

The Maternal Services of the Hilots of Sitio Malasa: A Feminist Analysis of the Emerging Challenges To Women's Role in Traditional Health Practice

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Abstract

The study aimed to describe and analyze the lives of Aeta women, Hilots, or traditional birth attendants (TBA), the beliefs and practices surrounding their care giving services, as well as its impact on the mothers who availed of their services in Sitio Malasa, a resettlement community in the province of Pampanga in the Philippines for the victims of Mt. Pinatubo eruption in 1991. Issues and concerns that seem to threaten the helping relationships among the women were also identified and analyzed using Feminist Standpoint Theory and an alternative framework for a holistic health care for women formulated by various women's health advocates. The study was descriptive in its design and qualitative in nature. Triangulation method which included the use of case studies to produce case narratives of the TBAs, sample survey involving selected mothers to give life women's experiences under the care of the TBAs, and a focus group discussion was employed. These methods were used to identify the themes and patterns emerging from the oral histories of the traditional birth attendants and the mothers as well. Results revealed that there are three prominent Aeta TBAs at the time of the study. The TBAs were not only capable of assisting birth but they perform extended services in the family of the mothers they assisted but also in the community. Mothers supported and recognized the expertise of the TBAs, the services of whom have undeniably provided women-friendly, culturally-based, economically affordable and readily accessible which correspond to what women's health advocates propose to counter health services highly influenced by medicalization of the health service in the modern society.

Key Concepts: hilot, maternal services, traditional health practices

Introduction

Through the years, traditional birth attendants were present and practicing their craft all over the world (Spretnak, 1982). They have been around even before the formal practice of western medicine. They have been known through different names but with common roles. They were the parteras in Mexico (Burton, 1999), granny midwives in the African-American community (Graninger, 1996), comadronas in Guatemala (Paul and Paul, 1975), dai in India (Marcos, 2000). In the Philippines, they have been called as parteras, comadronas, mananabang (Burton), and mabuting gilot (Mallat, 1998) among other names from the different regions in the country who play a significant role in the lives of the women especially to the mothers during pregnancy, in birth and delivery and even a few days after giving birth. Unfortunately, despite their established role in the community, they have remained marginalized.

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Aside from being traditional birth attendants providing services to the mothers, sometimes they also play other roles in the community. They are also consulted for other health concerns. Burton (1999) described the TBAs “as respected practitioners of the community who are repository of knowledge and lore not only in child delivery but also in the identification of plants and herbs...” This usually happens particularly in communities where the medically trained personnel and other health facilities are not readily available to the members of the community. Such condition is the same for Sitio Malasa, in Brgy. Anupul, Bamban, Tarlac where the significant role of traditional birth attendants needs to be explored and documented thus, this study was conducted.

Babaylan: The Early Caregivers

Before the Spaniards came to the Philippines, it has been known that the Philippines had its own version of its doctors who attended to the needs of the people. The Filipinos had some knowledge or know-how on the use of medicinal plants to alleviate their disorders. This was noted by de la Cruz (1983) when he said that “the physician in the Pre-Spanish society was a priestess known by the Tagalogs as *katalonan*, *babaylan* to Visayanos, *bailan* to Bicolanos, *baglan* to Ilocanos and *baylan* to Mandayas.” It was believed that sickness was caused by spirits and so the role of the *babaylan* was important because she was the one who would perform the necessary rituals to ward off the spirits that caused the illness. In another paper, Mangahas (1993) described such ritual where a pig was sacrificed in order to use its blood to anoint a sick person. The same role was also emphasized in the works of Salazar (1996, 1999) about the *babaylan*. He described the *babaylan* as an interesting persona before the Spaniards came because of her knowledge in religion and medicine. The *babaylans* were mostly women who share the same status as that of the *panday* and the *datu*. Furthermore, he also noted that *babaylans* were usually women in their menopause who were in-charge of keeping the culture and tradition of the community alive and who passed on their knowledge and skills to their daughters. They took charge of keeping in mind the epics, stories, verses, and songs of their community. The role of these early women were affected by the Spanish colonizers whose idea of what a civilized society should be and considered the *babaylans* as women who were disciples of the devil (Mangahas, 1993). She explained further that *babaylans* even led the natives to fight against the Spaniards taking the *babaylan* as their greater threat for the success of the Christianization of the Filipinos. The same was mentioned by Salazar (1999) and further stated that some *babaylans* were integrated into the colonial system by the friars by making them servers in the churches – to offer flowers, lead the processions, bring assistants to the altar and similar activities bringing the women to play a less active role in the community until their presence waned as modern medicine took over the health care of the people.

Through the years, the presence of the *babaylans* in the society waned and can only be felt in communities not so influenced by the arrival of modernization brought by the westerners. Fortunately groups are emerging to bring the *babaylans* back in the society through the efforts of concerned people. One of them is Leny Strobel, head and project director of the Center for Babaylan Studies who believes that it is important “to listen to the voices of our ancient traditions that basically show us where we have gone wrong and how we could return (Hampton, Jan 29-Feb. 4, 2010).”

Another is Agnes Micalat-Cacayan (2005) who in her keynote speech in the Babaylan Symposium held at the St. Scholastica’s College in Manila talked about the women in Mindanao who are the present *babaylans* in their communities who perform rituals in the form of chants and dances. She introduced these women who continue to perform the practices of the *babaylans* in bringing wellness and healing and emphasize respect to nature which is connected to the lives of their people. Meanwhile, Marianita Villariba, a sociologist recognizes the healing powers of the *babaylan* which she believes could be used to heal and lead to justice and peace (Isis International, 2007).

The presence of the *babaylan* in the lives of the Filipino folk healing and history are intertwined and cannot be separated. It is inevitable that we take pride and give honor to the *babaylan* for their knowledge and courage to bring down to our generation now what they had even in the form of the traditional birth practices that our indigenous hilots perform to meet the needs of their community. In a way, the hilots that the society know now are the descendants of the *babaylan*.

Traditional birth attendants, beliefs and practices

In 1992, a joint project of the World Health Organization (WHO)/United Nations Population Fund (UNFPA)/United Nations Children’s Fund (UNICEF) came up with a statement clarifying “the actual and potential role of the TBA in maternal and child health and family planning, identify the issues involved in TBA training and practice, and highlight the advantages and limitations of TBA programmes in order to provide guidance for dynamic health care policies.” Furthermore, it provided a description to who a traditional birth attendant is:

TBA is usually a mature woman who has given birth to live children. She is a member of the community she serves. Though often illiterate, she speaks the language and not only understands but is integral part of the religious and cultural system. TBAs are generally wise, intelligent women who have been chosen by the women in their family or village for their practical approach and experience... TBAs are private practitioners who negotiate their own compensation with clients. Sometimes they receive payment in the form of cash or gifts; usually their compensation includes favoured status in the community. (WHO, 1992, p.5)

The TBA may also be referred to as the trained and untrained traditional birth attendant who practices traditional care of pregnant women and assist in the delivery, as accepted by the culture of a specific community (SEAMIC Health Statistics 2002). These traditional birth attendants are usually women who take charge of the home births. A traditional birth attendant may also be a full-time worker who can be called upon by anyone and who expects to be paid either in cash or in kind; she may be a woman's elderly relative or neighbor who does not make a living from her work and will only assist in a birth if the mother is a relative or the daughter or daughter in law of a neighbor or a close friend, who would assist as a favor or a good deed and does not expect to be paid but may receive a gift as a token of appreciation; or somebody who only assists for her relatives. (DOH, 1994).

Graninger further explains that midwives worked for long hours of physically exhausting conditions, walking miles to a birth, staying with the woman throughout her labor and delivery and performing hours of chores and providing child care to the women they served. They also served as family counselors, herbologists and general health advisers (Graninger, 1996). Tan and Querubin also pointed out that the role of the *hilot* is dominated by women and they, too, are found in large numbers as herbalists, bone setters, and shamans. (McDonnell, 1986).

As their name implies, the primary role that the *bilots* or the traditional birth attendants play is in giving assistance to the mother in childbirth. J.Mallat wrote and described a particular observation in the practice of the *hilot* :

...even when pregnancy dates only several weeks, they hardly hesitate to announce the sex of the child, and they are untacklingly consulted on this important question. ...The midwives separate the child from the mother only after the entire delivery and to prevent air from penetrating into the body of the woman in child-bed, they place a foot on the vacuum caused by the exit of the child..." (Mallat, 1998)

Their importance in the community is highly regarded by groups and individuals. The Maternal Neonatal Health (2004) expressed that while the TBAs cannot be considered medically skilled providers from the perspective of scientific medical practice, they hold a special position in many communities and should be considered part of the community's informal health care system. They should be respected as a link between the community and the healthcare services. Moreover, they should also be included in community education and mobilization efforts since they can convey vital information to families and communities in a culturally appropriate way.

In relation to this, Jocano (1998) described a number of indigenous beliefs and practices of the Filipinos regarding pregnancy and childbirth. Those beliefs include the following: avoiding to stay or to stop at the threshold of the house for this might cause a difficult delivery; sleeping with the windows open, or avoid the use of white blankets or lie flat on her back because this might cause the *engkantos* to attack her; must not step on the rope tied to any animal because this might cause the umbilical cord to wind around the neck of the child and strangle him to death and more. According to Jocano, the *hilot* is called at the prenatal stage of the pregnancy and gives advice to the mother in order to relieve her of any discomfort and also massages were used to fix the position of the baby. During delivery, some of the practices of the *hilot* would include the following: staying close to the mother and giving encouraging words as a way to coach the mother to push and aid her in the delivery; the use of a razor or a bamboo blade to cut the umbilical cord in between the two threads which are used to tie the cord; scrapings from coconut shells known as *budbud* were applied on the wound.

In the Philippines, despite the presence of medical personnel at the Barangay Health Station, many pregnant women still prefer TBAs' services. The women's primary reason was that the TBAs provide better care and service than the medical personnel; they did follow-up visits for several days which were taken as an indication of genuine concern for their clients (Burton, 1999). Similarly, Jennifer Houston (<http://members.aol/womanway/hb.htm>) identified some reasons reported by the women and families for choosing to give birth at home. These are the following: to reclaim a position of power and authority; to be supported by a tradition that trusts the natural process; to freely make choices; because home births can be safer; "to be in my own home"; and to preserve the privacy and sacredness of birth."

Kitts and Roberts (1996) also identified reasons as to why the indigenous women in Bolivia preferred to deliver their babies at home. These reasons include: (1) they could take “*mate*” tea to help in labour, (2) they could be attended by their relatives and husband, (3) they could walk around, (4) they could be wrapped up warmly and wear their own clothes, (6) they were not shaved or cut and (6) they were able to deliver vertically, squatting on their haunches. Meanwhile, in a book by Anima (1978) several practices from different provinces in the Philippines about childbirth practices were described and mentioned that the “*partera*, the local midwives of Panay and the *panday* of the *Subanons*, uses potions as well as medicinal herbs along the performance of her functions, with a view toward lessening pain and hastening delivery of her client and others.”

These traditional practices of the traditional birth attendants bring to our minds the healing knowledge of women in the earlier times for women have always been healers, and healing in the matriarchies was women’s work, connected to birth, death and the life force (Stein, 1987). It is also by this reason that women in the sixteenth century were accused of being witches and were later burned in the Inquisition for the healing talents of the women were thought to be of magic and evil.

Barriers and Challenges

No matter how effective, safe and preferred these approaches of traditional techniques of the traditional birth attendants, still there are barriers and challenges that face the traditional practitioners and the traditional practices and the mothers who benefit from them. Some of these barriers to health care which the researcher found to be important to mention in relation to the study are the following: women’s health is not a priority, access to health facilities, and access to financial resources, sex and maturity of the health worker, and others (Kitts and Roberts, 1996). According to Kitts and Roberts, women place the health of their children and prioritize them more than they would give attention to their own health. When mothers are sick, they often cope with the illness by self-treatment or go to the traditional healers or simply let their sickness linger and deal with its discomfort. The distance that they need to travel in order to avail of the health services from a community health center is often a major factor in deciding to seek medical help. Financial resources is also a central concern for the women for their health care to cover for the expenses for the transportation, services and treatment costs because in most cases, the women do not have the control over the finances of the family. The gender of the caregiver can also affect the health care of women because caregiver of the same gender would make it easier to share concerns.

In relation to the role of the woman as a health care provider like in the case of the community health workers described in the article of Querubin and Tan (1986), the problems could possibly arise from the husbands of these women. The husbands believed that their role (the woman caregiver like the TBA) as somebody concerned with the health of the community like in implanting programs of the community health center might interfere with their household chores and care of the children. Similar observations were given by the World Health Organization (WHO) in 1992 on issues affecting the TBA programmes. Some of these issues are: regulation of practice, functions of the TBA, remuneration, recognition of training, and technical support systems. However, despite these barriers, WHO has this to say for the TBAs:

... it is not necessary either to transform them into a new category of health worker or to reject them...there will always be a need to keep what is best in TBA care: the sense of caring, the human approach, and the response to cultural and spiritual needs (WHO, 1992).

This study used the Feminist Standpoint Theory of Dorothy Smith which is a “conjunction of the materialist method developed by Marx and Engels and Garfinkels’ ethnomethodology (Wallace, 1999:285). She emphasized an examination and analysis of their point of view, situation and experiences as women – their everyday life and relations of ruling from the standpoint of women. For her, knowledge starts from the materiality of everyday world – the activities, interactions, responsibilities, constraints, resources, and choices (or lack of them) that women face in their daily lives including those of other individuals who may be in subordinate positions in society. This means “the actual daily social relations between individuals.” She further stressed that society involves “the actual practices of human beings who are understood as ‘expert practitioners of their everyday worlds’” and it is “the social practices of actual people in their everyday/every night worlds that comprise society.”

The TBAs of Sitio Malasa are considered authorities in their community in as far as the needs of pregnant mothers are concerned. They perform their role utilizing the indigenous knowledge and skills handed down to them by their ancestors. Their indigenous skills in facilitating childbirths have definitely played a very significant role in the maintenance of their community as indigenous people (IP). In fact, the *umat* – straight haired non-IPs who are now living with them in Sitio Malasa have also benefited from their services when the need for a birth attendant arises during their pregnancy. The helping and caring relationships between the TBAs and the mothers and other members of the community would more or less characterize their “everyday world.” However, such a condition is being

threatened by the demands of government institutions for the TBAs to adhere to the accreditation policy for them to continue practicing their being birth attendants or hilots. Said policy of the local health office which comes concretely in the form of a “certificate” which serves as “license to practice,” would however require the Aeta TBAs to undergo intensive trainings almost similar to that of barangay health workers (BHW). However, this will not come as an easy task for the Aeta TBAs since they have not completed even basic education; if not totally unable to read and write. In this case, the state apparatus that would define what is “proper” and functional for the people is something that would deprive the Aeta TBAs of their voice and equal representation in their desire to continue to serve their fellow women in particular and the community as a whole. Indirectly, the Aeta TBA will be marginalized and the danger of losing the tradition of indigenous knowledge transfer is likely to happen, not unless enhancement in the delivery of formal educational services for the younger generation of Aetas is guaranteed. Thus, the study seeks to answer the following questions:

1. How can the traditional hilots of Sitio Malasa be described in terms of socio-demographic characteristics and traditional birth practices?
2. How do the hilots and the mothers view the role of the hilots in the community as a woman?
3. What are the emerging challenges faced by the hilots ?
4. How do the traditional birth attendants cope with the challenges that they face in the performance of their services?
5. Do these traditional practices affirm the feminist health perspective?

Methods

The researcher utilized the descriptive design in the study. Specifically, the qualitative method was used as this was found to be essential in looking into the multiple meanings of individual experiences and meanings which are socially and historically constructed, with an intent of developing a theory or pattern which are based on the constructivist perspectives (Creswell, 2003). Furthermore, according to Neuman (1997), a qualitative research focuses on subjective meanings, definitions, symbols metaphors, and descriptions of specific cases, attempting to capture aspects of the social world which is difficult to express in numbers.

Triangulation was utilized in the course of the study. Triangulation refers to the use of more than one approach to the investigation of a research question in order to enhance confidence in the ensuing findings (Bryman, 2009). According to Neuman, (1997) it is a process of looking at something from different angles or viewpoints to get a fix on its true position. In this study, the different viewpoints came from the perspectives of the TBAs and the mothers as individual clients. The case study, sample survey and focus group discussion were employed as data gathering techniques. Specifically, the case study method was utilized in order to see through the experiences of the three TBAs and the women who availed of their services and how they feel about their situation. Specifically, the researcher utilized the life and oral history method in order to give voices to the women in the study. The sample survey was conducted. Focus Group Discussion was utilized in order to provide the participants the opportunity “for a freewheeling, but not directionless sharing of views (Guerrero, 1999).” This technique was aimed at verifying information from the sample survey conducted earlier and in bringing supplementary data which could be in terms of beliefs, knowledge, attitudes, values and perceptions prevalent in the community (Guerrero, 1997). The focus group discussion for the mothers was utilized in order to validate the statements shared by the mothers in the survey. In the study, this technique was very important because it was able to produce other information which was not mentioned in the interviews with some mothers earlier.

Results and Discussion

1. Profile of the TBA.

The traditional birth attendants recognized as TBAs in Sitio Malasa were Apong Scion, *Nanay* Esther and *Nanay* Yolly who are all Aeta women. Considered as indigenous people, they spent most of the early part of their lives in the mountains of Tarlac where life was simple; nourished by a rich culture that promoted a real sense of community. These three significant women of Sitio Malasa never had the opportunity to avail of formal education; except for *Nanay* Yolly who managed to learn how to read and write after a short stint in a public school. Low level of education would normally characterize indigenous people, including the *Aetas* due to some socio-economic factors. Their being a minority has in one way or another prevented them from integrating with the non-IP whose culture were different from what they have. A sense of inferiority has somehow made them think that formal education may not be for them. Meanwhile, those who have developed interest to get formal training were also not able to do so due to their economic condition. The distance of their settlements from schools would mean spending a great part of their time travelling thereby neglecting most of their regular chores thereby losing income for the family. All the three TBAs married at a young age to a fellow Aeta.

The knowledge and skills they have as hilots are basically what can be considered indigenous knowledge which they learned from their ancestors. Initiation to the job of a TBA usually starts with an informal socialization. The TBA would normally invite a younger member of the family, a girl in most cases to join her in house visits among expectant mothers and in the actual delivery. Oftentimes, the young family member is asked to serve as assistant to the TBA by doing some errands for them. Eventually, the young girl develops interest in what she sees and slowly learns the skills needed to assist in the birthing process. It was also during these occasions that the young Aeta observes what and how the TBA provide the services. The mothers find the presence and assistance as important because they do not have to worry about paying fees for their services.

With the passing of time, Aetas hilots have also learned the need to interact with non-IPs whom they meet when they trade their crops at the lowland or when the former go up their settlements for various reasons. Eventually, they have exposed their selves to the way of life of these new acquaintances and learn to also appreciate its importance in their day-to-day activities. Limited as it may seem, their socialization still gave them the opportunity to meet lowlanders who were able to extend help to them in some of their needs like people who have provided them better opportunities of earning an income, having someone to turn to in times of crisis and the likes. These interactions opened their minds to new ways of looking at life. New ideas and influences came. Apo Scion, Nanay Yolloy and Nanay Esther though they belong to the same genealogy, they have different religions – Apo Scion and Nanay Yolloy are both Catholics while Nanay Esther is a Born-Again-Christian. To show their gratitude to these people who have touched their lives, the Aetas would adapt the names of their non-Aeta friends. For them, it is one of the meaningful ways of returning the favor that they have received from their friends and vice versa. For some Aetas, they take the suggested names of their godfather or godmother after baptism. The others assumed a “foreign” sounding name simply because they just wanted to imitate the others in the community who embraced taking those names as if it is like a fad and from exposure to other cultures as well.

While there is undeniably significant changes in the lives of the Aetas in Sitio Malasa brought about by major events such as the Mt. Pinatubo eruption and their eventual resettlement and integration with the non-IPs, one of the most important indigenous knowledge and skills that some Aeta women have preserved and in a way managed to improve is that of attending the birthing process.

The three Aeta TBAs have been able to literally answer the needs among expectant mothers who are mostly not comfortable with the medically trained personnel, like doctors or the midwives in the community health center found at the foot of the mountain where they live. Giving birth, as a natural process, should not require any complicated external force like what is happening in a hospital setting where giving birth has become medicalized (Kitzinger, 2005). The role of the TBA is simply to assist the mother to deliver the baby. In fact, Nanay Esther simply said “Manganak ka? Manganak ka!” (You will give birth? Give birth!) which only affirms an early description that midwives do not deliver babies, they teach the mothers how to give birth (Rothman, 1979). Nanay Yolloy said she also coached the mother as a form of support while giving birth which according to her could be as important as any of the other techniques that she employs to assist birth. This is also a statement that gives testimony to the point that as a natural process, the TBAs really just assist a mother and gives her the necessary support because she also understands what is going on in the body of the mother giving birth which is true not only in Sitio Malasa but also in other communities, and in other countries.

2. Traditional Beliefs and Practices on the Maternal Care Practices Observed by the TBA

This study brought out into the open some of the traditional beliefs and practices on the maternal care done by the TBA, a limited knowledge or recollection of these beliefs associated with pregnancy and giving birth as written in some books. This can be attributed to their old age as in the case of Apong Scion and Nanay Esther. Or, this can also be a sign that they are no longer that keen in referring to or observing such beliefs and associated practices. These include practices on the use and application of herbal medicines which were utilized in different forms: some plants were boiled for bathing after giving birth like what was done for guava, sambong, lagundi and other leaves; use of dalunot leaves (local name given to a wild plant) found in the mountains to be used for application on their pelvis which were believed to effect smooth delivery of the child, boiled pineapple leaves for the mother to drink, payuyot and pamiquilin to prevent relapse. It can be noted that the use of some of these medicinal plants are also being promoted or encouraged by formal institutions, health agencies for instance due to its verified health values. It must be observed that the use of the medicinal plants for them had been effective source of alternative medicine which is accessible and affordable because they are found in the mountains, which is a familiar source for most of the common needs of the Aetas in the community. Same thing can be said of the massaging techniques in preparation for, during and after delivery and giving of some advice to the mothers to guide them for the entire pregnancy up to the delivery of the child,

The attention of the researcher was caught by some of the traditional techniques that the TBAs claim to use for assisting in birth. One of them is about the knowledge on cutting the umbilical cord and the “kiwid” which according to them, comes with the placenta. According to Nanay Yolly, one must wait for the kiwid to be released with the placenta before cutting the umbilical cord in order to prevent any complications or any infection for the newborn. This practice is not actually observed and done in the hospital setting because everything expelled from the mother after the newborn is considered part of the placenta. In fact, once the newborn is delivered, the umbilical cord is immediately clamped a few inches from the newborn, (two clamps are used: one nearer the newborn and the other around three inches from the first one) and cut right away while the placenta is still inside the mother’s womb.

Another interesting practice claimed by the TBAs is the use of “buho” for cutting the umbilical cord, practiced long before the cutting blade reached their community. “Buho” as the Aetas call their indigenous blade, is a part of the bamboo-like plant which is taken by splicing a portion of its body. They also have a sense of infection prevention or sterilizing by applying coconut juice on the buho. However, what the researcher found to be interesting is how Nanay Yolly for instance have started to use alcohol for the same purpose. Thus goes to show that the Aeta TBAs are open to adopt new ways of improving their skills and services. These new practices are brought about by their association with municipal health workers, particularly with the midwives during trainings and seminars they have attended in the town in some occasions. This eventually exposed the TBAs into modern practice of medicine which includes child births which in one way or another serves as a threat to the continued existence of their indigenous knowledge and skills. Furthermore, this brings into attention another concern to Nanay Yolly who experienced some difficulty in understanding some of the lectures during the trainings in the health center in the town because of the fact that she has a low educational background. At the same time, attendance to the seminars in the town health center would mean dividing her time some more for household chores and the activities in the rice fields. This would result to non-completion of the seminar-training and failure to acquire the certificate she needs to become an accredited Barangay health worker that would legitimize her practice as a birth attendant.

What was also evident in the stories of the TBAs was the fact that their services are on a “on-call basis.” They normally just respond to request for their help or assistance. The choice as to who will be the attending TBA therefore lies on the decision of the expectant mother. In a way, this somehow prevents misunderstanding among the TBAs since there are three of them in the community.

While the presence of men in the room during delivery were discouraged in other ethnic groups in the country, the opposite was learned in the case of the Aetas. The TBAs in fact encouraged men to be present on such important occasion to be able to extend help as it may be needed. Men also help coach their wives in the delivery which can be considered as an indigenous form of lamaze as practiced in modern birthing methods. The presence of the husband is also considered by the TBAs as the security blanket of the mothers during the delivery. They wanted the husbands to witness the process so that when something happens, they can attest to what the TBA has done to ensure the safety of both the mother and the child.

While the employment of the TBA in the delivery is preferred for being less costly compared to a delivery done in private clinics or hospitals now available in the town, the idea that the TBA can just be invited to the mother’s house for the delivery is also a significant factor to consider. Husbands can be allowed in the room where the delivery is taking place which cannot be done in some clinics in the rural communities. Other family members can be easily reached when the need arises like when a herbal medicine is needed. The TBA themselves are free to move around the households. Thus, everybody works in a very familiar and comfortable environment.

The value that women place on the helping process remains to be dominant factor in the relationship they maintain with the mothers in practice of their birthing skills. This is very much evident in the fact that the services of the TBAs do not begin and end in the actual delivery alone. Rather, hilots give importance and respond to the identified needs of the expectant mothers even at the early stage of pregnancy and even extends this to basic household chores whenever it is necessary. Personal accounts of this “wholistic services” by the TBAs were in confirmed by the mothers whom they assisted in the past.

These practices conform to the concept of the feminist health perspectives as advocated and maintained by feminist health activists universally. Moreover, radical feminists have long supported their presence as alternative source of health care from the patriarchal control of the medical environment felt at hospitals and similar settings.

3. TBAs’ Perception of their Role in the Community as a Woman

The identified TBAs of Sitio Malasa each talked about their insights on child birth and the roles they perform in the community. Nanay Yolly, Nanay Esther and Apo Scion, aside from being recognized TBAs in the community

of Sitio Malasa, are also respected women in the community not only because of the role that they hold in the community as birth attendants but also as women who could assist them at arriving at some decisions for their community. The high regard placed on women as care givers extends with the idea that their “caring characteristics” are not just confined within the birthing process but also on a wider scope, that is the community. The TBAs are also looked up to as leaders. Apo Scion for instance was a member of their tribal council at Sitio Malasa. Nanay Yolly received invitations to attend informal discussions in the community when the need arises. The latter also believes that she has the capacity to lead since people trust her as mothers entrust their lives to her during delivery. She also looks forward to becoming a duly recognized TBAs just like her counterparts in the lowlands and become a leader and inspiration among their fellow indigenous women. In a way, their being birth attendants have earned them the respect and reputation that people also look for in a leader which is not difficult to understand since members of the community may be the children born to mothers they have assisted in the past and the caring responsibility of the TBA extends to these children as they grow and become adult members of the community.

Meanwhile, the material reward is something that the TBAs do not consider as a requirement in the performance of the assumed duties or responsibility of assisting births or deliveries. For them, it is the idea of helping and responding to particular need of a fellow woman that inspires them to do what they think is just right. While Nanay Lolit adheres to the idea of receiving fees or tokens due to the belief that rejecting it might lead to the deterioration of her sight, Nanay Esther’s practice of having a fixed rate for specific birth assistance provides an interesting part of their practice. The minimal fee (cash or in kind) they receive from the mothers are undeniably signs of influences of lowland service arrangements and the concept of “paid labor.” But on the other hand, the willingness of the mothers to pay for the services of the TBAs can also be considered as a recognition of their skills and expertise.

4. Perception of the mothers of the TBAs’ services

Though expressed in different words, mothers have common views or assessment of the services or help they receive from the *hilot* with whom they have high regard as a woman and as a caregiver. They have concrete stories of how they are taken care of by the TBA in relation to their needs as expectant mothers at one or several points in their lives. These include things which they could only experience with the TBA and not from a medically trained medical worker. Highlighted are what can be considered as very personal and what seems to be a boundless helping mechanism that seeks to ensure that the mother will have safe delivery and recovery period. A picture very much different from medical centers where the relationship between the medical personnel and the mother starts when the latter enters the delivery room and ends when they are released from the institution which normally does not take too long. This extended helping relationship can also be traced to the fact that prior to the pregnancy, the *hilot* and the mother have already established personal ties as relatives, neighbors or friends or as people of the same community. This relational characteristic is something that people in Sitio Malasa has managed to sustain despite the entry of new settlers in the community brought about by resettlement as part of the government program.

The information shared by the mothers during the FGDs conducted undoubtedly show that they approve of the practices of the TBAs for childbirth. While the mothers are aware that there are medically trained personnel in the nearby community whom they can call during delivery, they still prefer to be attended to by the TBAs of Sitio Malasa. In this case, what appears to be an alternative source of expertise is that of the local midwives and the TBAs remain to be in the forefront in as far as childbirth of the women of Sitio Malasa is concerned. A concrete recognition of the indigenous knowledge and skills of home grown care givers who promotes self-determination, caring and sharing values inherent in their being *Aetas* and most of all, accessible and affordable among economically marginalized rural women. The TBAs can therefore be considered as partners of workforce of the barangay health workers trained under modern health approaches.

The capacity of the mothers of Sitio Malasa to decide on, who or where to go to answer their maternal needs is an expression of empowerment on their side, which is one of the essential principles of the feminist movement. The power to choose what they believe would be good for themselves is an important step towards a more woman-friendly community that could be a start for the growth of a community even those of the so-called indigenous people.

Challenges Faced by the Traditional Birth Attendants

The advent of modernization and the need to likewise adopt to the dictates of modern health care in a way challenges the indigenous health and related caring practices of traditional attendants including those practiced by the Aeta TBAs. These were admitted by the TBAs themselves during the personal interviews and were validated by

the mothers during the focus group discussion with the researcher. Among the pressing concerns of the TBAs is the lack of official recognition of health authorities of their birthing skills since Aeta TBAs cannot get the needed accreditation due to their inability to meet the training requirements as they could hardly catch up with the lessons having low level of education. This is also the reason why TBAs cannot register the new born at the Civil Registrar's Office since they either do not know how to fill up the form or they have difficulty accomplishing it. Questions of accountability therefore threatens the TBA's capacity to perform a task assigned to them as the attending person in the delivery of the child. Attending trainings would also mean an opportunity cost since they have to abandon household as well as farm activities thereby losing an already meager income.

Furthermore, the current TBAs of Sitio Malasa are afraid that there are no young Aetas interested to take their role in case the time comes when they can no longer perform their usual task due to old age or health reasons. These challenges faced by the TBAs can be traced to further medicalization of the health service in the country. One thing which an ordinary, less educated and poor indigenous woman cannot easily counter or oppose due to such socio-economic condition. If the time comes that they can no longer be allowed to perform the role of a TBAs as they used to do before up to this time in Sitio Malasa and in nearby communities, it will be a clear disenfranchisement of the women whose skills are highly accepted by the women and the community at large. The threat faced by the TBAs is a clear contradiction of an already established recognition of the WHO of their capacities to be part of the line of health care providers in the world. Hilots are part of the rich cultural heritage of the indigenous people in general and that of the Aetas in particular. Depriving them the freedom to practice their skills simply because of the absence of a paper created by the medicalization is also tantamount to depriving poor Aeta women and other women of Sitio Malasa, and perhaps of other communities, the gift of culture based services related to maternal health care.

Despite the recognition that the *Aeta hilots* enjoy from their community, they have remained and felt inferior to their medically trained counterparts from the Barangay and Municipal Health Center. This is also in spite the existence of the Traditional and Alternative Medicine Act (TAMA) or RA 8423 which was signed in July 28, 1997 promoting the practice of indigenous and traditional practices of medicine. The first two objectives of this act in Article 1 Section 3 are as follows: (1) To encourage scientific research on and develop traditional and alternative health care systems that have direct impact on public health care and (2) To promote and advocate the use of traditional, alternative, preventive and curative health care modalities that have been proven safe, effective, cost effective and consistent with government standards on medical practice (R.A. 8423, 1997).

It then appears that there is also not much appreciation of the law at the local level. Aside from this, another law signed on the same year as the TAMA, the Indigenous People's Rights Act of 1997 (IPRA) has not reached the consciousness of the medical personnel in the community. The law said in its general provisions in Chapter 1 Section 2:

The State shall recognize, respect and protect the rights of ICCs/IPs to preserve and develop their cultures, traditions and institutions. It shall consider these rights in the formulation of national laws and policies. (R.A. 8371, 1997).

The situation faced by the Aeta TBAs further affirms how poverty and lack of formal education can be oppressive not only to the TBAs but also to the poor women who would want to avail of their services not found in urban societies today. While there can be people who could help the TBAs for instance register births at the right institution, the former cannot be assured of their availability as well.

Conclusion

The rediscovery of the traditional maternal beliefs and practices of the *hilots* of Sitio Malasa through this study did not only reintroduce the presence of the traditional birth attendants in the community but also opened their much potential that would surely benefit the community. The TBAs brought to light effective indigenous techniques which could be used as alternatives for the existing practice which are not always available for the expectant mothers of the community because of the absence of medically trained personnel in the area and its distance from established clinics and hospitals at the lowland. It must be noted too, that TBAs had the capacity to adapt and integrate any of the acceptable scientific techniques that could be taught to them. This mix or blend of their traditional maternal practice with the modern techniques had in fact effected enhancement in their service among the mothers and at the same time encourage the mothers to trust to them more and turn to them as the need arises.

The TBAs gave greater importance on the services they could provide to their fellow women more than the material reward they could expect for such noble work. This service is one of the things which the mothers themselves highly recognize and are thankful for. It might seem to appear that traditional birth attendants in the community

were not faced with challenges as they continued to serve despite the presence of the modern medical services. They are clearly aware of these but since the modern medical services were not immediately available when needed because of factors like distance, availability of the personnel and finances required to avail them, the TBAs were the usual keys to answer the birthing needs. They became the primary source of health services. Although accepted and recognized by the members of the community, the problem remained: they did not have formal education thus unable to cope with the requirements of institutions for acquiring recognition for their practice despite of their expertise and also encounter problems regarding registration of the delivered newborns. In relation to this, they also face the issue of accountability for their clients. Furthermore, the problem of transferring their indigenous skills and knowledge to the next generation still remains a problem since only a few of their young members show interest in said practice while they are now getting old and weak.

The TBAs of Sitio Malasa carry out traditional maternal practices that meet the needs of the expectant mothers and these beliefs and practices served as a tool of empowerment for the TBAs themselves and at the same time did not only assist in women in giving birth but also empowered them through the experience of the natural process of childbirth. However, the voice of the traditional birth attendants is threatened thus if not addressed—through their indigenous birth practices, might just fade away.

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