

PERCEPTIONS AND BELIEFS OF URBAN POOR WOMEN ON REPRODUCTIVE HEALTH: A CASE STUDY

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This is an ethnographic study of the urban poor women of Bagbag, Novaliches, regarding their perceptions and beliefs on reproductive health. As such, it highlights the cultural beliefs, practices and rituals observed during pregnancy and childbirth. Lack of information about the importance of reproductive health explains in part why traditional beliefs are maintained and upheld as strategies and tactics used by women in safeguarding their well being.

The findings show that the women of Bagbag, Novaliches have no reproductive rights, such being the prerogative of the husbands. Nonetheless, the men are supportive to and solicitous of their wives during pregnancy, assisting in household chores. They take over their wives' responsibilities until their "recovery" from childbirth.

Introduction

This is an ethnographic study of urban poor women's perceptions and beliefs on reproductive health, here used loosely to refer to the physiological, cultural and social conditions of a woman before, during and after pregnancy. The physiological is subdivided into the mental and emotional factors or dimensions of reproductive health, vital components that bring about healthy and intelligent members of the family. The physiological dimension of reproductive health does not only refer to the physical condition of a woman, i.e. whether or not she is physically adept to carry a baby but also refers to the age of the mother before child delivery. The woman's womb is a receptacle for producing a healthy baby. She then significantly contributes to the production of a healthy individual. In effect, her role in reproductive health does not cease with child delivery but continues with the development of these individuals into productive members of society. Thus, the woman's physical condition must be safeguarded during the entire period of the pregnancy.

It too must be safeguarded through the support provided by the husband and other family members. For instance, does she want the pregnancy? Is the pregnancy merely an "accident"? What is her civil status at the time of conception? These and many other questions must be addressed in determining the mental attitude of the prospective mother. It is a common belief that a pregnant woman must be free from worries, problems and other anxieties during the entire period of her pregnancy since her mental state affects the fetus. When a mother suffers from anxieties and stresses, the fetus imbibes the mother's feelings, being connected to her through the umbilical cord. Thus, the prospective mother must, if possible, maintain a happy disposition. It is here where the support of the husband and other family members become a necessary aspect of reproductive health.

If it is an "unwanted pregnancy," the mother may deliberately neglect herself. Or she may blame her husband for her condition and retaliate through the fetus to get back at her husband. My contention is that a mother must be emotionally healthy to produce healthy children.

The social factor, on the other hand, refers to the civil status of the mother. It also refers to her relationship with her family members. Her out of wedlock pregnancy may make her a favorite topic of discussion of community members. Her affinal relations may also blame her pregnancy for shattering their dreams for their son. These informal forms of social contract, i.e. gossip or even social distance, induce worry, stress and anxiety in the prospective mother.

The most relevant component of reproductive health to an anthropologist is certainly the cultural dimension. What practices, rituals and beliefs do prospective mothers perform and undergo in their desire to reproduce normal and healthy babies? This has been the neglected aspect of reproductive health in that concern is usually medical in nature. Such beliefs and practices appear to be disregarded, considered "superstitious" and relegated to the traditional. It is within

this perspective that this ethnographic study was done to present the cultural aspect of reproductive health. This paper also presents the view that urban poor women have a cultural construct and orientation perhaps different from other urban women. The urban poor have a subculture of their own and thus possess a cultural construct reflective of their socio-economic conditions.

While the physical condition of the woman is important in maintaining her reproductive health, what sustains her during the entire period of her pregnancy is her cultural orientation, providing her with the "proper mental state." To the urban poor woman, medical attention during pregnancy is important. Her cultural orientations, practices, beliefs and rituals however, assure her a safe child delivery and a normal healthy baby. These cultural orientations prevail and persist because the women faithfully follow them. No one dares challenge them for fear of negative consequences. *"There is nothing wrong to follow traditions. We will not lose anything if these traditions are sustained and upheld,"* are the common statements of pregnant women. This explains why cultural orientations persist for generations. If changes or deviations were noted by residents, these appeared to be a compromise between the old practices and new ways associated with pregnancy. These deviations will be discussed at length in the succeeding section of the paper.

Urban poor residents have a different perspective about pregnancy. A first pregnancy is usually anticipated by the couple and other members of the family. In fact, a married woman who fails to conceive after the second month of her marriage is teased by community members. If the woman fails to have a baby on the fifth year, it is not only alarming for her but for the other members of the family, particularly her mother. Usually, a traditional *hilotis* is consulted. Her stomach is massaged to put the uterus in the proper position that would enable her to conceive. The woman has to resort to all kinds of cultural practices because of the pressure exerted by her husband as well as by family and community members for her to reproduce.

However, ninth and tenth pregnancies are feared by women mainly for economic reasons. Another child means an additional mouth to feed. In many instances, women are not even aware of the importance of reproductive health. Though they expect to reproduce normal and healthy babies, their practices do not reflect this objective.

Perhaps this conclusive remark can be better reinforced if we proceed to the profile of the community to understand women's perceptions and practices about reproductive health.

Area Site

The setting of the study was Bagbag, Novaliches located in the northeastern part of Quezon City and considered to be a squatter's area since the residents are partly squatting on private lots as well as on lots owned by the government. At the time of the research from August to December, 1993, there were approximately 35,000 residents grouped in more than 6,000 households. The average size of a household is about six members. However, we encountered single women living by themselves and families with more than nine children where the eldest daughter resided matrilocally, i.e. wife's parent's house.

Bagbag, Novaliches is no different from other slum communities in that lack of amenities like water, electricity and space for recreational activities are major problems for residents. Children were observed to have taken over streets as their playgrounds.

Houses are built close to each other and any space between houses was limited to half to about one meter. Roads heading into the interior part of the community were narrow, only enough for one vehicle to pass through. There were houses whose structures went beyond the required spatial limit, further narrowing an already narrow road. There were also areas where one had to pass beneath someone else's house to reach the other side.

Community

The lack of water and irregular collection of garbage have resulted in the clogging of canals. Common ailments suffered by children and

adults were respiratory in nature. Only one health center services the medical needs of the residents, opening only on Saturdays. During weekdays, residents avail of medical services from health centers in the adjoining barangays. But they worry that if emergencies occurred late at night, it would be difficult to rush the patient to a hospital about three kilometers from Bagbag.

Residents buy traditional medicine consisting of *Sampalok*, *Kalamansi* and *Luya* (commonly known as SKL) from the health center. Health workers were taught by an NGO how to prepare the SLK which was effective and affordable for everyone. For fever and headaches, fresh bay leaf was rubbed or placed on the forehead until the pain eased. Some soak a face towel in vinegar then place it on the forehead. All these have been found efficacious and are now part of the people's belief system. Noticeably however, many of the mothers resort to self medication. Minor ailments like cold, fever, stomach pain and headache were dismissed as natural and so did not require medical attention. It was only when the ailments persisted and could not be eased by the usual medicinal pills like Biogesic, Neosep and Aspirin that medical experts were consulted.

The proximity of houses and constant interaction between residents suffering from respiratory illnesses like colds and coughs could explain in part why such maladies are easily transmitted. The daily diets of the informants which usually consist of dried fish, alternating with *ginamos* or plain *bagoong* mixed with *kalamansi* also explain their vulnerability to minor ailments like colds.

Poverty was often used by informants as a reason for not sending children to school. After finishing the elementary grades, children did not go on to secondary school to enable younger siblings to enrol in Grade I. Though mothers see education as a passport to improve their socio-economic status, they are left with no choice but to pressure older children to look for employment soon after finishing grade school. Most of the young men become construction workers as they do not

have the credentials for better paying jobs. Young women, on the other hand, marry early since they have nothing to do after finishing grade school.

About fifty percent of the second generation residents of the community (or the daughter's generation) married between the ages of 16-22 just as their mothers did. The second generation residents also popularized the concept of "live-in" relationships in the community. Of 13 young girls who delivered their first babies in 1993, 12 postponed marriage until they had the money to pay for a wedding reception. Of the 13 couples who decided to live together, about 8 did not have stable incomes and depended on their parents for financial support. At times, the husbands had contractual employment but the income derived from these jobs was insufficient for the economic needs of their family members. Wives supplemented their husbands' incomes by working as laundry women. At times, only the wives worked while their husbands stayed at home. Those unemployed husbands often resorted to drinking, particularly at night. Some women reported that their husbands would begin drinking on a Friday night and end on Sunday night. When they did stop drinking at midnight of Friday or Saturday night, most would then force their wives to have sex with them. At times, the women related, they preferred their husbands to be so drunk that they would not want sex. If wives resisted and refused the husbands' insistence on sex, the men became angry and a fight would break out. Some men would even physically hurt their wives. To avoid any altercation, the women simply gave in.

The physical conditions in the area such as the lack of an available water supply did not provide residents a "healthy physical environment." In addition, the preceding discussion showed that mothers often resorted to self-medication because of the lack of health facilities in the communities or because this was what they grew up with. Lack of information could also have contributed to the persistence of the practice.

This is the physical condition of the community and the profile of residents which provided the baseline for the presentation of informants' perceptions and practices on reproductive health.

Methodology

Included in this research were five pairs of mother-daughters in the community. The daughters are married with at least one child or about to deliver their first babies. Mother-daughter pairs were chosen to determine how much of the mothers' knowledge of reproductive health, particularly those pertaining to pregnancy, were passed on to the daughters.

Field work was conducted from August to December of 1993. Field group discussions of about ten women informants whose ages varied from 16-70 were held to obtain their perceptions and practices on reproductive health. This preliminary step helped determine the participants of the focus interviews, i.e. mother-daughter pairs. The field group discussion proved to be most interesting and revealing. As expected, older women were more vocal and open about their views on sex and boy-girl relationships. Younger informants were timid and inhibited during the group discussion, overly cautious in offering their opinions and afraid of older informants. Older informants were also critical of the present generation's live-in relationships.

We used a tape recorder which proved helpful in faithfully recording the discussion and interviews, although transcription proved to be a tedious process. There was no problem establishing rapport with the informants. They acceded to our requests for interviews, except for one informant who claimed to be preoccupied with her grandchildren. We had to return several times before she agreed to help us. Interviews were conducted in the afternoon as the informants were either busy with household chores or with work outside of the house in the morning.

Our greatest problem during the entire period of fieldwork had to do with toilet facilities. We commuted about two kilometers from the community to the nearest fast food outlet to relieve ourselves. There was no fast food outlet in or near the community where we could eat. For five months, we subsisted on hamburger and spaghetti from Topical Hut restaurant. We became regular habitues of the restaurant and

used it to discuss our problems as well as plans for eliciting more information from our informants. While there were *carinderias* that catered to residents, we were unsure of the food preparation because of the inadequate water supply in the community. But on our first visit to the community, we were forced to eat in one of the *carinderias* located along the main road of Bagbag, Novaliches as our NGO guide confidently told us that the food was safe. We took his word for it although I did not know how the food tasted, swiftly swallowing my lunch without actually chewing the meat.

On the whole, our research project and fieldwork went smoothly. Since it was an NGO project, there were some practices which we did not do in our past researches. For instance, we bought *merienda* for the informants during the entire conduct of our fieldwork. We noticed that mothers would bring their children to partake of the food. Some mothers who were not participants would also drop by and we would invite them to join the group. It was during this *merienda* where questions were asked. We found that women in the community were very open to answering questions, particularly those pertaining to family relationships.

Informants in the urban area are open and receptive to researchers, more sincere and trusting as compared to rural respondents. There was one informant we interviewed for three consecutive sessions or approximately nine hours. She narrated her life history with great enthusiasm, never once complaining that the interview was long or tedious.

The physical condition of the community did not allow us to use participant observation, the research technique commonly associated with an ethnographic study. There was simply no vacant room available in the community we could rent to enable us to observe the day to day activities in the area. Thus, the field group discussion and structured interviews became the sources of data for this ethnographic paper.

Profile of the Informants

This section of the paper presents the profile of mother-daughter pairs to enable readers to understand better the socialization so vital to the development of their views and practices on reproductive health.

1. *Marina R.*, 55 years old and a mother to eight children was married three times. She suffered hardship from childhood to the present. Marina completed Grade IV and thereafter did not have the chance to continue her schooling. Her mother used to be a laundry woman but is now better known as a traditional *hilot* specializing in child delivery. She admitted to being closer to her father as a child, describing him to be a good provider with a stable job when she was growing up.

She had 13 siblings, three girls and ten boys. She is the third child and the eldest girl. Being the eldest girl in the family, she was responsible for the care of the younger siblings as her mother gave birth yearly. She was only eight when she assumed the complete responsibility for domestic chores as her mother had to work outside the house to supplement her father's income.

At 10 years, she was left to wash the clothes of family members. In addition, she requested mothers in the community if she could wash their babies' diapers for a small fee. She was thus able to earn enough on the side to enable her to go out with friends on Sundays to the movies. Sunday was the only day when her mother would allow her respite from domestic responsibilities. But she never got along well with her mother as the latter favored her younger sisters.

On matters pertaining to her well being, it was her grandmother, her father's mother, who taught her the rudiments of good grooming and decorum and how to relate to the opposite sex. Her mother did not care how she looked or what clothes she wore as her basic concern was Marina's contribution to the household chores.

She got married at 18 to a man eight years her senior to spite her mother. There was no courtship as it started with simple teasing. She did not realize that the man was serious so that when she challenged him to bring his mother to their house for the traditional *pamanhikan*, he did so at once. The *pamanhikan* and the wedding were a big surprise to her parents and siblings.

2. *Mercy T.* is a 37 year old mother of five children, one dying in the recent measles epidemic in the community. She is the daughter of Marina and like her mother, did not complete the elementary grades as her parents separated when she was 10 years old. She was raised in Pangasinan, the hometown of her father. After the separation, the family moved to Manila from one squatter's area to another. She had seven siblings, three dying of malnutrition because of her mother's inability to provide adequately for the economic needs of the family.

Like her mother Maring, Mercy and her three younger siblings were forced to work at an early age. To supplement her mother's income as a laundry woman, she started selling delicacies in front of their house. At age 15, she was employed as a salesgirl in a department store in Divisoria. Her salary and the incomes of her brothers became the source of livelihood of the family.

Because she was exposed to the difficulties her mother suffered in her three failed marriages, Mercy postponed marriage until much later.

3. *Arceli R.* is a 46 year old mother of five children. Comparatively speaking, she is better off than the other informants. She tends a small store in front of their house while her husband has a stable job.

Arceli grew up in a small town in Albay. She has eight siblings, five girls and three boys, three dying in their childhood.

It was her mother who taught her about good grooming and proper decorum. She also taught and divided household chores between Arceli and her other sisters. Arceli and her siblings finished their

secondary education as her parents had a stable income from their small farm.

She was 19 when she got married. By the town's standard, it was the right age to settle down. At first, she had difficulties adjusting to her new status but she admitted that as she grew older, she realized that her marriage to her husband was not a mistake.

4. *Maricel* was only 17 years old when she worked as an entertainer in Japan, along with her older sister. It was in Japan that she fell in love with a Filipino co-entertainer and was heavy with her first child when they decided to come home.

Maricel and her husband have opted for a live-in relationship but she hopes to be married someday to legitimize the status of her three children.

They elected a neolocal residence when they begun their relationship. But when her husband lost his job, they moved in with *Maricel's* parents. As soon as he found a new job, they moved into a house adjacent to her parent's residence. This was in large part because of her husband's working hours as a dancer in a night club which were from nine in the evening to five in the morning. Residing close to her parent's place ensure their help when her husband is out. It is her husband who does the family marketing before he goes home from work.

Like the other younger mother informants, *Maricel* was able to complete her high school education. Her mother, *Arceli*, had very high aspirations for her and her siblings as they could afford to send them to college but *Maricel* preferred to work in Japan. In fact, after three children, she continues to entertain the idea of going back to Japan. Her husband does not give her his salary; instead, he holds the family purse and does the budgeting.

During one of the interview sessions, *Maricel* admitted that she has been physically and verbally abused by her husband. Though her

parents are aware of this, her mother never interfered in their household squabbles, considering these to be a domestic problem.

5. *Florita B.* is a 37 year old mother of 9. Five died of malnutrition in childhood and only four survived. From Florita's point of view, "God retrieved her five boys because they could not take care of them." As the surviving children are all girls, her husband wanted her to conceive again to have another son. But Florita refused because she felt she was no longer up to the difficulties of conception and childbirth.

She grew up and studied in a small barrio in Leyte. Unfortunately, she was unable to complete her elementary education. She disclaimed any interest in school so that at age 14, she enrolled in a short course in beauty culture where she specialized in manicure and pedicure. She was able to use her training for quite sometime before her marriage.

She married at age 18 after the traditional *pamanhikan*. She had about 12 boyfriends before deciding to settle down. However, these boyfriends were never serious about the relationship. Being the youngest in the family, she and her husband acceded to the invitation of Florita's father to live with them. Florita found this matrilocal residence to be convenient as she could work as a manicurist in a beauty parlor in town in spite of her three children. Later however, life in the barrio became difficult so that Florita and her husband decided to try their luck in Manila. They stayed temporarily with her husband's family in Guadalupe, Makati before another relative told them about the availability of houses/rooms for rent in Bagbag, Novaliches. They moved to Bagbag and hope someday to finally have a house of their own.

6. *Adelaida O.*, 18 years old, was pregnant with her first baby at the time of the interview. She delivered a baby boy on November 3, 1993. Prior to the birth, she and her husband opted for a live-in relationship but decided to get married after the baby was born.

She was in third year high school when they eloped because of her mother's restrictions, particularly in relating with the opposite sex.

They lived matrilocally in the room adjacent to that of her parents. Her husband works in a factory in Valenzuela, Bulacan.

Like the other daughter informants, Dilin or Adelaida worked at an early age and helped her mother doing laundry to supplement her father's income as carpenter. In addition, she was also asked to look after her younger siblings, being the eldest in the family.

7. *Crispina B.* is 61 years old and a mother of 19, marrying at the age of 16. Her parents were against her first marriage. As she was too young to be married without her parents' consent, she and her husband opted to live together. They were together for 10 years before she decided to leave him because of his womanizing. They had six children, three dying of measles and teeth infections. Since she was very young at that time, she did not know how to cope with the problems of her children. When she and her first husband separated, she left her two children with him so he would assume the responsibility of parenting them. She took only the eldest with her.

Her second husband courted her for one day. When she told her mother that she wanted to marry again, the mother refused. Since her second husband and her brother worked in the same factory, the latter knew that his sister's lover was a womanizer. Crispina defied her mother's refusal to live with her second husband. However, this second husband could not marry her since he was already married with several children by his first marriage. He promised to marry her though when their own children were grown.

One of her 13 children by her second husband died because of a sprain. A neighbor's son entered their room and accidentally sat on her baby. Although they brought the baby to the doctor, he died after a month of medical treatment.

8. *Julie F.*, 29 years old and a mother of three. Like her mother, Crispina or Dading, she is not married to her husband who is married but separated from his wife of seven years.

They elected a matrilocal residence where Julie and her family lived in one room with the adjoining room shared by her married brother and her parents. It is an extended family set-up where they pool resources, an arrangement they found to be convenient.

About a year before the interview on December 8, 1993, her husband left them to work in the province. At first, he would visit them once a month since it was expensive to commute every weekend. This went on for about six months, after which his visits became less frequent. At present, it is Julie who goes to the province to demand that her husband provide assistance for his children. Presently, she works as a laundry woman to meet the economic needs of her children and wonders about her current marital status.

9. *Yoland P.*, 42 years old and a mother of eight, works as a volunteer health worker.

She finished her second year in high school but stopped because her mother thought that education was wasted on her. Her mother was the conservative type who believed that the place of a woman is in the house.

Her parents were separated and she stayed with her mother. She was married at age 16 when her boyfriend deceived her by bringing her to his house, on the pretext that her friend would be there to listen to some of his new records. Refusing at first, she soon gave in and went. When she got there, the house was dark and he refused to let her go. After a few days, her father learned her whereabouts and came for her. But her boyfriend's parents talked to her father about wedding plans and he was finally persuaded to give his consent.

They elected to live patrilocally but she soon noticed that her husband was too dependent on his parents. She then persuaded her husband to go to Manila. At first, her husband was reluctant but later on acceded to her request.

He found a job as a house painter and made a comfortable income. But as their children begun coming, she too, like the other informants, felt the difficulties of city living. Her husband holds the family purse, does the budgeting and gives Yoly money only when she asks for it. Yoly did not like this arrangement but could do nothing about it. It was at this point that she went to work as a health worker, receiving a P400.00 monthly allowance. She likes working in the organization as she is exposed to issues and educated on the rights of women. It was also joining the organization that enabled her to realize the importance of education, particularly when she attends seminars and conferences on women.

Aling Yoly had an abortion in 1993 when her two daughters were pregnant, embarrassed at having community members know that the three of them were pregnant. Besides, another baby meant another mouth to feed. At her age, it would have been dangerous to deliver another child.

10. *Maricris M.*, 22 years old and a mother of 3 was able to finish high school. She had a boyfriend when she was in third year high school. He was good to her and her family members, coming to her house and helping her wash their clothes. He would also hand over to her his weekly income. At first, she refused to accept it. Later she accepted the money, saved it and never spent a single centavo. Though he was good and industrious, they did not get married.

She met another man at age 19 and they decided to live together. Though both had no previous commitments, they were never married since they did not believe in marriage. However with the birth of her third baby, she realized the value of marriage and its effect on the status of her children as well as on her sense of personal security.

They resided matrilocally and during the initial years of their relationship, depended on Maricris' father for financial support. Later however, Maricris worked in a factory close to Bagbag. When she had the night shift, her baby slept with her mother. In the morning when she had to rest to prepare for work, her husband took care of the baby. But in the afternoon before she went off to work, she attended

to household chores like cooking, cleaning their room and washing their clothes.

In December of 1993, Maricris' uncle was able to find employment for her husband. Unlike her father, her husband hands over his salary to Maricris. She does the marketing and budgeting. Since they both realize the difficulties of raising a big family, they planned their family. She was on pills until one day, her supply ran out and before she could replenish it, became pregnant with her third baby.

Summary of the Profile

The ages of the women- informants ranged from 18 to 61 years old.

Three of the five informants never finished their elementary education. One finished her elementary education; one finished high school while an older informant reached second year high school. In the case of the younger informants, two never finished their elementary education. One completed third year high school while two graduated from high school. Their parents did not value education, or if they did, poverty was a barrier to the realization of this dream.

All the informants worked outside the house to supplement the family income. One worked as a domestic helper and another as a saleslady in a department store. Another informant started as a laundry woman at the age of 10 while still another was an entertainer in Japan at age 17. None of the informants really enjoyed childhood and could not remember these as years of fun and games. One of them was already burdened with the responsibility of paying for the rental of the room occupied by family members at an early age.

The size of the household as well the problematic relationship of their parents confronted informants. The average size of the household was six children. The father's income was not always adequate to meet the family's need. Thus, older children who finished their elementary education could not continue on to high school so that younger siblings could go to elementary school. Their mother worked

to help meet their day to day needs. Life was truly a hand to mouth existence for all of them.

Two of the women-informants were married more than once. The relationships failed, badly affecting the children, most of whom blamed their fathers. It also meant separation of the children from their biological fathers and living with stepfathers. Often, relationships between affines were difficult, becoming the source of early marriages for younger informants. One informant so feared marriage because of the experiences of her mother with her three husbands that she deferred marriage until the age of 27.

Eight of the informants married early, between the ages of 17-19 years old. Two married between 21-27 years old; their parents were separated and their mothers had second husbands. Five were married in church and experienced the *pamanhikan* while another five opted for a live-in relationship, either by choice or because their boyfriends were previously married.

Residence after marriage for the younger informants was matrilocal. Two of the informants were forced to take patrilocal residence for the first three years of marriage. Both took neolocal residence after the birth of the third child.

Four of the older informants were raised in the province and later migrated to the city after marriage. They moved from one squatter settlement to another before finally settling in Bagbag, Novaliches. All belonged to the low-income group.

The younger informants aspire to improve their socio-economic condition, particularly for the sake of their children. All the younger informants hope to limit the number of their children to at least three since they experienced the difficulties of having numerous siblings. Three are on pills while two practice the rhythm method. It is usually the husband who objects to limiting the number of children because of

machismo. To these men, it is enough to let the future take care of them.

The data thus presented are vital in understanding how the women took care of themselves and their well-being, particularly before, during and after pregnancy.

*Perceptions, Beliefs and Practices
on Pregnancy and Children
A. Views and Practices during Conception*

Eight of the informants had their first baby in their teens, between the ages of 16-18. Two had their first babies between 22-28 years as they married late. Seven had their first baby a month after marriage. Three however, were already pregnant when they told their parents about their decision to live-in with their boyfriends.

All the informants considered pregnancy natural, something to be expected after having sex with their husbands. One considers conception as a blessing from God. Nine saw cessation of the menstrual flow as the sure sign of conception. One however, continued to menstruate until the third month of pregnancy. It was only when she collapsed and her mother-in-law called for the *hilot* that she learned of her pregnancy.

All of the informants experienced symptoms of morning sickness like dizziness and vomiting. No one viewed pregnancy as an "illness," seeing the physical discomfort at this time as normal. One informant experienced difficulty breathing during the first three months although she never consulted an obstetrician as her parents considered this normal. All had their morning sickness end by the fifth month of pregnancy.

Support from family members, particularly the husband, helped a lot in enabling the pregnant women cope with physical discomforts. All the informants, except Marina, were assisted either by their mothers or husbands with the household chores. In the case of Adelaida, her husband would rub her back and hips when she felt pain. To her, it

was soothing knowing that her husband understood her physical condition. Her mother also assisted with some of her household responsibilities.

In addition to physical discomfort, all of the informants experienced certain cravings. Maricris craved *balot* for the first baby, while for the second child, it was *penoy*. The cravings were never the same for every pregnancy, she said. She never depended on her husband to get them for her since she would go to the store and buy them. While she loved *balot*, she despised the smell of frying fish. She found this odd because she loved fried fish when she was single.

Julie, on the other hand, loved ripe mango, noodles and dried fish. Her husband bought these food items for her. During the entire period of the pregnancy, she felt her husband's love for her as he understood her physical condition. He was over solicitous of her needs and she often used her condition as a leverage to get her husband's attention. This was true for her first two pregnancies. Her husband changed during the third pregnancy. In fact, Julie confided that she tried to abort it by continuously taking Cortal, fearing that her relationship with her husband had turned sour. It was also at this time that her husband was fired from his job. When she told her husband about the attempted abortion, he became furious and completely abandoned Julie and the children.

Arceli also had cravings. Like Maricris, her cravings varied from one pregnancy to another. But she wanted her husband to procure the foods she craved for. If her husband could not find it, they would quarrel for days.

From the point of view of the elders, the cravings of conceiving women must be satisfied at all cost because of the adverse effect on the child. The baby when born salivates continuously, an indication that the mother did not get what she wished for while conceiving. In other instances, failure to give what the conceiving mother craves for may result in miscarriage, although I suspect that it was the stress,

disappointment and frustration which brought this on. Not one among the informants suffered a miscarriage because of failure to get what they craved for.

The cravings of prospective mothers are part of pregnancy, in part I suspect, because the physical discomfort which accompanies pregnancy can be helped by the cravings. Besides, when one does not feel well, as when conceiving, one needs a great deal of attention and care. Perhaps the cravings for certain foods are a means of drawing attention and concern not only from their husbands but also from their parents.

Not one among the ten informants consulted a medical doctor either at the hospital or health center to confirm their pregnancy or to have regular pre-natal care. They relied heavily on what their elders told them from their own experiences. Not one informant took medicine or vitamins to prepare for childbirth or to ensure the health of the fetus. In the absence of medical care, they adhered to certain beliefs taught them by their mothers or grandmothers to ensure their safety and that of their unborn children.

Eight of the informants rubbed their legs and thighs with kerosene to prevent cold air from entering their body. This was done every night from the time of conception until childbirth. This also protected conceiving mothers from cramps. Pregnant women were never allowed to exert much effort such as carrying a heavy load or bringing water from the well to their house. As stated elsewhere, an adequate water supply is the biggest problem of community residents. The job of securing water from the well is usually done by the husband or other male members of the family.

There is also the prevailing belief in the community that visitors must not stay by the door of the house /room occupied by a pregnant woman. Otherwise, the pregnant woman would have difficulty during childbirth. Though not all of the informants subscribed to this belief, no one defied it for fear that it may be true.

Pregnant women were not allowed to leave the house at night. Dading, for instance, believes that the *bulan* (red sky) had certain powers that affected the pregnant woman and her fetus. Maricris, on the other hand, was prohibited from leaving the house by herself as malevolent spirits roamed the open air, hungry for the unborn child. Other informants were advised to stay home at night to avoid catching a cold or chill. To fall ill while pregnant could endanger the health of the fetus. They were also aware that medication for colds and fever would affect the physical condition of the fetus.

It was observed that as soon as pregnant women passed the first three months of pregnancy, lost appetite was regained so much so that they were advised to go slow on eating sweets and salty foods. Such would enlarge the fetus, making for difficulty in child delivery. They were also prohibited from drinking too many carbonated drinks. In addition, they were told to stay away from bathing too often. Pregnant mothers often turned to bathing to ease their physical discomfort. Older women believed however, that too much bathing contributed to difficulty in childbirth, since it causes edema.

All the informants had a relatively easy pregnancy. They admitted however, that pregnancy was most difficult, particularly during the first three months, because of morning sickness and great physical discomfort. They had difficulty getting up in the morning; felt dizzy and lazy. However, after the cessation of morning sickness, their physical condition improved. In the seventh month of pregnancy, they again suffered physical discomfort when the fetus begun to move and kick in the mothers' wombs. We observed this while interviewing Adelaida who was in her eight month of pregnancy. She kept changing her sitting position and appeared uncomfortable, uneasy and perspiring. She confessed that the fetus was kicking and indeed, we saw the bulge in her tummy.

On the eighth month of pregnancy, all the informants consulted the traditional *hilot* in the community. They were massaged to

determine the position of the fetus and to ensure that the fetus was in the right position for delivery.

On the eighth and ninth month of pregnancy, informants were advised to refrain from sex with their husbands. However, the traditional *hilot* knew that the advice was often unheeded because when the baby was delivered, it was dirty and slimy. Mothers were often embarrassed although the *hilot* never reprimanded them. Despite their pregnancy, they could not discourage their husbands from having sex. To prevent any difficulties, they often gave in to their demands.

Pregnant mothers often knew when they were about to give birth. They looked haggard because of loss of sleep, worry, anxiety and stress, particularly for the first pregnancy because they did not know what to anticipate.

To the elders, childbirth endangers a mother's life. They believe that "*ang isang paa ng ina ay nasa hukay,*" in childbirth because of the possibility that protracted labor could kill the expectant mother.

Aling Lucing, the traditional *hilot* protested that no one among her patients ever died. She had patients whom she called her *alaga*, pregnant women who consulted her from the first month of pregnancy till after childbirth. Mercy was an *alaga*, aside from being one of her granddaughters.

B. Childbirth

All the women knew when they were ready to deliver their babies. They had back aches and sharp pains in their tummies. For the first childbirth, the pain was described as a cross between cramps and constipation. Their tummies felt very heavy as though the fetus would fall when they walked. Informants whose tummies were big found it difficult to bend down. As childbirth approached, the continuous movement of the fetus indicated that the mother's womb was no longer suitable for him. According to one informant, birth comes because the fetus is "ripe" for delivery.

For first childbirth which elders called *nanganganay*, some would give birth on the tenth month of pregnancy. In some instances, if the mother continuously does household chores and keeps mobile, childbirth was about two weeks before the expected date of delivery.

There are a number of beliefs practiced by elders at the time of delivery. For instance, Marina was told never to lie down in spite of labor pains because of the belief that the fetus would be "displaced." She followed the advice and instead of resting, ironed clothes to divert her attention from the pains. But when the pains came at short intervals and finally became continuous, she called her sister-in-law for help. Since Aling Lucing, the traditional *hilot* in the community and Marina's mother, was not yet practicing child delivery, another *hilot* was called to assist Marina with her first childbirth.

Other informants urinated frequently and to them, this was a sign that they were ready to deliver their babies. If their water bags burst, they made ready to call for the *hilot* as they were ready for childbirth. However, labor pains accompanied by blood were an indication that labor would be long and difficult. This was the experience of Adelaida, the youngest informant. She was in labor for 18 hours and thought she would die. Her mother called for the *hilot* as she could not deliver the baby by herself. To Adelaida, the pain she experienced was so excruciating that she vowed not to have another child until after three years. She wanted only two children because of the difficulties she experienced.

All the informants feared childbirth. In fact, they prayed continuously while in labor, fearful they would be unable to survive the crisis. Aling Arceli and Maricris were in critical conditions with their second child births.

In childbirth, the main participants are the pregnant woman and the *hilot*, if childbirth took place at home. All the members of the family are mobilized to help with the needs of the *hilot*. At such times, childbirth is not only a family affair but the concern of friends

and neighbors. They mill on front of the house providing comfort to family members and the pregnant woman since this is interpreted to mean their concern. Sometimes, if the pregnant woman is by herself, neighbors and close friends do the boiling of the water needed in the delivery. When Florita fell while doing the laundry in her ninth month of pregnancy, it was a neighbor who brought her to the hospital as her children were too young and her husband was at work.

Nine of the informants delivered their first babies at home assisted by the traditional *hilot*. Only one delivered her first baby in the hospital because of her heart problem. Apparently, community members prefer to deliver at home. Only women and the concerned husband were allowed inside the house. Knowing that close friends in the neighborhood showed interest was important in boosting the mother's morale.

As soon as the baby was delivered, the baby's sex was announced by the *hilot* to the husband, family members and friends. The umbilical cord is kept by the parents in the belief that it must be treated with great care since it is a reminder of the bonding between mother and child. The umbilical cord reminds children that they owed their lives to their parents, particularly the mother.

There are various ways of keeping the umbilical cord. Some mothers wrapped them carefully and buried them under the stairs. In this manner, the children will develop strong confidence in themselves. Other informants dry the umbilical cord and hang it in the house.

There is also the belief that umbilical cords must be boiled in a pot of water. The water can then be given the baby to drink wherever he was sick or suffered convulsions. The umbilical cord is kept in a safe place and used whenever needed.

Another mother informant put the umbilical cords of all her children in a single wrapper. She believed that her children would then learn to love one another. One of the informants reported this to be true as her children continue to love one another, visit as well as help each other even

if all are already married and residing outside of Bagbag. This practice was passed on to her by her mother and she fully intends to teach this to her daughters when they have their own children. To her, this is one way of strengthening family bonds.

D. Practices and Beliefs after Childbirth

All the pregnant women rested for at least two to three days before resuming household chores. Resting enabled them to recover their strength as childbirth was both stressful and physically strenuous. Usually, the husbands or mothers of the new mothers took over household responsibilities. On her ninth pregnancy, Florita was immobile for about two months. She was physically weak and had frequent back pains. At that time, her eldest child Adelaida was already in her teens and could assume all the household chores of her mother. Florita's husband also helped Adelaida after coming from work. During this time, Florita thought she would be paralyzed for life but was soon able to recover through the help of a *hilot*.

Though the informants did not consider pregnancy and childbirth as "illnesses", instead regarding them as normal and part of a woman's life cycle, they adhered to certain cultural practices to restore their strengths. All the informants did not take baths until after 7-15 days after childbirth, having warm sponge baths instead. They boiled guava leaves and used the water to clean their bodies. They also gathered the hot guava leaves in a bedpan and squatted down while covering themselves with a blanket. This is done in a room with all the windows closed. The idea here is to have the mother perspire profusely.

This practice helps the mother regain her strength and heals the wound caused by child delivery. This "heating" is also a preparation for succeeding pregnancies. On the whole, the "heating" is important because it safeguards the reproductive health and total well being of the woman, giving her strength to continue her productive role in the family. The informants were also prohibited from washing their hands

with tap water which is believed to be cold and hence, injurious to the well-being of the new mother.

To protect their well being, new mothers are made to wear pajamas and long sleeved blouses against the cold draft. These are worn for at least one or two weeks until they take their first bath. This are part of the cultural belief that anything cold, particularly rain, is not good for new mothers. Hence, the "isolation" of the mother for at least two weeks.

Before the first bath, the *hilot* comes to their house to give them a daily massage. This is done so the mother can regain her strength and prepares her for the next pregnancy. If the baby is a boy, he too undergoes a certain "ritual". The mother first rubs her hands together and then rubs them gently on the boy's genitals. This is called "*papainitan*" (to heat) and is done every morning for at least one month. Some informants however, place tobacco leaves on the boy's genitals and leave them there for quite sometime. This is done to ensure that the genitals have a "normal" size and protects against enlargement. The babies, whether boy or girl, are also massaged by the *hilot* to strengthen and to protect them from being sickly.

On the day the mother takes her first bath, the *hilot* boils a big pot of water which contains medicinal leaves or more usually, guava leaves. The bath takes place in an enclosed room with the windows closed. The husband or a member of the family prepares hot chicken broth which the mother takes after the bath to complete her recovery period.

In the evening, the *hilot* comes for the last time to "administer" the final ritual. After massaging the tummy with a piece of cloth, she pulls at the cloth tightly for a few minutes. This is called the *pagsasara* (closing). Actually, this is to restore the "uterus" to its proper position. The mother's thighs and hips are also well massaged with oil. Again, this is to ensure that they have not been dislocated by childbirth.

To the informants, the massage and the care given by the *hilot* enables them to regain their strength after childbirth. The efficacy of this care is attested to by the new mothers. Their complexion is rosy, they look fresh and strong and are more resistant to colds and fever. On the other hand, those women who failed to have the massage after childbirth look very pale and weak. In fact, some of the informants even thought that they looked older than their age.

The massage and the taboos imposed on new mothers are important in preventing a relapse after childbirth. According to the *hilot*, the relapse is even worse than the pain suffered during childbirth. The mother suffers severe headaches for days. Relapse is physically debilitating and can be fatal. According to Lola Lucing, no patient of hers ever had a relapse after childbirth. She saw to it that they faithfully adhered to all the cultural practices and taboos. She admonished those patients who were hard headed and warned them of the consequences.

The mother's first bath ends her "isolation" from community members, serving as a kind of "purification" or "cleansing" ritual. She can now reintegrate with friends and neighbors, albeit with a new status, i.e. from being wife to mother. The new status then attaches and designates new roles and responsibilities not only to her husband but to her baby as well.

The first bath also marks the period when the husband can again sleep with the wife. However, most informants did not have sex with their husbands until after two or three months. Fear of pregnancy is usually the primary reason why women deferred a sexual relationship with their husbands. Often, it is viewed as embarrassing if another pregnancy occurs immediately. Though there are no cultural strictures about the spacing of childbirths, the women themselves are aware that frequent childbirths may be too taxing on their health. Then too, informants, particularly the older ones, believe that in safeguarding their reproductive health, they are also asserting their reproductive rights.

The decision to have children must be mutually agreed upon by couples. But in a community where the cultural belief of *machismo* predominates, the husband's decision regarding children usually prevails. Women are taught to be always submissive to their husbands' sexual demands. Thus, women do not have any reproductive rights and have no control over their well-being. Women are imprisoned and circumscribed by the community stereotype.

Summary and Conclusions

The paper is an ethnography of women and their reproductive health. Baseline data on the condition of women and their families was provided to contextualize women's beliefs regarding reproductive health. Reproductive health in the paper has to do with the physical, emotional and cultural conditions of women before, during and after the period of pregnancy. The socio-economic condition as well as the educational opportunities open to women reveal a lot about their knowledge and practices of reproductive health.

Women rely heavily on the traditional *hilot*, their mothers or elders in the family for confirming pregnancies. There is usually no medical consultation with doctors for pre-natal care and during the entire period of a woman's pregnancy.

Cultural beliefs and practices serve as the coping mechanisms whereby women safeguard their well being during and after pregnancy, giving assurance of a safe delivery.

Childbirths usually took place in the home. Expectant mothers were assisted by the traditional *hilot*, who were accorded trust and respect for their experience and expertise.

It is only when problems occur that expectant mothers are brought to the hospital or when there is a medical history of heart ailments.

Cultural practices and beliefs likewise govern behavior after childbirth. These practices and beliefs are important in maintaining the well being of women, particularly the mothers. In addition, culture

defines the roles of women in the family. In an urban community where people are more exposed to modern ways and mass media, traditional beliefs and practices on reproductive health nonetheless predominate. Decisions on number of children and its effects on reproductive health are culturally bound. Stereotypes such as the belief that men are the masters of the house and women are submissive, particularly in matters of sex, prevailed in the community. While women wanted fewer children during the early years of their married life, this ideal was never realized. Men wanted more children to prove their *machismo*. For the men of the community, virility is measured by the number of children they reproduced, even at the cost of endangering the health and well being of their wives.

Cultural practices and beliefs on pregnancy prevail because they are handed down from mothers to daughters and these daughters in turn to their own daughters. The mothers teach their daughters that these are the right things to do since they have been continually tested and found to be efficacious. In any case, it does not do any harm to follow them. Moreover, deviation might endanger their lives and that of their babies.

Because most of the community residents are migrants from rural communities, they brought with them their traditions which helped in their adaptations to their day to day survival in the community. These traditions are responsible for the emergence of a subculture in an urban poor community. Their proximity to modern medical services and practices did not at all affect their traditional ways.



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