay ang aanak."*

I8: *"Dun sa panganay ko naman talagang nahirapan ako kasi hindi nila alam na menor de edad ako. Kahit ni asawa ko, ni isang kapatid ko, wala ako kasama sa loob. Ako lang mag isa. Yun ba naman yung na magdamag at maghapon ka naglalabor. Kulang ka na sa tulog, wala ka pang kain. Kinabukasan pa. Isang araw ka na bale hindi kumain."*

I9: *"Hindi naman ako nahirapan kasi alaga naman sa hospital. Kaso nga lang dahil bata pa ako noong unang nanganak, may kaba pa talaga at lagi akong naiyak palibhasa'y mag-isa lang ako noon sa loob."*

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Challenges in Receiving Timely and Compassionate Care

I2: *"Noong po naglalabor ako dito sa bahay tapos para pong maghapon hanggang magdamag hanggang kinabukasan naglalabor pa din po. Noong ako po ay manganganak dinala po ako sa San Juan kaso parang tinorture naman ako don parang pinerahan kami, di kami inintindi ng maayos."*

I2: *"Kasi po noon ay swab test pa, may face shield, sobrang sakit na po ng tyan ko noon tapos naka face shield pa tapos ginaganto lang yung tyan ko (hinihilot), kaya dumiretso kami ng regional at di na kami dumaan sa Rosario tinanggihan din po kami sa regional kasi puno edi bumalik po kami dito sa Rosario kasi sinubukan po namin kung doon pwede, edi pwede."*

I3: *"Nung kwan ng asawa ko yun, masakit na ang tiyan ko. Ay ako naman, ay huwag naman. Pagkaanak ko, nadating pa lang yung midwife, nakalabas na yung bata."*

I6: *"Nung dumating kami doon, in-assist agad nila kami. Sa Batangas, kasi doon walang pinipiling tao. Dito kasi sa Namunga, parang naminili sila ng tao. Yung, siyempre, alam nila na mahirap ka. Parang uunahin nila, siyempre, yung may ano, diba?"*

I6: *"Kasi parang hindi nila naman... sila na... yung hindi na nila naintindihan nila yung ano ng isang tao. Na dapat doon ang manganganak, inilipat pa nila sa ibang ospital. Dapat sa kanila… edi nagreklamo yung kabilang ospital, "dapat sinasampahan nyo ng kaso yung mga yan". Sa amin naman po kasi, ayaw namin ang mga ganung issue, yung pahahabain pa. Ang importante lang yung makaligtas sa ganung buhay."*

Supportive Healthcare Environment

I7: *"Wala naman po. Maayos naman"*

I1: *"Wala naman kasi halos lahat sila mababait mo talaga sila (nurses). Ipararamdam sayo na safe ka parang di mo kailangan matakot kasi kasama mo dito. Sa loob kasi ng lying-in ako lang mag-isa tapos doktor tas nurse lang."*

Discussion on Challenges During Childbirth

Childbirth can be a difficult experience, especially for indigenous mothers who face many challenges related to healthcare access and cultural differences. These challenges often continue beyond pregnancy and become more serious during delivery. Financial hardship among low-income families is significantly associated with increased parental stress and adverse mental health outcomes, particularly among mothers facing economic insecurity and limited access to healthcare services. (Sarathy et al. 2024).

In addition to financial strain, many Ayta mothers experience pregnancy complications, which further heighten their vulnerability. According to the World Health Organization (2025), many pregnancy related complications, such as hemorrhage and hypertensive disorders, go undetected and untreated, highlighting the critical need for improving maternal healthcare services in underserved regions. Moreover, some mothers report emotional and physical distress during delivery due to harmful practices such as the use of excessive force by midwives. Recent findings by Bohren et al. (2023) highlight that non-consensual and inappropriate use of fundal pressure can lead to both psychological harm and physical injury, including uterine rupture and increased maternal morbidity, especially in low-resource settings.

Many mothers also report inconsistencies in the availability of medical services during delivery, leading some to feel more comfortable giving birth at home. This supports Maskay's (2020) assertion that indigenous individuals are often more comfortable with home births, due to cost-effectiveness and cultural beliefs (Modillas et al., 2024). However, in the event of complications, mothers are often forced to transfer to hospitals outside their community, a process frequently delayed by logistical and transportation issues. Some mothers even choose hospitals farther away to avoid the stigma and discrimination they face, not only due to their

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financial situation but also because of their indigenous identity. These delays in receiving medical care increase the health risks, as highlighted by Rodriguez et al. (2024). Furthermore, government financial assistance and medical support often fail to cover the full costs of emergency care, leaving mothers vulnerable when complications arise.

For those who opt for home births, the emotional and physical challenges of childbirth are heightened by the lack of healthcare support within the community. As supported by the National Commission on Indigenous Peoples (2023), many Ayta mothers rely on traditional birth attendants or family members during labor, as professional healthcare providers are scarce. Moreover, The lack of support from family or healthcare workers during the postpartum period can increase maternal stress. Corrigan et al. (2020) note that mothers without adequate social support networks are at greater risk for developing postpartum depression, anxiety, and feelings of isolation. The pressure to "bounce back" physically and emotionally can often leave mothers feeling unsupported.

B.3. Challenges during Postpartum Period

Mental and Physical Strain

I1: *"Nagkaroon po ako ng depression kasi parang first time mom tapos hindi alam kung papaano mo ihahandle lahat kasi syempre bago manganak."*

I1: *"Alam ko lang po paano mag-alaga ng bata pero yung baby, hindi. Nandyan po yung napupuyat ako araw-araw, umaga gabi talaga yung puyat at pagod."*

I1: *"Mabuti nandyan magulang ko at ng asawa ko na gumagabay samin kung papaano kasi hindi ko naman po alam kung papaano… minsan naman po may times na nakakatulog ako ng kumbaga nasasabi ko na mahimbing kasi sasabihihin ng nanay ko, "sige dito mo na patulugin yung bata tutal sa bote naman yan dede. Pag gusto dumede sayo, dadalhin ko sayo, gigisingin kita." Kaya ayun nagkakaroon po ako ng tulog na okay. Medyo mahirap kasi naranasan ko na yung sinasabi nila na kapag nanay ka na, doon mo mararanasan lahat. Nandyan yung mapupuyat ka tapos mastress ka kasi nandyan yung anak mo lalagnatin, sisipunin tapos kahit anong painom mo ng gamot hindi naman agad mawawala."*

I1: *"Makukwestyon mo sarili mo saan ka nagkamali bilang ina yung parang maririnig mo na huhusgahan ka ng mga tao. Sasabihin, "hindi pa naman yan marunong mag-anak" o "hindi pa yan marunong mag-alaga ng bata". Kumbaga masakit din po sa pakiramdam. Nagdoble doble na kaya magkakaroon ka ng depression."*

I8: *"Gusto ng anak ko dedede… dedede. Wala namang madede sa akin. Itatayo mo at isasayaw mo."*

I8: *"Pagtatayo, talagang nagdidilim paningin ko, talagang babagsak ako. Talagang mapapahamak kaming mag-ina. Buti na lang yung katabi ko, Medyo may edad na hindi sila makalabas. Dalawang buwan na yung bata di makalabas ng ospital, doon na nag dalawang buwan, tinulungan ako. Inakay ako pa CR. Bago yung anak ko, siya ang nagbabantay… siya na nagbabantay. May nakatulong ako*."

I10: *"Yung sa mga bata ay mabilis magkasakit. Ako naman ay hirap pa kumilos at nasakit pa ang ulo, kaya hirap ako magpa-dede"*

I6: *"Siyempre, ikaw lang mag-isa doon. Wala kang katulong. Kung sa bahay lang, marami kang katulong. Ang iniisip ko nalang, gusto ko magpagaling na agad. Para kung sabihan man ako ng nurse na "gawin mo ito", ganyan. Edi ako nalang ang mag intindi sa bata. Hindi ko na para mag ano sa nurse. Nakakahiya naman kasi. Busy sila sa dami ng nanganganak sa ospital."*

Financial Constraints

I9: *"Hirap lamang sa pinansiyal, lalo na kapag kailangan ng mg check up ganoon o di kaya pagkain."*

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I6: *"Nung nagkasakit yung aking panganay, baby pa lang. Ano siya, hinika siya. Alaga namin siya sa check-up. Siyempre, ayoko rin naman siyang ma-confine. Kasi rin, dahil ng mahal ang gastos."*

Supportive Environment

I2: *"Parang wala naman po."*

I3: *"Wala naman. Ang ginagawa ko lang, lagi na lang ako nag aano sa mga bata. Iniintindi ko ang aking mga anak. Tapos lagi akong inaalalayan ng aking byenan."*

I5: *"Dun sa pag yung pag aanak lang kumbaga, dun lang talaga kami nahihirapan. Pero kung halimbawa dun naman sa pagtapos ng maanak, kumbaga hindi naman. Okay naman dahil sa suporta nila."*

I7: *"Wala na po akong naging suliranin kasi nung nailabas ko na po yung aking anak sa aking tiyan, eh ang laki pong ginhawa."*

Discussion on Challenges During Postpartum Period

The postpartum period also presents significant challenges. Ayta mothers often struggle with physical recovery due to a lack of rest and proper nourishment. The demands of caring for a newborn while recovering from childbirth can lead to exhaustion, dizziness, and fainting, making it difficult to care for both themselves and their babies. As De Guzman & Garcia (2022) note, the lack of postpartum medical follow-up exacerbates these physical challenges, as many mothers are unable to travel to health centers for check-ups.

In addition to physical difficulties, mental health challenges, such as postpartum depression (PPD), are prevalent but often under addressed. Cox et al. (2021) highlight the absence of mental health support networks in remote areas, particularly for first-time mothers, which increases the risk of PPD. The lack of mental health resources leaves Ayta mothers with limited options for addressing emotional distress, further underscoring the need for greater investment in mental health services.

Financial Constraints significantly impede Ayta mothers' access to essential maternal healthcare services. Many encounter difficulties covering the costs of transportation, medical consultations, and essential medications, which often results in delayed or missed maternal care. Jose et al. (2020) state that economic hardship often leads Ayta mothers to rely on traditional practices and avoid going to healthcare facilities.

Despite these challenges, some Ayta mothers report positive experiences with government programs, especially when healthcare services are reliable and accessible. As Santiago et al. (2024) found, Ayta mothers in areas with well-staffed health centers and dependable services experience fewer complications during pregnancy and childbirth. This highlights the importance of improving healthcare infrastructure in rural areas to ensure that all mothers, regardless of their location, have access to high-quality care. Moreover, culturally sensitive healthcare programs are crucial to ensure Ayta mothers receive the care they need without feeling alienated by the healthcare system.

C. Maternal Health Needs

C.1. Availability

Adequacy of Maternal Healthcare Facilities

I1: *"Ang alam ko lang po ay dito lang po sa health center na may araw na may check-up yung buntis."*

I2: *"Eto lang pong barangay healthcenter. Meron din po dito sa Alupay lying in."*

I3: *"Dyan sa center, sa Alupay."*

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I4: *"Sa center po dito, sa amin sa barangay. Dito po sa Alupay… pag wala po dito yung schedule sa barangay, sa Alupay. Pag nag-schedule sila, dapat pupunta talaga kayo."*

I5: *"Pero yang health center, pwedeng pwedeng umanak dun."*

I6: *"Sa akin, mga lugar na pinagpuntahan ko, yung papacheck-up lang, ganon. Mga health center, sa bayan. Ang akin lang kasi… paggka alam ko na, yung ako'y, yung ramdam ko na buntis na ako, nagpapacheck-up agad ako. Sa center. Pinaka malapit."*

I7: *"Health center lang po talaga, wala na pong iba."*

I8: *"Health center po sa barangay."*

I9: *"Center po."*

I10: *"Yan lang e. Center lang. Sa Alupay, pati diyan sa may barangay."*

I5: *"Ang mahirap nga lang dyan ay yung walang magpapaanak kasi yung mga BHW, yan na ay kumbaga sila natulong lang pagka yung may pagturok ng buntis sa mga baby ganun pero hindi naman sila nagpapaanak. Hospital talaga. Meron, dito sa San Juan, sa Rosario, sa Masaya. Nito lang twenty twenty four po nagkaroon, Lying in."*

I8: *"(Pag) Emergency, Talahiban, sa San Juan. Kaso parang mas malapit siya kaysa sa Namunga. Malayo Namunga pero mismo talaga, dapat pinaka ospital naming takbuhan ay Namunga kasi (nasa) Rosario."*

Free Maternal Health Services

I1: *"Libreng check-up po talaga. Chinicheck kung kamusta yung baby, yung kalusugan ng baby, yung heartbeat, at kung okay ba siya. Tapos yung gamot at vitamins libre din naman."*

I4: *"Ano lang po.. vitamins. Pag yun pong mahina ang kapit ng baby, kailangan uminom ng ganon. Kompletong check-up."*

I7: *"Gamot lang po tsaka check up."*

I9: *"Check - up - 'Yan, ang kagaya ng Rosario (center), yung libreng check-up."*

I10: *"May check-up ka, ib-bp ka. Titingnan kung mataas ang ano mo. May libreng gamot naman tsaka yung pang-vitamins."*

I6: *"Tinitingnan lang naman nila sa buntis, diba, ihi? Halimbawa, hindi mo pa alam na buntis ka, tinitingnan nila sa ihi. Pag yun ay positive o negative. Tapos pagka, ano, pag hindi naman, nadiretso ko kasi talaga sa mga mataas na hospital. Meron din namang sa dugo, ganyan. Titignan ka. Kung okay ang dugo mo, ganyan."*

I7: *"Yung mga gamot tsaka laboratory, dun na po sa… yung iba po sa Rosario, yung iba dito po sa San Juan."*

I8: *"Sa ano naman, libre ang dugo at ihi sa center. Doon naman sa ospital, kumbaga ay parang… wala kang babayaran. Pag may Philhealth ka, talagang said, dun talaga kaya. Bago pag mayroong namang head sa ospital na sobrang bait, kahit malaki yung bill na namin, hindi sakop ng Philhealth, tinulungan niya kami. Kaya nabaitan kami, dun talaga kami nagpupunta sa emergency. Kahit baga kumbaga… kahit siya'y public, maasikaso siya. Hindi katulad ng ibang public na… "marami kaming pasyente, kulang kami, walang pumasok."*

Shortage in Medicine Supplies

I6: *"Pagka ubos na yun, diba, bibigyan ka sa center. Sinasabi sa'yo ng mga nandon, pag-ubos na po yan, e talagang obligado, bibili… Katulad ng vitamins ng mga bata ko, pagka nagpapa-check up ako doon, binibigyan nila ako ng gamot, tapos reseta, yun ang bibilhin mo sa pharmacy."*

I8: *"Sa ano naman… emergency sa Talahiban sa San Juan, pag merong gamot sa loob, wala kang babayaran. Pag sa labas, tsaka ka lang bibili."*

Adequate Support of Health Workers

I1: *"Para po sakin sobra sobra pa. Pagdating sa BHW, wala naman po kasi kada may monthly check up po diyan, yung mga BHW naman po, sinusundo po talaga nila dito para maka-attend po ng check-up, turukan ng bata at buntis."*

I2: *"BHW po kasi yung lagi namin nakaka-ano dyan, nakakaharap namin, nag aassist samin mga BHW po, kaya wala naman pong problema sa kanila.*

I5: *"Pero sa mga BHW naman ang nagaano, kumpleto, sapat naman."*

I7: *"Madami naman po sila, parang sapat na po yon. Pag lang po talaga nagkakataong... yung pag panganganak ay inano mo nalang sa oras. Tapos po ay sa check up, madami naman po talagang nagbubuntis kaya marami pong inaasikaso. Wala naman po sigurong ano, basta po naasikaso po."*

I9: *"Oo, sapat naman"*

I10: *"Para sa akin, parang kompleto naman sila."*

I8: *"Sa center, okay naman. Kahit kulang sila, talagang pursigi na matapos na at intindihin kami. Ganun din sa San Juan… San Juan Street, ganun din. Kumbaga kahit marami kaming pasyente, hati talaga. Magraround siya sa kabila maghapon. Magraround naman siya sa kabila. Tapos niya lahat. Nalilibot niya talaga. Walang pinipili, meron at wala ka."*

Staffing Shortages

I2: *"Parang wala naman pong Nurse dito samin, midwife lang po. Midwife po okay naman po, mabait naman po makitungo samin. Nais sana na dalasan yung pagkakaroon ng nurse sa center para malapit nalang po. Hindi na po sana sa Alupay kasi magcocommute pa tsaka walang libreng sasakyan yung hindi babayaran."*

I5: *"Talagang kulang (midwife) kumbaga dito sa barangay. Iyong nurse, wala. Parang center lang yata meron"*

I10: *"Para sa akin ay hindi sapat (midwife). Mas maganda rin yung may pupunta dito sa amin — sarili naming midwife sa barangay baga."*

I6: *"Parang sa BHW**,** kasi, marami kasing nagpapa-check-up sa center, hindi ka agad maaassist ng mga tao doon. Pagka, kailangan e ikaw agad ang ipo-focus nila. Kailangan gusto mo ikaw agad ang mauna, ganyan. Tapos mag-aantay ka, pipila ka."*

I4: *"Minsan po, parang nakukulangan sa mga nag-asikaso. Syempre po, madami kami nakapila. Imbes na ang unahin yung nananakit na ang tiyan, unahin. Dapat, di ba, uunahin niyo. Dahil ang sakit sakit na ng tiyan niya eh."*

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Flexible and Accommodating Operating Hours

I1: *"Sa pagbukas naman po, tama lang po kasi pag buntis ka, hindi ka maakagising ng maaga. Nandyan yung latang lata ka na gusto mo lagi ng tulog kaya okay lang po yung start ng 8. Tapos matatapos. Pero di naman po siya natatapos agad kaya lang po masasabi na matatapos kapag natapos na po lahat."*

I2: *"Maaga po silang nagbubukas kasi yung ibang mga buntis tanghali na po dumadating. Okay lang naman po wala naman pong problema. Yung pagsasara naman, Hindi ko po alam kasi madali lang naman po kasi minsan hindi po ako nagtatagal kaya hindi ko po alam anong oras po sila nagsasara."*

I3: *"Okay naman, basta sila ay pinuntahan."*

I6: *"Sa oras kasi, ayos naman sa oras."*

I7: *"Okay naman po kasi po sa Alupay naman po sa center, ang oras naman po ng kanilang pag sasarado ay hati na rin po."*

I8: *"Ang pagbubukas nila, alas otso ng umaga. Ang pagsasarado nila, bago mag twelve. Okay naman."*

I8: *"Okay naman. Kahit magpacheck up kami ng emergency. Hating gabi na, papunta kami ng botikang malaki. Halimbawa, kay Jojo Pharmacy, may gwardya at meron pang assistant na naiwan. Kumbaga nakakabukas pa rin kami. Pinagbibigyan nila kami. Pinagbubuksan nila kami para may gamot na ibinibigay. Mabait sila kahit sarado. "Hindi pwede. Magsabi ka lang sa gwardiya. Pagbubuksan ka nila". Pinagbubuksan naman kami. Pag talaga namang wala, nagawa naman ng paraan ng ospital. Pag talagang emergency. Pag naman hindi, magpapa bukas naman."*

Call to Prolong Operating Hours

I5: *"Ayos naman. Kaya lang itong aking ibang mga kasamahan ang minsan nagkukulang. Hindi agad minsan sila pumupunta. Umaalis kaagad sila ng hindi nagpapa check up o nakakapagpa check up tapos ay kumbaga ay sila ay naka record doon na itinatawag. Nakakaalis yan na halimbawa bukas ang check upan, napapaalis sila ngayong araw na ito. Kumbaga sila, ito lang aking mga kasamahan ng iba na minsan ayaw din paturukan ang mga anak."*

I9: *"Mas maganda yung maaga kasi paminsa'y yung iba nagtitinda."*

I10: *"Okay naman. Pero kung mga 7 pa lang ay bukas na, mas maganda rin. Kasi minsan maaga pa lang ay inaasikaso ko na ang mga bata."*

I4: *"I-start nila, sabi nila, alas otso. Hindi pa rin naman nag-i-start. Syempre kami may gagawin din naman kami. Kaya kami umaga na mga alas sais, alas singko. Para kami mauna. Hindi yung uunahin pa nila. May senior. Aminado naman kami talagang kailangan unahin yung senior, mga ganon. Sabi ko, buntis kami. Kami nauna, hindi pa kami. Parang ganon."*

I5: *"Hindi sila nagiging maghapon. Pati kung halimbawa ay turukan ngayon, kailangan maghapon nanduduon sila, doon lang. Sila ding isa pa rin nila, hindi sila nagiging maghapon dahil kumbaga may limit din yung oras nila. Dito hanggang tanghali lang yata yun or ala una. Tapos pag wala ng halimbawang pumupunta o hindi na napunta, talagang umaalis na sila. Pag natapos na nila yung check up yung mga turok ganyan. Tapos dinadala na ay sa center na talaga, hindi na dito sa barangay. "*

Discussion on Availability of Maternal Health Needs

The research study revealed various themes which discuss the availability of maternal healthcare facilities, services and human resources that the informants utilized to attain best possible maternal and child care throughout their pregnancy. From the varying responses gathered through the interview with the informants, the researchers have found that Ayta mothers commonly seek medical attention from the Barangay Health Center (BHC) that serves as the primary facility and first choice of contact for maternal healthcare due its proximity to their home. Unlike any other facility, BCH is conveniently located and within reach, making all the services for routine consultations to be readily available for Ayta women. This choice of care of the informants goes the same way as to the article of Larrazabal in 2025, stating that BCH stands as a beacon of hope and wellness for many Filipinos, making it the first and only point of contact to attain medical needs.

However, Ayta mothers emphasized throughout the discussion that their health seeking behavior for maternal and child care goes beyond the availability of health centers around them. In some cases, like emergencies which require specialized and immediate care, the tribe opted to utilize other available facilities such as hospitals and lying-in clinics. As per Bagunu et al. (2023) pregnant Ayta these days often let themselves and the fetus attain best clinical practices by attending in regular checkups from medical professionals in nearby hospitals. This decision is frequently made out of safety concerns, with mothers firstly assessing the possible risk associated in selecting a birth location, which led them to utilize hospitals over primary health care due to its capability to handle unforeseen problems (Punzalan et al., 2024).

Aside from health facilities, the availability of free maternal health services plays an important role in maintaining the overall health of Ayta mothers and their children. Majority of the women verbalized that they received free services from BHC including check-ups that involved consultations, fetal heart rate assessment, blood pressure monitoring, as well as medications. They also acknowledged other free services like blood and urine tests which are vital for pregnant women to help them detect possible health complications. The increasing access of Indigenous Peoples in the Philippines to free health services like this while still considering their cultural background can significantly improve their well-being, the World Bank Group (2024) said.

But in several instances, Ayta mothers emphasized that they can't fully rely on the free services as they still had to purchase additional medication once the supply lasts. Similar study by Cagayan et al. (2022) also noted this kind of problem wherein some mothers were forced to buy medicines from other pharmacies due to scarcity in medicinal supply. The demand to comply with this might be financially challenging for some but one informant mentioned how the PhilHealth insurance program lessened her financial burden. Alongside this is the reduced medical professional fees of healthcare providers which made it possible for the Ayta mother to utilize the available facilities and services. This statement from one informant, however, can’t speak for all. Cagayan et al. (2022) added in their study that the availability of PhilHealth Maternity Care Packages is not enough to cover maternal care in some facilities, making some refuse to avail other services due to concerns about additional expenses.

With regards to the sufficiency of healthcare providers, Ayta mothers also had varying opinions and sentiments. Most of the Aytas entrust their health at the BHC where Barangay Health Workers (BHW) are commonly the one that caters their needs. Several informants mentioned that BHW are sufficient enough to handle timely pre-natal check-ups and vaccinations. This role is evident in the study of Hartigan-Go et al. (2024) wherein BHWs actively took part in handling pregnancy by conducting prenatal and postnatal checkups, vaccination drives, record keeping, and disseminating announcements for follow up consultations. However, concerns about insufficiency of staff in BHC is evident, highlighting the need for permanent nurses and midwives in the said facility. In the study of Cagayan et al. (2022), it is noted that lack of skilled healthcare workers can result in underutilization of the facility and its services. Morgan & Breau (2024) also added that the absence of health professionals and skilled birth attendants resulted in long waiting time, which consequently affected the women's trust with the facility. This is evident through the informants’ sentiments about the BHW-Patient ratio wherein workers are sometimes not enough to meet the high numbers of patients during peak hours, thus resulting in prolonged waiting time and delayed care.

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI | Volume XIII Issue XV June 2026 | Special Issue on Public Health

In spite of this, most mothers agreed that operating hours of BHC are sufficient enough to cater their needs with other facilities like hospital and pharmacy giving leniency to them during emergencies, which allowed them to utilize some services even at late hours. Some have also expressed the need for the health center to open an hour earlier than usual to accommodate Ayta women who tend to skip their schedules due to other personal responsibilities. Not only this as the concerns goes along the limited operation hours of the facility, emphasizing that the center only accommodates patients until noon. Due to its limited time, it resulted in missed schedules as some mothers tend to prioritize their daily tasks and work to support their family. Mohammed et al. (2021) supported this through his study by stating that closure of health facilities for some hours is depicted as a barrier which contributes to low utilization and incapacity of individuals to avail maternal and child health services.

C.2. Accessibility

Proximity to Basic Maternal Healthcare

I2: *"Eto lang pong court na yun. Mga 5 minutes lang po siguro o wala pa."*

I4: *"Wala naman pong ano.. mga sampung minuto, nandito na po kayo sa barangay."*

I2: *"Lakad lang."*

I4: *"Lakad lang kapag sa barangay."*

I7: *"Lakad lang po kapag yung sa Barangay."*

Longer Travel Time to Access Specialized Health Services

I1: *"Ten to fifteen minutes pag nagcommute ka."*

I2: *"Yung alupay mga 10 minutes po siguro o 15."*

I4: *"Sa alupay naman, mga 15 minutes, nandon na. Center din yon.*

I7: *"Medyo malapit lang naman po. Dito lang din po kasi 'yon. Pag naman po kasi wala masyadong traffic, mga ten mins po."*

I3: *"Yung center, baka mga kalahating oras."*

I4: *"Sa pinaganakan ko po, minuto po. Mga kalahating oras po."*

I5: *"Pag yung sadyang paanakan, malayo, talagang bibyahe pa kami. Siguro mga wala namang isang oras. Minuto lang pag mabilis ang takbo ng sasakyan. Isang sakay lang pag magku-commute ka na pamasahe, isa lang."*

I6: *"Yung Center, mga kalahating oras. Pag sumakay ka naman dito, wala pang isang oras nandon ka na."*

I8: *"Parang may minsan kalahating oras, may isang oras na. Kasi wala syang ibang daan kundi direreiretso na."*

I9: *"Isang sakay lang yun e mga kalahating oras din siguro pag mabilis ang sasakyan. Parang wala naman isang oras yun, yung pang mabilis lang mga minuto lang. Minsan na, danas kami dito alas 7, pag alas 8, nandoon na kami. Mga 7:30, mga ganyan, pag mabilis ang sasakyan."*

I10: *"Alupay lamang. Medyo malayo-layo. Mga 30 minutes lang."*

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Transportation to Attain Maternal Care

I1: *"Jeep."*

I2: *"Sa Alupay gamit po ay jeep, nagcocommute po."*

I3: *"Jeep lang."*

I4: *"Sa supreme pa ang sinasakyan ko… Sta. Catalina po kasi ako nanganak, sa lying in. Edi bus pa po sasakyan namin, papunta doon."*

I5: *"Pag mamamasahe jeep jeep lang. Pero dun na ang baba nun hindi na masasakay pa kung saan."*

I6: *"Jeep lang. Minsan tricycle."*

I7: *"Pero kapag sa Alupay ay jeep po."*

I8: *"Eh dito naman, supreme (tricycle) papuntang Namunga. Pag jeep, dalawang sakay mo ka pa. Pag supreme, dun na ang baba mo."*

I9: *"Jeep po."*

I10: *"Jeep."*

Barriers in Accessing Maternal Healthcare

I7: *"Siguro po noong nahirapan po ako magpa-check dahil nga po malayo tapos pasulong pa po yung daan, kaya naramdaman ko po na sumakit yung dibdib ko."*

I5: *"Yun na nga kumbaga, ay sasakyan o transportasyon na para kaming makarating kaagad sa aming dapat pupuntahan. Kasi dito, kalimitan ang natatawag namin ay tricycle, kaya lang mahirap tricycle kasi papasok ka dun, ang baba pa."*

I9: *"Mahirap yung sa patrol kasi kailangan pa manghiram sa barangay tapos kailangan pa lagyan ng gas at magpakain sa driver."*

I2: *"Noong nanganak po ako yung baby po ipapa-newborn screening ko po. Yun nga bumalik ulit kami kasi wala pong budget. Ayun po sana po may palibreng newborn screening para sa baby gano'n."*

I8: *"Lumiliban sa check-up kasi malayo. Kumbaga parang nagkukulang rin sa pamasahe. Baka ako'y kapusin. Hindi na ako nagpapatuloy lalo't may bayad. Kasi di bale kung may pang bayad ka, kung sobra sobra. Pag hindi, talagang sinasabi ko na, "pasensya na po kayo. Hindi po kami nakapunta kasi walang wala po talaga kami". Pag sinabi nung midwife sa center na "ano naman yun? kailangan nyo na yon". Pwede naman siguro, sa ibang araw yun. Tsaka lang nagagawan, pag talagang meron ka. Pag wala, wala."*

I6: *"Sa center kasi masyadong nababagalan nga. Kaya parang nag-alinlangan ka ngang pumunta dahil marami ngang iniintindi. Tapos kulang sila sa tao. Pero kung sa ospital ka naman pupunta, marami naman mag-aassist sa iyo. Kasi marami doon mga nurse, doktor, ganyan."*

I4: *"Meron pong gay'on. Minsan po may pupuntahan. Talaga po hindi po talaga mapagukulan ng araw o oras. Kasi po kami nagtitinda ng herbal. Hindi po namin maukulan na makabalik po agad."*

I10: *"Yung kailangan mo talaga magpa-checkup pero may iba kang kailangang asikasuhin — gaya ng mga anak mo o trabaho. Kaya minsan hindi ka na nakakapunta. Pipiliin mo na lang muna kung saan ka pupunta — sa check-up o sa pang-araw-araw na kailangan."*

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Discussion on Accessibility of Maternal Health Needs

One of the important factors that affects the quality of treatment that Ayta mothers receive during prenatal, childbirth and postnatal period is their access to different maternal healthcare services and facilities. Through this discussion, it has been unveiled that the proximity to healthcare facilities influences the mothers access to timeless and adequate maternal care. In this study, the majority of the informants mentioned that the most accessible facility for monthly check-ups is the Barangay Health Center, which is just a walking distance and a few minutes away from their home. According to Mseke et al. (2024), distance and travel time is considered as a determinant to access health services which affects one's decision to utilize it. Thus, offering healthcare services that are within reach significantly improves the overall health and well-being of the community.

In some cases that require specialized care, especially during emergency situations, mothers opt to utilize services offered in the Rural Health Center located in Alupay which requires at least ten to fifteen minutes travel time by jeepney or tricycle. This findings is supported by the literature which suggests that the requirement to use transportation contributes to barriers to access, which significantly prevent mothers to utilize services from Rural Health Units (Cagayan et al. 2022)

Transportation further emerged as a barrier to adequate and timely medical care. While most informants said that they often walk to BCH for routine consultations, accessing other facilities that offer more complex services like laboratories, diagnostic procedures and well-equipped birthing homes, often requires longer travel time with the use of transportation modalities such as tricycle, jeepneys and buses. Some mothers expressed difficulties associated with relying on these modes of transport. One informant noted that navigating unstructured roads is deemed exhausting for her as a pregnant woman, which led her to experience chest pain. As shown in the literature written by Mweeba et al. (2021), poor transport systems and bad state of roads stand as a barrier to facility delivery that affects the women's overall usage of maternal healthcare services. Sahoo (2021) further emphasized that accessibility to facilities is often worsened due to poor roads and lack of transportations.

Lack of private transportation is another problem for Ayta mothers who need urgent maternal care. One mother said that borrowing patient transportation vehicles from the barangay added a burden for them as it required fees such as gas and food for the driver. A study by Morgan & Breau (2024) also highlighted this concern, indicating that despite the provision of government-owned vehicles, fees are required to utilize it. This additional cost does not only affect the accessibility to maternal care but also affects the affordability of the services that one might receive. Due to problems like insufficient finances and lack of transportation, this resulted in indigenous peoples being unable to access medical care despite needing (World Bank Group, 2024).

The financial burden does not end with the reports of mothers regarding the difficulty in affording transportation costs. For instance, an informant shared that financial constraints delayed important procedures such as newborn screening for her child thus forcing them to reschedule check-ups. Results of previous study written by Cignacco et al. (2022) indicates this situation where financial difficulties resulted in incapacity of women to pay for necessary medications, immunization and other procedures, which overall interferes the ability of the mother to attain antenatal care and even the continuity of care for the child.

Other than these barriers, the informants also highlighted concerns about healthcare workforce wherein understaffed facilities leads to delayed operations, thus consequently affects their decision to comply with the given scheduled consultations. Similar to this is the study of Luu et al. (2022) which states that access to healthcare services is affected by the availability of healthcare personnel. The instances of rising service demand are deemed to overwhelm the availability of health workers, thus resulting in scheduling issues and prolonged waiting times.

Finally, Ayta mothers clarified in the interview that their non-compliance to routine consultations is not just because of geographical or financial barriers. Another critical aspect that affects their ability to access necessary care is the social factors wherein they are obliged to balance their responsibilities at home while also trying to prioritize their health. In this case, one informant mentioned the challenge of choosing between attending to scheduled check-ups or fulfilling household tasks.

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C.3. Acceptability

Welcoming and Supportive Attitude of Healthcare Providers

I2: *"Wala naman pong problema kasi po matagal na din po kami dito, kilala na din po dito sa barangay ang mga tribo kaya wala naman pong problema. Mababait naman po sila sa mga tribo, mga midwife din po kasi kadalasan sa barangay."*

I7: *"Mahinahon naman po sila at maasikaso."*

I5: *"Maayos naman. Kaya lang minsan kumbaga, ang gusto nila lahat, sasabihin mo yung "masakit po ang ganito ko", ganyan, "kailangan ko po nito". Tapos kumbaga ay kami ay inaasikaso ng ayos tapos pagka halimbawa "hindi kayo naka record dito", "ikaw ay pwede kong igawa na lang ng bagong record", ayun."*

I8: *"Kumbaga eh… ano naman, inaasikaso naman kami. Kumbaga eh… "Neng, ilang ano ng tiyan mo? Balik mo sa garne ha. Wag maaaring hindi. Ari pa ang test mo. Ganto ang kailangan mo". Ayun naman, ginagawa naman namin. Iniintindi naman nila kami. Bago pag naman talagang luwag kami, sinusunod naman namin sila. Hindi pwedeng hindi din susundin."*

I6: *"Sa Batangas kasi, wala doon pinipili kahit ikaw ay tribo. Lahat ng tao doon, kahit ayta ka man, o kahit sino ka man, talagang iniintindi nila."*

I5: *"Sila ay sadyang lahat… halimbawa sabay kami dun sa mga Tagalog, halos lahat sila kung magpapaturok. Kumbaga "dalhin nyo ng mga bata nyo dito at kayo ay may turukan" o kaya kahit may pacheck upan ng mga buntis. Sadyang lahat ay kami kasabay din ng mga Tagalog. Kumbaga hindi kami "ay dito kayo kayong mga Ayta ha o dito kayo ito ay mga Tagalog", hindi. Kumbaga parang nakikilahok na rin kami sa Tagalog. Hindi kami nakabukod."*

Negative Interactions with Healthcare Providers and its Impacts

I1: *"Meron pong masungit kasi meron din samin di nakikinig at di sumusunod kaya susungitan po nila para syempre sumunod."*

I2: *"Noong ako po ay nanganak nagalit po ang doktor dahil pinipilit ko daw po ang panganganak sa bahay kasi nga po napatagal at napunta pa kami sa regional bago nagpaanak sa Rosario."*

I7: *"Pero noong hindi ko po nadala yung anak ko para sa bakuna ay nagalit po sila."*

I2: *"Noong ako po kasi wala naman po akong sinabi na ganto po yung kultura namin, ganto po yung pamahiin namin, wala naman akong sinabing gano'n."*

I7: *"Mula po sa karanasan ko, wala naman pong ganito na nangyari. Dahil hindi ko rin naman po pinapakita o sinasabi sa kanila yung mga tradisyon namin. Basta po't nakabigkis na lamang ako na patago."*

I5: *"Ayun yung kung halimbawa nakaanak kami sa ospital, yung sinasabi ko sa inyong mainit na bato, yung daig hindi na namin kumbaga hindi nagagawa kung sa ospital. Parang kumbaga kami ay sumusunod na rin kung ano yung kanilang proseso na hindi naman kami kumbaga napapahamak o hindi madisgrasya ganun. Pero kung yun para sa amin lahat, sa bahay, dun namin nagagawa yun. Kumbaga yun nga sabi… kagaya nga ng sabi ko, hindi na namin kumbaga ipinakikita ko, sinasabi na ganito ang ginagawa namin pag kami ay aanak, ganito ganyan, hindi. Pero kami, nagsasabi din sa kanila. Kaya lang kumbaga, pinapaliwanag din samin na ay "tita mas maganda kasi ito". Kumbaga po ay "nasa ospital po kayo kaya talaga pong kailangan ninyong ganon". Di na rin naming sinasabi. Kumbaga tinatago na rin namin at isinisikreto nalang namin yung kultura at tradisyon namin. Parang pinoprotektahan narin."*

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Disparities in Healthcare Access

I4: *"Malimit po kasi pag sinabing Ayta, medyo "Ay, mga ayta naman yan mamaya na yan. Mamaya na yan pwedeng panghuli naman yung mga ayan." Syempre, hindi na kami iimik. Maghahantay po talaga kami kasi kailangan din po naman namin ng gamot eh. Para doon sa baby. Pero medyo kami ay.. magpapatingin. Kasi sila po, medyo pagalingan kasi kilala kita. "Ako muna unahin mo", mga ganun lang."*

I9: *"May danas rin naman kaming diskriminasyon pag nagpapacheck up kumbaga nilalagay kami sa huli. Sabi ko ay huwag ganon dahil tao rin kami."*

I10: *"Pinapunta ako para isasali daw ako sa 4ps, pero parang di ako masyadong inuuna, parang nilalampasan ka lang. Kaya simula noon, nagtanda na ako. Sa pakiramdam ko, kasi isa lang akong katutubo. Parang hindi ka masyadong pinapansin. Masakit kapag ganoon kasi katutubo lang kami, pero tao rin kami. Kung may bayad man, kaya rin naman naming magbayad. Dapat pantay ang tingin sa amin. Wala sanang pinipili."*

Health Provider's Oppositions to Traditional Beliefs

I4: *"Doon po sa padalawa, siguro hindi po nila… bukas sa kaisipan nila kung ba't kami may bigkis kaya pinatanggal. Medyo, syempre po, tradisyon namin yun. Parang hindi nila gusto yung ganun. Siguro sa, kagaya nila, siyempre, espesyalista sila eh. Ba't sila makakakita ng ganun pasyente na may ganun?"*

I5: *"Yang kumbaga, yun nga kagaya ng sinasabi ko sa inyong tinatali sa baywang, minsan talagang pinatatanggal nila yun. Kasi sabi "magsusugat ate ang tiyan mo, hayaan mo na huwag mo na talian."*

I8: *"Ang sabi naman ng doktor samin, "mali yang pagbibigkis ninyo. Kasi sa oras na yan, puwedeng maipit niya yung bata. Pwedeng mag komplikasyon kayo. Mahirapan lalo. Kasi kusa namang lalabas yan kung di ka ganyan". Yun lang talaga ang suway namin. Talagang itong tradisyon po naming tribo."*

I9: *"Tinatanggal lang yung bikis. Yan lang."*

Gradual Understanding of Traditional Beliefs

I1: *"Yun kasi dala-dala ko yung pangontra, "iha, iyong tanggalin na yang iyong nakakabit na yan sainyo gawa ng hindi yan pwede at manganganak ka". Sabi ko, "patanggal niyo na pong lahat, wag lang 'to". Tapos pinaliwanag ko po na ako ay isang katutubong Ayta na meron po kaming relihiyon na kailangan sunduin at wag na sana alisin. Sabi ng doktor, "sige wag na." Natuwa po ako kasi sa iba, "bakit hindi?" pero sa kanya okay naman po."*

I6: *"Tinatanggap naman nila pagka yung talagang, yun ang sinasabi namin tradisyon namin, kinalakihan namin, dahil sa mga ninuno namin, yung mga lolahin namin, kung ano yung pinamana, ganon, katulad ng mga pagbubuntis, ganon. Parang interview din, ganon. Kung saan kayo nagmula, ganyan. Kung saan kayo lumaki, saan kayo pinanganak, ganyan."*

Discussion on Acceptability of Maternal Health Needs

The idea of acceptability in healthcare goes beyond just acknowledging the Ayta's culture, beliefs, and traditions but also providing tailored care that is culturally appropriate to the needs and expectations of the tribe. The Ayta mothers in this section provided insights regarding their experiences on how the healthcare system and health providers gears towards accepting their unique cultural preferences when accessing maternal healthcare. In this essence, the healthcare provider's attitude played a crucial role in making Ayta feel that they

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are well-accepted. Informants have revealed varying experiences by which some providers exhibited positive and welcoming attitudes while others demonstrated negative feelings on Ayta's noncompliance to modern health practices. Most of them complimented the attitude of health workers, mentioning that they openly welcome the tribe, remain attentive to meet Ayta's concerns, and possess respect with the culture while ensuring that they deliver fair treatment to the community. Some also foster familiarity with the tribe, highlighting the connection and relationship they had built throughout the routine consultations. This aligns with the literature that suggests that trust and relationship is vital in healthcare as it acts as a foundation for effective prenatal care among indigenous women. Such relationships allowed indigenous women like Ayta to freely share information about themselves, increase likelihood to comply with medical advice and lessen the patient's fear of being judged and discriminated against based on their cultural background (Jawad et al., 2022).

Contrary to this are the negative experiences that others had mentioned by which health workers tend to show unpleasant behavior whenever mothers are non-compliant to their advice. This is due to the fact that healthcare providers tend to become unaware of cultural factors that might affect the patient's medical compliance. Oftentimes, they blame patients for their health concerns, labeling them as noncompliant which ultimately affects the patient's overall experience during appointments (Levesque et al, 2024). The varying experiences of Ayta mothers regarding healthcare provider's acceptance of their maternal health practices often lead to reluctance in revealing their ethnicity, thus making the health workers to become unaware of their culture. Several informants reported that they never mentioned their background and the culture they used to believe in. The study of Jawad et al. (2022) stated that there were instances where indigenous women's past experiences with non-indigenous health professionals affect her likelihood to share personal details while seeing medical attention. Instead, they tend to adhere to their traditional practice unknowingly to the healthcare providers while others remained compliant to medical advice when in hospital but follow their tribe's own practice after discharged.

Another theme under this is the disparities that Ayta mothers experienced when accessing essential maternal health care. Several informants highlighted how they are being treated least among any other groups due to their cultural background. They have discussed that they are often placed last in the queue, making them the last one to be catered during routine consultations. One also mentioned the long waiting time, as others had the privilege to skip the lines due to that so-called "pagalingan" and health workers's familiarity to other patients. According to Lewis et al. (2023), indigenous peoples experiences of bias and stigma resulted in less health-seeking behavior and worsened well-being. Moreover, another informant reported a sense of neglect that she felt when health workers overlooked her existence while exhibiting reluctance in attending to her needs.

The difference between modern medical practices and traditional practices also impedes the acceptability of Ayta's beliefs in healthcare settings. In most cases narrated by the informant, it is evident that healthcare providers often discourage the use of *bigkis* or the Ayta's cultural practice of putting abdominal binders to aid the descent of the baby. While it signifies benefits on Ayta mothers, the providers stand firm about the removal of *bigkis* as this may impose health risks to mother and the baby. This kind of cultural repressions, as per Jawad et al. (2022), can affect the women's decisions to utilize health services as well as refrain her from communicating and expressing her needs.

But in spite of others' disagreement to this kind of practice, some providers demonstrated understanding of this tradition, considering that it implies cultural significance from Ayta's perspective. The acceptance usually happened after Ayta revealed their cultural identity, leading to an explanation about the cultural importance of their practices. In this regard, cultural competence is significant which allows health professionals to demonstrate behaviour that enables individuals to work in respect to cultural preferences, thus decreasing miscommunications that might result in poor health outcomes (Jawad et al., 2022). It is also evident how healthcare professionals try to acknowledge the Ayta's traditions, which helps them to foster understanding and acceptance of their practices. As per Jawad et al. (2022), it is essential to understand the indigenous women's values, traditions, beliefs and experiences in order to provide culturally sensitive prenatal care. Meanwhile, learning the significance of different practices of indigenous peoples is beneficial to create care that is patient-centered and respectful to the community (Edio, 2023).

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D. Recommendations

Cultural Respect and Recognition of Ayta's Traditional Beliefs

I1: *"Kumbaga makilala lang po kami, okay na. Kasi meron pa ding iba, hindi ko naman sa nilalahat. Kasi meron pa din po na dinadown or dinidiscriminate yung mga katutubo. Kumbaga, "ah katutubo sila kailangan namin silang igalang". Kahit di na mapasama sa ganto, ganyan. Kahit yun nalang po… respeto kumbaga."*

I4: *"Ang sa amin po ay kung ano po sana yung nakagisnan namin, irespeto na lang ng mga kagaya nila na hindi naman din pwede nilang tanggalin kasi malaking katulungan din sa amin. At kung matatanggap nila, at bukas sa loob nila, at maunawaan nila, yun ang aming nakagisnan."*

I10: *"Respeto. Bilang sa isa namin, sa kagaya namin mga katutubo"*

I4: *"Sana po sa kagaya namin mga Ayta, bigyan din po ng respeto man lang. Kahit Ayta ay meron po kaming karapatan na bigyan nilang serbisyong maganda. Hindi na yung sinasabing, "ay mga ayta yan, dapat i-present natin una sa lahat", hindi po. Sana naman, pantay-pantay. Kung Tagalog, kung ano yung pagtingin yung pagrespeto at pag-iintindi, ganun din po sa kagaya naming Ayta. Dahil tao din naman po kami, di ba po?"*

I5: *"Para sa akin lang, kung sila ay magtatanong… ang di kasing nagtatanong din minsan yung mga yan. Ay para sa akin lang sana, ay kumbaga ay hindi nila harasin o pilitin ang isang tao sa kung halimbawa ay "ayoko po ng ganito ganyan", "ay hindi po pwede kailangan po ng ganun". Dun na sila wag pilitin o wag harasin ang isang tao na halimbawa kagaya naming mga katutubo na bigyan sana ng paggalang o pagrespeto sa kung ano yung ayaw at gusto namin."*

Bridging Gaps Through Mutual Understanding and Learning Ayta's Culture

I4: *"Maganda rin po sana matutunan yung aming tradisyon. Para po yung kaalaman nyo rin na hindi namin alam, matutunan namin at manununan niyo din ang samin."*

I8: *"Subukan niyo din aralin, dahil sadyang malaki ang pinagkaiba namin. Yun din, mas gusto ko pa din na maturuan kami lalo't di namin alam yung gagawin na dapat yun ang tama. Yun din ang gusto ko."*

Integrating Traditional Culture to Modern Medicinal Practices

I2: *"Yung pong mga sinabi ko sa inyo, yung mga panghaplas para po sa mga bagong panganak para po hindi mamutla. Kung baga tanggapin o inaano nila. Hindi naman po ihalo sa gamot, yung parang dagdag lang po."*

I4: *"Sa gamot… kasi po kami hindi po namin inaano yung iba dahil hindi nakagisnan. Natural po sa amin na wala kami isipin na baka po kami ma-overdose. Dahil takot nga po kami uminom ng gamot. Sa kagaya po namin, malaking tulong po yung pagsasama ng herbal namin dahil nakakabuti po sa amin."*

I5: *"Ah sa amin naman ay… kasi ngayon meron nang mga herbal ding inaano din ng mga medisina eh. Kagaya ng mga sambong, malunggay, mga ampalayang… yang ampalayang yan ay mga herbal din yan pang gamot eh. Kung para sa akin, kung kami ay matutulungan din dun sa alam namin at kaya din nilang gawin ng…. ninyo halimbawa ng mga kagayang, halimbawa magna nurse kayo, pwede naman naming sabihin o pwede rin naman kaming tumulong na "ito po yung gamot na aming ginagawa. Tingnan niyo po kung ito ay pupwedeng gawin niyo din, gamitin", ganun. O kaya kung ano pa yung inyong maitutulong din at magagamit dun sa aming mga herbal na yun, pwede naman naming gawin."*

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Culturally Appropriate Maternal Health Programs and Enhanced Services

I1: *"Siguro para po sakin gusto ko po magkaroon po dito ng mga seminar. Seminar tungkol sa kung paano mo pangangalagaan yung sarili mo kapag buntis ka, kung paano pangalagaan ang asawa mo at pakikitunguhan ka."*

I4: *"Yun na lang pong (seminar) sa talubata, na sana kung magkakaanak, huwag yung madami. Dahil mahirap ang buhay. Para po naman umalwan ang buhay nila."*

I2: *"Yun pong pagpapacheck up po. Linggo-linggo po siguro."*

I8: *"Libreng check up. Para makasigurado kami sa aming katawan na walang nararamdam. Yung ganun nga, yung medical mission din. Pag may nararamdaman, pwedeng magpa check up dito. Kung ayaw ng malayo, ayaw pumunta ng center, barangay o mismong dito sa amin. Yun lang gusto namin para yung ibang di nagpapa check up dahil mahiyain nakakapagpacheckup."*

I10: *"Mga libreng ultrasound ganoon. Tapos yung mga check-up sa mga bata. Para hindi na kami laging lumalayo."*

I1: *"Kumbaga mas madami pa po sigurong gamot at vitamins para kung sakali man mo na magkaroon ulit kasi di naman masasabi yung panahon. May maibibigay, hindi po yung kailangan na bibili ka ng ganito, ganyan."*

I2: *"Sana po may nakatuon sa aming mga katutubo na libreng kumbaga natututukan po yung mga nanay po na buntis tapos sa baby may agad-agaran na ibibigay na gamot para sa baby."*

I10: *"Tutulungan kami kagaya nga, magbibigay ng libreng gamot. Tapos kahit kami'y bigyan ng libreng gamot, kung may pumunta man dito, hindi nila pinagbabawal kung ano yung kinamulatan namin, tradisyon."*

I2: *"Dito po kasi magbibigay po sila kaso buwan buwan lang po. Parang nais po sana na may stock na vitamins or gamot ng baby parang nabibigay po agad sa tribo. Minsan po kasi pag pupunta don wala pong stock, wala pong deliver magkakaroon lang po pag mismong check-upan na, buwan buwan lang po gano'n."*

I7: *"Kung ano man po yung nirereseta. Yun nalang po, may part po na bibili pa po kami dun po sa ano… yung mga gamot na, kumbaga po ay wala po ang center, nabili pa po kami. Yun lang po, sa gamot lang po."*

I2: *"Sana dalasan din yung pagbukas ng health center kasi di naman po parehas ang kalusugan. Sa kalusugan nga po ng baby minsan baby palang nagkakasakit na gano'n, pag nagpapacheck pa naman po pupunta pa po ng hospital, hindi pa po kami agad agaran na naiintindi don (health center)."*

I6: *"Halimbawa ay may emergency, katulad ng kapatid ko, magkasakit dito. Mahirap sa sasakyan. Walang hahagilap ka pa ng sasakyan. Tapos ay wala namang… kapos ka. Wala namang magpapahiramin sayo ng sasakyan. Yun ang kailangan."*

I4: *"Ang sa amin po sana ay kagaya nga po may sakit, o kaya ay buntis, sasakyan. Kung mayroong, kagaya po kagabi, alas 12 ng gabi, biglang nanganak, wala po agad-agad masasakyan. Kung halimbawa, wala pong tao, syempre po, minsan walang naka-schedule sa barangay. Tatawag ka po talaga sa bahay ng kapitan para makahingi ng tulong sa sasakyan."*

I6: *"Pero dito naman sa, dito naman, nakakahiram naman kami ng, nakahiram naman kami ng sasakyan. Hihiram ka nga lang. Kaya nga lang, yung hihiraman mo galit pa kasi, tulog eh. Edi syempre, gabi eh."*

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI | Volume XIII Issue XV June 2026 | Special Issue on Public Health

Need for Adequate, Sensitive and Inclusive Treatment of Health Workers

I2: *"Yung may mga available po halimbawa may mga available po na midwife. Halimbawa po hindi po inaasahan na oras maitatakbo po dito sa health center ay meron pong mag aassits agad katulad po sa lying in 24 hours."*

I5: *"Ay kung papayagan at kami talagang magkakaroon ng halimbawa talagang sadyang... magkakaron yung magpapaanak na mga naka schedule talaga sa katutubo, pwedeng dito na lang sa bahay, para sa akin. Pero yung ibang kasamahan talaga, minsan maging nakaramdam lang ng ano diretso na sa ospital."*

I6: *"Sa amin naman, kailangan ng dagdag ng tao. Doon sa center na yun. Kasi kung maraming tao, tapos kulang nyo mag-a-assist sa inyo, balewala rin yung center nyo, diba? Kasi kokonti lang yung ano. Ang gusto namin, pagka halimbawa eh, ay mabago naman yung yung pamamalakad dito sa bayan."*

I6: *"Siguro sa hospital, ang kailangan baguhin ay yung yun yung pagtanggap sa mga tao. Kasi, minsan nga hindi tinatanggap yung mga kagaya namin. Pero kaya, kung alin pa yung malayo, doon kami napunta."*

I4: *"Kung ano din po yung nauukol na karapat dapat na ibinibigay sa nakakarami ng gobyerno, sana po ganun din. Kasi po ang iba, sabi po naman ang iba, hindi nakatapos ng pag-aaral, hindi alam. Dapat po sana, mas sila ang may alam at malawak ang kaalaman, pinaaalam po sa hindi na nalalaman ng ibang katutubo. Kung ano po yung nakikita namin sa ibang komunidad na kagaya ng Tagalog, kung sila ay nagbubuntis, ay mabigay lahat, sana po ganun din sa amin."*

I5: *"Ay yung kami ay tanggapin bilang tao dahil kami talagang tao. Kaya lang ay kami ay kumbaga ay na hiwalay kami sa… yung lahi, yun nasa amin. Pero kami ay tao din. Pare parehas din tayo na kumbaga ay hindi naman kami dapat ihiwalay dahil tayo ay iisa rin. Pare parehas na Pilipino. Kami kasi, wala kaming ibang lenggwahe. Sadyang Tagalog din ang salita namin. Kaya lang ang pinagkaiba lang talaga, yung kulay, yung buhok, kultura at tradisyon, yun lang. Kumbaga yun dun lang tayo nagkahiwalay."*

Discussion on Recommendations on Maternal Health

The Ayta mothers of Barangay Putingkahoy navigate their maternal health within the context of deeply rooted cultural beliefs and practices. There's a previous study that found a profound reliance on traditional superstitions and local remedies that have been passed down through generations. These superstitions encompass various aspects of daily life, including birth, marriage, death, and even everyday activities (Recopelacion et al., 2024). Given the significant role of these traditions, it is crucial for healthcare providers to acknowledge and respect the cultural context of these mothers to enhance their overall healthcare experiences. The Ayta mothers expressed a strong desire for respect and understanding between themselves and healthcare professionals, which indicates an opportunity for improved communications and rapport. Healthcare professionals often operate under the assumption that their practices are universal; however, such an approach can lead to neglect of the unique cultural dynamics of various communities, as highlighted by Informant 1, who calls for respect: "Kumbaga makilala lang po kami, okay na." This situation emphasizes the need for healthcare workers to recognize and embrace the diversity of cultural practices to foster more inclusive healthcare environments, as stated by Alu (2024). Understanding and respecting cultural practices allows healthcare providers to tailor care to individual needs, leading to better patient satisfaction, adherence to treatment plans, and ultimately, improved health outcomes.

The implications of respecting Ayta traditions extend beyond simple acknowledgment; they represent a professional duty to incorporate cultural competency into healthcare practices. Health workers who adopt a cultural perspective in maternal health care can improve patient outcomes and foster greater trust. Informant 4's assertion regarding the integration of traditional practices with modern medicine emphasizes the necessity for a

collaborative relationship: “Kung matatanggap nila, at bukas sa loob nila, at maunawaan nila, yun ang aming nakagisnan.” This statement highlights the necessity of comprehending Ayta's viewpoint while simultaneously conveying contemporary medical knowledge to reconcile any gaps in understanding. Nanda (2023) posits that the integration of traditional practices with modern medicine combines the strengths of both systems, resulting in a more holistic and effective healthcare approach that may enhance patient outcomes and address varied health needs. Furthermore, I5's input indicates that the active engagement of Ayta mothers, along with respect for their autonomy and preferences, can result in more effective treatment decisions. Engaging in meaningful dialogue regarding health options fosters a shared decision-making model, thereby enhancing mothers' sense of agency and promoting their involvement in maternal health programs.

The Enhanced Maternal Health Programs and Services aim to improve maternal health outcomes. This investigation highlights the necessity for improved maternal health programs specifically designed to address the needs of the Ayta community. Informants indicated a need for health education centered on appropriate self-care during pregnancy and family planning. This behavior reflects a desire for empowerment via knowledge that honors cultural practices while addressing modern healthcare requirements. Informants emphasized the necessity of free medical consultations and medicine supplies, indicating a notable deficiency in healthcare access and provision. Consequently, there are free healthcare policies designed to mitigate the financial barriers individuals may face in obtaining health services. The World Health Organization (WHO, 2020) states that these policies remove formal user fees at the point of service. Implementing structured programs that provide seminars and regular health check-ups directly addresses the needs of the Ayta community. Moreover, highlighting the significance of health education for young mothers, as indicated by informants, may promote generational changes in health knowledge and practices. Previous research indicates that young first-time mothers experience numerous health care needs during the immediate and early postpartum period. The situation represents a missed opportunity to deliver health education and connect individuals to sexual reproductive health services, such as family planning, breastfeeding clinics, and other community-based programs that offer life skills or ongoing education for girls. Addressing these needs and integrating services is essential for delivering holistic care to young women (Namutebi et al., 2022).

The findings highlight a significant issue regarding the equitable treatment of health workers. Ayta mothers have identified a significant requirement for enhanced staffing and resources in health facilities to ensure effective service delivery. Wei et al. (2024) indicate that a lack of skilled personnel hinders the provision of prompt and high-quality maternity care, significantly affecting the health outcomes of mothers and infants. The insufficiency of skilled personnel significantly impacts the provision of timely medical assistance to individuals in need. Numerous health centers catering to indigenous populations, particularly in isolated regions, experience issues such as understaffing, insufficient medical supplies, and a scarcity of specialized healthcare professionals. These deficiencies frequently lead to insufficient maternal care, treatment delays, and an overall erosion of trust in the healthcare system. The responses highlight a significant requirement for systems that ensure equitable healthcare for the Ayta, underscoring the necessity to address existing disparities to promote justice and equality for the Ayta. Informant 6 highlighted the necessity of adequate staffing, underscoring the significance of responsive healthcare capable of addressing the urgent needs of patients, especially in maternal emergencies. It is essential for health centers to remain open during official hours and to be adequately staffed to address emergencies, as this significantly enhances community trust in the healthcare system.

CONCLUSION

Maternal health is a crucial aspect of overall well-being and health, directly impacting both mother and child. However, for indigenous groups like the Ayta mothers in Barangay Putingkahoy, Rosario, Batangas, accessing quality maternal care and tailored health programs remains a significant challenge. Their reliance on traditional practices reflects their deep cultural roots, however there is already a growing awareness of the benefits of modern healthcare, particularly in managing complications and ensuring safer pregnancies. Despite this recognition, several barriers hinder their ability to fully integrate biomedical healthcare into their maternal journey.

Financial constraints remain one of the most pressing issues, as many Ayta mothers depend on limited incomes from selling herbal medicines and indigenous products. These earnings are often insufficient to cover essential pregnancy-related expenses such as medical check-ups, medications, and nutritious food. Even with government efforts to provide free prenatal and postpartum care, as well as assistance during childbirth, access remains inconsistent due to supply shortages and economic struggles that make transportation and other healthcare costs.

Geographic isolation further exacerbates these challenges, making it difficult for Ayta mothers to reach healthcare facilities, particularly during emergencies. The physical distance, coupled with the lack of reliable transportation options, poses a significant obstacle to timely medical care. Additionally, experiences of discrimination and cultural insensitivity from some healthcare providers contribute to a deep-seated mistrust in institutional medical services. This discourages many indigenous mothers from seeking professional healthcare, further limiting their access to essential maternal services.

Understanding the maternal health experiences of Ayta mothers requires examining the delicate balance between traditional and modern healthcare approaches, the challenges they face, and potential strategies to improve their well-being during pregnancy, childbirth, and postpartum recovery. To enhance maternal health outcomes, a multi-faceted approach is needed, one that respects and integrates their traditional practices while strengthening access to modern healthcare. This includes improving healthcare infrastructure, ensuring the consistent availability of free medical services, and promoting culturally competent care. Additionally, expanding community-based health programs, increasing financial support mechanisms, and fostering greater inclusivity within healthcare systems can help bridge the existing gaps.

Lastly, the maternal health experiences of Ayta mothers highlight the urgent need for a more holistic and culturally responsive healthcare system. By acknowledging their unique traditions while addressing systemic barriers, healthcare providers and policymakers can work together to create a healthcare framework that ensures safer pregnancies and improved maternal outcomes for indigenous communities.

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