

Traditional Maternal Practices and Exclusive Breastfeeding: Cultural Interpretation and Maternal Decision-Making in the Zamboanga Peninsula

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Abstract

Traditional beliefs and practices continue to shape maternal and infant care in the Zamboanga Peninsula, influencing how mothers understand and practice exclusive breastfeeding (EBF). This qualitative study will compare the interpretations of pregnancy- and breastfeeding-related traditions among two types of mothers: those who practiced EBF and those who did not. Data were derived from interviews with 21 informants and focus group discussions involving 112 participants. Findings reveal that mothers across groups shared practices such as food taboos, hilots, spiritual protection, and emotional regulation, but differed in their application and interpretation. Mothers who practiced EBF also show a tendency to bypass conventional belief and incorporate the biomedical instructions utilizing rituals, food supplement, and warmth as complementing tools. Conversely, the non-EBF mothers implemented the same beliefs more strictly, which resulted in feeding avoidance, early mixed feeding, or discontinuation. The misperceptions and the fear-driven interpretations were found to be stronger in case of non-EBF participants. It shows that traditions are not barriers, rather their interpretation determines the outcomes of breastfeeding. Culturally infused, breastfeeding enhancement that involves the elderly, partners and traditional medicine can empower EBF continuity.

Keywords

Exclusive Breastfeeding, Traditional Practices, Maternal Beliefs, Cultural Health Systems

1. Introduction

The traditional Filipino maternal practices are still entrenched decision-making on pregnancy and infant-care which occurs in geographically remote and disadvantaged locations like the Zamboanga Peninsula. Across generation, women have utilized *hilot*, herbal treatments, humoral hot-cold reasoning and spirit-related safeguards to manage discomforts of pregnancy, safety of the unborn child and the risks of childbirth and infant mortality.

Meanwhile, both international and local policies promote facility-based delivery, early initiation and exclusive breastfeeding. This, however, makes the decision-making process of the mothers more difficult as they must constantly juggle between the cultural expectations in the community and the medical advice as espoused by Fernandez and Guthrie (1984).

Such practices have had a great impact on the maternal and newborn health of the Philippines and other Southeast Asian societies especially among the rural and indigenous citizens (Leabres & Jose, 2019; Domingo, 2024). Palispin (2014) emphasized that these long-held beliefs are passed down through the matriarchal and society lineages and influence health decisions in pregnancy, birth, and early motherhood (Vongula & Pacial, 2024).

Valladolid (2018) mentioned that beliefs of Filipino mothers about breastfeeding and infant care such as the idea of milk as weak, dieting, emotional regulation and supernatural vulnerability are the determinants of initiating breastfeeding, taking supplements, seeking health services. In Mindanao, studies demonstrate the same findings where the indigenous population believes in the ideas of the postpartum confinement, policy of hot and cold and the use of traditional birth attendants that have the ability to encourage or discourage EBF. Culture is deemed as an obstacle to exclusive breastfeeding but in most literature perceptions about spirits, *lihi*, and hot-cold balance, could lead to a mix of informal and formal health services and counseling (Valladolid, 2018).

The paper aims at filling three significant gaps. First, there is limited qualitative study on comparison of exclusive breastfeeding (EBF) and non-EBF women in the same cultural setting depending on their interpretation and application of common practices like *hilot*, *palina*, dietary taboos, use of papaya and malunggay, emotional regulation, and spiritual safeguards in the breastfeeding practice. Second, there is little information available on the traditional care providers in Zamboanga Peninsula. Third, the literature on the application of traditional maternal practices as a decision-making tool mothers use to find the balance between risks, authority of the elders to be negotiated, and the rationale of either continuation or termination of exclusive breastfeeding is very limited. There is the need to fill these gaps so that the traditional practices can be regarded as strengths as opposed to obstacles that can serve to enhance the exclusive breastfeeding behaviors by appealing to the *hilots*, old people, and the communal beliefs.

2. Related Literature

Victora and colleagues (2023) reiterated that exclusive breastfeeding in the first six months of an infant life not only decreases morbidity and mortality but also enhances immunity, cognitive and metabolic growth (Rollins et al., 2021). EBF also shares certain benefits for the mothers like improved birth spacing, reduces the risk of cancer, and enhances emotional well-being (WHO, 2024; Dennis & Brown, 2019).

However, the levels of exclusive breastfeeding remain low in the majority of the developing countries particularly among the low- and middle-income groups. Economic constraint, belief systems, and gaps in the health systems are the greatest contributors (Labbok & Taylor, 2020). In the meantime, maternal mental health, self-efficacy of mothers, and social support are robust forecasts of the extent and success of breastfeeding among mothers (Bunik et al., 2021).

Research indicates that cultural practices can help to either support or hinder exclusive breastfeeding. Certain traditions also promote rest, healthy food, and postpartum care and actively support it (Akter et al., 2019; Hernandez et al., 2022). It is possible that other norms, such as not being able to breastfeed when sad or after a bath, delay or shorten the period of exclusive breastfeeding (Silva et al., 2020; Kukreja et al., 2022). Furthermore, the myths of the assumption that colostrum is dirty continue to exist in the majority of the Asian and African settings (Fabiya et al., 2020).

The influence of elders and traditional healers is also strong throughout the world as they are the cultural pillars between mothers and health services (Fabiya et al., 2020), or they are positive or negative in their effects on breastfeeding practices (Rollins et al., 2021). It was also pointed out in studies that the family network, especially grandmothers and mothers-in-law, must be part of the interventions since they often impact the decisions made by the mother (Hernandez et al., 2022).

Mothers whose views about breastfeeding are connected to a religious or moral necessity tend to practice it longer (Bunik et al., 2021), but overemphasizing the spiritual explanations may contribute to a premature end of the process since they place their problems on supernatural and not on medical grounds (Farhadi, 2020). Studies concluded that women with a high degree of breastfeeding self-efficacy manage to continue with EBF more, yet those who are afraid or adhere to traditions are more likely to quit earlier (Wong et al., 2021).

Health services received by mothers and children in the Philippines is still informed by the traditional health services offered by the community elders and healers. According to Gonzales and Santiago (2023), the functions and responsibilities of a *mananabang* are constantly confused with those of *hilot* and other health services (Macabasco & Palaganas, 2022). Many postpartum practices base their ideas on a humoral theory that values humoral equilibrium. It focused on making mothers understand that they are not expected to have cold drinks, exposure to wind (*panuhot*) and hard work. It is held that the dietary habits encourage breastfeeding by increasing the quality of sleep and nutrition. However, this limitation on food intake/ movement may result in undesirable outcomes.

Breastfeeding choices are also affected by spirituality and the supernatural beliefs. To highlight, such concepts as *usog* (malicious gaze) and *aswang* (evil spirits) make mothers wear red strings or put scissors or cover themselves during feeding to safeguard the baby (Gonzales & Santiago, 2023). Although the practices are mostly harmless, they may be problematic when they limit the time or place where a mother can breastfeed information, and this reduces the frequency of feeding.

Familial dynamics have the potential to affect the efficacy of exclusive breastfeeding (EBF). Some parents, grandparents, and traditional healers can promote early skin-to-skin contact, initiation of lactation, and provision of nutrient-dense soups or food, which will benefit maternal self-efficacy and promote the continuation of EBF. On the other hand, the discouragement of colostrum intake, the encouragement of prompt bottle-feeding, the use of phrases like *para di magutom ang bata*, the promotion of additional feeds like tea, water, or formula by the same individuals are the harmful practices that affect exclusivity and length of breastfeeding (Macabasco and Palaganas, 2022).

Emotional, moral, and spiritual factors have been found to be the main factors influencing Filipino mothers in making decisions regarding breastfeeding. The concept of breastfeeding is not only being a parental act of nourishing the child but a moral point of looking after the child (Silva et al., 2020). These beliefs can be positively incorporated to increase self-efficacy and propagate the sustainability of exclusive breastfeeding. Therefore, culturally sensitive interventions that consider traditional views and yet steer them implicitly are necessary in order to reinforce the practice of exclusive breastfeeding in the Philippines.

3. Materials and Methods

This paper deals only with the qualitative phase of a convergent parallel mixed-method design. Data were gathered in seven (7) locales within the Zamboanga Peninsula. These places are ethnolinguistic diverse and can be characterized by high community cohesion.

Key Informant Interviews consisted of 21 participants from the Rural Health Units (RHUs) and Barangay Health Centers (BHCs) and were knowledgeable with local traditions. Focus Group Discussions with 121 mothers who were selected purposely were included in the study, both exclusive breastfeeding (EBF) and non-EBF mothers. The FGD guides and semi-structured interview were adopted from the study of Lear and Anama (2012).

The data were audio recorded, transcribed, and coded using thematic analysis of six steps as developed by Braun and Clarke. Ethical clearance was provided by the Zamboanga City Medical Center Ethics Committee and informed consent were provided individually to the mother and health personnel participants.

4. Results and Discussions

This is a comparative qualitative study of mothers practicing EBF and those who did not (non-EBF) in terms of traditional pregnancy practices and other related practices to exclusive breastfeeding. Thematic analysis revealed that there are eight main shared traditional beliefs and norms that are shared among both groups but practiced differently based on the breastfeeding intentions and behaviors held by the mother. The key finding is that shared cultural practices are not inherently barriers to EBF; rather, how mothers

interpret and integrate these practices with medical care determines their impact on exclusive breastfeeding outcomes.

The statistics show that mothers who were practicing EBF follow the integration pattern where the traditional practices do not oppose biomedical care, in fact, they complement one another. *Hilot* is practiced along with prenatal check-ups as an example. There is the use of herbal medicines along with nutrition prescriptions by the Department of Health (DOH), and ritual protection objects like amulets and prayers are applied at the facility of births and instantaneous initiation of breastfeeding (Samaniego et al., 2022).

Fetal positioning, herbs, spiritual charms, and ritual action are some of the applications of *hilot* used by mothers (Palispis, 2012; Domingo, 2024). On the same note, Lintag -Tababa (2019) documented on the role of *hilot* and traditional birth attendants as stakeholders in the care of pregnancy and decision-making, which means that the facilities can improve the use of the facilities and be used to support the exclusive messages of breastfeeding without nullifying the beliefs of the locals.

Conversely, it is home remedies, rather than professional visits and dietary advice, that non-EBF mothers tend to believe in (Samaniego et al., 2022). They stick to the customs and traditions instead of the consultation with the health facility, the recommendations about nutrition and additional feeding. The case of *palina* and *hampol* is the only way to go when it comes to treating the postpartum discomfort or preventing the excessive use of so-called lihi-based foods. Non-EBF mothers may meet nutritional deficiency or a late diagnosis of complications which inhibit the recovery and production of milk (Valladolid, 2018).

The two norms are also related to a humoral theory, especially, the so-called *panuhot*, the power of accumulating heat that is often attributed to the hangin or wind (Abad et al., 2014). The contrast between the two care strategies is that EBF mothers use *palina*, *hampol*, or prepared herbs to make them feel better, yet still vigilant to the indicators of dangers and are within proximity to health staff (Martinez et al., 2019). Conversely, non-BF mothers feels that all the pain during the postpartum is attributed to *panuhot* that may postpone infections, hemorrhage, or lactation problems treatment (Abad et al., 2014). In this way, the culturally modified counseling should not only legitimize the humoral model but also have a clear definition of the symptoms that require urgent medical care.

Table 1.

Traditional Pregnancy and Exclusive Breastfeeding Practices (EBF vs Non-EBF)

Beliefs/Rituals	EBF	Non-EBF	Key Difference
Hilot (traditional massage)	Uses hilot for comfort and “pag-plastar sa bata,” usually combined with prenatal check-ups; cautious use.	Hilot is central, sometimes the main trusted care, with little mention of facility-based guidance.	Same practice, but EBF mothers integrate hilot with biomedical care; non-EBF may rely almost exclusively on hilot.
Palina (smoke bath) & hampol (poultice) for panuhot	Used for “panuhot” and abdominal discomfort but not	Strong humoral logic; palina and hampol sometimes prioritized	For EBF, palina/hampol equates to supportive care; for non-EBF, these can

	seen as replacement for check-ups.	over formal care when discomfort occurs.	delay consultation and problem recognition.
Herbal use (hagonoy, banana blossom, kapayyas)	Herbs are used with nutritious soups and DOH-advised foods, alongside formal care.	Same herbs, but sometimes the main treatment for pain/“panuhot,” instead of facility assessment.	EBF mothers “layer” herbs on top of biomedical care; non-EBF may substitute herbs for formal assessment.
Lihis & dietary taboos	Lihis beliefs are present but treated more symbolically; diet remains reasonably varied.	Lihis plus broader “bawal” lists (crab, squid, goat, spicy food), narrowing diet diversity.	Same belief base but different intensity; non-EBF mothers experience more restriction and dietary anxiety.
Protection from spirits (aswang, usog, balis)	Uses scissors, pins, red string, garlic as amulets while continuing check-ups and EBF.	Same tools, but spiritual fear sometimes justifies avoiding certain people/places and strong deference to elders.	EBF mothers treat these as extra protection; non-EBF mothers may let fear override health-worker advice and mobility.
Physical taboos (no lifting, sewing, night bathing)	Followed as precaution but balanced with light activity and facility visits.	Can limit movement and justify avoiding appointments or “ayaw gawas” late in pregnancy.	In EBF group taboos mainly support rest; in non-EBF they also restrict mobility and health access.
Emotional regulation during pregnancy	Belief that anger/sadness affects baby; used as a reason to stay calm while still feeding and seeking care.	Same belief but can be used to avoid stressful counseling or group gatherings.	EBF mothers turn belief into positive calm bonding; non-EBF mothers may withdraw when distressed.
Event-linked rituals (earthquake ‘flower bath’, eclipse rules)	Participates in rituals but maintains routine care and breastfeeding.	Rituals sometimes prioritized; some avoid going out or visiting facilities on “dangerous” days.	Rituals are similar, but only in non-EBF do they more often displace facility contact on certain days.

There was a significant intergroup difference in the intensity of lihi-based and bawal food restrictions. EBF mothers tended to have a varied diet even though they symbolically followed the lihi beliefs, whereas non-EBF mothers had more banned foods on their lists and were more worried about diet (Valladolid, 2018). A study on Filipino maternal nutrition supports that nutritional restriction during pregnancy and postpartum period may cause loss of energy and milk, thus compromising breastfeeding self-efficacy and persistence (Fernandez & Guthrie, 1984). This implies that nutrition education must be done to touch on lihi beliefs head-on, by providing a local testament of healthy pregnancies despite eating the so-called taboo foods (Fernandez & Guthrie, 1984).

Both EBF and non-EBF mothers apply spiritual protections such as scissors, red string, garlic, and prayers for protection against aswang, usog, and balis (Abad et al., 2015; Martinez et al., 2019). The distinction is in the way they deal with fear: EBF mothers frame spiritual beliefs into protective practices such as use of health facility, vaccinations, and continued feeding in concealed or private areas, but non-EBF mothers occasionally use spiritual fear as the justification to stop the use of health services, avoid medical practitioners, or restrict their mobility and feeding choices in public (Martinez et al., 2019).

In addition, collaboration with the elders, healers, and faith leaders may generate the opportunity to discuss the necessity of how old beliefs and rituals can be compatible with biomedical recommendations rather than conflicting. By involving these trusted figures in programs, they will be able to collectively develop narratives and behaviors that will relate blessings, prayers, amulets, and conceptions of spiritual protection to activities like visiting check-ups, administering colostrum, and making decisions to deliver children at health facilities (UNFPA Philippines 2021; Lintag-Tababa 2019).

Similarly, Valladolid (2018) observed the notion that the feelings of a mother impact her infant are shared by both groups but with different interpretations. EBF mothers rely on this idea to remain relaxed and bond through further feeding despite stress. Conversely, non-EBF mothers look at it as a regulation to stop breastfeeding when she is angry, or frightened, which results in feeding deficiency and decreased milk production (Valladolid, 2018). This barrier can be overcome by counseling that increases mental-health awareness and normalization of maternal distress by highlighting that, regardless of how stressed the mother is, breastfeeding is safe and comforting (Samaniego et al., 2022).

Perceptions of safety and child well-being are related to dietary and physical taboos and emotional regulation as reflected in the study among Aeta and other ethnic groups (Leabres & Jose, 2019). There are also some very localized practices, like earthquake bathing, or flower baths, which are based on broader Filipino ideas concerning natural events and their effects on pregnancy. Studies on Filipino mothers indicates that theories of hot-cold and postpartum confinement and practices of good milk have a significant impact on the initiation and continuation of breastfeeding, and mothers may switch between feeding in situations when the mother or the child is considered too hot or too cold (Abad et al., 2014).

According to the policy reviews in the Philippines, the major challenges include misconceptions, family pressure as well as traditional beliefs despite the existence of strong national breastfeeding policies. This highlights the necessity of belief-aware and culturally sensitive counseling measure (Samaniego et al., 2022).

Mothers keep using the traditional practices that are often in conflict with the official biomedical recommendations in selected areas in Zamboanga Peninsula as is the case of other Southeast Asia contexts (Domingo, 2024; Talavera et al., 2024). Other practices on food that helps maintain exclusive breastfeeding and rest during the postpartum phase, are consistent with international guidelines and can be leveraged on our favor (WHO, 2023). However, taboos against exclusive breastfeeding in cases when mothers have a certain emotional state or have a specific physical condition can result in inaccurate feeding and increased infant morbidity (Domingo, 2024).

This co-existence highlights the need for culturally fitting health strategies with the integration of community elders and traditional healers who could assist in developing trust in the health system and assist community people to adjust (ADB, 2023). Balay Mangyan

and community birthing centers within the Philippines illustrate that in cases where the program is owned by the community, people will tend to embrace it and seek maternal health care (UNFPA, 2014).

Consistent regional and cross-cultural themes show that dependency on the elders, spirituality, and the symbolic value of food impact exclusive breastfeeding results. Traditional practices can be used as best facilitator to nutrition, but some believes that these are threats if not done contextually (Leabres & Jose, 2019; Domingo, 2024). Participatory, narrative-based health promotion and education also provide opportunities for the convergence of folk and biomedical approaches.

The results show that the traditional beliefs are prevalent in both the EBF and non-EBF mothers; but the manner in which they are implemented results in various outcomes of breastfeeding. EBF mothers integrate hilot, herbs, hot-cold regulations, spiritual protection, and emotional conventions with the prenatal and post-natal care, colostrum feeding, and frequent on-demand breastfeeding. It depicts an interaction between cultural practices and biomedical recommendations. Non-EBF mothers, in their turn, adhere to the same beliefs and do not use health services: they turn to traditional care instead of health facilities, rely more on consuming so-called bawal foods, neglect feedings with followed bath or crying of a baby and use bottles when the milk is considered weak. These customs are harmful to exclusive breastfeeding. Such decisions are highly influenced by family members such as grandmothers, husbands, hilots and faith or spirit intermediaries, either facilitating or compromising early and exclusive breastfeeding.

5. Conclusions

The researchers conclude that conventional maternal behaviors do not necessarily pose a hindrance to the unique breastfeeding. Rather, their influence is determined by the way mothers and families incorporate them into, or compare it to, modern medical care. Flexible incorporation of practices like hilot, palina, herbs, lihi, hot-cold regulation, spiritual safeguards and emotional conventions with prenatal and postnatal examinations, colostrum feeding, and on-demand breastfeeding is likely to contribute to healthier results and even change cultural significance into a strength of exclusive breastfeeding.

The most susceptible element that interferes with exclusive breastfeeding is traditional beliefs, which are utilized to evade health facilities, diet and movement restrictions, or avoid feeding because of feelings or when mothers switch to bottles early because they are afraid that milk supply is weak. Findings indicate that the promotion of exclusive breastfeeding in the Peninsula of Zamboanga does not imply the denial of traditional practices. Rather it needs a redefinition of these practices with an intentional orientation to evidence-based counseling in a manner that cultural beliefs complement healthcare system instead of substituting them. The most effective interventions include collaboration with hilots and elders, the promotion of healthy nutrition and prevention of maladaptive beliefs and myths, and the framing of any culturally relevant practice as something that supports, as opposed to contradicts, continued exclusive breastfeeding.

Zamboanga Peninsula is one of those areas where maternal and breastfeeding traditional practices are entrenched in families and communities. Although they are not completely opposing the biomedical guidelines, they create the possibility of collaboration.

Inclusive approach could be improved through the combination of facts and cultural acceptance to amplify the exclusive breastfeeding process.

6. Recommendations

Collaborate with hilots and elders to use traditional practices as stimuli to promote exclusive breastfeeding and not impede it. Educating them on fundamental care of mother and child and connecting them to the health professionals in the communities will help more mothers to seek advice at community health centers and support exclusive breastfeeding program.

Use common language when counselling mothers. Inform them when they can continue to feed their baby and when they need the assistance of a health worker. Add brief conversations and demonstrations on breast massage and emotion management tips during regular visits. Informed mothers that exclusive breastfeeding is safe and protective even on those days when mothers are too tired, sad, and angry.

Enhance community and policy support including Muslim and indigenous community-based support groups, which normalize exclusive breastfeeding as a part of the existing belief system and bring out local success stories. At the same time, emphasize the national policies to promote breastfeeding and Milk codes as well as eradicate the structural obstacles and the lack of access to competent counseling.

There is need to implement a harm-reduction approach to deal with risky behaviors, including harsh or unsafe breast massage. It needs to be substituted with non-shaming and evidence-based alternatives that are focused and not shaming. This strategy involves examples of soft skills and explicit instructions on the need to consult with the help of professionals.

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